

Terms of Reference

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**CE LHIN Self Management Training for Consumers and Caregivers  
Project Leadership Team**

**Prepared by:** Self Management Priority Project  
Leadership Team

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## 1. Background/Context

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On June 16, 2008 the Central East LHIN Self Management Project Leadership Team approved Terms of Reference. This is a revised version of the Terms of Reference to help better direct the Self Management Project Leadership.

### 1.1. Background of the CE LHIN Self Management Project Leadership Team

The Central East Self-Management Project Leadership Team will be the primary leadership group for developing the Self-Management Program in CE LHIN according to guidelines specified in Project Charter approved on September 26, 2008.

The Self-Management Project Team will be a working team whose active participation and contributions will be a foundation for success of the project. Team members will be accountable for segments of the project work.

The Project aims to provide a consistent Chronic Disease Self-Management Model throughout the CE LHIN, to engage 1400 consumers & caregivers in self-management training by the end of the second year (March 31,2010), and to develop community linkages (e.g. to physical activity) and follow-up in addition to the core [Stanford] self-management workshop program.

### 1.2. The purpose of the CE LHIN Self Management Project Leadership Team

- Discuss and advise on key decisions in Program Development including strategic directions; use of budget resources; program branding and communications.
- Propose and advise on accountability relationships between CE LHIN HSPs and the CE LHIN Self-Management Program.
- Propose Ongoing Governance Mechanisms
- Design and form a continuing self-management program council in CE LHIN
- Share experiences and learn from one another to support a common interest - successful implementation of the Self Management Program for Consumers and Caregivers.
- Receive updates on deliverables and activities, and identify partnership opportunities for the project

#### Phase 2:

Builds on Phase 1 of the CDSM program. The Project Team will support action to implement an additional IHSP priority: Self-Management in Home Using Health Monitoring Equipment – providing input to external committee developing Phase 2 charter; when asked.

#### SCOPE:

The scope of the Self Management Project Leadership Team will include any subject matter relevant to the management of Central East Priority Project Self-Management Training for Consumer and Caregivers.

<b>“IN” Scope</b>	<b>“OUT” of Scope</b>
<ul style="list-style-type: none"> <li>➤ Introduction of a consistent Chronic Disease Self-Management Model [CDSM] across the Central East LHIN.</li> <li>➤ Program development and training coordination for English-speaking, French-speaking and Asian/other multi-cultural populations</li> <li>➤ Establishment of a core group of Master Trainers and teams of Peer Leaders (target: 36 Master Trainers by end of 2009-10)</li> <li>➤ Self-Management Training Sessions for people with chronic conditions and their caregivers (target participants: 400 by end of 2008-09; 1400 by end of 2009-10; <u>2700 end of 2010-11, assuming extension of funding</u>)</li> <li>➤ Education and consultation to promote integration of Self-Management Support within the practice of Health Service Providers</li> <li>➤ Client follow-up and links to exercise and lifestyle adjustment programming are proposed to augment core Stanford program.</li> <li>➤ The 2009-10 focus will be to achieve systematic awareness and involvement of stakeholders throughout the CE LHIN and to deliver toolkits and communication strategies for all intended audiences. During this year the project will incorporate disease-specific Stanford Self-Management programs into its program delivery/coordination (Arthritis; Pain, Diabetes Self-Management) and will support large-scale self-management workshop implementation.</li> <li>➤ Team Members participate in work groups to facilitate strategic and operational processes and requirements of the project.</li> <li>➤ Team Members make recommendations to the Project Manager on matters affecting delivery of the project.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Phase II: In home tele-monitoring equipment and/or in-home tele-video consults.</li> <li>➤ PROVIDING disease education or exercise/lifestyle adjustment programming.</li> <li>➤ Making “referrals” for individual clients to specific community programs.</li> <li>➤ Self-Management for Youth is beyond the project scope.</li> <li>➤ Mental health is not a primary audience for the CDSMP but could be a secondary audience.</li> </ul>

### 1.3. Authority

Project Leadership Team members bring to the Project Leadership Team the authority they hold in their day-to-day positions in the organization where they are employed (if applicable). Their authority for the CE LHIN Self-Management Priority Project is advisory only.

