Ontario Health Informatics Standards Council (OHISC) Terms of Reference

Ministry of Health and Long-Term Care

Date: November 11, 2015
Credits and acknowledgments etc.
Copies of this report can be obtained from:
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Chapter 1: Name
Ontario Health Informatics Standards Council.

Chapter 2: OHISC Vision

2.1 OHISC Vision
OHISC will be a recognized source for respected expertise, guidance and promotion of health informatics (HI) standards in Ontario among:

2.1.1 Standards Development Organizations (SDOs such as the International Organization for Standardization: ISO),
2.1.2 Standards Supporting Organizations (SSOs such as Canada Health Infoway and IHE Canada),
2.1.3 Similar standards councils/committees in other jurisdictions (e.g. HISCA in Alberta)
2.1.4 Health System Use Organizations, and
2.1.5 Those who consume HI standards in Ontario (and other provinces): e.g. eHealth/health informatics initiatives & projects, Transfer Payment Agencies of the Ontario government, Health IT Vendors, and other providers both public and private.

Chapter 3: OHISC Mandate & Objectives

3.1 OHISC Mandate
OHISC is responsible for providing expert multi-disciplinary advice and the recommendation for approval to the MOHLTC of health informatics standards for use in Ontario. OHISC will facilitate this through guidance on and the recommendation and promotion of the use of health informatics standards for Ontario and by monitoring, measuring and reporting on the use of health informatics standards in Ontario.
3.2 OHISC Objectives

OHISC’s successful fulfillment of its mandate will be measured by the following objectives:

3.2.1 Recommendation for Approval of Health Informatics Standards
OHISC will assess and recommend for approval to the MOHLTC HI standards for use in Ontario as driven by Ontario’s business priorities.
* See Section 12: Key Definitions

3.2.2 Guidance of Health Informatics Standards Uses
OHISC will provide guidance to the province of Ontario on the use of HI standards in Ontario by providing a venue for expert review of HI standards, participating in health informatics projects’ gating processes, as requested, and by establishing and maintaining a Standards Roadmap for Ontario*.
* See Section 12: Key Definitions

3.2.3 Promotion of Health Informatics Standards
OHISC will communicate and promote its approved HI standards, known uses of HI standards (e.g. project specifications), as well as plans and provincial priorities regarding the use of HI standards in Ontario.

3.2.4 Advice* Regarding Use of Health Informatics Standards
OHISC will provide a venue for business level feedback on the use of HI standards and offer input to organizations in Ontario planning, adopting, adapting, developing, and constraining HI standards for provincial use, which will include providing advice on actual and potential business challenges related to the use of HI standards.
* See Section 12: Key Definitions

3.2.5 Monitoring and Measuring Use of Health Informatics Standards
OHISC will monitor and measure the use of HI standards in Ontario while assessing and documenting related issues and risks. OHISC will review and provide advice on project uses of HI standards (e.g. system specifications), upon request.
3.2.6 Reporting on Use of Health Informatics Standards
OHISC will report on plans and progress related to the use of HI standards and make these available to the province of Ontario.

Chapter 4: OHISC Scope & Recommendations

4.1 Scope of OHISC Recommendations
The following are in the scope of OHISC’s objectives and are eligible for OHISC recommendations:

