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RAPID HEALTH INFORMATION NETWORK (RHINO) COMMUNITY OF PRACTICE

COMMUNITY CHARTER

Version 1.0

Created: 5/12/2016

Built using the CDC's Public Health Communities of Practice Charter Template

VERSION HISTORY

Version #	Implemented By	Revision Date	Approved By	Approval Date	Reason
1.0	Reise Sample	5/12/2016			Initial community charter draft

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1   INTRODUCTION

1.1   PURPOSE OF COMMUNITY CHARTER

The Rapid Health Information NetwOrk (RHINO) Community of Practice charter documents information that will introduce users, potential users, and interested leadership to the purpose, goals, and mission of this Community of Practice. This charter is intended to help guide the efforts of community leaders to integrate RHINO data users with WA state data systems, build a sense of shared purpose among users, and provide a platform for innovation and cross-agency coordination that will better integrate rapid health information into day-to-day public health practice.

2   COMMUNITY OVERVIEW

A Community of Practice (CoP) represents a group of professionals, informally bound to one another through exposure to a common class of problems and common pursuit of solutions… Communities of practice knit people together with peers and their outputs can include leading practices, guidelines, knowledge repositories, technical problem and solution discussions, working papers, and strategies. - CDC

The RHINO Community of Practice will connect users of Rapid Health Information NetwOrk (RHINO) data systems within the state of Washington. Sharing space as a community both online and in-person will enable users to crowdsource issues that arise in the course of data usage, share best practices and latest developments in the field of health informatics, and leverage resources related to using these critical data sets. As co-practitioners using the data for a variety of purposes, community members will benefit from open online forums to communicate in real-time with one another, access to resource databases, newsletters, quarterly meetings, and an up-to-date contact list to identify other users who could serve as Subject Matter Experts (SMEs) on particular data usage topics. The CoP format will be both online and in person, allowing for varying levels of participation for users who wish to be more or less involved. The goal of the CoP is to coordinate rapid health informatics expertise and usage in ways that enhance our collective ability to assess, evaluate, and respond to public health needs.

3   JUSTIFICATION

3.1   PUBLIC HEALTH NEED

The Rapid Health Information NetwOrk (RHINO) collects, analyzes, and distributes syndromic surveillance data from emergency departments and urgent care clinics. Coordinating these data sets provides a comprehensive picture of disease burden, geography, and severity in the context of health care utilization practices and access. Syndromic surveillance represents a sea shift in the practice of public health surveillance; traditional data sources provide retrospective views, often more than a year out of date, while syndromic surveillance data keeps public health officials abreast of the changing landscape of public health under their purviews almost as soon as changes occur. For this reason, syndromic surveillance is quickly becoming a basic tool of the public health epidemiologist.

As syndromic surveillance is a nascent feature of both state and local health departments, usage practices are quickly evolving. Additionally, at WA DOH, many data providers are still in the process of onboarding, and so our user community is rapidly expanding. To respond proactively to these changing conditions, the RHINO Community of Practice will bring experienced and first-time users together, reducing learning curves, disseminating best practices, and providing a real-time problem-solving network to users. Users with a common sense of purpose and shared resources will be empowered to develop innovative solutions to common issues, produce new knowledge, and share usage cases; these practices will ensure that syndromic surveillance becomes a key component of public health practice, promoting data-driven project designs that target public health needs when and where they arise. As an integrated user community, we will be more nimble and responsive in addressing the public health needs of Washington State.

4.1 MISSION

By connecting Rapid Health Information NetwOrk (RHINO) users to one another in a community setting, enabling crowdsourcing of common issues, dissemination of best practices, and generation of new knowledge, the RHINO Community of Practice will promote nimbler, more responsive public health practice by optimizing data usage for the analysis of public health needs and the design of data-driven, targeted programs to address those needs in real-time, when and where they arise.

4.2 GOALS

The goals of the RHINO Community of Practice are as follows:

- o Supply information about syndromic surveillance at WA DOH to new and/or existing users
- o Share data usage cases; support one another in adopting new usages and improving existing practices
- o Disseminate up-to-date knowledge about data usage best practices
- o Cultivate reciprocity in seeking and providing assistance with common issues
- o Build a sense of community that supports data networking and sharing
- o Create innovative usage cases and practices by drawing on shared knowledge and experience
- o Identify potential data users among an expanding community of public health partners
- o Sustain a user community that contributes significantly to improving public health in Washington State through optimal use of syndromic surveillance data

4.3 REQUIREMENTS FOR COMMUNITY OF PRACTICE LAUNCH

#	REQUIREMENT
1	Survey current RHINO users
2	Revise and finalize CoP charter
3	Develop FAQs about RHINO CoP for: DOH epidemiologists, current users, soon-to-be users (onboarders)
4	Develop email outreach templates for: DOH epidemiologists, current users, soon-to-be users (onboarders)
5	Identify CoP facilitator and other potential leadership
6	Build SharePoint site
7	Pilot SharePoint site with current users
8	Conduct outreach to DOH epidemiologists and onboarders
9	Roll out SharePoint site to expanded CoP

4.4 MAJOR DELIVERABLES FOR LAUNCH

#	DELIVERABLE LIST	START	FINISH
1.1	Current user survey	5/10/2016	
1.2	Current user survey report		
2.1	Community of Practice Charter	5/12/2016	
3.1	FAQ for DOH Epidemiologists	5/9/2016	
3.2	FAQ for Current RHINO Users		
3.3	FAQ for Onboarding RHINO Users		
4.1	Email template for DOH Epidemiologists	5/10/2016	
4.2	Email template for Current RHINO Users		
4.3	Email template for Onboarding RHINO Users		
5.1	CoP Leadership Log/Agreement		
6.1	SharePoint site		
7.1	Feedback Report from CoP Pilot		
8.1	DOH Epi List	5/6/2016	
8.2	Log of DOH Epis who express interest		
8.3	Onboarding Users List		
8.4	Log of Onboarding Users who express interest		
9.1	Feedback Report from CoP Expansion		