#### Term of Office

Term of office will be 22 months beginning May 2008, concluding in March 2010. Any members joining after May 2008 will also have a term of office ending March 2010.

## 2. Roles & Responsibilities

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### 2.1. Role of the CE LHIN Priority Project Manager (PM)

The role of the CE LHIN Priority PM will be to manage the planning, implementation and close-out of the Priority Project.

In this role the PM will:

- Provide guidance on both strategic and operational processes and requirements;
- Provide clear direction, leadership and support to the project team;
- Clearly communicate each individual responsibilities;
- Ensure appropriate communication between the members of the project team and other project stakeholders, including where appropriate the end users;
- Ensure that all involved in the project understand the projects overall objectives, as well as targets at various key stages;
- Schedule and convene regular meetings;
- Collectively represent the Self Management Leadership Team and make recommendations to the Sponsor (Jeanne Thomas), the Host Agency/Lead Program Sponsor Agency (CECCAC), and the CE LHIN Organization, on matters affecting delivery of the project.
- Arranges administrative support where required and arranges for the distribution of meeting minutes and meeting papers.

### 2.2. Membership

The Self-Management Project Leadership Team will be comprised of 9-16 individuals with a mix of experienced staff, subject matter experts, and consumers with appropriate and complementary professional, technical or specialist skills, who

are responsible for carrying out the work detailed in the project plan, while under the direction of the PM. Each member will actively participate in workgroups convened by the PM to complete various pieces of the work (ie communication workgroup, evaluation workgroup).

**The project team is collectively responsible for:**

- Assisting the PM in delivering the project's objectives
- Within their technical expertise, carrying out the elements of the project with which they are tasked
- Advising the PM if any risks arise that are likely to affect delivery of the project's objectives
- Being a part of the risk reduction process
- Providing information for project documentation as required

An Expression of Interest (EOI) process will be used to identify potential Team members; applications will be reviewed by a panel.

Specific representation sought:

- Consumer/Caregiver
- Master Trainer
- Peer Leader
- Agency(s) currently offering CDSM Program (Community)
- Agency(s) currently offering CDSM Program (Asian/Multicultural)
- Agency(s) currently offering CDSM Program (Institutional)
- Physician – Primary Care Working Group Linkage
- Ehealth Work Group Linkage
- CDPM Steering Committee Representative
- Public Health Unit
- CCAC
- CHC
- Citizen – General Public

### **2.3. Reporting Relationships**

The CE LHIN PM is responsible to its membership and to the project sponsor (Jeanne Thomas), Host Agency/Lead Program Sponsor Agency (CECCAC) and the CE LHIN. Individual members are responsible to the CE LHIN Organization and HSPs through their normal reporting/governance structures.

### **2.4. Linkages & Partnerships**

The CE LHIN PM has linkages to the CE LHIN Organization, CECCAC and to individual HSPs.

### **3. Logistics and Processes**

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#### **3.1. Role of Co-Chairs**

The CE LHIN Self Management Leadership Team will have two alternating Co-Chairs who review/approve the meeting agenda, conduct the meeting. Co-Chairs will be selected from the membership by the CE LHIN. If both of the Co-Chairs cannot be present at a scheduled meeting, the Co-Chair responsible for that meeting will ask another member to temporarily assume the role of Co-Chair for the meeting.

#### **3.2. Role of Members**

Individual members will provide input to agendas, engage in discussions and ensure there is a suitable meeting environment to enable/support effective meetings. Members will actively engage in project activities as defined by the PM. Members will also volunteer to arrange for a meeting location and related services (teleconference facilities, etc.) and during the absence of the Co-Chair temporarily act as Chair of a meeting.

#### **3.3. Frequency of Meetings**

Meetings will be held every 2-3 weeks during the first year, in person or by teleconference/videoconference, and once a month through the second year. In-person meetings will be scheduled at least every two months and will be 2-3 hours in length, with locations rotating to various CE LHIN communities to expose members to different organizations and to the diversity of services provided across the CE LHIN. Teleconferences/videoconferences will be 1 hour in length with toll-free access.

