

FEASIBILITY STUDY:

Implementation of HSPnet across Western Canada

and

Discussion Paper for a Pan-Canadian Approach

**Submitted to the Western Health Human Resource Planning Forum
by the BC Academic Health Council**

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Executive Summary

This report is organized into two sections:

- a Feasibility Study of HSP_{net} implementation across the four Western Canada provinces, and
- a Discussion Paper on a Pan-Canadian approach to expanding the HSP_{net} partnership further in order to maximize the potential cost sharing and knowledge management benefits.

The **Feasibility Study**, funded in 2005 by Health Canada to the Western Health Human Resource Planning Forum), involved consultation during one-day workshops in each of the Western provinces. Consultation results were incorporated into a review on six feasibility dimensions, which resulted in a very positive assessment as summarized below:

Technical Feasibility – As determined by an independent technology assessment, existing hardware and network configurations properly handle current volumes and the system will scale appropriately to support additional provinces as new servers are added for each new jurisdiction.

Functionality – Existing functionality of HSP_{net} provides a good fit with stakeholder requirements as identified in each provincial workshop.

Privacy and Security - No major differences exist in the privacy legislation of each province that would create barriers to implementation beyond BC.

Enhancements – Workshop participants acknowledged the benefits of linking the proposed provincial HSP_{net} instances to support inter-provincial analysis and planning and to facilitate placements that cross provincial borders. Key enhancements to support these needs include Data Model Harmonization across provinces, Inter-provincial Messaging, and Student/Graduate access at a total one-time development cost of approximately \$160,000.

Costs and Sustainability – The BC Academic Health Council has offered HSP_{net} licensing at no charge to other Canadian jurisdictions that agree to share the ongoing costs of supporting and updating the system in all partner provinces. A Lead Agency in each jurisdiction would enter into the national partnership on behalf of their constituent users, and would contribute their jurisdiction's share of costs through provincial funding and/or cost recovery from participating agencies.

Governance and Coordination - An HSP_{net} Partnership Steering Committee has been established to guide the national alliance. Management Committees in each jurisdiction guide HSP_{net} operations and access within the province and ensure appropriate Data Stewardship practices according to applicable legislation. Each jurisdiction also maintains an HSP_{net} User Group to contribute ongoing input into system development and into local placement policies and procedures as appropriate.

All four Western provinces are committed to an HSP_{net} Partnership and collaboration to achieve the potential benefits of such an alliance. The Western Health Human Resources Planning Forum can lead in the analysis of data within and across the Western provinces, supporting a regional approach to health workforce assessment and planning. In response to growing interest from other Canadian provinces including Ontario and Nova Scotia, the Forum also recognizes they can play a leadership role in promoting national expansion and enhancement of HSP_{net}.

The proposed **pan-Canadian approach to HSP_{net} Management** acknowledges that the data and health human resource benefits of a truly national approach require enhancements that are broader than the day-to-day issues driving implementation in each province. Such enhancements, likely requiring national funding support, include: French translation; National Data Unification; resources for Knowledge Management at the national level; and tools to support local, regional and national collaboration and policy development through development of a Practice Education e-Community. Total estimated enhancement costs are approximately \$321,000 in one-time costs and \$74,000 in annual costs for knowledge management.

A pan-Canadian approach would expand the benefits of the Western Canada partnership through an enhanced critical mass of partners, thereby yielding greater economies of scale and leveraging of provincial resources and expertise. The resulting expanded data set would benefit analysis and research at the local, regional, and national level, and proposed enhancements would add even greater functionality for users in each jurisdiction while promoting collaboration and knowledge transfer across Canadian provinces.

SECTION ONE – FEASIBILITY STUDY

1. Implementation of HSP_{net} across Western Canada

1.1 Background and Purpose

The Health Sciences Placement Network of BC, or HSP_{net}-BC, was launched in April 2003 by the BC Academic Health Council (BCAHC) to provide a province-wide system for coordinating the placement of health sciences students in clinical practica or fieldwork opportunities. HSP_{net} provides a web-enabled database and tools to support processes for:

- Tracking and streamlining placement transactions;
- Improving coordination and communication of placement processes;
- Reporting on placement activities; and
- Facilitating evaluation and improvement of placement outcomes.

In January 2005, the Western Health Human Resource Planning Forum received funding from Health Canada to conduct a feasibility study on implementing HSP_{net} across the four provinces of Western Canada.¹ The purpose of the study, completed in June 2005, was to identify the suitability of expanding HSP_{net} beyond BC to the other Western provinces so that the benefits and investments can be shared across all four provinces.

