Te

February 25, 2021

Vision

Optimizing accessible primary care service delivery with coordinated, team-based, culturally safe approaches

Terms of Reference

Central Interior Rural PCN Steering Committee

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Central Interior Rural

Primary Care Network (PCN) Steering Committee

# Background

Interior Health Authority, Central Interior Rural Division of Family Practice (“Division”), the Secwepemc Nation, Tsilhqot’in Nation, Dakelh Dene Nation, First Nation Health Authority, Nurse Practitioner and patient partners (collectively, the “PCN Members”) have collaboratively established the CIR Primary Care Network (“PCN”) under the guidance of the Collaborative Services Committee (“CSC”). The CIR PCN will be overseen and governed by the CIR PCN Steering Committee. In consideration for establishing the CIR PCN and for Interior Health and Central Interior Rural Division acting as PCN fund administrators under funding agreements with the Ministry of Health (the “Ministry”) and Doctors of BC, the PCN Members have agreed to enter into these terms of reference to establish the PCN Steering Committee and their commitments to the CIR PCN.

# Committee Purpose

The purpose of the CIRD PCN Steering Committee is to provide governance and leadership to the activities, working groups and strategic planning for the CIRD PCN.

# Committee Mandate

To oversee the implementation of the CIRD PCN. To provide feedback and transparent reporting of both subjective and objective lessons learned.

# Governance

The CSC gives full authority to the PCN Steering Committee for any decisions and directions of the CIR PCN. The CIR PCN will be a guest participant of the CSC and attend meetings as invited.

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## CSC delegates decision-making authority to the PCN Steering Committee

# Decision-Making

* Decisions will be made by consensus. Consensus-based decision making is committed to finding solutions that members actively support or can at least live with. This ensures that all opinions, ideas and concerns are taken into account.
* In meetings where significant decisions are to occur, all partners will be notified and encouraged to attend.
* Consensus is achieved when all voting members accept and support a decision and understand how it was reached.
* The voting members will exercise due diligence and good faith in reaching consensus, including identifying and problem solving in areas that are causing an impasse.

## Quorum:

* A minimum number of 5 Steering Committee members are required to be present at a meeting to make a decision or implement a course of action. Representatives must include at least 1 representative from each of the 5 member groups including the Division, Physicians, Nurse Practitioners, Interior Health Authority, and the Indigenous Nations.
* If quorum is not present, the meeting will still take place, but decisions will be deferred to the next meeting. If a steering committee member knows that they are unable to make a meeting, and that they are needed for quorum, they may submit their support for a decision to the PCN co-chairs to bring forward at the meeting. Alternatively, steering committee members may select an alternate to attend in their absence to offer support of the decision. If an alternate committee representative vetoes a decision, the decision will be deferred. Core Steering Committee representatives will engage in further discussion and attempt to reach consensus.
* Partners will have one week to go back to parent organization or group to gain direction/feedback prior to voting. In extenuating circumstances, representatives can request a lengthier timeframe be considered.

# Vision & Guiding Principles

## Vision

The PCN plan for the Central Interior Rural region is inspired from a vision of providing optimal primary care service delivery through culturally safe interprofessional teams. The vision unites patients, service care providers, and the health care system where, together, we will support the provision of fully integrated health care services for people in urban, rural, and remote areas. Patient access will be enhanced by having one entry point into the system and be attached to a Primary Care provider. Timely, primary- care service will be readily accessible and delivered within a culturally safe approach and environment. Service providers will deliver coordinated and optimal collaborative interprofessional care, resulting in better health for all and a seamless patient journey through the system. Health care providers will experience empowerment and team support through the network they will now belong to. The improved Geographical Health Care system will contribute to healthy populations where health gaps are eliminated, and there is enhanced access to quality care for all.

## Guiding Principles

The following guiding principles have been adopted by the PCN Steering Committee

* **Legitimacy and Voice**
  + Participation – nothing about me without me
  + Consensus orientation and decision making
* **Direction**
  + Creation of a strategic vision: Including understanding of the historical, cultural and social complexities of that vision
* **Performance**
  + Responsiveness to communities served
  + Monitoring the quality services
* **Accountability**
  + Mutual accountability – to the partnership and to communities served
  + Transparency
* **Fairness**
  + Equity between founding partner organizations
  + Creation of dispute resolution processes

# Membership

The voting members of the CIRD PCN Steering Committee are geographically determined and include representation as follows:

* 3 First Nations: 1 representative from each of the 3 Nations (Tsilhqot’in, Secwepemc, Dakelh Dene)
* 3 Family Practitioners: 1 from each area (100 Mile House, Williams Lake, Chilcotin)
* 3 Nurse Practitioners: 1 from each area (100 Mile House, Williams Lake, rural/remote)
* 1 Interior Health
* 1 CIR Division of Family Practice

Voting members who are primary care providers must have a vested interest and current knowledge of health service delivery in the region.

