

Terms of Reference

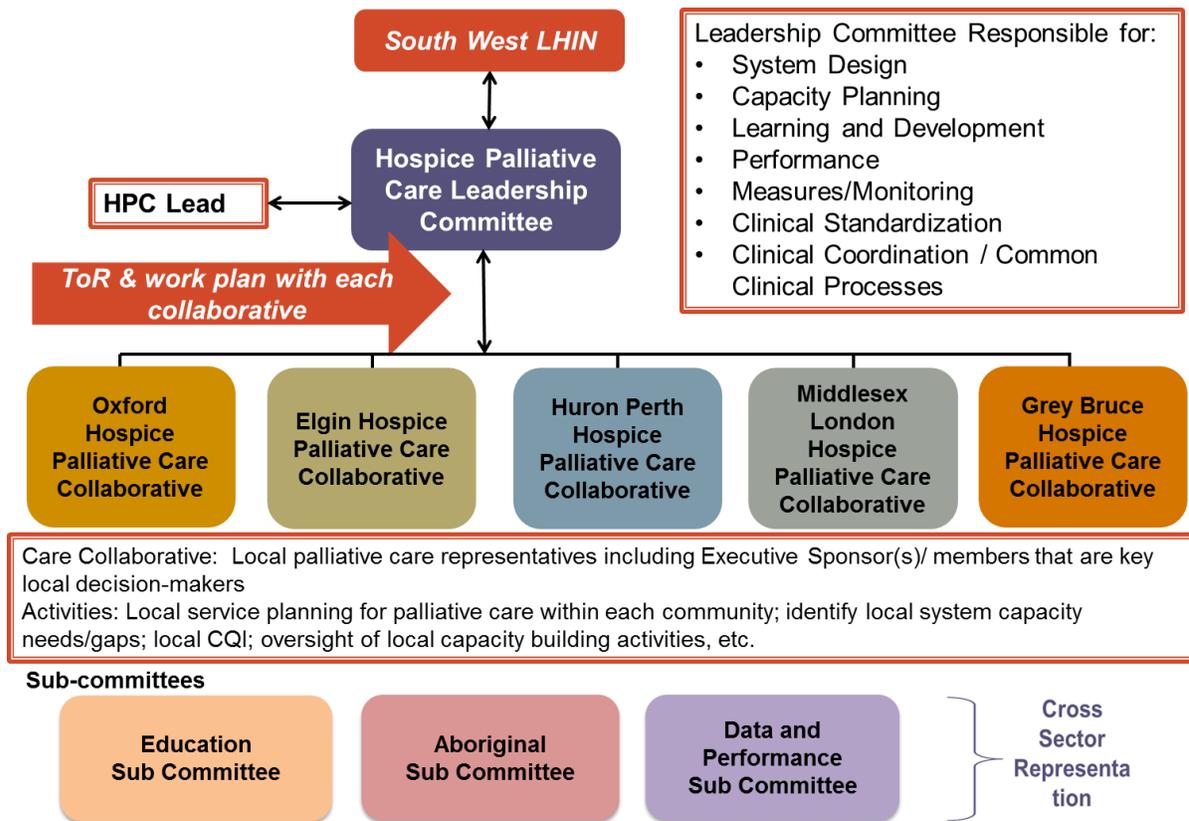
South West LHIN Hospice Palliative Care Leadership
Committee

Table of Contents

1. Background/Context.....	3
Vision for the South West LHIN Hospice Palliative Care Program	3
Mission of the South West LHIN Hospice Palliative Care Oversight Structure.....	4
Mandate:	4
1.1. Purpose.....	5
1.2. Accountability	5
2. Roles & Responsibilities of the Hospice Palliative Care Leadership Committee	5
2.1. Principles	6
3. Membership & Roles of Individual Committee Members	6
3.1. Membership	6
3.2. Co-Chair Model	7
3.3. Duration of Service.....	7
3.4. Individual Roles of Committee Members	7
4. Logistics and Processes	8
4.1. Role of the Co-Chairs.....	8
4.2. Committee Support	8
4.3. Frequency of Meetings.....	8
4.4. Decision-Making Process.....	8
4.5. Linkages & Partnerships	8
4.6. Quorum Requirements.....	9
4.7. Delegates and Guests.....	9
4.8. Meeting Agenda and Minutes.....	9
5. Approval of Terms of Reference.....	9

