Cardiac Services Specialty Service Area

Patient Partnership Opportunity

Island Health | Patient & Public Partnership Program

Purpose and Goals:

We are committed to ensuring that patients' voices play a central role in shaping the delivery and quality of cardiac care across Island Health. As valued members of their own care teams, patient partners bring essential lived and living experience that helps inform discussions, priorities and decision-making.

Patient partners will support the design of cardiac services that are person-centred, equitable and responsive to the needs of communities across Island Health.

Opportunity for Involvement:

We are seeking **two patient partners** to participate as voting members of the **Cardiac Services Specialty Service Area.** Patient partner selection will take into account geographic representation from both north and south island. Patient partners will engage in meetings by providing their input, shared experience and feedback on agenda items and discussion.

Preference will be given to individuals with lived or living experience accessing cardiac care, either as a patient, family member or caregiver.

Meetings are held monthly on the third Thursday from 7:00am – 8:00am.

They take place virtually via **Microsoft Teams.**

Level of Engagement:

This committee is at the level of Collaborate on the IAP2 Spectrum of Public Engagement.

Expected Commitment Length:

The commitment for this engagement is a 1 year minimum but 2 years is preferred.

Honorarium:

There is no honorarium for this opportunity.

Posting Close Date:

You can express interest in this opportunity until 3:00 pm on Tuesday, November 17, 2026.

For More Information

Scan the QR code to learn more about patient partnership at Island Health and to link to My Impact to get started on your profile.

- Visit www.islandhealth.ca/patient-partnership to learn more about patient partnership at Island Health.
- Email patient.experience@islandhealth.ca if you have questions or would like to learn more about this opportunity.
- To submit an expression of interest to join the Cardiac Services Specialty Service Area, set up a profile on My Impact https://bttr.im/equv5 and someone from the Island Health Patient & Public Partnership Program will get in touch.

Specialty Service Area – Cardiac Services
Terms of Reference
Draft V2.0

Context
Clinical governance is a systematic approach used by organizations to oversee, shape, manage and continuously improve the quality of care (HSO Standard 1003:2021(E)). To strengthen the foundations for clinical governance at Island Health, a single organizational governance structure for clinical planning, policies and standards aligned to best practices was adopted in 2022 to ensure culturally-safe, high-quality care. This structure, as one element of a refreshed clinical governance model, reflects the provincial/governmental, organizational, regional and local point of care levels of the system; each with its own responsibilities and accountabilities.

The C.A.R.E. Networks were established as the core clinical services committees at the regional level, reporting to the Integrated Clinical Governance Council (ICGC) which provides organizational direction for defined clinical governance functions and cross-continuum quality improvement activities.

Each C.A.R.E. Network (Network) defines, monitors and enables quality of care for the services within the specific Network, with the goal of reducing variation in quality standards and promoting an integrated service design. Networks are organized into two primary Committees: Clinical Excellence and Operations Excellence.

Speciality Service Areas (SSA) are nested within a regional C.A.R.E. Network with the greatest clinical relevance to each SSA. This is to recognize highly specialized services where no other providers have the expertise to participate in shared decision making and where the implementation of change may be limited to a smaller number of clinical teams. The SSA leverages the C.A.R.E. Network to escalate issues to ICGC and support change that may have impacts outside of the SSA service area.

See additional reference documents to specify expectations for all committees to align to the organizational priorities for improvement, governance principles and frameworks, process maps and tools the committees will use (links to include statements about DRIPA, DEI, ethics, et al).

Accountability
The Specialty Service Area (SSA) is accountable to the Network and ICGC to fulfil the following clinical governance functions for the scope of services at a regional level within the SSA in the ways specified and to escalate to the Network when required:

- **Performance Improvement and Quality:**
    - Establishes routine measures and targets for monitoring quality outcomes aligned to the organizational goals and the ICGC-approved quality framework;

