Medication Systems Committee

Final 1.0 February 2024

Context

Clinical governance is a systematic approach used by organizations to oversee, shape, manage and continuously improve the quality of care (HSO Standard 1003:2021(E)). To strengthen the foundations for clinical governance at Island Health, a single organizational governance structure for clinical planning, policies and standards aligned to best practices was adopted in 2022 to ensure culturally-safe, high-quality care. This structure, as one element of a refreshed clinical governance model, reflects the provincial/governmental, organizational, regional and local point of care levels of the system; each with its own responsibilities and accountabilities to clearly define how we can work together effectively and efficiently towards our vision of "excellent health and care for everyone, everywhere, every time."

The Medication Systems Committee (MSC) is the most senior decision making body within the clinical governance structure for medication systems and clinical practice related to medication therapy. As a cross continuum committee within the regional level of Island Health's clinical governance structure, it provides leadership in the design and advancement of medication systems to ensure the highest standard of safety. The Committee also serves as a linkage between the Health Authority Medical Advisory Committee (HAMAC) and the BC Health Authority Pharmacy & Therapeutics Committee (BCHA P&TC).

All Clinical Governance Terms of Reference are supported by additional reference documents which specify expectations for all committees to align with organizational priorities for improvement, governance principles and frameworks, cultural safety practices, relevant definitions, process maps, tools and templates. As ready they will be posted on the Clinical Governance SharePoint.

Accountability

The MSC is accountable to the ICGC to fulfil the following clinical governance functions for the scope of services defined, at a regional level, in the ways specified and guided by the established decision making practices and processes. This includes consulting with and receiving advice from other experts such as population planning committees.

- Performance Improvement and Quality:
  - Establishes routine measures and targets for monitoring quality outcomes aligned to the committee's mandate including organizational goals and the ICGC-approved quality framework;
  - Defines and updates annually, cross continuum improvement priorities to ensure medication systems quality; Recommends priorities for C.A.R.E. Networks including the CECs and OECs;
  - Receives direction from ICGC to align improvement activities to organization-wide and population-oriented priorities relevant to medication systems;
  - Identifies changes to improvement priorities throughout the year as new and emerging issues arise;
  - Performs evaluation using quality improvement methodology; and

- Contributes medication systems content to C.A.R.E. Network Performance and Quality Reports for distribution to the ICGC Report and the Health Quality Committee of the Board.

- Clinical Standards and Policies:
  - Defines the appropriate clinical policies, procedures, protocols, guidelines, and standards for medication systems based on best practices;
  - Reviews and maintains applicable clinical policies for the Committee as specified on the approved review schedule;
  - Provides oversight of applicable Accreditation Canada assessments, surveys, responses and reports ; and
  - Collaborates, by seeking input and/or providing feedback from C.A.R.E. Networks and committees, to address clinical risks and issues with policy and standards.

- Clinical Risk and Patient Safety:
  - Receives and responds to incidents/near misses related to cross continuum medication systems as escalated from Local Quality and Operations Committees or C.A.R.E. Networks, including involvement in the review or report;
  - Assesses the risk of serious events and recommends proactive measures to mitigate risk;
  - Receives, reviews and recommends response to identified trends in cross-continuum medication systems risks;
  - Escalates issues to ICGC, in consultation with the Clinical Risk and Safety sub-committee, based on the results of findings from a review; and
  - Ensures communications occur within the response to all concerned.

- Clinical Innovation:
  - Assesses risk and benefits of clinical innovation proposals, in relation to medication systems, including the quality of evidence used to guide the proposal;
  - Directs the evaluation of change, including opportunities to contribute to quality improvement and research; and
  - Identifies and/or endorses opportunities for spread of new practices.

- Clinical Audit:
  - Determines priorities for regional audits against cross continuum medication systems standards and policy, schedules resources and ensures auditing practices are followed; and
  - Utilizes audit results to define priorities for improvement.

- Clinical Services Planning:
  - Engages at a *consult or involve (RACI)* level on development and updates to the Clinical Services Plan;

- Identifies opportunities for future clinical services design, capacity growth and priorities for implementation, within and across service Networks, as part of an organization-wide planning process; and
- Ensures all approved standards and policies align to the approved Clinical Services Plan.

Scope

In scope are the mechanisms (i.e. established tools, processes) for shared decision-making that define, monitor and enable quality of care for the cross-continuum medication system , provided to populations of need across the Island Health region, within approved resource allocations.

Services include those delivered by Island Health and all its staff, medical staff, volunteers, and third parties.

Out of scope are corporate governance (i.e. operating budget process) , human resources policies (including occupational health and safety policy and performance), staff and medical staff performance and decision-making for day-to-day clinical operations working within approved standards, policies and service plans.

Decision Rights

Approves

- A three-year Quality Improvement Plan for cross continuum medication system quality, updated annually and aligned within approved organization-wide quality priorities, performance targets and resource allocations.
- Clinical policies and standards that address medication systems, clinical practice and therapies, within approved resources.
- Clinical innovation proposals within the scope of committee and approved resources.