1.2 Study Methodology

This report is the result of a consultation process in each of the four Western provinces, guided by a Project Steering Committee with representatives from each of BC, Alberta, Saskatchewan, and Manitoba. Stakeholder consultation was achieved through a one-day workshop in each province to explore interest and opportunities relating to both HSP_{net} and a related BCAHC initiative, the Interprofessional Rural Program. The workshops were attended by representatives from post-secondary educational institutions, health authorities, provincial health and education departments, and other bodies involved in health sciences practice education. The HSP_{net} portion of each workshop included introductory comments about the BCAHC and the BC perspective, discussion of local placement challenges and initiatives, an overview presentation on the development and use of HSP_{net} in BC, a live demonstration of the system, and a facilitated discussion on the potential benefits of HSP_{net} implementation.

In addition to the provincial workshops, a series of investigations were conducted into technical and other issues of implementing HSP_{net} in multiple provinces. These results were integrated with discussions from the provincial workshops, to report findings under six dimensions of Feasibility:

Technical Feasibility – how the HSP_{net} technical and application architecture can be scaled and/or replicated in other Western provinces;

Functionality – HSP_{net} functionality and workflows and their compatibility with processes in other provinces;

Privacy and Security – the HSP_{net} Privacy & Security framework in relation to legislated requirements in each province;

Enhancement Requirements – the one-time enhancement costs to achieve coordination and standardization of HSP_{net} implementation across multiple jurisdictions;

Costs and Sustainability – mechanisms for funding one-time implementation costs beyond BC, plus ongoing costs of operating and improving the system in all partner provinces; and

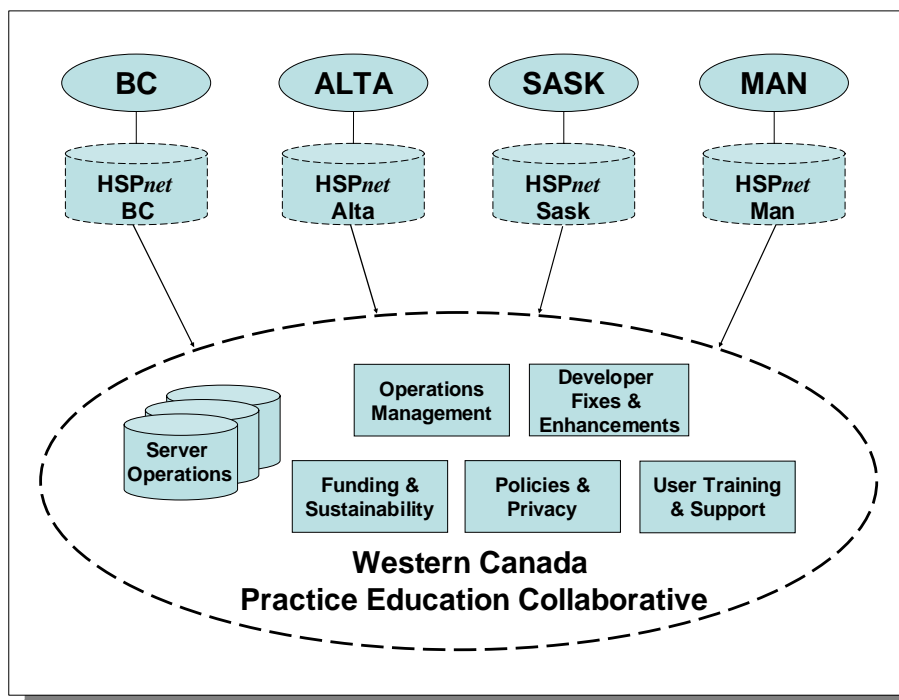
Governance and Coordination – the structures and processes of governance and management that are required to advance the partnership.

¹ In parallel to the feasibility study, two project teams in Alberta conducted separate reviews of HSP_{net} as a potential student placement system for their respective user communities, leading to introduction of HSP_{net}-AB in Edmonton in April 2005.

1.3 Study Findings

Technical Feasibility - The technical architecture of HSP_{net} is designed to accommodate the data and performance requirements of a high volume of placement activity across the province of BC.² The decision to focus on a provincial scope was made in recognition of the fact that over 90% of practice education activity occurs within the boundaries of a province. When HSP_{net} was introduced in Alberta, a new “instance” or copy of the system was launched as HSP_{net}-AB, and there is currently no linkage between the two databases.

In preparation for this study, an independent review of the HSP_{net} technical and application architecture was conducted by consultants with experience in developing and maintaining large data systems. Their mandate was “... to determine if the HSP_{net} system allows for future expansion using current architecture and hardware configuration.” In addition, they were requested to provide recommendations on performance and monitoring in order to support future expansion of the system. The consultants concluded that the “... existing hardware and network configuration handles properly the current load in the system” and that the hardware platform is sufficient as currently designed for current volume projections. They added that the system will scale properly to support additional provinces as new servers are added for each major new instance of the system.



