

## **Perinatal Services BC Steering Committee Terms of Reference**

### **PURPOSE**

The Perinatal Services BC Steering Committee is a collaborative forum in which the Provincial Health Services Authority (and Perinatal Services BC) works with Regional Health Authorities, the Ministry of Health, academic and professional organizations to improve perinatal health across the province. The committee develops a “shared” vision and goals, promotes system-wide coordination to advance provincial priorities and improve maternal and newborn health, identifies and resolves issues and advances new and innovative approaches to perinatal health.

### **RESPONSIBILITIES**

The principle of client-centred care: a sustained focus on shifting the culture of health care in BC to put clients at the centre, which will drive policy, accountability, service design and delivery in the coming years is the foundation in addressing the responsibilities associated with this meeting body.

1. Develop a shared vision, strategic recommendations and priorities for perinatal services that span across public health (prevention), primary care, tertiary, quaternary and specialized services in BC.
2. Ensure that there is provincial alignment, planning and coordination of services in perinatal health in BC.
3. Coordination of standardization of care, including quality assurance and improvement to minimize duplication across regions. Providing supports to health authorities to achieve high-quality, patient-centered care.
4. Recommend solutions to perinatal issues involving quality, safety and access to care and efficient use of resources that includes connecting with other relevant steering committees as required.
5. Ensure the development and ongoing maintenance of an effective data management and surveillance system.
6. Review annual perinatal performance reports for BC, identify areas for improvement and determine how to address them.
7. Generate strategic advice for the BC Ministry of Health through research and analysis including input from expert panels, work groups, forums, and consultations with stakeholders as appropriate.
8. Serve as a provincial resource to support provincial priorities for planning and sustainability of health human resources, inclusive of education.
9. Promote innovation and collaboration in the delivery of perinatal care and services across the continuum.
10. Advocate for evidence informed improvements in perinatal health across the province.

## MEMBERSHIP

- See Appendix 1
- Health Authority membership will include a minimum of one of the co-chairs of Regional Perinatal Councils. These councils will be responsible for cross continuum perinatal planning and operational issues and will serve as the conduit between the PSBC Steering Committee and the local sites and services.
- Medical leadership on the Steering Committee will represent a range of professions and specialties and sub-specialties, including representation from primary care maternity providers, obstetrics, neonatology and public health.

## DECISION-MAKING

The Committee will act in the best interests of perinatal health in British Columbia taking into consideration the interests, needs and challenges of the system. All members will share accountability for decisions and results. There will be open and direct communication, based on honesty, respect and transparency, to ensure that all perspectives are heard. Decisions will be based on evidence wherever possible.

Decisions will be made by consensus if possible. If consensus is not achieved, then a simple majority based decision will be made. The views and issues of any minority perspective will be reflected in final reports and recommendations.

## CONFLICT OF INTEREST

Members are expected to act in good faith and to make decisions that are in the best interests of women, infants and families in British Columbia. A member does not represent the specific interests of any constituency.

## COMMUNICATION AND CONFIDENTIALITY:

Committee members will nurture relationships, develop partnerships and collaborate with all stakeholders. They will promote a co-operative and collaborative approach towards system improvement and implementation of approved initiatives. Committee members will communicate with constituents prior to and following meetings including primary care providers to obtain and disseminate information as appropriate.

All confidential information which comes into the possession of the Committee members is for the sole purpose of enabling the committee to seek solutions to issues requiring strategic counsel. Committee members will hold in confidence and treat as confidential all confidential information; use confidential information only as required to enable the member to perform his or her duties on the Committee and not use the confidential information for any other purpose.

## COMMITTEE CHAIR(S)

The chairpersons will be the Provincial VP for Women's and Children's Health and President of Children's and Women's Hospital and the Provincial Executive Director, Perinatal Services BC or his/her delegate.

## MEETINGS

Meetings will be held quarterly or at the call of the Chair(s).

## ACCOUNTABILITY

Standing Committee on Health Services and Population Health (SCHSPH)

Reccomendations that have significant system-wide implications for change will be directed through the Standing Committee Structure.

## STAFF SUPPORT

- Executive Director, PSBC (Secretariat)
- Staff support will be provided by PSBC staff

## EVALUATION

The terms of reference and committee effectiveness will be reviewed annually.

## Appendix 1: Perinatal Health Steering Committee Representatives

PHSA CHAIRS	<p><b>Susan Wannamaker</b> President, Children &amp; Women’s Hospital and VP PHSA</p> <p><b>Tamil Kendall</b> Provincial Executive Director, PSBC</p>
BCW          CHBC	<p><b>Cheryl Davies</b> Chief Operating Officer, BC Women’s Hospital &amp; Health Centre</p> <p><b>Medical Lead, BCWH&amp;HC</b> Ellen Giesbrecht, Senior Medical Director, Maternal Newborn</p> <p><b>Maureen O’Donnell</b> Exec. Director, Child Health BC</p>
INTERIOR HEALTH AUTHORITY	<p>Director, Perinatal &amp; Neonatal Network</p> <p><b>Jill Boulton</b> Regional Medical Director, Perinatal &amp; Neonatal Network</p> <p><b>Sue Pollock</b> Medical Health Officer, Maternal Child Health</p>
FRASER HEALTH AUTHORITY	<p><b>Loraine Jenkins</b> Exec. Director, Clinical Program &amp; Operations / Maternity, Infant, Child &amp; Youth</p> <p><b>Peter Beresford</b> Regional Department Head FHA</p>
VANCOUVER COASTAL/ PROVIDENCE	<p><b>Patty Keith</b> Regional Director, Maternal/Child Program</p> <p><b>Brenda Wagner</b> Regional Medical Director PHC/VCH</p> <p><b>Réka Gustafson</b> Medical Health Officer, Maternal Child</p>
ISLAND HEALTH	<p><b>Deborah Chaplain</b> Director, Child, Youth, and Family Health</p> <p><b>Hayley Bos</b> Medical Director, Maternity Care</p>

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NORTHERN HEALTH AUTHORITY	<p><b>Vanessa Salmons</b> Perinatal Lead</p> <p><b>Bill Kingston</b> Medical Director, Maternity</p>
FIRST NATIONS HEALTH	<p><b>Shannon MacDonald</b> Deputy Medical Officer</p> <p><b>Sonia Isaac Mann (Alternate)</b> VP Programs, Services, Research &amp; Knowledge Exchange, Policy, Planning, Programs and Community Wellness</p> <p><b>Unjali Malhotra</b> Medical Director, Women's Health</p>
BC MINISTRY OF HEALTH	<p><b>MoH to potentially identify additional ADM representative</b></p> <p><b>Plus, several 2-3 senior representatives</b></p> <p><b>Brian Sagar,</b> A/Executive Director, Population and Public Health</p> <p><b>Glenys Webster</b> Director, Women's Maternal and Early Childhood Health</p>
FAMILY PHYSICIANS	<p><b>Shelley Ross</b> Co-chair, General Practice Service Committee; Chair, GPSC Maternity Care Working Group</p>
MIDWIVES	<p><b>Alix Bacon</b> President, Midwives Association of BC</p>
SPECIALISTS	<p><b>Brenda Wagner</b> Specialists Services Committee</p>
RURAL	<p><b>Jeanette Boyd</b> Rural Obstetrical Network</p>
ACADEMIC	<p><b>Martin Dawes</b> Professor, Department of Family Practice, UBC</p> <p><b>Cecilia Jevitt (TBC)</b> Director, Midwifery Program, UBC Faculty of Medicine</p>