



Ministry of
Health



BC Health

Information Management and Information Technology Executive Council (IMITEC)

Terms of Reference

Version 1.1

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1.0 Mandate and Authority

1.1 Source of Mandate and Authority

The BC Health IM/IT Executive Council (IMITEC) receives its mandate from – and is a Standing Committee of – the BC Health Leadership Council.

Empowered through the authority of the Deputy Minister, Ministry of Health, the Leadership Council provides strategies, philosophies and principles that govern decision-making on a wide range of major provincial needs and issues and across all aspects of BC's regionalized health care system. As its name implies, the Leadership Council provides a leadership role in enabling and delivering the strategic shifts that result in a planned and well-managed health system – one that is responsive to patient and population needs, managed within fiscal realities and accountable to the public for results.

1.2 Mandate

Working within the strategic, managerial and accountability frames established by Leadership Council, the mandate of IMITEC is to provide and facilitate execution of strategies, tactics and principles that govern sector-level decision-making within the realms of Information Management and Information Technology across all aspects of BC's regionalized health care system.

In fulfilling this mandate, IMITEC provides leadership for sector-level IM/IT in a manner that:

- Promotes standardization of technologies and information across the province where warranted;
- Supports health authorities, the ministry and Leadership Council in making evidence-informed decisions in a timely manner;
- Balances opportunities to improve health system outcomes with the need to manage health care costs; and,
- Promotes the health and safety of British Columbians and care providers.

1.3 Authority

The authority of IMITEC is drawn from the Health Sector Chief Information Officer (CIO) and Assistant Deputy Minister, Health Sector IM/IT, Ministry of Health, who has primary provincial accountability in this area, and acts as permanent Chair of IMITEC. The Chair of IMITEC is ultimately accountable for the operations of IMITEC and reports to Leadership Council on

behalf of IMITEC. Authority is also drawn from the authorities vested in individual members of IMITEC and their inherent ability to affect IM/IT decisions within scope of their organizational accountability.

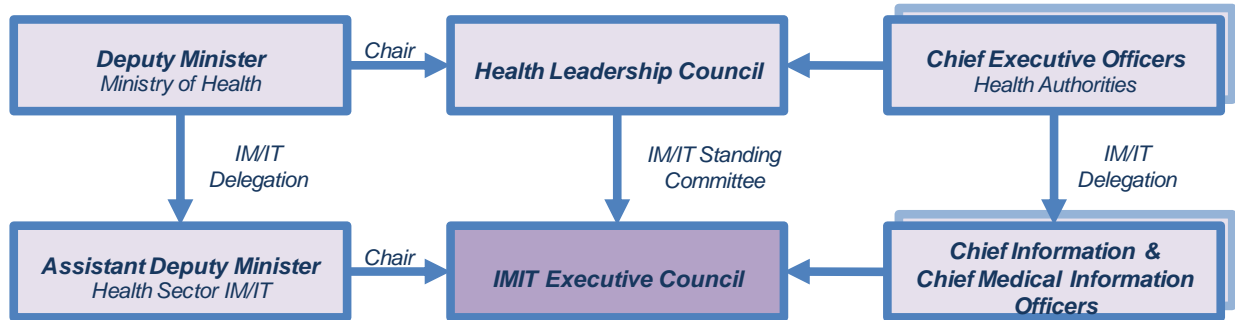


Diagram 1: Flow of Authority to IMITEC

If and when changes occur in the overall authority structures governing IM/IT decisions within the BC health sector, commensurate changes will be made to IMITEC (e.g., in response to governance redesigns arising from new leadership).

