



## **ALBERTA STROKE COUNCIL**

### **TERMS OF REFERENCE**

#### **Introduction**

Stroke is a significant cause of morbidity and death and the number one cause of acquired long-term disability. Stroke also has a significant economic impact resulting from direct costs to the health care system and indirect costs relating to loss of function and premature death. To address the burden of this disease in Alberta, the Minister of Health & Wellness approved funding for the Alberta Provincial Stroke Strategy (APSS). Grant funding for the initial two years of the strategy was provided in 2005. This was followed by a further allocation in 2008 over the following three years. The Heart and Stroke Foundation of Alberta, NWT & Nunavut (HSFA) was retained to administer the grant.

The goals of the APSS are:

1. To reduce stroke incidence in Alberta
2. To improve stroke care at all levels throughout Alberta by implementing evidence-based standards of care
3. To optimize recovery and quality of life for stroke survivors throughout the province
4. To reduce the financial burden of stroke in Alberta.

The Alberta Stroke Council (ASC) was formed to achieve the foregoing goals. This document provides the terms of reference for the ASC.

#### **Role of the Alberta Stroke Council**

The role of the ASC is to provide comprehensive representation, leadership and direction for the APSS. In carrying out this role, the ASC will:

1. Identify structures and processes required for its operation
2. Become informed on current activities throughout the province
3. Oversee coordinated provincial implementation of the APSS
4. Allocate funding to high priority areas
5. Report on and maintain accountability for deliverables.

#### **Context**

In 2008, Alberta Health Services (AHS) was formed to coordinate the delivery of health services across the province under one provincial governance board that reports to the Minister of Health & Wellness. The implementation and operation of APSS-funded stroke services requires the advocacy and collaboration of AHS to ensure fiscal responsibility and to aid in transitioning from APSS grant funding to AHS operating budgets.

## **Representation**

Composition of ASC will, where possible, reflect a synergistic collaboration of clinical experts, AHS, the HSFA, and AH&W, whose purpose is to provide quality, accessible, and sustainable stroke services for Albertans.

Representatives will possess the knowledge, experience, and/or authority to make decisions regarding allocations of funding, implementation of provincial stroke services, and development of alliances with external stakeholders.

Representation will reflect diverse, multi-disciplinary perspectives to enhance decision-making affecting stroke services along the entire continuum of care.

Representation will include clinical experts as well as individuals with broad experience in health care administration and operations.

The ASC may recruit representatives from any organization to provide advice, input, support or other assistance for consideration by the ASC. These individuals may serve in an ex-officio capacity on the ASC. Each party to the ASC will be responsible for the costs of its respective delegates' participation.

<b>Alberta Health &amp; Wellness</b>	<ul style="list-style-type: none"> <li>• Joan Berezanski, Executive Director, Clinical Advisory and Research Branch</li> </ul>
<b>Alberta Health Services</b>	<ul style="list-style-type: none"> <li>• Deb Gordon (Chair), Senior VP, Major Tertiary Hospitals</li> <li>• Cathy Edmond, Director, Neurosciences, Trauma &amp; Emergency Services, Foothills Medical Centre</li> <li>• Linda Iwasiw, VP Medicine Hat Regional Hospital</li> <li>• Donna Koch, Executive Director, Public Health, Primary Care &amp; Chronic Disease Management, North Zone</li> <li>• Kathryn Butler, Executive Director, Community &amp; Rural Hospitals, North Zone</li> <li>• Pat Lynkowski, Director, Critical Care, Burns, Neurosciences, &amp; Emergency Services, University of Alberta Hospital</li> <li>• Barb Stoesz, Director, Adult Rehabilitation, Glenrose Hospital</li> <li>• Carol Murray, VP, Red Deer Regional Hospital</li> <li>• Pam Brown, Executive Director, Integrated Seniors Health, Calgary Zone</li> </ul>
<b>Pillar Chairs</b>	<ul style="list-style-type: none"> <li>• Pillar I – Dr. Naeem Dean</li> <li>• Pillar II – Dr. Andrew Demchuk</li> <li>• Pillar III – Luchie Swinton</li> <li>• Pillar IV – Dr. Tom Jeerakathil</li> </ul>
<b>Advisors</b>	<ul style="list-style-type: none"> <li>• Dr. Ashfaq Shuaib</li> <li>• Dr. Tim Watson</li> </ul>
<b>Heart &amp; Stroke Foundation of Alberta, NWT, &amp; Nunavut</b>	<ul style="list-style-type: none"> <li>▪ Diana Krecsy, CEO</li> </ul>

### **Reporting and Accountability**

The ASC will provide progress and funding allocation reports to AHW. The HSFA will act as the grant administrator and will provide financial reports to the ASC.

The ASC will ensure that recipients of funding provide reports to the ASC regarding expenditures and achievements.

## **Alberta Stroke Council Processes**

The ASC is expected to develop its down processes, including:

1. Electing chair(s)
2. Setting meeting dates and processes
3. Establishing subcommittees
4. Making decisions
5. Recording decisions

Any alteration, amendment or addition to the terms of reference is at the discretion of the council and must be adopted at a meeting of the council. A quorum for meetings is 50% plus 1. All ASC members may cast votes on motions brought before council. The ASC will procedurally attempt to pursue a consensus model, otherwise it will utilize "Roberts Rules of Order".

## **Meetings**

The ASC will meet directly approximately 2-3 times per year. Additional meetings (teleconferences or other) may be called at the discretion of the Chair.

March 2010