This review supports the BCAHC’s original conceptual design for HSP_{net} partnership, whereby each province would access its own HSP_{net} instance while sharing a common infrastructure. The shared infrastructure would reduce common costs such as user support and training, system support, and ongoing enhancement. Under this conceptual design, even two smaller provinces that elect to share a set of servers would still access separate instances (HSP_{net}-XX) in each province.

The benefits to this “standalone” **province-centric approach** are:

- Each province retains a high level of flexibility and responsiveness to local needs and placement processes;
- There is continued respect for existing intra-provincial practice education partnerships among educators and local receiving sites, including natural placement flows that foster rural practice experiences and recruitment into remote communities;
- A manageable scope for privacy policies and processes, with each province responsible for its own privacy impact assessment, data access policies, and Data Stewardship functions in accordance with provincial legislation.

² At the time of HSP_{net} conceptual design, annual placement volumes in BC were projected to be 30,000 student placements per year.

However, there was consensus among project participants that even standalone provincial HSP_{net} instances, as recommended above, will need to address **inter-provincial requirements** to:

- Standardize placement data to support intra- and inter-provincial data analysis and collaboration on health provider education, planning, and development and related interventions and their outcomes;
- Standardize the application and hardware platforms to maximize the cost benefits of a shared infrastructure and to facilitate ongoing cost sharing of system enhancements;
- Collaborate on common functionality requirements (such as rural and interprofessional placements or student access), to pool funding and resources for user design/testing, and to jointly pursue new funding;
- Establish inter-provincial “messaging” to facilitate placements that cross provincial borders.

Functionality - The workshops identified a high degree of consistency across provinces in terms of placement processes and workflows, communication needs, and placement capacity challenges. As previously mentioned, two separate user communities in Alberta identified HSP_{net} as their preferred solution for a placement information system during 2004/05. In addition, Saskatchewan completed a provincial review of placement capacity and associated challenges just prior to their HSP_{net} workshop. The Saskatchewan consultant recommended implementation of a provincial information system such as HSP_{net} to improve placement coordination and to support efforts to build placement capacity.

Observations during the workshop discussions were consistent with the BC experience that an effective student placement system must support a range of placement processes and varying practices across disciplines and geographic jurisdictions. The following specific system requirements were identified, and the workshop demonstrations highlighted a good fit with existing HSP_{net} functionality:

Requirement	HSP _{net} Functionality
<u>System Adoption</u> <ul style="list-style-type: none"> • Not all agencies will adopt the system and/or pace of adoption may vary • Limited access to computers/email and internet in some locations 	<u>Range of Implementation Models</u> – HSP _{net} works well as an interactive system between Placing and Receiving agencies; as a database only (with requests sent via paper/email); and as a hybrid (combining users and non-users, electronic and paper/email transmission)
<u>Collaboration Models</u> <ul style="list-style-type: none"> • Limited collaboration or joint planning in some disciplines or areas; other agencies may collaborate fully on capacity planning and utilization, conflict resolution 	<u>Range of Collaboration Models</u> – HSP _{net} supports independent placement processes involving little or no collaboration; processes involving collaboration via an intermediary; and fully collaborative processes with interaction among practice education partners
<u>Streamlined Processes, Improved Communications</u> <ul style="list-style-type: none"> • Reduced paper handling, “telephone tag” • Improved access to information on staff, courses, placement sites 	<ul style="list-style-type: none"> • Distributed management of site and destination profiles; user reminders for periodic update • Access to updated contact information • History and audit trails to track transactions and responses
<u>Improved Reporting and Data Analysis</u>	<ul style="list-style-type: none"> • User-defined and custom reports on placement activities, acceptance rates, utilization • Operational reports including confirmation letters, schedules, letters, and student/preceptor histories
<u>Privacy & Security</u>	<ul style="list-style-type: none"> • Comprehensive access levels protect organizational data and provide access on a need-to-know basis • Enhanced protection of student information
<u>Ease of Maintenance</u>	<ul style="list-style-type: none"> • “Turnkey” ASP solution managed by the BCAHC • Centralized user support and training minimizes impact on organizational resources • Operates on any PC with Internet Explorer

Privacy and Security - In advance of the 2003 launch of HSP_{net} in BC, a comprehensive Privacy Impact Assessment (PIA) was submitted to privacy offices in four provincial ministries for BC. Two offices reviewed the PIA in detail and both were supportive of the PIA as submitted. The representative from the Office of the Information and Privacy Commissioner provided the following assessment:

“ ... [HSP_{net}] is a consent based system based upon the student's interest in finding a placement. The consent process is enhanced by attaching the HSP_{net} "Identified Purposes and Handling of Personal Information in HSP_{net}" to the consent form. This form adequately and clearly informs the student of the information being collected, its use and disclosure, and the measures undertaken to protect privacy. I am impressed with the privacy protections offered by the new system and the sensitivity displayed by the authors of the system.”

