Integration Leadership Committee Members Named

Hospitals working together on Integration Plan

Scarborough, ON (May 23, 2013) - An Integration Leadership Committee (ILC) has started meeting as the facilitated integration process between The Scarborough Hospital (TSH) and Rouge Valley Health System (RVHS), Centenary campus gets underway.

The Integration Leadership Committee, whose membership is composed of senior administrative, medical leadership and board representatives from TSH and RVHS, community representatives and the CEO of the Central East Local Health Integration Network (Central East LHIN), will lead the facilitated integration planning process. The ILC is co-chaired by the Chairs of the TSH and RVHS Boards.

Name	Organization / Stakeholder Group
Israt Ahmed	Community Member (RVHS)
Robert Biron	TSH CEO
Dr. Jagdish Butany	TSH Board Member
Dr. Tom Chan	TSH Chief of Staff
Dr. Jordan Cheskes	RVHS Medical Staff Society Representative
Fred Clifford	RVHS Board Member
Rik Ganderton	RVHS CEO
Deborah Hammons	CE LHIN CEO
Dr. Henry Huang	RVHS Medical Staff Society Representative
Dr. Eric Hurowitz	TSH Medical Staff Association Representative
Jay Kaufman	RVHS Board Member
Lyn McDonell	TSH Board Member
Dr. Naresh Mohan	RVHS Chief of Staff
Paul Rook	Community Member (TSH)
Stephen Smith (ILC Co-Chair)	TSH Board Chair
Dr. Robert Ting	TSH Medical Staff Association Representative
Joan Wideman (ILC Co-Chair)	RVHS Board Chair
Janet Davidson and Georgina Black	Facilitators

The Integration Leadership Committee, with direction from the Boards of the two hospitals, is currently developing a workplan to guide the facilitated integration process. The workplan will be submitted to the Central East LHIN Board at its Open Meeting on Monday, June 24th.

With the goal of having a preferred integration plan developed by early September and submitted to the respective hospital boards later in September and the Central East LHIN Board in October, the ILC is committed to engaging and hearing from community residents, patients and caregivers, volunteers, front line staff, physicians, local government stakeholders and other health care partners, on how the hospitals can build a new, stronger integrated model for delivering healthcare services in Scarborough.

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LEARN MORE

- Central East LHIN: www.centraleastlhin.on.ca Click on the "Resource Documents - Integration - Scarborough Cluster Hospitals Facilitated Integration
- The Scarborough Hospital: www.tsh.to Click on Scarborough Cluster Hospital - Services Delivery Model
- Rouge Valley Health System: www.rougevalley.ca Click on Scarborough Cluster Hospital - Services Delivery Model

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The Scarborough Hospital and Rouge Valley Health System Facilitated Integration Process

Integration Leadership Committee Terms of Reference

A Facilitated Process of the Central East LHIN

Authors:

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1. INTRODUCTION

1.0 Context

On March 27, 2013, the Central East LHIN Board of Directors approved the following Motions:

Motion 1a

The Scarborough Hospital will convene a panel of physician and community leaders to review the proposed vision of TSH Birchmount as a Centre of Excellence in Maternal Newborn and Women's Health and the proposed surgical models for the TSH-General and TSH Birchmount sites. The panel's report must address the concerns and risks that have been identified by stakeholders before moving forward with any implementation activities, with a report back to Central East LHIN Board in no more than 90 days.

Motion 1b

At the same time, in partnership with the Rouge Valley Health System, local stakeholders and physician leaders, TSH is to develop a Service Delivery Model for Maternal-Child-Youth (MCY) services (which includes obstetrics, neonates and pediatrics) for the Scarborough Cluster, as well as a plan for a LHIN regional program for advanced Neonatal and pediatric care as recommended in the 2009 Hospital Clinical Services Plan and endorsed by the respective hospital boards at that time, with a report back to Central East LHIN Board in no more than 90 days.

Motion 3

Effective immediately, The Scarborough Hospital will partner with Rouge Valley Health System in a facilitated integration planning process to design and implement a Scarborough Cluster hospital services delivery model through:

- Integration of front-line services;
- Back office functions; and
- Leadership and/or governance,

in order to improve client access to high quality services, create a readiness for future health system transformation and make the best use of the public's investment.

With input from its stakeholders, the hospitals will submit to the Central East LHIN, for its review, a directional plan in no more than 60 days. The proposed integration Plan will be submitted to the LHIN within six months.

