

Critical Care Recovery Program (CCRP) Shared Care Project Advisory Committee

TERMS OF REFERENCE

THE “CRITICAL CARE RECOVERY PROGRAM (CCRP)” SHARED CARE PROJECT OVERVIEW

Survivors of critical illness frequently experience impairment of cognition, mental health and physical function known as post-intensive care syndrome (PICS). The provision of a follow-up service for post-Critical Care patients is considered a standard of care in the UK and other developed countries globally. An ICU follow up clinic is proposed to assess and manage the complex needs of these patients after discharge to the community. At this Expression of Interest stage, the goal is to undertake stakeholder engagement, identify promising workflows and potential barriers, and create a full proposal for this innovative service.

PURPOSE

The Advisory Committee (AC) is an important resource to assist in guiding the work and direction of the Critical Care Recovery Program Shared Care (SC) project. Advisory Committee members will provide local advice and context, review new documents to ensure receptibility, serve as ambassadors, and encourage public involvement in the planning process from their community. Members will act as a sounding board to assist the project team in reviewing key plan concepts and public engagement approaches.

Please note: members are invited to this committee because of their valued knowledge and experience; however, ultimate decisions on the project scope and direction will be made by the WG which may not always be in-line with the recommendation of members of the AC.

PROJECT TEAM STRUCTURE

The Project Advisory Committee will be comprised of approximately 8-10 individuals who are broadly representative of the local area’s neighbourhoods, demographics, and care services.

The Working Group (WG) core team is Dr. Gary Misselbrook and Project Manager (PM) Emily Sayward. The AC meetings will be chaired by the Project Manager. This project is funded through Shared Care and adheres to the funding and reporting requirements and overall project objectives under the support of SC Liaison David Hebb.

ADVISORY COMMITTEE MEMBER SKILLS AND ATTRIBUTES

The Advisory Committee has been specifically selected and invited by the Working Group. The WG identified people who represent a broad range of backgrounds including patient partners, allied health professionals, and healthcare providers.

COMMITMENT

The Advisory Committee will exist for the duration of the EOI phase, approximately 6 months. If approved for Gate 2 funding after the review of the project’s full proposal, this committee could be extended up to 2 years, however members will be offered an extension and not obliged to continue past this phase.

ROLES

The role of Advisory Committee members is to:

- Advise on public engagement to ensure broad outreach is effectively undertaken throughout the community;
- Promote the project and public engagement opportunities within the community;
- Provide feedback to the working group on plan concepts and policy options;
- Provide feedback from the perspective of the role they are representing (on behalf of other physicians, on behalf of other patients with lived experience, etc.)

RESPONSIBILITIES

The responsibilities of Advisory Committee members are to:

- Attend AC meetings;
- Respond to email inquiries within one week;
- Review and provide feedback on draft documents;
- Keep content of discussions and communications confidential;
- Speak only on behalf of the committee if delegated to do so; and,
- Show respect to other members of the committee and working group.

MEETINGS AND ATTENDANCE

Advisory Committee members are asked to serve and attend AC meetings for the duration of the planning process (approximately 6 months). Meetings are at the call of the WG members. It is anticipated that there will be 2-4 AC meetings in total throughout the planning process. The meetings will be maximum of an hour, and a doodle poll will be distributed to assess the meeting day and time that will accommodate the most participants. The meetings will be held via a zoom link that will be included in the meeting invite.

Agenda, meeting notes, and list of action items will be distributed in a timely manner by the PM.

Other experts, community stakeholders, patient partners, and consultants may attend AC meetings at the request of the PM.

Appreciating the time of the AC members, no unnecessary meetings will be held when an email update can suffice; as well, an agenda will be provided a minimum of 3 days prior so members can assess the relevance of attendance.

TERMINATION AND REPLACEMENT

Advisory Committee members agree to fulfill the Roles and Responsibilities and adhere to the AC rules. Members who are unable to meet these expectations may be excused from the AC from a member of the WG, or may leave the group on their own initiative if they are not able to fulfill the regular responsibilities.

CONTACTS

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ABBREVIATIONS

WG - Working Group (Dr. Gary Misselbrook and Project Manager Emily Sayward)

PM - Project Manager

AC - Advisory Committee

SC - Shared Care, funder

EOI - Expression of Interest (first portion of the Shared Care project)