
Provincial Clinical Leadership Committee

Terms of Reference

Reviewed and Accepted at the Committee Meeting on 2019/10/03

Version: 1.0.1



Change history

1.0.1 – Addition of Patient Representative Member – approved Dec 20 2019

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1 Purpose

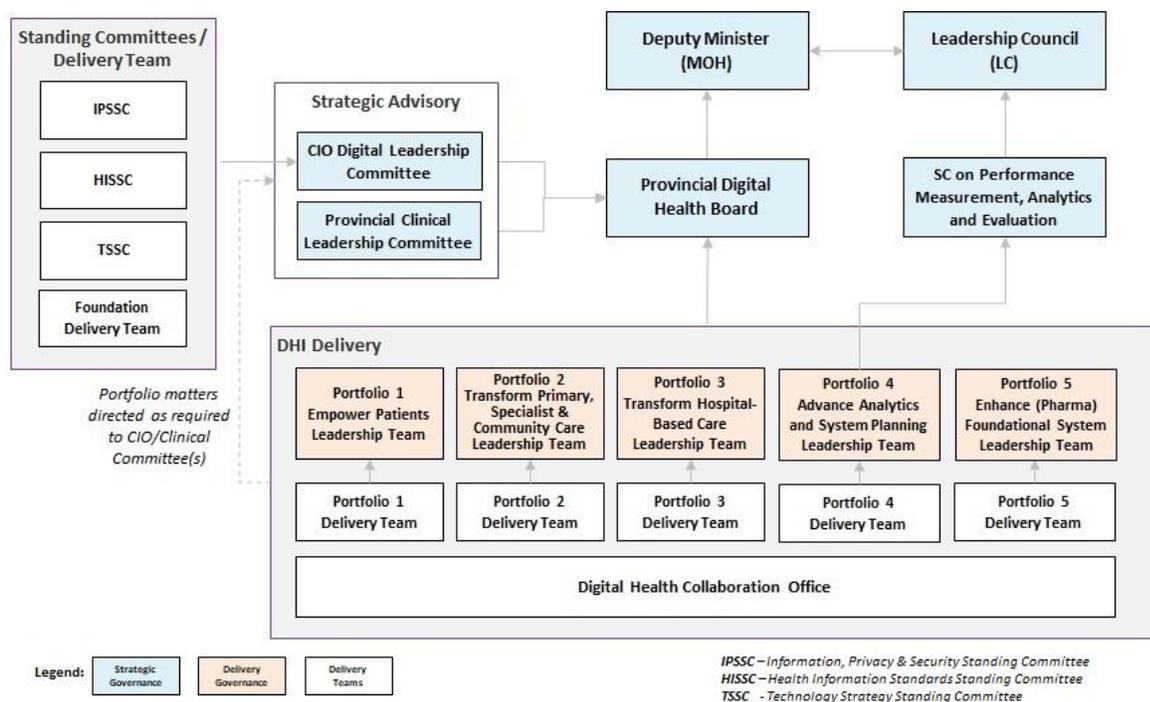
A Health Sector Digital Health Strategy (DHS) has been established with the mission to create an integrated and sustainable health care system that delivers improved health outcomes and embraces a culture of innovation, trust and partnerships. The goals of the DHS are:

1. Patient empowerment - Empower patients as partners in their care and wellness
2. Integrated care - Create an integrated and comprehensive team-based care experience for patients and clinicians
3. Improved care team experience - Build a culture of trust, collaboration and joy in work to support the care team in delivering quality health care
4. Enhanced decision support - Provide timely, accessible, accurate information and tools to support clinical and system planning decisions

The DHS has five key strategic Portfolios and a Foundation stream of work:

1. Empower Patients
2. Transform Primary, Specialist, and Community Care
3. Transform Hospital-Based Care
4. Advance Analytics Capabilities
5. Enhance Foundational Clinical Systems
6. Digital Health Foundation

The Provincial Clinical Leadership Committee has been established as part of the DHS Delivery Governance Model to provide governance in the advancement and realization of the Digital Health Strategy. The diagram below depicts the DHS Delivery Governance Model.