<table>
<thead>
<tr>
<th>Items in Scope for OHISC Recommendation</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1 Reference Standards</td>
<td>Approval**</td>
</tr>
<tr>
<td>Standards developed and maintained by an official Standards Development Organization (SDO)* or Standards Supporting Organization (SSO)* (e.g. International Health Terminology Standards Development Organization or Canada Health Infoway, respectively).</td>
<td>Approval**</td>
</tr>
<tr>
<td>4.1.2 Provincial New or Adapted Standards</td>
<td>Approval**</td>
</tr>
<tr>
<td>HI Standards which have been constrained or extended for provincial use (e.g. Client Registry Standard for Ontario) or new HI Standards not yet endorsed by a SDO/SSO.</td>
<td>Approval**</td>
</tr>
<tr>
<td>4.1.3 Health Informatics Standards supporting the Electronic Medical Record (EMR) and Electronic Health Record (EHR)</td>
<td>Approval**</td>
</tr>
<tr>
<td>HI Standards to support the EMRs and EHRs such as data content standards, minimum datasets, data extract specifications, data models etc. (e.g. Ontario</td>
<td>Approval**</td>
</tr>
<tr>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>4.1.4 Project Updates</strong></td>
<td><strong>Advice/Informing</strong></td>
</tr>
<tr>
<td><strong>4.1.5 Strategic and Procedural Plans</strong></td>
<td><strong>Advice/Informing</strong></td>
</tr>
<tr>
<td><strong>4.1.6 Health System Use Consideration Projects</strong></td>
<td><strong>Advice/Informing</strong></td>
</tr>
<tr>
<td><strong>4.1.7 Internal Work Items</strong></td>
<td><strong>Approval</strong></td>
</tr>
</tbody>
</table>

**These will be defined further in documentation to support OHISC’s Approval Process**

* See [Section 12: Key Definitions](#)
Chapter 5: Accountability

5.1 Accountability
OHISC is accountable to the Ministry of Health & Long-Term Care (MOHLTC).

Chapter 6: Membership

6.1 Membership Representation
OHISC shall consist of up to 24 seats comprised of representatives* from the constituency groups and/or organizations noted in the table below.

* Defined in Section 12: Key Definitions

6.1.2 OHISC shall be lead by one Chair and one Vice Chair who will be representatives on Council appointed by the Ministry of Health and Long-Term Care.

<table>
<thead>
<tr>
<th># of Seats</th>
<th>Constituency</th>
<th>Organizational Representation (as of August 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.2.1</td>
<td>5</td>
<td>eHealth Organizations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>eHealth Ontario: Standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>eHealth Ontario: Architecture</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OntarioMD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ontario Telemedicine Network</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
</tr>
<tr>
<td>6.1.2.2</td>
<td>2</td>
<td>Ministry of Health and Long-Term Care (MOHLTC)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health System Information Management &amp; Investment Division (HSIMI)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Services Cluster (HSC)</td>
</tr>
<tr>
<td>6.1.2.3</td>
<td>1</td>
<td>Local Health Integration Network (LHIN) eHealth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
</tr>
<tr>
<td>6.1.2.4</td>
<td>1</td>
<td>Health Academic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
</tr>
<tr>
<td>6.1.2.5</td>
<td>2</td>
<td>Health IT Vendor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unspecified</td>
</tr>
<tr>
<td>6.1.2.6</td>
<td>2</td>
<td>Canada Health Infoway</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pan-Canadian</td>
</tr>
</tbody>
</table>
Table 1: Number of Seats and Organizational Representation per Constituency

6.2 Roles & Responsibilities of OHISC Members

6.2.1 Attendance

OHISC members are expected to:

6.2.1.1 Attend no fewer than 75% of meetings and OHISC events per calendar year, which includes no fewer than 9 of 12 possible meetings.

6.2.1.2 Should an OHISC member be unable to attend an OHISC meeting, he or she may request approval from the Chair to send a member of their organization to act as an Observer* with the responsibility of reporting back observations during the meeting to the OHISC member they are attending on behalf of.

*Please see section 6.3: Roles and Responsibilities of Observers

6.2.1.3 A member is considered absent even when an Observer is present on his or her behalf.

6.2.1.4 OHISC members will be encouraged to attend meetings in person whenever possible. For those members located outside the Greater Toronto Area, it is encouraged that he or she make an effort to attend an
OHISC meeting, in person, at least 1 out of 12 possible meetings in a calendar year.

6.2.2 Representation

OHISC members are expected to:

6.2.2.1 Act as representatives* of their constituency (i.e. not representing) for all decisions.* Defined in Section 12: Key Definitions

6.2.2.2 Members of OHISC are encouraged to canvas their constituency in decisions, but are not permitted to abstain from a decision based on lack of consultation (unless Council determines that an outreach is required / desirable).

