South West Regional Wound Care Program (SWRWC) Clinical Practice and Knowledge Translation (CPKT) Learning Collaborative Terms of Reference

Accountability and Reporting
The SWRWCP CPKT Learning Collaborative is accountable and reports to the SWRWCP Strategic Steering Committee (SCC). The SWRWCP CPKT Collaborative provides informal quarterly updates to the SSC via the SWRWCP Clinical Lead. The minutes of SWRWCP CPKT Learning Collaborative meetings are posted on the Program’s Healthchat site. Cross sector Wound Care Champions are made aware of the CPKT Collaborative activities via postings on the Program’s Healthchat and Website. The South West Community Care Access Centre (CCAC) Wound Management Program team receives monthly updates on the activities of the CPKT Collaborative so that they may move forward with wound related activities internally.

Purpose
The purpose of the SWRWCP CPKT Learning Collaborative is:
- To facilitate the development of a consistent South West Local Health Integration Network (LHIN) wide skin and wound care program, and;
- To determine and develop methodologies for implementation of the Program, including appropriate educational sessions, and to monitor the implementation of the Program and its outcomes.

Objectives
The objectives of the SWRWCP CPKT Learning Collaborative mirror the Program’s Strategic Direction and the goals of the SWRWCP. These objectives include:
- To review and update the Program’s historic Toolkit components to ensure they continue to reflect best practice;
- To create new evidence-informed Toolkit components (i.e. Algorithms, pathways, assessment/documentation guidelines, educational resources, etc.) to address gaps in the historic Toolkit;
- To select and implement creative forms of knowledge translation, to disseminate all components of the Program and its Toolkit;
- To determine what outcomes/performance measures are currently being monitored by our health care system partners, and to decide on how the Program can best access that data for analysis;
- To select system-wide skin and wound outcomes measures/performance indicators to monitor, in order to ensure that best practice wound care is being performed by our system partners, and to help identify where gaps in practice exist, so educational resources can be appropriately targeted to affect positive change;
- Collaboration with the Product Evaluation Learning Collaborative regarding policy/Program implementation, and;
- Involvement of the Learning Collaborative Chairs in the Strategic Committee’s meetings, via written and verbal reports re the status and activities of the Learning Collaborative.

Term
The SWRWCP CPKT Learning Collaborative will function for a minimum of one term (one year), renewable by the Chairs annually.
Membership
The SWRWCP CPKT Learning Collaborative consists of individuals interested in skin and wound care of various disciplines, with equal representation from the four geographical regions of the South West LHIN (Huron-Perth, London-Middlesex, Oxford/Norfolk/Elgin, and Grey/Bruce). These individuals include representatives from:

- Community Nursing (2, one being the SWRWCP Clinical Lead);
- Hospitals (2);
- LTC Homes (2), and;
- A South West CCAC Care Coordinator (1).

Members from other health care disciplines involved in skin and wound care may be invited to participate in Collaborative activities on an ad hoc basis. These individuals may be:

- Registered Dieticians;
- Occupational Therapist/Physiotherapists;
- Social Workers;
- Chiropodists, podiatrists, pedorthists, orthotists;
- Family Physicians/Nurse Practitioners, and/or;
- Members of the public.

These members may work together in individual geographic teams, as specific discipline teams, or as a collective group to achieve the goals of the Program. Members must possess the following qualities:

a. Have the knowledge and skills to support the Learning Collaborative;
b. Be able to foster relationships and work collaboratively;
c. Be able to engage in meaningful, constructive dialogue/debate with those in other health care sectors, other than their own, and;
d. Be able to initiate change at the front line with management approval.

Meetings
Meetings of the SWRWCP CPKT Learning Collaborative will be held quarterly and at the call of the co-chairs. Meetings will be conducted via teleconference or in person, with a minimum of one face-to-face meeting per term/year.

Quorum
At least 51% of the Learning Collaborative members must be present at the Learning Collaborative meeting, in order for quorum to be attained.

Role of the Learning Collaborative Co-Chairs
At the initial Learning Collaborative meeting for the term/year, Collaborative members will select two co-chairs who will:

- Conduct the Collaborative meetings;
- Ensure that meeting minutes are recorded and disseminated to its members and to the SWRWCP Clinical Lead for dissemination in accordance the SWRWCP Communication Management Strategy;
- Evaluate the membership and Collaborative Terms of Reference annually, submitting any changes to the SCC Chair for approval, and;
- Organize and monitor the activities of the Learning Collaborative and its members.
Role of the Members
1. Wound Care Champion (WCC) representatives will update the Program’s WCC within their geographical region, of SWRWCP activities. Program Leads will update WCC’s of the SWRWCP activities via postings on the Program’s website and Healthchat site;
2. The SWRWCP Program Clinical Lead will inform the CPKT Collaborative members of SCC decisions.
3. The SWRWCP Program Clinical Lead will inform CPKT Collaborative members of any Product Evaluation Learning Collaborative decisions and initiatives.

Record Management
All Collaborative meetings will be formally minuted. Note taking will be assigned within the Collaborative and record management of minutes will sit within the SWRWCP Program Team.