Provincial Council for Maternal and Child Health
Maternal-Child Transport Advisory Committee
Terms of Reference

1. SCOPE AND MANDATE

Working collaboratively with the Maternal-Child Transport Operations Group (M-CTOG), and reporting to the Provincial Council for Maternal and Child Health (PCMCH), the Maternal-Child Transport Advisory Committee (M-CTAC) will provide advice and oversight to the development and implementation of maternal-child transport standards, guidelines, and recommendations to improve quality, access, safety, and the patient experience for the maternal and child transport system in Ontario. This work is guided by, and in alignment with, the strategy and direction of PCMCH and the Ministry of Health and Long-Term Care (MOHLTC).

2. FUNCTIONS

The major duties of the M-CTAC shall be as follows:

i. To identify priorities and to recommend, develop and review strategies and mechanisms to achieve and sustain a standardized, coordinated, high quality transport system for pregnant women, newborns, children and youth in Ontario;
ii. To provide leadership for strategies, guidelines, standards and recommendations at the provincial level;
iii. To provide leadership for implementation plans, ensuring that implementation is considered from provincial, regional and inter-disciplinary perspectives;
iv. To actively communicate, promote and facilitate the implementation of strategies, guidelines, standards and recommendations within member organizations and throughout regional networks;
v. To identify and recommend key performance indicators and metrics for ongoing evaluation of system efficiencies, access, safety, and satisfaction, and to facilitate organization/network participation in data collection, evaluation and analysis;
vi. To function in a steering capacity for the Maternal-Child Transport Operations Group (M-CTOG), providing oversight, strategic leadership, and recommendations for implementation of best practices, strategies, and guidelines and recommendations within their own organizations, teams, LHINs and regions.

3. REPORTING RELATIONSHIP AND ACCOUNTABILITY

The M-CTAC will report to the Provincial Council for Maternal and Child Health (PCMCH).

M-CTAC members will actively participate in meetings and will be responsible for disseminating information and championing M-CTAC initiatives within their organizations and teams.

At the direction of the Co-Chairs, members of M-CTAC may form time-limited working groups to address specific areas of focus. Working groups will report to M-CTAC.

The M-CTAC is a sub-committee of PCMCH and as such, has no authority to spend or commit PCMCH funds without prior approval from the Chair, PCMCH.

4. MEMBERSHIP

The overall composition of the M-CTAC should reflect a balance of skills, expertise and perspective needed for the Committee to fulfill its roles and responsibilities. Membership as a whole should reflect the scope of the M-CTAC including: community and institutional settings; a balance of professional disciplines, medical and administrative roles, representing all levels of care; the diversity of communities served; and rural, urban and remote perspectives.

Membership will include representation from the following:
(Where appropriate, one member may provide representation for more than one member category below.)

- 2 Co-Chairs;
    - 1 Medical Director
    - 1 Administrative Director
- 1 Co-Chair of Maternal-Child Transport Operations Group;
- 1 representative from each of the 4 regional Neonatal/Paediatric Transport Teams;
    - 2 Medical Directors
    - 2 Administrative Directors
- 1 Medical Director, Winnipeg Children's Hospital;
- 2 Paediatric Intensivists/Physicians;
    - 1 representing a tertiary centre that does provide specialized paediatric transport
    - 1 representing a tertiary centre that does not provide specialized paediatric transport
- Evaluation and Quality Improvement;
    - 1 representing maternal/neo-natal population (CNTN)
    - 1 representing paediatric population (BORN)
- 2 Representatives of remote/rural LHINs
- 1 representative of the Maternal-Neonatal Regional Networks
- Ex officio - 1 representative each of:
    - MOHLTC - Enhancing Emergency Services Ontario (EESO 2.0);
    - MOHLTC - Provincial Programs Branch;
    - CritiCall Ontario;
    - Air Operations, Ornge;
    - Ontario Association of Paramedic Chiefs;
    - Critical Care Services Ontario (CCSO);
    - Child Youth Advisory Committee;
    - Maternal-Neonatal Committee – Obstetrician.

Representatives should be of a level of authority to direct implementation strategies and activities within their areas of responsibility, organizations and networks.

The Co-Chairs of M-CTAC may invite others ad hoc to address or participate in meetings.

A patient and/or family perspective will be sought as appropriate.

Process for Selection of the Members
Members will be recommended by the co-chairs, who shall seek nominations from M-CTAC members, membership organizations/networks, and PCMCH. Recommendations will be reviewed by GNC for approval.

Terms of Office of Members

Terms for M-CTAC members will be ongoing, based on their leadership/representation roles within their respective domains. It is the responsibility of each M-CTAC member to advise the Co-Chairs of any changes to their roles and to support identification of replacement representatives.

Officers
The Officers of M-CTAC will be its Co-Chairs.

Process for Selection of the Officers
A Co-Chair may be nominated by the current Co-Chair and/or committee members and will be confirmed by the Council Governance and Nominations Committee.

Terms of Office of Officers
The Co-Chairs will serve a maximum of two 3-year terms. Their turnover will be staggered.

Use of Alternates
The use of alternates or designates by members is not permitted.

Attendance
The M-CTAC meets at least 4 times a year. Meeting dates are circulated a minimum of a year in advance. In order to maintain their seat on M-CTAC, a member must be present (in person or remote participation) for a minimum of 3 meetings per year (75% attendance).

5. DECISION MAKING & QUORUM

The M-CTAC will act in the best interests of the citizens of Ontario and the maternal, child and youth health care system. Decisions will be based on the interests of the citizens of Ontario and the system of services, rather than the interests of any single organization or component of that system.

All M-CTAC members share accountability for decisions and results. There will be open and direct communication based on honesty, respect and transparency to ensure that all perspectives are heard. Decisions will be based on evidence whenever possible.

Quorum is set at 50% + 1 of membership for decisions.

Decisions shall be made by consensus if possible; if consensus is not achieved, then a majority-based decision will be made. If voting is required, members, excluding ex officio, are entitled to one vote, which should include the opportunity for absentee members to provide input. The views and issues of any minority perspective will be reflected in final reports and recommendations. There will not be an appeals process.

Decisions are binding and all members will support the decisions and work of the M-CTAC after decisions have been made.

6. CONFLICT of INTEREST

Members of M-CTAC shall be expected to disclose to the Co-Chairs, without delay, any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest.

7. COMMUNICATION AND CONFIDENTIALITY

M-CTAC material should be treated as confidential. It will be clearly stated when material is no longer confidential.

8. MEETING SCHEDULE

Quarterly; with two in-person meetings and two meetings by teleconference.

9. SECRETARIAT

M-CTAC will be supported by a secretariat that is comprised of:

- Executive Director
- Program Manager(s)
- Program Coordinator
- Decision Support Specialist (ad hoc)
- Administrative Assistant

10. TERMS OF REFERENCE

The Terms of Reference for M-CTAC shall be reviewed as necessary and/or at a minimum of every two years.