1. Background/Context

The South LHIN’s Integrated Health Services Plan 2013-16 has identified a strategic goal of developing an Integrated Hospice Palliative Care Program for the LHIN. This program will align with the province’s “*Advancing High Quality High Value Palliative Care in Ontario; A Declaration of Partnership and Commitment to Action*” document, released in December 2011. The South West LHIN Hospice Palliative Care (HPC) Leadership Committee will be responsible for identifying and driving strategy to partners in Hospice Palliative Care and local collaborative committees. Following is a diagram that depicts the Hospice Palliative Care Oversight structure.



Vision for the South West LHIN Hospice Palliative Care Program

A comprehensive, integrated and coordinated system of hospice palliative care services that meets peoples’ needs.

- To better support people with life-limiting illnesses and their families
- To dramatically improve their comfort, dignity and quality of life preceding death.
- To foster collaboration and commitment across all care settings, and between families, providers, academics, funders and policy makers, with shared ownership of solutions and actions

Mission of the South West LHIN Hospice Palliative Care Oversight Structure

To provide leadership for the development and evolution of a comprehensive, integrated and coordinated system of hospice palliative care for the South West through implementing the priorities identified in Advancing High Quality High Value Palliative Care in Ontario; A Declaration of Partnership and Commitment to Action. Priorities include:

- Strengthen Accountability and introduce mechanisms for shared accountability
- Broaden Access and Timeliness of Access
- Strengthen Caregiver Supports
- Strengthen Service Capacity and Human Capital in all care settings
 - development of standards and supports for delivery of care;
 - support for implementation of best practices;
 - education and knowledge transfer; and
 - support for building system capacity and access to hospice palliative care
- Improve integration and continuity across care setting
- Build public awareness

Mandate:

The Hospice Palliative Care Leadership Committee (HPC Leadership Committee) will provide LHIN wide direction, planning, oversight and leadership for the program activities such as:

- Deliver on the key priorities and action items identified in “Advancing High Quality, High Value Palliative Care in Ontario: Declaration of Partnership and Commitment to Action”, published in December, 2011, MOHLTC, LHIN, Quality Hospice Palliative Care Coalition of Ontario (QHPCCO)
- Be the official voice for Hospice Palliative Care in the SW LHIN with respect to all matters described in these terms of reference
- Plan for comprehensive and integrated Hospice Palliative Care Services across the SW LHIN
- Implement and maintain sound governance policies and procedures for the committee
- Work collaboratively with HPC providers in the LHIN ;
- Develop communications to members and the broader community.
- Support provincial LHINs core set of common HPC deliverables. The LHINs have agreed to accomplish the following by March 2015
 1. Establish / strengthen a regional palliative structure / program / network, with specialized palliative and advanced chronic disease resources coordinated at the regional level
 2. Implement a palliative care indicator as part of the Ministry-LHIN Performance Agreement (MLPA)
 3. Implement a Palliative Balanced Scorecard
 4. Establish performance and outcome tracking and feedback at the client, provider and team level
 - Establish performance targets and acceptable performance corridors are defined
 - Track performance against corridors and report back to organizations and teams to drive continuous quality improvement and establish benchmarks for peer comparison

5. Update Accountability Agreements with Health Service Providers (HSPs) to support tracking of each HSPs contribution to the overall regional objectives/goals
6. Implement care coordination role through collaboration with all palliative care HSPs across the continuum of care
7. Establish outreach processes across all palliative care HSPs throughout the continuum of care to identify individuals with advanced chronic disease and connect them with an extended inter-professional team

1.1. Purpose

Working closely with the Hospice Palliative Care Lead, The Hospice Palliative Care Leadership Committee will provide leadership to the development and implementation of the Integrated Hospice Palliative Care Program in the South West LHIN. This will include eventual performance monitoring. The Leadership Committee is committed to transforming the health system to better meet the needs of people receiving hospice palliative care in our region. There is an understanding that this change requires an openness and dedication to instituting new approaches and continual health care provider and consumer engagement. The Hospice Palliative Care Leadership Committee will be using the South West LHIN Quality Improvement Enabling Framework (QIEF) to guide the development and implementation of the integrated Hospice Palliative Care Program in the South West. A quality improvement approach will be used to ensure our initiatives more efficiently and effectively fulfill the goals of improving health outcomes and the overall healthcare journey for individuals receiving hospice palliative care.

