



## **BC Health Technology Strategy Standing Committee (TSSC)**

### **Terms of Reference**

Version 2.0

Approved by the Standing Committee on IM/IT on June 9, 2016

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## 1.0 Mandate and Authority

### 1.1 Source and Scope of Mandate and Authority

The Technology Strategy Standing Committee (TSSC) receives its mandate and authority from – and is a standing committee of – the Health Sector Information Management and Information Technology 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 TSSC is across the full lifecycle of information management (IM) and information technology (IT) within areas of common or shared interest<sup>2</sup> to the BC Health Sector as a whole.

### 1.2 Mandate

The Technology Strategy Standing Committee (TSSC) is a Ministry of Health (the Ministry) and Health Authority collaborative forum and governance body.

The purpose of TSSC is to undertake work on behalf of IMITSC and provide direction, guidance, and governance to supporting committees and working groups, in relation to initiatives and efforts within the scope of Technology or Technology related services.

The primary purpose of TSSC is to provide and facilitate a) execution of strategies, technology roadmaps, plans, b) determination of the optimal delivery mechanisms, and c) governance to the ongoing delivery of these services to ensure either their effective delivery or requirement for redesign. This is accomplished in order to deliver service excellence within Health Authorities over a managed and consistent lifecycle.

The Committee is enduring with its Terms of Reference revisited in an ongoing fashion and the scope of what it deals with aligned with priorities on a fiscal year end basis.

#### ***Committee Principles***

- Technologies and technology services are established to “enable” the effective delivery of health care in BC
- Decisions will be made based on what is best for Health Care across BC and not in an individual members interests
- All processes and the roles and responsibilities of individuals involved will be documented and adhered to

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

<sup>2</sup> For further clarification of common or shared interest please refer to the “Endorsement of Selection Criteria” policy (CSI-02).

- Value will be determined and documented for all actions and decisions and will be comprised of, at a minimum, effective service delivery, stable operations environment, and best financial outcome
- Leadership of the evolution of Technology and associated Services over a managed lifecycle

**Priority Areas**

The priorities of TSSC will be in alignment with initiatives as directed by IMITSC and technical requirements as defined by the business for the transformation and delivery of high quality clinical services. In and of itself it exists only to ensure the delivery of Technology and Technology Services are at an appropriate level of service for the lowest possible cost.

**1.3 Scope**

***In Scope Technologies***



***Out of Scope Technologies***

- Business systems such as PeopleSoft
- Clinical systems such as Cerner and Meditech

## 1.4 Authority

TSSC, on behalf of IMITSC, has a general governing role on technology service matters. No specific decision-making authority is vested in the TSSC. Instead, it provides a developmental, advisory, and review function. In instances where a decision of materiality is required, TSSC will provide recommendations for final decisions to IMITSC.

## 1.5 Accountability

TSSC is accountable to IMITSC and, ultimately, to Leadership Council. The Committee will maintain a record of all significant decisions, table a formal report on its activities which have systemic or provincial implications as well as a work plan for the next year, and provide regular standing agenda briefings at IMITSC monthly meetings.

In addition, TSSC will provide documents for distribution as appropriate and on an as-needed basis to IMITSC and other standing committees. These items will include:

- Strategic Plan for Technology and Technology Related Services
- Technology roadmap on a rolling three year basis
- Publications of technology standards

TSSC provides leadership for sector-level IT in a manner that:

- Identifies emerging and innovative technologies and their impacts on health care delivery
- Promotes standardization of technologies across the province
- 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
- Promotes the health and safety of British Columbians and care providers

TSSC will approve the Terms of Reference, work plans, and final products for the Technical Advisory Group (TAG) and all standing and issue-specific working groups under it.

