

Terms of Reference

Victoria PCN Operational Leadership Committee

Background

To support the partners' provincial efforts to implement Primary Care Networks (PCNs) across British Columbia to enhance attachment, capacity and patient access through team-based primary care services, the Victoria Collaborative Services Committee has established the Victoria Primary Care Network.

Purpose

The Victoria PCN Operational Leadership Committee, in collaboration with the Steering Committee, Administration team and local PCN members, will lead and coordinate the implementation and ongoing operation of the four Victoria PCNs in accordance with the approved PCN service plan, striving to continue integrating and aligning local primary care services.

Guiding Principles

- We seek feedback and input from key stakeholders in the community and bring this forward for consideration.
- We collaborate to create empowering partnerships for client health, and to foster healthy practice cultures.
- We are respectful and trusting of colleagues as we strive to improve coordination and integration of health services.
- We seek evidence-based solutions and recognize the need for innovation.
- We strive for high professional standards to guide effective health policies and resources.
- We advocate for the best interests of our patients and undertake to address issues of health equity and inclusion to improve population health in our communities.
- We commit to setting service goals and targets, and reporting on practice results and outcomes

Scope

Implementation all PCN primary care deliverables¹ insofar as ensuring the collective adherence to the funding agreement and guidance regarding alignment and integration of all primary care services supporting the four Primary Care Networks in Victoria across the following CHSAs:

- Downtown/VicWest (4111)
- James Bay / Fairfield / Oaklands/Fernwood (4112 & 4113)
- Oak Bay / Gordon Health / Shelbourne (4114 & 4115)
- Interurban / Tillicum / Quadra / Swan Lake (4116 & 4117)

Responsibilities

Responsibilities of the PCN Operational Leadership Committee are still being developed / confirmed and will be iteratively refined as more becomes known about PCN implementation. Current known responsibilities include:

- Ensuring that PCN implementation adheres to the approved Service Plan and the principles for Primary Care Networks set out by the Ministry and GPSC.

¹ The scope of this committee includes ensuring the delivery of PCN services and supports according to the funding agreement. The Committee does not have the authority for operational oversight of individual PCN services / member organizations

- Providing analysis and recommendations to the PCN Steering Committee regarding operational issues or strategic considerations.
- Coordinating completion of the financial and other reporting relating to the PCN is according to Ministry of Health parameters and timing
- Engaging partners including outreach to non-PCN members, with the intent to improve service integration and alignment over time

Functions

Makes final decisions on / approves:

- Operational decisions aligned with approved service plan & annual budgets

Makes recommendations to Steering Committee on:

- Operational strategy within approved service plan, including:
 - Change Management Strategy
 - Human Resources Strategy
 - IMIT Strategy
 - Engagement & Communications plan
 - Attachment protocol
- Changes to operational strategy or services beyond what is outlined in approved service plan
- Annual budgets / implementation plans
- MOH reporting
- Other TBC

Communication & Reporting Relationships

The PCN Operational Leadership Committee is accountable to and reports to the Steering Committee including:

- Reports to Steering Committee members on decisions made by the Operational Leadership Committee.
- Regular PCN progress updates to Steering Committee for each monthly meeting.
- Period reporting, quarterly reporting, and annual reporting as required by the funding agreements.
- Input to regular communication to PCN members and partner organizations.

The PCN Operational Leadership Committee will receive reports from the Indigenous Advisory Group, and any task-oriented sub-committees or Working Groups (tbc).

Decision-Making Model

The PCN Operational Leadership Committee shall aim to operate by consensus. Consensus is achieved when everyone accepts and supports a decision and understands how it was reached. In other words, all members can live with the decision, even if they do not enthusiastically support it. In meetings where significant decisions are to be made, all partners will be notified and encouraged to attend. Members are responsible for raising issues of concern prior to committing final decisions.

If the event of disagreement or divergence of views, members will at all times make best efforts to conduct themselves in a respectful manner. If the voting members fail to reach consensus, then the decision will be referred to either (a) Committee co-chairs for offline decision; or (b) to the Steering Committee for resolution. A decision by the CSC and/or PCN Steering Committee is binding on the Operational Leadership Committee and its members.

