

**MEDICAL STAFF RULES – PART II  
TERMS OF REFERENCE FOR THE  
HEALTH AUTHORITY MEDICAL ADVISORY COMMITTEE**

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**Medical Staff Rules  
For  
Interior Health Authority**

**Part II  
Terms of Reference for the  
Health Authority Medical Advisory  
Committee**

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## **PREAMBLE**

The *Medical Staff Bylaws* for Interior Health Authority (the “Authority”) set out the conditions under which members of the Medical Staff serve the facilities and programs operated by the Interior Health Authority, provide patient care, and offer medical, dental, midwifery and nurse practitioner advice to the Board.

The *Medical Staff Bylaws* provide that the Board of Directors shall:

- appoint a Health Authority Medical Advisory Committee (the “HAMAC”) and such additional Committees as the HAMAC may deem necessary to effectively discharge its assigned role and responsibilities;
- upon the recommendation of the HAMAC and the Medical Staff, establish Rules necessary for the proper conduct of the Medical Staff which are not in conflict with the Hospital Act and its Regulation, the Bylaws and policies of the Interior Health Board of Directors (the “Board”), or the *Medical Staff Bylaws*; and
- upon the advice of the HAMAC, organize the Medical Staff into departments, divisions and sections as warranted by the professional resources of the Medical Staff.

**This document presents the Terms of Reference for the HAMAC which are in keeping with the intent of Article 8.0 of the *Medical Staff Bylaws*. It includes, as well, Terms of Reference for the additional Committees deemed necessary by the HAMAC to effectively discharge its assigned Role and Responsibilities.**

For administrative purposes and ease of distribution, and to facilitate such revisions as may be recommended from time to time, the Medical Staff conduct and organization of the Medical Staff have, with the agreement of the HAMAC, been approved in a separate document – *Interior Health Authority Board Policy 9.2 – Medical Staff Rules Part 1 – Conduct and Medical Staff Organization*.

## DEFINITIONS

**Appointment** – The process by which a physician, dentist, midwife, or nurse practitioner becomes a member of the Medical Staff of the Interior Health Authority. Appointment does not constitute employment.

**Attending Practitioner** – See Most Responsible Practitioner

**Board of Directors** – The governing body of the Interior Health Authority.

**Chief Executive Officer (CEO)** – The person engaged by the Interior Health Authority to provide leadership to the health authority and to carry out the day-to-day management of the facilities and programs operated by the health authority in accordance with the Bylaws, Rules and policies of the Interior Health Authority.

**Chief of Medical Staff** - A member of the Active Medical Staff responsible for the assurance of the quality of medical care provided by members of the Medical Staff within a facility and for providing local medical input into operational decisions.

**Clinical Program Director** - The member of the Medical Staff who, jointly with the Administrative Program Manager, directs the operation of and provides leadership to an interdisciplinary program team.

**Delegated Medical Act** – A medical act that, with the agreement of the relevant medical department(s), has been transferred to another health care professional in the interest of good patient care and efficient use of health care resources.

**Dentist** – A member of the Medical Staff who is duly licensed by the College of Dental Surgeons of British Columbia and who is entitled to practice dentistry in British Columbia

**Department** – A major component of the Medical Staff composed of members with common clinical or specialty interest

**Department Head** – The member of the Medical Staff appointed by the Interior Health Authority and responsible to the Senior Medical Administrator (VP Medicine) or his/her delegate to be in charge of and responsible for the operation of a Medical Staff Department

**Division** – A component of a Department composed of members with a clearly defined sub-specialty interest

**Division Head** - The member of the Medical Staff appointed by and responsible to a Department Head to be in charge of and responsible for the operation of a Medical Staff Division

**Executive Medical Director** – The physician appointed by the Senior Medical Administrator (VP Medicine), responsible for the coordination and direction of the activities of the Medical Staff within a Region or Program.

**Facility** – A health care facility as defined by the *Hospital Act* and its *Regulations* of British Columbia

**Health Authority Medical Advisory Committee (HAMAC)** – The advisory committee to the Interior Health Authority on medical, dental, midwifery, and nurse practitioner practice matters, as described in Article 8 of the *Medical Staff Bylaws*

**Local Medical Advisory Committee (LMAC)** – The advisory committee established by the RMAC at individual sites within their operating area with written Terms of Reference that are in keeping with site needs and the roles and responsibilities delegated to the RMAC

**Medical Care** – For the purposes of this document, medical care includes the clinical services provided by physicians, dentists, midwives, and nurse practitioners.

**Medical Staff** – The physicians, dentists, midwives, and nurse practitioners who have been granted privileges by the Board of Directors to practice in the facilities and programs owned and operated by the Authority.

**Medical Staff Association** - The body of Medical Staff members in various facilities and programs of the Interior Health Authority whose professional interests are represented by their elected officials

**Medical Staff Organization** -The membership of the Medical Staff including every practitioner regularly practicing in the facilities and programs of the Interior Health Authority organized in accordance with the *Hospital Act Regulations*

**Medical Staff Policy** – Administrative guidelines/policies establishing standards for medical care of patients within the facilities and programs operated by the Interior Health Authority

**Medical Staff Rules (or Rules)** – The Rules approved by the Board of Directors governing the day-to-day management of the Medical Staff in the facilities and programs operated by the Interior Health Authority

**Midwife** – A member of the Medical Staff who is duly licensed by the College of Midwives of British Columbia and who is entitled to practice midwifery in British Columbia

**Most Responsible Practitioner (MRP)** - The practitioner who has accepted the overall responsibility for the management and coordination of care of the patient at any given time (also known as the Attending Practitioner)

**Nurse Practitioner (NP)** – A member of the Medical Staff, who is duly licensed by the College of Registered Nurses of British Columbia and who is entitled to practice nursing as a nurse practitioner in British Columbia.

**Oral and Maxillofacial Surgeon** –A dentist who holds a specialty certificate from the College of Dental Surgeons of British Columbia authorizing practice in oral and maxillofacial surgery.

**Physician** - A member of the Medical Staff who is duly licensed by the College of Physicians and Surgeons of British Columbia and who is entitled to practice medicine in British Columbia

**Practitioner** – A physician, dentist, midwife, or nurse practitioner who is a member of (appointed to) the Medical Staff of the Interior Health Authority

**Primary Department** – The Department to which a member of the Medical Staff is assigned according to his/her training, and where the member delivers the majority of care to patients

**Privileges** – A permit to practice medicine, dentistry, midwifery, nursing as a nurse practitioner, or as a member of the other regulated health professions, in the facilities and programs operated by the Interior Health Authority and granted by the Interior Health Authority to a member of the Medical Staff, as set forth in the Hospital Act and its Regulations. Privileges describe and define the scope and limits of each practitioner’s permit to practice in the facilities and programs of the Interior Health Authority

**Program** – An ongoing care delivery system under the jurisdiction of the Interior Health Authority for coordinating a specified type of patient care

**Region (or Health Service Area)** – A defined health service delivery area within the health authority

**Regional Medical Advisory Committee (RMAC)** – The advisory committee established at each of the Interior Health Authority’s four Regions (Health Service Areas) which has delegated responsibilities and Terms of Reference approved by the HAMAC

**Regulations** – The Regulations made under the authority of the *Hospital Act*

**Reserved Medical Act** – A medical act or function which, under the scope of practice as currently approved by the Minister of Health, may be performed only by a member of the Medical Staff

**Section** – A component of a Division composed of members with clearly defined sub-specialty interests

**Section Head** - The member of the Medical Staff appointed by and responsible to the Division Head to be in charge of and responsible for the operation of a Medical Staff Section

**Senior Medical Administrator (VP Medicine)** – The physician, appointed by the CEO, responsible for the coordination and direction of the activities of the Medical Staff

**Specialist** – A physician with Fellowship or Certificate or status with the Royal College of Physicians and Surgeons of Canada or equivalent or relevant clinical experience to practice as a specialist by the College of Physicians and Surgeons of British Columbia

**Temporary Privileges** – A permit to practice in the facilities and programs operated by the Interior Health Authority that is granted to a member of the Medical Staff for a specified period of time in order that he/she may provide a specific service

