

Provincial Critical Care Working Group

Terms of Reference
Revised August 2019

Purpose:

The Critical Care Working Group provides a provincial forum to promote, enable, influence, discuss and facilitate improvement in the quality of care for critically ill patients across the province.

Scope:

Topics in scope may be anything of common interest affecting quality of care for critically ill patients. We will strive to be aware of and aligned with other groups and committees working on similar issues to collaborate and avoid duplication.

Neonatal critical care, labour issues, funding issues between the Ministry of Health and Health Authorities and operational authority are out of scope for this group.

Objectives:

1. Provide a provincial forum to share strategies, discuss priorities and opportunities, and remove barriers for improving quality of care.
2. Identify common and relevant provincial priorities for improvement.
3. Promote problem solving through sharing, discussion, collaboration and innovation.
4. Leverage data dissemination, knowledge translation and data driven improvement.
5. Provide a mechanism to influence and support each other regionally to promote best care for patients across the province.
6. Provide a safe environment for conversations to occur on difficult issues.
7. Build a culture of quality improvement for critical care units across the province.
8. Provide patients with a collaborative voice on issues pertaining to their care.
9. Promote best practices and decrease clinical variation where appropriate to improve care.
10. Provide a mechanism to connect with other local, regional, provincial and national groups and nations, individuals, or organizations relevant to improving care for critically ill patients in BC.
11. Align measurement of quality with methodologies included within *Defining Quality for Health & Wellness in BC*

Accountability:

Members of the CCWG have accountability within their respective organizations and/or communities and will strive to bring issues forward from, and communicate learning back to, their teams.

Standing Members:

Health authority representation (First Nations Health Authority, Fraser Health, Interior Health, Island Health, Northern Health, Providence Health Care and Vancouver Coastal Health) - maximum of two representatives from each, including (where applicable):

- One member, selected by the health authority, with administrative background and knowledge of critical care services. Please send delegate to fill vacancies.
- One member, selected by the health authority, with critical care clinical expertise. Please send delegate to fill vacancies.

Representation from each of the following:

- Two patient partner representatives
- One pediatric ICU representative
- Data measurement and analysis advisor to support the development and reporting of quality metrics from the ICU database
- BCPSQC Critical Care Clinical Lead
- BCPSQC representative
- One representative from the Canadian Association of Critical Care Nurses
- One representative from BC Emergency Health Services

Ad hoc members:

- A representative from the Ministry of Health will provide ad hoc advice to the group around policy matters or urgent oversight when required.
- Representatives with specific knowledge and experience of rural and remote critical care provision will be invited to participate, and can initiate participation, whenever issues concerning rural and remote care provision emerge.

- Groups including nursing and allied health will be invited to participate, and can initiate participation, whenever issues concerning these groups emerge.

Leadership:

A Chairperson will be elected by the members for a 2-year term (option to renew for an additional 1 year).

Secretariat:

BCPSQC will be responsible for providing administrative support, including agenda distribution and recording/distributing minutes and action items from the meetings.

Decision Making:

Decisions are made by consensus. Quorum for consensus is 80% of standing members.

Meetings:

- Meetings will be held quarterly, avoiding the months of July and August.
- Meetings will be face to face for approximately 6 hours to best accommodate travel arrangements for members. A WebEx link will be provided for those who are unable to travel to the meeting.
- BCPSQC will provide meeting space and support catering costs for the meetings.

Principles of working together:

- The Chairperson will be responsible for keeping meetings focused and outcome driven, to make the best use of member's time.
- Pre-reading for each meeting is expected and the responsibility of each member to complete. Information dissemination will ideally happen prior to the meetings; meeting time will therefore be focused on discussion and decisions.
- Agenda items will be proposed by the members.



- Ideally, agendas will be circulated two weeks in advance of the meeting. Minutes will be circulated within two weeks after the meeting when possible. Attachments and supporting documents will be posted on the password protected BCPSQC website.
- Meeting dates will be set 6 months to 1 year in advance where possible. Meeting dates will be set by majority of respondents indicating their availability through a poll link circulated by BCPSQC.
- BCPSQC will provide a private web page for members to access agendas, minutes, and meeting materials.
- Members agree to respectful communication and to allow all voices to be heard. Chairperson has the power to bring conversations to an end or to ask they be continued outside the meeting.