

Clinical Networks Terms of Reference

Background

The initiation of the Alberta Clinician Council (ACC) and Clinical Networks is a significant commitment by Alberta Health Services (AHS) to clinician engagement and involvement in decision-making. Clinical engagement enables shared accountability between clinicians and the organization and enhances a “quality culture” by empowering clinicians and improving collaboration. Effective clinical engagement has the potential to improve health care delivery; enhance the patient’s experience and outcomes; increase employee satisfaction; and aid recruitment and retention.

Purpose

To engage clinicians and patients in decision-making about clinical services planning and implementation, clinical practice improvement and quality and safety enhancements to ultimately improve patient care and services provided through AHS. Clinical Networks will foster greater partnership among clinicians, enhance the patient’s experience, enhance communication, increase collaboration, and enable shared accountability between clinicians and the organization for the quality and safety of the health care services we provide.

Function

Clinical Networks are formal multidisciplinary groups that will concentrate on patient/population focused issues to achieve five (5) main goals:

1. Improve patient outcomes and access
2. Improve clinical practices
3. Address quality and patient safety issues
4. Apply clinical expertise to strategic and service planning
5. Support the teaching and research responsibilities of AHS

Values

The work of the Clinical Networks shall reflect the values of Alberta Health Services:

- Respect
- Accountability
- Transparency
- Engagement

Responsibilities

The Clinical Networks shall be required to:

1. Utilize appropriate data to set priorities and evaluate progress towards the 5 main goals listed above
2. Develop, implement, and evaluate appropriate quality, safety and access improvement strategies/initiatives based on these priorities
3. Define Network-specific performance measures and adopt organizational performance measures and include in quarterly progress reports

4. Develop an approach to care using the “Alberta Service Model” framework as the guide:
 - Create standard provincial evidence-based approaches
 - Include policies, standards, data requirements, performance measures / benchmarking and cost effectiveness measures
 - Identify and address gaps between current and best practice
 - Support educational and research requirements
5. Advise the ACC on key issues such as clinical policy, best practices and strategic/service planning
6. Champion Network activities and share learnings

Accountability

- Clinical Networks are accountable to a designated Executive Sponsor (Vice President/Senior Vice President) and the Alberta Clinician Council.
- The ACC will oversee the development and progress of the Clinical Networks. A comprehensive progress report shall be submitted to the ACC on a quarterly basis. These reports shall include detailed reporting on their self-identified performance measures as well as the appropriate organizational performance measures. Upon review of the progress report, the ACC is then required to provide a quarterly summary report on the progress of Clinical Networks to the CEO.
- Each Clinical Network will keep official minutes of all meetings.
- Recommendations that are taken to the ACC for review/input must be written and submitted in advance of the meeting. Clinical Networks shall receive a formal response from the ACC on all recommendations.
- All funding requests will be managed through the normal AHS funding approval process.

Membership

Membership of the Clinical Networks shall be comprised of approximately 10 to 20 clinical content experts for the respective focus of the Network. The Chairs may invite ad hoc members for consultation on specific issues at their discretion. Ongoing linkages must be ensured with the appropriate operational and strategic business units.

Clinical Networks shall include the following members:

1. *Co-chairs of the Committee (2)*
 - Each Clinical Network shall be Co-chaired by a Senior Medical Leader and an Administrative Leader.
2. *Members Appointed (approx. 10 – 18)*
 - Membership will vary according to the nature and needs of the Clinical Network but will be primarily comprised of clinical experts from the respective service area and a minimum of one patient/family representative. Membership may also include representation from:

- The continuum of care
- AHS geographical areas (metropolitan & rural)
- Clinical Support Services
- External stakeholder groups
- Others

Terms of Office

- Members of the Clinical Networks will be directly appointed and shall remain on the committee until such time that the Clinical Network be dissolved, or they resign their post as a Network member.

Meetings

1. Clinical Networks will meet on a monthly basis. Additional meetings may be scheduled at the call of the Chairs to ensure deliverables are met and issues are addressed in a timely manner. A quorum requires attendance by half of its members.
2. Depending upon the nature of the work of the Network, smaller working groups may be formed to carry out specific tasks and/or projects.
3. Duration of meetings may range from two to four hours depending on the issues being discussed. Meeting format may include face-to-face, videoconference or teleconference. Wherever possible, meetings will be arranged to allow attendees the opportunity to travel “same day”.

Clinical Network Support

Direct support and coordination for the Clinical Networks shall be provided by the Clinical Engagement Division of the Quality Practice and Partnerships portfolio. This shall include the direct support of a designated Clinical Network Officer, who will in turn coordinate the secretariat support and the collaboration with other clinical support groups as needed to facilitate the Clinical Network in meeting their objectives.

Review of Terms of Reference

The Terms of Reference are to be reviewed annually and be agreed to by the Clinical Network and ratified by the Alberta Clinician Council and Chief Executive Officer.