Electronic Health Records and Health Informatics Terms of Reference

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 to clearly define how we can work together effectively and efficiently towards our vision of "excellent health and care for everyone, everywhere, every time."

The Electronic Health Records and Health Informatics (EHRHI) is the most senior decision making body within the clinical governance structure responsible for the advancement and optimization of the electronic health record to support safe, quality care in alignment with organizational priorities. The committee provides oversight to all changes to the health record and recommends improvement priorities to address quality and adoption matters that pertain to the EHR. The committee is also responsible for receiving direction from provincial authorities for action as it relates to information management and system development and integration.

All Clinical Governance Terms of Reference are supported by additional reference documents which specify expectations for all committees to align to: organizational priorities for improvement, governance principles and frameworks, definitions, process maps, tools and templates (examples of links that will be included are statements about Cultural Safety and DRIPA, Decision Making Framework, Patient Engagement, Diversity Equity Inclusion, Ethics, et al).

Accountability

The EHRHI is accountable to the Integrated Clinical Governance Council to fulfil the following clinical governance functions for the scope of services defined, at a regional level, in the ways specified and guided by the established decision making practices and processes. This includes consulting with and receiving advice from other experts such as population planning committees.

- Performance Improvement and Quality:
  - Establishes routine performance measures to assess adherence to best practices within the E.H.R. aligned to approved quality framework and organizational goals,
  - Monitors and analyzes metrics to assess performance and risks
  - Contributes to ICGC report on system quality and safety semi-annually
  - Receives direction from ICGC to align improvement activities to organization-wide and population oriented priorities relevant to the health record and health informatics;
  - Provides oversite of health information management Accreditation Canada assessment, survey, response and report;
  - Using above data, analysis, and ICGC direction, defines and updates annually, cross continuum improvement priorities for health information and associated health records and recommends priorities for C.A.R.E. Networks including the CECs and OECs workflow/system design and implementation related to prioritized improvements;

  - Identifies changes to improvement priorities throughout the year as new and emerging issues arise;
  - Conducts evaluation of change using established methodologies
- Contributes to health information quality content relevant to C.A.R.E. Network Performance and Quality Reports for distribution to ICGC Report and, to the Health Quality Committee of the Board.
- Collaborates with C.A.R.E. Networks and other cross continuum committees to address clinical risks and compliance issues with health record/health information policy and standards.

- Clinical Standards and Policies:

  - Defines and approves the appropriate clinical policies, procedures, protocols, guidelines, and standards for cross continuum health records and health information management based on best practices. This includes but is not limited to clinical documentation, orders management, results management, nomenclature, usage (practice), e-safety and privacy, and interoperability;
  - Ensures alignment with applicable legislative, national and provincial standards and policies;
  - Reviews and maintains applicable clinical policies for the Committee as specified on the approved review schedule;
  - Works collaboratively with the CARE Networks on practice/process change, Informs and endorses implementation plans from Operations Excellence Committees where changes to the health record are required to implement changes in standards and policies;

- Clinical Risk and Patient Safety:

  - Receives, reviews, responds to safety incidents related to health records/health information as escalated from local and regional committees, including involvement in the review or report;
  - Assesses the risk of serious events/near misses and recommends proactive mitigation measures;
  - Escalates safety issues related to the EHR to ICGC as required, in consultation with Clinical Risk and Safety sub-committee following review;
  - Ensures communications occur within the response to all concerned.

- Clinical Innovation:

  - Assesses risk and benefits of clinical innovation proposals, in relation to health information systems, including the quality of evidence used to guide the proposal;
  - Provides recommendations to advance innovation within risk tolerance/appetite
  - Directs the evaluation of change including opportunities to contribute to quality improvement and research; and
  - Identifies opportunities for spread of new practices.

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

- Clinical Services Planning:
    - Engages at an *consult or involve (RACI)* level on development and updates to the Clinical Services Plan;
    - Identifies opportunities for future clinical services design, capacity growth and priorities for implementation, within and across service Networks, as part of an organization-wide planning process; and
    - Ensures all approved standards and policies align to the approved Clinical Services Plan.