1.2. Accountability

The Hospice Palliative Care Leadership Committee will be accountable to the South West LHIN.

2. Roles & Responsibilities of the Hospice Palliative Care Leadership Committee

The HPC Leadership Committee will lead the development and implementation of the South West LHIN Integrated Hospice Palliative Care Program using a quality improvement approach and provide advice on strategies to engage health care providers and consumers in the overall system transformations. In addition, the leadership committee will monitor the outcomes of these recommended changes and impact on the people involved in the hospice palliative care healthcare journey.

The committee members will be committed to the principles of hospice palliative care and be solution focused and action oriented.

More specifically the HPC Leadership Committee will be responsible to provide leadership and oversight to:

- System design;
- Capacity Planning;
- Learning and Development;
- Quality Improvement;
- Performance;
- Measures/Monitoring;

- Clinical Standardization;
- Clinical Coordination / Common Clinical Processes; and
- Other strategic issues as identified.

The Committee will work collectively to develop strategies to engage individuals and families touched by the palliative care journey as well as the appropriate individuals within partner organizations and local Collaboratives to promote awareness, collaboration and support for improvement opportunities and implementation of recommended system changes.

2.1. Principles

The following list of principles will serve to guide the work of the Leadership Committee to accomplish its mandate. The committee will be:

- Action-oriented, ensuring identified directions are advanced at a LHIN-wide and local level.
- Client- focused and systems-oriented.
- Collaborative, accomplishing its work through communication, sharing of information, partnerships, and the development of relationships.
- Responsive to the varied communities across the South West, acknowledging differences across this area.
- Reflective of the diversity of communities across South West, as well as diversity across the system of hospice palliative care in South West.
- Transparent, consultative, and inclusive of members and stakeholders.
- Mindful of using peoples' time efficiently to deliver value.
- Respectful of the opinions of others.

3. Membership & Roles of Individual Committee Members

3.1. Membership

Up to 20 individuals will be appointed to serve as members of the Committee. Participants will be selected from across the continuum of care and geography of the South West LHIN and will be appointed by the South West LHIN. The Committee Membership will be comprised of decision makers, leaders and those with subject matter expertise and system experience in organizations that serve or care for people with a life limiting illness and who are familiar with the principles of Hospice Palliative Care. Specifically, it will include leadership representation as follows:

- Executive lead from each of the local HPC Collaboratives
- Clergy/Spiritual Care
- Representation drawing from across the continuum of Hospice Palliative Care sectors, including hospitals, Community Care Access Centre (CCAC), Long Term Care Homes, Mental Health & Addictions, Community Health Centres and community agencies such as hospice volunteer programs, residential hospice and those serving individuals with advanced chronic disease
- Family/Caregiver/Community member
- South West Regional Cancer Program
- Palliative Pain and Symptom Management Program
- Primary Care
- Contracted CCAC Community HPC service provider

- Aboriginal health services
- South West LHIN HPC Lead (ex officio)
- Representative(s) from the South West LHIN and other support staff as required.

All members will be expected to seek input from, and relay information to, other stakeholders in their respective sectors and local HPC Collaboratives.

Additional representatives may be invited to join the Leadership Committee or attend specific meetings as an expert resource, including health care consumers and families.

The committee co-chair will notify the LHIN of a vacancy on the committee.

Recruitment of new members will be directed by the LHIN in cooperation of the committee. If agencies have a change in staffing, they will designate a new representative to attend the collaborative on the agencies behalf. The Network Lead will follow-up with new members.

3.2. Co-Chair Model

Co-chairs will be appointed by the South West LHIN. One of the co-chairs will come from the host agency that supports the South West LHIN HPC Lead. The Co-chairs will serve for two year terms which can be renewed for subsequent two year terms.

3.3. Duration of Service

Committee members will serve for an initial term of two years. Committee membership terms may be extended for up to an additional two, two year terms. Efforts will be made to ensure ongoing continuity of Committee membership into the future.