The motions recognise that:

- Hospital based services are not sustainable in the current funding environment without substantial realignment and consolidation to improve quality, access and affordability ;
- Hospitals must meet the healthcare needs of communities within available and sustainable resources – maximizing customer value for money invested;
- Current service delivery systems must change to achieve the objectives of the *Excellent Care for All Act* (2010), the MOHLTC Minister's Action Plan (January 2012), recognize areas for improvement identified in the Drummond Report (February 2012) and the 2012 Ontario Budget (March 2012).

The expectation is that the FORM of delivery organizations (Leadership and Governance) will follow the future state FUNCTIONs (front-line direct client services and supporting back-office functions). Exploration of a full range of integration options will be undertaken – the Status Quo is not considered a viable option.

It is the position of the Central East LHIN that integrated health services will improve ease of access and navigation for clients and will leverage governance, management, front-line service delivery, back office support and volunteerism

1.1 Purpose

The purpose of the Integration Leadership Committee (ILC) is to provide diligent oversight and guidance for the implementation of Motions 1a, 1b and 3 passed by the CE LHIN on March 27, 2013.

With respect to Motion 1a, key activities and deliverables include:

- Establish a TSH Maternal Newborn and Women's Health and Surgical Models Review Panel
- Develop Terms of Reference
- Review the proposed vision of TSH Birchmount as a Centre of Excellence in Maternal Newborn and Women's Health and the proposed surgical models for the TSH-General and TSH Birchmount sites taking into account stakeholder concerns, risks , safety, and quality; using LHIN decision-making framework; the process will include opportunity for delegation from interested stakeholders
- Submit a report on viability of the models to the Leadership Committee
- Submit TSH Maternal Newborn and Women's Health and Surgical Models Review Panel Findings to TSH Board who will make recommendations to the LHIN Board
- Leadership Committee reports its findings to LHIN Board pending completion of the work of the Scarborough Regional Maternal Child Youth Task Group

With respect to Motion 1b, key activities and deliverables include:

- Establish a Scarborough Regional Maternal Child Youth Task Group
- Develop Terms of Reference
- Develop a Service Delivery Model for Maternal-Child-Youth (MCY) services (which includes obstetrics, neonates and pediatrics) for the Scarborough Cluster, as well as a plan for a LHIN regional program for advanced Neonatal and pediatric care as recommended in the 2009 Hospital Clinical Services Plan
- Provide a future state for an Integrated Maternal-Child-Youth Service Delivery Model that considers the results of the TSH Maternal Newborn and Women's Health and Surgical Models Review Panel
- Receive information related to facility capacity and potential issues related to the integrated MCY service delivery model.
- Submit a report to the Leadership Committee
- Submit Scarborough Regional Maternal Child Youth Task Group report to TSH and RVHS Boards who will make recommendations to the LHIN Board
- Leadership Committee reports its findings to LHIN Board

With respect to Motion 3, the ILC will oversee the development and implementation of an Integration Plan in accordance with the approved Principles. A supporting document, to be approved by the respective Boards, will set of principles for the integration process that will be guide the work of the Committee and Boards. The Integration Plan will encompass the following phases:

Phase 1: Planning Framework (referenced as a "Directional Plan" in Motion 3 by the Central East LHIN at its meeting on March 27, 2013)

Phase 1 is to be delivered to the Hospital Boards by May 31st 2013 and to the LHIN Board by June 21st. Key activities and deliverables for Phase 1 include the following:

Phase 1.1

- Receive Vision, Principles, Objectives and Decision Making Framework for integration planning process from the TSH/RVHS Boards
- Receive Approved Terms of Reference and Scope of Decision Making Authority for the Integration Leadership Committee from the TSH/RVHS Boards

Phase 1.2

- Develop a work plan to support the objectives laid out by the Central East LHIN and direction received from hospital boards above
- Develop an initial community engagement plan to be implemented as part of the detailed implementation planning. Develop the necessary elements to complete the Planning Framework for final approval by the hospital Boards (May 31)

Phase 1.3

Upon the completion of Phase 1, work of the Leadership Committee (Phase 1.2), the committee will work with the Facilitator and the Boards to obtain final endorsement (by the Hospital Boards) of the Planning Framework prior to submission to the Central East LHIN Board (June 21)

Phase 2: Planning, Due Diligence and Stakeholder Engagement

Phase 2 to be carried out after June 21, 2013 and delivered to the Hospital Boards by October 4th will encompass a rigorous planning exercise that will include due diligence reviews (financial, quality, governance, labour, etc.) and stakeholder engagement. The stakeholder engagement will include streams to obtain the valued input of physicians, staff and citizens of the community. The planning exercise shall explore various options for integration, including governance, patient programs / services and administrative services. Through the various planning Committees established and reporting to this ILC, the preferred integration options will be identified and presented to the respective Boards as the Preferred Integration Plan.

