

Critical Care Services Executive Committee

Terms of Reference

Revised June 2021

Purpose

The Critical Care Services Executive Committee (CCSEC) provides guidance and recommendations based on provincial collaboration for the planning and delivery of high-quality care for critically ill patients across the province.

Scope

The committee focuses on the following areas:

- Quality care - promoting excellence in critical care through provincial collaboration.
- Planning - leveraging a provincial lens for service and capacity planning.
- Data-driven improvements - leveraging data and quality metrics for the purposes of advancing quality, policy development, and enabling data driven decision making.
- Research - accelerating innovation in critical care by supporting common research proposals.
- Patient experience - increasing patient and family engagement in the planning and delivery of care.
- Health human resources - ensuring provincial capacity and training.

Objectives

- Provide a provincial forum to share strategies, discuss priorities and opportunities, and remove barriers for improving quality of care for critically ill patients in BC.
- Identify common and relevant provincial priorities for service planning, research, patient experience, and health human resources.
- Leverage data dissemination, knowledge translation and data driven improvement.
- Promote best practices and decrease clinical variation where appropriate to improve care.
- Build a culture of quality improvement
- Align measurement of quality with *the BC Health Quality Matrix*

Membership

Standing Members

- Two representatives for each health authority (four representatives for Provincial Health Services Authority – two pediatric representatives and two BC Emergency Health Services representatives):
 - 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.
- One representative from the Ministry of Health
- Two patient partner representatives
- One representative from the Canadian Association of Critical Care Nurses – Mainland BC, Yukon Territory Chapter or Vancouver Island Chapter
- One data measurement and analysis advisor (supporting quality metrics)

- Two BC Patient Safety & Quality Council representatives, including Critical Care Clinical Lead

Ad hoc members

- Additional members/guests, such as allied health representatives, and a representative from the BC Society of Critical Care Medicine, will be invited to join the Critical Care Services Executive Committee as specific needs and topics arise.

Leadership

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

Linkage with the BC Critical Care Community

The CCSEC will continue to connect with representatives of the BC critical care community that are not identified in the above membership. These representatives will meet on a continual basis to contribute to information sharing and advancing the voice of the critical care community.

Sub working groups of the CCSEC will be endorsed as needed.

Governance & Accountability

- Consensus is the primary goal of decision making. In the uncommon event that consensus is not reached, decisions will be made by vote. Each health authority is allocated 2 votes (with VCH and PHC considered one health authority for voting purposes).
- Agenda items will be proposed by the members. Meetings will be focused on discussion, information sharing and recommendations.
- Meetings will be held monthly, or as determined necessary by the Chair.
- Agenda and meeting materials will be circulated via email ideally within three business days of the meeting, or as available. It is the responsibility of each member to review materials as they are received. Meeting notes will be circulated within three business days following the meeting.
- Members agree to respectful communication and a safe environment that allows all voices to be heard even when conversations involve difficult issues. Members will promote problem solving through sharing, discussion, collaboration and innovation. Patient partners will provide a collaborative voice on issues pertaining to their care.
- Chairperson has the power to bring conversations to an end or to ask they be continued outside the meeting.
- The Chairperson will be responsible for keeping meetings focused and outcome driven, to make the best use of member's time.
- Members of the CCSEC have accountability within their respective organizations and/or communities and will strive to bring issues forward from, and communicate learning back to, their teams. Members should have direct communication with their organization's senior leadership in order to ensure that Committee decisions are actionable.
- The CCSEC is responsible as a Committee for building and maintaining linkages within relevant health authority and Ministry of Health structures and programs to improve critical care services, collaborate and avoid duplication.



**BC PATIENT SAFETY
& QUALITY COUNCIL**
Working Together. Accelerating Improvement.