

# SSC FACILITY ENGAGEMENT VANCOUVER PHYSICIAN STAFF ASSOCIATION (VPSA-CST) IMPLEMENTATION TASK GROUP TERMS OF REFERENCE

## MANDATE

The VPSA-CST Implementation Task Group is a joint-committee of the VPSA and VCH CST Leadership that will engage medical staff and advise the VPSA executives and CST leadership on matters of importance to the successful implementation of the Cerner electronic health record at VGH, UBCH, GFS, VC and associated Ambulatory Clinics.

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 execution of the EHR in the facility, the VPSA-CST Implementation Task Group's purpose is:

- A vehicle to advocate for VPSA member interests in the initial development and execution of CST Cerner/Maximize the readiness of VPSA members for CST deployment
- To be a point of contact for the VA Provider Engagement Team to share information and discuss relevant matters with the medical staff

## OBJECTIVES AND RESPONSIBILITIES

As identified by the [VPSA membership](#), objectives for the task group are:

- Develop a budget to support its mandate for consideration and approved by the VPSA Executive
- Develop performance metrics and evaluation strategy to measure the success of the engagement activities and impacts to medical staff and patient care
- Remunerate physicians for participation in HA engagement activities selected by the Task Group
- Develop and deliver engagement activities, including direct experience activities (e.g. lunch and learn)
- In collaboration with VCH, joint development of an MSA/HA engagement/ communication strategy and work plan to build awareness and readiness of the medical staff for CST implementation.
- Ensure clear processes are established and outlined for physicians to identify and report issues, questions and problems.
- Escalate unresolved problems/issues/concerns to CST / HA leadership, as necessary

## MEMBERSHIP

The VPSA-CST Implementation Task Group membership can include the following:

- Co-Chair- MSA Executive and or Physician Lead
- Co-Chair Site administration/HA EHR sponsor (Dave or Vinay)
- 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.)
- Representative from the VCH Physician Well-Being Steering Committee

**MEMBER SELECTION:** The Task Group member selection process (for VPSA funded members) consists of a call for expressions of interest from all eligible VPSA Members, broadly distributed through VPSA and relevant VCH communications vehicles, followed by screening and selection by a joint, collaborative selection committee with representation from VPSA Board of Directors.

The Task Group may invite ad hoc guests to discuss matters related to a specific topic as needed or required.

## CHAIR

The chair will serve as the official spokesperson of the VPSA-CST Task Group 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 Task Group will meet monthly
Location	The meetings will be face-to-face at a venue approved by the task group, with a teleconference line made available.
Secretariat	Minutes will be prepared and kept electronically by a designated member (currently done by a member of the CST team). Minutes will be distributed to each member of the Task Group for review and approval in advance of the next meeting.
Quorum	Simple majority whereby attendance of more than half of the total voting members constitutes quorum.
Decisions	Decisions of the Task Group will be by consensus (where consensus means all but one).

**Reporting** The task group shall report monthly to the Board of Directors of the Association all decisions in a timely manner by means of the minutes of the meeting or other means as approved by the VPSA board.

## DISPUTE RESOLUTION

In the absence of consensus or when there is a tie vote at the Task Group, 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 VPSA-CST Task Group will be paid from the funds held by [VPSA SSC \$50,000 One- Time Funds and/or the VPSA budget. Standard sessional rates will apply, and standard expense claim policies will be provided. The chair of the committee will be compensated for up to 1 hour for preparation time per meeting they lead.

**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** VPSA-CST Task Group members may possess confidential documentation or participate in confidential discussions. Unless consultation and a written agreement is made on the part of the Task Group, this information will not be disclosed to anyone other than the members of the Task Group. The information shall be stored with reasonable security measures appropriate to its sensitivity or potential harm.

**CONFLICT OF INTEREST** VPSA-CST Task Group 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. Task Group 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** VPSA-CST Task Group 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 Task Group 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 Task Group and broader EHR committees
- Actively represent the views and interests of the Task Group and the VPSA

## EXPECTATIONS

Task Group members are expected to meaningfully participate in meetings and in the various activities and Task Groups as necessary. A committee member who does not uphold their responsibilities or misses 6 meetings during a period of 12 months without a reasonable explanation will be asked by the Chair to resign from the task group. If the member refuses to resign, a vote shall be taken on the removal of the member from the committee.

Additional commitments may be required from time to time as necessary.

Effective date: Oct 12 2021  
Amended date: Sept 25 2024

Approved by: VPSA Board

Review date: \_\_\_\_\_

Date approved: \_\_\_\_\_