**Vice President (VP)** – The person engaged by the Interior Health Authority to provide leadership and to carry out the day to day management of the facilities and programs operated by the health authority in accordance with the Bylaws, Rules and policies of the Interior Health Authority

## **SECTION 1 - PURPOSE**

- 1.1 The HAMAC makes recommendations to the Board of Directors with respect to cancellation, suspension, restriction, non-renewal or maintenance of the privileges of all members of the Medical Staff to practice within the facilities and programs operated by the Interior Health Authority (“the Authority”).
- 1.2 The HAMAC also provides advice to the Board of Directors and to the Chief Executive Officer on:
  - 1.2.1 The provision of medical care within the facilities and program operated by the Authority
  - 1.2.2 The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by the Authority
  - 1.2.3 The adequacy of Medical Staff resources
  - 1.2.4 The continuing education of members of the Medical Staff, and
  - 1.2.5 Planning goals for meeting the medical needs of the population served by the Authority

## **SECTION 2 - COMPOSITION**

### **2.1 The HAMAC voting membership shall be comprised of:**

- the Senior Medical Health Officer of the Authority (1)
- the Senior Medical Administrator (VP Medicine) of the Authority (1)
- the Chairs of the Regional Medical Advisory Committees (4)
- An elected Medical Staff member from each RMAC constituency (4)
- The Department Chair of Laboratory Medicine of the Authority (1)
- The Cardiology Medical Program Director of the Authority (1)
- The Renal Medical Program Director of the Authority (1)
- The Mental Health Medical Program Director of the Authority (1)
- The Chief of Staff of each tertiary hospital of the Authority (2)
- A Regional Hospital Chief of Staff (1)
- A Residential Care Physician Leader (1)
- A Representative from the Interdivisional Strategic Council that holds an appointment to the Authority Medical Staff (1)
- The Department Chair of Nurse Practitioners of the Authority (1)
- The Medical Director of Patient Transportation Services of the Authority (1)



**2.2 The HAMAC non-voting membership shall be comprised of:**

- the Chair of the Board of Directors of the Authority (Ex-Officio)
- the President and Chief Executive Officer of the Authority (1)
- the Vice Presidents of the Authority accountable for Acute Care, Community Care and Residential Care (3)
- the Chief of Professional Practice and Nursing of the Authority (1)
- the Executive Medical Directors of the Authority (6)

**2.3 The HAMAC ad-hoc membership shall be comprised of:**

- the additional Vice Presidents of the Authority
- Other professional, clinical or administrative members appointed from time to time to fulfill specific purposes as required by the HAMAC

2.4 When the Chair is selected from outside of the HAMAC membership, the total committee membership will increase accordingly

**SECTION 3 – OFFICERS AND TERMS OF OFFICE**

- 3.1 There will be a Chair and Vice-Chair, who are appointed by the Board of Directors of the Authority after considering the recommendation of the HAMAC
- 3.2 The Chair may be selected from among the active members of the Medical Staff, and may be from among the HAMAC membership or from outside of the HAMAC membership
- 3.3 The Chair shall be appointed for a term of not more than three years, and may be re-appointed for two additional terms for a maximum of three consecutive terms
- 3.4 The Vice-Chair will be selected from among the members of the HAMAC
- 3.5 The Vice-Chair shall be appointed for a term of not more than three years, and may be re-appointed for two additional terms for a maximum of three consecutive terms
- 3.6 The Senior Medical Administrator (VP Medicine) will provide Secretariat services to the HAMAC

**SECTION 4 - DUTIES AND RESPONSIBILITIES OF HAMAC**

**4.1 Medical Administration**

The HAMAC will:

- 4.1.1 Appoint chairs and members of standing committees and ensure these committees function effectively including recording minutes of the meetings
- 4.1.2 Make recommendations to the Board of Directors on the development, maintenance and updating of *Medical Staff Rules*, policies and procedures pertaining to medical care provided within the facilities and programs operated by the Authority

- 4.1.3 Advise on matters pertaining to clinical organization, medical technology, and other relevant medical administrative matters

## **4.2 Clinical Privileges**

The HAMAC will:

- 4.2.1 Review recommendations from the Credentials Committee concerning the appointment and review of members of the Medical Staff including the delineation of clinical and procedural privileges
- 4.2.2 Make recommendations to the Board of Directors concerning the appointment and review of members of the Medical Staff
- 4.2.3 Make recommendations to the Board of Directors regarding disciplinary measures for violation of the *Medical Staff Bylaws*, Rules or policies governing the conduct of the Medical Staff
- 4.2.4 Require a member of the Medical Staff to appear before the committee whenever necessary to carry out its duties

## **4.3 Quality of Care**

The HAMAC will:

- 4.3.1 Receive, review and make recommendations on reports from quality review bodies and committees concerning the evaluation of the clinical practice of members of the Medical Staff
- 4.3.2 Make recommendations concerning the establishment and maintenance of professional standards in facilities and programs funded and operated by the Authority in compliance with all relevant legislation, and *Medical Staff Bylaws*, Rules and policies.
- 4.3.3 Submit regular reports to the Board of Directors and the Chief Executive Officer on the quality, effectiveness and availability of medical care provided, in relation to professional standards, in facilities and programs operated by the Authority
- 4.3.4 Make recommendations where appropriate concerning the quality of medical care in the Authority
- 4.3.5 Make recommendations where appropriate concerning the availability and adequacy of resources to provide appropriate patient care in the Authority

## **4.4 Medical Staff Resource Planning**

The HAMAC will:

- 4.4.1 Review reports regarding Medical Staff human resources required to meet the medical, dental, midwifery and nurse practitioner care needs of the population served by the Authority, and following the review provide advice to the Board of Directors and the Chief Executive Officer
- 4.4.2 Submit an annual Medical Staff Human Resource Plan to the Board of Directors

#### **4.5 Professional and Ethical Conduct of Members of the Medical Staff**

The HAMAC will:

- 4.5.1 Review and report on any concerns related to the professional and ethical conduct of members of the Medical Staff to the Board of Directors and, where appropriate, report those concerns to the appropriate regulatory College

#### **4.6 Continuing Medical Education and Health Education**

The HAMAC will:

- 4.6.1 Advise on and assist with the development of formally structured ongoing programs in continuing medical education
- 4.6.2 Advise on and assist with programs in continuing education of other health care providers in the facilities and programs operated by the Authority
- 4.6.3 Advise on and make recommendations concerning the teaching and research role of the Authority

#### **4.7 Other**

The HAMAC will:

- 4.7.1 Provide such other advice and counsel as may be requested from time to time by the Board of Directors or the Chief Executive Officer

### **SECTION 5 - THE ROLE AND RESPONSIBILITIES OF THE CHAIR**

5.1 The HAMAC Chair has the responsibility to:

- when present, preside at all meetings of the HAMAC
- manage the affairs of HAMAC between meetings
- serve as an ex-officio, non-voting member of all HAMAC Committees and Task Forces of which he/she is not a member
- prepare written agendas for each meeting with input from the Senior Medical Administrator (VP Medicine) and Chief Executive Officer
- represent HAMAC at meetings of the Senior Executive Team and other Administrative meetings
- act as the principal spokesperson for HAMAC in liaisons with the Chief Executive Officer and Board Chair
- ensure timely communication to the HAMAC and its supporting Committee structure of concerns and issues identified by the Authority
- attend meetings of the Board of Directors in accordance with Article 8.2.5 of the *Medical Staff Bylaws* ensuring timely reporting of HAMAC issues and concerns and related recommendations

## **SECTION 6 - MEETINGS AND AGENDAS**

- 6.1 The HAMAC shall schedule regular meetings and shall meet not less than six times a year.
- 6.2 Under normal circumstances, the agenda and related material will be distributed to the members not less than one week before the meeting.
- 6.3 All members are free to suggest additions to the agenda. Whenever possible, adequate notice should be given to the Chair or the Senior Medical Administrator (VP Medicine) so that there will be an opportunity to develop background information needed to support the discussion.
- 6.4 The HAMAC may also meet at the call of the Chair to deal with special or urgent issues. In such event, a formal agenda need not be issued. All members will be advised however, of the purpose of the meeting, and given adequate notice.
- 6.5 Attendance at meetings of the HAMAC will be limited to the members as set out in Section 2. Alternates and other persons will attend only at the invitation of the Chair
- 6.6 With the approval of the other members, individual members may participate in meetings of the HAMAC by means of such telephonic, electronic or other communication devices as permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.
- 6.7 Minutes will be prepared on a timely basis for each meeting of the HAMAC and made available to all voting and non-voting members within two weeks following each meeting.

