***DRAFT Oct 21, 2019***

**KOOTENAY BOUNDARY**

**Primary Care Network (PCN)**

**Steering Committee**

**TERMS OF REFERENCE**

PURPOSE & OBJECTIVES:

The Kootenay Boundary (KB) Primary Care Network (PCN) Steering Committee (SC), in consultation with local PCN members, will oversee the establishment and ongoing operation of the KB PCN in accordance with the approved KB PCN service plan, and will liaise to the CSC to ensure ongoing health system coordination and partnership.

OUTCOMES - THIS PCN STEERING COMMITTEE WILL:

The Outcome of this Collaboration will be a Service Plan including the following aspects:

1. Establish the KB PCN in accordance with the Ministry of Health approved PCN service plan.
2. Be responsible for all aspects of the PCN implementation and ongoing management.
3. Establish a collaborative and effective relationship with the CSC regarding reporting and advice seeking.
4. Be responsive to CSC input.
5. Embed the principles of engagement and work, provided by the CSC, into the implementation and ongoing management of the PCN service plan.
6. Develop guidelines for long-term governance of the PCN across KB.
7. Work collaboratively with the IH Leads for the Specialized Community Services Programs (SCSP) service plans, MHSU and MCF adults.
8. Be responsible for adherence with the Ministry of Health’s defined 8 attributes of PCNs (e.g. attachment, access, coordination and cultural safety).
9. Be responsible for a Ministry of Health reporting requirements.
10. Ensure cultural safety throughout the implementation of the Primary Care Network through the creation of an Indigenous Services Collaborative, undertaking an Indigenous health needs assessment, and establishing local cultural safety curriculum/training to integrate other training into local context.
11. Embed the principles of a collaborative learning environment in all aspects of the work: openness, curiosity, commitment to learning, together with creativity, collaboration, innovation and connection. <https://www.youtube.com/watch?v=fLqzYDZAqCI>
12. Take the Lessons Learned from our collective CSC work as the foundation for the PCN roll-out (e.g. Relationship-based care, self-management of care teams, local governance, QI, collaboration & consensus, coaching, readiness & agreements). (https://drive.google.com/open?id=1Ry2FU2qCKmpFsxjJfbQs4QqE0CkLxbcz)

BACKGROUND:

Kootenay Boundary was one of ten selected CSCs to be in the first wave of PCN implementation across BC. The successful Expression of Interest (EOI) was submitted in February 2018 and approved in March 2018. KB completed its PCN service plan within 120 days between June and Oct of 2018. The service plan was submitted on Oct 1st, 2018. Provisional approval of 37.5 staff and change management funding was provided on Dec 14th, 2018. Between Jan and Feb 2019, final service plan negotiations were held and the Letter of Intent was signed by the CSC on March 14th. Rollout of the PCN commenced after that date.

In addition to the KB PCN service plan, two additional service plans for MHSU and adults with complex conditions/frailty will be created by IH. Leadership for completing these SCSP service plans lies with IH, yet these plans need to be integrated/coordinated with the PCN service plan.

MEMBERSHIP:

The local PCN Steering Committee will be minimally comprised of local patient representatives, local First Nations representatives, physician representatives from local primary care practices, the Division, and the Health Authority. Other local partners may be invited to participate as members of the PCN Steering Committee at the discretion of the CSC.

**Co-Chairs**

1. A (CSC Co-Chair, Interim Community Administrator, KB Clinical Operations, IH South)
2. B (CSC Co-Chair, Division board and GP representative)
3. C (Syilx and Ktunaxa - First Nation representative)

**Members**

1. C (IH Operations Manager, KB)
2. D (Director, Allied Health, IH)
3. E (KB Division, ED)
4. F (Patient Partner 1)
5. G (Patient Partner 2)
6. Physician #2 - GP from PCN clinic - geographic representation for all below
7. Physician #3 - GP from PCN clinic - geographic representation
8. Learning Lab rep = NP (tbd) - NP required
9. Learning Lab rep = SW (tbd)
10. Learning Lab rep = RN (tbd)
11. Community Rep? (tbd)
12. Community Rep? (tbd)

ADVISORS (non-voting):

* Dr. Sue Pollock (IH, Medical Health Officer)
* Practice Support Program
* IH leadership (local and central) and staff
* IH SCSP leads
* Division board and members
* Ministry of Health Liaison
* GPSC/Division supports
* IH and Division communication

ADMINISTRATIVE SUPPORT (non-voting):

The PCN Steering Committee will be supported by a Division PCN Lead & IH PCN Manager Dyad and an Administrative Assistant.

* Julius Halaschek-Wiener (PCN Lead, Division)
* Erin Fazzino (PCN Manger, IH)
* Alison Graeme (Administrative Support, Division)
* Jo-Ann Tisserand (Transformation Lead, IH)

BUDGET:

The PCN SC will have a governance budget of up to $40,000 available per annum to cover its expenses.

DECISION MAKING:

Decisions will be made by consensus. Consensus decision-making is a [group decision-making](https://en.wikipedia.org/wiki/Group_decision-making) process in which group members develop and agree to support a decision in the best interest of the whole. Consensus may be defined as an acceptable resolution, one that can be supported, even if not the "favorite" of each individual. Consensus is achieved when everyone accepts and supports a decision and understands how it was reached.

In meetings where significant decisions are to occur, all working group members will be notified and encouraged to attend.

The parties have appointed representatives/Leads to the Steering Committee who have:

1. a comprehensive and clear mandate to collaborate under these Terms of Reference,
2. a timely and effective process to develop and modify their organizational needs throughout the collaboration, and
3. the timely ability to access other decision makers not directly involved in the working group (e.g. IHA S.E.T., Division Board) to ensure ongoing support for the direction of the collaboration.
4. When needed, parties can request to have additional members added to the steering committee.
5. Parties to allocate sufficient resources, and/or timely disclosure of any lack of resources, to support an effective collaboration.
   1. The Division shall provide sufficient funds, though the GPSC change management funding, to provide Sessionals for all GPs/NPs involved, and non-IH facilitation costs.
   2. IHA shall provide meeting space and costs associated with their Representatives and non-Division facilitation costs.

GROUND RULES FOR WORKING GROUP:

1. Create clarity about the work and commitment.
2. Define short-term (SMART) objectives and longer-term vision and measures of success.
3. Be open and willing to explore a range of options - Create a safe learning environment.
4. Agree to work collaboratively.
5. Establish trust and relationships - Define and practice effective communication.
6. Embrace evidence in decision making - Undertake baseline assessment. Determine what data is needed to make effective decisions and secure it.
7. Embrace a QI-driven processes – Undertake the work in a spirit of constant self and group reflection and improvement.

EXPECTATIONS OF STEERING COMMITTEE MEMBERS:

* Embrace compassionate and collective leadership. [VIDEO LINK](https://www.youtube.com/watch?v=EiHdGPrV-RY&feature=youtu.be)
* Strive to achieve the Outcomes of the collaboration.
* Be led by IH/Division Steering Committee Co-Chairs.
* Disclose the lack of resources for effective work.

ACCOUNTABILITY:

* The Steering Committee is accountable to the KB CSC.

DELIVERABLES:

* Implementation of the PCN according to the PCN work plan.
* Ongoing effective management of the KB PCN.

MEETINGS:

Monthly Steering Committee meetings in Castlegar. Time to be determined by SC (e.g. 3-6pm).

TERM:

1 year term: April 1, 2019 - March 31, 2020

Maximum of 2 terms per SC member

REPORTING:

Follow MOH reporting requirements