

# Joint Physician led QI Steering Committee

## Terms of Reference

### 1) Background and Context

The SSC's Physician led QI (formerly Regional Quality Improvement) initiative has funded and supported the VCH/PHC to address gaps in quality structures relating to physician participation in Quality Improvement (QI) activities and to ensure those physicians have adequate technical, administrative, and educational supports. The purpose of the funding includes ensuring physicians are able to meet, coordinate and act on QI opportunities to enhance patient care and access SSC funded QI resources and expertise.

Initiatives will be aligned with the health authority's overall quality strategy, but distinct from its Quality Assurance responsibility and mandate. Activities may include funding physician champions to participate in regional quality improvement committees or networks, and to support their time to lead specific quality improvement projects and initiatives identified by specialists or health authorities.

### 2) Authority

The Physician led QI receives its authority and guidance from the Physicians of VCH/PHC through the Department Representatives. The Physician led QI recognises the importance of working closely and collaboratively with VCH/PHC and such the Physician led QI was established in cooperation with the VCH/PHC senior leadership.

The terms of reference of the "Joint Physician led QI Steering Committee" is outlined in section 4.0 of the VCH/PHC Regional Quality Improvement proposal approved by SSC on June 28<sup>th</sup> 2016. A Funding Agreement was created and signed on August 19<sup>th</sup> 2016 between VCH/PHC and Doctors of BC. The executive sponsor and signatories of the agreement are:

- Dr. Patrick O'Connor, VP of Medicine – VCH
- Dr. Ronald Carere, VP of Medical Affairs – PHC
- Allan Seckel, CEO – Doctors of BC

### 3) Mission

The Physician led QI will create the capacity and the culture within the Physician Community in VCH/PHC to enable widespread engagement and co-operation with VCH/PHC in improving the quality of care for patients. The proposal revolves around physician-led quality improvement for patient care within VCH/PHC and, more specifically seeks to:

- Engage the VCH/PHC physician medical staff to further a culture of quality improvement;
- Ensure the application of principles relating to patient-focused, multidisciplinary, learning for improvement;
- Create the capacity and capability for physicians to lead quality improvement;
- Support the local needs of physicians with improving the delivery of patient care;
- Work collaboratively with the VCH and PHC leadership to ensure physician quality activities are appropriately resourced and prioritized for the delivery of best patient care;
- Actively seek input and in participation with patients and families in physician quality improvement activities.

### 4) Responsibility

The core responsibility of the Steering Committee (SC) is to govern the implementation of the approved funding proposal in a transparent and collaborative manner, specific duties include:

- Oversee the successful implementation of the Physician led QI funding proposal to ensure alignment with the overall VCH/PHC and MoH quality improvement strategies
- Define broad scope and objectives; approve changes to the scope and initiative deliverables
- Establish guidelines, processes and policies with respect to the use of funds
- Monitor/manage scope and costs according to information/reports provided by staff
- Manage operational/political issues and risks related to Physician led QI activities
- Champion and/or enhance awareness of quality improvement activity within VCH/PHC for sustainability, spread and coordination with other related projects and programs. Where possible strategically integrate and align QI activities within SSC and VCH/PHC.
- Develop a communication strategy, which includes updates to stakeholders including VCH/PHC medical staff. Specifically report on a quarterly basis to HAMAC and PHC MAC and present regularly to other leadership tables and quality committee tables across VCH/PHC.

## 5) Approach

All aspects of the management of Physician led QI will be grounded on the principles of transparency and collaboration. The SC will govern itself in a collaborative manner, with decision making occurring by consensus. Decision-making entails reaching an agreement that is fair and workable, and that all SC members are willing and able to endorse.

Levels of Endorsement: During each round of decision-making, each person indicates where they are with respect to the decision being proposed:

- Agree & support,
- Need more information or more discussion,
- No, cannot accept it but willing to accept the groups consensus,
- No, cannot accept it and issue gets escalated to Executive Sponsors for review

If clinical representation is necessary for decisions to be made the committee members will ask are the right people here to make the decision.