## **SECTION 7 - VOTING AT HAMAC MEETINGS**

- 7.1 For the purposes of voting a quorum constitutes a majority of voting members and questions arising shall be decided by a simple majority of votes.
- 7.2 When as provided for under Article 7.1 a majority is to be determined as a proportion of all of those eligible to vote who are present in person or by telephonic, electronic or other communication devices, an abstention will be treated as a “no” and a vote against a resolution for purpose of determining whether or not a resolution has passed.
- 7.3 In case of an equality of votes, the Chair does not have a second or casting vote and the resolution does not pass.
- 7.4 No resolution proposed at a meeting of the HAMAC need be seconded and the Chair of a meeting may move or propose a resolution.

## **SECTION 8 - REPORTING RELATIONSHIPS**

- 8.1 The HAMAC recommendations with respect to clinical privileges under Article 4.2 will be made to the Board of Directors of the Authority in report form. The Chair or Vice Chair of the HAMAC may, however, be present when the Board of Directors addresses this Agenda item and may speak to the recommendation when, in their view, such action is appropriate.
- 8.2 Advice to the Authority on other matters within the scope of the HAMAC's duties and responsibilities will be addressed to both the Board of Directors and the Chief Executive Officer.
- 8.3 The Chief Executive Officer, as the person engaged by the Authority to provide leadership and to carry out the day-to-day management of facilities and programs, will respond to the HAMAC reports, advising the Board of Directors of any issues requiring the Board's attention
- 8.4 The Chair or Vice Chair of the HAMAC may attend meetings of the Board of Directors, and the appropriate committees of the Board, to participate in discussion pertaining to the purposes identified for the HAMAC under Articles 1.1 and 1.2.

## **SECTION 9 - ADDITIONAL MEDICAL ADVISORY COMMITTEES**

- 9.1 Article 9.1.1 of the *Medical Staff Bylaws* provides that the Board of Directors, on the advice of HAMAC, may establish additional Medical Advisory Committees, reporting to the HAMAC, and with roles and responsibilities as delegated by the HAMAC

## **SECTION 10 - REGIONAL MEDICAL ADVISORY COMMITTEES**

- 10.1 The Board of Directors will establish additional Regional Medical Advisory Committees (RMACs) representing each of the Authority's four Health Service Regions:
  - the East Kootenay Region
  - the Kootenay Boundary Region
  - the Okanagan Region
  - the Thompson Cariboo Shuswap Region

Each RMAC is appointed by the Board of Directors, and functions under the mandate of the HAMAC.

## **10.2 Purpose**

- 10.2.1 Each RMAC makes recommendations directly to the Board of Directors regarding the appointment and privileges of new members to the Medical Staff and the maintenance of privileges through the annual review process. Each RMAC also makes recommendations with respect to the cancellation, suspension, restriction, non-renewal or denial of the privileges of all members of the Medical Staff within the facilities and programs operated by the Authority within the Region. These recommendations are addressed to the HAMAC which, in turn, makes its recommendations in respect of these matters to the Board of Directors.
- 10.2.2 Each RMAC also provides advice to the HAMAC regarding the facilities and programs operated by the Authority within the Region on matters of:
- 10.2.1.1 The provision of medical care within the facilities and programs operated by the Authority within the Region.
- 10.2.1.2 The monitoring of the quality and effectiveness of medical care provided within the facilities and programs operated by the Authority within the Region.
- 10.2.1.3 The adequacy of Medical Staff resources within the Region.
- 10.2.1.4 The continuing education of members of the Medical Staff within the Region.
- 10.2.1.5 Planning goals for meeting the medical needs of the population served by the Authority within the Region.

## **10.3 Composition**

- 10.3.1 The membership of each RMAC may include, as voting members:
- Medical Staff Department Heads
  - elected Medical Staff representatives
  - chairs of LMAC Committees
  - other members of the Medical Staff as determined by the RMAC
- 10.3.2 The membership of each RMAC may include, as non-voting members:
- the Vice Presidents or delegates
  - the Executive Medical Directors
  - the Regional Chief of Staff or delegate
  - other members of the Authority staff as determined by the RMAC

## **10.4 Officers & Terms of Office**

- 10.4.1 There will be a Chair and Vice-chair of the RMAC, who shall be appointed by the HAMAC from a list of nominees submitted by the RMAC.
- 10.4.2 The Chair may be selected from among the members of the RMAC or LMACs within the Region
- 10.4.3 The Chair shall be appointed for a term of not more than three years, and may be re-appointed for two additional terms for a maximum of three consecutive terms

- 10.4.4 The Vice-Chair will be selected from among the members of the RMAC or LMACs within the Region
- 10.4.5 The Vice-chair shall be appointed for a term of not more than three years and may be reappointed for two additional terms for a maximum of three consecutive terms
- 10.4.6 The RMAC will receive secretarial assistance from a delegate of the Senior Medical Administrator (VP Medicine)

## **10.5 Duties and Responsibilities of RMAC**

### **10.5.1 Medical Administration**

The RMAC will:

10.5.1.1 Ensure compliance with the Authority's *Medical Staff Bylaws*, Rules and policies by all members of the Medical Staff within the Region

10.5.1.2 Make recommendations on the development, maintenance and updating of *Medical Staff Rules*, policies and procedures pertaining to medical care provided within the facilities and programs operated by the Authority

10.5.1.3 Advise on matters pertaining to clinical organization, medical technology and other relevant medical administrative matters

### **10.5.2 Clinical Privileges**

The RMAC will:

10.5.2.1 Make recommendations to the Board of Directors concerning the appointment and review of members of the Medical Staff including the delineation of clinical and procedural privileges.

10.5.2.2 Make recommendations to the Board of Directors concerning changes to privileges for a member of the Medical Staff when required.

10.5.2.3 Make recommendations to the Board of Directors regarding disciplinary measures for violation of the *Medical Staff Bylaws*, Rules or policies governing the conduct of Medical Staff.

10.5.2.4 Make recommendations to the Board of Directors for remedial training for a member of the Medical Staff when required.

10.5.2.5 Require a member of the Medical Staff to appear before the RMAC whenever necessary for the RMAC to carry out its duties and responsibilities

### **10.5.3 Quality of Care**

The RMAC will:

10.5.3.1 Receive, review and make recommendations on reports from quality review bodies and committees concerning the evaluation of the clinical practice of members of the Medical Staff

10.5.3.2 Make recommendations concerning the establishment and maintenance of professional standards in facilities and programs funded and operated by the Authority in compliance with all relevant legislation, and *Medical Staff Bylaws*, Rules and policies.

10.5.3.3 Submit regular reports to the HAMAC on the quality, effectiveness and availability of medical care provided in relation to professional standards, in facilities and programs operated by the Authority

10.5.3.4 Make recommendations where appropriate concerning the quality of medical care in the Authority

10.5.3.5 Make recommendations where appropriate concerning the availability and adequacy of resources to provide appropriate patient care in the Authority

#### 10.5.4 Medical Staff Resource Planning

The RMAC will:

10.5.4.1 Review reports regarding the human resources requirements to meet the medical, dental, midwifery and nurse practitioner care needs of the population served by the Authority within the Region, and following review provide advice to the HAMAC

10.5.4.2 Submit an annual Medical Staff Human Resource Plan for the Region to the HAMAC

#### 10.5.5 Professional and Ethical Conduct of Members of the Medical Staff

The RMAC will:

10.5.5.1 Review and report on any concerns related to the professional and ethical conduct of members of the Medical Staff to the Board of Directors and, where appropriate, recommend that the HAMAC report those concerns to the appropriate regulatory College

#### 10.5.6 Continuing Medical Education and Health Education

The RMAC will:

10.5.6.1 Advise on and assist with the development of formally structured ongoing programs in continuing medical education

10.5.6.2 Advise on and assist with programs in continuing medical education of other health care providers in the facilities and programs operated by the Authority

10.5.6.3 Advise on and make recommendations concerning the teaching and research role of the Authority

#### 10.5.7 Other

The RMAC will:

10.5.7.1 Provide such other advice and counsel as may be requested from time to time by the Board of Directors, the Chief Executive Officer, the HAMAC or a Vice President or delegate



10.5.7.2 Ensure the full involvement of the Authority's Medical Staff through recommendation to the HAMAC of the establishment of site or Local Medical Advisory Committees (LMACs) appropriate to the scope and organization of the Region's operations.

