Clinical Informatics Advisory

to the CEIH

Terms of Reference

Together, let's create better healthcare for South Australians

Background

The Commission on Excellence and Innovation (CEIH) is a key pillar of the work being undertaken by the SA Government to deliver the best possible health care to South Australians.

CEIH will empower clinicians and consumers to work together to help build a continuously evolving, improving and learning health system that is recognised for its excellence and which will improve the health of South Australians.

The Clinical Informatics division (CID) of the CEIH supports this by focussing on the following goals:

- Promoting and building health data literacy for clinicians and consumers
- Building capability, sharing and collaborating across SA Health in using clinical informatics to support clinical improvement
- Driving a learning health organisation by embedding evidence throughout the system
- Enhancing and empowering access to rich data assets to aid clinical decision making, health service policy, planning, delivery and evaluation and research translation
- Supporting uses of data and technology to deliver improved consumer outcomes and engage the health sector
- Building partnerships and linkages with international and national organisations for knowledge sharing in clinical informatics with other innovators
- Supporting sustainable, interoperable, open, scalable and innovative informatics solutions
- Supporting the informatics requirements of the clinical networks and clinical improvement initiatives led by the CEIH
- Monitoring international, national and local research for emerging innovations and best practice research in clinical informatics

Objectives and scope

The Clinical Informatics Advisory (CIA) is the peak clinical informatics advisory body to CEIH to support achievement of the above goals. Its role is to:
- Be data champions, promoting the use and access to data that leads to actionable insights
- Advise on the clinical informatics priorities for the CEIH
- Ensure that the clinical informatics priorities and the work of CID align with and supports the development of the CEIH's vision and purpose, with state-wide health priorities and community expectations
- Provide advice, insight and support to CEIH on its current and future informatics programs
- Provide advice on innovations and measures to improve efficiency & effectiveness for clinicians and users of clinical informatics

- Act as a resource and provide advice, comment and/or recommendations to the CEIH Commissioner and CID, the Clinical Advisory Council (CAC), clinical networks and other advisory groups to the CEIH
- Share ideas and expertise, and identify opportunities, barriers and gaps related to:
  - data
  - analytics
  - informatics
  - capability, training and education
  - partnerships, influencers and champions, and
  - optimising the use of informatics to support actionable insights

Relationship(s)

The CIA is the peak advisory body to the CEIH on informatics via the Executive Director, Clinical Informatics. The CIA may refer to or receive requests for advice on matters from other CEIH partners and governance groups including the CAC.

Leadership and commitment

Members of the CIA are expected to provide visible leadership and commitment to the success of the CEIH and its CID that supports the improvement of the health of South Australians. The members will draw on their experience, skills and knowledge to increase consumer and clinician confidence in the use of informatics and technology. There is an expectation from the members they will give fresh insights and thinking on emerging or unfamiliar issues and respond to ideas from consumers, the community and clinicians.

Members will:
- Work to improve the health of South Australians
- Work within the best interests of the CEIH and its CID
- Be proactive
- Disclose any conflict of interest
- Agree to work collaboratively and collectively
- Seek advice from within their organisations, where appropriate, to support informed and constructive discussions
- Be data, analytics and clinical informatics champions
- Seek to provide the CEIH with the support and resources that will make a difference
- Work in a way that is innovative and supports the principles of a data driven / learning health system
- Advise on operating models, priority setting and work plan for the CID

Members are expected to abide by the Code of Ethics for the South Australian Public Sector.

