## COMOX VALLEY PRIMARY CARE NETWORK STEERING COMMITTEE

#### **TERMS OF REFERENCE**

### 1. BACKGROUND:

The Comox Valley Division of Family Practice (the Division), Vancouver Island Health Authority (Island Health), Doctors of BC, the Ministry of Health (the Ministry) and the General Practice Services Committee (GPSC) (collectively referred to as "the Partners") recognize a shared responsibility for the health of the community. To support the Ministry's priority of implementing Primary Care Networks across the province of British Columbia, the Comox Valley Collaborative Services Committee (CSC) has established the Comox Valley Primary Care Network Steering Committee (the "Steering Committee") for the purpose described in these Terms of Reference.

### 2. PURPOSE:

The purpose of the Steering Committee is to oversee the establishment, implementation and operations of the Comox Valley PCN (PCN) in accordance with the service plan for Comox Valley approved by the Ministry (the Service Plan).

### 3. RESPONSIBILITIES OF THE STEERING COMMITTEE:

Responsibilities of the Steering Committee include the following:

- ensuring that the PCN adheres to the principles for primary care networks set out by the Ministry;
- overseeing the strategy, implementation and operations of the PCN in accordance with the Service Plan;
- the allocation of funds and other resources for the PCN through the Partners acting as PCN fund administrators in accordance with the Service Plan;
- ensuring that the financial and other reporting relating to the PCN and required by the Ministry is prepared, approved and submitted;
- to provide oversight and direction to the PCN Manager and the PCN Administrator, or such other management and administrative staff that are retained to support the PCN from time to time.

# 4. MEMBERSHIP:

#### 4.1 Composition

Members will be individuals consisting of the following:

- (a) Division Representation: 3 representatives from the Division;
- (b) Indigenous Representation: 3 members including 1 representative from First Nations Health Authority, 1 representative appointed by K'omoks First Nation and 1 additional Indigenous representative
- (c) Island Health Representation: 3 representatives from Island Health; and

(d) Local Patient Representation: 2 local patient members

# 4.2. Appointment of Individual Members and Changes in Membership

Individual representatives from Island Health, the Division and Indigenous representatives will be designated as members by their organization and may be replaced from time to time at the organization's discretion. Changes in these individual members may be considered and approved by the Steering Committee.

# 4.2 Co-Chairs

A representative from each of the Division, the First Nations Health Authority and Island Health will act as co-chairs for the Steering Committee with one representative acting as chair of a meeting at a time and chairs for each meeting rotating among the three co-chairs.

# 4.3 Secretary

The Secretary of a meeting may be appointed by the Steering Committee for each meeting and will be responsible for taking minutes of the meeting.

#### 5 MEETINGS:

# 5.1 Frequency

Meetings will be held as deemed necessary or requested by the members, with a minimum of quarterly meetings. Any member can request a meeting of the Steering Committee. Meetings may take place in person or via telephone conferencing.

## 5.2 Agenda, Minutes and Materials

An agenda, minutes of the previous meeting and any other materials required for information to be considered at the meeting will be sent to the Steering Committee members in advance of the meeting.

## 5.3 Meeting Invitees

The Steering Committee may invite guests to attend meetings from time to time to provide information that is needed or valuable to enable the Steering Committee to be fully informed with respect to its areas of responsibility in accordance with these Terms of Reference. Invited guests may include PCN staff, representatives from the Division, Island Health, the Ministry, GPSC, Doctors of BC and the local medical community.

### 6 QUORUM AND DECISION MAKING:

## 6.1 Quorum

A minimum number of 6 Steering Committee members are required to be present at a meeting to make a decision or implement a course of action. The quorum must include at

least 2 representatives from each of the Division and Island Health, and at least 2 of the Indigenous representatives; where all members have been identified.

# 6.2 Decision Making

Decisions will be made by a modified consensus approach called Consensus-Minus-One. A majority of members present at a meeting will be required to approve a decision, with the minority agreeing to go along with the decision.

Consensus-based decision making is committed to finding solutions that members actively support, or at least can live with. This ensures that all opinions, ideas and concerns are taken into account.

No decision is made against the will of a minority of members. If significant concerns remain unresolved, a proposal can be blocked and prevented from going ahead. The Consensus-Minus-One approach requires more than one dissenting member to block consensus.

In dispute resolution, a mediator will be appointed by the members.

## **7 SUBCOMMITTEES AND WORKING GROUPS:**

The Steering Committee may establish subcommittees or /working groups (Subcommittees) from time to time for the purpose of making recommendations to the Steering Committee on specific matters. The Subcommittees will be responsible for making recommendation to the Steering Committee on those matters within the Subcommittee's mandate for decisions to be made at the Steering Committee in accordance with these Terms of Reference.

# 8. PRINCIPLES AND MEMBER RESPONSIBILITIES:

Steering Committee members will be guided by the following principles and responsibilities:

• members will reference the Quadruple Aim when discussing and making decisions with respect to matters within the Steering Committee's mandate.

The Quadruple Aim focuses on four things:

- o an improved patient experience of care;
- an improved provider experience of care;
- o an improvement in population health; and
- the financial sustainability of the system;
- members will be responsible for endeavouring to attend all meetings of the Steering Committee and contributing to discussions in a collaborative and effective manner; and
- 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.

#### 9. AMENDMENTS:

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