



Rehabilitative Care Alliance Outpatient/Ambulatory NACRS Clinic Lite Task 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.

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

For the third mandate of the RCA there will be continued effort and focus on further implementation of tools and guidelines that were developed in the earlier two mandates. Building on the work completed in the RCA's first and second mandates, the current mandate of the Outpatient/Ambulatory NACRS Clinic Lite Task Group is to continue to work toward the provincial standardized data collection and reporting on access to and utilization of services in the outpatient/ambulatory rehabilitative care sector. This work has been endorsed by the LHIN CEOs who have provided the RCA with a third mandate to support LHINs in this work through to March 2019. The work of this Task Group will be guided by evidence and data, informed by stakeholder engagement and aligned with provincial initiatives with shared objectives and content.

Deliverables

The following are anticipated deliverables for this initiative. These may be subject to change depending on the discussions of the task group and the potential influence of other provincial initiatives. Any significant change in deliverables will be discussed with the task group and Steering Committee.

- Produce a detailed report of the findings from the provincial proof of concept in the collection and reporting of outpatient/ambulatory rehabilitative care data through use of NACRS Clinic Lite



- Develop a strategy for broader roll out of NACRS Clinic Lite that acts on the recommendations from the provincial proof of concept and includes refined reporting parameters.

Roles and Responsibilities

- All groups and committees will be supported by The Rehabilitative Care Alliance Secretariat.
- Task Group members will meet monthly to achieve the mandate and the deliverables within identified timelines
- The Rehabilitative Care Alliance Steering Committee will act to support the Task Group and remove/eliminate barriers, as able, to facilitate the work of the group.
- If Task 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 Outpatient/Ambulatory NACRS Clinic Lite Task Group is accountable to the Outpatient/Ambulatory Advisory Group for fulfilling its mandate and producing the deliverables (as described above) by the agreed upon timelines.

Membership

As the focus of this initiative is on the development of a strategy for broader roll out of NACRS Clinic Lite, the Advisory Group will be composed of individuals who played a role in the mandate II provincial proof of concept as well as broadly represent the users of this data set, including representation across LHINs.

Task and Advisory Group Co-Chairs: Michael Gekas, Senior Director, Operational Performance, Sinai Health System and Marie Disotto-Monastero, Clinical Informatics Manager, Sunnybrook Health Sciences

Term

The term of these Task and Advisory Groups is through March 2019.

Decision Making

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



Meetings

The Task Group will meet monthly, or 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

Materials provided in support of Task Group meetings will be distributed to members via email, in advance of the meeting. Minutes from meetings will be emailed to members in advance of the following 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.

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