2 Mandate

The Provincial Clinical Leadership Committee provides direction on provincial, Health Sector-wide digital health/IMIT-related matters. The Committee makes decisions or provides recommendations to the Provincial Digital Health Board on issues related to existing clinical policies, practice standards, end-to-end workflows and the impact of proposed IMIT solutions on clinical users, in a digital health environment. It also provides clinical input on risks, issues, and decisions that have been escalated from DHS Portfolio Leadership Teams, Portfolio Leads, or Project Teams.

The Committee reports directly to the Provincial Digital Health Board.

3 Functions

Broadly speaking, the Provincial Clinical Leadership Committee has four major functions:

1. Provide strategic input on provincial digital health/IMIT priorities
2. Provide clinical oversight on digital health / IMIT-related decisions
3. Provide input and guidance for DHS Portfolio teams on escalated matters
4. Be champions of the Digital Health Strategy

These four functions are described in further detail below:

Function	Responsibilities Include
1. Provide strategic input on provincial digital health/IMIT priorities	<ul style="list-style-type: none">• Represent the various clinical interests and translate them into advice for the Provincial Digital Health Board including the following:<ul style="list-style-type: none">– Decisions related to provincial strategic direction for digital health/IMIT– Annual digital health/IMIT investment plan for the health sector• Be bold visionary leaders for the Health Sector. Challenge fellow Committee members – and challenge and inspire others within the Health Sector – to think about how digital technologies can be leveraged to transform health care delivery in the province.
2. Provide clinical oversight on digital health / IMIT-related decisions	<ul style="list-style-type: none">• Make decisions on appropriateness of planned or inflight digital health/IMIT initiatives based on alignment with provincial clinical priorities, impact on care quality, safety and cost efficiency, and impact on the clinical workforce.• Provide guidance to CIO Leadership Committee in relation to appropriate selection and effective implementation of proposed IMIT solutions• In cases where the Provincial Clinical Leadership Committee and CIO Digital Leadership Committee are unable to arrive at a consensus, escalate the matter to the Provincial Digital Health Board for decision

Function	Responsibilities Include
3. Provide input and guidance for other DHS Portfolio teams	<ul style="list-style-type: none"> • Address escalated risks, issues and design decisions from Portfolio Project Teams; escalate relevant matters to the CIO Leadership Committee and/or Provincial Digital Health Board as necessary. • Provide guidance on Health Sector stakeholders who should be engaged for co-creation and input in the design and implementation of priority initiatives. • Work closely with the Digital Health Collaboration Office and other DHI governance bodies to promote integration across DHS Portfolios and to ensure coherent overall delivery of the vision, mission, and goals of the DHS.
4. Be champions of the Digital Health Strategy	<ul style="list-style-type: none"> • Promote Health Sector understanding of the strategic intent and vision of the Digital Health Strategy. • Ensure key stakeholders in the healthcare ecosystem understand (i) the role of the overall DHS Governance including Provincial Clinical Leadership Committee, (ii) how stakeholders can provide input to DHS Portfolios and/or Provincial Clinical Leadership Committee.

In addition to the core functions, the Provincial Clinical Leadership Committee may be given individual issues to address by the Digital Health Board or by the Provincial Clinical Leadership Committee Chair.

