



**Terms of Reference  
BC Stroke Strategy Steering Committee  
December 2008**

**Background**

The BC Stroke Strategy Steering Committee originated out of a series of meetings among representatives of British Columbia's Health Authorities, the Ministry of Health, the Heart and Stroke Foundation of BC and Yukon, BC Stroke Recovery Association and stroke experts. These meetings were the culmination of a process begun in the previous two years which produced the BC Stroke Strategy (November 2005) and a business case describing priority interventions for Stroke Care in BC. (February 2007). The creation of a Stroke Strategy Steering Committee was recommended as a means of coordinating priority improvements in stroke care as identified in the BC Stroke Business Case. The Stroke Strategy subsequently received partial funding from the Ministry of Health to implement and measure a number of stroke priority initiatives.

**Purpose**

The BC Stroke Strategy Steering Committee will provide comprehensive provincial representation, coordination, advice and provide direction to the implementation of the BC Stroke Strategy and appropriate linkages to the initiatives of the Canadian Stroke Strategy. This will be accomplished by:

- Promoting an integrated approach to organized stroke care, across the continuum of health care, in the province.
- Providing recommendations to government and Health Authorities with respect to improving stroke care in the province.
- Guiding ongoing development of the BC Stroke Strategy and associated funding opportunities to close gaps in care and to maximize the impact of stroke services on population health.
- Providing a forum for communication and networking to support stroke care, research and evaluation in the province.
- Identifying processes and structures to facilitate the penetration of the Stroke Strategy into prevention and "usual" stroke care in BC.
- Overseeing specific project initiatives funded via the Strategy, as appropriate.
- Ensuring the development and implementation of evaluation processes to assess the effectiveness and efficiency of stroke interventions funded through the Strategy and for long term monitoring of the disease.

- Providing advice to the Ministry of Health on the development of a comprehensive stroke care and prevention system for BC
- Assuring Stroke Strategy integration with policy and funding initiatives emerging within chronic disease management, primary care, emergency & acute care, medical services funding, rehabilitation, community programs and Health Authority mandates, programs and resources.
- Participating in inter-provincial and national networks established to disseminate knowledge, encourage evidence based practice and improve stroke prevention, emergency and acute care, rehabilitation and community re-integration for Canadians.

### **Accountability**

The Steering Committee will be an advisory body to the Ministry of Health. It is expected that the Steering Committee will be co-lead by a senior representative of the Ministry of Health and a senior representative of the Heart and Stroke Foundation of BC & Yukon. The Heart and Stroke Foundation BC & Yukon will assume the financial stewardship and management role for the BC Stroke Strategy on behalf of the Steering Committee, reporting to the Ministry of Health.

### **Membership**

As of November 2008, the Committee will be comprised of the following representatives of:

- Each of the six BC Health Authorities (maximum 4 each)
- Ministry of Health (2)
- Heart and Stroke Foundation of BC & Yukon (2)
- BC Stroke Recovery Association (1)

The Steering Committee may also recruit ex-officio representatives to provide advice, input, support, technical assistance or other assistance for consideration by the Steering Committee. Guests of the Committee will be invited by the Co-Chairs.

### **Responsibilities**

The responsibilities of the Members include:

- Maintaining attendance at the majority of meetings and contributing agenda items to the Co-chairs
- Participating in a collaborative manner and sharing strategies, resources & materials of relevance to the stroke continuum of care
- Representing their organization in Strategy decision making, including reporting on activities of the organization they represent
- Participate and/or lead Working Groups or sub-committees as requested
- Promoting the Stroke Strategy within Member organizations and other forums as relevant
- Communicating within their respective organizations to advance the initiatives of the Stroke Strategy
- Contributing expertise and leadership from their respective fields
- Acting as their organizational liaison for awareness building, coordination and supporting stroke communications/efforts sponsored through the Strategy.

- Avoiding conflict of interest, by declaring self or organizational interests.
- Maintaining confidentiality for privy information at the request of the Co-chairs.

### **Committee Selection**

The Committee will retain a balance of membership to adequately represent the full continuum of stroke care. The founding organizations will forward the names of qualified candidates based on vacancies/turn over within the committee after November 2008, for decision by the Committee of the whole.

### **Term**

The Committee will exist until October 2010, at which time the purpose and membership will be reviewed in conjunction with the progress of the BC and Canadian Stroke Strategies. Individual membership commitment to the Committee will be for at least two years.

### **Co-Chairs**

The Committee will be co-chaired by a representative from the Ministry of Health and the Heart & Stroke Foundation of BC & Yukon.

### **Duties/Responsibilities of the Co-Chairs**

Responsibilities of the Co-Chairs include:

- Presiding over meetings of the Steering Committee
- Determining the agenda for meetings
- Providing updates to partner organizations and government bodies/leadership
- Representing the BC Stroke Strategy Steering Committee at meetings/forums as relevant
- Carrying out public presentations, interviews, marketing and advocacy for the work of the BC Stroke Strategy Steering Committee, as appropriate.

### **Decision-making**

Decisions of the Committee will be by consensus agreement. In the absence of a consensus, a simple majority vote will decide. In the instance of a tie, the Co-chairs will cast the deciding vote.

### **Quorum**

A quorum will be 50%, plus one.

**Expenses**

Committee Members will receive no remuneration and expenses will be the responsibility of the Member's organization.

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**Secretariat**

The Heart and Stroke Foundation of the BC & Yukon will provide secretariat support to the Committee.

**Records**

Minutes of meetings will be taken and distributed.

**Frequency of Meetings**

A minimum of two meeting per year will be planned, with additional sessions at the call of the Co-chairs.