6.2.2.3 Should a member’s organizational affiliation change and they are no longer able to represent their constituency, their membership on OHISC will require review by the Membership Sub-Committee*.

6.2.2.4 Defined in Section 12: Key Definitions

6.2.3 Promotion of the Work of OHISC

OHISC members are expected to:

6.2.3.1 Achieve the vision and mandate of the council by contributing their knowledge and professional relationships to inform the council in its undertakings.

6.2.3.2 Promote the interests of the broader health care system over the interests of any individual stakeholder group.

6.2.3.3 Identify opportunities to promote a culture of health informatics standardization within the Ontario health sector.

6.2.3.4 Facilitate the alignment of HI standards uses between and amongst various implementers in Ontario.

6.2.3.5 Support and promote the adoption of HI standards and their uses which have been recommended by OHISC.

6.2.3.6 Participate in the recruitment and retention of qualified individuals for OHISC membership.

6.2.3.7 Attend and represent OHISC membership at events meant to promote the work of OHISC (e.g. conferences).
6.2.4 Preparation for and Participation at OHISC Meetings

OHISC members are expected to:

6.2.4.1 Arrive at each meeting having reviewed the presentations and related documentation and, when appropriate, have formed an opinion on the item being presented.

6.2.4.2 Identify and provide counsel and expertise on areas where HI standards are required to effectively and securely share information across the health care system in Ontario.

6.2.4.3 Provide verbal feedback during meetings (or written feedback outside meetings) on items under review by council.

6.2.4.4 Convey information and decisions, as appropriate, regarding HI standards adoption to each member’s respective communities/constituencies.

6.2.4.5 Identify need for and establish interim Working Groups, Sub-Committees and/or Task Forces, as required.

6.2.4.6 Participate in Working Groups, Sub-Committees and/or Task Forces, as needed, to support the mandate and objectives of OHISC.

6.2.4.7 Participate in focus groups, as needed, to review the business model and functionality of HI standards under review by OHISC.

6.2.4.8 Solicit knowledgeable experts, as needed, from the Ontario healthcare community for participation as subject matter experts in OHISC Working Groups, Sub-Committees and Task Forces.

6.2.5 Observing the Mandate of OHISC

OHISC members are expected to:

6.2.5.1 Regularly review and monitor the relevance and effectiveness of OHISC’s approved HI standards and known uses of HI standards in Ontario.

6.2.5.2 Identify new HI standards requirements, domains, and gaps as they become apparent.

6.2.5.3 Participate in the development of strategies to facilitate the uptake, promotion and use of HI standards in Ontario.

6.2.5.4 Participate in the development of strategies to facilitate appropriate provincial, national and international alignment of HI standards.
Monitor and contribute to reports on the progress and outcomes of OHISC’s decisions and recommendations.

Report on success stories and “Lessons Learned” from successful HI standards implementations in the broader health sector.

Provide a status assessment of HI standards adoption in Ontario.

Provide advice on HI standards implementations.

Identify additional HI standardization opportunities that may be considered by OHISC.

6.3 Roles and Responsibilities of Observers at OHISC

Observers may attend OHISC meetings on behalf of a member, with prior Chair approval, to a maximum number of 3 out of 12 possible meetings in a calendar year.

An Observer’s attendance does not count toward the minimum number of meetings a member is required to attend in a calendar year (see Section 6.2.1: Attendance).

Observers at OHISC are permitted to participate in OHISC discussion but may not participate in voting or decision making.

Observers shall arrive at each meeting having reviewed the presentations and related documentation and, when appropriate, have solicited feedback from the OHISC member they are attending on behalf of and convey to OHISC for their decision making purposes.

