

Terms of Reference

South West LHIN Quality Advisory Group

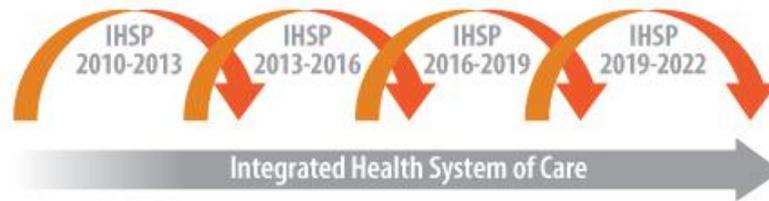
Table of Contents

- 1. Background/Context..... 3**
 - 1.1. Purpose..... 3
 - 1.2. Accountability 3
- 2. Roles & Responsibilities of the Quality Advisory Group 3**
- 3. Membership & Roles of Individual Advisory Group Members 4**
 - 3.1. Membership 4
 - 3.2. Co-Chair Model 5
 - 3.3. Duration of Service..... 5
 - 3.4. Individual Roles of Advisory Group Members 5
- 4. Logistics and Processes 5**
 - 4.1. Role of the Co-Chairs..... 5
 - 4.2. Staff Support 6
 - 4.3. Frequency of Meetings..... 6
 - 4.4. Decision-Making Process 6
 - 4.5. Quorum Requirements 6
 - 4.6. Delegates..... 6
 - 4.7. Meeting Agenda and Minutes..... 6
- 5. Acceptance & Sign-Off 7**

1. Background/Context

In 2009, the South West LHIN's Health System Design Steering Committee developed the Health System Design Blueprint – Vision 2022. The Blueprint¹ provides a vision for the future health system, an Integrated Health System of Care.

Implementation of the Blueprint will be realized through a multi-year journey phased over several IHSP cycles. During these IHSP cycles, the LHIN and health service providers will work to align IHSP actions to further the Integrated Health System of Care and ensure progress is made in transformation efforts.



1.1. Purpose

The South West LHIN is committed to quality improvement as a key driver for achieving an integrated health system of care. The South West LHIN's quality improvement approach has several goals which include sustaining improvement work across the continuum of care, and enhancing health care resources to ultimately improve people's health care experiences, the health of particular populations and the value we receive for the money that we spend. As outlined in the proposed *Excellent Care for All Act*, the aim is to "foster a culture of continuous quality & process improvement where the needs of the patients come first". To do this, the South West LHIN will build a foundation for Quality Improvement by fostering a shared understanding of quality improvement among health system leaders, complement quality improvement initiatives provincially and regionally, establish a LHIN-wide system for measures of quality, and support greater alignment across the system.

1.2. Accountability

The Quality Advisory Group (QAG) will be accountable to the South West LHIN Health System Leadership Council.

2. Roles & Responsibilities of the Quality Advisory Group

The South West LHIN Quality Advisory Group will provide expert advice to the Health System Leadership Council and guide the South West LHIN's Quality Improvement Approach. The Quality Improvement Enabling Framework (QIEF), developed by the QAG in 2011/12, will provide a foundation for the work of the advisory group. Specifically the QAG will promote the use of the Framework at multiple levels – within organizations, within various quality improvement initiatives, and at a system level. At a system level, the Quality

¹ The Health System Design Blueprint – Vision 2022

Advisory Group will identify and advance strategies to strengthen a quality improvement culture across the LHIN and support broader implementation of the QIEF.

3. Membership & Roles of Individual Advisory Group Members

3.1. Membership

The South West LHIN Leadership team will appoint the members of the Quality Advisory Group. Members will be system thinkers, influencers, and leaders in quality improvement. They will have been personally involved in or have knowledge of quality improvement initiatives including indicator development at either the regional or provincial level. Members will come from health care settings across the continuum of care and across the LHIN, academic settings advanced in quality improvement methodologies, measurement, and system-level provincial quality improvement initiatives.

The Advisory Group Membership will be composed of 14-18 individuals reflecting the geography of the LHIN and the following perspectives and/or organization/stakeholder groups:

- Member from the South West LHIN Health System Leadership Council (HSLC)
- Member from the South West LHIN E-Health Steering Committee
- Member from the South West Community Care Access Centre (CCAC)
- Members (1-2) from a primary care team that has participated in quality improvement initiatives (e.g., Partnerships for Health; Quality Improvement and Innovation Partnership (QIIP) initiatives)
- Members (3-4) from a Hospital in the South West LHIN that has actively participated in quality improvement initiatives (e.g., Access to Care; Pay for Performance; Behavioural Supports Ontario)
- Members (1-2) from a Long-Term Care Home in the South West LHIN that has participated in provincial or regional quality improvement initiatives such as Residents First or HQO's public reporting
- Members (1-2) from a Community Support Services organization active in quality improvement initiatives
- Members (1-2) from the Mental Health and Addictions sector active in quality improvement initiatives
- Member from an academic setting active in quality improvement research methodology, including development and utilization of multi-morbidity indicators
- Members (1-2) from industry involved in quality
- Member with provincial system-level quality improvement experience

Additional representatives may be invited to join the Advisory Group or attend specific meetings as an expert resource, as required.

