

<p>PURPOSE</p>	<p>Interior Health’s Trauma Services Network is responsible for leading, coordinating, monitoring, evaluating and improving the quality, and promoting consistency, sustainability, and standardization of all trauma services within the geographic boundaries of Interior Health.</p> <p>Using a person and family centered approach, the Trauma Services Network will focus on Trauma care services and work with operational partners, physicians, and patients to ensure comprehensive evaluation of all aspects of trauma care and to provide regional direction to guide the standardization of care processes to improve care based on the needs of the Interior Health population.</p> <p>In order to support the responsibilities of the Trauma Services Network, a Regional Trauma Council (RTC) is recommended. The RTC will provide a platform for monitoring system-wide Performance Improvement and Patient Safety (PIPS) indicators and addressing system challenges and will provide recommendations to the Trauma Services Network and Interior Health (IH) with the goal of encouraging continuous quality improvement.</p>
<p>DEFINITIONS</p>	<p>BCEHS- British Columbia Emergency Health Services</p> <p>IH – Interior Health</p> <p>PIPS- Performance Improvement and Patient Safety</p> <p>RTC-Regional Trauma Council</p>
<p>SPONSOR</p>	<p>Diane Shendruk – VP, Clinical Operations, IH North</p>
<p>ACCOUNTABLE TO</p>	<p>The RTC, under the leadership of the Trauma Services Network is accountable to the Vice President Clinical Operations, IH North and a partnership dyad reporting relationship with the Vice President Medicine and Quality. Individual members who provide support for the RTC are accountable to their respective Executive Directors or Chief Nursing Officer and Vice Presidents through their geographic reporting structure.</p>
<p>AUTHORITY</p>	<p>The scope of the RTC is regional in nature and involves trauma health service delivery within all health settings across Interior Health. The RTC will make recommendations for improvements to trauma services and will work with the other stakeholders to improve care quality and coordination across the continuum of care.</p> <p>While it is the Trauma Service Network’s responsibility to guide strategic changes for trauma related health service delivery, it will be the operational partners, providers, and other Interior Health staff’s responsibility for the execution and day to day operations.</p>

	<p>The Trauma Services Network Director is Interior Health’s lead for the trauma related Ministry of Health strategic priorities outlined within the annual Bilateral Agreement between the Ministry of Health and Interior Health.</p> <p>The RTC is established by the Board as a committee protected under Section 51 of the <i>Evidence Act</i></p>
<p>APPOINTMENTS</p>	<p>The Chair will be co-lead by the Medical Director, Trauma Services and the Director, Trauma Services Network.</p> <p>Responsibilities of the Chairs:</p> <ul style="list-style-type: none"> • Facilitate meetings • Provide updates to reporting committees • Completion, distribution, and storage of meeting minutes and documents • Organizing the meeting schedules, agendas and following up with team members to ensure assigned tasks are completed appropriately <p>Responsibilities of the Council Members:</p> <ul style="list-style-type: none"> • Attend all meetings • Act as a spokesperson, communicate activities and solicit input from his/her area of expertise • Respond to key decisions within established timelines • Provide recommendations and leadership support in the member’s area of responsibility • Ensure there is an informed replacement in the event of absence <p>The Council may, where appropriate, establish ad hoc or time-limited sub-committees or task forces to consider specific topics or issues. Such committees will have clear Terms of Reference that include time limits or events that bring the work of the committee or task force to a close. The establishment of any permanent standing sub-committee must be submitted to the Quality Management Committee for approval.</p>

MEMBERSHIP	<p>The membership of the RTC includes broad geographic and program representation including the following:</p> <ul style="list-style-type: none"> • Network Medical Director and Network Director (Co-chairs) • Executive Director, Clinical Operations - RIH • Tertiary Site MDs and Operations Managers or Directors (site to determine) • KGH and RIH Trauma Nurse Coordinators • Trauma Registry Analysts from KGH and RIH • Trauma Services Network Clinical Nurse Specialist, Regional Knowledge Coordinator and Administrative Assistant • Network Director, Patient Transport Network • Medical and Operations representation from Level 3 Sites (typically Clinical Operations Managers from VJH, EKRH, PRH, KBRH and CMH) • Respiratory Therapy Practice Lead • Rural sites- Rotating geographical operational and physician representation appointed by the Co-chairs for terms of 2 years. • Network Director and Medical Directors from Emergency Services Network and Critical Care Network • BCEHS Medical and Operational Leaders • Aboriginal Partner Representative • Injury Prevention Coordinator (when in place) • Patient Partner • Ad Hoc members (such as from IH Quality, Rehabilitation, Lab or Transfusion Services etc.) to be assigned as needed <p><i>[NOTE: Section 51 Committees must include at least one health care professional employed by or practicing in a hospital. A health care professional is defined as a person registered as a member of a college within the meaning of the Health Professions Act]</i></p>
CONFIDENTIALITY	<p>Where the Council is reviewing a quality of care/quality assurance matter that is protected by Section 51 of the <i>Evidence Act</i>, such matters will be considered by the Council <i>in camera</i> and shall be recorded separately in the minutes with a clear notation that the Council is functioning as a Section 51 committee for the purpose of that agenda item. The Chair will ensure everyone participating in the meeting has received clear instructions regarding the confidentiality of the proceedings.</p>

