Terms of Reference
Central East LHIN Stroke 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[1].

The achievement of this aim is dependent on the ability of residents of the Central East LHIN to access best practice stroke 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.

The Ontario Stroke Network (now incorporated into CorHealth) is a system partner whose goal is to improve access to evidence-based prevention and care, across the continuum of care, in order to reduce stroke incidence, mortality and residual disability.

While improving access to best evidence-based stroke care, consideration should be given to the organization of stroke-care delivery across the continuum of care, promoting system-change, professional education and public awareness. This includes improving equitable access to acute, rehabilitation and secondary prevention of stroke services of the Central East LHIN through system analysis and system improvements.

The Goal of the Central East LHIN Stroke Sub Committee:

The goal of the Central East LHIN Stroke Sub Committee is to inform the Central East LHIN of gaps between the needs of the communities served and the scope of services currently provided. The Stroke Sub Committee will also be responsible for making recommendations regarding the organization of stroke services in consultation with stakeholders. This will include seeking areas of excellence and opportunities for improvement in developing a harmonized Central East LHIN stroke system that is in-line with Quality Based Procedures (QBP) and Stroke Best Practices. The work will be supported by data at the LHIN and sub-regional level, with key metrics that capture quality outcomes, access, and stroke program effectiveness.

[1] Save 6,000 in-hospital days out of 258,180 days projected to take place at Central East LHIN hospitals between 2016/17 and 2018/19 for vascular conditions (Cardiovascular disease, CHF, Cerebrovascular Accident and Diabetes); Reduce the percentage of readmissions for vascular conditions from 16.7% to 14.9% by 2018/19. The absolute difference is 1.8% which translates to an 11% decrease over time.

The outcome will be to develop a Stroke Workplan based on identified needs (i.e., performance on the Stroke Report Card), and support implementation of the workplan with the support from the Central East LHIN and system stakeholders. In addition, the Stroke Sub Committee will provide ongoing collaboration and recommendations to the Central East LHIN on system wide planning that integrates stroke best practice and opportunities for enhancing access to stroke services.

The Stroke Sub Committee will review Central East LHIN stroke 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 QBP Stroke Best Practices across the Central East LHIN and make recommendations on sustainable care.

1.2 Scope

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

"IN" Scope	"OUT" of Scope
• Consultation and engagement with local stakeholders, including patients and caregivers to inform local planning • Review Annual Stroke Report Card data and sub-regional performance data to guide development of local priorities • Undertake gap analysis of stroke services and programs in relation to local needs • Develop annual Stroke Work Plan • Offer recommendations to the Central East LHIN Vascular Steering Committee for innovative, integrated strategies to improve stroke care • Determine the Work Groups (WGs) required to realize the Work Plan deliverables • Consulting and collaborating/aligning the work of theSub-regional Planning tables to advance local priorities	• Decision-making regarding service delivery operations and funding of individual health service providers/entities, including Central East LHIN Home and Community Care division, within the sub-region • Advancing collective action on priorities relating to stroke care without endorsement of the Central East LHIN • Advocacy on behalf of organizational interests • Advocacy on behalf of political interests • Addressing specific patients' concerns

"IN" Scope	"OUT" of Scope
• Additional indicators of success will include reduced wait times, improved access and better patient experience	

2. Roles and Responsibilities

2.1 Roles and Responsibilities

1. Development of a Stroke Work Plan that addresses priorities across the continuum of stroke care.
2. Monitoring the implementation of the Stroke Work Plan, related action plans, 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
    - Key evaluative metrics (i.e., Central East LHIN specific Stroke Report Card)
    - Partnerships development and engagement strategies
    - Building on current provincial, and local chronic disease initiatives and work underway including:
        - CorHealth Ontario
        - Bill 9, Improving Post-Stroke Recovery for All Act, 2016
        - Quality-Based Procedures: Clinical Handbook for Stroke (Acute and Postacute)
        - Stroke Networks within the Central East LHIN
        - Cross GTA LHIN Stroke Collaboration for Community Based Rehabilitation Services
        - Central East LHIN- Home and Community Care
        - Patients First Act (2016)
        - Other, as appropriate

2.2. Accountability

The Stroke Sub Committee will be accountable to the Vascular Health Steering Committee. The Vascular Health Steering Committee will provide guidance, monitor and provide oversight to the work of the Stroke Sub Committee in relation to its Work Plan.

The Stroke 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 minimize 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 Stroke Sub Committee

3.1 Membership

Members of the Stroke Sub Committee will be leaders and experts in stroke care across the continuum of care.

Co-Chair: TBD

Co-Chair: TBD

Core Membership:

1. Patient and/or Caregiver
2. Stroke Regional Director Central East Stroke Network (CorHealth)
3. Stroke Regional Director North and East GTA Stroke Network (CorHealth)
4. District Stroke Coordinator- (Durham District)
5. District Stroke Coordinator (Haliburton, Kawartha Pine Ridge District)
6. Hospital Sector Program Director(s) overseeing Acute and/or Rehabilitative care of stroke patients
7. Primary Care Physician
8. Stroke Neurologist
9. Central East LHIN Vascular Strategy Physician Lead (ex officio)
10. Director Central East LHIN (Health System Strategy Panning and Performance (HSSIPP)- Vascular Portfolio Lead) (ex officio)
11. Other members, as appropriate

3.2 Recruitment

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

3.3 Role of Chair

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 Stroke Sub Committee Members

The Stroke 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 Stroke 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 Stroke 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 Stroke 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 (Appendix).

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).