## 6) Composition

The steering committee will aim to have a balanced view and representation of VCH/PHC leaders, SSC leaders, grassroots active VCH/PHC physicians, and Patients/Public. Suggested composition of the standing members of the steering committee:

- VCH/PHC (4)
  - Senior Quality Leader: Quality, Safety & Improvement
  - Designate of the Health Authority Medical Advisory Committee (HAMAC)/PHC MAC
- Clinically Active Physicians (4)
  - Facility Engagement (i.e. Medical Staff Association) President or Representative
  - May include the Physician QI Leader(s)
  - Rural physician(s)
- Specialist Services Committee (2)
  - Physician Representative
  - SSC Initiatives Lead
- Patient Representative (2)
- Guest & Designates
  - Guest are welcome to participate in meetings with prior Chair approval
  - Each member is encouraged to have a single consistent delegate.
- Selection of Members and Chair

- The initial set of members for the SC were determined from the approved funding proposal
- Chair will be nominated by the existing membership.
- Chair will be selected from among the clinically active grassroots physician community.
- A review of membership, check-in on composition, will be done every 12 months.

## **7) Meetings**

- Meetings of the SC shall be held bi-monthly or at the call of the Chair.
- Agenda package to be circulated one week prior to meeting.
- All members are free to suggest additions to the agenda.
- Where possible, efforts will be made to ensure video conferencing option is available to connect members of the SC. Once a year the SC will meet in person.
- Members prefer advance notice for meetings as well as evening meetings from 5 to 7pm.

## **8) Expectations for Chair**

- Set agenda for SC with the support of staff
- Acts as the principal spokesperson for the SC in liaisons with the VCH/PHC, physician community, Specialist Services Committee and Doctors of BC
- Presides at all meetings of the SC or if absent assigns a delegate
- Manages the affairs of the SC between meetings, ensuring the Committee responsibilities are discharged in a timely manner, with support of staff
- Coordinates and ensures timely reporting to Specialist Services Committee and VCH/PHC
- Communicates to the SC any concerns/issues identified by the staff and participating physicians
- Present in person to SSC and/or HAMAC when required

## **9) Expectations for Members**

- Rules for Membership
  - Discuss elephants in the room
  - Endorse publicly any decisions made by the Joint Steering Committee
  - Look for solutions that will promote the Physician led QI vision
  - Appreciate from local and regional perspectives
  - Authentic commitment to the relationship
  - Seek to understand
  - Check out your assumptions
- Review all agenda package material prior to SC meeting
- Attend SC meetings
  - If unable to attend meeting, to send a delegate with Chair approval
  - Attend at least 4 meetings per year
- Remove barriers and assist with issue resolution
- Represent the views and interest of their colleagues and report back to them any updates
- Must disclose any matters which may constitute a direct or indirect conflict of interest between personal or professional activities. Moreover always act in a manner that will prevent conflicts from arising

## **10) Rules of Order**

- All meetings of the SC shall be conducted utilizing the most current version of “Roberts Rules of Order”

### 11) Membership (2016-2017)

Patient	Lori Pederson	Patient Advisor
	Hamid Ghanbari	Patient/Public Advisor
VCH/PHC	Vivian Chan	VCH/PHC, Director of Physician Quality
	Camille Ciarniello	PHC, Exec. Director of Quality Portfolio
	Felicia Laing	VCH, Director Quality and Patient Safety
	Dr. Nardia Strydom	PHC, Chair, Council for Excellence
	Dr. Brenda Wagner	VCH SSC Rep. Senior Med. Director, Richmond
Grassroots Physician Representatives	Dr. Vinay Dhingra, Chair	Critical Care Medicine, VGH
	Dr. Kelly Mayson	Anesthesia, VGH (VGH MSA)
	Dr. Karen Dallas	Hempath & Transfusion Medicine, SPH (PHC MSA)
	Dr. Julie Baxter	GP, Coastal
Specialist Services Committee	Dr. Ken Hughes	Doctors of BC (Physician Rep)
	Aman Hundal	Liaison, SSC

### Version History

Date	Document Version	Document Revision History	Document Author/Reviser
October 11 <sup>th</sup> , 2016	1.0	Final version after input from October 5 <sup>th</sup> 2016 Steering Committee Meeting	Vivian Chan/Pam Fennell
April 12 <sup>th</sup> , 2017	2.0	Added Version History Updated Steering Committee Membership Replaced RQI with Physician led QI	Vivian Chan
June 2, 2017	3.0	Update levels of endorsement to reflect decision made at May 24, 2017 Steering Committee meeting.	Pam Fennell