1.4 Scope of Mandate and Authority

The scope of IMITEC is across the full lifecycle of IM and IT within areas of common or shared interest to the BC Health Sector as a whole. For the purposes of interpretation of this statement:

- **BC Health Sector**– The five regional health authorities, the Provincial Health Services Authority, the First Nations Health Authority, and the Ministry of Health plus interactions that these services have with primary and community care (e.g., physician office integration with provincial services).
- **Common or Shared Interest** – A determination made by IMITEC and for which a consistent and repeatable method is established and documented. (See

- Appendix 2: Common or Shared Interest)
- **IM/IT Lifecycle** – The range of IM/IT activities from conception through to realization. Typically characterized as stages, including strategy/planning, investment, solution delivery, and service management (“operations”), along with allied support services including architecture, policy, standards, risk and conformance management.
- **Information Management** – The application of systematic planning, controls and standards to the creation, use, transmission, retrieval, retention, conversion, final disposition, and preservation of information resources in all formats, and the improvement of information handling systems of all kinds¹.
- **Information Technology** – The common term for the entire spectrum of technologies for information processing, including software, hardware, communications technologies and related services.²

1.5 Accountability

As required for Standing Committees of Leadership Council, IMITEC will maintain a record of all significant decisions, table a formal report on its activities and a work plan for the next year, as well as regular verbal briefings (e.g., quarterly). In addition items for information or for decision will be provided on an as needed basis. These items will likely include:

- Health Sector IMIT Strategic Plan
- Health Sector IMIT Investment Plan
- Progress reports on the Strategic and Investment Plans

In exercising its mandate and authority, IMITEC members will within their own organizations:

- Ensure business and clinical leadership interests are addressed through facilitation & meaningful engagement;
- Communicate strategies, directions and decisions to all affected stakeholders;
- Hold all IMITEC operating bodies accountable for delivering on their respective mandates;
- Hold member organizations accountable for ensuring alignment of internal IM/IT decisions with larger goals of the BC Health Sector;
- When regional interests prevent such aligned action, will disclose to IMITEC in a timely manner for resolution and possible escalation to Leadership Council; and

¹ BC Government Core Policy and Procedures Manual, Chapter 12.

² Ibid.

- Ensure the intake and prioritization processes within member organizations are aligned to the common and shared interest criteria and that items are brought forward for consideration as an IMITEC common or shared interest

1.6 Operating Bodies of IMITEC

IMITEC may commission standing committees, working groups or other advisory bodies as required to exercise its governance authority or to focus on key priorities and tasks determined by IMITEC.

All existing IM/IT governance bodies acting in areas of common or shared provincial need or interest are deemed to be within the scope of authority of IMITEC.³

All bodies within the authority of IMITEC will table a formal report on their activities and work plan for the next year, as well as provide regular verbal briefings to IMITEC. In addition, items for decision or information will be provided for IMITEC on an as needed basis.

1.7 Responsibilities

In fulfilling its mandate, specific responsibilities of IMITEC are:

Strategy

- Ensure alignment of IM/IT efforts with larger strategic intent and direction of the sector as a whole, as articulated by Leadership Council.
- Oversee development of BC Health Sector IM/IT strategic plans.

Decision-Making

- Establish and apply an IM/IT prioritization and decision-making process that is transparent, credible, consistent and fair.
- Identify and prioritize IM/IT items of significance to the Sector, specifically including any items or actions required to address:
 - the objectives of the strategic plan, or
 - common risks or opportunities facing the Sector.
- Facilitate alignment of IM/IT decisions and directions across member organizations.
- Endorse, reject, halt, and/or resume initiatives of common or shared interest for which they are accountable.

Oversight

³ A formal inventory of these bodies will be compiled and maintained as part of the implementation of IMITEC.

- Coordinate allocation of resources towards initiatives addressing shared IM/IT needs.
- Oversee execution of provincial IM/IT initiatives to ensure delivery of intended results.
- Model transparency by maintaining appropriate records of account of IMITEC activities (e.g., meeting minutes and records of decision).