## **10.6 The Role and Responsibilities of the Chair**

10.6.1 The RMAC Chair has the responsibility to:

- when present, preside at all meetings of the RMAC
- manage the affairs of RMAC between meetings
- serve as an ex-officio, non-voting member of all RMAC Committees and Task Forces of which he/she is not a member
- prepare written agendas for each meeting with input from the Executive Medical Director and the Vice President or delegate
- act as the principal spokesperson for RMAC in liaisons with the Vice President or delegate
- serve as a member of HAMAC
- ensure timely communication of relevant information, concerns and recommendations from the RMAC to HAMAC and from HAMAC to the RMAC

## **10.7 Meetings and Agendas**

10.7.1 The RMAC shall schedule regular meetings and shall meet not less than six times a year

10.7.2 Under normal circumstances, the agenda and related material will be distributed to members not less than one week before the meeting

10.7.3 All members are free to suggest additions to the agenda. Whenever possible, adequate notice should be given to the Chair or the delegate of the Senior Medical Administrator (VP Medicine) so that there will be an opportunity to develop background information needed to support the discussion

10.7.4 The RMAC may also meet at the call of the Chair to deal with special or urgent issues. In such event, a formal agenda need not be issued. All members will be advised, however, of the purpose of the meeting and given adequate notice

10.7.5 Attendance at meetings of the RMAC will be limited to the members as set out in Article 10.3. Alternates and other persons will attend only at the invitation of the Chair

10.7.6 With the approval of the other members, individual members may participate in meetings of the RMAC by means of such telephonic, electronic or other communication devices as permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

10.7.7 Minutes will be prepared on a timely basis for each meeting of the RMAC and made available to all voting and non-voting members within two weeks following each meeting.

## **10.8 Voting at RMAC Meetings**

- 10.8.1 For the purpose of voting a quorum will consist of a simple majority of voting members and questions arising shall be decided by a simple majority of those present
- 10.8.2 When as provided for under Article 10.8.1 a majority is to be determined as a proportion of all those eligible to vote who are present in person or by telephonic, electronic or other communication devices, an abstention will be treated as a “no” and a vote against a resolution for the purpose of determining whether or not a resolution has passed
- 10.8.3 In case of an equality of votes, the Chair does not have a second or casting vote and the resolution does not pass.
- 10.8.4 No resolution proposed at a meeting of the RMAC need be seconded and the Chair of a meeting may move or propose a resolution

## **10.9 Reporting Relationships**

- 10.9.1 The RMAC recommendations with respect to clinical privileges under Article 10.5.2 will be made to the HAMAC in report form. The Chair or Vice Chair of the RMAC shall be present when the HAMAC addresses this agenda item and may speak to the recommendation when, in their view, such action is appropriate.
- 10.9.2 Advice to the HAMAC on other matters within the scope of the RMAC’s duties and responsibilities will be addressed to the HAMAC.
- 10.9.3 The Chair of the HAMAC will respond to the RMAC reports, advising the Board of Directors of any issues requiring the Board’s attention.
- 10.9.4 The Chair or Vice Chair of RMAC may attend meetings of HAMAC, and the appropriate committees of HAMAC, to participate in discussion pertaining to the purposes identified for the RMAC under Article 10.2

## **SECTION 11 - LOCAL MEDICAL ADVISORY COMMITTEES**

- 11.1 The HAMAC has the authority to establish Local Medical Advisory Committees (LMACs), after considering the advice of the RMAC, at individual sites within their operating area, subject to the provision that each LMAC shall have written Terms of Reference which are in keeping with site needs and the roles and responsibilities delegated to the RMACS. Each LMAC is appointed by HAMAC, and functions under, the mandate of an RMAC.

## **11.2 Purpose**

- 11.2.1 Each LMAC makes recommendations to the RMAC regarding the appointment of privileges of new members to the Medical Staff and the maintenance of privileges through the annual review process. Each LMAC also makes recommendations with respect to the cancellation, suspension, restriction, non-renewal or denial of the privileges of all members of the Medical Staff within the facility and programs operated by the Authority at their site. These recommendations are addressed through their RMAC to the HAMAC which, in turn, makes its recommendations in respect to these matters to the Board of Directors of the Authority.
- 11.2.2 Each LMAC provides advice to the RMAC, which in turn provides advice to the HAMAC, regarding the facility and programs operated by the Authority at their site on matters of:
- 11.2.2.1 The provision of medical care within the facility and programs operated by the Authority at the site
  - 11.2.2.2 The monitoring of the quality and effectiveness of medical care provided within the facility and programs operated by the Authority at the site the adequacy of Medical Staff resources at the site
  - 11.2.2.3 The continuing education of members of the Medical Staff at the site
  - 11.2.2.4 Planning goals for meeting the medical needs of the population served by the Authority at the site

## **11.3 Composition**

The membership of each LMAC shall be determined locally at each site.

11.3.1 The membership of each LMAC may include as voting members:

- Medical Staff Department Heads
- elected Medical Staff representatives
- other members of Medical Staff as determined by the LMAC

11.3.2 The membership of each LMAC may include as non-voting members:

- the Vice Presidents or delegates
- the Executive Medical Directors
- the Chief of Staff
- the Health Service Administrator
- other members of Authority staff as determined by the LMAC

## **11.4 Officers & Terms of Office**

11.4.1 There will be a Chair and Vice-Chair of the LMAC who shall be appointed by the RMAC after considering the advice of the LMAC

11.4.2 The Chair shall be selected from among the membership of the LMAC

11.4.3 The Chair shall be appointed for a term of not more than three years, and may be re-appointed for two additional terms for a maximum of three consecutive terms

- 11.4.4 The Vice-Chair shall be selected from among the membership of the LMAC
- 11.4.5 The Vice-Chair shall be appointed for a term of not more than three years and may be re-appointed for two additional terms for a maximum of three consecutive terms
- 11.4.6 The Chair will be a member of the RMAC and will ensure timely communication of relevant information and recommendation from the LMAC to the RMAC and from the RMAC to the LMAC
- 11.4.7 The LMAC will receive secretarial assistance from a delegate of the Senior Medical Administrator (VP Medicine)

## **11.5 Duties and Responsibilities**

### **11.5.1 Medical Administration**

The LMAC will:

- 11.5.1.1 Ensure compliance with the Authority's *Medical Staff Bylaws*, Rules and policies by all members of the Medical Staff at the site
- 11.5.1.2 Make recommendations on the development, maintenance and updating of Medical Staff Rules, policies and procedures pertaining to the medical care provided within the facilities and programs operated by the Authority
- 11.5.1.3 Advise on matters pertaining to clinical organization, medical technology and other relevant medical administrative matters

### **11.5.2 Clinical Privileges:**

The LMAC will:

- 11.5.2.1 Make recommendations to the RMAC concerning the appointment and review of members of the Medical Staff including the delineation of clinical and procedural privileges
- 11.5.2.2 Make recommendations to the RMAC concerning changes to privileges for a member of the Medical Staff when required
- 11.5.2.3 Make recommendations to the RMAC regarding disciplinary measures for violation of *Medical Staff Bylaws*, Rules and policies governing the conduct of Medical Staff
- 11.5.2.4 Make recommendation to the RMAC for remedial training for a member of the Medical Staff when required
- 11.5.2.5 Require a member of the Medical Staff to appear before the LMAC whenever necessary for the LMAC to carry out its duties and responsibilities

### **11.5.3 Quality of Care:**

The LMAC will:

- 11.5.3.1 Receive, review and make recommendations on reports received from quality review bodies and committees concerning the evaluation of the clinical practice of members of the Medical Staff.

11.5.3.2 Make recommendations concerning the establishment and maintenance of professional standards in facilities and programs funded and operated by the Authority in compliance with all relevant legislation, and *Medical Staff Bylaws*, Rules and policies.