Phase 3:Preferred Integration Plan

It will be the responsibility of the Hospital Boards to submit the Preferred Integration Plan to the CELHIN by October 18, 2013. The Preferred Integration Plan will include:

1) A description of the proposed changes;

2) Details on how the services will be delivered (e.g. model);

3) A detailed Implementation Plan describing the activities and timelines required to transition the services, governance and related financial resources (funding, staffing – labour adjustment plan, capital);

4) Actions/measures to address any outstanding liabilities and risks; and

5) An accompanying shared Communications and Community Engagement Plan for purposes of implementing the Preferred Integration Plan.

1.2 Scope

"IN" Scope	"OUT" of Scope
• Governance, management and operations of TSH and RVHS • All opportunities for integration of services • Opportunities for linkages, partnership and integration with other health service providers, primary care providers, mental health and addictions service agencies, CCAC and networks in the CE LHIN • Risks and liabilities to the providers and the Central East LHIN • All communications and community engagement activities related to the integration activities	• Final approval of key deliverables, which rests with the respective Boards: o Approval of the TSH Maternal Newborn and Women's Health and Surgical Models Review Panel o Approval of the Scarborough Regional Maternal Child Youth Task Group report o Approval of the Integration Plan • Patient services at RVHS Ajax

"IN" Scope	"OUT" of Scope
• Development of an Integration Plan with integration recommendations, associated transition costs and ongoing operating budgets to be provided to participating Boards of Directors in September 2013. • Presentation of the Plan to the Central East LHIN Board of Directors in October 2013. • If required, the Plan will then be forwarded to the Minister of Health and Long-Term Care for approval of specified elements. • Implementation will begin as soon as possible after approval by the LHIN Board.	Site • Operations of the Ajax-Pickering Hospital Auxiliary • Governance, management and operations of TSH and RVHS Foundations

2. Roles & Responsibilities of the Integration Leadership Committee

2.0 Role of the Integration Leadership Committee

The Integration Leadership Committee (ILC) is the key group of individuals representing TSH, RVHS and CE LHIN that meets on a frequent basis to move the integration process forward. It is the point of contact for and with the respective Boards of Directors. Its primary role is the development of the Integration Plan, including the presentation of the Integration Plan to the respective Boards of Directors for review and a decision in October 2013.

The work of the ILC will focus on understanding the current state of services, identifying gaps and barriers in service delivery, analysing options for the design of integrated services, engaging governors, stakeholders and the community for input, identifying risks and mitigation strategies and implementation of a communications and community engagement strategy. In this role the ILC will:

- Support the facilitated and negotiated approach to integration.
- Ensure members of the ILC and other key stakeholders are aware of their roles and responsibilities.
- Regularly update governors on progress and solicit their input and feedback.
- Engage stakeholders and the community for ideas and feedback.
- Share and discuss information on the range of services and operations provided.
- Describe the "current state".
- Identify a Value Statement from client, caregiver, staff and volunteer perspectives.
- Identify service gaps and barriers to service.
- Develop opportunities for integration.
- Identify and analyse options for integrated services.

- Identify associated risks and mitigation strategies.
- Identify possible sequence or priority of programs or services for integration strategy
- Liaise with other organizations to clarify information, test planning assumptions and receive feedback on proposed actions/measures.
- Create and receive recommendations from supporting Work Teams (e.g Service Planning, Health Human Resources, Facilities/Infrastructure, Decision Support/Analytics/Finance, Communications/Community Engagement).
- Ensure integrated services are aligned with the approved guiding principles.
- Determine preliminary activities and costs to transition to integrated services.
- With support of the Facilitator, write the Planning Framework.
- With support of the Facilitator, write the Integration Plan.
- Develop and maintain a Shared Communication and Community Engagement Plan.
- Recommend the TSH Maternal Newborn and Women's Health and Surgical Models Review Panel Findings to the respective Boards of Directors of the providers participating in the integration and the Central East LHIN.
- Recommend the Scarborough Regional Maternal Child Youth Task Group report to the respective Boards of Directors of the providers participating in the integration and the Central East LHIN.
- Recommend the Preferred Integration Plan to the respective Boards of Directors of the providers participating in the integration and the Central East LHIN.
- Recommend a governance/management structure to implement approved integration initiatives.

2.1 Authority of the Integration Leadership Committee

The ILC's authority does not extend beyond the individual authorities of its members and their respective decisions and spheres of influence.

