



## Rehabilitative Care Alliance - Hip Fracture/TJR QBP Best Practices 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. A new initiative for the RCA's second mandate, the Hip Fracture/TJR QBP initiative focused on the identification of standardized best practices, and developed rehabilitative care frameworks for patients following primary hip and knee replacements and hip fracture. This work expands on the high-level recommendations for postoperative rehabilitative care included in the *Quality-Based Procedures: Clinical Handbook for Primary Hip and Knee Replacement* and *Quality-Based Procedures: Clinical Handbook for Hip Fracture*, published by Health Quality Ontario and the Ministry of Health and Long-Term Care. 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)

For the third mandate of the RCA there will be a continued effort and focus on implementation of tools and guidelines that were developed in the earlier two mandates. Building on the work completed in the RCA's second mandate, the current mandate of this Advisory Group will focus on developing and implementing a communications strategy to support dissemination and education of the TJR and Hip Fracture QBP Rehabilitative Care Best Practice Frameworks, and developing tools to support LHINs in implementing and evaluating best practice uptake. The work of the Advisory 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 advisory group and the potential influence of other provincial initiatives. Any significant change in deliverables will be discussed with the advisory group and Steering Committee.*

- Develop and implement a communication strategy to support dissemination of the RCA rehabilitative care best practices frameworks for patients with hip fractures and TJR.



- Develop tools and resources to support system and/or organizational implementation of the RCA rehabilitative care best practices frameworks for patients with hip fractures and TJR.
- Develop self-assessment tools for organizations across the care continuum to evaluate practices relative to rehabilitative care best practices for patients with hip fractures and TJR.
- Analyze responses across organizations participating in a voluntary self-assessment of alignment with best practices. Provide sector-specific, LHIN-level gap analyses to inform opportunities for quality improvement in the implementation of rehabilitative care best practices for patients with hip fractures and TJR.
- Collaborate with other provincial initiatives to implement the RCA rehabilitative care best practices frameworks for patients with hip fractures and TJR.

## **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 the implementation of the TJR and Hip Fracture Best Practice Frameworks developed during the RCA's second mandate, this Advisory Group will be composed of individuals who play a role in implementing and/or influencing best practice, quality care, and/or quality improvement at the LHIN or organizational level.

**Advisory Group Chair:** Debra Carson, VP, Patient Care Services, Trillium Health Partners



## **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.