

1 September 2021

Calls for expressions of interest: serious traumatic brain injury project – expert advisory group members

The Health Quality & Safety Commission is seeking expressions of interest for clinical and non-clinical membership for an expert advisory group (EAG) for the serious traumatic brain injury (sTBI) project.

Reporting to the sTBI clinical lead, the EAG will be responsible for defining the project scope and providing guidance to the EAG chair to deliver improvements in the identification, acute management and recovery of patients experiencing sTBI.

The EAG will provide expert advice to the project team regarding care and transition to rehabilitation for sTBI in New Zealand, including an awareness of the current issues and future state solutions based on the applicant's knowledge of local, regional, national and international ideal practice.

The voices of consumers and whānau are essential to this project's success. The Commission also seeks interest from consumers and whānau who have experienced sTBI and would like to offer their perspective in identifying opportunities for improvement.

There will also be a requirement for some stakeholder engagement as part of membership of the EAG. Members will be required to leverage relationships and existing networks, and create new ones where required, to support the success of the project locally and nationally.

Draft terms of reference and project brief is attached.

Please email expressions of interest, including a brief explanation as to why your participation on the EAG will add value to the identification and management of sTBI in New Zealand, to the Commission's trauma programme senior project manager, Tony Mottershead, tony.mottershead@hqsc.govt.nz by 10 September 2021.

If suitable members are not found in this period, the Commission reserves the right to expand and extend this call for expressions of interest.

Please send any queries to Tony Mottershead via email (above) or mobile (021 933 840).

Draft terms of reference – serious traumatic brain injury expert advisory group

September 2021

Note to reader – these terms of reference are draft pending approval from the expert advisory group (EAG) once established.

1. Background

In March 2019 the Accident Compensation Corporation (ACC) contracted the Commission to provide support to the National Trauma Network's (the Network's) programme of work.

The Network is led by clinical and programme directors in collaboration with a wide range of stakeholders including district health boards (DHBs), ambulance services, transport sector and researchers. Further information can be found on the Network's website www.majortrauma.nz.

The Health Quality & Safety Commission (the Commission) has established a trauma programme with three workstreams:

1. Quality improvement
2. Intelligence
3. Research.

The serious traumatic brain injury (sTBI) project is the third of three discrete areas of focus within the quality improvement workstream, which have included critical haemorrhage and major trauma rehabilitation. The work will be undertaken until the conclusion of the contract in June 2023.

In April 2021, the Perioperative Mortality Review Committee made a number of system recommendations that may be relevant to the scope of this project including:

- the development of a national consensus guideline on prioritising CT scans for trauma cases
- DHBs complete an audit of the application of the national consensus guidelines for each [Māori trauma] patient who did not get a CT scan to see if the guidelines were followed correctly
- DHBs review all cases of sTBI who were treated at non-neurosurgical centres, focusing on the appropriateness and effectiveness of decisions made about whether to transfer the patient, and on patient outcomes. DHBs should then change their destination and inter-hospital transfer policies so that, where safe and feasible, all patients with a significant TBI are transferred to a neuroscience centre
- DHBs review their protocols on transferring patients with sTBI to neurosurgical centres, with a specific focus on whether these sufficiently address inequity to achieve equitable care and case management. Trauma leads within each DHB should identify training opportunities that will support health care professionals to follow local protocols.

Given the future direction of health and disability system reforms, this project presents an opportunity to define some national consistency in the processes that support improved and consistent acute care management for sTBI cases.

These terms of reference apply to the EAG for the sTBI project (referred to from now on as 'the project').

2. Project purpose

The purpose of the project is to develop national consistency in the acute management of sTBI (isolated or complex) patients that reduces mortality and secondary injury morbidity regardless of location of injury.

In alignment with the Perioperative Mortality Review Committee report recommendations, we believe there are three areas of focus to achieve consistency in care which include, but may not be limited to:

- pre-hospital management of cases and transport to requisite directive care facility
- first-receiving hospital acute management, including time to CT and factors affecting transfer to directive care facility, and reduction of secondary injury
- neuroscience facility capacity and the benefits a multidisciplinary team with expertise in neuroscience may offer to support best possible outcomes for sTBI patients, including initiation of recovery and rehabilitation.

Detailed scoping and planning work for the sTBI project is about to start. For the project to result in successful improvement, the EAG has a crucial role in defining the scope and providing guidance, oversight and local influence where required.

3. EAG purpose

A clinical lead, Dr David Knight, has been appointed to the project team on a 0.2 FTE basis and will chair the EAG.

The EAG's purpose is to support Dr Knight in appropriately scoping and implementing the project and, most importantly, seeing that the project findings are used to support systemic improvement in the outcomes and experiences of care for individuals and whānau of people experiencing an sTBI.

The EAG is a 'safe' group with which the project team can consult and debate, in confidence. It is also be an 'expert' group and members are appointed because their knowledge and skills are recognised in the sector. Members are from varying clinical professions influential in the delivery of care for sTBI patients and whānau.

