

DRAFT TERMS OF REFERENCE – MARCH 2010
Central East LHIN
STRATEGIC AIM COALITIONS

Emergency Department Strategic Aim Coalition
and the
Vascular Health Strategic Aim Coalition

CONTEXT

In March 2006 the Local Health System Integration Act was passed creating 14 Local Health Integration Networks. The intent of the legislation is to recognize that healthcare which reflects the needs of the community is best planned, coordinated and funded in an integrated manner within that community. The Central East Local Health Integration Network (LHIN) is responsible for planning, coordinating and funding many health care services within the Central East LHIN area.

Central East LHIN Strategic Aim Coalitions

The Central East LHIN report “*Framework for Local Health Planning and Community Engagement*” (Updated March 2010) identifies that Health Interest Networks and Coalitions will be formed to focus on LHIN and/or provincial priorities. The Central East LHIN has identified the following Strategic Aims as priorities in the 2010-2013 IHSP:

- Save 1 million hours of time patients spend in Emergency Departments by 2013.
- Reduce the impact of vascular disease by 10% by 2013 (Save 10,000 in patient days)

As such, to provide leadership to achieving these priorities, two new Strategic Aim Coalitions are being created:

- (1) Emergency Department Strategic Aim Coalition and;
- (2) Vascular Strategic Aim Coalition.

Membership of the Strategic Aim Coalitions will reflect the diversity of the LHIN, and will be open to all Central East communities and health care sectors. Discussions will include the perspectives of health care professionals, consumers and caregivers.

The Strategic Aim Coalitions will lead and provide oversight to the achievement of the priorities contained in the Central East LHIN’s Integrated Health Service Plan (IHSP)¹. In carrying out their work, Strategic Aim Coalitions will apply quality improvement methodologies including application of the Institute for Healthcare Improvement’s (IHI) Triple Aim Framework. The Triple Aim Framework focuses on improving population health, obtaining better value for money and improving the patient experience. The members of the Strategic Aim Coalitions are considered expert advisors to the Central East LHIN health services providers, Board, staff and the three Planning and Engagement Collaboratives².

¹ The Central East LHIN is required to develop and submit an Integrated Health Service Plan (IHSP) to the Provincial Ministry of Health and Long-term Care. The IHSP is a strategic planning document that will be used by the LHIN/community for approximately a three year period.

² Collaboratives are geographically defined advisory bodies established by the Central East LHIN for the Northeast, Durham and Scarborough Service Clusters.

Purpose

The Strategic Aim Coalitions will be the first point of contact for the Central East LHIN and other stakeholders with respect to achieving the Strategic Aims. The Strategic Aim Coalitions will provide leadership and direction for work of the Collaboratives and other networks within the Central East LHIN.

The Strategic Aim Coalitions will, with the assistance of Central East LHIN staff, be responsible for:

- Developing an Aim Strategy and Implementation (tactical) Plan,
- Overseeing the implementation of the Aim Strategy and Implementation Plan;
- Leading change through identifying and promoting integration at the LHIN level through quality improvements, knowledge building and exchange of best practices across sectors and LHIN communities;
- Consulting meaningfully with stakeholders;
- Initiating projects/project work in partnering with stakeholders; and
- Developing communications to the stakeholders and broader community.

Functions:

1. Needs Identification and Strategy Development

- Identify, assess and prioritize the needs/gaps that are barriers to achieving the Strategic Aims and creating an integrated system of care for people in Central East.
- Propose strategies to LHIN and other stakeholders on improving the integration of care for people and their caregivers.
- Monitor and evaluate progress toward achieving the Strategic Aims.
- Identify solutions to meet needs of priority populations and ensure strategies will incorporate patient experience as part of its quality improvement strategy.
- Support evidence-based service delivery through identification of best-practices and outcome measures.
- Support evidence-based health planning by identifying and applying the best available information to clearly describe the current situation and desired outcomes.
- Identify common needs or challenges for community-level action by Collaboratives and/or health service providers.
- Provide advice to LHIN, Collaboratives and Health Sector committees on overcoming barriers to change or implementation – i.e. provincial policy, factors impeding integration between organizations or across communities.
- Review strategies proposed for community or agencies to ensure they are aligned with Aims and are implementable.

2. Knowledge Building and Exchange

Develop and implement mechanisms to:

- Provide expert guidance and knowledge to service cluster (Northeast, Durham and Scarborough) and community-level planning and integration;
- Develop strong, effective working relationships amongst Central East and provincial stakeholders;
- Enable exchange of knowledge and sharing of best practices amongst Central East and provincial stakeholders;
- Build a greater understanding of the capacity of the healthcare system to achieve the Strategic Aims.

3. Communication

Encourage stakeholders to become involved in achieving the Strategic Aims and to embrace implementation of strategies to improve the integration of the system of care for people by:

- Fostering an inclusive and transparent process;
- Timely and accurate information sharing;
- Effective communication of priorities, goals and objectives;
- Supporting dialogue amongst stakeholders.

Composition

Each Strategic Aim Coalition will be comprised of approximately 15 individuals from across the Central East LHIN Clusters. Strategic Aim Coalition members will bring a variety of perspectives on the needs of patients and their caregivers living in rural and urban communities to the planning table. Members will possess skills and experience in objective decision-making, group collaboration, communication and will have an ability to view healthcare delivery from a systems perspective.

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

Specific representation will be sought from:

1. Hospitals (Clinical and Administrative Leadership)
2. Community Care Access Centre (CCAC)
3. Community Support Service Agencies
4. Primary Care (Community Health Centre, Family Physicians/ General Practitioners)
5. Disease prevention and management programs
6. Physician Specialists
7. Mental Health and Addictions Agencies
8. Long-term Care Homes and Supported/Assisted Living Environments
9. Members at Large

Meetings

Meetings will be held every two months or at the call of the Chair.

Leadership

Co-Chairpersons will be appointed by the LHIN. Quorum³ of the Strategic Aim Coalition will be 50% of its membership.

Decision-Making

The Strategic Aim Coalitions will adopt a consensus⁴ model of decision-making for recommendations/advice. As such, deliberations of the Strategic Aim Coalitions will seek to build consensus on the most acceptable advice/direction considering the best interests of Central East people and their caregivers. Where consensus cannot be reached, the Strategic Aim Coalitions will present a summary of the deliberations to the Central East LHIN staff.

Term of Office

Term of office will vary from 1-3 years.

³ Quorum is the minimum number of Strategic Aim Coalition members required for a valid meeting. Members are considered present when participating in person or by telephone/video conference. Chairpersons are included in 50% calculation.

⁴ Consensus is defined as general or widespread agreement among all the members of a group.