



## CanROC Steering Committee

# Terms of Reference

### Official Name:

Canadian Resuscitation Outcomes Consortium Steering Committee

### Goals:

The ultimate goal of the Canadian Resuscitation Outcomes Consortium (CanROC) is to improve the outcomes of out-of-hospital cardiac arrest and trauma patients in Canada. CanROC is national in breadth and a stand-alone organization. We will advance the capacity and impact of clinical resuscitation research conducted in Canada by creating a common Canadian registry of cardiac arrest and trauma patients that will enable EMS QI, public health surveillance, and observational studies. Importantly, it will also provide the infrastructure for efficient implementation of clinical trials.

The CanROC Steering Committee is the primary governing body for strategic decisions related to CanROC. All subcommittees report to the Steering Committee and all major decisions by subcommittees must be approved by the SC.

### Deliverables

The steering committee is responsible for all policies and will track accounts and CanROC activities.

### Accountability

The Steering Committee is accountable to the sites engaged in CanROC and its funders to:

- provide the most effective use of resources
- develop and enact policy that will facilitate the mission of CanROC
- produce the best scientific evidence likely to improve survival

### Resources and Budget

Administrative support for CanROC Steering Committee will be provided by its Chair.

### Governance

The steering committee will exist until CanROC ends (i.e. through to October 1 2020). Core funding is provided by CIHR and HSFC to continue Canadian ROC activities.

The following committees will report regularly to the Steering Committee to provide an annual report of decisions and accomplishments and ensure that the Steering Committee approves any policy decisions prior to implementation:

- Pediatrics
- Emergency Medical Services
- Publications

- Cardiac Arrest
- Trauma
- Public Engagement
- Training and Career Development
- Data Management Committee

### **Membership: Voting**

Lead investigators from:

- British Columbia
- Toronto Rescu communities
- Ottawa/OPALS communities

2 representative leads from other (new) sites

Committee Chairs from:

- Pediatrics
- Emergency Medical Services
- Publications
- Cardiac Arrest
- Trauma
- Public Engagement
- Training and Career Development
- Data Management Committee

Heart and Stroke Foundation of Canada representative

EMS representative

Public Representative

Principle Investigator of each SC approved RCT in planning or implementation

Site research Manager (different than Chair site) (1)

### **Ex- Officio Membership: Non-Voting**

Site Leads from all other sites (currently):

- PEI
- NL
- NB
- NS
- Montreal
- Eastern Townships
- Winnipeg
- Saskatoon
- Edmonton
- Calgary

The primary registry data manager

Secretary for the committee (Chair Site CanROC Manager)

Other support people as required

## **Terms of Service**

Chairmanship will rotate every 2 years between the three co-PIs for the initial funded cycle in the following order: Ottawa, BC, Toronto

“New” site representatives will be voted on yearly by new site leads

Elected members from the public and EMS will serve 1 year and be replaced yearly.

All other members sit on the SC as they hold their positions.

## **Meetings**

Virtual (web or teleconference) meetings will be held on the first and third Thursdays of each month at a time that is reasonable across the country.

An open in-person meeting of the CanROC’s Steering Committee will also be held at each annual CanROC assembly.

Agenda items will be determined by the Chair with input from Committee members.

Decisions will almost always be by consensus. If a vote is necessary to resolve an important issue and further consultation and discussion is not likely to result in consensus, the chair shall convene a vote. To be a legally binding vote, a quorum of 75% of voting members must be present. Of those present a majority of at least 60% must approve a decision.

The Steering Committee will make all decisions regarding all aspects of CanROC based on 5 principles:

**Legitimacy and Voice** – representative voice of all participants that mediates different interests to reach a broad consensus on what is in the best interest of the group and where possible based on policies and procedures.

**Strategic direction** – based on an understanding of historical, cultural and social complexities providing a broad and long term perspective on what is needed for resuscitation in Canada to grow.

**Performance** – ensure the processes try to serve and be responsive to all stakeholders involved in resuscitation while making the best use of limited resources.

**Accountability and transparency.**

**Fairness** – ensuring equity and our framework for decision making evolves to ensure relevance over time.

## **Communications**

Minutes will be kept for all meetings and circulated to the membership within two weeks of each meeting. A running list of actionable items will be shared with CanROC’s Steering Committee.

Communications between Committee members will largely be via email or telephone and all official email related to Committee business will be copied to the Chair.

Transition to include all approved minutes and documents of general interest to membership will be included on the private section of the CanROC Website.

## **Working Groups**

Time-limited working groups of the CanROC Steering Committee will be struck for specific projects as necessary.