

SOUTHWESTERN ONTARIO STROKE NETWORK STEERING COMMITTEE

TERMS OF REFERENCE

VISION:

Fewer Strokes. Better Outcomes.

MISSION:

To continuously improve stroke prevention, care, recovery and re-integration.

VALUES:

Building on the excellent foundation of the Ontario Stroke System, we value:

Equity and Comprehensiveness

Our activities will be aligned with the health interests of all Ontarians and in doing so will improve access to the care continuum¹ and respect the diversity of the population we serve.

Accountability and Integrity

We will demonstrate accountability and integrity in all of our activities and in the use and management of public resources.

Transparency and Engagement

We will foster and demonstrate a culture of responsive, interactive, open and respectful communication and collaboration.

Learning and Performance Improvement

We will contribute to and apply evidence and knowledge, advance new ideas and take action to continuously improve the stroke system.

Leadership and Innovation

We will look to the future, embrace change and innovation, challenge the status quo, grow more leaders and through partnership build capacity.

PURPOSE and SCOPE:

The Regional Stroke Steering Committee is a forum to bring together stakeholders:

- For input and to decide on advice and recommendations regarding integration opportunities and performance gaps
- To support the Regional Stroke Network² to: implement the regional plan for stroke care; and achieve required performance metrics.

¹ From the Ontario Stroke Network's Strategic Plan, the Continuum of Stroke Care is defined to include: health promotion; primary, secondary, and tertiary prevention; pre-hospital care; emergency, diagnostic, and acute care; rehabilitation; long-term care; and community reintegration.

² The Regional Stroke Network includes: the Regional Stroke Centre, District Stroke Centres, Stroke Prevention Clinics, and other stakeholders who provide care and services across the stroke district and across the stroke continuum of care.

The Regional Stroke Steering Committee makes decisions in the best interest of the network. The Regional Stroke Steering Committee works cooperatively with and advises the Regional and District Stroke Centres, Stroke Prevention Clinics, and the Regional Director, Southwestern Ontario Stroke Network.

The Regional Stroke Steering Committee provides leadership and supports the implementation and continuous improvement of an integrated system of care within the stroke region, aligned with the Ontario Stroke Network (OSN) vision and strategic directions.

The Regional Stroke Steering Committee provides advice to the Local Health Integration Networks (LHINs) and other stakeholders as requested, supporting the Regional Stroke Centre and the LHINs to achieve their mandates, in particular related to integration of the health system.

ACCOUNTABILITIES:

The Regional Stroke Steering Committee is accountable to:

The Regional Stroke Network for:

- Evidence-based input, advice, options and recommendations for improvements to the regional system of stroke care;
- Monitoring the implementation of the work plan for the Regional Stroke Network
- Support to achieve targeted performance metrics;
- Reviewing performance of the regional stroke system;
- Recommending options for addressing any deficiencies;
- Engaging stakeholders and the communities served when developing the regional plan and setting priorities for stroke care;
- Sharing knowledge and best practice;

The LHIN(s) for:

- Building relationships and collaborating with the LHINs, other health service providers, and the community to identify opportunities for integration, and to improve access and services;
- Supporting the LHINs and stroke centres to achieve system integration;
- Assisting the stroke centres in achieving LHIN accountabilities including performance metrics and work plan development, approval and implementation;
- Aligning with the LHINs' Integrated Health Services Plans; and
- Informing the LHIN, the Regional Stroke Centre and other provider organizations of any gaps between needs of the communities served and scope of services provided within the LHIN allocation.

The Ontario Stroke Network for:

- Leadership and support for the implementation and continuous improvement of an integrated system of care within the stroke region, aligned with the Ontario Stroke Network Vision, Mission and Values, Strategic Directions, and priority provincial initiatives;
- Identifying gaps and opportunities that may require provincial level action;
- Supporting knowledge translation of current and emerging best practices.

RESPONSIBILITIES:

Regional and District Planning

- With the Regional Director, Southwestern Ontario Stroke Network, provide input into the development and approval of a regional plan. The regional plan will address stroke system needs, including professional education, and align with OSN and LHINs priorities.
- Recommend priorities for the regional stroke team regarding: implementation and coordination of best-practices and evidence-based stroke care within the region.

