

## HIP & KNEE OSTEOARTHRITIS PROGRAM Surgical Working Group 2020 TERMS OF REFERENCE

### Purpose

To guide, continuously improve and, where appropriate, implement the standardization of clinical practices, protocols, scopes of care and services for Albertan hip and knee (H&K) arthroplasty, using the H&K Surgical Care Path and direction from the Hip and Knee Replacement Clinical Committee (H&K RCC) as guidance.

### Hip and Knee Osteoarthritis – Surgical Working Group Mandate

The Hip and Knee Osteoarthritis – Surgical Working Group (H&K OA Surgical WG) is a multi-disciplinary, multi-site team within the H&K Osteoarthritis Program (H&K OA Program) providing community and acute care for patients with operable osteoarthritis in hip or knee joints. The WG focuses on the elective arthroplasty of H&K joints in Alberta and the delivery of this service is guided by the H&K Surgical Care Path. The group's role is to identify opportunities for quality improvement in delivery of this surgical service and address those gaps. This work is supported by the group's ongoing dedication to collection of quality data to track against the H&K Surgical key performance indicators (KPI), as outlined in the H&K Surgical Measurement Framework. Finally, the group is dedicated to the dissemination of information and service delivery changes via WG members to their local network of H&K arthroplasty inter-disciplinary colleagues as the H&K Surgical Care Path evolves.

### Model Variations

Service delivery of the H&K Surgical Care Path is subject to variation in model and structure throughout the province, depending on the resources available in the zone. It is not the duty of the WG to solve these variations but to reinforce the principles of the H&K Surgical Care Path and to focus on the quality of the care delivered to the patient as measured by the KPIs.

### Responsibilities of the Hip and Knee Osteoarthritis – Surgical Working Group

- 1) Identify gaps in the service delivery of elective H&K arthroplasties and work to address those gaps by reviewing work put together by regional project teams for provincial adoption.
- 2) Check-in with each surgical site about their local quality improvement efforts, their trends and changes in patient outcomes, and provide support or provincial connections at the provincial meetings.
- 3) Disseminate changes to practices, protocols, and scope of care within H&K arthroplasty based on best evidence and best practice as directed by the H&K RCC.
- 4) Summarize annual work for review and final approval by the H&K RCC.
- 5) Work in alignment with the Bone and Joint Health Strategic Clinical Network's (BJH SCN's) Transformation Roadmap, wherever possible, and in turn help to inform the focus of the map.

### Working Group Management and Membership

The H&K OA Surgical WG is accountable to the Hip and Knee Osteoarthritis Program Managing Committee (H&K OA Managing Committee) and the BJH SCN.

Leadership for the H&K OA Surgical WG is comprised of two co-leads, one administrative and one physician, as well as a quality improvement manager representative from Alberta Bone and Joint Health Institute (ABJHI). Leadership roles and terms are appointed by the BJH SCN.

The WG membership is comprised of representatives that work within H&K arthroplasty at the following Alberta Health Services, Covenant and third-party institutions:

- Medicine Hat Regional Hospital
- Chinook Regional Hospital

- Chinook Bone & Joint Clinic
- South Health Campus
- Rockyview General Hospital
- Foothills Medical Centre
- Peter Lougheed Centre
- Alberta Hip & Knee Clinic
- Red Deer Regional Hospital
- Central Alberta Orthopaedics
- St. Mary's Hospital
- Camrose Musculoskeletal Clinic
- Misericordia Community Hospital
- Royal Alexandra Hospital
- Edmonton Bone & Joint Centre
- Westlock Health Centre
- Bonnyville Health Centre
- Queen Elizabeth II Hospital
- GP Orthopedic Surgeons Clinic
- Orthopedic Associates Clinic

Each site selects a primary contact for the H&K OA Surgical WG and that primary contact is available for ad-hoc consultation. The primary contact is called the WG Representative (WG Rep) and has signed the WG Rep Role Description to indicate their own and their management's commitment to maintaining the integrity of the H&K OA Program at their site. Each site listed above has the right to select their representatives.

### Working Arrangements

- ABJHI provides strategic and project management support to the H&K OA Surgical WG.
- ABJHI maintains a master list of the WG Reps at each of the H&K arthroplasty sites and a larger mailing list for all possible relevant individuals of the sites.
- The co-leads work with the ABJHI representative to set the direction of the H&K OA Surgical WG initiatives.
- Provincial project teams are no longer organized in accordance with the shift towards Sustainability Planning for the H&K OA Surgical Program. However, if a critical topic arises (i.e. crucial emerging literature) a project team is resourced by representatives from the H&K arthroplasty sites who volunteer additional time:
  - Project team members are selected by the H&K OA Surgical WG leadership, often on the advice of the WG Reps at the H&K arthroplasty sites;
  - Project team members must be approved by the leadership at the local H&K site;
  - Project teams are led by the administrative co-lead and/or the ABJHI representative;
  - The ABJHI representative consults regularly with the administrative co-lead to gain advice on the direction of provincial projects; and
  - The ABJHI representative develops a short project plan for each project to document scope, timelines and resourcing as agreed upon by the WG leadership.
- Data collection and reporting is a combined responsibility of ABJHI and the WG Reps at the H&K arthroplasty sites.

