

Terms of Reference
Central East LHIN Cardiac Sub Committee

1. Background/Context

1.1 Purpose

The Central East LHIN has identified the following Strategic Aim as a priority in the 2016-2019 Integrated Health Service Plan (IHSP) – *Living Healthier at Home*:

- Continue to improve the vascular health of people to live healthier at home by spending 6,000 fewer days in hospital and reducing hospital readmissions for vascular conditions by 11% by 2019.

The achievement of this aim is dependent on the ability of residents of the Central East LHIN to access best practice cardiac care across the LHIN. In alignment with *Patients First Act, 2016*, the consideration of unique needs of residents in each LHIN sub-region should be taken into account.

In February 2009, the Central East LHIN published its Hospital Clinical Services Plan (CSP) – the result of a project to examine the feasibility of horizontal integration of health services within the Central East LHIN region. The CSP was a starting point for health services integration and a key step towards creating “One Acute Care Network”, which included cardiac care. The vision is that a single acute care network will provide improved and equitable access to an integrated hospital system that provides the highest quality of care across the Central East LHIN. The focus of the initial efforts of the CSP was towards hospital-based service integration in several areas, including cardiac services.

Since 2009, great progress has been made towards creating a cluster-based model of care for cardiac services across the LHIN (i.e., Percutaneous Coronary Intervention [PCI] services; and a regional approach to care for the Cardiac Rehabilitation and Secondary Prevention [CRSP] program). However, more concentrated efforts are needed to ensure that the residents of the LHIN have access to equitable care to the full spectrum of cardiac services.

In September, 2017, CorHealth Ontario (formerly the Cardiac Care Network) launched its Quality and Performance Measurement and Monitoring (QPMM) Cycle and Cardiac Scorecard with the initial focus on cardiac care. The Central East LHIN, in collaboration with service providers, needs to ensure that the residents of the Central East LHIN have access to optimal cardiac care in alignment with cardiac best practice.

The Goal of the Central East LHIN Cardiac Sub Committee:

The goal of the Central East LHIN Cardiac Sub Committee is to inform the Central East LHIN of identified gaps between the needs of the communities served and the scope of services currently provided. The Cardiac Sub Committee, in consultation with stakeholders, will also be responsible for making recommendations regarding the organization of cardiac services. This will include seeking areas of excellence and improvement opportunities to develop a harmonized Central East LHIN cardiac system that is in line with Quality Based Procedures (QBP) [i.e., Congestive Heart Failure (CHF) and Coronary Artery Disease (CAD)].

The work will be supported by data at both the LHIN and sub-regional level, with key metrics that capture quality outcomes, access, and cardiac program effectiveness. The outcome of the Cardiac Sub Committee will be the development of a Cardiac Work Plan based on the identified needs (i.e., performance on CorHealth's QPMM). To further support implementation of the work plan, the Cardiac Sub Committee will work collectively with the Central East LHIN and system stakeholders. In addition, the Cardiac Sub Committee will provide ongoing recommendations to the Central East LHIN on system wide planning that integrates cardiac best practice and opportunities for enhancing access to cardiac services.

The Cardiac Sub Committee will review Central East LHIN cardiac care needs, build on the existing best practices and evidence based care within the LHIN, and give attention the specific needs of each sub-region.

This committee will review the achievement of Cardiac Best Practices across the Central East LHIN and make recommendations on sustainable care.

1.2 Scope

The mandate of the Cardiac Sub Committee is to provide recommendations regarding improved service efficiencies across the continuum of cardiac care from pre-hospital care, Emergency Department care, acute care, inpatient and community rehabilitation, to community supports required for successful re-integration of patients into to the community.

“IN” Scope	“OUT” of Scope
<ul style="list-style-type: none"> • Consultation and engagement with local stakeholders, including patients and caregivers to inform local planning • Review of Cardiac-related metrics and sub-regional performance data to guide development of local priorities • Undertake gap analysis of cardiac services and programs in relation to local needs • Develop annual Cardiac Work Plan • Offer recommendations to the Central East LHIN for innovative, integrated strategies to improve cardiac care • Determine the Work Groups (WGs) required to realize the Work Plan deliverables • Leverage the work of the Sub-regional Planning tables to advance local priorities • Additional indicators of success will include reduced wait times, improved access and better patient experience 	<ul style="list-style-type: none"> • Decision-making regarding service delivery operations and funding of individual health service providers/entities within the sub-region, including Central East LHIN Home and Community Care division, within the sub-region • Advancing collective action on priorities relating to cardiac care without endorsement of the Central East LHIN • Advocacy on behalf of organizational interests • Advocacy on behalf of political interests • Addressing specific patients’ concerns

2. Roles and Responsibilities

2.1 Roles and Responsibilities

1. Development of a Cardiac Work Plan that addresses priorities across the continuum of cardiac care.
2. Monitor the implementation of the Cardiac Work Plan, related action plans, while identifying key success factors, risks, challenges, and mitigation strategies.
3. Establish a framework for planning, implementation and evaluation that includes:
 - Objectives and targets for success (i.e., use of QBP, sub-regional planning tables, Central East LHIN Vascular Health Steering Committee)
 - Key evaluative metrics
 - Development of partnerships and engagement strategies
 - Building on current provincial initiatives and work underway including:

- CorHealth Ontario Strategic Plan
- Quality-Based Procedures: Clinical Handbook for Heart Failure (Acute and Post-acute)
- Quality-Based Procedures Clinical Handbook for Coronary Artery Disease
- Patients First Act (December 2016)
- Other, as appropriate

2.2. Accountability

The Cardiac Sub Committee will be accountable to the Vascular Health Steering Committee. The Vascular Health Steering Committee will provide guidance, monitoring and oversight to the work of the Cardiac Sub Committee in relation to its work plan.