## 1.6 Responsibilities

- Determines the processes and methods for evaluating changes to technology services and services delivery
- Put strategies and priorities in place for all technologies and services including processes and decision making framework
- Maintains 3 year Technology Roadmaps and ensures they are updated annually
- Sets standards and policies for all aspects of technology and services, including technology standards, within health sector common or shared interests
- Evaluates technology areas of shared or common interest
- Determines who and how the services are delivered using value based decision-making

- Ensures contracts are in place with appropriate terms and conditions, service levels, and key performance indicators
- Monitors the delivery of services in operational state to determine if optimized value is being delivered and that services are being delivered to achieve a stable operating environment
- Ensures achievement of financial and operational objectives outlined in original business cases and service agreements/contracts entered into

## 1.7 Relationship to Other Sector Governing Bodies

Given TSSC's mandate for sector-wide technology services, it is anticipated that the committee will have the following working relationships within the IMITSC governance structure:

- **Standing Committee on Health Sector Information Management and Information Technology (IMITSC)** – Adhere to and advance health sector strategic directions and plans for enterprise architecture, information management, solution delivery, and service operations. Refers items requiring decisions to IMITSC.
- **BC Health Information Privacy and Security Standing Committee (IPSSC)** – Promote information privacy and security via sound strategies and plans for technology services.
- **BC Health Information Standards Standing Committee (HISSC)** – Communicate, interpret, and clarify the strategy and plans for technology services in order to support decision-making on health information standards.

## 2.0 Membership & Operation

### 2.1 Membership Roster

- There will be two co-chairs who will be drawn from TSSC membership. One co-chair must be a standing member of IMITSC.

The Co-Chairs will be by annual appointment.

- **Secretariat:** Health IT Strategy Branch, Health Sector IM/IT Division, Ministry of Health
- **Voting Members:** Representatives from each partner organization (defined below) will be designated as voting member. Where a member organization has multiple representatives per position, a shared single vote will apply.
- **Organizational Representatives:** The CIO or CTO of the following partner organizations are standing members of TSSC:
  - First Nations Health Authority
  - Fraser Health Authority
  - Interior Health Authority
  - Island Health
  - Northern Health Authority

- Provincial Health Services Authority
- Vancouver Coastal Health Authority
- BC Clinical and Support Service (Support Services Program)
- Ministry of Health
- **Membership Changes:** Upon agreement by the voting members, new voting members may be added by invitation from the Chair.

### ***Individual Member Responsibilities***

- Work collaboratively to resolve issues and reach decisions to support objectives and outcomes
- Within their own individual organizations be accountable to facilitate the gathering of technical requirements and to communicate decisions and standards as established by TSSC and ratified by IMITSC
- Track and report on shortfalls or issues associated with the ongoing delivery of technical services within their respective organizations
- Ensure that agenda items for discussion and any associated meeting materials for discussion are forwarded to the secretariat according to a predetermined schedule
- While representing their respective organizations, acknowledge and support what is best for the larger goals of the BC Health sector
- Hold each other accountable for ensuring alignment and communication of direction and decisions made.

## **2.2 Member Capabilities**

Capabilities are derived from members' role as Chief Information Officers/Chief Technology Officers.

## **2.3 Operation**

- The TSSC members shall convene meetings every month.
- Meeting dates and times will be pre-scheduled to ensure availability of members.
- Upon agreement by participating members, new voting members may be added by invitation from the Chair.
- Attendance at meetings is restricted to committee members, their appointed alternates, invited guests, and the secretariat.
- Committee recommendations, decisions, direction, and advice will be reached by consensus.
- When consensus cannot be achieved, the co-chairs will bring the issue forward to IMITSC for resolution.

All other operations are as per the IMITSC terms of reference. For brevity and to ensure commonality of operations, these have not been repeated here.

## **2.4 Confidentiality**

- To support their ability to provide well-informed advice, TSSC members may receive confidential information. All members are expected to maintain confidentiality regarding materials and committee discussions.
- Members may be asked to sign a non-disclosure agreement under circumstances when they are reviewing and discussing information of a particularly sensitive nature.
- The Chairs will ensure that everyone participating in the meeting, telephone discussion, email exchange, or in another form of communication has received clear instructions on the confidentiality of the proceedings.

## **2.5 Quorum**

Quorum is 50% of members (or delegates) plus one; this must include one of the committee co-chairs.