2.0 Structure and Standing Committees

2.1 Functional Structure

The diagram below illustrates the functional organization of IMITEC and its related Standing Committees. Blue shading indicates that the associated body has decision-making authority; red shading indicates that the associated body acts in an advisory and compliance role (e.g., establishing standards and ensuring compliance with those standards). Circular arrows indicate necessary interactions amongst Standing Committees; generally these interactions involve the sharing of decisions and directions amongst the Standing Committees consistent with the anticipated functional authority of the respective committees (see Section 2.3 below).

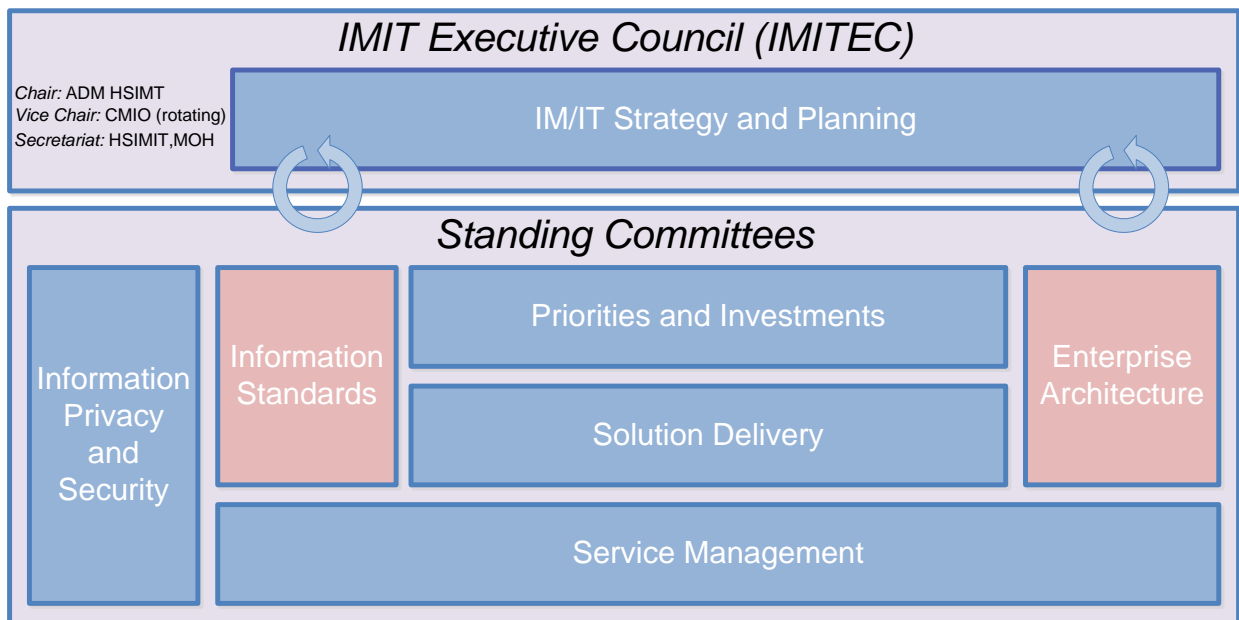


Diagram 2: Functional Structure of IMITEC and Standing Committees

2.2 Standing Committee Structure

Each new Standing Committee will be formally established and supported, including:

- **Terms of Reference** – Individual terms of reference will be prepared for each of the Standing Committees (see section 3.3 for a synopsis of committee functions).
- **Chair Assignment** – Each Standing Committee will have a Chair and two Co-Chair. Proposed functional/organizational assignments are included in diagram 2. Note that all One Chair of each Standing Committees must be drawn from the IMITEC membership or otherwise be represented at the IMITEC table.
- **Secretariat Service Assignment** – Secretariat services will be established for all Standing Committees.
- **Membership Assignment** – Representatives from appropriate authorities and interests will be identified and assigned. (Note: Until each committee matures, it is recommended that each organization have a representative on each committee to ensure engagement.)

