



ALBERTA PROVINCIAL STROKE STRATEGY (APSS)

**Health Promotion & Disease Prevention Committee
(Pillar 1)**

Terms of Reference



March 20, 2006

**ALBERTA PROVINCIAL STROKE STRATEGY (APSS)
Health Promotion & Disease Prevention Committee (Pillar 1)**

TERMS OF REFERENCE

Context

The Alberta Provincial Stroke Strategy (APSS) is a *collaborative partnership* between all Nine Health Regions, the Heart and Stroke Foundation of Alberta, NWT & Nunavut and the Provincial Government. The APSS is dedicated to health promotion, primary and secondary stroke prevention and to offer Albertans with province wide access to a high standard of evidence based stroke care.

Goal

The APSS places at the centre of its focus the *best interests of all Albertans and especially 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 in Alberta through Health Promotion, Primary Prevention & Secondary Prevention
- To improve stroke care at all levels through out Alberta by implementing evidence based standards of care.
- To optimize recovery and quality of life for stroke survivors in all Health Regions.
- To reduce the financial burden of stroke in Alberta.

Guiding Principles

Members of the APSS are committed to the following principles:

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

Purpose

The APSS Health Promotion & Disease Prevention Committee (Pillar 1) is a composite of healthcare professionals and/or community members with diverse backgrounds and areas of expertise in health promotion & vascular disease prevention related to stroke care. The primary purpose of the group is to provide content expertise to the work of the APSS regarding stroke prevention and cardiovascular health promotion. This committee is responsible for developing recommended guidelines for provincial 'Standards of Care' related to health promotion & the primary and secondary prevention of stroke for the purpose of reducing the incidence of stroke and vascular disease in Alberta. These recommended evidence based standards of care will be instrumental in setting the goals and direction of health promotion and stroke & vascular disease prevention programs in all Health Regions of Alberta.

Roles and Responsibilities

Include but are not limited to:

-
- providing comprehensive representation, leadership, expertise and direction for Pillar 1 of the stroke care continuum: Health Promotion & Disease Prevention
 - articulating and endorsing the goals and objectives of the APSS
 - articulating basic service components and expectations for stroke prevention and health promotion required in each health region
 - establishing and articulating evidence based standards of care to Regional Health Authorities
 - act as a resource to RHAs on the development of regional and interregional stroke planning and implementation to ensure alignment with evidence based practice
 - act as a resource to provincial stroke initiatives
 - developing annual action plans that include goals, objectives, activities, indicators of success, evaluation components, and resource needs
 - networking, collaborating and sharing information amongst all APSS Pillar Committees & other partners with a common focus
 - acting as advocates for issues and recommendations arising from the strategy
 - providing written recommendations to the Alberta Stroke Council regarding specific implementation strategies for health promotion and disease prevention programs

Membership of the Committee

Guiding Principle Stroke is but one example of a number of end organ manifestations of vascular disease that tend to occur in combination. Many stroke patients have additional involvement of cardiac, renal and peripheral vascular systems and have a predictably high incidence of the underlying systemic conditions that accelerate the development of atherosclerotic vascular disease. As such, stroke patients represent a patient cohort that often requires the clinical expertise of a number of medical subspecialties. For this reason committee composition will reflect a cross section of expertise from the major vascular disease subspecialties and those subspecialties concerned with the management of the major vascular risk factors.

- In addition to the Chair, there shall be no more than twenty (20) members on the committee.
 - First priority of committee composition will be to bring together as many *experts* as deemed necessary and beneficial to developing an authoritative, evidence based set of recommended guidelines for Pillar 1.
 - Where possible, committee composition shall reflect equitable representation within the APSS *collaborative partners* (i.e. HSFA, Nine Health Regions and Government); in addition, representation may be sought from appropriate Community Sector Groups (i.e. interest groups, business community etc).
 - Health region representatives shall be members of their respective Regional Stroke Steering Committees to facilitate communication and information flow between the Pillar and regional stroke planning and implementation.
- Representatives need to have the knowledge, experience and/or authority required to fulfill the responsibility of the Committee (Pillar).
- Committee composition should reflect a diverse, multidisciplinary perspective and comprehensive approach (i.e. health promotion and disease prevention, acute care and community focused).
- 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 specialist. In addition, it is recommended that the chair and co chair reside in two different health regions and/or belong to different organizations. The term of the Chair shall be the duration of the Alberta Provincial Stroke Strategy (approximately 2 years). The Chair shall sit as an ex-officio member of the Alberta Stroke Council.

-
- Committee may ask 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 to the Alberta Stroke Council.
- Recommendations of the Committee will be provided in the form of a formal written report to the Alberta Stroke Council for their consideration. Recommendations, proposals and/or initiatives forwarded to the Alberta Stroke Council will be considered within available funding.
- The Committee may only give advice or release information under the authority of the Alberta Stroke Council.

Meetings

- The committee shall meet directly at least twice each year.
- 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)
- Committee will procedurally attempt to pursue a consensus model; otherwise it will utilize 'Robert's Rules of Order'.

Changing or Amending Terms of Reference

- 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
- Terms of Reference are to be reviewed annually.