Health Sector Information Management and Information Technology Standing Committee

Terms of Reference

June 8, 2016

V. 4.0 – FINAL

1.0 Committee Purpose

The Health Sector Information Management and Technology Standing Committee Standing Committee (IMITSC) is a Ministry of Health (the Ministry) and Health Authority collaborative forum and governance body.

The purpose of IMITSC is to undertake work on behalf of the Standing Committee of Interdisciplinary Co-Chairs and ultimately Leadership Council, and provide direction, guidance, and governance to supporting committees and working groups, in relation to initiatives/efforts intended to achieve transformation of the health care system in alignment with the strategic priority areas and goals identified in the *BC Health System Strategy*[1] (the Strategy).

The primary purpose of IMITSC is to provide and facilitate execution of strategies, tactics, and principles that govern sector-level decision-making across the full lifecycle of information management and information technology (IM/IT) within areas of common or shared interest[2] to the BC health sector as a whole.

2.0 Committee Objectives

- Promote standardization of technologies and information across the province.
- Support health authorities, the Ministry, and Leadership Council in making evidence-informed decisions in a timely manner.
- Balance opportunities to improve health system outcomes with the need to manage health care costs.
- Prioritize the health and safety of British Columbians and care providers.
- Review, monitor progress, and mitigate issues and risks to ensure successful implementation of initiatives to support the priority areas identified in the Strategy
- Avoid duplication by leveraging existing reporting and align, coordinate, and focus the activities of existing management and committee structures wherever possible.

3.0 Committee Principles

- Alignment with *BC's Health System Strategy*
- Partnership and collaboration
- Clear objectives, accountabilities, and roles and responsibilities
- Cross functional representation and processes supporting integration
- Flexible to appropriately and respectfully accommodate local circumstances within an established framework

[1] B.C. Health Systems Strategy, A Disciplined Approach to Strategic Execution – BC Ministry of Health, 2014

[2] Common or Shared Interest Policy: 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 Standing Committee Health Sector IM/IT (IMITSC) governance process, to determine the level of future involvement; in some cases, IMITSC will have the authority to disapprove or halt progress of CSI initiatives and/or assets. For further information go to appendix V) Common or Shared Interest.

- Transparent decision making
- Jointly developing common or shared interest IM/IT solutions.
- Promoting Information sharing culture, supported by technology
- Expectation of confidentiality
- Optimizing value for IM/IT investments

4.0 Priority Areas

The priorities of IMITSC will be in alignment with the Strategy, in particular IMITSC will support the provision of and system transformation toward high quality, patient centred care, in the following areas:

Strategy

- Ensure alignment of IM/IT efforts with larger strategic intent and direction of the sector as a whole, as articulated by Leadership Council and by health sector strategy and policy papers.
- Oversee development and implementation of BC health sector IM/IT strategic plans.
- Provide consultation to partner organizations' IM/IT strategic plans.[3]

Decision-Making

- Establish a common or shared interest policy for which is consistent and repeatable method is established and documented.
- Establish and apply an IM/IT prioritization and decision-making process for items of common or shared interest that is transparent, credible, consistent, and fair. Identify and prioritize IM/IT items of common or shared interest 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

- Coordinate allocation of resources towards initiatives addressing common or shared interest IM/IT needs.
- Oversee execution of provincial IM/IT initiatives to ensure delivery of intended results.

5.0 Committee Membership

- Health sector chief information officer (CIO) and assistant deputy minister, Health Sector IM/IT division, Ministry of Health
- CIO from each health authority

[3] Partner organizations include BC health authorities, BCCSS, Doctors of BC, and other organizations identified by IMITSC, SCoIC, or Leadership Council.

- Chief medical information officers from each health authority
- CIO of the Ministry of Health
- Chief technical officer, BC Clinical and Support Services (BCCSS)
- Representative, Doctors of BC
- Representative, Nursing

6.0 Individual Member Responsibilities

- Work collaboratively to resolve issues and reach decisions to support successful outcomes.
- Within their own organization to be accountable to connect and to communicate with their organization and/or committee they are representing to help with integration and alignment across the system.
- Ensure that meeting materials for discussion are forwarded to the secretariat according to a predetermined schedule.
- Represent organizations or roles for which they are nominated and no others (unless specified).
- Holding each other accountable for ensuring alignment of member organization IM/IT decisions of common or shared interest with the larger goals of the BC health sector and disclose to IMITSC in a timely manner for evaluation when local interests prevent such aligned action.

