

Terms of reference

STATE SPINAL CORD INJURY SERVICE (SSCIS) CLINICAL DEVELOPMENT COMMITTEE

Reports to	SSCIS Steering Committee		
Reporter	SSCIS Director		
Chairperson/s	Deputy Co-Chair with SSCIS Director as the alternate		
Terms of office	As outlined under Section 7 below		
Secretariat	SSCIS Network Manager		
Endorsed by	SSCIS Clinical Devt Committee	Date	25 August 2020
Next review	1 May 2022		
Review process	[Details]		
Decision making	[Details]		

Background

The Agency for Clinical Innovation (ACI) is the primary agency in New South Wales (NSW) for promoting innovation, engaging clinicians and consumers and designing and implementing new models of care. Our purpose is to work with clinicians, consumers and partners to design and drive innovation to ensure appropriate, effective and sustainable patient centred health care.

The NSW State Spinal Cord Injury Service (SSCIS), a network of the ACI, is committed to ensuring that people with spinal cord injuries in NSW receive the highest quality services, working in collaboration with other stakeholders to facilitate individual independence and achievement of personal goals.

The SSCIS is responsible for coordinating the clinical management and care for people who have sustained a SCI, with evidence of damage to the neural tissues as a result of trauma, or from a non-progressive disease process (e.g. Transverse myelitis, compression by infective process, canal stenosis, haemorrhage or vascular occlusion). Progressive conditions such as demyelinating, genetic disorders and degenerative conditions of the spinal cord as well as compression by metastatic lesions are not the province of the SSCIS.

The SSCIS organisation structure (**Appendix 1**) is designed to facilitate clinician driven decision making processes and to create opportunities for all SSCIS stakeholders to contribute to spinal cord injury services coordination and development. The SSCIS acknowledges the existing governance structures within NSW Health and works within the existing Local Health District framework to improve service delivery.

Purpose

The SSCIS Clinical Development Committee (CDC) aims to bring together clinicians, consumers and stakeholders to provide clinical leadership and support development and implementation of best practice care and service delivery to people with spinal cord injury in NSW.

Responsibilities and functions of Committee

The SSCIS Clinical Development Committee has the following responsibilities:

- 1.1. Function as a clinical reference committee to provide expert advice, recommendations and guidance to SSCIS Steering Committee, ACI, other government agencies and non-government organisations regarding best practice spinal cord injury management.
- 1.2. Provide clinical leadership in planning, development and delivery of best practice spinal cord injury care within NSW.
- 1.3. Promote evidence based clinical practice and standards in the delivery of SCI services to achieve optimal person-centred outcomes.
- 1.4. Oversee, support and evaluate the timely implementation of the activities and recommendations of sub-committees and working parties to achieve optimal person-centred outcomes.
- 1.5. Promote effective engagement, communication and collaboration across the network of spinal cord injury services, consumers and other stakeholders.
- 1.6. Provide a forum to raise and discuss issues and concerns impacting on efficiency and effectiveness of clinical service provision and patient-centred outcomes.
- 1.7. Ensure the goals, activities and achievements of the SSCIS are effectively communicated to internal and external stakeholders.
- 1.8. Identify and prioritise areas requiring further research and innovation at a statewide level to improve the service quality and outcomes.
- 1.9. Develop and support professional development and educational activities to improve practice and outcomes.
- 1.10. Develop and support education, information and resources for non-specialist providers, consumers, families and carers.
- 1.11. Advise and facilitate the implementation and management of the SSCIS clinical information system.
- 1.12. Oversee and facilitate the use and reporting of clinical information, indicators, and outcome measures for evaluation of clinical service delivery.

Role and Responsibilities of Members

- 1.1. To attend 75% of the meetings in person or by teleconference.
- 1.2. To complete actions as per noted responsibility within the nominated timeframe.
- 1.3. To share and communicate information to and from the group, service, committee or working group they represent.
- 1.4. To seek the advice of their colleagues and facility / service managers as required to ensure the deliberations and determinations of the Committee reflect stakeholders' needs and opinions.
- 1.5. To communicate opportunities for strategic partnerships within and external to the Network.
- 1.6. To support and promote achievement of the work plan initiatives.
- 1.7. To participate in working group activities as expertise and time allows.
- 1.8. To represent the ACI and its functions as able.

- 1.9. Members are expected to maintain confidential any issues discussed during the meeting which are of a sensitive or controversial nature, including identifying information of patients/clients.

Frequency of meetings

Meetings will be held quarterly or as required by the chair to achieve the objectives of the committee.

