Accountability and Reporting
The SWRWCP SSC is accountable to and provides formal reports annually to the Leadership Forum, via the Chief Nursing Executive (CNE) Group, for continual funding decision endorsement. The SSC provides formal quarterly reports to the CNE Group via the Program Lead/Program Sponsor for the purpose of ensuring Program accountability. The SWRWCP Program Team meets biweekly and provides formal quarterly reports to the SSC. The SSC provides formal monthly reports to the South West Local Health Integration Network (LHIN), via the Program Lead/Program Sponsor, on Program activities and provides formal quarterly reports on outcomes monitoring indicators.

The SSC reports monthly to the South West Community Care Access Centre (CCAC) Senior Leaders through the Program Sponsor. The Performance Management and Accountability (PMA) Group at the South West CCAC will receive regular weekly informal updates from the Program Team.

Quarterly informal briefing to the IALP/South West POM, South West Leadership Groups, Quality Advisory Group, Long Term Care (LTC) Home Network Council and Primary Care Network is for informing and consulting purposes only.

Purpose
The purpose of the SWRWCP SSC is:
- To define SWRWCP’s mission and vision;
- To collaborate to provide strategic direction, expertise, recommendations, and support to the Program and Clinical Leads;
- To ensure Program equity across healthcare sectors and to maintain the Program’s code of ethics;
- To facilitate the development of a consistent South West LHIN wide skin and wound care Program, and to monitor and evaluate the Program and protocols developed and implemented;
- To promote and facilitate collaboration across all health care sectors and between health care disciplines;
- To review, revise, and maintain the Program’s vision, mission, values, ethics, and strategic directions/goals;
- To ensure effective budget management, accountability and utilization within the Program’s fiscal parameters;
- To ensure equity and competencies within the Program’s SSC and Learning Collaborative memberships;
- To provide a channel of communication between the SSC and the Learning Collaboratives;
- To develop and maintain high level relationships for Program implementation and sustainability, and;
- To facilitate ongoing alignment of product selection/evaluation between Health Pro contracted hospitals and the South West CCAC. Any changes to Health Pro and South West CCAC contracts and trial initiatives must come to this table to ensure full sector wide consultation and involvement.
Objectives
The objectives of the SWRWCP SSC mirror those of the SWRWCP and include the development, implementation, and sustainability of:

- A Program that enables the delivery of a seamless, timely and equitable, safe, efficient, and effective, person-centered, evidence-informed skin and wound care to the people of the South West LHIN, regardless of the setting;
- Clinical protocols for seamless, equitable, effective, efficient system-wide application of person-centered evidence-informed skin and wound care;
- A sustainable system-wide wound care education model and process;
- A model for effective wound management product knowledge across all sectors, and;
- A model for effective wound management and product knowledge across all sectors.

Term
The SWRWCP SSC will function for a minimum of one term (three years), with staggered terms for members, in order to sustain expertise and knowledge within the Committee.

Membership
The SWRWCP SSC consists of the SWRWCP Program and Clinical Lead and representatives from each of the healthcare sectors within the South West LHIN: South West CCAC (Program Sponsor and Regional Managers), LTC Homes (National Directors/Nurse Practitioners), Hospitals (CNEs), Primary Care (Family Physicians/Nurse Practitioners), and Specialist Physician. For each of the four sectors represented members must review minutes of the meetings and accompanying documents, contribute to the work of the SSC, and communicate Program progress to the following forums:

- South West LHIN Hospital/South West CCAC Leadership Forum;
- Quality Advisory Group;
- South West Primary Care Network, and;
- LTC Home Network Council.

SSC Members must possess the following qualities:

a. Be able to translate and execute the SSC role and mandate into a larger portion of the organization;
b. Be committed to the Program, its strategic direction, and its sustainability plan;
c. Be able to build and maintain executive relationships and persuasive communications to achieve the Program’s vision and mission;
d. Have practical experience and expertise to advise on the Program’s strategic direction in order to support the activities of the Learning Collaboratives;
e. Be committed to representing their health care sector and to communicating SSC decisions to their sector’s leadership, and;
f. Be committed to the Program’s Oath of Confidentiality.

Meetings
Meetings of the SWRWCP SSC will be held quarterly and at the call of the Chair. Meetings will be conducted via teleconference, in person, or via the Ontario Telemedicine Network, with a minimum of one face-to-face meeting per term/year.
Quorum
At least one of the two representatives of each health care sector (South West CCAC, LTC Homes, Hospitals and Primary Care) must be present at Committee meetings, in order for quorum to be attained.

Role of the SSC Chair
At the initial SSC meeting for the term/year, Committee members will select one Chair who will:

- Conduct the Committee meetings;
- Ensure that meeting minutes are recorded and disseminated to its members and to the SWRWCP Program Lead and Clinical Lead for dissemination in accordance the SWRWCP Communication Management Strategy;
- Ensure that Committee decisions are verbally disseminated to Committee Members’ wider organizations and appropriate links;
- Evaluate the membership and Committee Terms of Reference annually, notifying the SWRWCP Program Leads of any changes in writing, and to disseminate those changes in accordance with the SWRWCP Communication Management Strategy, and;
- Monitor and approve the activities of the Learning Collaboratives and its members.

Role of the Members
1. All members are representatives of their healthcare sector, not only their organization. Input into discussions and decision making must be made on behalf of the sector they represent and must not be to solely benefit their individual organization. It is the responsibility of SSC members (with the Program Team’s assistance) to ensure that they involve and consult their sectors when advising the SSC:
   a. Hospital CNE representatives will provide SWRWCP status updates at the CNE Group meetings. The Program Lead will provide a formal brief, which will be presented by the Program and Clinical Lead, as required;
   b. South West CCAC representatives will update the South West CCAC Wound Management Program Team and the South West POM of the SWRWCP status;
   c. LTC Home representatives will update the LTC Home Network Council of SWRWCP activities. The Program Lead will provide a formal brief, which will be presented to the LTC Home Network Council, as required. The Program Lead will update LTC Home Directors of Care and LTC Home Wound Care Champions of SWRWCP activities via updates to the Program’s website and Healthchat site;
   d. SWRWCP Program Sponsor will update the Leadership Forum, Quality Advisory Group and the South West CCAC Chief Executive Officer and Senior Leaders, and;
   e. Primary Care representatives to update the Primary Care Network of SWRWCP activities. The Program Lead will provide a formal brief and present that information to the Primary Care Network, as required.

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