Non-voting members of the CIRD PCN Steering Committee are limited to PCN Staff (PCN Managers and administrative assistant) who regularly attend meetings.

Stakeholders and guests will attend Steering Committee meetings by invitation only. Anyone wanting to attend will be directed to make a formal request to the co-chairs. Co-chairs will review these requests and schedule attendance/participation as appropriate. Guests will be introduced at the beginning of the meeting and the purpose for their attendance clearly articulated. Presentations will be scheduled at the beginning of the agenda and presenters will be excused following the question/answer period.

Stakeholders will be invited to attend open meetings, on a quarterly basis or at the discretion of the co-chairs, to provide updates. Invitees may speak at meetings and provide input for consideration by the committee; however, do not participate in decision-making. Regularly invited stakeholders include, but are not limited to representatives of:

* Ministry of Health
* Interior Health
* First Nations Health Authority
* GPSC
* Doctors of BC

## Membership Focus

Each member is to bring the perspective of their parent organisation, or representative group (where a parent organization doesn’t exist). Additionally, each member is expected to consider the PCN as a whole while participating in the work of the steering committee.

## Member Orientation

New members to the PCN Steering Committee will be provided with an orientation to give context to the discussions at the Steering Committee table. A PCN Toolkit will be developed and maintained to provide structure to this process. The PCN Manager will provide the orientation, or in the absence of a Manager, the Co-chairs will assume this responsibility.

## Membership Responsibilities and Accountabilities

* Members will be responsible for endeavouring to attend all meetings of the Steering Committee and contributing to discussions in a collaborative and effective manner.
* Members of the SC are mutually accountable to the partnership and to the communities served.
* The partnership is accountable for the results achieved or not achieved. Partners should commit to ongoing improvement of co-designing programs to ensure the best possible results for patients, providers and the community.
* Members will communicate matters of importance between their own organizations and the Committee

## Working Groups

Working groups will be tasked by the Steering Committee to work through complex issues. Membership will be determined by the expertise required to work through the assigned task and supported by the Steering Committee. Working group recommendations will be presented to the Steering Committee for decision-making.

# Meetings

## Frequency

The committee will meet on a regular monthly basis or as needed and may take place in person or via virtual meeting platforms. Emergency meetings may be called by the co-chairs if necessary.

## Agendas, Minutes & Materials

The PCN Manager & Administration Assistant hired by the CIR Division of Family Practice will provide administrative support to the Committee, including but not limited to, circulating meeting agendas to members of the Committee, and providing written records of recommendations and key decision messages to members in a timely manner.

Members who will be presenting information at a meeting will ensure that any resources and materials are prepared and available at the time of the meeting. If detailed information will be presented at the meeting, those materials should be provided to the chair of the meeting to ensure it is distributed in advance

## Confidentiality

All materials produced by and presented to the Steering Committee are the property of the Primary Care Network and confidential to this committee within their stated purpose. All members and guests of the Steering Committee are required to maintain the confidentiality of all materials, documents and discussions. Any communications that are of a public nature will be clearly identified as such and may require approval by the B.C. Ministry of Health in accordance with stated communications policies.

By agreeing to the Terms of Reference, each partner agrees to maintaining confidentiality as described here.

## Disclosures

All conflicts of interest must be declared. When a conflict is declared that participant must remove themselves from the meeting and will not be able to participate in any decisions around that specific conflicting topic. If the conflict arises with a member of quorum, the decision will need to be postponed until the next meeting when another representative is available to make quorum.

By agreeing to the Terms of Reference, each partner agrees to disclose real or potential conflicts of interest as described here.

# Reporting

The CIR PCN will provide updates to the CIR CSC at each CSC meeting including an annual report. The CIR PCN will report to the Ministry of Health and meet all MoH reporting requirements by the dates provided.

# Review

These Terms of Reference will be reviewed on an annual basis and/or at the discretion of the Steering Committee. Any proposed revisions will be approved by the Steering Committee.

Signatures of PCN Steering Committee Members:

Family Physician Williams Lake

Family Physician 100 Mile House

Family Physician Rural/Remote

Nurse Practitioner Williams Lake

Nurse Practitioner 100 Mile House

Nurse Practitioner Rural/Remote

Secwepemc Representative

Tsilhqot’in Representative

Dakelh Dene Representative

Interior Health

CIR Division of Family Practice