## Committee Name: Long-term Care Quality & Standards Council

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| **Purpose** | Long-term Care Quality & Standards Council (LTCQSC) is responsible for developing, coordinating, supporting implementation and measuring, monitoring and evaluating the strategic processes for LTC Services within the geographic boundaries of Interior Health. Using a resident and family centered approach, the LTC Council will review Interior Health opportunities, issues and challenges, as well as government and health system priorities related to Long-term Care. The Council will consider innovation and leading practice when providing strategic direction to the organization to address impacts and support to ensure key deliverables are achieved.  |
| **Definitions** | **IH** – Interior Health**Long-term Care** Quality & Standards Council (LTCQSC): a team of health care professionals, industry leaders and key stakeholders that leads long-term care services strategic and systems planning for the health authority and aligns provincial and health authority performance goals through strategic direction, policy, and standardized performance measurement to ensure accountability for quality long-term care services and related health system performance.**Long-term Care Medical Leadership (LTCML**): Executive Medical Director and Regional Medical Directors for Long-term Care. |
| **Sponsor** | Dr. Shallen Letwin, Vice President Clinical Operations, IH South |
| **Accountable To** | The LTCQSC is accountable to the Executive Director, Seniors Specialized Care Transformation and individual members are accountable to their respective Executive Directors or stakeholders they represent. |
| **Authority** | * The scope of this Council encompasses all strategic decision-making that is regional in nature and involves Long-term Care service delivery across the health authority for all funded beds. Service delivery includes the following clinical areas: permanent LTC beds, short stay LTC beds, direct care including nursing care, medical, pharmacy and allied services.
* The day-to-day responsibility for service delivery and operations rests with management at sites, and regional or partner operations administration.
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| **Appointments** | Members will be solicited through an Expression of Interest process. Member terms will be a minimum of 2 years, with rotating changes in years 1 and 2 to ensure continuity in function.Note in the membership whether a Core Member (Permanent) or a 2 year term position.Co-chairs will appoint new members. |
| **Membership** | The Council will be Co-Chaired by the Director, Long-term Care Services and the Executive Medical Director, Long-term Care Services.Alternates and/or designates are able to participate for members.Member representation is as follows:**Core Members:*** Co-chair, Director, LTC Services
* Co-chair, Executive Medical Director, LTC, Palliative Care, & MAiD
* Executive Director Seniors Specialized Care Transformation
* Executive Medical Director, Primary, Community & Seniors Care, IH South (added March 2021)
* Executive Medical Director, Primary, Community & Seniors Care, IH North (added March 2021)
* LTC Regional Medical Directors, IH East and COK (2)
* Regional Manager Clinical Support LTC
* LTC – Directors Clinical Operations (16)
* LTC Quality Review Coordinators, NOK/COK, IH West, IH East/Revelstoke, and SOK/COK (4)
* Patient Voices Network Representative (2)
* Contracted Partner Representative (2)
* Director, Infection Prevention & Control (added as a Core/Voting Member May 10, 2021 as per B.M.)

**Supporting Members:*** Business Consultant, Contracted Services
* Business Consultant, LTC
* Licensing Representative
* IH Research Team Representative
* Geriatric Psychiatrist
* IH Quality Improvement Consultant
* IH Strategic Information Analyst
* CIHI Systems Team Representative
* Regional Manager, Community Systems IMIT
* Long-term Care Manager
* Long-term Care Aide
* Long-term Care Coordinator
* Pharmacy IH Representative
* Pharmacy Contracted Partner Representative
* IH Support Services Regional Manager

**Responsibilities of the Co-Chairs:*** Facilitation of meetings.
* Organizing the meeting schedule, agendas and following up with individual members to ensure assigned tasks are completed appropriately and/or assigned to appropriate Strategic Council members
* Completion, distribution, and storage of meeting minutes and documents.
* Communication link with the VP and Executive Director.

**Responsibility of Council Members*** Attendance at all meetings (or to identify and inform an appropriate, approved designate).
* Members or designates are responsible to communicate activities and solicit input and feedback from the clinical or administrative areas they represent.
* Respond to key decisions within established timelines.
* Provide recommendations, decision making and leadership support in the member’s area of responsibility/expertise; come prepared for all meetings.
* Members unable to attend a meeting may appoint a delegate on a case by case basis. Delegates may partake in discussion, and are authorized to vote in the event of a dispute resolution process if well informed on topic.
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| **Quorum & Voting** | * Quorum is 50% voting members plus one.
* All core members will be voting members.
* Decisions generally will be through consensus where members develop, and agree to support a decision in the best interest of the whole. Consensus is defined as all members substantially agree, and are willing to accept.
* If consensus cannot be reached, the Chairs will bring the issue forward to the sponsors for resolution.
* Any potential additions to the work plan will be voted on by all members. If member away, they will have an opportunity to vote via proxy or email.
* Delegates are authorized to vote only if well informed on topic otherwise may decline to vote.
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| **Meetings** | Meetings will be once per month or as determined by the Co-Chairs, as necessary to achieve specific objectives. Meetings will be conducted in the most efficient manner: face-to-face, teleconference, or video conference.**Agenda:*** The Agenda will be set by the Co-Chairs in collaboration with other members.
* There will be an Acknowledgement of all IH First Nation Traditional Territories at the start of each meeting.

