Rehabilitative Care Alliance HSP Definitions Implementation 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 a 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 HSP Definitions Implementation Group (HSP DIG) will focus on continuing to support the implementation of the bedded and community-based definitions frameworks within their respective organizations. This focus involves discussion and sharing of information on operational issues and strategies encountered during implementation; and identifying and reaching consensus on strategies and tools to support a common understanding of rehabilitative care across the province, some of which were initiated in Mandate II. The work of the HSP DIG 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 deliverables will be overseen by the Definitions Advisory Group and may be subject to change depending on the discussion and decisions of the Definitions Advisory Group and the potential influence of other provincial initiatives. Any significant change in deliverables will be decided by the Definitions Advisory Group and Steering Committee.

- Identify a standardized naming convention for rehabilitative care.
- Address, where possible, barriers to implementing the definitions frameworks for rehabilitative care as identified in 2015 mapping results (e.g., adhering to the standardized eligibility criteria, health human resources, intensity of rehabilitation, etc.) and develop recommendations for next steps.
- Identify and implement required changes to the Provincial Referral Standards (PRS) to support alignment with the *Definitions Framework for Bedded Levels of Rehabilitative Care* and disseminate the revised PRS through LHIN Leads across the province.
- Develop and implement a centralized rehabilitative care portal through thehealthline.ca to provide rehabilitative care information for the public.
- Develop standardized information for the centralized provincial rehabilitative care portal, including descriptions of the RCA, rehabilitative care and levels of care and a listing of rehabilitative care programs in each LHIN.
- Develop referral resources, tools and recommendations (as needed) to support standardization (e.g., identifying the core rehab-specific elements required for referral to community rehabilitative care programs/services, etc.).

Roles and Responsibilities

- All groups and committees will be supported by the Rehabilitative Care Alliance Secretariat.
- If HSP DIG 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 HSP Definitions Implementation Group is accountable to the Definitions Advisory Group

Membership

Given that the focus of this initiative is on the continued implementation of the Definitions Frameworks for Bedded and Community-Based Levels of Rehabilitative Care, HSP DIG will be composed of individuals who are directly involved in the implementation of the Definitions Frameworks within their organizations.

HSP DIG Chair: Charissa Levy, Executive Director, RCA

Term

The term of HSP DIG is through March 2019.

Decision Making

HSP DIG will strive for consensus and will use voting when there is no clear agreement.

Meetings

HSP DIG will meet every 4-6 weeks, 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.