7.0 Meetings

- Co-Chairs shall consist of - a) the Health Sector CIO/assistant deputy minister of Health Sector IM/IT (permanent appointment) and b) a senior medical officer from a health authority, appointed on a rotating basis for a period of one year or as IMITSC membership agrees.
- The IMITSC members shall convene meetings every month.
- Meeting dates and times will be pre-scheduled to ensure availability of members.
- Upon agreement by the voting 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 decisions, direction, and advice will be reached by consensus. When consensus in not achieved, the co-chairs will bring the issue forward to the interdisciplinary committee for direction/decision.

8.0 Confidentiality

- To support their ability to provide well-informed advice, IMITSC 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.

9.0 Committee Accountability and Reporting

IMITSC is accountable to the Standing Committee of Interdisciplinary Co-Chairs 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 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. These items will likely include:

- Health Sector IM/IT Strategic Plan
- Health Sector IM/IT Investment Plan
- Progress reports on the strategic and investment plans
- Inventory of common or shared interest initiatives, and their priorities, in the health sector

IMITSC will approve the Terms of Reference, work plans, and final products for all standing and issue-specific working groups created to further the strategic agenda.

10.0 Staff Support

The Ministry will provide secretariat support for IMITSC with responsibilities to include:

- Providing timely status reports
- Providing the provincial level committee management functions, such as maintaining the master work plan, overarching risk register, and decision log
- Ensuring meeting agendas, previous minutes, and materials for discussion are distributed no less than one week in advance of committee meetings
- Coordinating with secretariats of related committees to ensure consistency in reporting and approach
- Coordinating strategic portfolio management support

11.0 Review

The Terms of Reference will be reviewed on an annual basis and adjusted as necessary.

APPENDICES

The following appendices provide additional governance clarification operational matters.

I) Scope of Mandate and Authority

The scope of IMITSC is across the full lifecycle of IM and IT within areas of common or shared interest to the BC Health Sector as a whole. IMITSC, with the endorsement of SCOIC or Leadership Council, may 1) prioritize governing IM/IT strategy, policy, architecture, and standards and 2) focus governance resources on high priority CSI items. 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, BC Clinical and Support Services, 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 IMITSC and for which a consistent and repeatable method is established and documented. (for further information go to appendix V) 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, privacy and security, 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 kinds.[4]
- **Information Technology** – The common term for the entire spectrum of technologies for information processing including software, hardware, communications technologies, and related services.[5]

II) Accountability

In addition to the responsibilities outlined in the Committee Accountability and Reporting section, IMITSC members will within their own organizations:

- Ensure business and clinical leadership interests are addressed through facilitation and meaningful engagement;
- Communicate strategies, directions, and decisions to all affected stakeholders;
- Hold all IMITSC operating bodies accountable for delivering on their respective mandates;

[4] *BC Government Core Policy and Procedures Manual, Chapter 12.*
[5] *Ibid.*

- Hold member organizations accountable for ensuring alignment of internal IM/IT decisions with larger goals of the BC health sector;
- 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 IMITSC common or shared interest

III) Decision Making

Executive IM/IT authorities will be designated as voting members. Where membership includes multiple representatives per position, a shared single vote will apply.

- **Voting Members:**
  - the assistant deputy minister, Health Sector IM/IT division, Ministry of Health (health sector CIO)
  - the CIO and CMIO (or equivalent senior medical officer) of each health authority
  - the CIO of the Ministry of Health
  - the chief technology officer (CTO) of BCCSS
- **Voting Member Responsibilities**
  - 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**
  - Doctors of BC
  - the chief clinical information officer, Vancouver Coastal Health Authority
- **Guest and Non-Voting Member Responsibilities**
  - 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 decision requests and issue resolutions as required by IMITSC members.
  - Provides input to endorsement of deliverables on behalf of their organization.
  - Provides expert advice as needed.

IV) Co-Chair Responsibilities

- Holds overall accountability for effective functioning of IMITSC.
- 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 IMITSC to SCoIC and ultimately Leadership Council.
- Monitors progress and provides information and decision items to the SCoIC and ultimately Leadership Council matters requiring referral, escalation, or further review.