3.4. Individual Roles of Committee Members

Committee members will bring their knowledge and experience from their sector or geography as opposed to representing their respective organizations.

Individual Committee members will:

- Be genuinely interested in the HPC initiative and the outcomes being pursued
- Attend Committee meetings;
- Participate fully in the exchange of information and identification of issues and improvement opportunities of relevance to HPC clients and providers across the system and LHIN;
- Consider ideas and issues raised and provide strategic guidance and input;
- Consider system level and organizational implications and impacts of issues under consideration;
- Attempt to understand the strategic implications and outcomes of initiatives being pursued;
- Provide resources to the work of the group as necessary and appropriate (i.e., time, expertise, and information);
- Seek input from, and relay information to, home organizations, respective sectors and geographic partners;

4. Logistics and Processes

4.1. Role of the Co-Chairs

The Co-Chairs will be responsible for coordinating meeting dates, times, location of meeting and development of the meeting agenda. The Co-Chairs will also be responsible for leading the meeting in a way that ensures advancement of the agenda within the timelines allocated for specific agenda items. The Co-Chairs will ensure that input is solicited from Committee members when establishing meeting agendas and will ensure that a Committee work plan is developed and monitored by the Committee.

4.2. Committee Support

The HPC Lead will work with the Co-Chairs to provide secretariat support to the Committee. The LHIN will also provide support to the Committee through its project/planning resources (staff time, information, quality improvement expertise etc.) and will look to extend expertise to assist with the advancement of the work. Administrative support to the committee will be provided by the HPC administrative resource.

4.3. Frequency of Meetings

To support the development and implementation of the Integrated Hospice Palliative Care Program, it is anticipated that the Committee will meet monthly through planning and implementation phases, then quarterly through the monitoring phase, unless otherwise indicated by planning / implementation requirements. Additional meetings will be at the call of the Co-Chairs. Teleconferencing and/or videoconferencing may be used as a means to convene Committee meetings.

4.4. Decision-Making Process

Every effort will be made to make consensus based decisions. If consensus is not achievable, a vote may be required to confirm decisions of the Committee. A majority vote by members in attendance will be required for decisions regarding acceptance of minutes and other Committee business items. Given the complexity of the work being undertaken, a decision-making process will be confirmed in order to clarify decisions that are within the purview of the Committee and decisions that will require the support and agreement of participating partners.

4.5. Linkages & Partnerships

Specifically, the Committee will ensure that it seeks advice and input from HPC clients and their families, local partners, clinicians and administrators. Up to two Quality Improvement events will be held annually with a strategic emphasis placed on the engagement of health service providers, LHIN wide partners, health care consumers and family members to support system re-design and implementation of changes to the hospice palliative system of care in the South West. The Committee will provide the necessary guidance on the direction of these events to ensure successful engagement.

4.6. Quorum Requirements

To constitute a formal meeting and conduct business, two-thirds of the Committee members including at least one of the co-Chairs must be present. Decisions or actions taken in the absence of a quorum are not binding on the Committee.

4.7. Delegates and Guests

It is expected that members will attend all Committee meetings, however, it is recognized that on occasion individual members may need to send a delegate to the meeting due to unavoidable scheduling conflicts. It will be the responsibility of members to ensure that delegates are appropriately educated and briefed on the status of the Committee's work. In addition, based on the focus of individual agenda items, there may be times when additional individuals will be invited to participate in meeting discussions. Permission should be sought from the co-Chairs in advance of the meeting if additional guests are to be included in the meeting.

4.8. Meeting Agenda and Minutes

Efforts will be made to ensure that Meeting Agendas and related materials are prepared and distributed one week in advance of Committee meetings. Agendas are to be approved in advance by the co-Chairs.

Minutes will be prepared and distributed by e-mail following the meeting. Minutes and meeting documents will also be posted on the South West LHIN HPC website to be accessed by Committee members. Working documents may be posted on a designated spot within the website for committee members.

5. Approval of Terms of Reference

Committee members are not representing their respective organizations as individuals are being chosen based on their skill set, experiences, perspective and geography. However, it is expected that individuals employed by or affiliated with a Health Service Provider (HSP) organization will inform and seek support from their organization prior to agreeing to become a member of the Committee.

Terms of Reference Approved: _____(date)