Membership

Members will be selected by the CEIH Executive Director, Clinical Informatics for their expertise in the following:
- Chair
- Chief Clinical Information Officer – Digital Health SA
- Expert in statistical methods/modelling
- Expert in health economics / costing
- Expert in public health / population health
- Expert in data integration and/or linkage
- Expert in health system data and analytics
- Expert in mobile applications / solutions / IoT / personalised medicine
- Expert in digital health
- Expert in AI/ML
- Expert in Learning Health Systems / IDO

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- Expert in data literacy / workforce capability
- Expert in practical informatics
- Expert in Legal / Ethical / Privacy
- Expert on national directions
- Expert on ontologies / classification systems / terminologies / categorisation
- Consumer x 2
- Expert in primary care informatics / data / systems
- Expert in data visualisation / data storytelling
- Expert in modern data warehousing / data management
- Expert in genomics / precision medicine

Consumer representatives must be passionate about the appropriate use of data in healthcare and an understanding of the consumer perspective. They do not need to be subject matter experts. As per the CEIH Consumer Engagement Framework, the appointed applicants will be entitled to sitting fee reimbursement in accordance with SA Health's Sitting Fees and Reimbursement for External Individuals Policy Directive.

The CEIH Executive Director, Clinical Informatics and Data Architect will be non-voting *ex officio* members.

The CIA Chair will be required to attend to the CEIH CAC and report on the activities of the CIA.

Members will be appointed for a 3-year period.

If a CIA member is unable to attend a scheduled meeting, they are able to nominate an appropriate proxy to attend in their place, which will be approved by the Chair. Non-attendance at two consecutive meetings by a member will lead to a review of their membership by the Chair and may lead to a recommendation to the Executive Director, Clinical Informatics that the member be replaced.

The Executive Director Clinical Informatics and any supporting staff of the CEIH will be non-voting ex officio members.

Quorum

A quorum of the CIA is defined as more than half the voting members. The Chair or nominee must be present. If a quorum is not reached, the meeting may still be held, and proceedings confirmed and if necessary voted upon at the next meeting where there is a quorum.

Advice and out of session work

All members present at a meeting will be given the opportunity to comment and state their position on issues. Agreed positions will in general be made by consensus, and the Chair will make the final decision about whether a vote is necessary where there is a difference of opinions. Agreed positions will be considered affirmed if a majority of voting members vote in support. Provided a quorum is met, the position will be considered endorsed.

Advice may be made out of session. For out of session items, information will be circulated with a date by which comments and endorsement, noting or other positions should be provided. If no response is received by the due date it will be assumed no comment is to be made, and that the Chair will make a recommendation. Proposed items will be actioned based on the recommendation of the Chair and decision noted at the next scheduled meeting.

The CIA function is to support the CEIH's vision and purpose in alignment with state-wide health priorities and community expectations through the provision of advice, insight and to support CID on its current and future programs of work. Its recommendations and advice will be considered

seriously by the CID team and where appropriate actioned by the CEIH, but will not be binding on the CEIH.

Confidentiality

CIA members are expected to adhere to the *SA Health Guide to Maintaining Confidentiality in the Public Health System*. This guide applies to all SA Health Service employees, visiting clinicians, contractors, volunteers, trainees and students.

Secretariat

The secretariat function will be provided by CEIH and its staff and includes the necessary administrative support, provision/management of meeting facilities, record keeping and the preparation and distribution of papers. All documentation is to be placed on an auditable project record.

The secretariat will also provide support for actions arising from the CIA for consideration by the CEIH Clinical Advisory Council.

Meetings

The CIA will meet first Monday of every quarter with other interim meetings deemed appropriate by the Chair in consultation with the Executive Director, Clinical Informatics. The frequency of meetings will be reviewed as required.

Meetings will be conducted with a formal agenda.

Where possible, agendas and meeting papers shall be emailed to the members five working days prior to each scheduled meeting. The minutes of the preceding meeting will accompany the papers distributed for the forthcoming meeting.

The minutes are to be taken in such a way as to provide adequate detail on the decisions agreed on each item, as well as actions arising. The minutes will also record attendance and apologies.

If a member is unable to attend they must provide an apology and may nominate an appropriate proxy to attend in their place which will be approved by the Chair.

Conflict of interest

Members will declare any real or perceived conflict of interest in writing to the Chair prior to a meeting or verbally at the meeting. For decisions relating to a conflict of interest the Steering Committee member will excuse themselves.

Review

They, and the functioning of the CIA itself, will be reviewed every twelve months, or more frequently as agreed by the Chair and the Executive Director, Clinical Informatics.

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