The Privacy and Security framework for HSP_{net} is based on the ten Principles of the Canadian Standards Association (CSA) Model Code, now embodied in the federal *Personal Information Protection and Electronic Documents Act*. These principles are recognized as the foundation for provincial privacy legislation and are reflected specifically in BC's *Freedom of Information and Protection of Privacy Act* and in other provincial legislation. The HSP_{net} framework encompasses a comprehensive set of policies and supporting documentation (such as committee terms of reference) that guide data stewards, participating agencies, individual users, and the BCAHC and its contractors as HSP_{net} service providers.

As part of this feasibility study a review was undertaken of each province's legislation as related to HSP_{net}. The analysis indicates that, given the current practice of obtaining "active consent" from students, **no major differences exist in the privacy legislation of any Western province that would create barriers to the implementation of HSP_{net}.**

Common Enhancements - Ongoing improvement of HSP_{net} is a key strategy of the BCAHC and users of HSP_{net}-BC, and participating agencies in BC have committed to an ongoing annual enhancements budget of \$50,000. The objectives of this strategy are to maintain a high level of user satisfaction and to ensure that HSP_{net} continues to reflect and support the evolving processes of practice education. Addition of the Western provinces as HSP_{net} users will reduce the enhancement cost for participating provinces, and will allow pooling of expertise and resources during user design and testing.

The Feasibility Study identified several inter-provincial requirements, some of which (e.g. infrastructure sharing) are already encompassed within existing HSP_{net} functionality and the cross-provincial partnership model. However, the following inter-provincial enhancements are not within current HSP_{net} functionality and will require new resources to develop:

The table below summarizes the enhancement requirements and costs for Western Canada.

Requirement	Enhancement	Estimated Cost
Data Model Harmonization and Inter-provincial Messaging	Consolidation and/or harmonization of core tables to support inter-provincial placement and data analysis; development of inter-provincial messaging tools.	\$ 71,005
Student/Graduate Access Module	External access via "guest" authentication, to allow student participation and ongoing evaluation of placement processes; potential tracking of students/ graduates post-graduation.	88,511
Total Enhancements (one time)		\$159,516

Costs and Sustainability - Development of HSP_{net} was funded by the BC Ministry of Health Planning through a one-time award of \$258,000 in 2002/03, and total design and enhancement investment to date is approximately \$600,000 (including enhancements funded for 2005/06). Since the launch in July 2003, ongoing costs of operating and enhancing the system are covered through membership fees paid by BCAHC agencies, and through annual subscription fees from non-member agencies.

Soon after launching HSP_{net}, BCAHC received inquiries from other jurisdictions about accessing the system. The BCAHC considered various business models and ultimately selected a partnership model whereby BCAHC would license HSP_{net} at no charge to other Canadian jurisdictions interested in partnering on ongoing operation and enhancement. *In this way all partners would benefit from lower costs through a shared infrastructure for operating the system, supporting users, and funding development.*

The objectives of HSP_{net} partnership across Western Canada are to:

- Lower the ongoing operating and enhancement costs for the partners;
- Share partner expertise and resources in the design and testing of new functionality; and
- Position the partners for pursuing grants and other sources of multi-jurisdictional funding.

One outcome of this project's workshops is that each province requested a proposal including an estimate of the one-time (implementation) and ongoing (annual) costs of joining the HSP_{net} partnership. In general, it is each province's plan to cover one-time implementation costs for all participants from health ministry or other funding sources, while ongoing costs will be managed through contributions from participating user agencies (health sciences educational institutions and health authorities or regions).

Governance and Coordination - An **HSP_{net} Partnership Steering Committee** has been established to govern the ongoing operation and development of HSP_{net} across the Western provinces. Terms of Reference for the Steering Committee are attached as Appendix 1.

Each partner province would establish an HSP_{net} Management Committee and a Data Stewardship Committee. **Management Committees** will be responsible for guiding HSP_{net} expansion within each partner jurisdiction, receiving and reviewing status reports and results of monitoring and evaluation, and advising the national Steering Committee on local perspectives. The **Data Stewardship Committee** will meet each province's obligations as outlined in the HSP_{net} Policies on Privacy, Security and Data Access. In accordance with provincial legislation, ethical standards and best practices, Data Stewardship Committees will be responsible for policy and processes in each province to ensure the integrity of user data, protect the privacy and security of personal information, and enable the appropriate use of data in support of management objectives.

In addition, each province will establish a local **HSP_{net} User Group** with responsibility for:

- Reviewing and addressing local user issues through training, HSP_{net} fixes and minor enhancements, local procedure changes, and/or recommendations for changes to HSP_{net} policy;
- Generating local enhancement requests, and participating in an annual process for prioritization of requests within the annual HSP_{net} budget; and
- Identifying special enhancements to be funded directly by one or more provinces or through external funding sources, and providing user input into design and implementation of special enhancements.

