



## Rehabilitative Care Alliance Assess & Restore/Frail Senior Advisory Group

### Terms of Reference

#### Background and Introduction

Ontario's 14 LHIN CEOs established the Rehabilitative Care Alliance (RCA) in April 2013 to bring a true provincial lens to improving patient experiences and clinical outcomes in rehabilitative care. The RCA brings together representatives from all LHINs, the Ministry of Health and Long-Term Care (MOHLTC), health service providers from hospital and community sectors, other clinical experts, and patients and caregivers to strengthen and standardize rehabilitative care in Ontario.

In its first mandate (2013–2015), the RCA laid the strong foundation necessary for widespread change by engaging stakeholders from across the province. The breadth of stakeholder consultation and engagement was unprecedented, with more than 400 individuals participating in RCA task and advisory groups. Together, they developed recommendations to address shared priorities and created the guidelines and tools required to implement them.

The RCA's most recent mandate (April 2015–March 2017) shifted the focus to implementation, providing the project management and data analysis necessary to guide and support LHINs and health service providers as they began implementing RCA recommendations. The RCA recognizes that introducing standardization across the province is a complex and incremental task. It can only be successful if the realities of local contexts are taken into account. With this in mind, the RCA also worked closely with stakeholders over the last two years to identify barriers to implementation and to develop solutions that would work locally, regionally and across the province. The LHIN CEOs approved a third RCA mandate for April 2017–March 2019. The work of the RCA is supported by a LHIN-funded secretariat. For more information, visit [www.rehabcarealliance.ca](http://www.rehabcarealliance.ca).

#### Objectives Mandate III (April 1, 2017 – March 31, 2019)

Building on the work completed in the RCA's first and second mandates, the current mandate of A&R/FS initiative will leverage key Assess and Restore (A&R) learning to support emerging opportunities to implement best practice care for community-dwelling older adults. Priority deliverables of this Advisory Group will be determined in collaboration with provincial stakeholders, in consideration, and within the context of, related provincial directions, including pending confirmation of 2017/18 A&R funding; the Senior Friendly Care Framework; the Provincial Dementia Strategy, and LHIN transformation/Patient's First Legislation. The work of the Advisory Group will be guided by evidence and data, and informed by stakeholder engagement.

#### Deliverables

- Pending renewal of Assess & Restore funding, continue to facilitate A&R knowledge exchange and spread A&R learnings to inform best practice care for community-dwelling older adults.
- Work with RGP of Ontario, the Inter-LHIN Falls Prevention Collaborative and other provincial stakeholders to develop and support implementation of secondary falls prevention care pathways for frail older adults.
  - Review existing literature, frameworks and best practice guidelines to identify key best practices related to the secondary prevention of falls for older adults



- Confirm the standard of care and support its operationalization by developing care pathways for the secondary prevention of falls for older adults within primary care, home and community care, and emergency departments.
  - Confirm standardized care processes to prevent the next fall.
  - Develop sector-specific care pathways, leveraging available resources for falls prevention.
  - Define accountabilities for the management of fall-related injuries and initiation of secondary prevention care processes.
- Identify performance metrics to support evaluation of current practice, relative to the recommended care pathways, and identify opportunities for quality improvement
- Leverage key learnings from provincial Assess and Restore initiatives to explore interest on the part of provincial stakeholders with expertise in geriatrics to develop an education module for primary care providers.

## **Roles and Responsibilities**

- All groups and committees will be supported by The Rehabilitative Care Alliance Secretariat.
- The Rehabilitative Care Alliance Steering Committee will act to support the Advisory Group and remove/eliminate barriers, as able, to facilitate the work of the group.
- If Advisory Group members share documents pertaining to the work of the group, with stakeholders outside of the committee, members will provide contextual information to the recipient to explain the purpose of the work as well as any other information that is required to provide clarity around the work and the information contained within the document(s).
- Members are expected to review distributed materials in advance of the meeting.
- If members are unable to attend a meeting, members may identify an alternate representative who will attend meetings on their behalf and provide the alternate attendee with information required to support their participation. The alternate will communicate the proceedings, decisions and any actions required to the member.

## **Accountability**

The Advisory Group is accountable to the Rehabilitative Care Alliance Steering Committee for fulfilling its mandate and producing the deliverables (as described above) by agreed upon timelines.

## **Membership**

Given that the focus of this initiative is on developing and implement best practice care pathways for older adults, this Advisory Group will be composed of individuals who play a role in caring for older adults, across the continuum, or who are involved in implementing or influencing best practice care for older adults.

## **Term**

The term of this Advisory Group is through March 2019.



## **Decision Making**

The Advisory Group will strive for consensus and will use voting when there is no clear agreement.

## **Meetings**

The Advisory Group will meet quarterly, or more frequently as required, throughout the course of the mandate. Additional meetings may be required to complete work according to project timelines. Webinars, teleconference and other formats will be used to facilitate meeting attendance.

## **Minutes**

Minutes shall be recorded for all meetings and circulated to committee members for dissemination/distribution to relevant stakeholders within each organization.

## **Communication**

The RCA secretariat will distribute meeting materials, via email, in advance of each meeting. Any documents that solicit feedback from committee members will be distributed via email. All documents approved for broad distribution will be posted on the Rehabilitative Care Alliance website.