Global Palliative Care Quality Alliance (GPCQA; the “Alliance”)

CHARTER

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Table of Contents

ARTICLE I: OVERVIEW

ARTICLE II: GUIDING PRINCIPLES

   Section 1: Mission
   Section 2: Goals

ARTICLE III: LEADERSHIP AND STRUCTURE

   Section 1: Overview
   Section 2: Leadership
   Section 3: Operations Team
   Section 4: Participant Sites
   Section 5: External Advisory and Consulting Groups

ARTICLE IV: MEMBERSHIP

   Section 1: Overview
   Section 2: Voting

ARTICLE V: RATIFICATION OF THE CHARTER AND AMENDMENTS
GLOBAL PALLIATIVE CARE QUALITY ALLIANCE

CHARTER

ARTICLE I: OVERVIEW

The Global Palliative Care Quality Alliance (GPCQA) was established in 2014 as a non-profit, quality improvement and research organization to advance the field of palliative care through collaboration and innovation. The GPCQA approach focuses on quality assessment, analysis, and reporting under a general rubric of rapid learning quality improvement. Designed to improve the care and outcomes of patients with advanced and/or life-limiting illnesses, GPCQA quality initiatives focus on (1) assessing symptoms, functional status, and quality of life of the palliative care population, including patients, family members, caregivers, and providers of care; (2) health services delivery models and healthcare economics, provided the studies are designed to generate new knowledge that can be used to improve care and outcomes of this population; and (3) novel improvement techniques to optimize patient centered care, including decision support and data-driven feedback to clinicians and palliative care organizations.

This Charter outlines basic elements of the GPCQA structure and function. Its focus is on establishing clear organizational structure and processes to ensure efficiency of operation and ability to meet quality objectives. Its purposes are to (1) serve as a reference document that lends clarity, simplicity, and definition to a complex organization, (2) articulate critical features of the GPCQA as an enduring organization, and (3) govern key areas of decision-making.

ARTICLE II: GUIDING PRINCIPLES

Section 1: Mission

The mission of the GPCQA to define and implement consensus based standards leading to the delivery of high-quality palliative care to patients and their families. The GPCQA believes that the advancement of palliative care is based on establishing and nurturing a collaborative community of clinicians from around the globe to share ideas, data, and resources.

Section 2: Goals

Consistent with this mission and strategy, the goals of the GPCQA are to:

• Develop and implement collaborative, multi-site, interdisciplinary quality initiatives that seek to improve the care and outcomes of patients with advanced and/or potentially life-limiting illness and their caregivers (family members, loved ones, and other providers of care).
• Build an evidence base in palliative care through systematic design, development, facilitation, support, conduct, and dissemination of initiatives that will provide meaningful impact on patient care and/or healthcare policy.
• Promote quality in the field of palliative care through cultivating and disseminating skills, resources, and expertise at the levels of investigator, organization, and national healthcare system.
• Growing the Alliance by fostering a collaborative group of varied sites dedicated to one common purpose.
• Foster the development of a coherent agenda explicitly designed to yield answers to clinically meaningful questions arising in the practice of palliative care and end-of-life care (PCEOL), and to promote a culture of inquiry in palliative care.
• Broadly disseminate results of quality initiatives so as to effect change in clinical practice and healthcare policy, resulting in improvements in patient care and patient-centered outcomes.

ARTICLE III: LEADERSHIP AND STRUCTURE

Section 1: Overview

The leadership philosophy of the GPCQA is based upon our vision and mission that guide actions and decision-making. These are reinforced by the daily actions of GPCQA leaders. The GPCQA leadership structure is specifically designed to enhance integration across the GPCQA, its components and functions. We intentionally engage diverse stakeholders across disciplines, representing different constituencies including community and academic palliative care and hospice, nursing, medicine, social work, spiritual care, clinicians, researchers, patients/families and patient advocates. We have a clear accountability structure to ensure that day-to-day operations are efficient, milestones and deliverables are met, and conflicts are managed thoughtfully and quickly.

The below diagram depicts the PCRC Leadership and Structure model.
Section 2: Leadership

**Steering Committee:** The highest level of governance within the GPCQA is the Steering Committee. The Steering Committee provides overall governance of the GPCQA quality initiatives including overall scientific oversight. The Steering Committee functions as the GPCQA’s Board of Directors. It sets the strategic direction of the GPCQA, ensures that the organization is aligned with its mission statement, and provides fiduciary oversight. It is responsible for high-level decisions that determine structure and function of the GPCQA, including initiation, ratification and oversight of all GPCQA organizational units. This Charter and major GPCQA policies and procedures are ultimately the Steering Committee’s responsibility. A core purpose of this committee is to oversee the ethical conduct of research under GPCQA auspices, including dissemination of results. Details of the constitution and operations of the Steering Committee are spelled out in its Terms of Reference.

**Leadership Committee:** The Leadership Committee will be comprised of the leaders of the GPCQA Participant Sites. This committee will generally be comprised of the Study Site Principal Investigators from each site.

Section 3: Operations Team

The Operations Team is responsible for supporting the leadership committee and general sites in logistical and technical aspects of study development, management, and conduct.

Section 4: Participant Sites

The GPCQA is made up of many different sites of various types, ranging from academic institutions to community palliative care centers. These sites contain doctors, nurses, chaplains, and other clinicians who assist in providing quality data. These sites support investigators, quality initiatives, and the GPCQA as a whole. Any organization that regularly participates in clinical care and quality improvement within palliative care may apply to become a Site.

Section 5: External Advisory and Consulting Groups

The GPCQA Steering Committee may, at times, seek the opinions of other organizations or groups, such as the Palliative Care Research Cooperative (PCRC), Center to Advance Palliative
Care (CAPC), or the American Academy of Hospice and Palliative Medicine (AAHPM), among others, for counsel and input.

ARTICLE IV: MEMBERSHIP

Section 1: Overview

Membership in the GPCQA is open to healthcare organizations comprised of clinicians of any discipline who: (a) focus on the care of persons with advanced and/or life-limiting illness and of their family members, caregivers, and other loved ones, (b) share a dedication to improving care and outcomes for this population through rigorous quality initiatives, and (c) actively participate in scientific advancement and evidence base development to support palliative care.

Membership is limited to palliative care organizations which successfully meet the inclusion criteria as set forth by the GPCQA Steering Committee, and then are voted in by the Leadership Committee. Membership of each organization is reviewed by the Leadership Committee annually to evaluate for adherence to minimum participation requirements in the GPCQA as set forth by the Steering Committee.

Section 2: Voting

Each organization (health system, payer, etc.) has one vote put forward on any issue requiring a vote. The vote is submitted by the Site Principal Investigator or his/her designee. Because the Leadership Committee is comprised of Site Principal Investigators, votes will take place within this body. A quorum is required for votes, and is defined as 50% of all active members of the Leadership Committee. A majority vote of this quorum is required on all voting procedures, including inducting new members into the GPCQA.

ARTICLE V: RATIFICATION OF THE CHARTER AND AMENDMENTS

Ratification of this Charter and its amendments is by vote of the GPCQA Leadership Committee during a GPCQA monthly meeting.

Amendments to the Charter can be initiated by members of the Steering Committee. Amendments must be approved by a two-thirds majority of the Steering Committee, and then presented to the entire PCRC Membership for discussion at the next general business meeting. Proposed amendments must be communicated in writing (paper or electronic format) to all members of the PCRC, and must be ratified, following discussion, by a two-thirds majority of the Leadership Committee present at the next monthly meeting.