Implementation of Plans

- Provide advice to the Regional Director, Southwestern Ontario Stroke Network regarding implementation of the regional work plan;
- Monitor progress towards provincial, regional, and district goals/objectives;
- Advocate with the LHIN and member organizations, on behalf of the regional stroke network, for regional and provincial stroke initiatives, funding, planning, and priorities;
- Identify opportunities to facilitate regional and district evaluations relating to stroke care;
- Review and disseminate reports on the performance of the regional stroke network and implementation of the regional plan.

Best Practices and Quality Improvement

- Support capacity building approaches to promote best practices, standards, and guidelines for the delivery of stroke prevention and care in the region;
- Champion adoption and implementation of stroke care best practices;
- Promote region-wide evaluation and monitoring processes;
- Provide representation at the provincial level and provide advice as appropriate.

Education and Knowledge Transfer

- Support capacity building approaches to develop the regional stroke care system, including sharing of learning and knowledge implementation into practice;
- Support and promote research at the district, regional and provincial levels.

Resources

In collaboration with the LHIN(s), Regional Stroke Centre, District Stroke Centres, and stroke prevention clinics,

- Provide advice and monitoring for use of regional and district stroke funds and infrastructure; to support and implement the work plan;
- Review and sign-off on the regional work plans³;
- Review and sign-off on district work plans³;
- Support the Stroke Centres and Stroke Prevention Clinics in achieving the work plans;

³ The HSAA agreement includes the following: “Where a hospital has been approved as a designated Stroke Centre (Regional, District or Enhanced District Stroke Centre), or to provide Stroke Prevention Clinic services (Stroke Prevention Clinic and Community Hospital Stroke Prevention Clinic) the hospital will participate with the Regional Stroke Steering Committee in developing an integrated stroke work plan that crosses the care continuum. The integrated regional plan must include a process for reporting its progress on achievement of identified goals and provide evidence that designated centres are maintaining their respective stroke infrastructure according to the original stroke service guidelines. As part of the HAPS submission, a copy of a letter from the Chair of the Regional Stroke Steering Committee to the CEO for each of the designated centres within the stroke region's geography, will serve as evidence of the approval of this integrated regional stroke work plan by the Steering Committee and of the engagement of the designated centres in this work plan.”

- Identify resource requirements for coordinated stroke care, support and advocate for appropriate infrastructure, and collaborate on strategies to address resource gaps.

Human Resources Management

- Collaborate with the Regional Stroke Centre in the recruitment and selection of the Regional Director, Southwestern Ontario Stroke Network and other district or regional staff as may be requested;
- Provide input into the performance management and review of the Regional Director, Southwestern Ontario Stroke Network.

Partnerships and Linkages

- Recruit and engage stakeholders for problem solving, action planning and identification of policy issues with respect to the regional stroke network;
- Identify and create opportunities for partnerships to support achieving the Vision and Mission of the OSN;
- Work cooperatively with the LHINs, Regional Stroke Centre, District Stroke Centres, and Stroke Prevention Clinics and other stakeholders.

Communications

- Liaise and share information with regional stroke network stakeholders and other Regional Stroke Centres;
- Support communication strategies to engage and inform regional stakeholders of provincial and regional initiatives;
- Communicate provincial level initiatives.

Committees

- Determine the needs for implementing and managing the specific activities relating to a regional coordinated stroke system and establish the necessary structures as may be required;
- Review and develop, as needed, policies and practices for sub-committees and work groups.
- Advise, consult and receive reports from standing sub-committees:
 - SWO Regional Stroke Education Committee
 - SWO Health Promotion and Primary Prevention Committee
 - SWO Stroke Community and Long Term Care Advisory
 - SWO Stroke Rehabilitation Advisory Group
 - SWO Secondary Prevention and Acute Care Advisory Committee⁴

MEMBERSHIP:

Membership reflects:

- The full spectrum of the stroke continuum of care;
- The diversity of the regional stroke network including the geography of the region and its diverse communities;
- The organizational components of the Stroke Region, including the Local Health Integration Network(s).

⁴ To be established

Ex-officio members include: a designated senior leader from the Regional Stroke Centre (voting); Medical Director, Southwestern Ontario Stroke Network (voting); Regional Director, Southwestern Ontario Stroke Network (non-voting); and District Stroke Coordinators (non-voting).

Members of the Regional Stroke Team may attend meetings of the Steering Committee as resources to the Steering Committee.