The BCAHC would maintain a shared infrastructure providing server hosting and application support, user training and support, system fixes and enhancements, and common policy development. Each province would develop its own sustainability model to fund their contribution to the shared infrastructure, while the partners could also seek joint funding opportunities to minimize sustainability costs or to fund special enhancements.

1.4 Summary – SECTION ONE

HSP_{net} implementation across Western Canada, including introduction of inter-provincial functionality as described in section 4, will provide the following benefits to partner provinces and their participating agencies:

- Increased availability and quality of practice education opportunities for students;
- Streamlined placement processes and improved coordination and communication;
- Improved utilization management of placement capacity, with access to a greater range of placement settings and models;
- Access to data for evaluation and improvement of learner outcomes; and
- An enhanced profile and priority of practice education.

All four Western provinces are committed to an HSP_{net} Partnership for Western Canada as outlined in Section One, and the partners are enthusiastic about the mutual benefits of implementing HSP_{net} across the provinces of Western Canada. Each province will cover their own one-time implementation costs, and will identify ongoing funding and/or develop cost recovery mechanisms to cover their contribution to the partners' shared operating infrastructure.

However, since each provincial instance of HSP_{net} will operate as a standalone system, there will be new costs of inter-provincial collaboration and standardization that require external funding support. The partners will therefore seek additional funds of \$159,516 in order to achieve data model harmonization and inter-provincial messaging, and student/graduate access. These enhancements will allow the provinces of Western Canada to maximize the benefits of HSP_{net} adoption, and will increase the value of the system for other Canadian provinces that are also considering HSP_{net} adoption.

SECTION TWO – DISCUSSION PAPER

2. A Pan-Canadian Approach to HSP_{net} Management

2.1 Background and Purpose

The success of the HSP_{net} implementation in British Columbia, and its expansion across the western provinces, have sparked interest in HSP_{net} nation-wide. As a result of information sessions delivered in Ontario and Nova Scotia, organizations in both provinces are now committed to HSP_{net} Pilots during Spring/Summer 2006.³

The Western Health Human Resource Planning Forum supports the direction of a pan-Canadian approach, and recognizes they can play a leadership role in promoting national expansion and enhancement of HSP_{net}. The Forum can also lead in the analysis of data within and across the Western Canadian provinces, supporting a regional approach to health workforce assessment and planning.

The purpose of Section Two is to discuss the objectives and benefits of a Pan-Canadian Approach, and to propose key enhancements required for such an expansion.

2.2 Objectives and Benefits

As noted in Section One under *Governance and Coordination*, an HSP_{net} Partnership Steering Committee has been established to guide the partnership. Given the addition of Ontario and Nova Scotia as pilot jurisdictions, this committee's scope was broadened during their October 2005 meeting to take a national perspective. The Steering Committee met twice during 2005 and an extended meeting, to include a strategic planning exercise, is scheduled for March 2006.

The benefits of a pan-Canadian approach to HSP_{net} implementation include:

- Continued cost-effectiveness and sustainability of the partnership through sharing of infrastructure and coordination across more partners;
- Opportunities to pool expertise and local resources in the development of functionality enhancements (such as proposed modules for policy content management and e-learning for practicum orientation);
- Mechanisms to track the movement of students across provincial boundaries;
- The potential to monitor recruitment of students after graduation, and their movement within Canada;
- The value of standardized data, across multiple jurisdictions, for studying practice education activities and outcomes.

There is considerable potential for HSP_{net} to provide valuable information to support research, health human resource (HHR) development, and policy development. The value of HSP_{net}'s data and reports will increase dramatically over time as the database grows and evolves. Data will be used to analyse activities and trends within and across boundaries (e.g. local/regional/provincial/national), disciplines, and priority areas of HHR planning (e.g. urban/rural areas and interprofessional teams).

2.3 Pan-Canadian Enhancements

The existing Partnership model provides mechanisms for sustainability of the partnership through a centralized infrastructure and shared costs to manage and enhance each provincial instance of HSP_{net}, to coordinate some aspects of common policy and procedure development (e.g. data privacy and security), and to fund common enhancements.

³ The pilots represent only a segment of the health workforce in each province: the Ontario pilot is being led by the Council of Ontario Universities on behalf of Nursing programs in three geographic regions, while Nova Scotia's pilot involves sites in Capital Health region (multiple disciplines). In both cases additional funding is needed to complete implementation.

The data and other HHR benefits of a truly national approach to HSP_{net} require enhancements that are broader than the day-to-day issues driving HSP_{net} implementation in each province, and are therefore unlikely to be funded by one or more partners alone. Such enhancements, likely requiring national support, include:

French Translation – Organizations in Ontario and Manitoba are currently requesting bilingual access to HSP_{net} for the use of educators, receiving sites, and students.