3.2. Co-Chair Model

One South West LHIN Senior Director and one member from the Advisory Group will co-chair the Advisory Group.

3.3. Duration of Service

The members of the Advisory Group will serve for an initial term of two years and, before that term is over, the Advisory Group will review and propose any appropriate amendments in its mandate and membership. Advisory Group membership terms may be extended for up to an additional two, one year terms. Efforts will be made to ensure ongoing continuity of Advisory Group membership into the future.

3.4. Individual Roles of Advisory Group Members

Advisory group members will bring their knowledge and experience from their sector as opposed to representing their respective organizations.

Individual members will:

- Regularly attend Advisory Group meetings
- Participate fully in the exchange of information and identification of issues of relevance to participants
- Consider ideas and issues raised and provide strategic guidance and input
- Consider system and sector level implications and impacts of issues under consideration
- Understand the strategic implications and outcomes of quality improvement initiatives being pursued through project outputs
- Provide resources to the work of the group as necessary and appropriate (i.e., time, expertise, and information)
- Be genuinely interested in the South West LHIN's Quality Improvement Approach and the outcomes being pursued across the LHIN
- Serve as a communication link to, and champions with, local, regional, and provincial contacts, organizations and community partners.

The success of the Advisory Group in achieving the noted objectives will be through partnership and collaboration.

4. Logistics and Processes

4.1. Role of the Co-Chairs

The Co-Chairs will 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 Advisory Group members when establishing

meeting agendas and will ensure that an Advisory Group work plan is developed and monitored by the Advisory Group.

4.2. Staff Support

South West LHIN staff will provide secretariat and administrative support to the Advisory Group

4.3. Frequency of Meetings

It is anticipated that the Quality Advisory Group will meet, at a minimum, every second month. Additional meetings will be at the call of the Co-Chairs. Teleconferencing and/or videoconferencing may be used as a means to convene Advisory Group meetings.

4.4. Decision-Making Process

Every effort will be made to make consensus based decisions. If consensus is not achievable, a two-thirds majority vote by members in attendance will be required to confirm decisions of the Advisory Group. All decisions reached by the Advisory Group will be reflected in the minutes.

4.5. Conflict of Interest

Members will be required to declare any pecuniary or non-pecuniary conflict of interest to the Quality Advisory Group and refrain from discussions as appropriate.

4.6. Quorum Requirements

To constitute a formal meeting and conduct business, two-thirds of the Advisory Group members including at least one of the co-Chairs must be present. Project Leads from specific Quality Improvement Projects will also be present at the meetings as required.

4.7. Delegates

It is expected that members will regularly attend Advisory Group meetings, however, it is recognized that on occasion individual members may need to send a delegate to the meeting due to unavoidable scheduling conflicts. 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 delegates or additional guests are to be included in the meeting. In addition, it will be the responsibility of members to ensure that delegates are appropriately educated and briefed on the status of the Advisory Group's work.

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 Advisory Group meetings. Agendas are to be approved in advance by the Co-Chairs. Agendas and related documents will also be posted to the South West LHIN website.

Minutes will be prepared and distributed by e-mail within 5 business days of the meeting. Minutes and meeting documents will also be posted on the South West LHIN website to be accessed by Advisory Group members.

4.9 Key Messages

All members are encouraged to share key messages and information from the work of QAG where possible with their respective sectors and their regional partners. At each meeting key messages will be developed to facilitate member’s communication out to their sectors.

5. Acceptance & Sign-Off

Advisory Group members are not representing their respective organizations as individuals but 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 his or her organization prior to agreeing to become a member of the Advisory Group.

Individual Advisory Group members are asked to sign-off on the Terms of Reference. This sign-off indicates that the terms of reference are understood and that the leadership of the individual’s organization is aware of the commitment.

Independent practitioners and members of the public associated with an organization may advise their organization but it is recognized that those members are acting as an independent practitioner/member of the public.

The following signatures represent acceptance of these Terms of Reference.

Name	Signature	Date
Gord Milak		
Kelly Gillis		
Roy Butler		
Rob McFadden		
Sonia Glass		
Patty Chapman		
Catherine Hardman		
Carol Weigel		
Mary Atkinson		
Jennie Pickard		
Jacqui Dow		
David Van Raes		
Sue McCutcheon		