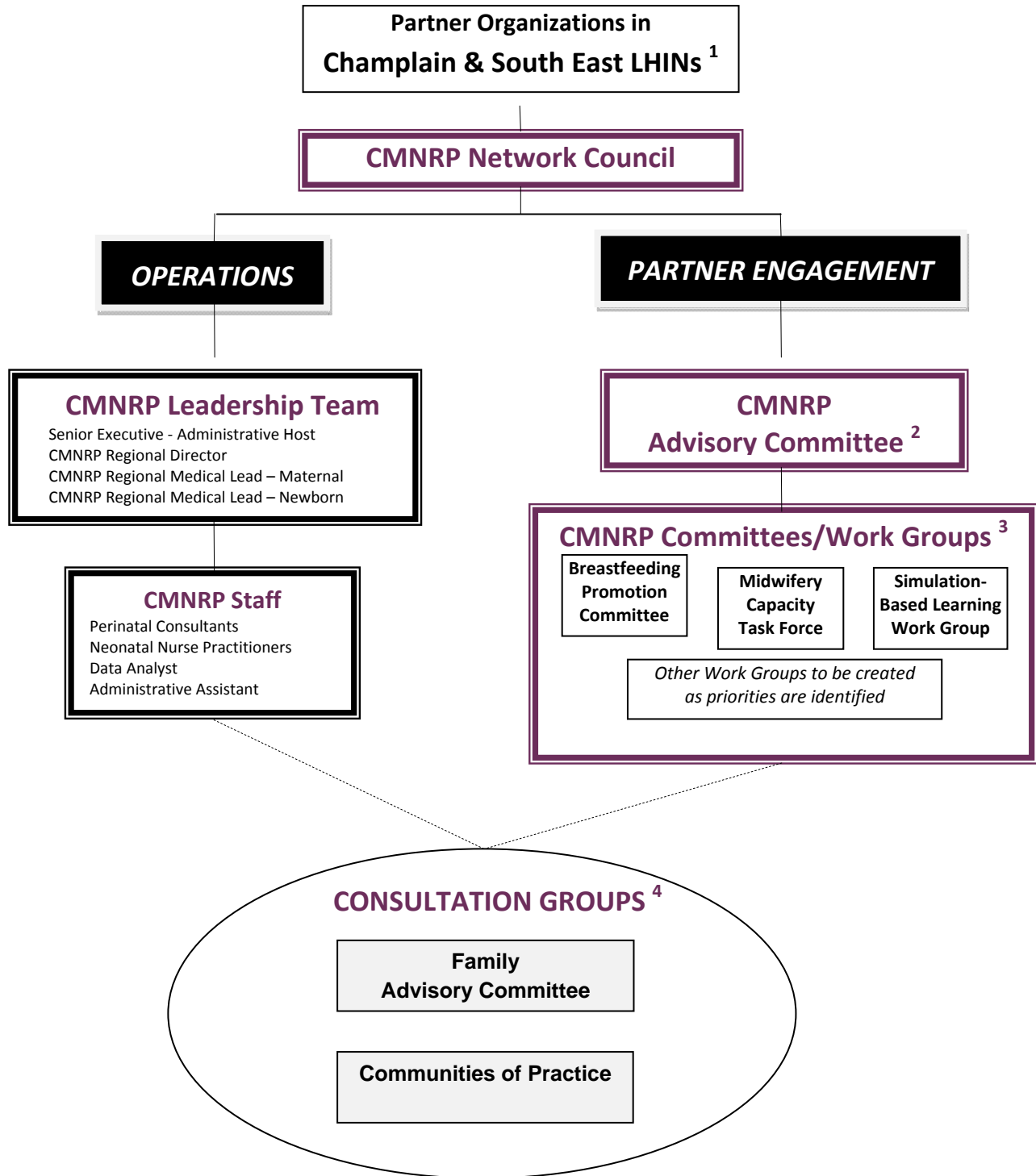




CMNRP Accountability & Operational Structure 2015-2018



1 –Partner organizations and providers of maternal-newborn care/services in the Champlain and South East LHINs

2 - Clinical leadership representatives from funding organizations, CMNRP leads, work groups and consultation groups

3 - Representatives with key expertise from funding organizations and consultation groups

4 - Family Advisory Committee and communities of practice created to engage discipline-specific professional groups in regional priorities as per their shared interests and expertise



CMNRP Accountability & Operational Structure 2015-2018

1. **CMNRP Network Council** (previously **Network**)
 - Provides leadership and oversight to CMNRP's strategic directions, and guides the identification of strategic system-level priorities to Health Service Providers (HSPs), partners, key stakeholders and the LHIN
 - Current membership maintained - *Senior executives representatives of partner organizations. Add one hospital CEO, one Public Health Medical Officer of Health, one family advisor and chair of Advisory Committee.*
 - Meeting frequency – Quarterly

2. **CMNRP Advisory Committee** (previously **Steering**)
 - Provides operational advice, organizational support (membership) and oversight to the work groups.
 - Develops the Terms of Reference for work groups, approves deliverables, ensures accountabilities, etc.
 - Brings forward new issues that impact maternal-newborn care in region (e.g. service reductions, new programs)
 - Current membership maintained – *Clinical leadership representatives of contributing organizations. Add physician rep, midwifery rep, family advisor, chairs of work groups, CMNRP team leads*
 - Meeting frequency – Bi-monthly

3. **Committees/Work Groups/Task Forces** specific to topic areas or key strategies
 - Created to address priority areas as they are identified
 - Membership composition:
 - **Inter-professional experts** / interested stakeholders in topic area
 - Representatives from relevant **organizations**, various **levels of care**, **geography**
 - Expertise related to **data analysis** (quality/performance measurement), **education/knowledge transfer/ research** and **family rep's**
 - **Perinatal Consultants** as leads (project managers)
 - Terms of Reference and Action Plan for each work group include clear deliverables, timelines, evaluation metrics and sustainability plan.
 - Aim for 1-2 year commitment timeline, depending on scope
 - Meeting frequency - Monthly or bi-monthly (determined by mandate, members and/or at the call of the Chair)

*Current **Quality & Performance Management** and **Interprofessional Education/Research Committees** being replaced by these work groups.*

4. **Family Advisory Committee**
 - Current mandate and membership maintained to ensure there is input into all components of the regional program and to promote family-centered care. To be engaged/consulted by committees/workgroups as needed.
 - Meeting frequency – 2-3 times a year or as needed

5. **Communities of Practice (CoPs)**
 - Created to increase and ensure engagement of various professional groups (e.g. physicians, midwives, nurses), forming connections among people who share common roles or domains across organizational and geographic boundaries
 - CoPs interact regularly (or as needed and determined by members), creating relationships among members and a sense of belonging
 - Not limited by a formal structure, but can play consultation role with committees and workgroups