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| **SSC facility engagement**  **[INSERT NAME OF medical Staff association]**  **Electronic Health Record Sub-Commitee** |
| **TERMS OF REFERENCE** |

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| **MANDATE** |
| The XXXX Electronic Health Record (EHR) sub-committee is a committee of the [INSERT MEDICAL STAFF ASSOCIATION NAME] that will engage [XXX MEDICAL STAFF] and advise the MSA executives and EHR leadership of [INSERT NAME OF MEDICAL STAFF ASSOCIATION] on matters of importance to the successful implementation of the EHR at (INSERT SITE NAME).  The key goal of the Memorandum of Understanding (MOU) on Introduction of EHRs in Health Authority Facilities, is to ensure health authorities actively engage physicians before and throughout implementation of EHRs. To support the successful implementation of the EHR in the facility, the EHR Sub-Committee’s purpose is:   * To be a vehicle that supports MSA participation in EHR development, implementation and communication. * To be a MSA point of contact for EHR leadership to share information and discuss relevant matters. * To allow dedicated space and time for MSA members to discuss and prioritize EHR-related issues and concerns brought forward from MSA members. |
| **OBJECTIVES AND RESPONSIBILITIES** |
| * Creation and monitoring of an MSA/HA engagement/communication strategy and work plan to build awareness and readiness of the medical staff for EHR implementation. * Identify gaps and alignment opportunities between the MSA and current Health Authority (HA) EHR governance and input structures. * In conjunction with the HA, develop an evaluation/measurement strategy to evaluate the success of the engagement strategies and impacts to medical staff and patient care. * Ensure clear processes are established and outlined for physicians to identify and report issues, questions and problems. * Escalate un-resolved problems/issues/concerns to EHR/ HA leadership, as necessary |
| **MEMBERSHIP** |
| The EHR sub-committee membership can include the following:  [INSERT AS REQUIRED FOR SITE PARTICUALRS]   * + - Chair- MSA Executive and or Physician Lead     - Site administration/HA EHR sponsor     - MSA Representatives from core groups/departments (ICU, Internal Medicine, Emergency etc.)     - Representatives from SSC/Doctors of BC (EP, RAA)     - MSA Support staff (Project Manager/Admin Support )     - Other site representatives as required (such as Communications etc.)   The sub-committee may invite ad hoc guests to discuss matters related to a specific topic as needed or required. |

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| **CHAIR**  The chair will serve as the official spokesperson of the MSA EHR sub-committee and will provide leadership while ensuring a cohesive direction and purpose. The chair will facilitate orderly meetings, establish in advance a meeting schedule and agenda, and will be responsible for the oversight of project planning. | |
| **Engagement Partner (EP)**  The EP provides initial and on-going advice, recommendations, and support to physicians and health authorities in their efforts to improve collaboration and engagement in the planning and implementation of EHRs. This includes but is not limited to, assisting MSAs to access EHR one-time funds, funding oversight to ensure alignment with MOU, assisting in setting up staffing/administrative infrastructure to support engagement work as well as sharing best practices and key learnings from other sites that have gone through an EHR implementation.  **Regional Advisor and Advocate (RAA)**  The RAA represents the physician interests and will advocate with and for physicians on issues relating to implementation of EHRS. RAA will advise physicians on strategies and steps to help raise their issues and collaborate on solutions with their Health Authority | |
| **MEETINGS** | |
| Frequency | The Working Group will meet INSERT FREQUENCY. |
| Location | The meetings will be face-to-face at a venue approved by the sub-committee, with a teleconference line made available. |
| Minutes | Minutes will be prepared and kept electronically by a designated member or staff person hired by the MSA. Minutes will be distributed to each member of the sub-committee for review and approval in advance of the next meeting. |
| Quorum | * CHOOSE ONE: A majority of members constitutes a quorum (not recommended). * One-third of members, and must include at least one chair present. * Six members, and must include one co-chair present. |
| Decisions | Decisions of the sub-committee will be by consensus (where consensus means all but one). |
| **DISPUTE RESOLUTION**  In the absence of consensus or when there is a tie vote at the sub-committee, a dispute may be submitted to the MSA executives or Working Group of the Medical Staff Association for final resolution. | |
| **FUNDING** | |
| Member Expenses | The cost of participating on the MSA EHR sub-committee will be paid from the funds held by [ MSA SSC $50,000 One- Time Funds and/or INSERT NAME OF PHYSICIAN MEDICAL STAFF ASSOCIATION]. Standard sessional rates will apply, and standard expense claim policies will be provided. |
| Budget | The budget will be identified as a part of the work planning process identified in the Objectives and Responsibilities section of this document (see above). |
| **CONFIDENTIALITY** | MSA EHR sub-committee members may possess confidential documentation or participate in confidential discussions. Unless consultation and a written agreement is made on the part of the sub-committee, this information will not be disclosed to anyone other than the members of the sub-committee. The information shall be stored with reasonable security measures appropriate to its sensitivity or potential harm. |
| **CONFLICT OF INTEREST** | MSA EHR sub-committee members will disclose any matters that may constitute a direct or indirect conflict of interest between personal or professional activities and responsibilities as a committee member. Sub-committee members must act in a manner that will prevent conflicts of interest from arising and will recuse themselves from voting when conflicts arise that cannot be effectively and appropriately managed. |
| **ATTRIBUTES** | EHR sub-committee members are expected to:   * Have a comprehensive understanding of the purpose and goals of the MOU on EHR implementation * Actively engage and support the development and implementation of the sub-committee mandate and work plan, ensuring alignment with the interests and strategic objectives of the Medical Staff Association and Health Authority. * Maintain and improve the collaborative relationship with the various partners and stakeholders of the sub-committee and broader EHR committees. * Actively represent the views and interests of the sub-committee and the MSA. |
| **EXPECTATIONS** | Sub-committee members are expected to meaningfully participate in meetings and in the various activities and sub-committees as necessary. Should a member miss X number of consecutive meetings without valid cause, then they must name an alternate or withdraw from the committee.  Additional commitments may be required from time to time as necessary. |
| *Approved: Month Year* | |