Observers are responsible for reporting back observations during the meeting to the OHISC member they are attending on behalf of.
6.4 Roles and Responsibilities of Guests at OHISC

6.4.1 Guests are invited to speak on or participate in discussion for specific agenda topics at OHISC meetings.

6.4.2 Approval for the attendance of a guest must be received by the Chair or Vice Chair prior to attending an OHISC meeting.

6.4.3 Guests at OHISC are permitted to only participate in the agenda topic for which they have been invited to speak or participate, unless otherwise approved by the Chair or Vice Chair.

6.5 Conflict of Interest

6.5.1 When a member of OHISC, either on his or her own behalf or while acting for, by, with, or through another, has any actual, perceived or potential personal gain, direct or indirect, and is present at a meeting where the matter is the subject of consideration, he or she is expected to:

6.5.1.1 Disclose his or her conflict of interest and state the general nature, prior to any consideration of the matter at the meeting;

6.5.1.2 Not take part in the discussion of or vote on any question in respect of the matter; and

6.5.1.3 Not attempt in any way whether before, during or after the meeting, to influence the voting on the matter.

6.5.2 When the interest of a member of OHISC has not been disclosed by reason of his or her absence from the meeting, he or she is expected to disclose his or her conflict of interest and otherwise comply with the above stated requirements at the first OHISC meeting attended after the meeting where the subject of matter was discussed.

6.5.3 Every disclosure of conflict of interest and its general nature will be recorded in the minutes of the meeting by the OHISC Secretariat.

6.5.4 To prevent real or perceived conflict of interest, the contact information provided by OHISC members is expected to accurately reflect the organization and constituency they are a representative of.
6.6 Selection of Members

6.6.1 Successful candidates for OHISC membership shall meet the specified qualifications of Members (see Section 6.8: Qualifications of Members) to the discretion of the Membership Sub-Committee.*

*See Section 12: Key Definitions

6.6.2 Candidates will be recommended by the Membership Sub-Committee to OHISC for approval.

6.6.3 Members shall be approved by a simple majority vote (50% + 1) of the council.

6.6.4 Candidates under review by OHISC for membership shall not be in attendance during deliberation for the approval of their membership.

6.7 Term of Membership

6.7.1 Upon approval of membership by OHISC, members commit to a three year term on council, commencing at the first meeting of his or her attendance at an OHISC meeting.

6.7.2 Upon prior mutual agreement in writing between OHISC and the member, an earlier termination of his or her membership may be specified.

6.7.3 Upon the completion of a three year term, council membership may be renewed by the recommendation of the Membership Sub-Committee and approval of OHISC.

6.8 Qualifications of Members

OHISC membership will require a broad representation of competencies from across the health sector. Ideally members will have a cross section of the following desirable qualifications:

6.8.1 Demonstrated knowledge of health care delivery processes and the provincial health care system.

6.8.2 Demonstrated knowledge of HI standards.

6.8.3 Understanding of data quality and information management.
6.8.4 Experience working in the field of health informatics and an understanding of interoperability and systems integration.

6.8.5 Demonstrated leadership within respective stakeholder representation on council and influence in and respected at strategic and operational level.

6.8.6 Capacity and authority to interact within the stakeholder constituency they are representing.

6.8.7 Project experience in implementing HI standards, from either a policy, business, clinical or technical perspective.

6.8.8 Experience participating in health information/informatics standards committees, councils or other related groups and/or have experience with coordinating and harmonizing work from various groups.

6.8.9 Strong communication, collaboration and consensus-building skills.

6.8.10 Advocates the development of an EHR in Ontario and understands the application of information and technology for healthcare.

6.9 Discontinuing OHISC Membership

OHISC members may discontinue their membership or be requested to submit a resignation before the completion of their three-year term through the following processes:

6.9.1 Personal removal: member will be expected to submit a letter of resignation to the Membership Sub-Committee, via the OHISC Secretariat, and is encouraged to do so at least 2 meetings in advance (or 2 calendar months, whichever is greater) of their intended resignation, if possible.