The preferred method of attendance at meetings is in person. However, if exceptional circumstances do not allow the member to be there in person, teleconferencing may be considered as an alternative if teleconferencing facilities are available. To ensure a quorum members must notify the PM in advance of any meeting they will not be able to attend. Any member missing four (4) consecutive meetings may be asked to step down and may be replaced at the discretion of the Project Manager and Sponsor. Obtaining teleconference capability for meetings in the winter months will be available in case of uncertain weather conditions.

#### **3.4. Decision-Making Process**

The Project Team will adopt a consensus model of decision-making for recommendations/advice. As such, deliberations will seek to build consensus on the most acceptable advice/direction considering the best interests of Central East people with chronic disease and their caregivers. Where required decisions and/or recommendations will be reached by consensus (two thirds of members present in agreement) and reflected in the minutes.

### **3.5. Quorum Requirements**

Co-Chairs will be selected by the CE LHIN. To constitute a formal meeting, a majority (50% plus one) of the members including the Co-Chair or acting Co-Chair must be present. Decisions or actions taken in the absence of a quorum are not binding.

### **3.6. Proxies to Meetings**

Since the role of the Project Leadership Team meetings are advise, direct, and carry out work detailed in the project plan, proxies or substitutions for Project Leadership Team members will generally NOT be acceptable. If a team member is unable to attend the meeting the PM is to be advised in advance and any reports or updates should be forwarded to the Co-Chair.

### **3.7. Meeting Agendas**

Meeting agendas and related materials will be prepared and posted on the CE LHIN Self Management Workspace for access by committee members, 48 hours in advance of meetings. See Appendix for a sample of the meeting Agenda format.

Standing agenda items will include:

- Communication
- Evaluation
- PM Update

### **3.8. Minutes & Meeting Papers**

The preparation and distribution of minutes and meeting papers will be the responsibility of the Priority Project Staff. Minutes will be prepared and posted on the CE LHIN Self Management Workspace within 14 business days of the meeting.

### **3.9. Distribution**

Agendas, minutes and meeting papers will only be available to those with access to the CE LHIN Workspace.

### **3.10. Issue Resolution**

If operational issues arise, they will be addressed by the membership and a process developed to deal with the issue. An issue sheet (Appendix 5.5) will be completed as a communication of the issue.

The issue sheet will document the following; assessment of the risk and impact to the project, best practices for proceeding including implications and recommendations. If the membership is unable to resolve issues among the Leadership team the issue will be taken to the Project Sponsor (Jeanne Thomas) and the Project Host (CECCAC) by the

PM for discussion/resolution. The decision and process will be recorded in the meeting minutes.

The Co-Chairs will ensure that identified issues receive appropriate time for discussion by the membership and will endeavour to obtain a consensus decision or position among members.

**3.11. Review of Terms of Reference**

The membership will schedule an annual review of these Terms of Reference.

**4. Acceptance & Sign-Off**

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Acceptance of these Terms of Reference will be recorded in the minutes of the meeting. The meeting Co-Chairs, Project Manager, Sponsor (CECCAC) and the CE LHIN Project Lead will sign-off the Terms of Reference on behalf of the entire membership.

<b>Sign-Off</b>		
Name & Organization	Signature	Date
<b>Jeanne Thomas, CE LHIN</b>		
<b>Kathy Ramsay, CECCAC</b>		
<b>Margery Konan, Project Manager</b>		
<b>Tracey Holz, CECCAC</b>		
<b>Margot Fitzpatrick, Ross Memorial Hospital</b>		

