



This document was created to support understanding of the C.A.R.E. Networks and is current as of **April 14, 2023**. If you have questions that are not answered here please email [CGII@islandhealth.ca](mailto:CGII@islandhealth.ca)

## **WHAT IS THE EXPRESSION OF INTEREST FOR?**

The Expression of Interest will identify members of Operations Excellence Committees (OECs) and Clinical Excellence Committees (CECs) that are part of new regional governance bodies called C.A.R.E. Networks. The EOI will be open from April 19 to May 10.

## **WHAT ARE C.A.R.E. NETWORKS?**

C.A.R.E. Networks are regional structures within the new clinical governance model that reflect groupings of common / aligned services. There are 13 Networks, including: Critical Care; Diagnostic Imaging; Emergency Medicine; Home and Community Care; Laboratory Medicine; Long-term Care; Medicine; Mental Health & Substance Use; Pediatrics; Perinatal, Newborn and Women's Health; Primary Care; Rehabilitation / Restorative Health and Surgery.

## **WHAT WILL OECs AND CECs DO?**

Operations Excellence and Clinical Excellence committees within each Network will have distinct but complementary functions. They will share responsibility for the development of annual quality improvement plans, identification of clinical innovations and regional service standards and policies.

## **HOW WILL MEDICAL STAFF BE REPRESENTED IN OECs AND CECs?**

It is expected that four medical staff will be needed for each Clinical Excellence Committee and two for each Operations Excellence Committee. Each committee will have approximately 20 members, not including chairs and patient partners. Remaining membership will include representatives from local quality and operations committees and professions that represent the scope of practice in the service.

## **WILL OECs AND CECs HAVE THE SAME MEMBERS?**

Each OEC and CEC will have different members. This is to align people with the right skills to the right decisions and ensure that people don't spend time in meetings without a clear role.

## **WHAT ABOUT SPECIALTY SERVICES?**

In some cases C.A.R.E. Networks also include Specialty Services (ie: Trauma is aligned to Surgery). This is to account for highly specialized services, where only a very limited group of specialists or experts in these services are qualified to participate in decision-making, and where the services are not of sufficient size to warrant a separate C.A.R.E. Network. The plan for committee membership on Speciality Service Areas will be developed in September once the C.A.R.E. Network transition has been completed.

## **HOW MUCH TIME WILL COMMITTEE MEMBERSHIP TAKE?**

Committee members should expect to dedicate five hours per month to prepare for and attend two virtual meetings.

## **WHAT IS THE RATE OF PAY FOR C.A.R.E. NETWORK TIME?**

The rate of pay is being evaluated by physician compensation.

## **WHEN WILL COMMITTEE WORK BEGIN?**

C.A.R.E. Network committees will begin functioning in September.

## **WHAT SUPPORTS WILL BE PROVIDED TO MINIMIZE ADMINISTRATIVE BURDENS?**

A new secretariat team will be dedicated to the coordination and administration of governance work, including communication.

## **WHAT GEOGRAPHIC REGIONS WILL BE REPRESENTED IN C.A.R.E. NETWORK COMMITTEES?**

Diversity from all regions where services are provided, e.g. rural and remote, urban centres and small communities, is an important principle of C.A.R.E. Network design

#### **DO CURRENT QUALITY COUNCIL MEMBERS NEED TO APPLY TO JOIN AN OEC OR CEC?**

Current Quality Council members who would like to join C.A.R.E. Network committees must submit an Expression of Interest to be considered.

#### **HOW WILL COMMITTEE MEMBERS BE SELECTED?**

An online Expression of Interest will be open from April 19 to May 10, 2023. All interested individuals, including current Quality Council members, should use this process to join a C.A.R.E. Network Clinical Excellence or Operations Excellence Committee. A selection committee will include representation from the Medical Staff Association (MSA), Nursing and Allied Health Advisory Committee (NAHAC), Human Resources, Patient Partners and Clinical Governance leads representing quality, patient safety and clinical services delivery. The Selection Committee will review submissions against pre-defined evaluation criteria focused on skills, experience and competencies.

#### **WHAT IS THE CHAIR SELECTION PROCESS?**

The Chairs for Operations Excellence and Clinical Excellence Committees are appointed.