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Electronic Health Record Quality Council

Terms of Reference

Context

The Electronic Health Record (EHR) Quality Council (the 'Council') functions within the context of the combined quality structure to address quality, standards, and practice matters that pertain to the EHR. The Council ensures organizational, technical, clinical and medical perspectives in the development and use of Island-wide/regional standards related to the electronic health record. Areas of focus include documentation and orders management, nomenclature, usage (practice), e-safety, and interoperability.

The EHR Quality Council is focused on the improvement and advancement of the electronic health record as an enabler of quality outcomes across the health region. Discussion and opinions may warrant protection under Section 51 of the Evidence Act.

As the Council is being reconstituted within the context of new organizational and IHealth governance, it may provide transitional leadership and oversight to quality matters where shared accountability amongst program quality councils (PQCs) is most appropriate. For example, quality matters arising from adoption and usage may be monitored by the EHR Quality Council with focused support and guidance provided to PQCs as they crystalize processes to address these matters independently.

Role and Responsibilities

The EHR Quality Council will:

- Provide organizational, technical, clinical, and medical oversight to information management, practice standards, policy and monitoring related to the EHR
- Provide oversight to the review, analysis and subsequent improvements arising from reported incidents (including those recorded in the Patient Safety and Learning System, PSLs) involving the EHR as a contributing factor; prioritize and steward improvement activities related to these
- Provide leadership and direction related to eSafety, best practice standards and design principles for the advancement and evolution of the EHR
- Collaborate with Program Quality Councils to develop and monitor Island-wide metrics and key performance indicators to evaluate usage, adoption and adherence to health informatics best practices
- Provide recommendation, endorsement, and/or approval of standards, policies, protocols, and guidelines related to health information management and the EHR
- Collaborate and communicate with Program Quality Councils to identify and resolve EHR quality matters that cross program/discipline boundaries

- Collaborate across disciplines, clinical streams, and care venues to identify workflow, practice and/or process changes impacted by EHR content modifications

Principles

The EHR Quality Council will align with the organizational values of Courage, Aspiration, Respect, and Empathy. Additionally, it will be guided by the following principles:

1. Shared accountability for quality across the organization and between professions.
2. Shared information relating to quality in order to promote learning and spread of good practice.
3. Timeliness and responsiveness, recognizing that matters presenting an urgent threat to safety are expedited, signaling quality and safety as a top priority in Island Health. This also applies to formative improvement through education and learning.

Reporting lines

The EHR Quality Council reports directly to the Quality Operations Council (QOC).

Key Linkages include:

- Program Quality Councils (PQCs)
- Geographical Quality Councils (GQCs)
- IHealth Governance
- Information Governance
- Cerner Operational Review Committee (CORC)
- Practice and Operations Committee
- HAMAC and its subcommittees including HAMQC and LMACs
- Divisions of Family Practice
- BC Health Information Standards Standing Committee and other provincial governing bodies related to the BC Digital Health Strategy
- Clinical, Practice, and Informatics standard setting/regulatory bodies

Leadership, membership and decision-making

The Council will be co-chaired by leaders with informatics, medical/clinical and organizational leadership responsibilities within Island Health. Initially, these roles will be covered through the Chief Medical Information Officer and Corporate Director, Clinical Informatics and Improvement.

Membership

Membership may change over time, reflecting the evolving implementation of IHealth, quality structure agenda and/or clinical quality priorities.

The Council membership will be comprised of representation from the following clinical and corporate areas/programs:

- Medical and Clinical Leadership
- Program and departmental representation
- Professional Practice

- Quality Leadership
- Medical Affairs
- Members of the Innovation, Analytics and Information portfolio
 - Chief Technology Officer
 - Director of Health Information Management
 - Corporate Director of Clinical Solutions Engineering
 - Corporate Director, Decision Support (or Director of Clinical Analytics)
 - Director of Provider Education and Experience

Other members of the Innovation, Analytics and Information portfolio and other portfolios will be adhoc members to support the role and function of the committee and may include:

- Enterprise Architecture
- Information Stewardship, Access and Privacy
- Legal Council
- Risk Management

Normally, decisions will be taken by consensus. Where consensus cannot be reached, decision will be by majority vote.

Quorum will be half of the members plus at least one chair.

Conduct of meetings

General Principles

- 1) Meetings will be action/decision oriented. Information sharing will happen in advance of the meeting.
- 2) Respectful, open and frank discussion regarding transgressions of the rules will be essential to proper council function.

Chair's Responsibilities

- 1) Agendas will:
 - Contain a manageable number of items
 - Have a realistic time allotment per item
 - Have items with expected outcomes indicated (decision, approval, discussion, information only)
- 2) The agenda package will be circulated with adequate time for members to have read all items and come prepared for the meeting (see above).
- 3) Any lengthy document will have an executive summary.
- 4) Whenever possible briefing notes with options +/- recommendations will be provided for agenda items requiring decision.
- 5) E-mail and/or sharepoint will be the preferred means of communication and document distribution.
- 6) Meetings will be chaired consistently and in accordance with these ground rules.

Members' Responsibilities

- 1) Arrive on time for meetings.
- 2) Come prepared; read the agenda package and be prepared to contribute to the decision making process.
- 3) Adhere to the ground rules.

Ground Rules

- 1) Meetings will begin and end on time (essential with a video conference format).
- 2) Ideally, all decisions will be by consensus.
- 3) If consensus cannot be reached in a reasonable timeframe, a decision with dissenting opinion(s) will be sought.
- 4) As a last resort to reach a decision a vote will be taken.
- 5) Discussion regarding items for decision should be brief and focused.
- 6) Items for information only will be included in the agenda package and will involve minimal if any discussion at meetings.

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