### 3.0 Appendices

#### I. Committee Membership

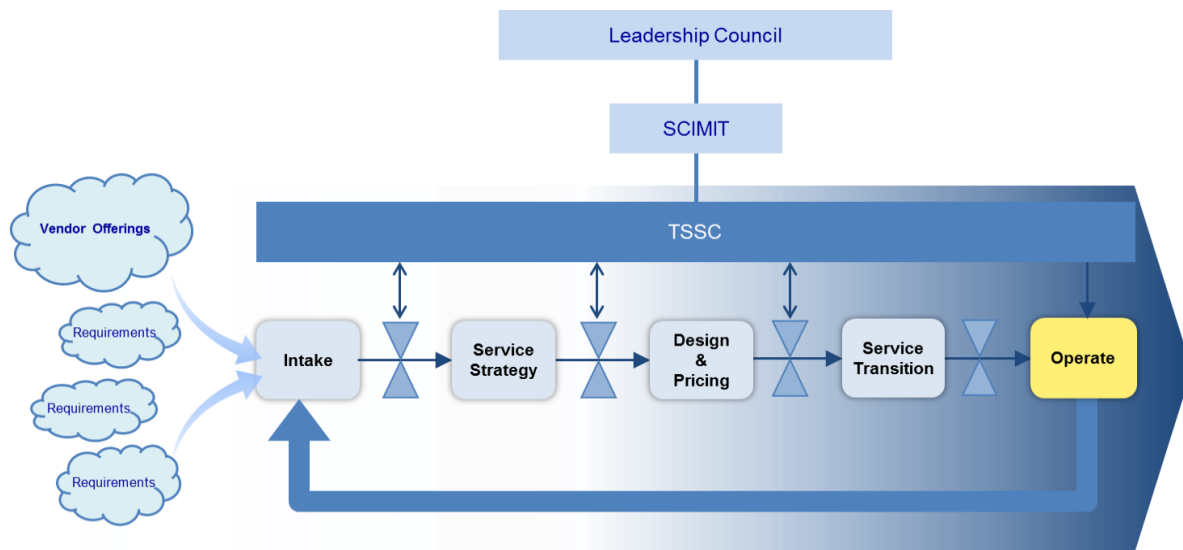
Organization	Membership
First Nations Health Authority	Joseph Mendez, CIO
Fraser Health	Philip Barker, CIO (Co-Chair)
Interior Health	Norma Malanovich, CIO
Island Health	Guy Weeks, CTO
Northern Health	Jeff Hunter, CIO
Provincial Health Services, Vancouver Coastal, and Providence	Oliver Grüter-Andrew, CIO
BC Clinical and Support Services	Phil White, CTO (Co-Chair)
Ministry of Health	Brad Kocurek, CTO
Ministry of Health	Deborah Shera, health sector CIO and assistant deputy minister, Health Sector IM/IT

#### II. Authority and Decision-making

The Committee derives its decision making powers only as delegated by IMITSC and all decisions made are ratified by IMITSC. Where consensus decisions are made they will go forward for ratification as a package. Where consensus is not reached, decisions will go forward as Decisions Requests with background, positions of individual parties, rationale, and options.

#### III. Activities and Decisions over a Service Lifecycle

A lifecycle, as represented in the following diagram, exists for each service from inception to retirement, and the evolution of the replacement. The questions listed beneath the diagram are representative of the types of decisions made in each phase and are continually asked throughout the lifecycle of a particular service.



Intake	Service Strategy	Design & Pricing	Service Transition	Operate
<ul style="list-style-type: none"> <li>- Are Current Services working?</li> <li>- What new Services are required?</li> <li>- Where and what are the Disruptive Technologies?</li> <li>- What direction is Industry going?</li> <li>- Is there a more stable or less expensive way to deliver services?</li> </ul>	<ul style="list-style-type: none"> <li>- Do we need a strategy?</li> <li>- Is it a common or shared interest service?</li> <li>- Is it a shared service?                             <ul style="list-style-type: none"> <li>o Does it meet the pre-defined criteria?</li> </ul> </li> <li>- How does it fit with our Tech Roadmap?</li> <li>- Is it a standard?</li> <li>- Is it a service with demand?</li> <li>- Is there a business case?</li> </ul>	<ul style="list-style-type: none"> <li>- What service levels are required?</li> <li>- What is the availability?</li> <li>- What capacity?</li> <li>- What are the security requirements?</li> <li>- Any policies required?</li> <li>- How do we attain?                             <ul style="list-style-type: none"> <li>o Most stable</li> <li>o Most efficient</li> <li>o Most cost effective</li> </ul> </li> <li>- Who should deliver the service?                             <ul style="list-style-type: none"> <li>o Internal</li> <li>o HSSBC</li> <li>o Outsourced</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Do we need to procure?                             <ul style="list-style-type: none"> <li>o How who when?</li> </ul> </li> <li>- Do we have an agreement/contract with clear terms and conditions?</li> <li>- What is the change management plan?</li> <li>- What is the implement and communication plan?</li> <li>- Who and how does configuration management get done?</li> <li>- Are services built to specification?</li> <li>- Testing done by who how?</li> <li>- What is release management strategy?</li> </ul>	<p>Regardless of who delivers the service</p> <ul style="list-style-type: none"> <li>- Are they being delivered as agreed?</li> <li>- Are the contract terms and service levels being delivered?</li> <li>- Is the Governance working?</li> <li>- Are Key Performance Indicators in place and are they being met?</li> <li>- Have savings been achieved?</li> </ul>