6.9.2 Removal by the Membership Sub-Committee: if it is deemed by the Membership Sub-Committee that the member is not fulfilling his or her roles and responsibilities as a council member as outlined in Section 6.2: Roles and Responsibilities of OHISC Members, or that he or she has failed to disclose a conflict of interest which has compromised a decision or the reputation of the council, the Membership Sub-Committee may request the member’s resignation.
6.10 Selection of Chair and Vice Chair

6.10.1 The Chair and Vice Chair of OHISC will be appointed by the Ministry of Health and Long Term Care.

6.11 Term of Chair and Vice Chair

6.11.1 The Chair and Vice Chair shall commit to a three year term as Chair/Vice Chair, commencing upon appointment.

6.11.2 The Chair and Vice Chair may have his or her term on council renewed once at the discretion of the Ministry of Health and Long Term Care.

6.12 Qualifications of the Chair and Vice Chair

6.12.1 The Chair and Vice Chair shall meet the qualifications of members (see Section 6.8: Qualifications of Members).

6.13 Roles & Responsibilities of the Chair

6.13.1 In addition to the Roles and Responsibilities of OHISC Members as outlined in Section 6.2: Roles & Responsibilities of OHISC Members, the Chair shall preside over the meetings of OHISC and shall take responsibility for:

6.13.1.1 Maintaining order and decorum among the members of council.

6.13.1.2 Receiving and submitting to a vote all motions presented by the members.

6.13.1.3 Announcing the results of the vote on any motions presented.

6.13.1.4 Declining to put to a vote motions which infringe upon the rules of procedure, or which are beyond the mandate of the council.

6.13.1.5 Adjourning the meeting when business is concluded.

6.13.1.6 Performing other duties when directed to do so by decision of the council.

6.13.1.7 Voting on tied or deadlocked motions.
6.13.2. The Chair shall, in collaboration with the Secretariat and Vice Chair, prepare meeting agendas, presentations, meeting notes and other relevant materials.

6.13.3 The Chair shall encourage individual OHISC members, where necessary, to contribute to action items requiring expertise (e.g.: forwarding HI standards related surveys, participate in certain business reviews pertaining to HI standards, focused reviews of HI standards or uses of HI standards, etc).

6.13.4 The Chair shall, in collaboration with the OHISC Secretariat and Vice Chair, prepare presentations for external stakeholder on the matters of OHISC on an as-needed basis.

6.13.5 The Chair shall provide orientation sessions to new members in advance of their first attended meeting.

6.13.6 The Chair shall provide direction and facilitation of Working Group, Sub-Committee, and Task Force meetings as needed and agreed upon by OHISC.

6.14 **Roles & Responsibilities of the Vice Chair**

6.14.1 The Vice Chair shall preside over the meetings of OHISC and shall perform the responsibilities of the Chair (see Section 6.13: Roles & Responsibilities of the Chair) in the absence of the Chair or when the Chair is present but has declared a conflict of interest.

6.14.2 The Vice Chair will be expected to take on the responsibilities of the Chair in the case his or her leadership or membership on council has been discontinued, in the interim until a new Chair is appointed by the Ministry of Health and Long Term Care.

6.15 **Quorum**

6.15.1 In order for a vote on a motion to be valid, quorum must be achieved.

6.15.2 Quorum for OHISC is defined by a minimum of 8 voting members or a simple majority of filled seats (50% + 1), whichever is higher.

6.16 **Voting & Decision Making**

6.16.1 All OHISC decisions and recommendations will be made by majority vote.
6.16.2 Motions can be made and voted on by any voting members of the council.

6.16.3 The Chair (and Vice Chair when acting on behalf of the Chair) may only cast his or her vote(s) in the event of a tied or deadlocked vote.

6.16.4 A motion will have been deemed to have passed if a simple majority (50% + 1) of affirmative & negative votes cast is voted as affirmative; abstentions do not count towards the passing / failing of a motion.

6.16.5 When voting on the recommendation for approval of HI standards, OHISC shall take into consideration any substantiated objection.