11.5.3.3 Submit regular reports to the RMAC on the quality, effectiveness and availability of medical care provided in relation to professional standards, in the facilities and programs operated by the Authority

11.5.3.4 Make recommendations where appropriate concerning the quality of medical care at the Site

11.5.3.5 Make recommendations where appropriate concerning the availability and adequacy of resources required to provide appropriate patient care at the Site

#### 11.5.4 Medical Staff Resource Planning:

The LMAC will:

11.5.4.1 Review reports regarding the Medical Staff human resources requirements to meet the medical, dental, midwifery and nurse practitioner care needs of the population served by the Authority at the Site, and following review provide advice to the RMAC

11.5.4.2 Submit an annual Medical Staff Human Resource Plan for the Site to the RMAC.

#### 11.5.5 Professional and Ethical Conduct of Members of the Medical Staff

The LMAC will:

11.5.5.1 Review and report on any concerns related to the professional and ethical conduct of members of the Medical Staff at the Site, and to report on those concerns, when appropriate to the RMAC, which may, at its discretion, advise the HAMAC.

#### 11.5.6 Continuing Medical and Health Education

The LMAC will:

11.5.6.1 Advise on and assist with the development of formally structured ongoing programs in continuing medical education

11.5.6.2 Advise on and assist with programs in continuing medical education of other health care providers in the facilities and programs operated by the Authority

11.5.6.3 Advise on and make recommendations concerning the teaching and research role of the Authority

### 11.5.7 Other

The LMAC will:

11.5.7.1 Provide such other advice and counsel as may be requested from time to time by the Board of Directors, the Chief Executive Officer, the HAMAC, the RMAC, a Vice President or delegate, or an Executive Medical Director

## **11.6 The Role and Responsibilities of the Chair**

11.6.1 The LMAC Chair has the responsibility to:

- when present, preside at all meetings of the LMAC
- manage the affairs of LMAC between meetings
- serve as an ex-officio, non-voting member of all LMAC Committees and Task Forces of which he/she is not a member
- prepare written agendas for each meeting with input from the Executive Medical Director or delegate, and the Vice President or delegate
- act as the principal spokesperson for LMAC in liaisons with the Vice President or delegate, and the Executive Medical Director or delegate
- serve as a member of RMAC
- ensure timely communication of relevant information, concerns and recommendations from the LMAC to the RMAC and from the RMAC to the LMAC

## **11.7 Meetings and Agendas**

11.7.1 The LMAC shall schedule regular meetings and shall meet not less than four times a year

11.7.2 Under normal circumstances, the agenda and related material will be distributed to members not less than one week before the meeting

11.7.3 All members are free to suggest additions to the agenda. Whenever possible, adequate notice should be given to the Chair or delegate of the Senior Medical Administrator (VP Medicine) so that there will be an opportunity to develop background information needed to support the discussion

11.7.4 The LMAC may also meet at the call of the Chair to deal with special or urgent issues. In such event, a formal agenda need not be issued. All members will be advised, however, of the purpose of the meeting and given adequate notice

11.7.5 Attendance at meetings of the LMAC will be limited to the members as set out in 12.3. Alternates and other persons will attend only at the invitation of the Chair.

11.7.6 With the approval of the other members, individual members may participate in meetings of the LMAC by means such telephonic, electronic or other communication devices as permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

11.7.7 Minutes will be prepared on a timely basis for each meeting of the LMAC and made available to all voting and non-voting members within two weeks following each meeting.

### **11.8 Voting at LMAC Meetings**

11.8.1 For the purpose of voting a quorum will consist of a simple majority of voting members and questions arising shall be decided by a simple majority of those present

11.8.2 When as provided for in 11.8.1 a majority is to be determined as a proportion of all those eligible to vote who are present in person or by telephonic, electronic or other communication devices, an abstention will be treated as a “no” and a vote against a resolution for the purpose of determining whether or not a resolution has passed.

11.8.3 In case of an equality of votes, the Chair does not have a second or casting vote and the resolution does not pass.

11.8.4 No resolution proposed at a meeting of the LMAC need be seconded and the Chair of a meeting may move or propose a resolution

### **11.9 Reporting Relationships**

11.9.1 The LMAC recommendations with respect to clinical privileges under Article 11.2.1 will be made to the RMAC in report form. The Chair or Vice Chair of the LMAC shall be present when the RMAC addresses this agenda item and may speak to the recommendation when, in their view, such action is appropriate.

11.9.2 Advice to the RMAC on other matters within the scope of the LMAC’s duties and responsibilities will be addressed to the RMAC

11.9.3 The Chair of the RMAC will respond to the LMAC reports, advising the HAMAC of any issues requiring the attention of HAMAC or the Board.

11.9.4 The Chair or Vice-Chair of LMAC may attend meetings of RMAC, and the appropriate committees of RMAC, to participate in discussion pertaining to the purposes identified for the LMAC under Article 11.2

## **SECTION 12 - STANDING COMMITTEES**

12.1 Article 9.1.2 of the *Medical Staff Bylaws* provides that the Board of Directors, on the advice of the HAMAC, may establish other standing committees, reporting to the HAMAC, to undertake specific responsibilities that fall within the responsibility of the Medical Staff organization.

12.2 The Standing Committees of the HAMAC shall be:

12.2.1 Pharmacy and Therapeutics Committee

12.2.2 Infection Prevention and Control Committee

12.2.3 Medical Staff Bylaws and Rules Committee

- 12.3 Detailed Terms of Reference for each of these Committees are attached as Appendices.
- 12.4 This structure is subject to change from time to time and Standing Committees may be added or deleted as the HAMAC considers which of its responsibilities may best be fulfilled through more detailed review by a Committee
- 12.5 The Chair, in consultation with the Senior Medical Administrator (VP Medicine), will annually propose the leadership and membership for each of the Standing Committees for election by the HAMAC
- 12.6 Standing Committee Chairs and members will be appointed at the first meeting of the HAMAC of the new fiscal year and shall hold office until the last meeting of the fiscal year or until their successors are elected
- 12.7 The HAMAC may also from time to time appoint ad hoc Committees and or Task Forces to address specific issues. In all cases there will be clear Terms of Reference which include the time limits or events that will bring the assigned mandate to a close
- 12.8 Each Standing Committee, ad hoc Committee and Task Force will report in a timely manner to the HAMAC on the results of its meetings.
- 12.9 A committee member may be removed or replaced at any time by the HAMAC Chair and will cease to be a member.
- 12.10 With the approval of the other members, individual members may participate in Committee and Task Force meetings by the means of such telephonic, electronic or other communication devices as permit all persons participating in the meeting to communicate adequately with each other. A member participating in such a meeting by any such means is deemed to be present at the meeting.

### **SECTION 13 - PERIODIC REVIEW**

The HAMAC, from time to time, will review these Terms of Reference and recommend any needed changes or additions to the Board of Directors, recognizing that these Terms of Reference must always conform to the purposes of the HAMAC as set out in the *Medical Staff Bylaws*.



Terms of Reference  
Pharmacy and Therapeutics Committee

**1 PREAMBLE**

The Interior Health Pharmacy & Therapeutics (IH P&T) Committee is a Standing Committee of the Health Authority Medical Advisory Committee (HAMAC).

**2 PURPOSE**

The purpose of the IH P&T Committee is to support HAMAC in the following ways:

- a) Oversee the IH drug formulary system using an evidence-informed approach to promote appropriate, safe and cost effective use of medications for IH patients, residents, and clients.
- b) Partner with the BC Health Authorities P&T (BCHA P&T) Committee in the development and maintenance of a provincial formulary system;
- c) Guide development and implementation programs related to approved formulary changes including education and evaluation;
- d) Establish decision support tools for the use of formulary drugs and therapies, (e.g. policies, guidelines, and pre-printed orders);
- e) Review and recommend education programs and implementation plans designed to meet the needs of professional staff (physicians, pharmacists, nurses) on matters related to drugs, drug use, drug safety, and related decision support tools.
- f) Review medication-related adverse events and quality indicators and to recommend strategies to improve the quality of medication management in IH.