2.3 Standing Committee Functions

Standing Committees have been organized along functional lines, meaning that all matters involving a specific IM/IT function fall within the purview of the related Standing Committee regardless of the particular business areas involved (e.g., all clinical, administrative and secondary use projects fall within IM/IT Solution Delivery).

The general mandates within each of these functional lines are as follows:

- **BC Health Strategy and Planning** – Establishes overall IM/IT vision and strategic direction for the Sector. Oversees the development of plans to realize specific aspects of the vision and strategic direction. Note that authority for IM/IT strategy and planning has been retained by IMITEC itself. No separate Standing Committee will be established for this purpose.
- **BC Health Priorities and Investment Standing Committee** – Establishes priorities for shared efforts across areas of common need or interest. Enables the realization of these priorities through the allocation and monitoring of capital funding, application of common or shared interest criteria, and assessment of IMITEC's level of involvement in CSI items.
- **BC Health Solution Delivery Standing Committee** – Oversees the portfolio of all projects in areas of common need or interest.
- **BC Health Service Management Standing Committee** – Oversees the operation and maintenance of all shared assets, services and technologies within the Sector, ensuring optimal value for money across the Sector. Monitors and manages conformance to standards and specifications.

- **BC Health Information Standards Standing Committee** – Oversees the establishment, and promotes the adoption of health information standards and specifications to enable the interoperability of IM/IT solutions and information assets.
- **BC Health Information Privacy and Security Standing Committee** – Monitors, manages, and collaborates on information privacy, security, and audit functions. Provides advice and direction to solutions and services on the integration of privacy and security.
- **BC Health Enterprise Architecture Standing Committee** – Guides the formulation, evolution and application of shared architectures for realizing IM/IT strategies, developing IM/IT solutions and operating IM/IT assets in a way that is optimal and conformant across all BC Health stakeholders.

3.0 IMITEC Membership & Member Responsibilities

3.1 Membership Roster

- **Chair:** Health Sector CIO and Assistant Deputy Minister, Health Sector IM/IT, Ministry of Health
- **Secretariat:** Executive Director, Health IT Strategy Branch, Ministry of Health
- **Voting Members:** Executive IM/IT authorities from each partner organization will be designated as voting members. This will include the CIO and Chief Medical Information Officer (CMIO) or comparable senior medical officer of each Health Authority, and the CIO of the Ministry of Health. Where membership includes multiple representatives per position, a shared single vote will apply
- **Organizational Representatives: The following organizations and positions are standing members of IMITEC.**
 - **Ministry of Health:** CIO (note that this is a distinct role from the Chair)
 - **First Nations Health Authority:** CIO and CMIO
 - **Fraser Health Authority:** CIO and CMIO
 - **Interior Health Authority:** CIO and CMIO
 - **Island Health:** CIO and CMIO
 - **Northern Health Authority:** CIO and CMIO
 - **Provincial Health Services Authority:** CIO and CMIO
 - **Vancouver Coastal Health Authority:** CIO and CMIO
- **Membership Changes:** Upon agreement by the voting members, new voting members may be added by invitation from the Chair.

3.2 Member Responsibilities

Chair

- Holds overall accountability for effective functioning of IMITEC.
- Provides leadership and focus for significant issues.
- Schedules committee meetings and manages the inclusion and priority of items on the committee agenda.
- Keeps meetings on track as per agenda.
- Escalates issues and makes recommendations on behalf of IMITEC to Leadership Council
- Monitors progress and provides information and decision items to Leadership Council on matters requiring referral, escalation or further review.

Secretariat

- Creates and distributes agenda, identifying the items that are coming up for discussion.
- Distributes documentation to members in advance of meetings.
- Maintains a log of approvals, issues, decisions and action items.
- Ensures accountability and reporting requirements of each Standing Committee are appropriately addressed.

