

ALBERTA PROVINCIAL STROKE STRATEGY (APSS)

Emergency Services & Acute Care Committee (Pillar 2)

Terms of Reference



March 20, 2006

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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 designed 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 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 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

Purpose

The APSS **Emergency Services & Acute Care Committee (Pillar 2)** 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 to the work the APSS regarding emergency and acute care stroke service. The Committee is responsible for developing recommended guidelines for provincial 'Standards of Care' related to emergency services including pre-hospital, acute care services and telehealth for the purpose of improving stroke outcomes in Alberta. These recommended evidence based standards of care will be instrumental in setting the goals and directions of emergency services and acute care services in all Health Regions of Alberta.

Roles and Responsibilities

Include but are not limited to:

- providing comprehensive representation, leadership, expertise and direction for Pillar 2 of the stroke care continuum: Emergency Services, Pre-Hospital & Acute Care
- to develop formal evidence based guidelines for acute stroke 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 required in each health region
- establishing and articulating evidence based standards of care to Regional Health Authorities
- providing a resource to RHAs on the development of regional and interregional stroke planning and implementation to ensure alignment with evidence based practice
- providing 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
- 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 2

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 an authoritative, evidence based set of recommended guidelines for Pillar 2.
 - 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 Committee 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.
- Standing Members
 - 1 Stroke
 - 2 Research
 - 1 Nurse Ed
 - 1 Radiologist
 - And one from every Region
- Committee composition should reflect a multidisciplinary perspective and comprehensive approach (i.e. health promotion and disease prevention, acute care and community focused).

Core Group Members

EMS/Stars (2)
 ED Triage (tertiary and non tertiary)
 ED Nurse
 TH (can be Ad Hoc later)
 ED Doc/GP Office
 Social Worker
 Stroke Physician
 GP
 Internist
 Neurologist
 Strokologist
 Inpatient

Ad Hoc/Standing Members

Walk in/Pre-Hospital/ Health Link
 RAD (tertiary and non-tertiary)
 Admin Expert/DI/Labs – Tech - Doc
 Inpatient – Stroke Fellow/Resident
 - ICU
 - CCU
 - Transport to another facility
 - OT
 - Radiology

Ward

- 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

- Communication between pillars is important
- 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)
- 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.