The Integration Leadership Committee does:

- Have the authority to share information about their organizations' services, governance, management and operations.
- Have the authority to recommend, on behalf of their organizations, plans and actions associated with the integration of services.
- Have the authority to establish working groups, as required, to explore specific issues related to integration.
- Not have the authority to approve the Integration Plan as this is reserved for the Boards of Directors of each organization.

3. Membership & Roles of Individual Leadership Committee Members

3.0 Membership

The Integration Leadership Committee membership will be composed of senior leadership representatives from TSH and RVHS and the CEO of the Central East LHIN. The Committee will be co-chaired by the TSH Board Chair and the RVHS Board Chair.

Name	Organization/Stakeholder Group
Stephen Smith (ILC Co-Chair)	TSH Board Chair
Lyn McDonell	TSH Board Member
Dr. Jagdish Butany	TSH Board Member
Robert Biron	TSH CEO
Dr. Tom Chan	TSH Chief of Staff
Dr Robert Ting	TSH Medical Staff Association Representative
Dr Eric Hurowitz	TSH Medical Staff Association Representative
Joan Wideman (ILC Co-Chair)	RVHS Board Chair
Fred Clifford	RVHS Board Member
Jay Kaufman	RVHS Board Member
Rik Ganderton	RVHS CEO
Dr. Naresh Mohan	RVHS Chief of Staff
Dr. Henry Huang	RVHS Medical Staff Society Representative
Dr. Jordan Cheskes	RVHS Medical Staff Society Representative
Deborah Hammons	CE LHIN CEO
Israt Ahmed	Community Member (RVHS)
Paul Rook	Community Member (TSH)
Janet Davidson and Georgina Black	Facilitators

3.1 Sponsorship

The ILC sponsors will be the Central East LHIN Board through the CEO and the Boards of Directors of TSH and RVHS through the respective Board chairs. Sponsors assist the process, as required, in obtaining and sustaining support for the process from the respective broader organizations.

Key messages will be prepared for the sponsors by the ILC following each meeting and/or significant event.

3.2 Governance Liaison

It will be the responsibility of the respective Board Chairs and CEOs to be the Governance Liaisons for each of TSH and RVHS. The Governance Liaisons will be each ILC member's point of contact, from a governance perspective, for the integration process. Opportunities to "check-in" with these Governors will be built into the process's Critical Path.

3.3 Linkages & Partnerships

The ILC may seek input from a wider group of subject matter experts in the design of integrated health services. These subject matter experts may include other health service providers, primary care providers, mental health and addictions service agencies and networks, Central East CCAC, other hospitals, etc.

3.4 Duration of Service

The ILC will remain active until the completion, review and decisions related to the Integration Plan. The ILC may continue, following approval of the Integration Plan, to oversee and monitor integration implementation activities.

New members of the ILC may be added, in consultation with the Committee and respective Boards, from time-to-time to access perspectives and skill sets of benefit to the integration process.

3.5 Individual Roles of Planning Team Members

	Name	Individual Role
LHIN HSPs	Stephen Smith	Represent their respective hospital and have operational decision making authority. Provide advice and educate the team on the services, operations, management and governance of their respective hospitals. Identify opportunities and contribute to the analysis of options and the design of integrated services. Act as the primary liaison with their respective agency governors and bring forward any concerns of issues about the process raised by governors.
	Lyn McDonell	
	Dr. Jagdish Butany	
	Robert Biron	
	Dr. Tom Chan	
	Dr Robert Ting	
	Dr Eric Hurowitz	
	Joan Wideman	
	Fred Clifford	
	Jay Kaufman	
	Rik Ganderton	
	Dr. Naresh Mohan	
	Dr. Henry Huang	
	Dr. Jordan Cheskes	
Facilitators	Janet Davidson and Georgina Black	Lead and facilitate the work of the Integration Planning Team. Manage the planning process, keep the team on-track and focused on the tasks, timelines and deliverables. Identify issues and risks to the process and recommend strategies. Ensure due diligence is completed and the spirit of the guiding principles are followed. Provide overall project support to the team including leading the development of the Integration Plan and supporting team members in engaging their governors.

