



## BC Health Information Standards Standing Committee

### Terms of Reference

Version 1.0

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## 1.0 Mandate and Authority

### 1.1 Source and Scope of Mandate and Authority

The BC Health Information Standards Standing Committee (HISSC) receives its mandate and authority from – and is a Standing Committee of – the IM/IT Standing Committee (IMITSC)<sup>1</sup>, which in turn receives its mandate from the BC Health Leadership Council. Consistent with the IMITSC terms of reference, the scope of HISSC is across the full lifecycle of health information standards within areas of common or shared interest<sup>2</sup> to the BC Health Sector as a whole. Other factors of Information Management, such as storage and retention (data stewardship) of health data are outside the scope of this committee.

### 1.2 Mandate

Working within the BC Health Sector IM/IT governance framework established by IMITSC, the mandate of HISSC is to govern, promote and oversee health information standards of common or shared interest to the BC Health Sector.

In fulfilling this mandate, HISSC operates in a manner that:

- Provides leadership and designs processes/structures that promote, guide and coordinate the development and sustainment of effective and coherent health information standards (including core data sets, the structure of minimum data sets, nomenclatures, metadata, messaging content standards and standards that support health data integrity). Provides BC perspective and feedback to broader standards organizations (eg CHI, CIHI etc).
- Provides a fair, formal and streamlined process for analysis, review, adjudication, and escalation of significant health information standards, issues or decisions.
- Ensures that health information standards are re-usable and leveragable for the broader goals of BC Health and member organizations.
- Considers ‘meaningful use’ of health information in the provision of care, and for secondary use purposes.
- Establish processes for measuring adoption of endorsed health information standards

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<sup>1</sup> For further information regarding IMITEC and requirements flowing from IMITEC to its standing committees (which are not repeated with this document), please refer to the IMITEC Terms of Reference.

<sup>2</sup> For further clarification of “common or shared interest” please refer to appendix 2 of the IMITEC Terms of Reference.

### **1.3 Authority**

No specific decision-making authority is vested in HISSC. Instead, it provides a support, advisory, and review function and, on behalf of IMITSC, a general oversight role on health information standards. In instances where a decision of materiality is required, HISSC will provide recommendations for final decisions to IMITSC.

### **1.4 Accountability**

HISSC is accountable to IMITSC. As required for Standing Committees of IMITSC, HISSC 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 provide regular verbal briefings (e.g., quarterly). In addition, items for information or for decision will be provided on an as needed basis.

### **1.5 Responsibilities**

In fulfilling its mandate, responsibilities of HISSC are to :

- Establish goals, sets provincial priorities (endorsed by IMITSC) for standards development and adoption.
- Direct partner organizations in the adaptation and/or development of information standards.
- Set and direct the adoption of approved health information standards within the public and community health sectors.
- Conduct reviews and provide endorsements of health information standards in areas of common or shared interest, making reference to appropriate roadmaps and deliverables.
- Provide the authoritative source of truth for provincial health information standards specifications, status and to maintain the Provincial Health Information Standards strategic roadmap.
- Recommend exemptions to information standards, where warranted (for endorsement by IMITSC).
- Collaborate with Canadian Institute for Health Information (CIHI), Canada Health Infoway (CHI), and other provinces, jurisdictions or agencies on related standards activities.
- Facilitate communication among stakeholders regarding provincial standards development, approval and the implementation process;
- Escalate to IMITSC any issues or decisions of significance, related to information standards, that cannot be resolved through consultation and consensus.
- Develop and manage health information standards policies.

- Establish linkages to existing governing bodies and stakeholders to collaborate effectively in achieving the objectives, and to recommend rationalization and consolidation of same as appropriate.
- Align standards to reduce duplication and enable effective interoperability and integration of sector-level health information solutions.
- Identifies the resources necessary to fulfill the mandate.

## 1.6 Relationship to Other Sector Governing Bodies

Given HISSC's mandate towards sector-wide information standards, it is anticipated that HISSC will have the following working relationships with the other IMITSC standing committees:

- **BC Health Strategy and Planning** – HISSC will work towards ensuring that health information standards support strategic outcomes across the Health Sector.
- **BC Health Priorities and Investment Standing Committee** – HISSC will recommend priorities for health information standards, and will encourage and endorse standards projects which address priorities raised through Health sector IM/IT strategic planning.
- **BC Health Solution Delivery Standing Committee** – HISSC will support organizations and projects that are adopting, adapting and/or developing information standards, with a view to ensuring that best practices for health information standards are used throughout solution delivery. Examples of best practices include adoption of existing standards, appropriate stakeholder engagement, establishment of stewardship and assessing conformance to the standards.
- **BC Health Service Management Standing Committee** – HISSC will support and collaborate with the adoption, adaptation, development, and/or conformance of information standards within service management to ensure that health information standards and best practices are used.
- **BC Health Information Privacy and Security Standing Committee** – HISSC will support and collaborate with the privacy, security, and audit functions of HIPSSC.
- **BC Health Enterprise Architecture Standing Committee** – HISSC will work towards ensuring that health information standards adhere to visions, roadmaps, specifications, and standards established by Enterprise Architecture (EA); it will advise EA governance of health information standards gaps and needs as necessary.