<p>SPECIFIC AREAS OF RESPONSIBILITY</p>	<p>MEETINGS DETAILS</p> <p>Frequency: The RTC shall meet 4-6 times per year or more frequently as necessary at the call of the chairs.</p> <p>Location: Location of meetings will be videoconference with the potential of occasional in-person meetings in the future.</p> <p>Term Commitment RTC will commence October 2021 for a 2 year term. Membership will be assessed at that time.</p> <p>Attendance and Quorum A quorum shall be constituted by the presence of 50% (+1) of the members of the RTC. Decisions shall be made on the basis of a quorum, and each member, including the chair, shall be entitled to one vote only.</p> <p>Administrative Support Where required, the Trauma Services Administrative Assistant will provide additional support. Minutes and agendas shall be prepared and master copies of the minutes shall be retained by the Trauma Services Network.</p> <p>Accountability Framework Support the development and maintenance of a quality management framework for trauma services in Interior Health to ensure person/family centered care including the collaborative development and implementation of Interior Health -wide and/or provincial operational plans for the clinical service area based on best practices.</p> <p>Strategic Oversight Supports and contributes to the strategic oversight of trauma service delivery in Interior Health including recommending regional direction for Interior Health's trauma services to ensure alignment with both provincial and Interior Health priorities based on population needs.</p> <p>Future Planning Advise on planning and future operations of trauma services by leveraging expert knowledge, best practice literature and data, IH's planning framework, patient and family centred advisors, experience and liaison roles with peer groups regionally, provincially and nationally. Specifically, recommend priorities for trauma services that are within constraints of budget, Ministry of Health requirements, human and physical resources, geography and alignment of other Interior Health strategic initiatives.</p> <p>Alignment Review opportunities, issues and challenges, as well as government and health system priorities and provide strategic direction to address impacts and ensure key</p>
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	<p>deliverables are achieved. This includes a formal alignment between the Trauma Services Network and the other Clinical Networks and the Interior Health Quality and Patient Safety Strategic Plan and Health Authority Medical Advisory Committees (HAMAC) related to quality of care.</p> <p>Performance Align with Interior Health-wide reporting processes and coordinate and monitor the performance of the planning and delivery of trauma services and key strategic projects within the geographic boundaries of Interior Health. The Trauma Services Network and RTC do not have authority and accountability over local operations, however do consider how local initiatives may be regionally relevant and coordinate accordingly.</p> <p>Structures and Communication Supports the transfer of knowledge and sharing of information about trauma services and the trauma system and key initiatives across geographies to all stakeholders. In addition, report to VP Diane Shendruk on the provision of current and future trauma services. This includes providing advice and formal reports as required.</p> <p>In accordance with Section 51 of the Evidence Act: The Council, for the purposes of improving medical or hospital practice in two or more hospitals, or during transportation to or from those hospitals,</p> <ul style="list-style-type: none"> i. Carries out or is charged with the function of studying, investigating, or evaluating the medical or hospital practice of, or care provided by, health care professionals in those hospitals or during transportation to or from those hospitals, in relation to a matter of common interest among those hospitals, or ii. Studies, investigates, or carries on a medical research or a program in relation to a matter of common interest among those hospitals.
DATE APPROVED	<i>October 18, 2021</i>
REVIEW DATE	One year from approval
DIRECT AND INDIRECT LINKAGES	<p>Weekly Clinical Operations ED-VP Meeting</p> <p>Strategic Risk Management Committee</p> <p>Quality Management Committee</p> <p>Senior Executive Team</p>