

Appendix 1

Information Management Council (IMC) Terms of Reference

The IMC serves as the IMIS policy, oversight, and action arm of the BCPRA Executive Committee. In this role, the IMC helps develop and apply policy and strategy, and provides operational oversight for all IMIS activities performed across BCPRA and new clients as added. The IMC also performs – or directs the performance of tasks and actions as directed by the BCPRA Executive Committee.

Functions

The IMC, working in close partnership with the BCPRA Executive Committee and other participants in the BCPRA IMIS governance process, performs the following functions:

- Formulates and articulates a vision for the deployment and use of information and IMIS across BCPRA.
- Supports BCPRA and Health Authority Renal Programs in the use of IMIS to constantly improve clinical, educational and research processes.
- Helps develop and maintain a “roadmap” for BCPRA’s future administrative, clinical, educational and research environments, featuring the role of information and IMIS in enabling desired future-state operations.
- Champions enterprise-wide systems and the effective evolution of BCPRA’s information infrastructure.
- Oversees development of and issues information management (IMIS) policies that promote best practices as required.
- Establishes, maintains, assesses, and continuously improves mechanisms for 1) managing information investments; 2) assessing performance and results; and 3) sharing lessons learned throughout the organization.
- Establishes standards and guidelines to maximize information and information system integration.
- Communicates the BCPRA vision, business objectives, and business priorities to IMIS planners and service providers.
- Resolves significant IMIS issues, or if necessary presents to the BCPRA Executive Committee concise, well-researched decision briefs, with appropriate recommendations.
- Advocates the creation, collection, and use of information as an organizational asset.
- Ensures that appropriate and cost-effective information protection measures are applied to information and IMIS assets.
- Recommends to the BCPRA Executive Committee major IMIS funding and cost allocation decisions and strategies.
- Oversees, at a policy level, IMIS procurement, sourcing, and other IMIS resource acquisition processes.

- Oversees the operation of the BCPRA IMIS service delivery function, including the effective use of service level agreements and the ongoing assessment of IMIS service quality (provides guidance and assessment of all IMIS projects, both on an individual project basis and for the overall BCPRA portfolio of IMIS projects.)
- Ensures that post-implementation project reviews are conducted, that expected project benefits are realized, and that the governance process benefits from lessons learned.

Membership

Membership on the IMC is determined by the BCPRA Executive Committee based on recommendations and needs. The chair of the IMC is also determined by its membership. The BCPRA Executive Committee will periodically review the IMC membership and make adjustments as necessary.

Composition

From BCPRA:

- Director of Health Informatics;
- Manager of IM/IS;
- Director, Strategic Organizational Development and Stakeholder Engagement;
- Medical Lead, Special Projects;
- Liaison members (as needed):
 - Senior Officer BCPRA & Corporate Director, Decision Support PHSA;
 - Executive Director;
 - Manager, Financial Planning and Analysis;
 - Lead, External Networks.

From the larger renal community, and key representative user organizations, the Chairs of:

- Medical Advisory Committee;
- IAMHD (Independent Hemodialysis) Committee;
- PD Clinician's Group;
- Pharmacy and Formulary Review Committee;
- Renal Managers Group;
- Nurses Groups;
- FEPG;
- VP of CORR;
- BCCH;
- Clinical Transplantation.

From BC Transplant:

- Manager of Health Information Management

Method of Operation

The IMC meets on a quarterly basis at a time specified by the IMC chair, and at other times as special circumstances require at the call of the chair.

Agendas are issued in advance of IMC meetings. Minutes are kept and published.

Special Rules

For all regularly scheduled meetings of the IMC, appointed members are expected to attend. Substitutions are allowed only if exceptional circumstances exist.

What is required of a member of the BCPRA IMC?

Understand Role. Each member must develop a baseline level of understanding of BCPRA's IMIS Governance strategy—the key objectives we are pursuing, the basic processes we use to select and oversee IMIS projects, the general standards and architectures we use to guide our IMIS decisions, etc.

Be Interested. To perform well in this role, each Council member must have a genuine interest in the role of IMIS in the future of care delivery and be dedicated to ensuring that the use of IMIS within BCPRA and the renal network is consistent with industry best practices.

Prepare for Meetings. For each meeting of the IMC, there will be a clear agenda. Any issues or proposals to be discussed will be well documented and distributed in advance of the meeting. Minutes from previous meetings will be readily available electronically. Each IMC member will review this information prior to the meeting.

Attend Meetings. The IMC will meet on a quarterly basis, with each meeting lasting 2 hours or less. Special meetings will be held as needed. All IMC members attend all meetings, if possible. If a member cannot make a meeting, the Director PROMIS will meet with the member individually at an alternate time.

Participate in Meetings. The chairperson of the IMC runs a tight meeting, keeping the discussion focused on the agenda, while allowing members to provide focused input and advice. Members will be given the opportunity to vote on important issues.

Work Outside of Meetings. In addition to preparing for meetings by reviewing the advance material, IMC members are expected to consult with the organizations or interest groups they represent to gather input on requirements, issues, and perspectives that exist. They are also expected to help obtain buy-in from these organizations and interest groups for IMC decisions and actions.

Accept Assignments. As the IMC operates, various subcommittees will be formed to address specific needs. Council members will be asked to lead or serve on these subcommittees.

Kinds of IMC Meetings

IMC meetings will take many forms. A typical meeting might include a status review of major projects underway (which could entail decisions about approval for the next project phase). Or there might be a discussion about, and decisions made on, one or more new IMIS projects or investment proposals (go or no-go, for example). There will be special meetings devoted to single topics, such as the overall IMIS budget and the implications of tough budget decisions, or the selection of priority business or clinical areas for process reengineering. There might be educational or technology-update meetings where industry experts update IMC members on where the industry is headed in areas that impact care delivery. Periodically, the IMC might want to form a subcommittee to engage in a benchmarking review, which may include investigation of other jurisdictional practices/tools. The results of this review would be presented at an IMC meeting. Or there could be meetings where IMC members themselves present showcase demonstrations on exceptional accomplishments or areas of need/opportunity.

Overall Time Commitment

Once an IMC member gets up to speed on the basic governance framework the council will use to oversee and manage IMIS, the estimated total quarterly time commitment can be summarized as follows:

- Meeting Preparation Time: 1 - 2 hours
- Meeting Time: 2 hours
- Post-Meeting Time (reviewing and clarifying minutes, etc.): 1 hour
- Interacting with “constituents” between meetings: 2 hours

This would be an average time requirement of about 6 - 7 hours each quarter to perform this role.