6.16.6 In the event that all efforts to deal with the objection have not resolved it, a Dispute Resolution Proposal will be made in writing to the Secretariat which will be noted in the final recommendation passed by OHISC.

Chapter 7: Costs & Expenses

7.1 OHISC Costs and expenses

7.1.1 Recurring costs involving the administration of OHISC will be incurred by the Ministry of Health & Long-Term Care (MOHLTC) and will primarily cover:

7.1.2.1 Secretariat resources to support OHISC,
7.1.2.2 Meeting space,
7.1.2.3 Website (www.OHISC.ca) and Standards Knowledge Management Tool (SKMT) Portal,
7.1.2.4 Email address and telephone line for public access to the OHISC Secretariat,
7.1.2.5 Catering costs (on a limited basis and only when necessary and pre-approved by the MOHLTC).

7.1.2 The following costs associated with the promotion of OHISC will be submitted by OHISC for approval to be incurred by the Ministry of Health & Long-Term Care:

7.1.2.1 Presence and Promotion at Conferences,
7.1.2.2 Promotional material,
7.1.2.3 Ad hoc external presentations.

7.1.3 The purchasing and licensing of HI standards will be incurred by the Ministry of Health & Long-Term Care as needed for the functioning of council and/or the
OHISC Secretariat (to be pre-approved by the MOHLTC annually, prior to September of the fiscal year ending before the expected year of purchase).

7.1.4 Travel expenses (including all reasonable transportation, accommodation and meal expenses) incurred by members to attend meetings will not be reimbursed by the Ministry of Health & Long-Term Care unless otherwise approved by the MOHLTC.

7.1.5 OHISC members will not be financially compensated for their time on council.

Chapter 8: Meetings & Communications

8.1 Privacy and Confidentiality

8.1.1 In the course of carrying out their roles and responsibilities as members of the council, Working Groups, Sub-Committees and/or Task Forces, OHISC members may be given access to sensitive or confidential information by other council members, organizations or other individuals.

8.1.2 OHISC members shall uphold the confidentiality of information shared by presenters at OHISC when requested to do so.

8.1.3 All personal information (e.g. CVs shared for the purposes of evaluating OHISC membership candidacy) provided to council members and others engaged in the OHISC related activity should be treated with sensitivity/confidentiality and is subject to the privacy provisions of FIPPA.

8.1.4 OHISC members may share information with non-OHISC members in the course of bringing informed views, interests and positions to the council and advancing the capacity to achieve consensus.

8.1.5 All OHISC documents, communications, work and activities are subject to the Freedom of Information and Protection of Privacy Act and any other applicable federal and provincial privacy legislation.

8.2 Transparency

8.2.1 Any documents and materials developed by or for OHISC will be accessible to the public upon request. Council documents and material are subject to the Freedom of Information and Protection of Privacy Act (FIPPA).
8.3 Communication Medium

8.3.1 Preference for meetings will be to conduct them face-to-face unless otherwise decided by the Chair.

8.3.2 All correspondence regarding meetings will be done via email and facilitated through the OHISC Secretariat mailbox: ohisc@ontario.ca.

8.4 Frequency and Location of Meetings

8.4.1 OHISC meetings are held on a monthly basis or at the discretion of the Chair.

8.4.2 At the discretion of the Chair, meetings can be cancelled and/or re-scheduled with no fewer than two weeks notice, if possible, prior to the originally scheduled meeting date in order to provide sufficient notice for members to accommodate the meeting change in their schedules.

8.4.3 Face-to-face meetings take place at a location that is mutually agreed upon by the council (primarily in the city of Toronto).

Chapter 9: Working Groups, Sub-Committees & Task Forces

9.1 Working Groups, Sub-Committees & Task Forces

9.1.1 OHISC may form distinct Working Groups, Sub-committees and Task Forces in order to fulfill specific objectives in support of its mandate.