## 5. Appendix

### 5.1. Membership and Contact List

Key Perspective	Name	Primary Organization	Email	Phone Number	Mailing Address
Consumer/Caregiver	<i>Dana Turnham</i>		Turnham@nexicom.net	705.652.6210	1780 Young's Point Rd. Lakefield, ON K0L 2H0
Master Trainer	<i>Mary Kim</i>	Too many to count J	marykim_ca@yahoo.ca	416.495.0227	18 Holford Cres. M1T 1M1
Peer Leader	<i>Cathy Vowles</i>		cvowles1@sympatico.ca	905.725.4456	625 Central Park Blvd. N. Oshawa, ON L1G 6A5
Agency Currently Offering CDSM: <i>Asian/Multicultural Focus</i>	<i>Kwong Y. Liu</i>	Yee Hong Centre for Geriatric Care, <i>M.Soc.Sc., RSW Director of Social Services</i>	KY.LIU@yeehong.com	416.321.6333 x1160	2311 McNicoll Avenue
Agency Currently Offering CDSM: <i>Asian/Multicultural Focus</i>	<i>Edith Lam</i>	Carefirst Seniors and Community Services, Program Director	<a href="mailto:edith.lam@carefirstseniors.com">edith.lam@carefirstseniors.com</a>	416.847.6007 cell # 416-275-9388	3601 Victoria Park Ave. Suite 501 Scarborough, ON M1W 3Y3
Agency Currently Offering CDSM: <i>Chronic Disease Focus</i>	<i>Carole Dove</i>	VON Hastings, Northumberland, Prince Edward, RN, BHA <i>Manager of Community Development</i>	Carole.Dove@von.ca	1.888.279.4866 705.924.2520 Work (613) 392-4181 Ext. 5344 Fax: (613) 392-7665	80 Division St. Trenton, ON K8V 5S5
Agency Currently Offering CDSM: <i>Chronic Disease Focus</i>	<i>Joan Lesmond</i>	Saint Elizabeth Health Care Dr., Executive Director, Community Engagement	JLesmond@saintelizabeth.com	905.968.6518	90 Allstate Parkway, Suite 300 Markham, ON L3R 6H3

Key Perspective	Name	Primary Organization	Email	Phone Number	Mailing Address
Agency Currently Offering CDSM: <i>Hospital Focus</i>	<i>Margot Fitzpatrick</i>	Ross Memorial Hospital Unit Manager - Medicine & Chronic Disease Prevention & Management Program	mfitzpatrick@rmh.org	705.328.7307	10 Angeline St. N. Lindsay, ON K9V 4M8
CDPM Steering Committee Representative	<i>Shannon Robinson</i>	Haliburton Highlands Family Health Team	shannon.robinson@hhfht.com	705.286.2500 x229 705.455.9220	7217 Gelert Rd. Haliburton, (aka Minden Hills?) ON K0M 1S0
CCAC	<i>Lisa Burden</i>	Central East CCAC	<a href="mailto:Lisa.burden@ce.ccac-ont.ca">Lisa.burden@ce.ccac-ont.ca</a>	905.430.8084	
	<i>Tracey Holz</i>		<a href="mailto:Tracey.holz@ce.ccac-ont.ca">Tracey.holz@ce.ccac-ont.ca</a>	X 5340	
CHC	<i>Loretta Fernandes-Heaslip</i>	Brock Community Health Centre	lfheaslip@brockchc.ca	705.432.3322	1 Cameron St. E. P.O. Box 69 Cannington, ON L0E 1E0
Citizen – General Public	<i>Parvathy Kanthasamy</i>	Vasantham Tamil Seniors Wellness Centre	pkanthasamy@hotmail.com	416-482-4103	366 Adelaide St. E. Suite 230
					Toronto, Ontario M5A 3X9
	<i>Samuel Watt</i>	The Scarborough Hospital, General Campus	SWatt@tsh.to	416.438.2911 x6113	3050 Lawrence Ave. E. Scarborough, ON M1P 2V5
Agency Currently Offering CDSM: <i>Chronic Disease Focus</i>	<i>Kerri Daley</i>	Community Care Local Program Manager	KDaley@community-care.on.ca	705.324.7323 x231	34 Cambridge St. S. , 2nd Floor Lindsay, ON K9V 3B8
Agency Currently Offering CDSM: <i>Chronic Disease Focus</i>	Kerri Semenko	Durham Region Diabetes Network	ksemenko@lakeridgehealth.on.ca	905-623-3331 X1595	47 Liberty Street S. Bowmanville, ON L1C 2N4

## 5.2. Tentative Meeting Schedule

Meetings are tentatively scheduled to be held on third Tuesday of each month from 2 – 4 PM.

