

## Erie St. Clair Local Health Integration Network Rehabilitative Care Committee Terms of Reference April 2015

---

### **Purpose:**

In 2012, Erie St. Clair LHIN Rehabilitation Advisory Network developed a Rehabilitation System Strategic Plan for the region to provide a shared vision for system improvement, identify key measures for monitoring success and establish an action plan for moving forward (approved by the ESC LHIN Board in December 2012). As a result, in January 2013 a Rehabilitation Network Lead was hired, and a Rehabilitation Strategic Plan Implementation Committee was formed. Members contribute their knowledge, expertise, advice and execution of action plans, development of performance indicators and targets, and are accountable for realizing the strategic objectives and improving the rehabilitation services continuum in Erie St. Clair (ESC).

In April 2013, a provincial Rehabilitative Care Alliance (RCA) was formed, with a mandate to effect positive changes in rehabilitative care across the province, across four key priority areas:

- Provide clarity for patients, families and referring professionals through the development of common terminology, clear definitions and standards of practice for all levels of rehabilitative care across the continuum.
- Develop a rehabilitative care approach for frail senior/medically complex populations to support operationalization of priority elements of the "Assess and Restore Framework to Support Aging in Place". (A new Assess and Restore Guideline was released by the MOHLTC in December 2014.)
- Inform evaluation and planning at the provincial, regional, organizational and program levels through development of a comprehensive and standardized minimum dataset for outpatient/ambulatory rehabilitation and a mechanism for collection, analysis and sharing of the data.
- Support monitoring and evaluation of rehabilitative care services, programs and system performance through development of a standard rehabilitative care capacity planning and evaluation toolkit.

A second two year mandate for the RCA has been approved, from 2015-2017.

As of April 2015 the committee is renamed the ESC LHIN Rehabilitative Care Committee to reflect this expanded mandate.

The ESC LHIN Rehabilitative Care Committee endorses the provincial RCA definition of rehabilitative care:

- It is delivered in homes, community based locations, long term care homes and hospitals.
- People may require rehabilitative care as a result of illness, injury, lifelong disability, chronic disease, or degenerative condition.
- It incorporates a broad range of interventions that address one or more of medical/clinical care needs, therapeutic needs, and/or psycho-social needs.
- The desired outcomes of rehabilitative care will include one or more of maintenance or sustaining of functionality, restoration of functionality and/or development of adaptive capacity.

The group will collaborate with the ESC LHIN, and the ESC LHIN Rehabilitation Network Lead to develop communication strategies and implementation plans to enhance access and patient flow to all bedded levels of rehabilitative care, outpatient and community rehabilitation services. This initiative will support the ESC LHIN IHSP 3, ED and ALC priorities, and improve the quality of life for the residents of ESC experiencing disabling illness or injury.

### **Vision and Mission:**

***Our Vision:*** *Erie St. Clair LHIN's integrated system of rehabilitation services optimizes abilities, health and quality of life for its residents.*

***Our Mission:*** *Through regional partnerships, we provide a coordinated and sustainable system of high quality, person-centred rehabilitative care that maximizes independence and supports active living.*

### **Goals:**

With a focus on a population and best practices-driven approach, the goals are prioritized to impact the experiences and clinical outcomes of the highest volume rehabilitation patient populations: patients with stroke, patients with orthopedic conditions (specifically hip fracture) and geriatric patients (frail elderly, with debility and deconditioning related to acute / chronic illness).

- 1) To advance the three strategic themes and their nine affiliated strategic goals as identified in the 2012 ESC LHIN Rehabilitation Strategic Plan:

Strategic Themes	Strategic Goals
<b>Theme 1:</b> Providing the Best Care in the Right Location	1. Identify and implement Best Practices for the top three rehabilitation clinical conditions across the continuum 2. Facilitate the appropriate use of inpatient rehab beds 3. Ensure adequate access to funded outpatient and community-based rehabilitation services
<b>Theme 2:</b> Supporting Prevention, Activation and Self-Management	4. Roll-out the ESC-wide collaborative seniors falls prevention strategy 5. Expand rehabilitation for the complex inpatient population (activation on medical units). 6. Integrate self-management philosophy with residents & families in each program
<b>Theme 3:</b> Developing Expertise and Sharing Knowledge	7. Develop standards for rehabilitation expertise and a LHIN wide strategy for professional development 8. Increase public/health care professional understanding of rehab and the resources available through formal education and marketing 9. Develop regional centres of excellence for the top clinical conditions

- 2) To provide a forum for the expression of ESC LHIN viewpoints and directives.
- 3) To provide a forum for the ESC LHIN Rehabilitation Implementation Committee to communicate regularly with other stakeholders (i.e. Regional Rehab Networks, Regional Stroke Strategy)
- 4) To identify any recommendations and/or new health system design plans that will require approval of the ESC LHIN Board prior to implementation.
- 5) To ensure that the activities of the Implementation Committee are consistent with the planning directions/activities of, the wider health care system, the Ministry of Health and Long-Term Care (MOHLTC), provincial Rehabilitative Care Alliance deliverables, other Advisory Networks in the ESC LHIN and other parallel initiatives.

