

HIP & KNEE OSTEOARTHRITIS PROGRAM Replacement Clinical Committee 2019 TERMS OF REFERENCE

Purpose

To make clinical and quality measurement decisions for the surgical branch of the Hip and Knee Osteoarthritis Program (H&K OA Program), using evidence and informed clinical judgement to set the standard of the best possible quality of care for the patients.

Hip and Knee Replacement Clinical Committee Mandate

The Hip and Knee Replacement Clinical Committee (H&K RCC) is a team of surgeons from across Alberta that work within the H&K OA Program providing an independent, expert, review to the medical and quality improvement work of the Hip and Knee Osteoarthritis – Surgical Working Group (H&K OA Surgical WG), and to the data analysis work of the Alberta Bone and Joint Health Institute (ABJHI). The H&K RCC was originally mandated by the Alberta Orthopaedic Society (AOS) but is now supported by the Bone and Joint Health Strategic Clinical Network (BJH SCN).

Responsibilities of the Hip and Knee Replacement Clinical Committee

- 1) Review new evidence related to the practices and protocols in the H&K Surgical Care Path and change those practices and protocols as warranted by evidence and medical judgment.
- 2) Review and approve the framework for measuring the performance of the care path, ensuring the framework is modified appropriately to reflect new practices and protocols.
- 3) Promote implementation of and adherence to the practices and protocols in the H&K Surgical Care Path within Alberta.
- 4) Summarize annual decisions for the H&K OA Surgical WG to disseminate and operationalize.
- 5) Collaborate with the Hip and Knee Conservative Clinical Committee (H&K CCC) wherever possible and wherever the SoC and the H&K Surgical Care Path could overlap or require alignment.
- 6) Work in alignment with the BJH SCN's Transformation Roadmap, wherever possible, and in turn help to inform the focus of the map.

Clinical Committee Management and Membership

The H&K RCC 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 RCC is comprised of a Chair and a quality improvement manager representative from ABJHI.

The membership is comprised of surgeons who perform H&K surgery in Alberta. The Chair is also an Albertan H&K surgeon.

The Chair is nominated by a member of the H&K RCC and is appointed by consensus of the committee members for a period of one or two years. The Chair may be appointed by consensus to subsequent one or two-year terms without limitation.

Members of the committee are nominated by the Chair and appointed by consensus of the existing members for a period of one or two years. Members may be appointed by consensus to subsequent one or two-year terms without limitation. Membership may be terminated by consensus of the members of the H&K RCC. The H&K RCC Chair will attempt to balance cross-

provincial representation in the membership. It is tradition that the surgical co-lead of the H&K OA Surgical WG is a member of the H&K RCC to help maintain the close relationship and assist with communication of ideas and decisions between the two groups.

Each member may appoint a maximum of two (2) designates during his or her term to ensure cross-provincial representation at each meeting of the Clinical Committee. Each member is responsible for attending or providing a designate to attend each meeting. A member may be represented by one designate at a meeting.

ABJHI prompts annually for membership renewal or nomination of new members, as required.

Working Arrangements

- ABJHI provides administrative and project management support to the H&K RCC.
- ABJHI maintains the list of membership and the members preferred contact information.
- The Chair works with the ABJHI representative to approve the annual topics for the committee's review.
- Topics for the committee's review can include:
 - Key work completed by the H&K OA Surgical WG that requires clinical/medical review prior to provincial implementation or standardization;
 - Data analyses prepared by ABJHI, which were requested by the committee or any other group, that are of interest to the committee members;
 - Requests for alterations to the H&K Surgical Care Path and its supporting tools;
 - Requests for adjustments to the key performance indicators (KPIs) of the H&K Surgical Program, which are detailed in the H&K Surgical Measurement Framework; and
 - Requests for alterations to how H&K surgical data is categorized or coded at ABJHI.
- Any front-line staff working in H&K care, members of the H&K OA Surgical WG, the H&K OA Surgical WG leadership, ABJHI personnel, or any external individuals or groups can bring forward a topic for review by the committee.
 - It is imperative that anyone making a review request, other than the H&K OA Surgical WG leadership, compile their evidence to support their application to the committee.
 - Review requests made by the H&K OA Surgical WG leadership are typically backed up by project work conducted prior to the request. Please refer to the Terms of Reference of the H&K OA Surgical WG for more detail on how project work is conducted.
 - ABJHI personnel do not have medical backgrounds and cannot conduct literature reviews. However, if support is required ABJHI can explore opportunities to liaise with the BJH SCN's scientific research arm to engage resources to conduct literature reviews.

- All requests for review should be made to the ABJHI quality improvement representative and ABJHI will maintain a list of potential review topics at all times.

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.

Relevant voting members include the Chair and the surgeons that make up the membership of the H&K RCC. The ABJHI representative, and any guest speakers, are not voting members.

The H&K RCC are considered the final authority for clinical decisions within the Surgical branch of the H&K OA Program. However, the H&K OA Surgical WG leadership or members may negotiate back and forth with the H&K RCC to ensure that decisions are reasonable for operationalization.

Meeting Frequency

The H&K RCC leadership meets on an adhoc basis as relevant discussion items arise. Meetings may be in-person or via teleconference. Agendas and pre-reading materials are set, prepared and distributed by the ABJHI representative. Action items are summarized by the ABJHI representative following each meeting.

The H&K RCC meets annually in the fall. For general management of the meetings:

- The Chair and the quality improvement manager from ABJHI set the agendas for meetings and approve agenda packages before they are distributed to the members.
- The Chair and ABJHI will meet three to four months before the meeting to select the topics for the agenda. This time frame allows ABJHI time to prepare the content of the pre-reading packages.
- Agenda and pre-reading packages are assembled and distributed by ABJHI
 - Packages are printed and compiled into binders by ABJHI
 - Binders are then couriered to members' preferred addresses a minimum of one week prior to the meeting.
- ABJHI documents minutes. Drafted minutes and action items are finalized by the Chair, which ABJHI then distributes.
- Meetings are held in Calgary at the ABJHI office.
- Voice and video conferencing options are made available as required to facilitate participation in meetings by all members.

The H&K RCC 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. If additional meetings are required, they will be held via teleconference.

Communications

The committee Chair communicates all relevant information and decisions from the H&K RCC to the H&K OA Managing Committee and the BJH SCN regularly.

ABJHI communicates regularly with the H&K OA Surgical WG mailing list as key decisions are made by the H&K RCC.

ABJHI also communicates regularly with the H&K RCC members as key announcements are required. These announcements may be made on behalf of the BJH SCN or the H&K RCC Chair.

Participating H&K RCC members have the responsibility to disseminate all information and decisions from the committee back to their local network of H&K colleagues. H&K RCC members have the responsibility of communicating their colleague's questions, concerns or issues to the H&K RCC, 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

**HIP & KNEE OSTEOARTHRITIS PROGRAM
Replacement Clinical Committee
2019
Declaration of Agreement**

I, _____, agree to participate in the Hip and Knee Replacement Clinical Committee for the following term:

1 Year Term: January 1, 2020 to December 31, 2020.

2 Year Term: January 1, 2020 to December 31, 2021.

My current contact details are (or please correct if there are any changes):

Address: _____

Email: _____

Phone: _____

Should I be unable to attend meetings during my term, I have identified the following designates:

1. Name: _____ Phone: _____ Email: _____

2. Name: _____ Phone: _____ Email: _____

Signature: _____ Date: _____