5.1 INDIVIDUAL AND ORGANIZATIONAL BENEFITS

Through the sharing, creation and management of knowledge around RHINO data usage issues, the community enables individuals to

- Troubleshoot common issues in real-time
- Share and utilize up-to-date best practices
- Access expertise from Subject Matter Experts and other practitioners
- Improve communication with peers
- Network to keep current in the field
- Develop a sense of community among users
- Optimize data usage for personal roles and collectively as public health officials

The community benefits the organization by

- Reducing staff time spent troubleshooting by task sharing with other experts
- Reducing time/cost to retrieve information
- Reducing learning curves for new staff and data users
- Improving knowledge sharing and distribution among community members
- Reducing rework and reinvention
- Enabling innovation in data usage and best practices
- Building community among data users to improve public health capacity
- Integrating syndromic surveillance data usage into public health practice in both local and state contexts

5.2 COMMUNITY NORMS

- Operate around the following governance principles: reciprocity, participation, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, and dedication to improving public health through optimal RHINO data usage
- Encourage the ongoing education of members and the deepening of expertise among members

5.3 GROUND RULES FOR BEING A MEMBER

- Members actively participate in the community by accessing shared resources, seeking assistance with common issues, offering guidance to other members in one's area of expertise, and sharing new knowledge as it becomes available.
- Members strive to create an environment of reciprocity, both asking for support when needed and offering support when possible
- Members distribute leadership responsibilities and collectively share in the management of the community
- Membership and topics reflect public health issues and organizations
- Members are practitioners, contributing to the community through their experiences, skills, and time
- Members agree to be respectful and use appropriate language in group discussions and to listen and respond to each other with open and constructive minds
- Members seek creative solutions to common issues and innovative data usage cases and share these ideas freely with others who might benefit from them in their public health work
- Experienced data users assist novice users in integrating into RHINO data systems, while in turn new users will serve as a voice of fresh perspective and bring new ideas to the table
- Members will endeavor to optimize collective usage of RHINO data to improve public health capacity at local and state levels in the service of the well-being of the citizens of Washington State.

6.1   ASSUMPTIONS

The following assumptions were taken into consideration in the development of this community. If any of these assumptions prove to be invalid then the community could face a possible risk.

1. There is an interest among RHINO data users in forming informal and formal connections within the user community to better utilize the data available.
2. Some CoP members will become leaders, taking on responsibility for stewarding the success of the community.
3. RHINO data users will benefit from access to resources in the form of peers, SMEs, and published best practices and data usage cases in their public health work.

6.2   CONSTRAINTS

The following constraints were taken into consideration in the development of this community.

1. The availability of members to meet regularly may be very limited due to different geographical locations and time constraints.
2. RHINO staff have limited time and resources to utilize on sustaining the community.
3. RHINO users have limited time to spend in accessing, posting in, and publicizing the community.

6.3   RISKS

The table below lists the risks for this community, along with a proposed mitigation strategy.

Risk	Mitigation
Community does not draw interest	Community leaders conduct outreach to extended user groups, both in person among known partners and by encouraging community members to outreach to potentially interested colleagues.
Community leaders do not emerge	Community leaders identify SMEs among community members and reach out to them specifically to ask them to take on particular leadership roles. Leadership responsibilities could be distributed among several members rather than just one or two.
Community content falls out of date	Community leaders reach out to particular SMEs and experienced community members, asking them to each find up-to-date information on a particular topic. By gathering new knowledge from multiple sources, the research work will be evenly distributed among members and not constitute a burden to team members individually.

7   COMMUNITY ORGANIZATION

7.1   ROLES AND RESPONSIBILITIES

This section describes the key roles supporting the community.

Name & Organization	Community Role	Community Responsibilities
	Community Sponsor	Person or Persons responsible for acting as the community's champion and providing direction and support to the team.
	Community Leader	Person or persons who perform the day-to-day management of the community and has specific accountability for managing the community within the approved constraints of scope, quality, time, and cost, to deliver the specified requirements, deliverables and customer satisfaction.

7.2 STAKEHOLDERS (INTERNAL AND EXTERNAL)

The table below shows the stakeholders currently identified.

STAKEHOLDER	REPRESENTATIVE(s)
Rapid Health Information NetwOrk Team	Cynthia Harry, Natasha Close, Tom Hulse, Phill Lowe, Amanda Morse
Current RHINO Users	See NSSP ESSENCE User Log
DOH Epidemiologists	See DOH Epidemiologists Log
Local Health Jurisdiction (LHJ) Public Health Officials	See *source*
Onboarding Data Providers	See *source*
Potential Data Providers	See *source*

8 COMMUNITY CHARTER APPROVAL

The undersigned acknowledge they have reviewed the community charter and agree to launch the WA DOH Rapid Health Information NetwOrk (RHINO) Community of Practice. Changes to this community charter will be coordinated with and approved by the undersigned or their designated representatives.

Signature:		Date:	
Print Name:			
Title:			
Role:			

Signature:		Date:	
Print Name:			
Title:			
Role:			

Signature:		Date:	
Print Name:			
Title:			
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