4 Member Responsibilities

4.1 Provincial Clinical Leadership Committee Member Responsibilities

Each individual Provincial Clinical Leadership Committee member is responsible for the following:

- Be familiar with the Provincial Clinical Leadership Committee Terms of Reference – including accountabilities of the Clinical Leadership Committee as a whole, as well as individual responsibilities.
- Represent the perspectives of the Health Sector constituencies for which the role embodies vs. the interests of individual organizations.
- Be champions for the DHS and decisions made by the Provincial Clinical Leadership Committee; communicate DHS and Committee strategies, directions, and decisions to Health Sector constituencies and organizational networks.
- Promote alignment of individual organization’s digital health/IMIT strategies and investments with provincial strategic direction, provincial architecture, and privacy/security policies.
- Hold each other accountable for ensuring alignment of member organization digital health/IMIT decisions with the larger goals of the BC health sector and disclose in a timely manner for evaluation when local interests prevent such aligned action.
- Be prepared for Provincial Clinical Leadership Committee meetings, including:
 - Socializing relevant concepts with stakeholders within their represented constituents prior to Committee meetings, so that relevant perspectives can be represented during sessions);

- Completing any pre-read of materials in advance of meetings.
- Stay current on digital health trends and innovations, while also seeking to understand diverse stakeholder interests, priorities, and concerns to inform provincial strategy setting.
- Actively participate in Clinical Leadership Committee meetings; ensure attendance at all scheduled Provincial Clinical Leadership Committee meetings where possible.

4.2 Chair Responsibilities

In addition to the accountabilities described in Section 4.1 “Provincial Clinical Leadership Committee Member Responsibilities”, the Chair of the Provincial Clinical Leadership Committee is accountable to:

- Ensure effective functioning of the Provincial Clinical Leadership Committee.
- Call and chair Provincial Clinical Leadership Committee meetings.
- Work with the Digital Health Collaboration Office to develop meeting agendas based on clinical and Health Sector priorities.
- Provide leadership and focus for topics discussed in Clinical Leadership Committee meetings.
- Ensure that everyone participating in the meeting, telephone discussion, email exchange, or in another form of communication has received clear instructions on the confidentiality of the proceedings.
- Work with the Digital Health Collaboration Office to escalate relevant issues to the Provincial Digital Health Board as necessary.

4.3 Vice-Chair Responsibilities

- The Vice Chair of the Clinical Leadership Committee is responsible for acting as the Chair in Chair’s absence.

5 Membership

The Provincial Clinical Leadership Committee shall comprise of the following:

Representative Organization - Role	Committee Role
MOH Associate Deputy Minister (Chair)	Chair
MOH, Provincial CMIO (Vice Chair)	Vice-Chair
PHSA, EVP, Clinical Policy, Planning and Partnerships	Member
PHSA CCIO	Member
CMIO, VIHA	Member
EMD for Clinical Informatics, IHA	Member
CMIO, FHA	Member
VP, Professional Practice and CCIO, VCH	Member
CNO, FNHA	Member
CNO, VIHA	Member
Rural Physician	Member
Emergency Physician	Member
MSA Facilities-based physician	Member
Community-based specialist	Member
Primary care physician – from Divisions	Member
Residential care physician – from HAS	Member
Public Health – MHO from HA	Member
Patient Representative	Member

Subject to agreement by the Committee members, new members may be added by invitation from the Chair.

6 Meetings and Support

6.1 Meetings

6.1.1 Meeting Frequency

The Provincial Clinical Leadership Committee shall convene meetings every two months. Meeting dates and times will be pre-scheduled by the Digital Health Collaboration Office to maximize attendance. Most meetings will be supported using telepresence technology; ad hoc in-person meetings may be called at the discretion of the Chair.

6.1.2 Quorum

Quorum is achieved with two-thirds of Committee members in attendance, including Chair or Vice-Chair.

6.1.3 Attendance

Attendance at meetings is restricted to members of the Committee, their appointed alternates, invited guests, and representative(s) from the Digital Health Collaboration Office.

6.1.4 Alternates

If unable to attend a meeting, Committee members may propose an alternate to act as delegate to ensure adequate representation and attendance at Committee meetings. Alternates must be able to fully act on behalf of Committee member. Requests for alternates should be made with discretion and must be pre-approved by the Committee Chair.