V) Common or Shared Interest

i) 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 IMITSC governance process, to determine the level of future involvement; in some cases, IMITSC 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	• Is identified in the current iteration of a Ministry of Health strategic plan or service plan • Is identified in the current iteration of IMITSC's IM/IT enabling strategy or work plan
2. Is a BC province-wide solution	• Is proposed to be a province-wide solution • Is supporting eHealth operations
3. Is an interoperable solution	• 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	• 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	• Is identified to be high risk or high visibility, by any one of the following: Ministry of Health, HSIMT, IMITSC, health authority

CSI SELECTION CRITERIA	CRITERIA DESCRIPTION
6. Is funded by multiple cost contributors	• 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
7. Is identified as a GHISA system	• 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	• Is identified as a technology priority within the current iteration of the Health Shared Services BC service plans(s)

ii) Level of Involvement

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

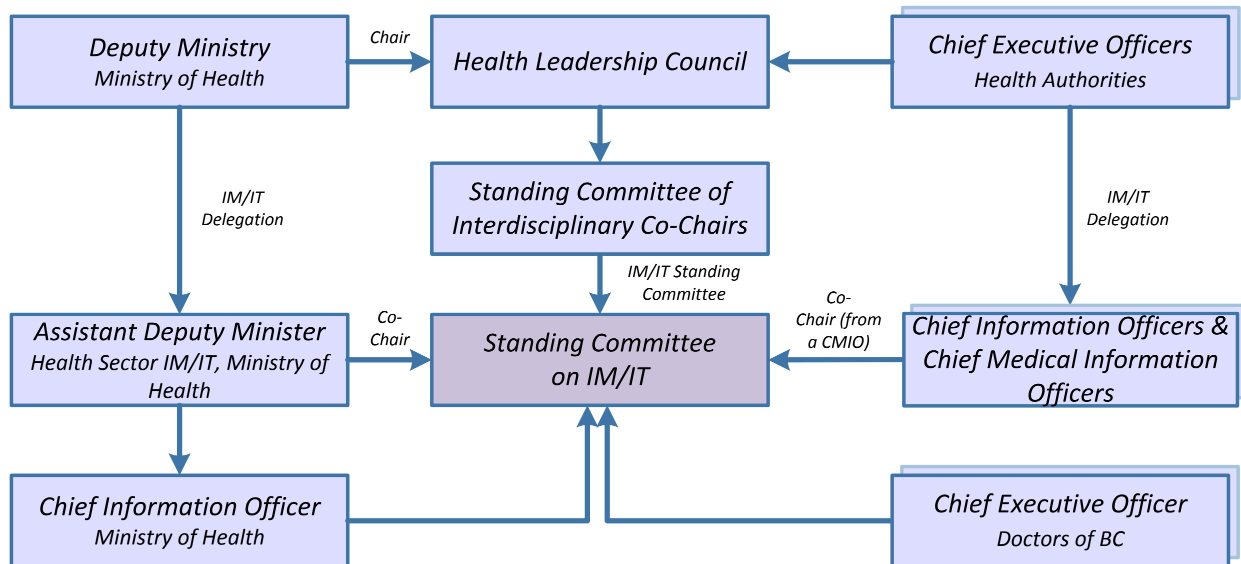
RACI Classification	DEFINITION
Accountable	• Authorized to make decisions that affect progress (i.e., accept/reject/halt) • Accountable for results and consequences • Responsible for delivery • Can delegate accountability/authority, and responsibility to another body
Responsible	• Responsible for delivery • 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	• 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	• 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)

VI) Governance Structure

i) Flow of Authority

The authority of IMITSC 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 co-chair of IMITSC. Authority is also drawn from the authorities vested in individual members of IMITSC and their inherent ability to affect IM/IT decisions within scope of their organizational accountability.



ii) Operating Bodies

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 IMITSC.[6]

