



Terms of Reference: Rehabilitative Care Alliance Definitions Implementation Advisory Group

Background

The Rehabilitative Care Alliance (RCA) was created by Ontario's Local Health Integration Networks (LHINs) in 2013 to bring about the system transformation that no single LHIN could achieve on its own. Through significant engagement of provincial stakeholders including health service providers, subject matter experts, patient and family representatives and others, the RCA has set in motion significant change across the province.

By standardizing many aspects of planning, evaluation and clinical care across the province, the RCA and its partners are ensuring that health care resources are used more effectively and that Ontarians receive high quality rehabilitative care no matter where they live.

The approval of the RCA's next work plan from 2019 – 2022 will allow the RCA to continue its successful efforts to strengthen and standardize rehabilitative care across the province. The benefits of rehabilitative care — better health outcomes, shortened hospital stays and reduced hospitalizations among older adults — are particularly relevant today, as stakeholders seek to improve flow, divert patients from emergency departments, maintain and enhance function in the community, and reduce hallway medicine.

Over the next three years, the RCA will build on the impact of its current work with a focus on the following:

- **Frail Seniors:** Continue to support efforts to reduce preventable emergency department visits and maintain and improve the functional status of community-based frail seniors who fall.
- **Capacity Planning:** Support regions in applying a standardized, needs-based approach to capacity planning for rehabilitative care so that resources are optimally allocated to address patient needs.
- **Bundled Care:** Continue to work with the MOHLTC and rehabilitative care providers to support expansion of bundled funding projects.
- **Hip Fracture/Total Joint Replacement (TJR) QBP Best Practices:** Increase alignment across province with TJR rehabilitative care best practices to support implementation and spread of the MOHLTC hip & knee bundled care initiative.
- **Community-Based Rehab Initiative:** Improve understanding of how community-based rehabilitative care models could be used to support enhanced patient outcomes, better flow and improved patient transitions.
- **System Evaluation:** Continue to standardize evaluation of rehabilitative care services at the regional and provincial level to support evidence-based practice and system-wide improvement.
- **Definitions:** Advance the understanding and optimization of rehabilitative care resources to benefit patients; provide support to further spread and integrate the definitions frameworks across the province.
- **Assess & Restore:** Analyze provincial outcomes of Assess & Restore funding to illustrate impact on clinical outcomes and system efficiencies.

From the beginning, the RCA's strength has been the tremendous engagement and support of stakeholders from across the province.



Objectives Mandate IV (April 1, 2019 – March 31, 2022)

For this mandate of the RCA, the overall focus of the definitions-related work is to advance the understanding and optimization of rehabilitative care resources to benefit patients; provide support to further spread and integrate the definitions frameworks across the province.

The work of the Definitions Implementation 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.

The Definitions Implementation Advisory Group will provide guidance and oversight of definitions-related activities that include but are not limited to the following:

- Develop a best practice guideline that describes the role and benefits of rehabilitative care in optimizing patient outcomes, how to determine who would benefit from that care and how to determine the most appropriate setting.
- Analyze rehabilitative care programs listed in the RCA portal to illustrate how resources are being used within and across regions and share this analysis with OHTs and others to inform their program decisions.
- Align Access to Care ALC Wait Time Information System reporting of discharge destinations with the definitions frameworks to ensure ALC reporting reflects demand for rehabilitative care in a standardized way across the province.
- Increase awareness and understanding of the definitions frameworks and terminology at the frontline (e.g., staff and physicians).

Roles and Responsibilities

- The advisory group will be supported by the Rehabilitative Care Alliance Secretariat.
- The Rehabilitative Care Alliance Steering Committee will act to support the Definitions Implementation Advisory Group and remove/eliminate barriers, as able, to facilitate the work of the group.
- If the Definitions Implementation 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 Definitions Implementation 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

This committee reflects the combined membership of the Definitions Advisory Group and the Health Service Providers Definitions Implementation Group in the previous RCA mandate (2017-2019).

Advisory Group Chair:

Chair: Andrea Lee, St. Joseph's Health Care – London, Director, Rehabilitation

Term

The term of this Task Group is through March 2022.

Decision Making

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

Meetings

The Definitions Implementation Advisory Group will meet at least twice per year or as required to achieve the deliverables, throughout the course of the mandate. 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.