**3 COMPOSITION AND TERMS OF OFFICE**

3.1 Membership will comprise of 24 voting members:

Medical Staff,

Regional representation, various disciplines	(12)
Representative, HAMAC	(1)
Senior Medical Director	(non-voting)
Representatives, Nursing	(2)
Representatives, Pharmacy	(6)
Representative, Professional Practice Office	(1)
Director, Quality, Risk, Accreditation	(1)
Director, Pharmacy Services	(1)

Terms of Reference  
Pharmacy and Therapeutics Committee

- 3.2 The Medical Staff members will be appointed by HAMAC on the recommendation of the Committee. Physician membership should represent a variety of disciplines and practice settings within IH.
- 3.3 All Medical Staff members will serve a two-year term and may be re-appointed for two additional terms for a maximum of three consecutive terms.
- 3.4 Nursing and Professional Practice will be represented by two Nurse delegates and one delegate from the Professional Practice Office.
- 3.5 Committee membership will not be disclosed to any pharmaceutical company representatives or their employers.
- 3.6 A staff resource provided by IH Pharmacy Services will be present to serve as Recording Secretary and to assist in the preparing of information required by the committee to discharge its responsibilities.
- 3.7 Quorum for meetings will be 50% of membership and must include the chair or vice-chair.

**4 OFFICERS**

- 4.1 There will be a Chair and Vice Chair who are appointed by HAMAC from among the Medical Staff Members. In making these appointments, the HAMAC may seek counsel from the IH P&T Committee.
- 4.2 The Chair will be appointed for a term of two years, and may be re-appointed for two additional terms for a maximum of three consecutive terms.
- 4.3 The Vice-Chair will be appointed for a term of two years and may be re-appointed for two additional terms for a total of three consecutive terms.
- 4.4 The Director of Pharmacy Services, or designated Pharmacist representative, will serve as the Secretary.

**5 EXECUTIVE**

The Chair, Vice Chair and Secretary will serve as an Executive. Except as may be otherwise approved by the Committee, the role of the Executive will be as set out in Section 10: Committee Activities

**6 CONFLICT OF INTEREST**

- 6.1 Prior to assuming their responsibilities, members of the Committee will formally acknowledge Conflict of Interest Guidelines established by the HAMAC and sign the required disclosure form in a manner and form prescribed by the HAMAC. See Appendix B.
- 6.2 The obligation to disclose is on-going. Conflict of Interest disclosures must be updated annually, or more frequently as circumstances change.

Terms of Reference  
Pharmacy and Therapeutics Committee

- 6.3 When a member recognizes a real or potential conflict of interest, the member should abstain from any related discussion or votes and ensure that the Minutes record that abstention.
- 6.4 These Conflict of Interest Guidelines will similarly apply to any outside parties participating in the affairs of the Committee or in the drug evaluation process.

**7 INDEMNITY PROVISIONS & COMPENSATION**

- 7.1 Every committee Member will be indemnified and saved harmless by Interior Health from and against:
  - a) All costs, charges, and expenses which such Member sustains or incurs in or about any action, suit or proceedings, which is brought, commenced or prosecuted against him or her, or in respect of any act, deed, matter or thing whatsoever, made, done or permitted by him or her, in or about the execution of the duties of such Member or in respect of any such liability;
  - b) All such other costs, charges, and expenses which he or she sustains or incurs in or about or in relation to the affairs thereof, except such costs, charges or expenses as are occasioned by his or her own willful neglect or default
- 7.2 Physician members who are not already compensated by IH for administrative work will be compensated, on a sessional basis, for preparation and attendance at Committee meetings. Travel expenses are also covered. See Appendix C.

**8 DUTIES AND RESPONSIBILITIES**

- 8.1 Provide input and advice to the BCHA P&T Committee on formulary decisions following consultation with clinical staff and physicians;
- 8.2 Oversee the development and implementation of decision support tools (including clinical guidelines and pre-printed orders) to promote safe and appropriate drug therapy;
- 8.3 Guide the implementation of decision support tools to ensure that IH meets established quality and safety standards for managing medications (e.g. Accreditation Canada, College of Pharmacists of BC);
- 8.3 Establish policies, programs and procedures that help ensure cost-effective use of medications, including therapeutic substitution policies, drug utilization evaluation, and formulary restrictions;
- 8.4 Monitor quality-assurance activities related to medication management (prescribing, transcribing, dispensing, administering, and monitoring);
- 8.5 In concert with Local P&T Committees, monitor and evaluate adverse drug events and medication incidents within IH and make recommendations to prevent their occurrence;
- 8.8 Ensure the development of suitable educational programs for professional staff on matters related to new formulary drugs.

Terms of Reference  
Pharmacy and Therapeutics Committee

**9 SUBCOMMITTEE AND WORK TEAMS**

- 9.1 The Committee will establish and oversee appropriate Subcommittees or Work Teams to advise and do work on behalf of the Committee.
- 9.2 Subcommittees and Work Teams
- 9.2.1 **Subcommittees** should be formed when there is an ongoing need for specialized committee work that would be difficult to manage by the IH P&T itself.
- Work Teams** should be formed when there is a need for a specific body of work that has a defined scope and timeframe.
- 9.2.2 Terms of Reference for each Subcommittee or Work Team will be reviewed and approved by the Committee.
- 9.2.3 Membership should foster inter-professional collaboration and adequate regional representation.
- 9.2.4 Each Subcommittee or Work Team must include a member of the IH P&T Committee.
- 9.3 Conflict of Interest Declaration
- Subcommittees and Work Teams are subject to the same Conflict of Interest disclosure responsibilities as the P&T Committee. See Section 6: Conflict of Interest.
- 9.4 Accountability and Communication
- 9.4.1 The Chair, or delegate, of Subcommittees and Work Teams will regularly report activities and progress at IH P&T Committee meetings.
- 9.4.2 Meeting minutes should be included in the IH P&T Agenda package.

**10 COMMITTEE ACTIVITIES**

- 10.1 The Committee will operate in a manner that is consistent with the General Guidelines for Committees of HAMAC; subject only to the provision that there will be four scheduled meetings a year, usually on the third Friday of January, April, June, and October.
- 10.2 In all major aspects of its mandate, the Committee will endeavor, so far as practical, to involve the Regional Medical Advisory Committees (R-MAC) and the Local Medical Advisory Committees (L-MAC) by:
- a) providing relevant Committee motions, information, and background information through electronic distribution.
  - b) soliciting feedback during the development of initiatives prior to final recommendation to HAMAC;
- 10.3 The Executive may act for the Committee in addressing urgent issues when a timely meeting of the Committee is not possible or practical. This authority will be limited to (a)urgent patient safety issues or (b)critical administrative issues which can be resolved without benefit of the experience and expertise offered by the full Committee

Terms of Reference  
Pharmacy and Therapeutics Committee

- a) Actions taken by the Executive will be communicated to all members of the Committee and will be put forward for formal approval at the next regular meeting of the Committee.

**11 COMMUNICATIONS**

11.1 The Committee will assume responsibility for appropriate communication of decisions to all concerned:

- a) Agendas will be circulated to Committee members 7 days prior to a duly called meeting.
- b) Summary of Motions will be submitted to HAMAC for approval within 7 days of the meeting.
- c) Following HAMAC review/approval, the Summary of Motions (including amendments) will be circulated to the Committee members, L-MACs and Local P&T Committees.
- d) If stakeholder feedback is being solicited, a letter and feedback form will be distributed to L-MACs, Local P&Ts, and administrative staff under a separate cover.
- e) Meeting minutes will be circulated to Committee members with the next Agenda package.
- f) A P&T Newsletter will be published following HAMAC review of the motions to broadcast Committee work, decisions, and other related information.

**12 REVIEW**

The Committee will review these Terms of Reference from time to time and recommend required changes to HAMAC for approval.

Original HAMAC Approval:           December 10, 2004  
Most Recent Revision:            October 26, 2012  
Regional P&T Approval:  
HAMAC Approved:

**13 ENCLOSURES**

Appendix A: Nomination process  
Appendix B: Conflict of Interest Package  
Appendix C: Travel and Expense form

Terms of Reference  
Pharmacy and Therapeutics Committee

**Appendix “A”**

**Nomination Process for Membership in the IH P & T Committee**

1.0 Composition

1.1 The Nominating Committee will be composed of the following members:

Chair, HAMAC, or designate

Chair, IH P & T Committee

Regional Director, Pharmacy Services

Senior Medical Director (non-voting)

1.2 A staff resource provided by IH will be present to serve as Recording Secretary and to assist in the development of additional information required by the committee to discharge its responsibilities.