9.1.2 The Chair or Vice Chair of OHISC will chair each of these groups. If this is not possible, a member of the group will be appointed by OHISC to chair and report the activities of the group to OHISC.

9.1.3 The groups will be dissolved by council once the assigned objectives have been completed unless OHISC has nominated the group to remain as a standing committee.
9.1.4 The Terms of Reference for Working Groups, Sub-Committees & Task Forces will be defined in separate documents outside the OHISC Terms of Reference.

Chapter 10: Maintenance of the Terms of Reference

10.1 Maintenance of the Terms of Reference

10.1.1 The Terms of Reference for OHISC shall be maintained by the OHISC Secretariat.

10.1.2 Amendments of the Terms of Reference may be proposed during a council meeting by any member of OHISC, the MOHLTC or the OHISC Secretariat at any time.

10.1.3 An annual review of OHISC’s Terms of Reference will occur in the third quarter of every fiscal year.

10.1.4 The OHISC Terms of Reference requires approval from the Ministry of Health and Long-Term Care. This includes any amendments and revisions.

Chapter 11: OHISC Secretariat

11.1 Governance of the OHISC Secretariat

11.1.1 OHISC will be supported by the OHISC Secretariat whose services will be administered through the Ministry of Health & Long-Term Care and who will provide Secretariat services.

11.1.2 The OHISC Secretariat does not have a formal seat (or vote) on the Council.
11.2 Roles and Responsibilities of the OHISC Secretariat

The OHISC Secretariat is responsible for:

11.2.1 Preparation of summaries of discussions (meeting notes) for council meetings and Working Group/Sub-Committee/Task Force meetings.

11.2.2 Recording of decisions of each meeting as required for circulation to members or for other reporting purposes.

11.2.3 Maintenance of an Action Log and reporting on the Action Log at OHISC meetings, as appropriate.

11.2.4 Maintenance of OHISC web presence including public website and HI standards portal (as decided by the council).

11.2.5 Maintenance of a point of access for public inquiries regarding the council through an email address and telephone line.

11.2.6 Maintenance of the OHISC Terms of Reference.

11.2.7 Maintenance of the Terms of Reference for any OHISC Working Group, Sub-Committee or Task Force.

11.2.8 Templates and documentation to guide approval process, use and high level education of OHISC approved HI standards.

11.2.9 Setting meeting agendas, in cooperation with the Chair and Vice Chair.

11.2.10 Ensuring that presentations conform to predetermined templates.

11.2.11 Assisting the Council in the development and maintenance of a comprehensive Standards Roadmap for Ontario

11.2.12 Establishing the measures with which to report on the use of HI standards in Ontario as directed by OHISC.

11.2.13 Assisting OHISC in the reporting of use of HI standards use in Ontario as directed by OHISC.

11.2.14 In collaboration with the Chair and Vice Chair, prepare external presentations on the matters of OHISC on an as-needed basis.
11.2.15 In collaboration with the Chair and Vice Chair, prepare meeting agendas, presentations, meeting notes and other relevant materials.

11.2.16 Providing liaison & stakeholder engagement (includes that with SDOs, SSOs, etc.) to ensure that organizations proposing HI standards and uses of HI standards to OHISC have done the due diligence required (e.g. check-list or attestation).

11.2.17 Providing high-level education, promotion and awareness (includes materials and representation to promote the image of OHISC provincially and nationally and high-level guidance for health informatics standards use and linkages to standards bodies).

11.2.18 Providing landscape/horizon scanning to identify emerging needs for HI standards at a provincial level.

Chapter 12: Key Definitions

Advice
Critical advice, linkages, recommendations for interoperability and other advice regarding potential improvements (without explicit obligation to follow this advice).

Approval
Confirms and validates that a set of specified criteria has been met and which requires certain processes for maintaining approval. The approval processes and criteria will be defined further in separate documentation.

eHealth (Also known as e-Health)
For the purposes of this document, eHealth is considered synonymous with Health Informatics.