The Cardiac Sub Committee will achieve its mandate by:

- Actively and transparently involving and communicating with key stakeholders. All materials, discussions and recommendations will be provided in an open and comprehensible manner.
- Striving to improve the quality and cost effectiveness of health services provided in the Central East LHIN through the use of evidence and clinical best practices. The primary objective will be to optimize positive outcomes and experiences for residents/patients of the LHIN, while striving to mitigate negative impacts to the system. All recommendations will incorporate the concept of accountability.
- Ensuring that all work has a patient-centred outcome. Work will consider the full continuum of care and how patient services flow from one sector of care to another in the Central East LHIN.

3. Membership of the Central East LHIN Cardiac Sub Committee

3.1 Membership

The Cardiac Sub Committee comprises an action-oriented core team of equal members who are experts in cardiac care across the continuum of care.

Co-Chair: TBD

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Core Membership:

1. Patient and/or Caregiver
2. Chief(s) of Cardiology

3. Program Director(s) Cardiac Services
4. Director Central East LHIN (Health System Strategy Planning and Performance (HSSIPP)- Vascular Portfolio Lead)
5. Senior Manager, Central East LHIN (Home and Community Care- Vascular Portfolio)
6. Program Director, Cardiac Rehabilitation and Secondary Prevention Program
7. Primary Care Physician
8. Central East LHIN Vascular Strategy Physician Lead (ex officio)
9. Director Central East LHIN (Health System Strategy Planning and Performance [HSSIPP]) – Vascular Portfolio Lead (ex officio)
10. Other members, as appropriate

Other key Central East LHIN staff will support the Cardiac Sub Committee as appropriate (e.g., Decision Support).

3.2 Recruitment

Committee members will be recruited based on their expertise in provision of cardiac services across the continuum of care.

3.3 Role of Co-Chairs

Responsibilities for the Co-Chairs includes:

- Reviewing/shaping the meeting agendas;
- Leading the meeting in a way that ensures advancement of the agenda within the timelines allocated for specific agenda items;
- Ensuring that input is solicited from the committee members and each member has an equal voice;
- Seeking and building consensus, including deciding that a matter should be resolved by vote rather than consensus;
- Willing to act as a spokesperson;
- Providing direction when appropriate on emerging issues requiring an immediate response; and
- Attend periodic meetings with other stakeholder groups on behalf of the committee (i.e., Vascular Health Steering Committee).

3.4 Roles of the Cardiac Sub Committee Members

The Cardiac Sub Committee will bring their knowledge and experience from their organization and/or sector to support the achievement of the goal/purpose as opposed to representing their respective organizations.

The committee members will:

- Regularly attend meetings;
- Participate fully in the exchange of information and identification of issues of relevance to the participants;
- Fulfill action items that result from meetings in a timely and efficient manner; and
- Respectfully notify the chair in advance of their absence to attend meetings.

3.5 Reporting Relationships

The Central East LHIN Cardiac Sub Committee will report to the Vascular Health Steering Committee.

3.6 Duration of Service

It is recognized that a longer term is necessary to accommodate the time required to develop relationships, processes, tools and plans. As such, inaugural members of the Central East LHIN Cardiac Sub Committee will be appointed for a two or three-year term, subject to review and mutual agreement to continue at the end of year one. Members will be eligible to serve two terms, and these terms need not be sequential.

4. Logistics and Processes

4.1 Frequency of Meetings

The Central East LHIN Cardiac Sub Committee will generally meet monthly, with no fewer than eight meetings per year. Additional meetings will be held at the call of the Co-Chairs.

4.2 Decision-Making Process

The decision making process will follow the guidelines as written in the Central East LHIN Decision Making Framework.

4.3 Quorum Requirements

To constitute a formal meeting, a majority of members plus one of the co-chairs must be in attendance.

In-person meetings are preferred; however, videoconferencing, webinars, and teleconference meetings are an acceptable alternative to in-person meetings.

4.4 Delegates and Other Attendees

Alternate attendees for absent members must be approved in advance by the Co-Chairs.

4.5 Meeting Materials

Meeting Agendas and related meeting materials will be prepared and distributed by the Co-Chairs in collaboration with the Central East LHIN-Director (HSSIPP, Vascular Portfolio Lead). Agendas will be approved in advance by the Co-Chairs. Minutes will be prepared and distributed by e-mail within one week of the meeting.

4.6 Review

The Terms of Reference will be reviewed annually by the Central East LHIN and updated as required to reflect modifications or additions (e.g., Annual Minister's Mandate Letter to LHINs, update to reflect new IHSP).