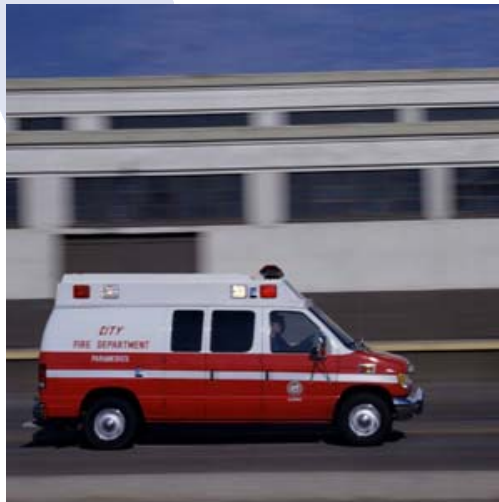


## **ALBERTA PROVINCIAL STROKE STRATEGY (APSS)**

### **Emergency Services & Acute Care Committee (Pillar II)**

#### **Terms of Reference**



**August 2011**

# ALBERTA PROVINCIAL STROKE STRATEGY (APSS) Emergency Services & Acute Care Committee (Pillar II)

## TERMS OF REFERENCE

### Context

The Alberta Provincial Stroke Strategy (APSS) is a collaborative partnership between Alberta Health & Wellness, Alberta Health Services (AHS), and the Heart and Stroke Foundation of Alberta, NWT & Nunavut that was formed in 2005.

### Goal

The APSS places at the centre of its focus the best interests of persons at risk for and/or experiencing stroke, their families and caregivers. The APSS works to improve stroke care in Alberta by providing a coordinated, integrated and evidence based approach to stroke care.

### Objectives

The principle objectives of the APSS are:

- To reduce stroke incidence, mortality & morbidity in Alberta;
- To improve stroke care at all levels through out Alberta by implementing evidence based, measurable standards of care;
- To optimize recovery and quality of life for stroke survivors in Alberta;
- To reduce the financial burden of stroke in the province.

### Guiding Principles

Members of the APSS are committed to the following principles:

- Inclusiveness
- Democracy
- Respect
- Professionalism
- Accountability
- Collaboration

### Purpose

The APSS **Emergency Services & Acute Care Committee (Pillar II)** is a composite of healthcare professionals and/or community members with diverse backgrounds and areas of expertise related to stroke care. The primary purpose of the committee is to provide content expertise regarding emergency and acute care stroke services. The committee is responsible for developing recommended guidelines for provincial standards of care for the purpose of improving stroke outcomes in Alberta. These evidence-based standards of care will inform the goals and directions of emergency services and acute care services all areas of the province.

### Roles and Responsibilities

Include but are not limited to:

- to developing and maintaining evidence-based guidelines for acute stroke services relating to pre-hospital, emergency and acute inpatient care
- articulating and endorsing the goals and objectives of the APSS
- articulating basic service components and expectations for pre-hospital care, emergency services and acute care across Alberta
- providing a resource to AHS zones regarding stroke planning and implementation to ensure alignment with evidence-based practice
- providing a resource to provincial stroke initiatives

- networking, collaborating and sharing information among all APSS Pillar committees
- acting as advocates for issues and recommendations arising from the strategy
- providing written recommendations to the Alberta Stroke Council regarding specific implementation strategies for Pillar II

### **Membership of the Committee**

- In addition to the Chair, there shall be no more than twenty five (25) members on the committee.
  - First priority of committee composition will be to bring together as many experts as deemed necessary and beneficial to developing and maintaining an authoritative, evidence-based set of recommended guidelines for Pillar II
  - Where possible, committee composition shall reflect representation within the APSS collaborative partners; in addition, representation may be sought from appropriate community sector groups (i.e. interest groups, business community etc).
- Representatives need to have the knowledge, experience and/or authority required to fulfill the responsibility of the committee.
- Committee composition should reflect a clinical, operational and technical expertise from across the province and span pre-hospital, emergency, and inpatient acute stroke services.
- Membership will vote on the appointment of a Chair and Co-chair. It is strongly recommended that one of these two positions be held by a clinical stroke neurologist. In addition, it is recommended that the Chair and Co-chair practice in different areas of the province. The term of the Chair shall be the duration of the Alberta Provincial Stroke Strategy. The Chair may sit as a member of the Alberta Stroke Council.
- Committee may invite other stakeholders or external advisors to attend the meetings as needed to provide information or expert advice, as deemed necessary by the committee.

### **Accountability**

- The committee is accountable and provides recommendations to the Alberta Stroke Council.
- Recommendations of the committee will be provided in the form of a verbal or written report to the Alberta Stroke Council for their consideration.
- The committee may only give advice or release information under the authority of the Alberta Stroke Council.

### **Meetings**

- The committee shall meet at least twice each year;
- Meetings may be via teleconference, videoconference or in-person;
- Additional meetings (teleconference or other) may be called at the discretion of the Chair.
- A quorum for meetings is fifty percent (50%) plus one (1)
- Procedurally, the committee will utilize 'Robert's Rules of Order'.

### **Changing or Amending Terms of Reference**

- The Terms of Reference will be reviewed annually.
- Any alteration, amendment or addition to the terms of reference is at the discretion of the committee and must be adopted at a meeting of the committee.
- Terms of Reference must be approved by the Alberta Stroke Council.

Revised August 2011