Health Informatics (HI) (Also known as e-Health)
Health informatics is a field in the intersection of medical informatics, public health and business, referring to health services and information delivered or enhanced through the Internet and related technologies.

In a broader sense, the term “eHealth” (Health Informatics) characterizes not only a technical development, but also a state-of-mind, a way of thinking, an attitude, and a commitment for networked, global thinking, to improve health care locally, regionally, and worldwide by using information and communication technology. *(Journal of Medical Internet Research)*

**Health Informatics Standards**

Health informatics (HI) standards are accepted rules or formats to enable consistent exchange of information that retains meaning. Standards are the link in maintaining application interoperability across healthcare systems.

For the purposes of this document, HI standards include both Reference Standards and Provincial New or Adapted Standards. Reference Standards are defined as standards developed and maintained by an official Standards Development Organization (SDO) or Standards Supporting Organization (SSO) (e.g. IHTSDO and Canada Health Infoway, respectively). Provincially Adapted Standards are standards which have been constrained or extended for provincial use (e.g. Client Registry Standard for Ontario) from a national or international standard (such as those provided by Canada Health Infoway).

**Health System Use**

Health System Use (HSU) is the use of health information for clinical program management, health system management, monitoring the health of the public, and research, all of which lead to improved patient care and health outcomes. *(CIHI, 2010)*

**OHISC Approval Process**

The process (and associated documentation) through which organizations bring health informatics standards and/or their uses of health informatics standards for review, assessment, approval and endorsement from council is currently under revision.
It is anticipated that the revisions to the “OHISC Approval Process” will be complete within the fiscal year of 2010/11 and will include the following:

- Revised process for Approval (by OHISC) of HI standards*
- Criteria checklist for HI standard approval and uses of HI standards to be reviewed by OHISC
- Prioritization of HI standards, uses of HI standards and other related projects to be reviewed by OHISC
- Standards Framework (with classification of HI standards, indicating those in and out of scope for OHISC review)
- Standards Approval Levels (in the past OHISC has used a “tiered” approach to HI standards approval)
  *Will indicate requirements and criteria for returning to council for maintenance of approval or endorsement (i.e. new version of a HI standard/specification, expanded context for the use of a HI standard in Ontario, Lessons-Learned sharing, Need for the organization to consider other emerging HI standards or related projects since previous review by OHISC, etc.)

**OHISC Membership Sub-Committee**

The OHISC Membership Sub-Committee is tasked with the responsibility of defining the processes for recruitment, appointment recommendation, orientation, maintenance and membership review of OHISC members. Their responsibilities also include documentation to support these improved processes and the recommending of new members to council.

**OHISC Standards Roadmap for Ontario**

The OHISC Standards Roadmap identifies the scope and use of standards in Ontario’s healthcare community with respect to the use of informatics in healthcare provision and measurement. The OHISC Standards Roadmap will:

- Guide council in setting the agenda for recommendation and implementation of HI standards
- Create a language/template to communicate council’s vision to Ontario’s healthcare community
- Describe accountabilities and authorities for standards in Ontario
- Provide a means to measure the adoption of HI standards in Ontario
- Provide a means with which to measure the success of OHISC and the value the council provides to Ontario healthcare providers
Representative

Members are expected to exemplify and offer the background experience and knowledge required of a person, at an expert level, from the constituency they are a representative of. Members are not expected to speak on behalf of their constituency unless that outreach is required for decision making, or other purposes.

Standards Development Organization (SDO)

An SDO is an entity whose primary activities are developing, coordinating, promulgating, revising, amending, reissuing, interpreting, or otherwise maintaining standards that address the interests of a wide base of users outside the standards developing organization.

Standards Supporting Organization (SSO)

For the purposes of this document, a Standards Supporting Organization is an entity whose primary activities are the development of information systems, but through business need, have taken on the development, coordination, and maintenance of standards to support interoperability. SSOs typically address the interests of their organization primarily but may extend to address those of users outside the organization if interoperability needs dictate the necessity to do so.