In addition, membership will be extended to no fewer than three consumer representatives, including two Māori consumers. This partnership with consumers will enable their perspective to be presented, including the identification of problems and appropriate solutions and/or considerations from their perspective.

All EAG members are expected to recognise the unique contributions of members representing these services. They will be expected to use their expertise to promote optimising consumer and whānau outcome and experience.

The Commission and the Network leadership will support the EAG to carry out its tasks.

4. Key tasks

The key tasks for the EAG are as follows:

- **Provide expert advice** on the interpretation and use of findings from the project and identified opportunities for quality improvement to support patients with an sTBI and their whānau to experience the best possible outcomes of care.
- **Prioritise Te Tiriti o Waitangi** throughout and across the project so that services meet the needs of Māori.
- **Use practical knowledge and expertise** to guide the project team so the project approach is robust and able to be implemented, and will lead to improved outcomes for whānau.
- **Assist with sector engagement** by proactively supporting effective relationships across DHBs at a local, regional and national level.

5. Project governance

The EAG is responsible for providing advice to the Commission via the project lead and trauma programme team. The Commission does not need to accept this advice; in these cases, the Commission will provide the EAG with the rationale.

The trauma programme team will manage the project's governance (ie, via the Commission's internal steering group and via the external ACC–Commission contract governance group and Network governance group).

6. Membership

The EAG comprises approximately eight clinical members and three non-clinical.

Clinical members will be experts in their respective fields and/or representatives of key stakeholders. They will include, but not be limited to:

- intensive care – small/medium urban hospital
- neurosurgical facility
- emergency department physician
- DHB chief operating officer
- trauma nurse specialist
- allied health member
- intensive care paramedic
- ACC clinical partner.

Additionally, clinical staff from the Commission and the Network will be part of the core project team supporting the EAG. This team will also include non-clinical Commission staff.

Non-clinical EAG members will include consumer and whānau who will share experiences of sTBI to inform improvement opportunities. They will be actively connected to/engaged with the community or group/s they seek to represent. To keep the group small enough to be efficient, members can represent multiple stakeholders or groups.

The EAG may co-opt other representatives to attend meetings on an 'as-required' basis, if there is a need for specialist advice that cannot be met from the existing membership, by prior approval of the EAG chair.

7. Responsibilities

The EAG will conduct its activities in an open and ethical manner. Members are expected to:

- work cooperatively, respecting the views of others with a focus on improving health outcomes and overall system performance as well as improving the experience for health care for consumers and whānau
- work strategically, contributing to a sustainable system of improvement
- act, as a collective group, in the best interests of quality and safety initiatives locally, regionally and nationally
- be a point of liaison with relevant stakeholders, groups and colleges
- make every effort to attend all meetings and devote sufficient time to become familiar with the priorities of the EAG and the wider environment within which it operates
- identify and declare any conflicts of interests (via the conflict of interest register) and manage any conflicts proactively
- refer requests for media comments to the Commission communications director, cc the EAG chair.

8. Meetings and decision-making

- The EAG will meet a minimum of four times, by video-conference or in person.
- A quorum will be a minimum of five members (not from the Network or the Commission).
- Where substantive decisions or recommendations are required, all members will be encouraged to contribute by email.
- Decisions will be made by consensus.

9. Secretariat

The Commission will provide the secretariat for the group. The responsibilities of the secretariat include:

- preparing and distributing the agenda and associated papers at least five days before meetings
- recording and circulating the minutes no later than a fortnight after meetings
- managing the organisational arrangements for meetings, including flight bookings, venues and audio-visual equipment
- managing the membership appointment process.

10. Reporting and communication

Minutes will be taken at each meeting to record the matters discussed, decisions made, agreed action points and recommendations made.

Key messages from the EAG will be communicated via the Commission and Network's communication channels and mechanisms, such as websites, newsletters and emails to key stakeholders.

Approved versions of the minutes will be published on the Commission's website.

11. Terms and conditions of appointment

The term of the membership is until end of December 2022. Members are expected to continue their participation in the EAG until the end of December 2022, at which time the EAG role and make-up will be reviewed.

Any member may resign at any time by advising the EAG chair in writing.

12. Fees

Members who are staff of a New Zealand public sector organisation, including public service departments, state-owned enterprises or Crown entities, are not permitted to claim a fee to attend the EAG meetings.

The Commission has a fees framework that applies to members who are not included in the above groupings; any reasonable costs incurred in attending face-to-face meetings will be met by the Commission, including a nominal fee to cover attendance and time spent in preparation.

13. Travel

The Commission will arrange any travel required for meetings or activities associated with the group. Travel must be booked through the Commission and/or with the Commission's approval.

14. Review

The terms of reference for the EAG will be reviewed as the project moves between phases and as required (ie, if requested by a member or if the project timeframe is extended).