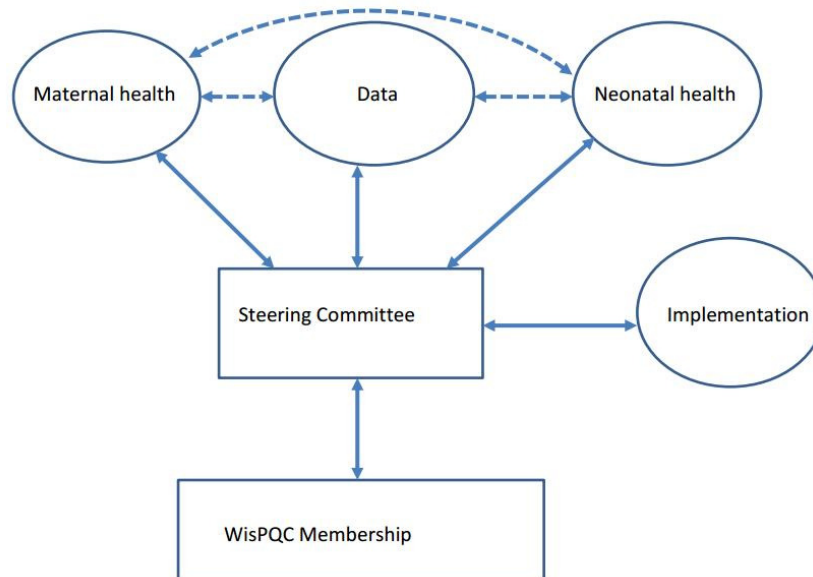


Definition of member:

- o Members represent organizations.
- o A large organization may have departments or divisions that could be considered for membership in the WisPQC. Departments or divisions of larger organizations can have representatives in the WisPQC if the individual departments or divisions represent unique perspectives. Organizations will participate in initiatives in ways that reflect their own overall objectives. For example, academic institutions could incorporate educational changes into their curricula.
- o Individuals cannot be members of the WisPQC. (The WisPQC may ask individuals to serve as content experts or consultants to the WisPQC, but the individuals will not be considered members.)

Organizational structure:



Structural units:

Maternal health: This group will focus on maternal health initiatives

Neonatal health: This group will focus on neonatal health initiatives.

- * WINpqc is an integral part of the neonatal arm, though the neonatal arm will expand to assure inclusion of infants in Level I and Level II nurseries and in the community.

Data: This group will identify data sources, measures, and provide support to the maternal and neonatal health groups as needed.

Implementation group: This group will provide administrative support and other functions to facilitate implementation of initiatives.

WAPC organizational structure would support the overall structure of the WisPQC by integrating administrative tasks and support into WAPC's existing committee structure.

Job description for members—roles, responsibilities, expectations. New members will need to know what is expected of them.

Member role and responsibilities:

- Members represent a broader interest group.
- Members sign on to represent an organization.
- Members representing an organization should be in a position to garner administrative support to endorse and implement the WisPQC initiatives.
- Members should be able to demonstrate adoption of initiatives and sustainability of the WisPQC through integration of initiatives into the organizational context.
- Members are a conduit for bidirectional communication between the WisPQC and the organization.

Member expectations:

- Members will attend meetings—the work group did not determine a specific number of meetings but believed the larger group may want to consider a number in the future.
- Beyond attendance, members will need to assure that the organizations they represent participate in a WisPQC initiative at some established frequency. The WisPQC will strongly recommend involvement; involvement will be defined within the context of the strategic capabilities of the respective organization.
- Members should contribute to the WisPQC. Contributions will be based on available resources. For example, organizations could contribute data, content expertise, support for continuing education based on the initiative, sites for implementation, etc.
- Members will assure sustainability of the WisPQC. There may be a time when the WisPQC will have to consider a membership dues structure.

Operations

o Meetings

✦ Meeting dates for the first year of the grant are:

- 9/15/2015, 7:30 a.m.,
- **10/20/2015—face-to-face**
- 11/17/2015, 7:30 a.m.
- **1/19/2016—face-to-face**
- 2/16/2016, 7:30 a.m.
- 3/15/2016, 7:30 a.m.

o Process for selecting initiative for year 2 (2016-2017)

- * The WisPQC has a number of options, including continuing with maternal hypertension, reconsidering opioids in pregnancy and/or caring for late preterm infants, and/or considering other possible initiatives.
- * The decision process could be streamlined—written proposals rated by members based on pre-determined selection criteria, discussed, and selected.
- * The selection and rating criteria could be patterned after the process used to select the *beta* project.
- * Any project considered should be data-driven and be doable with measurable outcomes.

o Reaching consensus: TBD