



**TERMS OF REFERENCE
STATE SPINAL CORD INJURY SERVICE (SSCIS)
CLINICAL PRACTICE IMPROVEMENT SUB-COMMITTEE**

REPORTS TO	SSCIS Clinical Development Committee	
REPORTER	Chairperson of Clinical Practice Improvement Sub-Committee	
CHAIRPERSON(S)	To be nominated	
TERM OF OFFICE:	2 years	
SECRETARIAT	To be shared by committee members	
ENDORSED BY	SSCIS Clinical Development Committee	DATE 6 May 2015
NEXT REVIEW	May 2016	

1. BACKGROUND

At the SSCIS Forum 2014 a review of the committee structure was proposed to reflect, firstly, the reestablishment of the SSCIS Steering Committee in December 2013 and secondly, the changing direction and focus of SSCIS as a clinical network of the Agency for Clinical Innovation. The proposed new committee structure would include the establishment of new sub-committees and the review of the terms of reference of current committees, with the aim that all committees and sub-committees contribute to a shared aim and together work to achieve identified priorities and goals. The Clinical Practice Improvement Sub-Committee is one of the new sub-committees.

2. PURPOSE

The SSCIS Clinical Practice Improvement Sub-Committee has been established to provide expert advice on clinical practice in spinal cord injury (SCI) services in NSW. It will focus on continuing practice improvement through the identification of sub-optimal clinical outcomes, clinical practice variation and standards. It will make recommendations and action strategies to address these recommendations.

3. RESPONSIBILITIES / FUNCTIONS

The SSCIS Clinical Practice Improvement Sub-Committee has the following responsibilities:

- 3.1.** Liaise with the Data, Evidence and Outcomes Sub-Committee regarding identification of sub-optimal patient outcomes (adverse events) and inappropriate clinical practice variation.
- 3.2.** Review current clinical practice to reduce and minimize inappropriate variation and improve patient outcomes.
- 3.3.** Identify priorities for clinical practice improvement within SCI services in NSW.
- 3.4.** Develop statewide evidence based clinical practice improvement strategies. These may include protocols, procedures, guidelines &/or models of care.
- 3.5.** In relation to clinical practice improvement strategies:

3.5.1. Develop implementation plan(s) in collaboration with the Education Sub-Committee, the SSCIS Clinical Development Committee, SSCIS Steering Committee and/or the Agency for Clinical Innovation.

3.5.2. Develop evaluation plan(s) in collaboration with the Data, Evidence and Outcomes Sub-Committee, and/or the Agency for Clinical Innovation, to monitor implementation and effectiveness.

4. MEMBERSHIP

Membership of the SSCIS Clinical Practice Improvement Sub-Committee will include the following:

- **Chairperson** – an interim chairperson may be appointed to establish the sub-committee and allow time for the identification of an inaugural chairperson.
- **General membership** - At least six members of the SSCIS network with a keen interest in improving the outcomes of people with a SCI using an evidence-based clinical practice improvement approach. Members will reflect the multidisciplinary nature of SCI services and include a broad representation from clinical disciplines, as well as a consumer with a SCI.
- Secretariat support to record minutes and distribute meeting documentation will be identified from within the sub-committee membership and may be undertaken on a rotational basis.
- Current membership list is included in **Appendix 1**

5. TERM OF OFFICE

- **Chair** – The position of Chair will be held for a term of two years. The Chair may then remain on the committee for a further two years. The Chair can re-nominate at any time.
- **General membership** – General members will be appointed for a term of two years. General members may re-nominate at any time.

6. RESPONSIBILITIES OF MEMBERS

- To attend 75% of the meetings in person or by teleconference.
- To complete actions as per noted responsibility within the nominated timeframe.
- To share and communicate information to and from the group and/or service they represent.
- To seek advice from their colleagues, group and/or service they represent as required to ensure the deliberations and determinations of the Sub-Committee reflect stakeholders' needs and opinions.
- To communicate opportunities for strategic partnerships within and external to the Network.
- To support and promote achievement of the work plan initiatives.

7. FREQUENCY OF MEETINGS

To be determined by the sub-committee with meetings occurring no less than 4 times per year.

8. METHOD OF EVALUATION

- Progress against the Sub-Committee's work plan which will be negotiated with and agreed to by the SSCIS CDC.
- Second-yearly review by the SSCIS CDC of the Sub-Committee's Terms of Reference. .
- Second-yearly review of the membership.

9. QUORUM

Half membership plus one.

10. CONFLICT OF INTEREST

If a member is deemed to have a real or perceived conflict of interest in a matter that is being considered at a meeting, he/she will be excused from discussions and deliberations on the issue.

11. MINUTES

- Minutes and agreed actions will be recorded by a member of the Sub-Committee.
- Minutes will be distributed to all members of the sub-committee within a month of the meeting.
- Agenda will be distributed to all members no later than one week before the next meeting.

ACCOUNTABILITY

The Sub-Committee reports through the SSCIS Clinical Development Committee (CDC) to the SSCIS Steering Committee.

Appendix 1 - Members of SSCIS Clinical Practice Improvement Sub-Committee

Correct as at: Date

First Name	Surname	Role	Hospital/AHS (and/or organisation)