Organizational Voting Representative

- Reviews deliverables, decision requests and issue papers prior to the meeting.
- Attends – or designates an official alternate for – every scheduled meeting, unless cancelled.
- Indicates approval or rejection of decision requests and issue resolutions.
- Indicates endorsement of deliverables on behalf of the area of authority of the voting representative's organization (e.g., CMIO endorsement authorizes clinical practice changes; CIO endorsement authorizes technological changes).
- Provides expert advice as needed.

Non-Voting Members and Guests

- Reviews documentation, decision requests and issue papers prior to the meeting.

- Attends every scheduled meeting, unless cancelled. Is not required to send an alternate.
- Provides input to approval or rejection of decision requests and issue resolutions.
- Provides input to endorsement of deliverables on behalf of their organization.
- Provides expert advice as needed.

4.0 Operating Principles

4.1 Meeting Schedule

- The IMITEC meets on a monthly basis. Meeting dates and times will be pre-scheduled to ensure availability of members.
- If there is an urgent issue or decision that needs to be addressed outside of a regular scheduled meeting, a special meeting will be arranged or a “walk-around” will be done to all voting members.

4.2 Decision-Making

Agenda items that require decisions by the members will operate as follows:

- Decisions require a consensus of two less than the total number of voting members. The Chair only votes in the event that exactly two dissenting votes have been cast.
- If consensus cannot be achieved on a decision, the IMITEC will take one of the following courses of action:
 - Continue discussions at a later date when further information can be brought forward;
 - Refer to the authority of the Chair for a final decision; or,
 - Escalate the issue to the Leadership Council for resolution.
- The IMITEC minutes will include a record of all decisions taken in each meeting. A separate register of decisions will also be maintained and will act as the official record.

4.3 Mode of Operation

- Any member can speak on any topic, including invited guests.
- Members are authorities for their organizations and are authorized to make recommendations for decisions on their behalf.
- The IMITEC will act with a sense of urgency.

- Voting members attend all meetings or send fully briefed, decision-making alternates.
- Inability of a voting member or alternate to attend a meeting will not negate the IMITEC's ability to make decisions.
- All decisions referred to the IMITEC will be addressed in a timely manner.
- All recommendations for decision require a reasonable review to ensure that they are valid in the context of the program and broader member objectives. These generally fall into three categories:
 - The decision is completely extensible and conformant with the objectives and interests of all parties;
 - The decision “partially” achieves mutual objectives and the differences are understood and documented, including likely consequences and impacts – and a plan will be put in place to achieve conformance in the future; or,
 - The decision is NOT extensible to mutual objectives and the IMITEC is recommending a compromise approach, the reasons for which are clearly documented – and a plan will be put in place for future retirement of the operations resulting from the decision. In this category, decisions made are clearly understood as “throw-away” in the longer term.

Appendix 1: Membership List

ORGANIZATION	MEMBER
Ministry of Health	Lindsay Kislock, chair Chief Information Officer and Assistant Deputy Minister, Health Sector IM/IT
	Paul Shrimpton IMITEC secretariat and Executive Director, Health IT Strategy branch, Health Sector IM/IT
First Nations Health Authority	Joseph Mendez Chief Information Officer
Fraser Health	Philip Barker Chief Information Officer and Vice President, Informatics and Transformation Support
	Dr. Darryl Samoil, co-chair Chief Medical Information Officer and Executive Medical Director, Clinical Systems
Health Shared Services BC	Kate Van Doorne Chief Technology Officer
Interior Health	Malcolm Griffin Chief Information Officer
	Dr. Michael Murray Executive Medical Director, Quality Improvement and Chief Medical Information
Island Health	Guy Weeks Chief Technology Officer
	Dr. Mary-Lyn Fyfe Chief Medical Information Officer
Northern Health	Jeff Hunter Chief Information Officer
	Dr. Bill Clifford Chief Medical Information Officer
Provincial Health Services Authority, Vancouver Coastal Health & Providence Health Care	Barry Rivelis Chief Information Officer
Provincial Health Services Authority	Dr. Alain Gagnon, FRCSC Chief Medical Information Officer, Clinical & Systems Transformation
Vancouver Coastal Health & Providence Health Care	Dr. Bruce Long, FCFP(EM) Chief Medical Information Officer, Clinical & Systems Transformation