1.3 A quorum for voting will be simple majority of the members eligible to vote.

2.0 Role and Responsibilities

2.1 to receive nominations for appointment;

2.2 to identify potential candidates for appointment;

2.3 to maintain a record of all nominations received; and

2.4 to recommend on request, a slate of candidates to fill declared or expected vacancies.

3.0 Meeting Schedule

The Committee will meet at the call of the Chair when necessary, and as often as necessary, to discharge its responsibilities.

4.0 Nomination Procedures

4.1 P&T will advise the Nominating Committee of all vacancies and anticipated vacancies.

4.2 HAMAC may, at request, or from time to time, propose qualified nominees and will submit to the Nominating Committee a brief written rationale supporting each nomination.

4.3 The Nominating Committee may also propose nominees and will put on the record a short written rationale supporting each such nomination. The name of each nominee, a short *curriculum vitae*, and the supporting rationale will become a part of the permanent records of the Committee and will be available for all Committee deliberations.

4.4 When developing recommendations for candidates to fill vacancies and anticipated vacancies, the Committee will consider:

Terms of Reference  
Pharmacy and Therapeutics Committee

- i) individual qualifications;
- ii) expertise/credentials in clinical practice
- iii) experience on a previous committee (an asset but is not a requirement)
- iv) potential compliance with the Conflict of Interest Guidelines
- v) availability/commitment of time to participate fully in P&T Committee activities

In making its selection, the Committee will also consider the present make-up of the Committee and the need to maintain a beneficial mix of membership qualifications and background experience.

- 4.5 The Committee will make its selections by a vote and will submit to HAMAC the name of one recommended candidate for each vacancy identified plus the names of two alternative candidates.
- 4.6 The submissions to HAMAC will be accompanied by the *curriculum vitae* of each candidate named and the supporting written rationale.
- 4.7 HAMAC may select any Candidate(s) from among the names submitted by the Nominating Committee and will immediately request that such candidate(s) formally acknowledge the approved Conflict of Interest Guidelines and make any required disclosures.
- 4.8 HAMAC will make the appointment to the P&T Committee only after it has reviewed the Disclosure Form completed by the candidate(s) and has determined, in its sole discretion, that there is no evidence of any interest or activities which could jeopardize the integrity of the review process.

5.0 Amendment of the Terms of Reference

These Terms of Reference may be amended from time to time, or at any time, by HAMAC after appropriate consultation with the IH P&T Committee.

Terms of Reference  
Pharmacy and Therapeutics Committee

**Appendix B**

**CONFLICT OF INTEREST GUIDELINES**

**GOVERNING MEMBERS OF THE INTERIOR HEALTH PHARMACY AND THERAPEUTICS  
COMMITTEE, INCLUDING SUBCOMMITTEES AND WORK TEAMS**

**1.0 Preamble**

The maintenance of the Interior Health (IH) Formulary is an on-going, evidence-informed review of available medications, with consideration given to efficacy, safety, cost, and practicality. The review process requires objective input and must maintain the highest ethical standards, free of conflicts of interest.

In the realities of the relationship between the health care and the pharmaceutical industry, the conflict of interest criterion presents a special challenge. Physicians and pharmacists, those who guide the formulary process, are frequently involved in research of new drug products and/or engaged as consultants. They are often provided with honoraria to become speakers and invited to industry-sponsored social and educational opportunities. Importantly, they are universally subjected to the aggressive promotional activities of a highly competitive industry.

In such a setting, the opportunity for conflicts of interest is always present. Equally important, is the perception of those looking on that such conflicts may exist.

This demands that that Members of the IH Pharmacy and Therapeutic Committee (P&T), including its subcommittees or work teams, be governed not only by the broad Standards of the Conduct established by the Board of Directors, but also by more explicit Guidelines in respect to real, potential, or perceived conflicts of interest.

The stringent application of these Guidelines in content and spirit will ensure that conflicts of interest are avoided, thereby preserving both the reliability and credibility of the review process.

**2.0 Definitions**

**“Party”** means a drug manufacturer whose product is listed on the IHA formulary or is submitted to the P&T Committee for such listing.

**“Participant”** means, unless otherwise stated, persons filing a formulary application, the members of the P&T Committee, members of any subcommittees and any experts retained to assist in the drug review process.

**3.0 Forms of Conflict of Interest**

i) A **real** conflict of interest arises where a Participant, in the review process, has a private or personal interest, for example, a close family connection or financial interest, with a Party.

ii) A **potential** conflict of interest may arise when a Participant, in the review process, has a private or personal interest, such as an identified future commitment, with a Party.

iii) A **perceived** conflict of interest may exist when a reasonable well-informed person has a reasonable belief that a Participant has a conflict of interest, even if there is no real conflict.



Terms of Reference  
Pharmacy and Therapeutics Committee

#### 4.0 Disclosure Statement

*Prior to assuming their responsibilities and annually during the month of April, all persons identified as prospective Participants, by recommendation of the Nominating Committee or by virtue of their role within IHA, must;*

*i) Sign attached Form “A”, acknowledging their understanding and acceptance of the Board Policy and these guidelines and, where applicable;*

*ii) Complete the balance of the Form “A”, disclosing any known real, potential and possible perceived conflicts of interest as described in the Board’s policy, providing relevant details.*

#### 5.0 Disqualification

The Chair of the P&T Committee, in consultation with the Chair of the Hospital Authority Medical Advisory Committee (HAMAC), will review all Form “A” disclosure statements and may choose to disqualify any person whose past/current relationship with a Party is such that it may significantly impair that persons’ contribution as a Participant.

The facts/relationships of concern will be identified and a person so disqualified may request in writing a review of that decision. If upheld on review, the disqualification will remain in place until such time as evidence has been presented of a significant change in the facts/relationships identified.

#### 6.0 New Developments

The obligation to disclose is on-going and Participants must inform the Chair of P&T at the earliest opportunity of any new development during the course of their continued direct involvement with the committee which might place them in conflict of interest. In such circumstances, the Chair, in consultation with the Chair of HAMAC will have again the authority to determine if, in fact, a conflict of interest exists.

If, in fact, a conflict of interest exists and it cannot be resolved, the person involved may be disqualified as a Participant.

#### 7.0 Specific incidents

There may be occasional, specific instances where a Participant recognizes the potential for conflict of interest. In such circumstances, the Participant should abstain from any related discussion or votes and ensure that the Minutes record that abstention.

#### 8.0 Confidentiality

*8.1 The copies of the Guidelines signed by Participants and any disclosures attached thereto will be regarded as confidential and will be properly secured by the Secretary of HAMAC.*

*8.2 As and when a person ceases to be a Participant, the signed copies of the Guidelines and any disclosures attached thereto will be returned to the individuals involved.*

*8.3 Participants are expected to respect the confidentiality of any materials provided as part of the review process. No Participant shall knowingly divulge any such information to any person other than another Participant unless the Participant is legally required to do so. A Participant shall not use information obtained as a result of his or her involvement in the review process for his or her personal benefit.*

Terms of Reference  
Pharmacy and Therapeutics Committee

8.4 *Each Participant shall avoid activities, which might create appearances that he or she has benefited from confidential information received during the course of his or her activities with the review process.*

**9.0 General fidelity**

These Guidelines will be effective only with the personal respect and commitment of every individual Participant and a continuing collective determination to maintain the integrity of the Formulary process.