### Quorum/Decision Making

No meeting is held without a quorum. A leader and at least 50% of members constitute a quorum.

All decisions shall be made by consensus. Consensus is defined as:

*Relevant voters can live with the proposed position or decision, even though it may not be their preferred one, and thereby give their consent to proceed on the decision and to support it.*

Project team relevant voters are the project team members. Project team members make decisions on:

- The content of the draft deliverables that are produced and elevated to all H&K OA Surgical WG members for review, consultation and decision making.

The H&K OA Surgical WG relevant voters are the members attending a meeting. The H&K OA Surgical WG members make decisions on:

- Alterations for the H&K Surgical Care Path, the H&K Surgical Measurement Framework and/or the H&K Supporting Materials Suite to propose to the H&K RCC.

The leadership relevant voters are the co-leads of the WG. The co-leads make decisions on:

- The focus of the direction of the H&K OA Surgical WG.
- Any unresolved issues from the H&K OA Surgical WG meetings.

### **Meeting Frequency**

The H&K OA Surgical WG Leadership meets monthly by teleconference. Agendas and pre-reading material are set, prepared and distributed by the ABJHI representative. Action items are summarized by the ABJHI representative following each meeting.

Project teams meeting frequency and management is determined by the project plan.

The H&K OA Surgical WG meets semi-annually. For general management of the WG meetings:

- The co-leads and representative from ABJHI set the agendas for meetings and approve agenda packages before they are distributed to the members.
- Agenda packages are assembled and distributed by ABJHI.
- ABJHI documents minutes. Drafted minutes and action items are finalized by the co-leads, which ABJHI then distributes.
- The first meeting is held in the spring.
- The second meeting is held in the fall.
- Voice and video conferencing options are made available as required to facilitate participation in meetings by all members.
- Meeting locations alternate between Edmonton and Calgary but should also be coordinated to alternate with the Fragility and Stability Acute Hip Fracture WG and the H&K OA Conservative WG to balance travel for the members as well as co-leads.

Meeting 1 Management:

- Meeting 1 is held via telehealth, with a small number of in-person attendees; and the length is 2-3 hours.
- In-person attendees include WG leadership, SCN leadership and any invited guests relevant to the agenda.

Meeting 2 Management:

- Meeting 2 is held in-person; and the length is 4-5.5 hours.
- The agenda includes a component of professional development/professional education and a period of general networking, in addition to the regular quality improvement topics.
- Attendees include representatives from the H&K arthroplasty sites, WG leadership, SCN leadership and any invited guests relevant to the agenda.
- The invited number of representatives from each H&K arthroplasty site depends on the agenda topics and the goals of the meeting but shall not exceed 4 representatives from each site. The recommended discipline and or role of these invited representatives is also determined by the agenda topics.

Learning collaboratives may be held from time to time if a strong proposal is put to the B&JH SCN leadership with a documented specific objective or if a critical topic emerges.

The H&K OA Surgical WG leadership may find that circumstances arise that require adjustment to this meeting plan. Those circumstances will be discussed, and adjustments will be made if required.

Otherwise meeting structure and frequency will be revisited annually as part of the regular terms of reference review and will be adjusted if the structure is no longer suitable.

### **Communications**

The WG leadership reports all relevant information and decisions from the H&K OA Surgical WG to the H&K OA Managing Committee and the B&JH SCN regularly.

ABJHI communicates regularly with the H&K OA Surgical WG mailing list as key announcements arise. These announcements may be made on behalf of the BJH SCN or the H&K OA Surgical WG co-leads.

Participating H&K WG reps have the responsibility to disseminate all information and decisions from the WG back to their local network of H&K colleagues. In turn, WG Reps for each H&K site have the responsibility of communicating their colleague's questions, concerns or issues to the H&K OA Surgical WG & WG leadership, as appropriate.

### **Remuneration**

Participants may be eligible to be reimbursed for travel and working session expenses incurred while participating in the H&K OA Surgical WG by the BJH SCN.

**Next Review Date: This document will be reviewed by the H&K OA Program Managing Committee in November 2019**