#### IV. Scope of Mandate and Authority

The scope of TSSC is across the full lifecycle of IM and IT within areas of common or shared interest. TSSC will engage other stakeholders for expertise and input as appropriate. For example, for firewall security, IPSSC defines business requirements and TSSC recommends the standards to IMITSC.

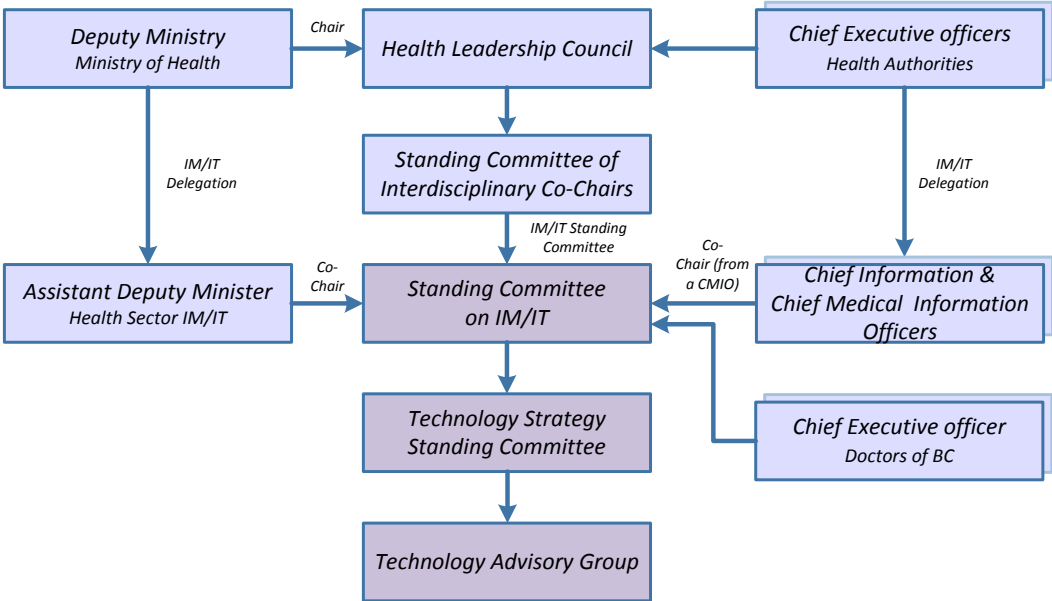
The diagram below is meant to be representative of the scope of TSSC but it is recognized that additional items will surface which require TSSC guidance over time. Generally the scope of TSSC is Technology Infrastructure and associated services which enable it. Business requirements and applications which run on this infrastructure are out of scope but will drive the requirements for Technology and related services.



**V. Governance Structure**

**a. Flow of Authority**

The following diagram depicts the Flow of Authority.



**b. Decision Making and Decision making Authority**

TSSC is not a decision body in and of itself but rather derives any decision making authorities only as delegated by IMITSC which can and may empower TSSC to make decisions under certain conditions.

As a recommending body to IMITSC items requiring decision or ratification will be compiled and discussed at IMITSC as one of two types:

1. Where members of TSSC have reached conclusions on a consensus basis (where there is no disagreement or dissent among TSSC members)
2. Where one or more TSSC members disagrees with a recommendation a Decision Brief will be prepared which :
  - a. Clearly outlines the issue and the decision needing to be made
  - b. Indicates the member or members who do not support the recommendation and their respective position
  - c. Indicates those members in agreement with the recommendation and their respective positions
  - d. Requests a decision from IMITSC on one or more options if appropriate