



OPERATING AGREEMENT

GEORGIA WATCH PCORI PIPELINE-TO-PROPOSAL PROJECT

PURPOSE/MISSION

Members of this collaborative have gathered to support a project focused on ***Assessing Health Outcomes in Rural Georgia Communities where Advanced Practice Registered Nurses Provide Primary Care***. This partnership of individuals and groups share a desire to advance patient-centered outcomes research focused on the provision of preventative primary care, acute and chronic care, and chronic disease management services, in rural Georgia communities by Advanced Practice Registered Nurses (APRNs).

MEMBERS

Advisory Group Members

Advisory Group Members are participants who have been approved and invited by the initial Advisory Group established during Tier 1. There will be no more than 9 people in the Advisory Group. The collaborative will aim for 30% patient participation in the Advisory Group.

Advisory Group Members will collectively draft the governance documents and outreach strategies for the project. Advisory Group members will vote to formally adopt the mission statement and governance document for the collaborative. The Advisory Group will also set goals for the project and establish a formal strategic plan, if necessary. The Advisory Group will also vote on other decisions of the collaborative regarding allocation of PCORI or other grant funds. The Advisory Group will also refine the preliminary patient-centered research questions required during Tier 1 and Tier II. Final ideas will also be vetted through larger Collaborative membership group.

Collaborative Members

Collaborative Members are any participants that have been approved and invited by the Advisory Group Members. Collaborative Members are invited to participate in discussion, outreach, research proposal brainstorming, data gathering and other related projects. They may choose to be listed as collaborative participants and join the email list.

All Members should demonstrate:

1. An understanding of and commitment to the vision, values and purpose of the collaborative.
2. The ability and commitment to regular attendance of meetings and full and honest engagement in the process.
3. Commitment to problem solving and decision making through a consensus model, realizing that voting is an option of last resort under specific circumstances or where intractable conflict emerges.
4. The ability to represent the interests and needs of their agency or organization and the populations they serve while simultaneously recognizing, respecting and appreciating the needs of other partner agencies or organizations.
5. An agreement to engage in an ethical manner, follow all pertinent local, state and federal laws and to act in best faith.

Workgroups

Interested Collaborative Members may join a Research Workgroup that will convene periodically throughout the project to conduct background research and gather data necessary to further refine the research questions. Interested Collaborative Members may also join a Communications Workgroup that will convene periodically throughout the project to refine and make decisions regarding execution of the outreach strategies and communication plans. There is no limit to the number of Collaborative Members that can be part of these workgroups.

DECISION-MAKING

Consensus

The Advisory Group for the collaborative will vote on critical decisions for the collaborative, including those involving the formal adoption of governance documents, allocation of funds and submission of research and grant proposals. The Advisory Group will primarily use a consensus decision-making process. Consensus is a group decision-making process in which members develop, and agree to support, a decision that is deemed to be in the best interest of the whole. A consensus resolution is one that all stakeholders can support, even if it is not the most ideal choice for each individual representative.

Voting

The Advisory Group and the collaborative will make every effort to use a consensus decision-making process. However, if a Member voices strong opposition to a resolution, a vote will be taken. Major decisions will be formally documented and may require a vote.

In the case that a vote is deemed necessary by the Advisory Group, each individual within the Advisory Group gets one vote.

In the event consensus cannot be reached, the Advisory Group will:

1. Clarify the issue that will be voted on, including wording and what actions will be taken if the issue passes or fails.
2. Distribute the above information via e-mail, or U.S. Mail if e-mail is not available, to all members of the Advisory Group including an announcement that the issue will be voted on at the next meeting.
3. Accept absentee votes of Advisory Group Members.
 - a. Members who are not able to attend a meeting where a vote will occur either by phone or in-person can e-mail or call the convener with their vote. Currently, the convener is Beth Stephens at Georgia Watch: bstephens@georgiawatch.org.
4. The convener calls a vote at the next meeting.
5. At the next meeting, the note-taker will record the reason for a vote being called, issue being voted on, count and result. The results will be distributed to the Advisory Group in the meeting minutes.

6. An issue passes if it receives a majority of votes in favor from the Advisory Group Members.

OPERATING AGREEMENT

This Operating Agreement is a living, breathing document that will be adopted and revised periodically by the Advisory Group and shared with all Members of the collaborative.

MEETING NORMS

The Advisory Group aims to meet every month by phone. The larger collaborative membership group aims to meet in person at least twice each year at Augusta University College of Nursing.

Collaborative Members may send substitute meeting attendees from their organizations and agencies if they cannot attend a meeting by phone or in-person. They should inform the convener of the person will be representing them at the next scheduled meeting in advance.