Reporting committees

- The SSCIS CDC Co-Chairs will report to the SSCIS Steering Committee
- Sub-committees and working groups will provide a brief summary report on progress of their activities to be tabled at the SSCIS CDC meeting twice a year or more frequently as required.

Method of evaluation

- Second yearly review of terms of reference
- Annual review of progress against work plan.
- Second yearly review of membership.

Quorum

- A quorum comprises 50% of membership +1 including at least one Co-Chair.
- Motions and proposals will be raised, moved and seconded. Voting shall follow a majority vote protocol. In the event of a tied vote, the Co-Chairpersons will have the deciding vote. In the event of a tied vote after this process, the Chief Executive or ACI Director (or representative) / Chairperson of the SSCIS Steering Committee will have the deciding vote.
- At least one member from each facility and the SSCIS Directorate must be in attendance.
- A decision that will impact upon a facility/service/group will not be made unless that facility/service/group has representation or has made comment to the Chair about the issue.

Membership

Tenure of the committee members will be two years with the change in membership to be staggered to ensure that the full membership does not change at the same time. There will be an option to renew up to a maximum of 3 terms.

Committee member	Name	Title
ACI SSCIS Network Chair ACI SSCIS Deputy Chair	Prof James Middleton	Director, SSCIS
ACI SSCIS Network Manager	Danielle Collins / Komal Adarkar Jenni Johnson	SSCIS Network Manager TPR Stream Manager
Data, Evidence and Outcomes Sub-Com	Priya Chari	Staff Specialist, RNSH
Clinical Practice Improvement Sub-Com.	Sonia Jones	CNC, SCI RNSH
Education Sub-Committee	Gillian Garrett	Spinal Injuries CNC, Royal Rehab
Pressure Injury Champions	Lucija Lavrencic	CNC, SPOC RNSH
Medical Professional Network	Sachin Shetty	Director- Director, Spinal Services, Prince of Wales Hospital
<u>Alternate member:</u>	David Bowers	Staff Specialist, Spinal Injury Unit, RNSH
Nursing Professional Network <u>Alternate member</u>	Gillian Garrett TBA	Spinal Injuries CNC, Royal Rehab

Dietitian Professional Network <u>Alternate member:</u>	Alana Nicholas TBA	Senior Clinical Dietitian, RNSH
Occupational Therapy Professional Network <u>Alternate member:</u>	Ann Thompson Luke Chmliewski	Snr Occupational Therapist, RRC Snr Occ Therapist, POWH
Physiotherapy Professional Network <u>Alternate member:</u>	Donna Rainey Sophie Denis	Senior Physiotherapist, RRC Senior Physiotherapist, POWH
Social Work Professional Network <u>Alternate member:</u>	Jackson Singleton TBA	Social Worker, Spinal Outreach Service
Psychology Professional Network. <u>Alternate member:</u>	Annalisa Dezarnaulds Catherine Ephraums	Clinical Psychologist, POWH NSW State SCI Psychosocial Strategy Co-ordinator Clinical Psychologist, Royal Rehab
Spinal Seating Professional Network <u>Alternate member:</u>	Andrew Thompson Victoria Sim	Clinical Service Co-ordinator, AT&S Occupational Therapist, Spinal Pressure Care Clinic, Seating Clinic, POWH
Paediatric SCI services. <u>Alternate member:</u>	Antoinette Botman (AB) TBA	Staff Specialist - Head of Spina Bifida & Spinal Cord Services, Kids Rehab, CHW
Hunter SCI Service <u>Alternate member:</u>	Anitra Thomas TBA	Service Manager, Hunter Spinal Cord Injury Service (HSCIS)
Consumer Rep. <u>Alternate member:</u>	Greg Killeen (GK) TBA	Senior Policy & Advocacy Officer, Spinal Cord Injuries Australia (SCIA)
Spinal Cord Injuries Australia (SCIA)	Claudia James	NeuroMoves Strategy & Development Manager, SCIA
ParaQuadNSW <u>Alternate member:</u>	Kylie Wicks (KW)	General Manager, Clinical Services, ParaQuad
Additional management representatives	Gerard Weber (GW)	Director, Spinal Rehabilitation Unit, Royal Rehab
	Melissa McCormick- Dimity O Leary	Manager, NSW Spinal Outreach Service
	Sachin Shetty (SS)	Director, Spinal Services, POWH
	Lianne Nier	Staff Specialist, RNSH

Appendix 1: SSCIS Committee Structure



Membership

Spinal Cord Injury Services:

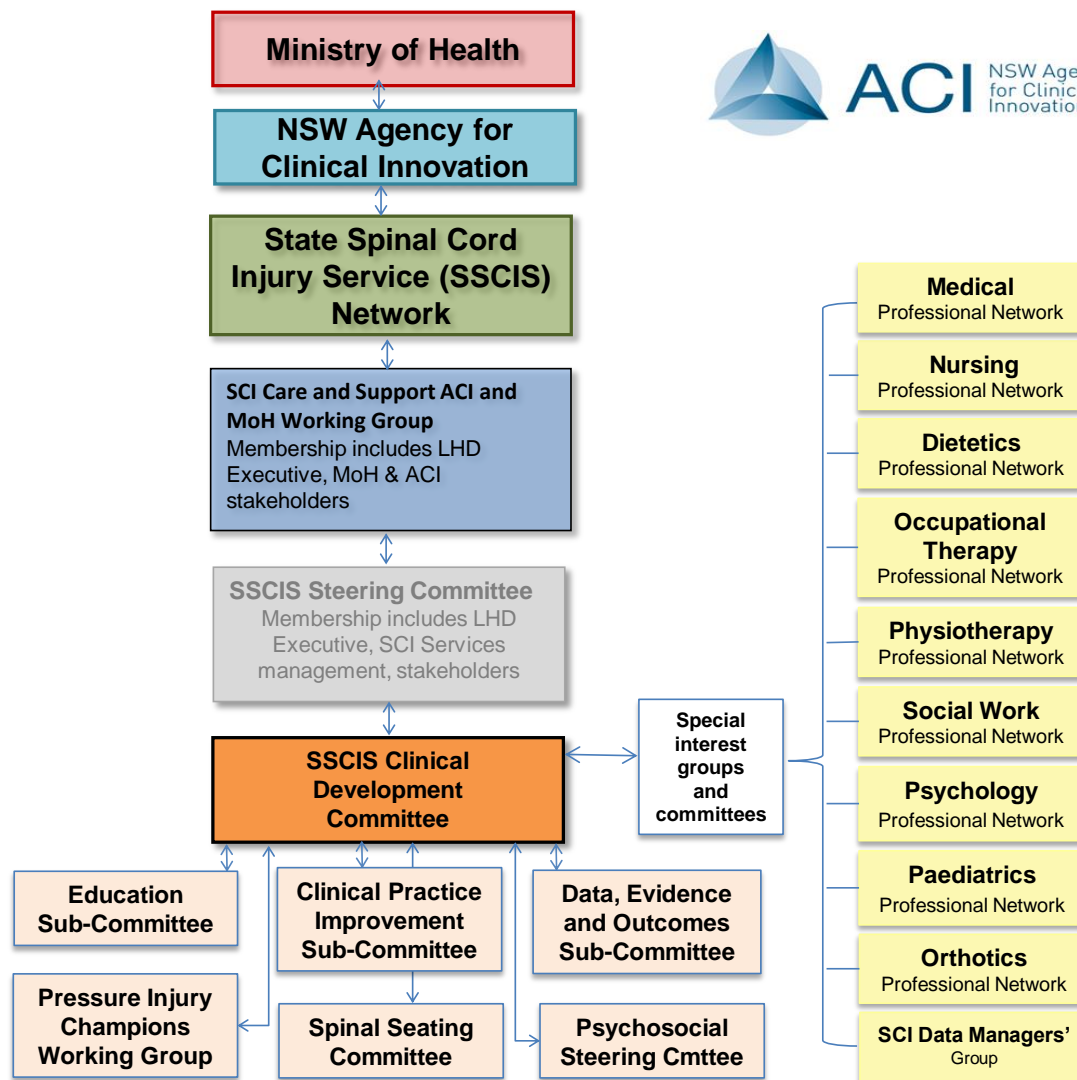
- Royal North Shore Hospital
- Prince of Wales Hospital
- Royal Rehab
- Hunter Spinal Cord Injury Service
- Spinal Outreach Service
- Rural Spinal Cord Injury Service
- Children's Hospital Westmead
- Sydney Children's Hospital
- Northcott Paediatric Spinal Outreach Service
- Others interested &/or involved in the care, support and management of people with SCI
- People with SCI

External Stakeholders

- ParaQuad NSW
- Spinal Cord Injuries Australia (SCIA)
- iCare - Lifetime Care Support Authority & Workers Care
- Enable NSW
- Northcott Disability Services
- ANZSCIN
- NDIA

National and International Links

- ANZSCoS
- ISCOS



Updated February 2020