- Monitors progress in achieving the established quality outcomes through review of clinical data reports;
- Receives direction from ICGC through the Network, for organization-wide and population oriented priorities relevant to the Network;
- Critically assesses quality performance and risk using a variety of data inputs,
- Defines and documents a 3 year improvement plan for the SSA that is updated at least annually;
- Reports improvement priorities to the Network, and progress against plan at least quarterly
- Prepares content for inclusion in a Network semi-annual quality report (October and April) for ICGC, Executive and Board of Directors;
- Submits quality improvement priorities to the Network for inclusion in the organizational wide, annual priority-setting process;
- Conducts impact assessment of improvement initiatives to define change impacts and implementation plans;
- Collaborates, by seeking input and/or providing feedback within and across other Networks to support quality improvement priority-setting and planning, and

- **Clinical Standards and Policies:**
  - Defines the appropriate clinical policies, procedures, protocols, guidelines, and standards for the SSA[1] based on best practices;
  - Reviews and maintains applicable clinical policies for the SSA as specified on an approved review schedule;
  - Coordinates the applicable Accreditation Canada assessment, survey, response and report for services within the SSA; and
  - Collaborates, by seeking input and/or providing feedback within and across other SSA to address policies and standards that impact services outside of the SSA.

- **Clinical Risk and Patient Safety:**
  - Receives and responds to incidents escalated from Local Quality and operations committees including involvement in the review, de-escalation and report;
  - Assesses the risk of serious incidents and identifies proactive measures to mitigate risk;
  - Escalates issues to ICGC, in consultation with Clinical Risk and Safety sub-committee, based on the results of findings from a review;
  - Ensures communications occur within the response to all concerned
  - Maintains a risk register of highest risks; and
  - Receives and proactively responds to identified trends in clinical risks;

- **Clinical Innovation:**
  - Assesses risk and efficacy of clinical innovation proposals including the quality of evidence used to guide the proposal

[1] The definitions for policy, procedure, protocol, standard and guideline is found in the (Policy Framework link)

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  - Directs the evaluation of change including opportunities to contribute to industry research, and
  - Identifies opportunities for spread of new practices.

- **Clinical Audit:**
  - Determines priorities for regional audits against standards and policy, schedules resources and ensures auditing practices are followed; and
  - Utilizes audit results to define priorities for improvement.

- **Clinical Services Planning:**
  - Participates in the development and updates to the Clinical Services Plan both for the future of the SSA and in the overall system design;
  - Identifies opportunities for future clinical services capacity growth and priorities for implementation; and
  - Ensures all approved standards and policies align to the approved Clinical Services Plan.

Scope

In scope are the mechanisms for shared decision-making that define, monitor and enable quality of care for the specific services within the Network and the specific SSA, provided to populations of need across the Island Health region.

Out of scope are corporate governance (i.e. operating budget process and broader HHR policies), medical staff performance and day-to-day clinical operations working within approved standards, policies and service plans.

Decision Rights

- Approves annual quality plan for the SSA, and makes recommendations to the Network for priorities with significant financial impacts.
- Approves clinical policies and standards, clinical innovations within the scope of the SSA and approved resources.
- Recommends to Network where net new resources are required even when provincial funding is directed to SSA services to enable alignment of other service areas and integration of change within the system.
- Recommends to ICGC (through Network) clinical quality measures and targets for continuous monitoring.
- Recommends proposals for Network or cross-continuum standards and policies.
- Recommends improvements to clinical governance functions, processes and tools.
- Recommends to the Network the spread of new innovative practices.
- Makes recommendations for future clinical services design, capacity growth and priorities for implementation, within and across the Networks, as part of the organization-wide planning process (e.g. Clinical Services Plan).
- Endorses clinical policies from other Networks.

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Membership

Clinical members are selected to ensure diversity and inclusion, with the following being represented:

- Diversity from all geographies where services are provided, e.g. rural and remote, urban centres and small communities;
- All professional disciplines (including medical staff) within the SSA, including point of care and leadership perspectives; and
- Person, Family, and Community voice representatives (to be determined as per the Engagement Strategy.)

Clinical members are identified via transparent process led by the ICGC every two years and members are selected based on a number of criteria:

- Clinical credibility/expertise in the service;
- In good standing with the organization;
- Proven track record developing standards, policies and measuring performance using data;
- Continuous quality improvement expertise;
- Demonstrated active, accountable communicator;
- Experience with research and evaluation; and
- Outcome-oriented.