Recommends to ICGC:

- Routine medication system quality measures and targets for continuous monitoring.
- Changes to improvement priorities throughout the year as new issues arise.
- Standards, policies, plans, and innovations with resource implications not within approved resource allocations at the regional and local levels.
- Improvements to clinical governance functions, processes and tools.
- The spread of new innovative medication system practices regionally.
- Future clinical services design, capacity growth and priorities for implementation, as part of the organization-wide planning process (e.g. Clinical Services Plan).
- Clinical policy approval from other Networks as requested.
- Selection of committee members outside of established process.

Membership

Voting committee members are selected to ensure diversity and inclusion, with the following being represented:

- Person, Family, and Community voice as guided by Island Health standards for person, family and community engagement.
- Diversity from all geographies where services are provided, e.g. rural and remote, urban centres and small communities; professional disciplines including medical staff, point of care and leadership perspectives;
- Representative areas include:
    - Pharmacy Services
    - Medication Safety
    - Clinical Informatics
    - Nursing/ Professional Practice
    - Indigenous Health
    - Medical Staff
    - Long Term Care
    - Acute Care and Ambulatory Care

The process used for selecting members is open and transparent, using the following additional criteria:

- Credibility, and positional responsibilities for Network operations;
- Ability to work in the abstract, and be flexible;
- Continuous quality improvement experience;
- Demonstrated active, accountable communicator;
- Achieves results while balancing operational risk; and
- Experience in leading/enabling the uptake of evidence-based interventions and practices.

The process for committee membership is led by the ICGC every two years.

Committee Co-chairs

The Committee is co-Chaired by the Director of Medication Safety, Director of Pharmacy and the Medical Director for Medication Systems.

Committee Resources

The Committee is supported in its work by a team of experts in a variety of fields (e.g. quality improvement, decision support, clinical analytics, infection prevention and control and public health). This “Resource Team” will be comprised of regularly assigned members by ICGC responsible for facilitating the committee to achieve specific deliverables noted under “Accountabilities.” Points of contact are also provided to other supports such as finance, human resources, project and change management to complete specific phases of work. These Resource Team members are non-voting members of the Committee but may escalate issues to their leader if organizational policy is not followed.

Meeting Frequency

Monthly and at the call of the Chair(s) to address urgent issues

Decision making

The Committee will arrive at decisions by consensus as determined by the presiding Chair. Consensus requires that a majority approve a given course of action, and the minority agree to go along with the course of action. Members should agree they have had an opportunity to express their point of view and have their opinion considered in the final decision. The course of action may be modified to remove objectionable elements to attain consensus.

When consensus cannot be reasonably reached, the presiding Chair may call for a formal vote with resolution based on a majority vote. A majority vote is 50% of all votes cast, plus one vote. The **presiding Chair will abstain from voting**. In the event of a tie vote, the presiding Chair may break the tie.

Attendance

Voting members of the Committee are required to attend all scheduled meetings, except when on leave, and will make their best effort to attend ad-hoc meetings. Delegates are not permitted.

Quorum is 60% of voting members (independent of program or discipline). There must be at least one physician, one nurse, one pharmacist and one patient partner.

If a quorum is not present and an agenda item has a decision required, the presiding Chair will either (1) defer the decision to a future meeting or (2) conduct an **electronic vote** (e-vote).

Committee Administration

The maintenance of the minutes, agenda and documentation related to the Committee is the responsibility of the Chair, with the support of assigned resource teams.

A Clinical Governance Secretariat is responsible for the clinical governance information infrastructure, agenda management/scheduling and the monitoring of adherence to clinical governance processes.

Confidentiality

As mandated by the Board of Directors, in alignment with the *Evidence Act*, the Committee may carry out Section 51 activities where it is reviewing a quality of care or quality assurance matter. Section 51 prohibits the disclosure of information and documentation collected as part of a quality of care review. This applies to those activities for the purpose of studying, investigating or evaluating the provision of health care with a view to evaluating, controlling and reporting on clinical practice in order to continually maintain and improve safety and quality of care. This only applies to care

that occurs in hospitals as defined by the *Hospital Act*, a provincial mental health facility defined by the *Mental Health Act*, and can include care that occurred during transportation to and from those facilities.

The Committee may delegate quality of care review functions to a sub-committee or to an individual charged with quality of care investigative functions. The sub-committee can be set up on an ad-hoc basis if necessary or permanently established based on approvals. The sub-committee will report back to the committee that created them.

To support the Committee's ability to provide well-informed advice and approvals, members may receive confidential information. All members must maintain confidentiality regarding materials and Committee discussions.

Information or records generated within the scope of a Section 51 investigation or prepared for submission to a Section 51 Committee are prohibited from disclosure in accordance within the Evidence Act. This includes information prepared by others at the request of the Section 51 Committee or in anticipation of Section 51 review. The sub-committee can receive quality review reports, and act on those reports. The Chair provides Committee reports to the Board, or the Board Mandated Committee that created the sub-committee.

Section 51 matters will be considered by the Committee in camera, and shall be recorded separately in the minutes with a clear notation the Committee is functioning as a Section 51 Committee for the purpose of that agenda item or items.

The Chair ensures everyone participating in the meeting, telephone discussion, email exchange or any other form of communication receives clear instructions regarding the confidentiality of the proceedings.

Document Control

Version	Purpose of change	Date	Approved by ICGC Chairs
Version 1.0 Final		February 2024	K. Allan and B. Williams