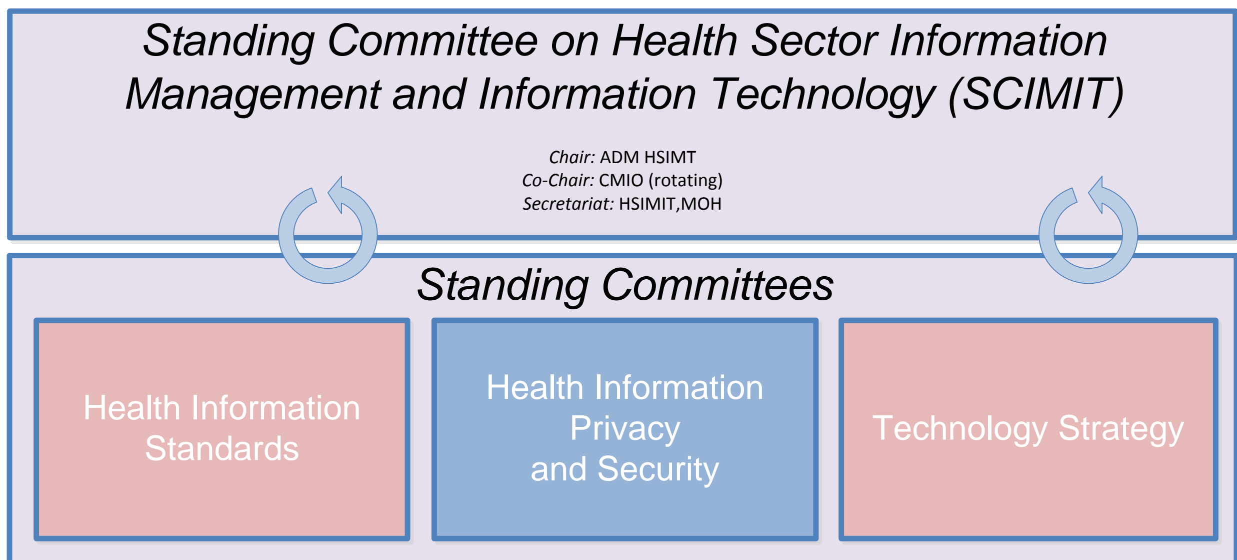
As established in the Committee Accountability and Reporting section, IMITSC may commission standing committees and issue-specific working groups. All IMITSC standing committees will table a formal report on their activities and work plan for the next year, as

[6] A formal inventory of these bodies will be compiled and maintained as part of the implementation of IMITSC.

well as provide regular verbal briefings to IMITSC. In addition, items for decision or information will be provided for IMITSC on an as needed basis.

iii) Functional Structure

The diagram below illustrates the functional organization of IMITSC 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). Interactions between standing committees involve the sharing of decisions and directions amongst the standing committees consistent with the anticipated functional authority of the respective committees.



iv) Standing Committee Functions

Standing committees are 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., technology strategy and planning falls within the Technology Strategy Standing Committee). IMITSC retains responsibility for functional areas which are not delegated to a standing committee.

- **BC Health Information Privacy and Security Standing Committee (IPSSC)** – 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. Monitors and mitigates privacy and security risk.

- **BC Health Information Standards Standing Committee (HISSC)** – 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 Technology Strategy Standing Committee (TSSC)** – Establishes overall IT vision and strategic direction for the sector. Oversees the development of plans to realize specific aspects of the IT vision and strategic direction.

VII) Membership List

ORGANIZATION	MEMBER
Ministry of Health	**Deborah Shera, co-chair** chief information officer (B.C. health sector) and assistant deputy minister, Health Sector IM/IT division **Paul Shrimpton** chief information officer (Ministry of Health) and executive director, Health IT Strategy branch, Health Sector IM/IT division
First Nations Health Authority	**Joseph Mendez** chief information officer **Dr. Shannon McDonald** senior medical officer – Vancouver Island Region
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
BC Clinical and Support Services	**Phil White** chief technology officer
Interior Health	**Norma Malanowich** chief information officer **Dr. Douglas Kingsford** chief medical information officer
Island Health	**Guy Weeks** chief technology officer **Dr. Mary-Lyn Fyfe** chief medical information officer

ORGANIZATION	MEMBER
Northern Health	**Jeff Hunter** chief information officer **Dr. Bill Clifford** chief medical information officer
Provincial Health Services Authority and Vancouver Coastal Health Authority / Providence Health Care	**Oliver Grüter-Andrew** chief information officer
Provincial Health Services Authority	**Dr. Alain Gagnon, FRCSC** chief medical information officer, Clinical & Systems Transformation
Vancouver Coastal Health Authority / Providence Health Care	**Dr. Eric Grafstein** chief medical information officer
NON-VOTING	
Vancouver Coastal Health Authority	**Barb Lawrie** chief clinical information officer and vice president professional practice
Doctors of BC	**Allan Seckel** chief executive officer