SSA Chair

The SSA will be co-chaired by a member of the medical staff, and an operational lead; appointed by Executive Sponsors following a transparent process. The co-chairs will nominate delegates for approval, for instances when the Chair is not available to fulfill their duties.

The co-chairs will be members of the C.A.R.E. Network Clinical Excellence Committee (medical staff chair) and the Operations Excellence Committee (operational lead) and will attend on an as needed basis. Co-chairs of the SSA are not regular members of I.C.G.C. but may attend from time to speak to specific matters of the SSA.

Resources

The SSA is supported in its work by a team of experts in a variety of fields (e.g. quality improvement, clinical analytics, infection prevention and control and public health). This “Resource Team” will be comprised of regularly assigned members by ICGC responsible for facilitating the SSA to achieve specific deliverables noted under “Accountabilities.” This includes a secretariat, quality lead and decision support consultant. The SSA may request additional expertise as required, through the C.A.R.E. Network chairs.

These Resource Team members are non-voting members of the SSA to ensure their objectivity and independence in the preparation of materials for decision making. They may escalate issues to their leader if organizational policy is not followed.

Meeting Frequency

In general, the Committee will scheduling at least monthly meetings. The meeting will be cancelled if insufficient agenda items.

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Attendance and Delegates

Clinical members of the Committee are required to attend all scheduled meetings, except when on leave, and will make their best effort to attend ad-hoc meetings. Delegates are not permitted.

Substructures

The Committee may establish ongoing expert panels with approval of ICGC. Their role is to advise on topics aligned to their expertise. Membership selection must be transparent and align to SSA membership principles as much as possible. Members must be registered with the CARE Network committee secretariat. Time limited working groups may also be established as required without approval. They are subject to confidentiality privileges and responsibilities as noted in the following section.

Quorum

[New section to be co-created with OEC and CEC]

Committee Administration

The maintenance of the minutes, agenda and documentation related to the Committee is the responsibility of the Chair with the support of assigned administrative personnel called the Committee Secretariat.

The Secretariat is responsible for the management of committee information, communications, agenda management/scheduling and monitoring adherence to clinical governance processes.

Confidentiality and Disclosure of S.51 Information

As mandated by ICGC on behalf of the Island Health Board of Directors, in alignment with the *Evidence Act*, the Committee may carry out Section 51 activities where it is reviewing a quality of care or quality assurance matter. Section 51 prohibits the disclosure of information and documentation collected as part of a quality of care review. This applies to those activities for the purpose of studying, investigating or evaluating the provision of health care with a view to evaluating, controlling and reporting on clinical practice in order to continually maintain and improve safety and quality of care. This only applies to care that occurs in hospitals as defined by the Hospital Act, a provincial mental health facility defined by the Mental Health Act, and can include care that occurred during transportation to and from those facilities.

To support the Committee's ability to provide well-informed advice and approvals, members may receive confidential information. In such circumstances, all members must hold information confidential.

Information or records generated within the scope of a Section 51 investigation or prepared for submission to a Section 51 Committee are prohibited from disclosure in accordance within the Evidence Act. This includes information prepared by others at the request of the Section 51

Committee or in anticipation of Section 51 review. The sub-committee can receive quality review reports, and act on those reports. The Chair provides Committee reports to the Board, or the Board Mandated Committee that created the sub-committee.

Section 51 matters will be considered by the Committee in camera, and shall be recorded separately in the minutes with a clear notation the Committee is functioning as a Section 51 Committee for the purpose of that agenda item or items.

The Chair ensures everyone participating in the meeting, telephone discussion, email exchange or any other form of communication receives clear instructions regarding the confidentiality of the proceedings.

Review of Terms of Reference

The ToR for all SSAs will be standard and changes approved by ICGC. The committees will review the ToR for proposed changes at least annually.

Committee and Chair Evaluation

[In development]

Document Control

Version	Approved By	Date
Draft V1.0	Sandra Bjola, Executive Lead, Clinical Governance	February 2023
Draft V2.0	Sandra Bjola, Executive Lead, Clinical Governance	December 2023