

# ALTERNATE LEVEL OF CARE ADVISORY COUNCIL

## TERMS OF REFERENCE

### Vision

Patients, families and caregivers (herein called “families”) are partners with their health care providers and are engaged in all aspects of their healthcare.

### Purpose

The Alternate Level of Care (ALC) Advisory Council (herein called the “Council”) serves as primary advocates for ALC patients and families in the Toronto Central region. The Council will inform and respond to service and policy changes in ALC and co-design strategies to address issues *before* ALC, *during* ALC and *post* ALC.

The goal of the Council is to ensure the perspective of patients and families is always considered and incorporated in their healthcare; and, listen and learn from patients and families to embed the patient voice throughout the ALC process.

### Responsibilities and Opportunities

#### Person-Centred Care

- Advise the research team on meeting the needs of patients and families through teamwork with Research Lead
- Provide a forum for patients and families to identify opportunities to improve the quality of care and to participate in quality improvement initiatives for ALC
- Advance patient engagement principles and practices in Ontario and ALC by enhancing, ensuring and embracing the model of person-centred care
- Promote opportunities for collaboration among patients and families and Research Lead
- Promote the inclusion of *all* voices

#### Role

- Review, comment on existing and/or emerging ALC strategies within Ontario
- Review of current processes and approaches of discharge planning, home care processes, LTC placement and efforts to engage and use community resources
- Identify the key factors and evaluate systemic gaps and issues that contribute to delayed hospital discharges/ALC days
- Identify factors that contribute to improved and appropriate utilization of hospital (acute, rehab and complex continuing care) and other sectors (community support agencies, supportive housing, home care, etc.)
- Make recommendations regarding ALC process changes within hospitals, the LHINs (Local Health Integrated Network), the MOH (Ministry of Health), LTC (long term care) homes, and community services sectors.

## Accountability and Reporting Relationships

- The *Council* communicates directly with the *Research Lead who will be the acting liaison and first point of contact to Toronto Central LHIN*
- The Research Lead supports the Council by attending meetings, assisting in preparing minutes and agendas, acting as a liaison with the research team and providing feedback from research team.

## Members

The Council will strive for a community-to-research ratio representation of seven-to-one (7:1) empowering our community to champion and own patient and family engagement.

### **Members of the Council makeup:**

Total of 8 members made up of:

*1 Research Lead*

*A minimum of 2 patients and maximum of 5*

*A minimum of 2 family representatives and maximum of 5*

**Decision-making:** *The Council will strive for consensus and will use voting when there is no clear agreement. The Research Lead does not vote on any matter except where necessary to break a tie vote. Voting will be made via a show of hands or by secret ballot if requested. Once a decision is made, it is supported by the Council as a whole*

**Quorum:** A quorum of 50% +1 of all members excluding the Research Lead is required to pass a decision

### **All members are expected to:**

- Attend 8 meetings per project period
- Provide insight and input to Council work
- Where possible, participate in projects between meetings
- Review pre-circulated materials and documentation
- Take on activities as determined by the Council and report back on progress
- Respect diversity and differing opinions
- Work collaboratively with Research Lead and other members of the public
- Respect privacy and confidentiality
- Provide constructive advice
- Represent families as a well-informed participant

**Term:** Members are asked to participate for the period of June 2018 to March 2019 or until research project is deemed complete. Members of the Council will initially serve for

a one year term, renewable, at the discretion of the Chair/Co-Chair and Research Lead prior to the start of a new fiscal year (April).

**Selection:** *Council members shall be selected from the public by the Chair/Co-Chair and Research Lead through word of mouth, referrals from healthcare professionals or Council members. The Council will strive to have a variation of patients and participants (deliberately seeking a representative group that varies by various dimensions including age, culture, and socio-economic status and other barriers).*

**Patients and Family Members Qualifications:**

- Must be a patient or a family member at a Toronto healthcare facility within the past *12 months*
- Respect diversity and differing opinions
- Work collaboratively with Research Lead and other members of the public
- Respect privacy and confidentiality
- Provide constructive advice
- Can represent families as a well-informed participant
- Be a collaborative and positive force for the enhancement of high-quality person-centred care

**General requirements:** Applicants must attend a screening interview, sign a confidentiality agreement and volunteer contract and attend a follow-up information session with the Chair

**Reimbursement:** Council members will be reimbursed for their transportation to and from meetings including TTC fare, taxi (where necessary) and parking for the duration of the research grant (until research funds are spent).

## Officers

The *Council* will elect a Chair or two Co-Chairs. One Co-Chair will be elected for a two-year term every year. *[a rotation schedule, so that a new co-chair comes in each year]*. Chairs can serve for a maximum 2 terms.

**Roles and Responsibilities:** The Chair/Co-Chairs will facilitate the conduct of meetings, liaise with the Research Lead and delegate responsibilities equitably to the members

**Qualifications:**

- Understands the roles and responsibilities of the *Council*
- Ability to provide democratic leadership for the Council
- Ability to represent the collective voice of the Council inside *the Council* and in

- the community
- Desire to work constructively with Research Lead and other Council members
- Is respectful of different opinions and supports the inclusion of all voices at the table

**Duties:**

- Call and chair meetings
- Develop the meeting agenda with the Research Lead
- Review and revise meeting minutes
- Communicate with Council members
- Write a final report at the end of each term summarizing the Council's activities and achievements
- Represent and speak on behalf of the *Council* at *activities and events*

## Meetings

**Frequency:** The Council will meet at least 8 times *or at the call of the Chair/Co-Chair*. The Council will meet on a scheduled basis – monthly or as per agreement of the Council members, but no less than every two months.

**Notice:** *Meetings will be scheduled in advance and notice will be made at meetings and followed up via email*

**Minutes:** *All Council's related materials, inclusive of agendas will be pre-circulated in advance of Council meetings at a minimum of one week's notice. Minutes will be sent by email to all members of the Council by the Research Lead or Chair/Co-Chairs*

**Records retention:**

The *Council's* records are subject to the *Freedom of Information and Protection of Privacy Act* (FIPPA) and will be kept by the Research Lead

## Review

The Council will review these terms of reference at the commencement of each phase of the project, or as requested by the Chair/Co-Chairs or Council membership.