

## FRASER HEALTH REGIONAL STROKE COUNCIL

### TERMS OF REFERENCE

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#### PURPOSE:

As a standing committee of Fraser Health, the Regional Stroke Council sets direction and makes decisions to support the implementation and sustainment of a comprehensive, integrated stroke prevention and management strategy. The Regional Stroke Council will ensure stroke strategies, systems and initiatives are integrated across the continuum of care and are aligned with the FH and Stroke Services BC strategic direction. The Stroke Council will seek advisement of FH Executive to inform the development of a stroke strategy implementation and sustainability. The Council will provide a patient-centred, system-wide perspective across the full spectrum of care, and will function as decision-makers for integrated continuous and coordinated care.

#### FUNCTIONS:

The committee will:

- Promote alignment with Canadian Stroke Best Practice Recommendations
- Provide leadership to ensure planning and strategies improve system wide stroke service delivery, across the continuum of care
- Review business cases and proposals to ensure alignment with FH strategic directions and other initiatives
- Oversee implementation, monitoring, reporting and evaluation of approved initiatives
- Provide a forum for working groups to report in, escalate concerns and provide recommendations; across the continuum of stroke care
- Provide a linkage with Stroke Services British Columbia and ensure alignment with provincial direction
- Align and partner with Lower Mainland Stroke group

#### PRINCIPLES:

The following principles will guide the work of the Council:

- **Promote** collaboration, integration, and partnership across and amongst health care leaders in programs and sites to improve coordination and continuity of care
- Note: To be consistent with the other two principles statements, I suggest this principle be re-stated as “**Champion** patient-centered, outcomes-driven, evidence-based, best practices”  
Outcomes-driven, data-informed, best practices, patient centeredness
- **Conduct** work in phases

#### VOTING:

Stroke Council is a decision-making committee, which endorses a **consensus model** framework to promote creative ideas, problem-solving and mutual understanding among members to find solutions that

all members support. In the event that consensus cannot be achieved but is required, the VP community hospitals and programs may provide direction based on weighing the alternative positions according to which alternatives live up to the principles stated above the most. The VP stroke network may seek specialized advice from ethics analyzing the competing alternatives using the stated principles of the stroke council.

## **CHAIRS**

- Regional Medical Director, Medicine <sup>1</sup>

### Members:

- Regional Division Head, Neurology
- Regional stroke physician lead
- Local division head of vascular surgery at Royal Columbian Hospital
- Local division head of interventional radiology at Royal Columbian Hospital
- Regional Medical Director, Emergency
- Regional Medical Director, Rehabilitation and Acquired Brain Injury
- Regional Medical Director, Medical Imaging (ad hoc)
- Regional Medical Director, Surgery (ad hoc)
- Regional Medical Director, Medicine
- Regional Division Head, Neurosurgery or delegate
- Executive Director, Rehabilitation and Acquired Brain Injury
- Regional Division Head of physiatry
- Executive Director, Tertiary sites
- Executive Director, Community
- VP of the stroke network
- Stroke Clinical Nurse Specialist
- Leader, Chronic Disease Management
- Patient partner

### Other members on an as needed basis:

- Chief Clinical Information Officer
- Lower Mainland Medical Imaging
- Stroke Services BC
- Integrated Analytics
- IM/IT
- BC Emergency Health Services
- Telestroke

## **STRUCTURE:**

- One-hour meetings will be held every two months or as determined by the Chairs and in collaboration with the committee
- The Chairs will be responsible for arranging meetings and issuing the agendas
- Recorder will be the chair or delegate. The recorder will document and circulate relevant discussion, action items and decisions
- Virtual meetings will be preferred, in person will be declared as needed

- Attendance by each member or their alternate is mandatory

**ACCOUNTABILITY:**

- FH Regional Stroke Council is accountable to the Senior Clinical Leadership committee<sup>2</sup>
- Five Working Groups (subcommittees) will report through the Regional Stroke Council

**Subcommittees**

Tia prevention

Hyperacute Stroke

Post stroke treatment

Stroke Rehab

Stroke Data

1. The reason for having the Regional Medical Director, Medicine as chair is because Medicine cuts across the different disciplines and has broad perspective of how these different areas relate to each other.
2. The Senior Clinical Leadership Committee terms of reference is available from <http://medicalstaff.fraserhealth.ca/Quality-and-Safety/>