

Clinical Consortium

2023 Charter

ROLE

The role of the Clinical Consortium is to address opportunities to advance the specialty of urgent care medicine. The Consortium accomplishes this by identifying and proactively preparing for industry opportunities and threats, focused on clinical care diagnostics, testing, and delivery solutions.

Objectives

- Identify 1-3 key Urgent Care industry focus initiatives annually.
- Address those key initiatives through various methods, such as:
 - Position statements
 - Toolkits
 - Research
 - Recommended policies
 - Education

Sponsoring Organization

The Board of the College of Urgent Care Medicine (CUCM)

CUCM Mission: We are urgent care clinicians inspiring excellence in patient care and advancing the specialty through education, advocacy, and research. [NOTE: This will be updated]

Role of Sponsor: The sponsor is responsible for directing the strategic path of the Clinical Consortium and setting parameters of scope. They will also build and maintain support, as well as align and reinforce decisions of the Clinical Consortium. The sponsor is to be active and visible.

Members

- Clinical thought leaders in clinical leadership roles from multi-site (30 or more centers) Urgent Care organizations.
- Active College of Urgent Care Medicine members of the Board of Directors (currently 12).
- CalUCA chapter representative.
- NERUCA chapter representative.
- SERUCA chapter representative.
- Subject matter experts will be invited based on content, contributions, and consortium objectives.

Role of Chairperson: The chairperson will direct all meetings (in-person and virtually) and lead the Clinical Consortium content planning and organization, as well as lead any decisions to consensus.

Role of Members: The members are to bring their expertise and representative voice to each discussion. Each topic should be addressed openly, concisely, and respectfully. Members are expected to attend every meeting.

Role of Staff: Staff members will coordinate all meeting logistics and materials (pre, post, and enduring).

Guiding Principles

- We act for the good of the Urgent Care industry and advancing the specialty of Urgent Care medicine.

Sub-Groups

Sub-group membership is individually governed. Each group has individual objectives that may be used to address the objectives of the Clinical Consortium. In return, the Clinical Consortium is available to identify potential redundancies or relationships and provide insight and feedback when necessary.

- Antibiotic Stewardship Committee
- Research Committee
- Clinical Response Committee
- Urgent Caring Publication Committee

Meeting Cadence

- One annual in-person meeting (Typically July).
- Three quarterly virtual meetings.
- Electronic review/response as needed.

Annual Meeting

- In-person, during the month of July.
- Will assess prior year threats, challenges, responses, and preparedness as they relate to opportunities for improvement, education, and short and long-term response.
- Will identify 1-3 key industry focus initiatives.
 - Reviewing the latest scientific research, trends and treatment protocols, and public health recommendations for infectious disease threats, as well as antibiotic and corticosteroid stewardship.
 - Discussing the benefits, challenges and potential solutions associated with testing, diagnosis, treatment, and prevention.
 - Identifying deficiencies in resources, clinical operations and other gaps in patient services that can be addressed to mitigate clinical barriers and optimize the Urgent Care industry response during the upcoming year.
- Planning Timeline
 - Dec: Site Selection/Save-the-Date
 - Jan: Start content planning
 - Mar: Establish space layout / agenda layout
 - Jun: Finalize content

Quarterly Meetings

- Virtually, quarterly.
- Updates of initiative work.
- Review and response as needed.