Other individuals may be invited to specific meetings and/or engaged at the discretion of the Regional Stroke Steering Committee.

The Regional Stroke Steering Committee as a whole should be seen by the community it serves as capable, experienced and well able to lead the organization.

The overall composition of the Regional Stroke Steering Committee should reflect a balance of skills and expertise needed for the Regional Stroke Steering Committee to fulfill its purpose and responsibilities.

A member of the Regional Stroke Steering Committee acts ethically, honestly and in good faith with a view to ensuring the best interests of the Regional Stroke Network and exercises the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.

Members should have decision-making authority within their organization.

Members are expected to attend meetings in person or through electronic connections.

CHAIR:

Initially, to be determined through a recruitment and nomination process and appointed for a 2-year term. Thereafter, the Vice-Chair will move to the position of Chair.

VICE-CHAIR:

To be determined through a recruitment and nomination process and appointed for a 2-year term, followed by a term as Chair.

MEETING FREQUENCY AND LOCATION:

Meetings will be held three times annually, or as determined by Executive Committee, and hosted by the regional stroke centre in London. Other locations may be considered from time to time.

FORMAT:

Two in-person meetings, one winter meeting via videoconference and/or teleconference. Additional meetings may be at the call of the Executive Committee.

DECISION MAKING:

Voting members in attendance will make final decisions and approvals through a consensus process⁵ or by formal vote, depending on the nature of the decision to be made and the wishes of the voting members present. Members agree to support decisions of the Regional Stroke Steering Committee.

RELATIONSHIPS:

⁵ **Consensus Decision Making** - Decisions made following adequate dialogue and discernment of the related issues that all members agree they can live with. The committee members also agree they will publicly and functionally support the decision and agree they are able and willing to explain the rationale behind the thinking to others. Members use consensus decision-making to facilitate progress. (Roffey and Shuttleworth, 1999).

The Regional Stroke Steering Committee links with the Regional Stroke Centre for:

- Recommending advice and options for improvements in the regional system of stroke care;
- Recommendations and support to achieve targeted performance metrics and the regional work plan.

The Regional Stroke Steering Committee, links with the OSN Provincial Coordinating Council for:

- Advocacy and issue awareness, through the Regional Director, Southwestern Ontario Stroke Network, and through other communication and engagement forums that the OSN may implement. The Regional Director, Southwestern Ontario Stroke Network links with the PCC via the OSN Executive Director.

The Regional Stroke Steering Committee links with the District Stroke Centre(s) for:

- Recommending advice and options for ongoing improvements of the regional and district system of stroke care;
- Recommendations and support to achieve targeted performance metrics.

REVIEW OF THE TERMS OF REFERENCE:

The Terms of Reference shall be reviewed in one year following the first implementation and then every two years thereafter. Revisions will be endorsed through the decision-making process outlined above.

EXECUTIVE COMMITTEE:

An Executive Committee will provide on-going leadership to the activities being undertaken by the Regional Stroke Steering Committee. See Appendix A for Terms of Reference.

APPENDIX A

SWO STROKE NETWORK EXECUTIVE COMMITTEE

TERMS OF REFERENCE

MANDATE:

To facilitate and coordinate the Regional Stroke Steering Committee meetings and to provide leadership, direction and ensure progression of related projects on behalf of the Regional Stroke Steering Committee.

RESPONSIBILITIES:

The Executive Committee works collaboratively with the Regional Director, Southwestern Ontario Stroke Network to:

1. Provide advice, between Southwestern Ontario Stroke Network Steering Committee meetings, with respect to the responsibilities outlined in the Steering Committee terms of reference. Provide an update to the Steering Committee on these activities;
2. Provide advice and direction on agenda items for steering committee meetings;
3. Identify critical/time-sensitive issues where “virtual” decision-making by the Regional Stroke Steering Committee is required.

CHAIR: Chair of the Regional Stroke Network Steering Committee

MEMBERSHIP:

- Chair of the Regional Stroke Network Steering Committee
- Vice-chair
- Two voting members of SWO Stroke Network Steering Committee, one from each LHIN area
- Regional Director, Southwestern Ontario Stroke Network - Ex -officio and non-voting

MEETING FREQUENCY:

- Meetings will be held usually via teleconference approximately one month prior to each steering committee meeting and on an ad hoc basis.