	Name	Individual Role
Central East LHIN	Deborah Hammons	Provide advice and guidance on the integration (risks, performance, process and operational matters, etc) to ensure the deliverable is met.
	Members of the Communications/ Community Engagement Work Group	Provide advice and guidance on communications, stakeholder and community engagement matters. Lead the development of the Shared Communication and Community Engagement Plan and coordinate the messages to all stakeholders, including government relations stakeholders and media.
Community Members	Israt Ahmed Paul Rook	Contribute input on the integration to ensure community needs are recognized and the 'voice of the customer' is heard. Provide advice and on community engagement matters

4. Logistics and Processes

4.0 Frequency of Meetings

The ILC will have some flexibility around the meeting schedule but should plan on weekly three (3) hour meetings occurring on a pre-determined evening at a location that is best suited for all members. This is to facilitate full participation by ILC members and ensure timely preparation of the Planning Framework and Integration Plan. In-person meetings are preferred for conducting business of the ILC, however, under certain circumstances teleconference, video conference and/or webinar meetings may be an acceptable alternative.

4.1 Decision-Making and Issue Resolution Process

The ILC will make decisions by a process of careful deliberation, respecting the wisdom and experience of as many voices as it is appropriate, which may include patients, staff, physicians, community members, etc.

The ILC will strive for consensus of opinion in its decision-making, as it relates to final decisions. The ILC will not require consensus in every decision; particularly in those related to generative discussions and option development.

The following will guide consensus decision-making:

- Consensus decision making strives to synthesize many diverse elements rather than focus on binary options
- Consensus decision making is about process and is concerned with understanding and mitigating minority objections
- Consensus decision making appreciates that it is in the organizations' best interests to understand all of the options, to debate and be open to a new and better option
- The ILC will value respectful disagreement to advance the purpose of the ILC
- The ILC members commit to supporting a Committee decision even if they did not support all elements of it

This approach will be evaluated for the second phase of work.

Central East LHIN staff is encouraged to provide their system-wide perspectives and ideas related to each course of action or recommendation before the Committee. Committee decisions will be recorded and reflected in the meeting notes and members will speak with one voice on these decisions.

4.2 Quorum Requirements

All Committee members are committed to attending ILC meetings. To constitute a formal meeting, the Facilitator, four representatives from each participating provider (including one member of the Medical Staff Society from each hospital), one member from the

Central East LHIN and one community member must be present. Decisions or actions taken in the absence of a quorum are not binding on the ILC.

4.3 Proxies to Meetings

The ILC will not use proxies for the first phase of the Committee's work (i.e. the Planning Framework, to be completed by June 21). This approach will be evaluated for the second phase of work.

4.4 Invited Guests

The Facilitator, in conjunction with the ILC members, will determine attendance by invited guests on a meeting-by-meeting basis.

4.5 Communications and Communications Support

The primary spokespersons for each organization will be the Board Chair and Chief Executive Officer.

Communications support will be provided by the Central East LHIN and will include advice and guidance on communications, stakeholder and community engagement matters, lead the development of the Shared Communication and Community Engagement Plan and coordinate the messages to all stakeholders, including government relations stakeholders and media.

4.6 Central East LHIN Staff Participation

From time to time, additional Central East LHIN staff can be expected to attend meetings to observe the process as part of their work at the Central East LHIN. Central East LHIN staff who is not a member of the Planning Team will have no formal responsibilities with respect to the subject integration planning process and as such, will contribute only when specifically asked to do so by the Facilitator or Central East LHIN Team members.

4.7 Meeting Agenda Items

Every effort will be made to prepare and distribute meeting agendas and related materials no less than three business days in advance of ILC meetings.

4.8 Meeting Materials

The preparation and distribution of meeting materials will be the responsibility of the facilitators. The ILC will use a secure Central East LHIN collaborative workspace for all meeting materials related to work of the ILC.

4.9 Confidentiality

In order to maintain the integrity of the process, all ILC members are asked to, unless otherwise agreed upon, keep discussions conducted at meetings and all materials prepared for use by the Planning Team and stored on the Central East LHIN

collaborative workspace as confidential. Items can be shared with respective organization sponsors/Governance Liaisons when agreed to by the Planning Team.

These Terms of Reference may be amended as agreed to by all members and approved by the boards of TSH and RVHS.

4.10 Declaring and Managing Conflicts of Interest

Full transparency is required to effectively support and inform the integration process. Therefore, all ILC members are asked to identify and declare potential and or current conflicts of interest. When decision making arises, members must declare their conflicts and immediately remove themselves from decision making.

5. Acceptance and Sign-Off

The following signatures represent acceptance of these Terms of Reference.

Organization - Program	Approved by Team Member:
	Signature Print Name Date
	Signature Print Name Date
	Signature Print Name Date
	Signature Print Name Date
	Signature Print Name Date
	Signature Print Name Date
Facilitator	Signature Print Name Date
Central East LHIN	Signature Print Name Date
Central East LHIN	Signature Print Name Date
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