6.1.5 Decision Making

Committee decisions, direction, and advice will be reached by consensus. Consensus is where members (including alternates) present, develop and agree to support a decision in the best interest of the whole; all members substantially agree and are willing to accept the decision.

Where consensus is not reached and cannot be rationalized in timely manner, the Chair shall escalate the matter to the Digital Health Board (with background, positions of individual parties, rationale, and options). A recommendation to the Board may also be included in cases where a majority agree on an option or approach.

6.1.6 Record Retention

All documents and records will be retained for a minimum period of 3 years. All documents must be retained in accordance with the standards and timeframes set out in the *Freedom of Information Protection of Privacy Act (FIPPA)*, the *Information Management Act* and any other provincial/federal record retention policies.

6.2 Meeting Support

The Digital Health Collaboration Office will provide secretariat support for the Provincial Clinical Leadership Committee with responsibilities to include:

- Ensure meeting agendas, previous minutes, and materials for discussion are distributed no less than one week in advance of committee meetings
- Send reminders to Committee members to inform them of meeting or other requirements; this will take the form of four action types: read/familiarize, circulate in sector for comment, or review/discuss.
- Take minutes, keep time, and record action items during meetings.
- Maintain the Committee's master work plan and risk/issues/actions/decision log.
- Coordinate with other DHS governance bodies to ensure consistency in reporting and approach
- Facilitate communication of Committee decisions and guidance to DHS Portfolio Leadership Teams and delivery teams.
- Post materials to SharePoint site in a timely manner; maintain documents for record retention purposes set out in Section 6.1.6 "Record Storage & Retention."
- Provide support for external stakeholder communication and engagement to ensure key stakeholders in the healthcare ecosystem understand (i) the role of the Committee, (ii) the strategic direction set by the Board and Committee, and (iii) how stakeholders can provide input to the Board and Committee.

7 Confidentiality

To support their ability to provide well-informed advice, Provincial Clinical Leadership Committee members may receive confidential information. All members are expected to maintain confidentiality regarding materials and Committee discussions.

Members may be asked to sign a non-disclosure agreement under circumstances when they are reviewing and discussing information of a particularly sensitive nature.

The Chair will ensure that everyone participating in the meeting, telephone discussion, email exchange, or in another form of communication has received clear instructions on the confidentiality of the proceedings.

8 Review

At a minimum of every two years, the Provincial Clinical Leadership Committee will undertake a review of (1) effectiveness and performance of the Committee, and (2) the accuracy and completeness of this DHS Provincial Clinical Leadership Committee ToR.

Following its evaluation, the Provincial Clinical Leadership Committee may propose changes for the Provincial Digital Health Board's consideration and approval.

9 Appendices

9.1 Membership List

Representative Organization - Role	Name
MOH Associate Deputy Minister (Chair)	Dr. David Byres
MOH Provincial CMIO (Vice Chair)	Dr. Douglas Kingsford
PHSA, EVP, Clinical Policy, Planning and Partnerships	Dr. Maureen O'Donnell
PHSA CCIO	Dr. Damian Claydon-Platt
CMIO, VIHA	Dr. Mary-Lyn Fyfe
EMD for Clinical Informatics, IHA	Dr. Douglas Smith
CMIO, FHA	Dr. Amyeen Hassanali
VP, Professional Practice and CCIO, VCH	Lorraine Blackburn
CNO, FNHA	Dr. Becky Palmer
CNO, VIHA	Dawn Nedzelski
Rural Physician	Dr. Nancy Humber
Emergency Physician	Dr. Kendall Ho
MSA Facilities-based physician	Dr. Pooya Kazemi
Community-based specialist	Dr. Tommy Gerschman
Primary care physician – from Divisions	Dr. Leo Wong
Residential care physician – from HAS	Dr. Ian Bekker
Public Health	<i>vacant</i>
Patient Representative	<i>vacant</i>