Data Unification – There is a need to introduce a “unifying” data layer across the provincial instances of HSP_{net}, thereby eliminating data duplication (as each province attempts to track out-of-province placements by entering this data into their provincial instance) and to ensure standardized data across the provinces. This unifying layer would further support inter-provincial messaging and future potential to track the movement of students and graduates across provincial boundaries.⁴

Practice Education e-Community – There are significant potential benefits to collaboration across Canada on practice education issues and best practices. BC has recently funded an HSP_{net} module for online content management of best practices such as criminal records checks and student orientation.⁵ The new module will facilitate sharing of best practices and local guidelines across health authorities and disciplines in BC. One such best practice regarding respiratory mask fitting was researched by a BC health authority across several provinces. The partners are interested in adapting this provincial approach to develop a national network for sharing best practices and their evaluation. Appendix 2 proposes a national Practice Education e-Community comprised of HSP_{net} users, managers, policy developers, and students. The e-Community would facilitate electronic collaboration among members to support sharing of best practices, development of common tools, and even standardization as appropriate. The e-Community would link provincial HSP_{net} users and as appropriate could use the HSP_{net} application itself to enforce or track the resulting practices.⁶

Knowledge Management Resource (KMR) – HSP_{net} data has considerable value for decision support and research, but resources are required to lead a process of defining the research questions within and across provinces and to meet the resulting information management needs. A proposed approach to establishing a Knowledge Management Resource for HSP_{net} is attached as Appendix 3, while the table below summarizes the enhancement requirements and costs of a pan-Canadian approach.

Requirement	Enhancement	Estimated Costs
French Translation	One-time costs of French translation of all screens, documentation, and key data tables; user-defined tools for accessing and managing bilingual processes. HSP _{net} Partners would assume the ongoing costs of updating French content over time.	\$89,400
Data Unification	introduce a “unifying” data layer across the provincial instances of HSP _{net}	54,194
Practice Education e-Community	One-time costs to develop online tools and processes for content authoring, collaboration, research, alerts and reviews, and search capabilities to allow re-use of content objects across jurisdictions.	\$177,950
Total Enhancements (one time)		\$321,544
Knowledge Management Resource	Ongoing (annual) costs of establishing a centralized resource to support data analysis, information management, and knowledge transfer across provinces.	\$74,000
Ongoing Costs (annual)		\$74,000

⁴ Out-of-province student placements represent only a small portion of placement activity in some disciplines, but for other disciplines report this is much more common and even an integral component of the curriculum for some programs.

⁵ Development of the Practice Education Toolkit, funded by the Practice Education Innovation fund in BC, will be led by users in BC but the resulting Toolkit will be made available, at no charge, to all Canadian provinces as part of their membership in the HSP_{net} partnership.

⁶ For example, the Student Prerequisites module of HSP_{net} can alert an instructor if a student’s immunization status does not meet the requirements of the receiving site.

2.4 Summary - SECTION TWO

HSP_{net} implementation across Canada further enables the financial and other benefits outlined in Section One through:

- Enhanced critical mass of the partnership, yielding:
 - greater economies of scale;
 - sustainability through shared resources and expertise;
 - leverage of the collective interests of partners.
- Expanded data set for analysis and research, national HHR development and planning, and evaluation within and across provincial and regional boundaries;
- Addition of functionality and features needed by existing and future partners; and
- Provincial and national communities interested in collaboration and knowledge transfer, supported by electronic tools and processes to enhance the timeliness and application of the information collected and processes developed.

Appendix 1: HSP_{net} Partnership Steering Committee

Updated: September 15, 2005

Reporting & Accountability

The HSP_{net} Steering Committee is accountable to all partner jurisdictions⁷ for the ongoing success of the partnership through financial sustainability and achievement of mutual goals.

Key Responsibilities

- To guide the strategic direction of HSP_{net} in Canada through annual planning and prioritization of activities for ongoing system expansion and improvement;
- To oversee evaluation of system performance and partnership outcomes;
- To ensure the financial sustainability of the partnership through annual budget development, review and monitoring of the cost sharing formula, and support of initiatives to seek external funding.

Membership and Decision Making

- Each partner jurisdiction will have a minimum of two representatives on the Steering Committee, with representation from both the Placing and Receiving side of the educational partnership. If a jurisdiction contributes more than 20% to the total annual partnership budget, that partner may send up to two voting members for every 20% of their total contribution.
- Decision making will be based, when possible, on consensus of Steering Committee members. In the event that consensus is not achieved, a decision would be made based on a majority vote by partners present at the meeting. Regardless of the number of individuals present from each partner jurisdiction, the total weight of votes from each jurisdiction would not exceed their share of the total annual partnership budget.

Non-voting members of the Steering Committee will include:

- CEO, BCAHC (as contract administrator for the HSP_{net} Team)
- HSP_{net} Director

Two Co-Chairs will be appointed from among voting members, each to serve for up to two years and with staggered term end dates staggered to ensure continuity. Co-Chairs will be chosen from different partner jurisdictions and will represent both the Placing and Receiving sides of the educational partnership. Co-Chairs may participate in decision making or voting.