REPORTING RELATIONSHIPS:

- Reports to the Southwestern Ontario Stroke Network Steering Committee

APPENDIX B

Regional Stroke Centre (RSC) Service Role and Accountability (taken from the initial service agreement with the Ministry of Health and Long Term Care)

RSC Role

- The RSC is accountable for providing leadership, development, implementation and integration of stroke care throughout their region and across all points in the spectrum of stroke care (promotion, clinical and secondary prevention, acute care, rehabilitation and home care). For example: RSC will help hospitals within the region localize and implement stroke protocols and stroke teams.
- The RSC has fiduciary responsibility for the Regional Stroke funds in partnership with the Regional Stroke Steering Committee (RSSC).
- The RSC will co-manage the allocation of these regional funds for the sustainability of the OSS e.g. the regional education funds will be prioritized for region-wide educational activities as per the OSS Education Atlas in co-operation with the RSSC's recommendations.
- The RSC will ensure a senior executive from their facility is an active member on the RSSC.
- The RSC coordinates with and assists the community-based agencies responsible for health promotion and stroke prevention in building inter-organizational relationships throughout their respective catchment areas and across the spectrum of stroke care.
- The RSC is committed to participating in ongoing education/training in stroke care and providing coordinated stroke services based on best practices and evidence.

Accountability

- In partnership with the RSSC the RSCs are accountable for the leadership, development, implementation and coordination of stroke care within their region and the provision of stroke care based on best practices and evidence.
- The RSCs have fiduciary responsibility for the regional stroke funds allocated to the base budget at the RSC.
- The RSC is accountable to adhere to the stroke line-by-line infrastructure allocated for the provision of stroke care and service in both the RSC site and within the region. Stroke funding cannot be reallocated to the RSC's operating budget.
- The RSC is accountable to submit separate quarterly and year-end financial reports specific on the stroke infrastructure.
- The RSC will sustain the stroke infrastructure roles, descriptions, responsibilities and requirements as per Section B of the Service Guidelines.
- The RSC will work in partnership with their health-care community including District Health Councils, District Stroke Centres (DSC), the rehabilitation and long-term care community, acute hospitals, Community Care Access Centres (CCAC) and the community.
- The RSCs will also partner with other stakeholders such as local boards of health and the Heart and Stroke Foundation to fulfill their accountability in the leadership, development, implementation and coordination of stroke care for their region.
- The RSCs agrees to provide best practice stroke care through the access to a geographically clustered stroke unit with a dedicated stroke interdisciplinary team.
- The OSS aligns with the RSC's operational and strategic plans.



District Stroke Centre (DSC) Service Role and Accountability (taken from the initial service agreement with the Ministry of Health and Long Term Care)

DSC Role

- The DSC is accountable, in conjunction with their Regional Stroke Centre (RSC), to provide leadership, development, implementation and integration of stroke care throughout their district and across all points in the spectrum of stroke care (promotion, primary and secondary prevention, acute care, rehabilitation and home care).
- The DSC will assist community hospitals in their district to localize and implement stroke protocols and stroke teams.
- The DSC coordinates and assists the community-based agencies responsible for health promotion and stroke prevention in building inter-organizational relationships throughout their respective catchment areas and across the spectrum of stroke care.
- The DSC is committed to participating in ongoing education/training in stroke care within their region and providing an integrated stroke service based on best practices.

Accountability

- In partnership with the Regional Stroke Steering Committees (RSSC) and the RSCs the DSCs are accountable for the leadership, development, implementation and coordination of stroke care within their district and the provision of stroke care based on best practices and evidence.
- The DSC is accountable to adhere to the stroke line-by-line infrastructure allocated for stroke care for the provision of care and service. Stroke funding cannot be reallocated within the DSC's operating budget.
- The DSC is accountable to maintain and submit separate quarterly and year-end financial reports on the stroke infrastructure.
- The DSC will sustain the stroke infrastructure roles, descriptions, responsibilities and requirements as per Section B of the Service Guidelines.
- The DSC will work in partnership with their health-care community including District Health Councils, the rehabilitation and long-term care community, community acute hospitals and Community Care Access Centres.
- The DSCs will also partner with other stakeholders such as local boards of health and the Heart and Stroke Foundation to fulfill their accountability in the leadership, development, implementation and coordination of stroke care for their region.
- The OSS aligns with the DSCs operational and strategic plans.

Approved by email poll
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