

PROVINCIAL PERINATAL GUIDELINES ADVISORY COMMITTEE

Perinatal Services BC

TERMS OF REFERENCE

February 2015

1.0 PURPOSE

The Provincial Perinatal Guidelines Advisory Committee is designed to identify, refine, and support the implementation of national and international guidelines for use in British Columbia and where necessary to support the development and implementation of new provincial guidelines.

2.0 STRUCTURE

The committee is structured using a two-tier system of:

1. Advisory Guidelines Committee
2. Ad-hoc working groups

3.0 AUTHORITY

The committee is accountable to the PSBC Steering Committee.

4.0 MANDATE

- 4.1 Make decisions regarding topic priorities for perinatal clinical practice guidelines endorsement and development and produce a yearly plan for approval by the PSBC Steering Committee.
- 4.2 Develop/advise generic systematic processes for the implementation, evaluation development as needed of evidence-based perinatal clinical practice guidelines.
- 4.3 Develop a systematic process for the review of existing guidelines including regional, provincial and national guidelines.
- 4.4 Outline a process for the format of provincial guidelines.
- 4.5 Consult with the Surveillance Committee in order to:
 - a/ receive input about potential areas for guideline needs through data analysis; and
 - b/ determine perinatal outcome indicators for data tracking and guideline evaluation.
- 4.6 Make recommendations regarding the implementation of guidelines while including the knowledge translation plan in the guideline process.
- 4.7 Identify meetings will be every two months or at the call of the chair.
- 4.8 Guide and advise specific guideline priorities and timelines for the working groups.
- 4.9 Work collaboratively with existing provincial and national professional organizations and government ministries who influence perinatal clinical guideline development and utilization.

5.0 MEETINGS

- 5.1 Initially meetings will be held every two months or at the call of the chair.

- 5.2 Minimum quarterly
- 5.3 Chair will ensure scheduling of meetings and the distribution of agenda.
- 5.4 A majority of committee members (including the chair) shall constitute a quorum.
- 5.5 Decisions are made through consensus. If consensus cannot be reached, decisions will be made through voting with a simple majority of those present.

6.0 **DOCUMENTATION PROTOCOL**

- 6.1 The maintenance of minutes, agenda, and other documentation related to the committee is the responsibility of the committee chair, or designates.
- 6.2 All action items are to be brought forward at subsequent meetings. It is the responsibility of the committee to keep a bring-forward list. It is the responsibility of the chair to ensure follow-up takes place for all action items.

7.0 **MEMBERSHIP**

Representation for the committee will consist of members from:

- Provincial health authorities
- Midwifery
- Family Practice
- Perinatology / Obstetrics
- Pediatrics
- Neonatology