### Tentative Meetings 2008\2009 Self Management Training for Consumers & Caregivers

Date	Why	Where	When	Chaired by
April 21, 2009	Project Leadership Team Meeting	Ross Memorial Hospital Lindsay	2:00 - 4:00 PM	Tracey Holz
May 5, 2009	Project Leadership Team Meeting	Teleconference	2:00 - 3:30 PM	TBD
May 19, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	Tracey Holz
June 16, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	
July 21, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	Tracey Holz
August 18, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	
September 15, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	Tracey Holz
October 20th, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	
November 17, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	Tracey Holz
December 15, 2009	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	
January 19, 2010	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	Tracey Holz
February 16, 2010	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	
March 16, 2010	Project Leadership Team Meeting	In Person Meeting	2:00 - 4:00 PM	Tracey Holz

### 5.3. Issue Resolution Form Sample

Project Name		Project Acronym or No.	
Project Sponsor		Target Project Completion Date yyyy/mm/dd	
Project Manager		Version No. 0.0	Version Date yyyy/mm/dd
<b>Issue Identification</b>			
<b>Issue Name</b>	[enter brief name for this project issue]	<b>Issue ID #</b>	[1]
<b>Date Issue Raised</b>	yyyy/mm/dd	<b>Priority (Low/Moderate/High/Critical)</b>	[L]
<b>Date Last Updated</b>	yyyy/mm/dd	<b>Impact (Low/Moderate/High)</b>	[L]
<i>Issue Description</i>			
<b>Issue Raised By</b>	[enter name of group or individual that initially identified this issue here]		
<b>Issue Description</b>	[enter detailed description of this issue here]		
<b>Issue Category</b>	[identify the category to which this issue belongs here, i.e. IT, Stakeholder, Partner, Financial, Staffing, Project Protocol, Business Operation, Approvals, Legal]		
<i>Issue Impact Assessment &amp; Proposed Response</i>			
<b>Areas Impacted</b>	[identify who and/or what will be impacted if this issue is not resolved; what areas of the project will be affected? which stakeholders will be impacted? etc.]		
<b>Impact Description</b>	[describe the effect this issue will have on the areas/individuals/groups listed above if it is not resolved]		
<b>Timeline of Impact Occurrence</b>	[describe when or under what circumstances will the impact described above occur?]		
<b>Suggested Solution</b>	[describe your recommended response to this issue; what should be done, what actions should be taken, to resolve this issue?]		
<b>Cost/Resource/Time Requirements</b>	[outline the number/type of resources and amount of time required to carry out the issue resolution strategy outlined above; how much will this cost? is the cost of resolving this issue in proportion to the benefits received/impact identified?]		

Issue Resolution			
<b>Responsible</b>	[enter name of person responsible for this issue]	<b>Target Date for Issue Resolution</b>	yyyy/mm/dd
<b>Issue Resolution Actions Taken &amp; Results Achieved</b>	<ul style="list-style-type: none"> <li>• <b>[enter date]:</b> [describe the steps and actions that have been taken as of the date provided; who was involved? what was the result of these actions? what decisions have been made? what was achieved?]</li> </ul>		
<b>Status</b>	[identify current status of this issue here; i.e. “identified”, “being assessed”, “resolution strategy being implemented”, “resolved/closed”, etc.]		

Issues Management Checklist	
Action taken	Date Completed
Identify and document issue in a project issue management form	yyyy/mm/dd
Evaluate, analyze and prioritize project issue	yyyy/mm/dd
Determine and recommend solution	yyyy/mm/dd
Obtain necessary approvals from project sponsor	yyyy/mm/dd
Carry out resolution strategy	yyyy/mm/dd
Track, monitor and report (record in issues log)	yyyy/mm/dd
Determine and document successful resolution or escalate	yyyy/mm/dd