### **Key Priorities:**

In alignment with LHIN-wide priorities established in the IHSP 3:

- Decrease Emergency Department (ED) visits due to falls
- Decrease in number of avoidable admissions to hospital, especially readmissions from rehabilitation
- Expedite timely hospital discharges
- Reduce ALC days in acute care and rehabilitation
- Reduce inappropriate ALC discharges to long term care, complex care and rehabilitation
- Increase access to rehabilitation and ultimately home with support
- Reduce incidence of preventable functional decline in community

## **Performance Impacts:**

- Increase overall supply (quantity and range) of rehabilitation services available through various strategies (new funding, re-organization/allocation, streamlined approaches to care)
- Increase consistency and quality of rehabilitative care in the LHIN based on established best practices
- Relieve pressures on hospitals and long term care homes
- Promote proactive wellness approaches to care
- Ensure that continuing care services are cost-effective and sustainable
- Maximize independence and promote active living for residents of ESC

## **Membership and Terms:**

Members will be expected to be involved on a two to three year term. Membership may be rescinded by the ESC LHIN for behavior that undermines or contravenes the work of the Committee.

Members who cannot attend meetings are asked to notify the Committee Chair or ESC LHIN administrative support in advance and provision can be made for a designate to attend in their place. Every effort will be made to provide meeting support materials in advance of the actual meeting to give members adequate time to be prepared.

Attendance and absence: Members who miss three consecutive meetings will be reviewed, and asked to suggest a delegate, or removed from the membership.

## **Participants' Role:**

Committee members will be expected to attend meetings on a regular basis and come prepared to discuss relevant information.

While representing their organization, members are expected to bring a system-wide, LHIN-wide, and cross continuum perspective to the discussions.

Members are expected to be active participants in discussions on health system design, priority identification, coordination and advancement of implementation strategies.

The members will agree on the desired outcomes and timelines through a collaborative, consensus model.

## **ESC LHIN Role:**

The ESC LHIN will organize, facilitate and support/direct the meetings and processes as needed and will manage processes to get input from the Rehab system and wider health care system as determined.

Key themes that the ESC LHIN supports through the planning processes are as follows:

- improved access to health care services
- improved quality of care
- improved coordination and integration across a continuum of care
- the promotion of a sustainable quality care system through the matching of service capacity and cost with community need



The ESC LHIN will also ensure that provider organizations operate within their financial means and are accountable through outcomes that are identified and measured. The ultimate role of the ESC LHIN is to support practices that will improve access to an appropriate continuum of supports for the general population that will result in improved population health outcomes.

### **Frequency of Meetings:**

Meetings will be held on a quarterly basis. Additional meetings will be called when face-to-face interaction of the team may be important such as a major draft planning or project report requiring review / finalization, and /or at a time of crisis requiring team input and planning. Information technology solutions will be utilized to facilitate interaction of the team members (e.g. videoconferencing, teleconferencing, website portal discussion boards). Meeting logistics (times, number of meetings required, location, etc.) will be agreed to by the team members at the completion of each meeting.

The meetings will be held at the Chatham ESC LHIN office to promote interaction and appropriate introduction processes.

All recommendations and action plans will be documented in Meeting Minutes / Action Notes and circulated to the group.

### **Executive Committee:**

An executive committee consisting of the ESC LHIN Rehabilitation Network Lead, the Committee Chair/co-Chairs, and the ESC LHIN Rehabilitation Physician Lead will be in place for the purposes of planning meetings, agendas, and other necessary communications between the larger Committee meetings.

### **Reporting Structure:**

All teams are accountable and advisory to the ESC LHIN staff. No member of a LHIN Committee or Advisory Group may represent themselves on behalf of the ESC LHIN or its staff.

Recommendations and reports from this Committee will proceed through ESC LHIN internal processes and ultimately to the ESC LHIN Board for information, approval and decisions on final implementation.

**Members:** membership list is appended separately, and is subject to change over time