

Central East LHIN Wound Care Sub Committee Terms of Reference

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 2019¹.

The achievement of this aim is dependent on the ability of residents of the Central East LHIN to access best practice wound 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 September 2017, the provincial government launched the Ontario Wound Care Strategy to help the growing number of Ontarians living with wounds. The goal of the Ontario Wound Care Strategy is to improve the health and health care for Ontarians living with all types of acute and chronic wounds and for those identified at high risk of developing wounds. The Central East LHIN recognizes the importance of leveraging numerous health professionals and having an integrated service delivery model that spans the continuum of care from prevention, through primary care to specialist care management for those at risk or living with chronic wounds or multiple comorbidities.

The Central East LHIN, as mandated by the Ministry of Health (MOH), will ensure that there is an integrated and consistent approach for quality wound care standards as derived from Health Quality Ontario throughout the system, including all Health Service Providers and Home and Community Care. The MOH and Central East LHIN have a shared goal to strengthen wound care practices in order to improve client outcomes (including faster healing times and fewer amputations) and reduce health system costs (including shorter treatment times and lower hospital-related costs). The team's first priority is the

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.

development of an evidence-based wound management program to be implemented in LHIN-delivered home care and health system partners, such as hospitals and primary care.

The Goal of the Central East LHIN Wound Care Sub Committee:

The goal of the Central East LHIN Wound Care Sub Committee is to provide direction and oversight for the regional implementation of standards as derived from the Ministry of Health and Health Quality Ontario.

The outcome will be the development of a Wound Care Work Plan based on identified needs. The implementation of the work plan will receive support from the Central East LHIN and system stakeholders. In addition, the Wound Care Sub Committee will provide ongoing collaboration and recommendations to the Central East LHIN on system-wide planning that integrates wound care best practice and opportunities for enhancing access to wound care services.

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

The Central East LHIN Home and Community Care Wound Care Community of Practice, in collaboration with the Wound Care Inter-professional Team, will review Central East LHIN’s home and community care wound care needs, build on the existing best practices and evidence-based care within the LHIN under the guidance of the Central East LHIN Wound Care Sub Committee, which will give attention to the specific needs of each sub-region.

1.2 Scope

The mandate of the Wound Care Sub Committee is to provide recommendations regarding improved service efficiencies for patients living with wounds.

“IN” Scope	“OUT” of Scope
<ul style="list-style-type: none"> • Consultation and engagement with local stakeholders, including patients and caregivers, and Indigenous and Francophone communities, to inform local planning • Review of Wound-related metrics and sub-regional performance data to guide development of 	<ul style="list-style-type: none"> • Decision-making regarding service delivery operations and funding of individual health service providers/entities, including Central East LHIN Home and Community Care division • Advancing collective action on priorities relating to wound care without endorsement of the Central

“IN” Scope	“OUT” of Scope
<p>local priorities</p> <ul style="list-style-type: none"> • Undertake gap analysis of wound care services, education and programs in relation to local needs • Develop annual Wound Care Work Plan • Offer recommendations to the Central East LHIN for innovative, integrated strategies to improve wound care healing and improve quality of life • Determine the Work Groups (WGs) required to realize the Work Plan deliverables • Leverage the work of the Central East LHIN Self-Management Program and Diabetes Education Programs to advance priorities • Additional indicators of success will include reduced healing time, reduced Emergency Department visits, reduced length of stay, reduced recurrent wounds, as well as, improved access and optimize consistent positive outcomes and patient experience 	<p>East LHIN</p> <ul style="list-style-type: none"> • Advocacy on behalf of organizational interests • Advocacy on behalf of political interests • Addressing specific patients’ concerns

2. Roles and Responsibilities

2.1 Role(s) of the Central East LHIN Wound Care Sub Committee

1. Development of a Wound Care Work Plan that addresses priorities across the continuum of care.
2. Monitoring the implementation of the Wound Care 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
- Partnerships development and engagement strategies
- Building on current provincial and national initiatives and work underway including:
 - Wounds Canada
 - Cross-sectoral implementation of Health Quality Ontario's (HQO) three Wound Care Quality Standards with a focus on implementation of system level supports as recommended for consideration by HQO to the MOH
 - Standardized Wound Pathways
 - Standardized Health System Standards
 - Alignment with Digital Health

2.2 Responsibilities of the Central East LHIN Wound Care Sub Committee

The Wound Care Sub Committee will be accountable to the Central East LHIN Executive Leadership Team (ELT). The Executive Leadership Team will guide, monitor and provide oversight to the work of the Wound Care Sub Committee in relation to its work plan.

The Wound Care 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 & Roles of Wound Care Sub Committee Members

3.1 Membership

The Wound Care Sub Committee comprises an action-oriented core team of equal members who are experts in wound care.

Co-Chair: Wanda Parrott, Director – Home and Community Care

Co-Chair: Michelle Nurse, Director – Contract Management, Performance and Accountability

Core Membership:

1. Patient and/or Caregiver
2. Hospital Wound Care Clinic/Directors (one per cluster: Durham, North East and Scarborough)
3. Program Directors for the community DEPs (one per cluster: Durham, North East and Scarborough)
4. Program Directors for CCDCs (one per cluster, there might be overlap with DEP representatives)
5. Director, Central East LHIN (Home and Community Care, Point of Access)
6. Senior Manager, Central East LHIN (Home and Community Care – Wound Care) – Ad hoc
7. Director, Central East LHIN Self-Management Program
8. Primary Care Physician
9. Director Central East LHIN (Health System Strategy Planning and Performance (HSSIPP) - Vascular Portfolio Lead) (ex officio)
10. Wellness Worker, Indigenous Diabetes Health Circle
11. Other member, as appropriate (e.g., Specialty Surgeon, Clinical Dietician)

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

3.2 Recruitment

Committee members will be recruited based on their expertise in provision of wound care and chronic disease 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.

3.4 Roles of the Wound Care Sub Committee Members

The Wound Care 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 Wound Care Sub Committee will report to the Central East LHIN Executive Leadership Team.

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 Wound Care 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 Wound Care Sub Committee will generally meet bi-monthly, with no fewer than 5 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. 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).