**Minutes:*** Minutes of the sessions (SNIPPET format) will be prepared by the Co-Chairs or a delegate, and distributed to all members within one week of the next meeting. Members will review and submit changes back to the Co-Chairs or delegate within five (5) business days.
* Meeting summaries will be kept on the LTC Quality & Standards Council Team Site and a SNIPPET will be distributed to members and sponsors.
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| **Administration** | All minutes, agendas and attachments will be uploaded /stored on the LTC Quality & Standards Council Team Site. Anyone without access to the IH Team Site, i.e. Contracted Partners, will be forwarded all meeting information via email.  |
| **Specific Areas of Responsibility** | **Process & Priorities****Accountability Quality Framework:*** Oversee development and maintenance of an accountability framework for long-term care services in Interior Health.
* Direct the formation of new, time limited tactical working groups that have responsibility to research, provide expertise and formulate recommendations for issues identified by the Council.
* Establish and monitor site level quality metrics that articulate clear responsibilities, accountabilities and deliverables on an annual and/or project basis.

**Strategic Oversight** * Provide strategic oversight of long-term care service delivery in Interior Health with emphasis on ensuring efficient, high quality care for residents and families, in a time frame commensurate with clinical need, and aligned with accreditation standards, MOH strategic directives and bilateral expectations.
* Evaluate access to long-term care services. Make recommendations on future service development needs (programs and new beds) and opportunities.

Monitor quality and outcomes in long-term care programs. Celebrate and spread successes and identify opportunities for system improvement. Identify system wide actions related to recommendations from Coroner’s Reports and Critical Incident reviews. * Monitor efficiency and effectiveness of service delivery and identify opportunities for system improvement.
* Sponsor the development, evaluation and revision of best practice clinical standards/guidelines/pathways/policies/procedures to improve the stakeholder experience and achieve organizational goals.
* Ensure that appropriate, accurate information is collected, analyzed, and reported to support all activities.

**Future Planning*** Advise the organization on planning and future operations of long-term care services by leveraging expert knowledge, experience and liaison roles with peer groups regionally, provincially and nationally.
* Determine priorities for long-term care that are within constraints of budget, Ministry requirements, human and physical resources, geography and alignment of other Health Authority strategic initiatives.
* Sponsor development and implementation, and monitor achievements of plans to achieve priorities.
* Sponsor research (clinical and epidemiological) that will enhance the delivery of long-term care services in IH.

**Alignment*** Review health authority opportunities, issues and challenges, as well as government and health system priorities and provide strategic direction to the organization to address impacts, support, and promote the achievement of key deliverables.
* Align clearly with IH vision mission statement of improved health and wellness in specialized populations and work with First Nations. Contribute to the delivery of high quality care and sustainable health care by making recommendations for improvements in innovation, productivity and efficiency.

**Performance** * Coordinate and evaluate the quality of long-term care services within the geographic boundaries of Interior Health.
* Provide strategic direction on the design and implementation of a Health Authority-wide strategy for ongoing system improvement in long-term care services.
* Provide strategic oversight with emphasis on supporting efficient, high quality care for residents and families in a timely manner to fit clinical need.
* Oversee development and maintenance of an accountability framework for long-term care services in Interior health and oversee the development of task specific working groups.

**Structures and Communication*** The Council has authority to establish working groups as needed to accomplish specific priorities and objectives.
* Council members are expected to share key messages and related information with their respective areas to ensure clear communication pathways across IH.
* Oversee the creation and maintenance of a broad communication strategy that covers all stakeholders within the Health Authority and provincially.
* Develop mechanisms to receive feedback from residents, families, support staff and physicians, about experiences in our homes and long-term care in general.
* Promote enhanced communication with residents and families including sharing of information with residents, families and general practitioners through a variety of media methods, including a public website.
* Promote improvement in communication with long-term care staff, including RNs, LPNs, HCAs, Allied Health staff, physicians, etc.
* Ensure open and regular information sharing with regional, site and department committees on long-term care issues.
* Identify and recommend representatives to relevant regional and provincial committees with the expectation that they will represent Interior Health long-term care values and priorities and report back to the organization on developments.
* Establish communication linkages between the Council and key IH and Provincial organizations and committees, committees and Working Groups, eg. BCDUQIE, Divisions of Family Practice, Provincial Home and Community Care Committee, the BC Patient Quality Council, the Office of the Seniors Advocate, and the BC Care Providers Association.
* Provide input to the organization on Ministry initiatives and priorities related to the delivery of long-term care services in IH and across BC.
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| **Date Approved**  | Initial creation = July 9, 2019Updated = January 17, 2020Updated with feedback received = July 30, 2020Membership Approved Final Version = September 24, 2020 |
| **Review Date**  | September 24, 2021 (one year from approved date above) |
| **Direct and Indirect Linkages**  | Operations Executive Director leadership tables, HAMAC, Strategy Risk Management Council, Palliative End of Life Network, Home Health Council, Mental Health & Substance Use Network, Complex Medial Frail Specialized Community Services Program Regional Coordinating Committee, Professional Practice Office, BC DUQIE, Provincial RAI Educators, P.I.E.C.E.S. Steering Committee, Patient Care Quality Office, Office of the Seniors Advocate, MoH Income and Rate Setting Working Group |