

# CSBC Cardiac Disease Network – Population Group Core Committees

## Terms of Reference

**Date: June 28, 2022**

**TOR Revision Due: July 2023**

**Developed by: Heather Jackson & Amber Appleby**

### EXECUTIVE SUMMARY

- Reporting through to CSBC Provincial Advisory Council on Cardiovascular Health (PACCH) via the Medical Chair, this ongoing interdisciplinary provincial committee is designed to bring together diverse health care providers, system partners, and individuals with lived experience relevant to the specific clinical population of focus and spanning the full care continuum.
- With a primary goal of extending the reach of the CSBC network, core committee membership representation will be based on unique role/provider types, rather than site/regional/geographical affiliations.
- A core function of the groups will be to identify broad system service gaps and unmet needs across the continuum of care and advise CSBC on emerging evidence, strategic policy, new system partnerships, and the design of future solutions/priorities to improve cardiovascular care in accordance with the Quadruple Aim.
- Proposed solutions requiring operational planning, budget approvals and/or regional/site engagement, will be framed as a time-limited operational working group and structured as a sub-committee of CSBC Executive Council for review and decision-making. Progress updates will come back to the Population Group for awareness and broader dissemination.
- Proposed solutions that target a gap spanning multiple population groups (“cross-cutters”) will be brought back to PACCH for broader discussion, planning, and reporting. Where a focused project is initiated, they will be framed as time-limited working groups, with one population group/Medical Chair appointed as ‘lead’, with purposeful input and participation from across all appropriate groups.

### FORMATION DETAILS:

#### Purpose and Functions:

- Develop a strategic network of clinical leaders, system partners, and persons with lived experience to inform and guide the priorities for system transformation and the development of key policies, processes and structures necessitating provincial attention to address existing gaps in evidence-based and culturally safe care.
- Improve the connections of CSBC and the BC community with national and international leaders in cardiovascular health systems and innovative care models.
- Expand the scope of the CSBC cardiovascular community, facilitate connections, and support knowledge exchange among regions, communities, and varying care providers.
- Establish a clear point of contact for the cardiovascular community to connect with CSBC leadership.
- Broaden the reach of CSBC governance tables to ensure greater diversity is informing CSBC priorities and decision-making processes and enable improved communication and connection out to the cardiovascular community.
- Establish a structured process for incorporating the perspectives of patients and those with lived experience in the identification of system needs and strategic planning of future-focused solutions.

#### Alignment to CSBC Strategy Map:

- **Strategy Map – Outputs and Services 5 (OS5):** Create Opportunities to share information, scale ideas and foster the spread of solutions
- **Strategy Map - Internal Process 15 (IP15):** Develop the cardiovascular care network to broaden CSBC’s connection to clinicians, patients and families.

#### Deliverables:

##### **1. Knowledge Mobilization:**

- Annual review of the current state of care continuum, including recent updates/improvements/issues, and identifying clinical priorities requiring provincial policy and strategic planning.
- Ad hoc review and advice on population and system impacts of emerging evidence, innovations, and technology.
- Curation of a resource library pertinent to the population of interest, including key landmark trials, guidelines, policy documents from other jurisdictions, and standards of practice.

##### **2. Outreach:**

- Annual virtual knowledge exchange – either targeted focus of component of care continuum or spanning full scope of population group.
- Quarterly meetings with summary report provided to PACCH via Medical Chair.
- Network development – Annual update of ‘partnerships map’ to identify key individuals and areas of interest/influence to support care improvements and integration opportunities.

##### **3. CSBC Advisory Functions:**

- Inform the design of population-level performance measures, a review process, and identifying areas of concern.
- Identify key population-level “analytical questions of interest” that are required to inform system planning and policy development and may require analytical resource investment/prioritization.
- Inform cardiovascular ‘system map’ spanning all relevant clinical disciplines for the population of interest – identifying existing services, referral pathways, and structures to support patients across all regions of the province.
- Annual review and contribution of activities/updates to “Population Group Summary” section of CSBC annual report.

#### Performance Measures:

- TBD

#### MEETING DETAILS:

Category	Details	Category	Details
<b><u>Chair(s):</u></b>	CSBC Senior Director & Medical Chair	<b><u>Cadence:</u></b>	Quarterly; with ¼ set as broader community engagement session (or as deemed appropriate by Chairs)
<b><u>Quorum:</u></b>	Not applicable - advisory	<b><u>Host Location:</u></b>	Zoom

#### Members Responsibilities:

- All members and attendees are expected to engage in a respectful manner as outlined in the overarching council ToRs and are required to declare relevant conflicts of interest.
- Members are expected to serve as a liaison between the committee and their care teams, as well as colleagues within their specific discipline across the province (as appropriate and available).
- Members may be tasked with leading additional conversations related to topics identified at the core committee, curating additional supporting information, and reporting back to the Medical Chair/Core Committee (as agreed to by the member, actioned during a core committee meeting, and documented in meeting summary).

#### Processes:

- Agenda: Agenda will be issued prior to the meeting and where possible the week before.
- Key Messages: Summary report will be drafted and disseminated for committee comment and validation ahead of submission for inclusion to the PACCH.
- Material Management: All materials (documents, etc) will be stored with CSBC and accessible through the CSBC Chair or co-Chair.

#### GOVERNANCE:

- This committee will operate under the overarching governance of CSBC's PACCH and under the authority of the Provincial Executive Director of CSBC.
- Where endorsement is sought, a prescribed gradient of agreement approach will be used to confirm a recommendation. The gradient of agreement approach includes the following levels:
  - Fully support.
  - Support with reservations.
  - Accepted.
  - Abstain.
  - Need more information or more discussion (identify what information is needed, how it will be obtained and when).
  - No, cannot accept it.

#### **MEMBERSHIP**

<b>Members</b>	Include titles, affiliation, and clinical area they represent	Medical Lead – Other (depending on group)
	Medical Chair	Nursing Representative
	CSBC, Senior Director	Specialty clinic representative (NP/RN)
	CSBC, Other (as required)	Allied Health – pharmacy
	Medical Lead – Cardiac Surgery	Allied Health – lifestyle management
	Medical Lead – Cardiac Intervention	Allied Health – psychology
	Medical Lead – Cardiac/Non-Invasive	Rural/remote representation
	Medical Lead – IM/community	Population/Public Health
	Medical Lead – Community (GP/NP)	Patient Partner with Lived Experience
	Medical Lead – Diagnostics (if applicable)	Patient Partner with Lived Experience
	Medical Lead – Palliative Care	
<b>Ad-Hoc Attendees</b>	As deemed appropriate	