Facilitation and Support

Administrative support to the Steering Committee will be provided by the BCAHC, including preparation and distribution of agendas, minutes, and handouts; and arrangement of meeting logistics including facilities and teleconferencing.

Semi-Annual Meeting Schedule and Key Deliverables

Spring Meeting (February/March):

- Review the upcoming year's annual partnership budget
- Review and approve HSP_{net} Policies
- Review results of monitoring activities as required by Policies

⁷ As defined by a Memorandum of Agreement between the partner jurisdiction and the BCAHC for an HSP_{net} Development Partnership.

Fall Meeting (October/November):

- Review the upcoming year's Operating plan
- Review annual evaluation activities (User Satisfaction Survey, other evaluation activities)
- Review results of monitoring activities as required by Policies
- Set development priorities for the upcoming year (per recommendations from local HSPnet User Groups)

Relationship to Committees and Task Groups

Each Partner jurisdiction will maintain a standing **HSPnet Management Committee**, with the following responsibilities:

- Set expansion priorities for their jurisdiction, within their share of the annual partnership budget;
- Receive and review status reports from the jurisdiction's HSPnet Coordinator and/or national HSPnet Director;
- Receive and review results of monitoring as required by HSPnet policies within their jurisdiction, and create or revise jurisdiction-specific procedures as necessary to facilitate or enforce compliance;
- Advise the national Steering Committee on issues requiring new or revised national policy;
- Provide advice to guide the participation of their jurisdiction's representatives on the national Steering Committee, with particular regard to enhancement priorities from the perspective of management.

Each Partner jurisdiction will maintain a standing **HSPnet User Group**, with the following responsibilities:

- Review and address user issues through training, HSPnet fixes and minor enhancements, local procedure changes, and/or recommendations for changes to HSPnet policy;
- Generate enhancement requests, and participate in an annual process for prioritization of requests within the annual HSPnet operating budget; and
- Identify special enhancements to be funded directly by one or more provinces or through external funding sources, and participate in user input into design and implementation of special enhancements.

Task Groups may be established as required, responsible for specified deliverables and to function within a limited time frame, to address policy or other issues of the Steering Committee. Task Groups may be jurisdiction-specific or cross-jurisdictional in membership and scope.

Appendix 2: Practice Education e-Community

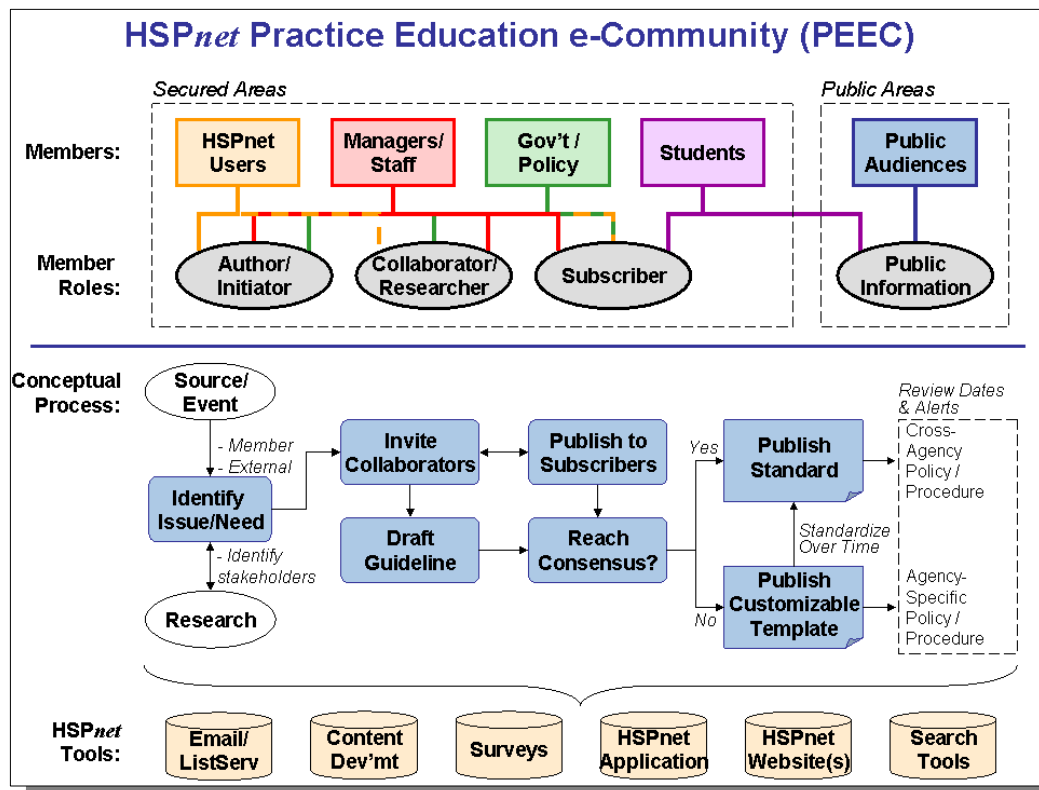
Description

The Practice Education e-Community would allow HSP_{net} users, staff and managers involved in practice education, policy and regulatory groups, and students to collaborate on common issues. Consider the following case study:

The Practice Education Leader for Vancouver Coastal Health is asked to develop a health region policy for respiratory mask fitting of students. She researches current policies and best practices across BC and in other provinces, and proposes a policy for all sites in her health authority. Other BC health authorities review the Vancouver guideline and consider adopting similar policies. Later, a provincial committee of health authorities reviews the policy in hopes of developing a common template, or even a standard policy across all health authorities in the Lower Mainland.

Through an e-Community, the following could occur:

- The Practice Education Leader for Vancouver Coastal Health could identify “respiratory mask fitting for students” as an issue, and invite colleagues from BC and other provinces to collaborate;
- Interested parties could share their research and current practices, and collaborate on development of a best practices guideline; other parties could “subscribe” to the initiative and keep abreast of the activities and results;
- If consensus is reached on the resulting guideline, it could be published as a standard for adoption across the Lower Mainland, or even across provinces;
- If consensus is not reached immediately, the guideline can be published as a template for adaptation in other jurisdictions or for voluntary adoption by a single unit or program, site, or health authority.

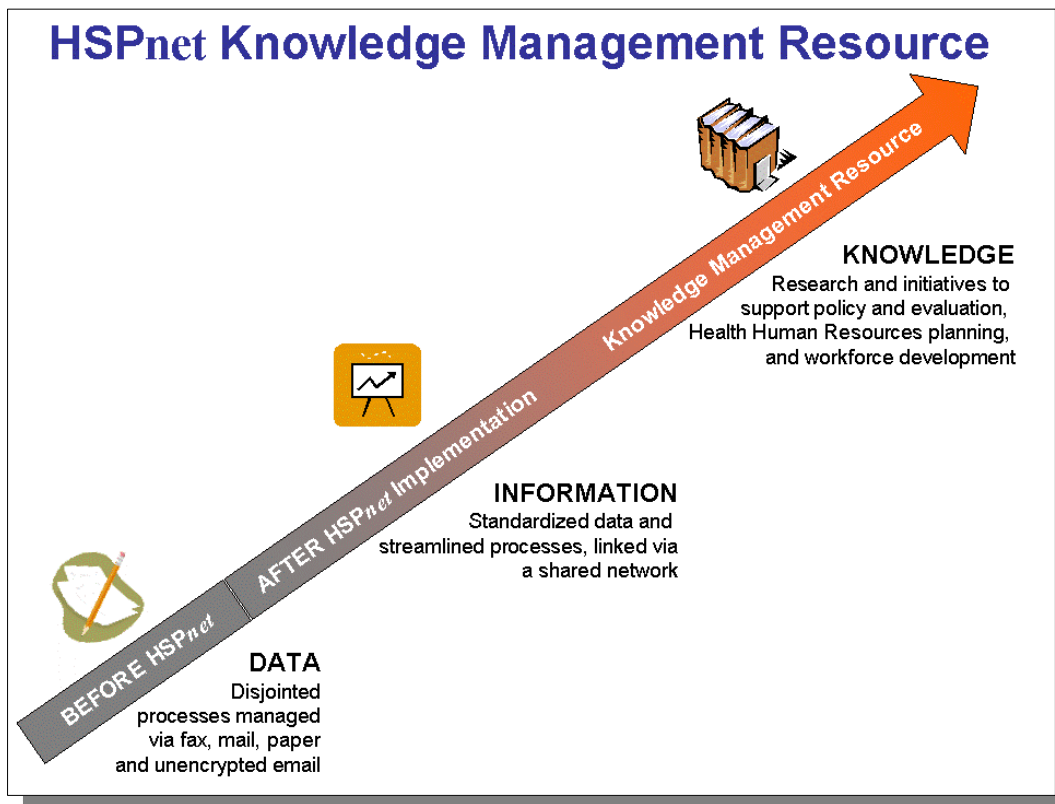


Appendix 3: HSP_{net} Knowledge Management Resource (KMR)

Description

The HSP_{net} KMR would provide ongoing leadership to partner provinces in the development and monitoring of provincial, regional, and national reports and tools for data analysis. The KMR would be responsible for:

- Identifying research and information needs, resources, audiences, and communications flows
- Developing and delivering a long term KM plan;
- Facilitating collaboration on research and knowledge development initiatives; and
- Encouraging partners to use information effectively within and across jurisdictions.



The KMR would leverage the deliverables of Practice Education e-Community, also proposed within this report (see Appendix 2).