Scope

In scope are the mechanisms (i.e. established tools, processes) for shared decision-making that define, monitor and enable quality of care for the cross-continuum health records/information system matters.

Services include those delivered by Island Health and all its staff, medical staff, volunteers, and third parties.

Out of scope are corporate governance, (i.e. operating budget process) human resources policies including occupational health and safety policy and performance, staff and medical staff performance and decision-making for day-to-day clinical operations working within approved standards, policies and service plans.

Decision Rights

Approves
- A three-year Quality Improvement Plan for cross continuum health record/health information quality, updated annually aligned within approved organization-wide quality priorities, performance targets and resource allocations.
- Clinical policies and standards that address cross continuum health record/health information within approved resources.
- Clinical innovation proposals within the scope of committee and approved resources.

Recommends to ICGC:
- Routine health record quality measures and targets for C.A.R.E. Network continuous monitoring.
- Changes to improvement priorities throughout the year as new issues arise.
- Standards, policies, plans, and innovations with resource implications not within approved resource allocations at the regional and local levels.

- Improvements to clinical governance functions, processes and tools.
- The spread of new innovative health record practices regionally.
- Future clinical services design, capacity growth and priorities for implementation, as part of the organization-wide planning process (e.g. Clinical Services Plan).
- Clinical policy and standards approval with health record implications initiated from other Networks as requested.
- Selection of committee members outside of established process.

Membership

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

- Person, Family, and Community voice as guided by Island Health standards for person, family and community engagement.
- Diversity from all geographies where services are provided, e.g. rural and remote, urban centres and small communities;
- Diversity of professional disciplines including medical staff, nursing, clinical pharmacy and allied health;
- Balance of point of care and leadership perspectives;
- Experts in health informatics, professional practice, privacy, data and analytics, health information management, technology, innovation and digital health.
- Representative departments contributing to health information management in a significant manner (laboratory medicine, medical imaging, medication systems)

The process used for selection is open and transparent, using the following additional criteria:

- Credibility and positional responsibilities for operations;
- Ability to work in the abstract, and be flexible;
- Continuous quality improvement experience;
- Demonstrated active, accountable communicator;
- Achieves results while balancing operational risk; and
- Experience in leading/enabling the uptake of evidence-based interventions and practices.

The process for committee membership is led by the ICGC every two years.

Committee Co-chairs

The Committee is co-Chaired by a member of the medical staff, and a clinical administrative leader and appointed by Executive Sponsors following a transparent process. The Executive Sponsors will nominate a delegate chair in consultation with the Chair, for instances when the Chair is not available to fulfill their duties.

Committee Resources

The Committee is supported in its work by a team of experts in a variety of fields (e.g. quality improvement, decision support, 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 committee to achieve specific deliverables noted under "Accountabilities." Points of contact are also provided to other supports such as finance, human resources, project and change management to complete specific phases of work. These Resource Team members are non-voting members of the Committee but may escalate issues to their leader if organizational policy is not followed.

Meeting Frequency

At least 10 times per year and at request of the Chairs.

Attendance

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 will be permitted for short term periods upon request to the Chairs.

Non-members will attend meetings based on the agenda; i.e. as required and requested.

Decision Making

(add language from Medication Systems)

Committee Administration

The maintenance of the minutes, agenda and documentation related to the Committee is the responsibility of the Chairs, with the support of assigned resource teams.

A Clinical Governance Secretariat is responsible for the clinical governance information infrastructure, agenda management/scheduling and monitoring adherence to clinical governance processes.

Confidentiality

As mandated by the 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.

The Committee may delegate quality of care review functions to a sub-committee or to an individual charged with quality of care investigative functions. The sub-committee can be set up on an ad-hoc basis if necessary or permanently established based on approvals. The sub-committee will report back to the committee that created them.

To support the Committee's ability to provide well-informed advice and approvals, members may receive confidential information. All members must maintain confidentiality regarding materials and Committee discussions.

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

*ADD STANDARD Document review box