Membership

	Role / function	2021/22 members
Patient Partners	TBC. (likely Patient Advisor to be hired on PCN Change Management team)	Vacant
PCN-funded service leads (new)	1. Patient Medical Homes	Kristin Atwood & Holly Cochrane (<i>interim</i>)
	2. Allied Health Clinicians	Devin Lynn
	3. Longitudinal Case Management	Cherie Curry
	4. Clinical Pharmacists	TBC
	5. Indigenous Health (VIHA & IAG)	Grant Robinson (<i>interim</i>)
	6. Victoria Native Friendship Centre	Danielle Linton
	7. Low-barrier mobile clinic (CoolAid)	Mary Chudley
	8. Addictions Med. clinic & in-reach	Mary Morrison
	9. High-complexity care team	TBC
	10. Luther Court CHC	Judy Burgess
	11. Seniors mobile clinic	TBC
	12. Memory service (VIHA)	Amber Hay (<i>interim</i>)
	13. UVic Health Services	Chelsea Wozniak / Annie Lucas
	14. Foundry Victoria	Barbara Thompson
PCN-funded service leads (pre-existing)	Urgent & Primary Care Centres (VIHA)	Jennifer Matheson Parkhill
	Nurse Practitioner Clinic	Lynn Guengerich
	Island Sexual Health	Bobbi Williams
PCN Neighbourhood leads	Downtown / Vic West	TBC
	James Bay/Fairfield/Oaklands/ Fernwood	TBC
	Oak Bay / Gordon Head / Shelbourne	TBC
	Burnside / Tillicum / Interurban	TBC
Implementation partners / facilitators (<i>may attend sporadically, tbc</i>)	Manager, Regional Support Program (VIHA)	Ryan Forsyth
	Primary Care Operations Manager (VIHA)	Emily MacDonald
PCN Administration team	TBC. Likely PCN Director & Managers, Indigenous Lead, change managers, Admin support, etc.	S Gustin (<i>interim</i>)* <i>current chair / secretariat support</i>

* denotes current co-chair. PCN Director to assume co-chairship once hired.

Individual representatives from each service / neighbourhood will be nominated by their organization and may be replaced from time to time at the organization's discretion. Changes in these individual members shall be considered and approved by the Operational Leadership Committee.

The orientation of new members is the responsibility of the organization that they represent and the PCN Administration team. Members will be responsible for endeavouring to attend all meetings of the 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 (minimum ~2-3 days).

Meeting Arrangements

The Committee will meet biweekly, or as determined by the Committee. Meetings will continue remotely until such time as pandemic restrictions are lifted.

If a Committee member cannot attend a meeting, they are able to send a designate on their behalf. If a Committee member is expected to miss a series of meetings, they are requested to assign a proxy and inform the Committee chair. It is the responsibility of the permanent member to ensure their proxy/designate is fully informed and able to act or make decisions on their behalf.

Confidentiality

All materials produced and presented to the Operational Leadership Committee are the property of the Primary Care Network and confidential to this committee within their stated purpose. All members of the Steering Committee are required to maintain the confidentiality of all materials, documents and discussions but may share these materials within their organization for operational purposes including sharing with a proxy/designate.

Evaluation of Committee

Expected outcomes of the Committee:

- Contribute towards the PCN achieving the expected outcomes below as outlined by the Ministry of Health.
- Support environments and positions that promote employee retention, job satisfaction and ability to work to full scope of practice
- Create PCN models which can be replicated throughout the province.
- Work collaboratively towards collective impact²

Expected outcomes of the PCN:

- For all residents of Victoria, Oak Bay and South Saanich and all First Nations, Metis, Inuit or urban Indigenous peoples south of the Malahat to achieve:
 - Secure attachment to a Primary Care provider
 - Improved access to team-based primary care
 - Improved population health
 - Improved patient and provider satisfaction with primary care

Review date

These Terms of Reference will be reviewed quarterly during the first year of PCN implementation and/or at the discretion of the Operational Leadership Committee. Frequency of review during future years will be determined closer to Year 2. Any proposed revisions to the Terms of Reference will require approval of the Committee.

Approval date

May 19, 2021 (next review date ~August 11)

Appendix – Conflict of Interest Policy

² Key elements of the Collective impact framework: Common agenda, backbone support, mutually reinforcing activities, continuous communication, shared measurement