

## **Terms of Reference**

### **Telestroke Implementation Planning Sub-Committee (TIPS)**

#### *Definitions for the purpose of this document:*

1. The term “Telestroke” was proposed by Levine and Gorman to define the use of telemedicine in acute stroke intervention. Levine and Gorman, Telestroke: the Application of Telemedicine for Stroke, *Stroke*, 1999;20:464-4.
2. An advisory Sub-committee is a collection of individuals who bring unique knowledge and skills which complement the knowledge and skills of the formal project stakeholders. While members do not have formal project authority, they do provide key information and engage relationships that facilitate project planning and implementation. Adapted from *The Free Management Library* (<http://www.managementhelp.org>)

#### *Purpose*

The Telestroke Implementation Sub-committee (TIPS) provides guidance and assistance to the Provincial Telestroke Coordinator and Telestroke Clinical Coordinator in the design and deployment of Telestroke services in British Columbia.

#### *The Responsibilities of the Telestroke Implementation Planning Sub-committee*

- To enable the development of a practical and cost-effective plan for implementing BC Telestroke.
- To identify appropriate strategies, models and resources required to develop and implement sustainable Telestroke services.
- To work with and offer advice to the BC Telestroke Working Group in resolving issues that may impede project progress

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- The TIPS will consist of representatives from various stakeholder groups and will include regional representation.
- The TIPS will fulfill its responsibilities for the duration of the planning and implementation phases of the project, up to Spring 2010
- The Project Manager of the BC Stroke Strategy will have a reporting relationship to the TIPS, who are acting as an advisory body during the Telestroke Project.
- The Chair of the TIPS has a reporting relationship to the Project Manager and the Working Group and will accept responsibility of liaising with the Project Manager as needed
- Agendas for regularly scheduled meetings will be drafted by the Chair and circulated to the members within 5 working days of the meeting.
- Minutes of the meetings will be recorded and circulated to the members and the Chair of the Telestroke Working Group. These minutes will be reviewed at the start of the next meeting for amendments or additions.
- Recommendations put forth from the Committee, must be agreed upon by a simple majority, documented and approved by the Project Manager of the BC Stroke Strategy and the Telestroke Working Group, before implementation.

## *Membership*

- The membership structure of the TIPS will be as follows:
  - Fraser Health Authority Telehealth (1)
  - Interior Health Authority Telehealth (1)
  - HealthlinesBC (1)
  - Ministry of Health, Director of Telehealth (1)
  - Northern Health Authority Telehealth (1)
  - Provincial Health Services Authority Telehealth (1)
  - Vancouver Coastal Health Telehealth (1)
  - Vancouver Island Health Authority Telehealth (1)
  - Stroke Clinician (1)
  - Telestroke Clinical Coordinator, Heart & Stroke Foundation Project Manager, BC Stroke Strategy Project Manager (ex-officio)
  - Provincial Telestroke Coordinator, HS&F (Chair)
- The Stroke clinician will be nominated by the Working Group. Membership will be for the duration of the project and if required, replacements for members, will be approved by the Chair and the Project Manager of the BC Stroke Strategy.
- This is a voluntary committee other members may be added as required.

## *Schedule of Meetings*

Monthly or as determined by the Chair