**10.0 Amendment to Conflict of Interest Guidelines**

*HAMAC may amend these Conflict of Interest Guidelines at any time, and from time to time, after appropriate consultation with the Committee Chair.*

Terms of Reference  
Pharmacy and Therapeutics Committee

**FORM "A"**

**CONFIDENTIAL**

**Conflict of Interest Undertaking**

*I have read the Board's Policy on Standards of Business Conduct along with the Interior Health P&T Committee's Conflict of Interest Guidelines and understand and agree to be bound by the obligations contained therein.*

*I have reviewed my activities as they relate to the matters dealt with in the disclosure section of the Guidelines and have:*

*( ) determined that I have no relevant disclosure to make*

*( ) completed the attached form to disclose relevant activities*

*I hereby certify that I have disclosed all relevant information with respect to any matter involving pharmaceutical companies or organizations that may place me in a conflict of interest.*

*I further promise to inform the Chair of the Interior Health P&T Committee or the subcommittee of any change in circumstances that may create a conflict of interest, as soon as it is known to me.*

*I agree not to disclose or misuse, in any way, information I may receive in the course of my duties and activities with the review process*

---

*Name*

---

*Signature*

---

*Date*

Terms of Reference  
Pharmacy and Therapeutics Committee

**DISCLOSURE FORM**

**Past/Current Funding**

Activities or interests over the past two (2) years involving a pharmaceutical company or related organization:

- |   | YES | NO  |
|---|-----|-----|
| ▪ Gifts received  | ( ) | ( ) |
| ▪ Payment to attend or consult at a local function        | ( ) | ( ) |
| ▪ Travel or Personal Education Funding                    | ( ) | ( ) |
| ▪ Funding or Honoraria for Educational Lectures           | ( ) | ( ) |
| ▪ Funding or Honoraria for Organizing Conferences         | ( ) | ( ) |
| ▪ Funding or Honoraria for Writing Articles or Editorials | ( ) | ( ) |

Please name the Organizations involved: \_\_\_\_\_

**Past Employment**

Activities or interests over the past five (5) years involving any pharmaceutical company or related organization:

- |   | YES | NO  |
|---|-----|-----|
| ▪ Employment or payment as Advisor/Consultant | ( ) | ( ) |
| ▪ Research Funding or Grants                  | ( ) | ( ) |
| ▪ Academic Appointments (Endowed Chairs)      | ( ) | ( ) |
| ▪ Educational Training                        | ( ) | ( ) |

Please name the Organizations involved: \_\_\_\_\_

**Investment**

Significant current investments in pharmaceutical or related organizations, excluding indirect holdings:

- Share holdings ( ) Yes

Please List: \_\_\_\_\_

- Options ( ) Yes

Please List: \_\_\_\_\_

Other activities or interests that might generate a conflict of interest, including relevant activities of a family member or business partner:

Terms of Reference  
Infection Monitoring Prevention and Control Team (IMPACT)

**1.0 PURPOSE**

The IMPACT makes recommendations regarding the policies and procedures for use within IHA facilities regarding control and prevention of infections

The IMPACT monitors the occurrences of infections as well as the interventions used to limit their occurrences

The IMPACT shall ensure that policies and procedures, which limit the likelihood of an infection being acquired while under the care of the health authority, are written and implemented.

**2.0 OBJECTIVES**

The IMPACT:

- 2.1. will receive reports on the frequency and rates of Health Care Associated acquired infections
- 2.2. will review provincial, national, and international guidelines, and relevant published literature, as appropriate for development of Health Authority policies and procedures in order to ensure best practices are being implemented
- 2.3. will, following the review (see 2.2), recommend policies and procedures that are effective in increasing the safety of patients, clients and employees
- 2.4. will develop linkages with provincial bodies such as the Provincial Infection Prevention and Control Network (PICNet)
- 2.5. will collaborate with Public Health to ensure that prevention strategies are consistent with the strategies used in the community
- 2.6. will encourage applied research in the area of infection prevention and control within facilities
- 2.7. will encourage the continuing education of physicians, nurses and other Interior Health staff in infection prevention and control
- 2.8. will encourage the continuing education of the Infection Prevention and Control Practitioners as well as the Medical Director to ensure best practices are being instituted in Interior Health.

Terms of Reference  
Infection Monitoring Prevention and Control Team (IMPACT)

**3.0 MEMBERSHIP**

- VP Medicine/Quality
- Medical Director, Infection Prevention and Control, (Chair)
- Corporate Director, Infection Prevention and Control
- Manager, Infection Prevention and Control
- Epidemiologist Infection Prevention and Control
- Public Health representative
- Infectious Disease
- Senior Management
- Clinical Microbiology,(Microbiologist from each region)
- Pharmacy
- Workplace Health and Safety representative
- Material Management representative
- Medical Device Reprocessing
- Quality Improvement & Patient Safety representative
- Surgery (surgeon)
- Hospital Administration
- General Practice
- Intensive Care
- Nursing
- Housekeeping
- Residential Care Services
- Chairs of the Regional Infection Prevention and Control Committees (ICCs)
- Senior Medical Directors
- Other departmental representatives as required

Medical Appointments to the committee, as noted in the HAMAC Terms of Reference, will be made by HAMAC with no limit to the number of terms an individual physician may serve.

Terms of Reference  
Infection Monitoring Prevention and Control Team (IMPACT)

**4.0 ACCOUNTABILITY AND REPORTING**

The IMPACT will report, via the minutes to the HAMAC, the Senior Executive Team, and to the Board Quality Care Committee.

Bimonthly, an in person report will be presented to HAMAC

The VP Medicine/Quality is designated as the SET member responsible for the IMPACT

The Infection Monitoring, Prevention And Control Team (IMPACT) is a Standing Committee of the Health Authority Medical Advisory Committee “HAMAC” for Interior Health.

**5.0 MEMBER ROLES AND RESPONSIBILITIES**

**Chair**

- Schedule meetings
- Prepare agenda and circulate to membership (Under normal circumstances, the agenda and related material will be distributed to the members not less than one week before the meeting)
- Facilitate meetings

**Membership**

- All members are free to suggest additions to the agenda
- Attend meetings regularly
- Fully participate in committee activities
- Recommend additions to the agenda – whenever possible, adequate notice should be given to the chair so that there is an opportunity to review the issue and provide background information to the committee members prior to the meeting.

**6.0 MEETINGS**

- The IMPACT will schedule regular monthly meetings with a minimum of 8 meetings per year or at the call of the Chair. The IMPACT may convene as a quality assurance committee as per Section 51 of the Evidence Act
- The IMPACT may also meet at the call of the Chair to deal with special or urgent issues. In such event, a formal agenda need not be issued. All members will be advised however, of the purpose of the meeting and given adequate notice
- A quorum consists of 51% of the membership. All Members will be voting members and decisions will be made by consensus

## Appendix 2

### Terms of Reference Infection Monitoring Prevention and Control Team (IMPACT)

- Draft of minutes will be sent to the members of the committee within 2 weeks of the meeting date.

#### **7.0 DISTRIBUTION OF MEETING MINUTES**

- Infection Monitoring Prevention and Control Team (IMPACT)
- IH Infection Control (IPAC)
- IH Quality Improvement and Patient Safety (QIPS) Committee
- Medical Microbiologist

#### **8.0 REVIEW OF THE TERMS OF REFERENCE**

The committee will review the Terms of Reference every 2 years or more frequently if necessary and recommend any needed changes/additions.

**Reviewed and approved by the Infection Monitoring Prevention and Control Team  
February 7, 2013.**



Terms of Reference  
Medical Staff Bylaws and Rules Committee

**1.0 Purpose**

To review and recommend revisions to *Medical Staff Bylaws*, Rules and policies

**2.0 Responsibility**

The Medical Staff Bylaws and Rules Committee is responsible to HAMAC

**3.0 Composition**

The committee membership shall be established by the HAMAC as required for each review process. Membership shall include:

- at least three physician members of the HAMAC
- at least two elected officers of the Medical Staff
- the Senior Medical Administrator (VP Medicine)
- other members of the medical and/or hospital staff as deemed appropriate
- consultants and advisors in a non-voting capacity as deemed appropriate

**4.0 Chair**

The Chair shall be appointed by the HAMAC for each review process.

**5.0 Quorum**

A simple majority shall constitute a quorum.

**6.0 Meetings**

The committee shall meet annually and at the call of the Chair.

**7.0 Duties**

- 7.1 To review *Medical Staff Bylaws*, Rules, and policies as requested by the HAMAC
- 7.2 To review the effects of legislation on the quality of medical care and/or the performance of Medical Staff as requested by the HAMAC
- 7.3 To seek the advice of experts as deemed necessary by the committee
- 7.4 To report its findings and recommendations to the HAMAC