Appendix 2: Common or Shared Interest

A. Criteria

IM/IT solutions and assets within the BC Health Sector will be assessed using a decision support selection criteria to determine whether or not they are considered to be of common or shared interest (CSI). Items deemed to be of CSI will flow through the Information Management Information Technology Executive Council (IMITEC) governance process, to determine the level of future involvement; in some cases, IMITEC will have the authority to disapprove or halt progress of CSI initiatives and/or assets.

CSI SELECTION CRITERIA	CRITERIA DESCRIPTION
1. Is a BC Health Sector Priority	<ul style="list-style-type: none"> Is identified in the current iteration of a Ministry of Health Strategic Plan or Service Plan Is identified in the current iteration of IMITEC's IM/IT Enabling Strategy or Work Plan
2. Is a BC Province-wide solution	<ul style="list-style-type: none"> Is proposed to be a Province-wide solution Is supporting eHealth operations
3. Is an interoperable solution	<ul style="list-style-type: none"> Is needed to achieve part of an interoperable health IM/IT info/infra-structure within the Health Sector Is connecting with an existing eHealth component Is proposing a new eHealth component
4. Is changing or setting Data or Data Nomenclature Standard	<ul style="list-style-type: none"> Is championing the implementation of data (or data nomenclature) standards within the BC Health Sector Is triggering the potential change of an existing data (or data nomenclature) standard within the BC Health Sector
5. Is identified as High Risk or High Visibility	<ul style="list-style-type: none"> Is identified to be high risk or high visibility, by any one of the following: Ministry of Health, HSIMT, IMITEC, Health Authority
6. Is funded by multiple cost contributors	<ul style="list-style-type: none"> Is being funded by more than one health sector stakeholder Is being funded by one health sector stakeholder, and has the potential to be on-boarded by more stakeholders through additional cost contribution

CSI SELECTION CRITERIA	CRITERIA DESCRIPTION
7. Is identified as a GHISA system	<ul style="list-style-type: none"> is identified as a “System” within the General Health Information Sharing Agreement (GHISA) between the Ministry of Health and the Health Authorities Is defined in GHISA as “electronic information systems used to facilitate the sharing of data amongst two or more parties for a healthcare delivery and related purpose”
8. Is a HSSBC technology priority	<ul style="list-style-type: none"> Is identified as a technology priority within the current iteration of the Health Shared Services BC Service Plans(s)

B. Level of Involvement

Information Management and Information Technology (IM/IT) initiatives and assets that have been classified as CSI will be assessed by IMITEC for their level of involvement through the lifecycle of that initiative or asset, and will be done so using the classifications below. IMITEC’s level of involvement may be adjusted as needed across the lifecycle of the CSI item to ensure proper oversight and guidance.

RACI Classification	DEFINITION
Accountable	<ul style="list-style-type: none"> Authorized to make decisions that affect progress (i.e., accept/reject/halt) Accountable for results and consequences Responsible for delivery Can delegate accountability/authority, and responsibility to another body
Responsible	<ul style="list-style-type: none"> Responsible for delivery Not authorized to make decisions that affect progress (i.e., accept/reject/halt) Not accountable for results and consequences Can delegate responsibility to another body
Contributing	<ul style="list-style-type: none"> Provide capabilities such as knowledge, advice, opinion Provide resources such as people, funding Not accountable/authorized or responsible Can delegate capabilities to other people/teams

RACI Classification	DEFINITION
Informed	<ul style="list-style-type: none">• Remain aware of progress (status, schedule, issues etc.) throughout lifecycle• Set and change method of being informed (e.g., presentation, status reporting)• Set and change frequency of communication (e.g., monthly, quarterly, milestones)