## 1.7 Advisory stakeholders and subject matter expertise:

Subject matter expertise will be consulted or otherwise engaged as required. Such expertise may be drawn from the vendor community, licensing/regulatory bodies, pan-canadian standards organizations or other sources.

A table describing evolving understanding of stakeholders and associated level of involvement is maintained in Appendix 1.

## 2.0 Membership & Operation

### 2.1 Membership Roster

- **Co-Chair:** Dr. Bill Clifford, Standing Member, IM/IT Executive Council and Chief Medical Information Officer, Northern Health Authority.  
**Co-Chair:** to be announced, Ministry of Health  
The Co-Chairs will be by annual appointment. One will be drawn from membership of IMITSC and one from the Ministry of Health.
- **Secretariat:** TBD, Health Sector IM/IT Division, Ministry of Health
- **Voting Members:** Representatives from each partner organization (defined below) will be designated as voting members. Where a member organization has multiple representatives per position, a shared single vote will apply.
- **Organizational Representation:** Each of the partner organizations represented at IMITSC have a standing membership on HISSC. This currently includes:
  - Ministry of Health
  - Fraser Health Authority
  - Health Shared Services BC
  - Interior Health Authority
  - Island Health
  - Northern Health Authority
  - Provincial Health Services Authority
  - Vancouver Coastal Health AuthorityAdditional organizations
  - Doctors of BC
  - Divisions of Family Practice
  - School of Health Information Science, University of Victoria
  - Faculty of Medicine, University of British Columbia
- **Membership Changes:** Changes in membership may occur under the following circumstances:
  - Upon agreement by the voting members, with an invitation from the Chair

- After a reasonable period following initial launch of Committee (say 2 to 4 months), through self-assessment by the Committee
- Review of membership skills complement, on a periodic basis, conducted by the Chair and Vice Chair

## **2.2 Member Capabilities**

Members should be able to speak for the organizations they represent on the business before this standing committee. Individuals members do not need to have all of the following specific skills but these skills should be represented through the collective membership.

- Skill at setting direction and leading adoption of health information standards
- Broad knowledge of data/vocabulary/nomenclature standards, principles, and approaches, such as ICD, SNOMED, HL7, etc.
- Knowledge of existing health information standards used in the health sector
- Knowledge of health informatics
- Knowledge of messaging and data exchange approaches between systems
- Knowledge of how information is captured, aggregated, and shared to support the delivery of care and downstream secondary uses.
- Knowledge of the implications of secondary use of health information, including implications on data warehousing and evidence based decisions
- Knowledge of the potential impacts of data collection at the point of care, including strategies for the adoption of standards informed by clinical requirements, such as clinical decision support and workflow processes
- Knowledge of the impact of health information standards on technology

## **2.3 Operation**

Membership responsibilities, meeting schedule, decision-making and mode of operation are all as per the IMITSC terms of reference. For brevity and to ensure commonality of operations, these have not been repeated here.

## Appendix 1

### Advisory stakeholders and subject matter expertise

Stakeholder / RACI Classification	Represented by	Interests, Expectations, Concerns	Interest Level
<b>Government Stakeholders / Consult</b>			
Ministry of Health (MOH)			High
Health Sector IM/IT Division	Lindsay Kislock	<ul style="list-style-type: none"> <li>Expressed need for high-level provincial strategy</li> </ul>	
Strategic Planning Branch (SPB)	Tracee Schmidt Kris Nielsen	<ul style="list-style-type: none"> <li>Impacts to current projects</li> </ul>	
Health IT Strategy Branch (HITS)	Paul Shrimpton Kim Lacharite	<ul style="list-style-type: none"> <li>Consideration in eHealth planning – i.e. technology/HIE infrastructure</li> </ul>	
Health Information Privacy, Security and Legislation (HIPSL)	Deb McGinnis	<ul style="list-style-type: none"> <li>Potential impact: privacy and security policy</li> </ul>	
Patients As Partners	Carol Harper	<ul style="list-style-type: none"> <li>Consideration of clients perspectives and requirements</li> </ul>	Medium
<b>Secondary Stakeholders / Consult</b>			
Joint Standing Committee for Rural Issues (JSCRI)	TBD	<ul style="list-style-type: none"> <li>Impacts on physician practice</li> <li>Alignment of strategies and funding</li> </ul>	Medium
General Practice Services Committee (GPSC)	TBD	<ul style="list-style-type: none"> <li>Impacts on physician practice</li> <li>Alignment of strategies and funding</li> </ul>	Medium
Specialists Services Committee (SSC)	TBD	<ul style="list-style-type: none"> <li>Impacts on physician practice</li> <li>Alignment of strategies and funding</li> </ul>	Medium
Society of Rural Physicians of Canada	TBD ( <i>Dr. John Soles – President</i> )	<ul style="list-style-type: none"> <li>Impacts on physician practice</li> <li>Alignment of strategies and funding</li> </ul>	Medium
<b>External Stakeholders / Inform and/or Consult</b>			
Information System Vendors	TBD	<ul style="list-style-type: none"> <li>Commercial ventures and vendor partnerships</li> </ul>	High
College of Physicians and Surgeons	TBD ( <i>Heidi Oetter – Registrar</i> )	<ul style="list-style-type: none"> <li>Potential role of Telehealth and impacts to practice</li> </ul>	Medium
Health Care Consumers	TBD	<ul style="list-style-type: none"> <li>Impacts on access to personal health information</li> </ul>	High