

# Regional Stroke Rehabilitation Advisory Group



## TERMS OF REFERENCE

### **Mandate:**

To advise the Southwestern Ontario Regional Stroke Strategy (inclusive of Erie St. Clair and South West LHINs), regarding development, coordination, implementation and evaluation of regional stroke rehabilitation best practice initiatives and activities. This committee will serve as a communication link between the Southwestern Ontario Regional Stroke Strategy and service providers/stakeholders regarding rehabilitation strategic directions and activities.

### **Vision:**

Individuals who experience a stroke will have timely access to the appropriate intensity and duration of rehabilitation services. These services will be provided in a comprehensive and coordinated way to patients and families by agencies and health care providers who are expert in stroke care and practice rehabilitation principles. *Stroke Rehabilitation Consensus Panel Report 2000.*

### **Guiding Principles:**

#### ***Advocacy***

Advocating for equitable access and resources. Balancing these needs with the principles of critical mass, evidence-informed practice and the provision of care closer to home.

#### ***Collaboration and Inclusiveness***

Working collaboratively to improve and standardize stroke rehabilitation across the continuum of care. This collaboration includes participants in rehabilitation across the continuum of stroke care including administrative, clinical and academic linkages across the region.

#### ***Consistency***

Ensuring that all activities and directions are consistent with the Ontario Stroke System's guiding principles (Comprehensive, Integrated, Evidence-based, Province wide) and Rehabilitation Business Plan.

#### ***Ethically-Informed***

Accounting for the values of the individuals, partners and society. This practice includes consequential decision-making, which analyzes the impact of decisions and initiatives beyond the targeted audience or resource.

#### ***Evidence-Informed /Researched based***

Basing discussions and decisions on evidence-informed practices and research. This principle includes the translation of evidence into regional and district practice as well as support and participation in research and knowledge transfer activities regionally and provincially.

#### ***Effectiveness-Based***

Considering the extent to which programs and initiatives are successful in achieving positive changes in the lives of clients and the public. This approach provides a basis for continual quality improvement and a common database for analysis and decision making (Kettner, 1999).

#### ***Capacity Building***

Focusing on improving the expertise and skills of personnel/system in relation to the responsibilities and tasks which they will carry out. Sharing information and resources to facilitate the development and implementation of district, regional and provincial stroke care initiatives.

### ***Empowerment / Engagement***

Focusing on education, policy, supportive strategies and resources to enable individuals and communities to create a responsive rehabilitation system for all. Empowerment includes the development of partnerships. We will utilize the energy and enthusiasm of individuals, organizations, communities, and the private sector.

### **Responsibilities:**

- To provide regional input into priorities for the development and growth of best practices in stroke rehabilitation throughout the region
- To provide regional input into the development and growth of coordinated and seamless access to appropriate rehabilitation services across the continuum
- To identify gaps in rehabilitation services in the region and to advise on how to address these gaps
- To advise and assist in developing strategies to evaluate regional stroke rehabilitation best practice initiatives and activities
- To identify and support the development of regional communication and education/knowledge translation strategies related to stroke rehabilitation in conjunction with the SWO Stroke Education Coordinator
- To identify and create opportunities for linkages and/or partnerships to support stroke rehabilitation research initiatives
- To individually be responsible for keeping others within your organization/network informed of developments and to seek input as needed
- To identify and create opportunities for linkages and partnerships to support effective transitions and community engagement
- To advocate and communicate with the LHINs the essential stroke rehabilitation systems and best practices

### **Membership:**

Members will be comprised of a representative range of hospital based and community based rehabilitation providers, stakeholders and stroke survivors from across Southwestern Ontario including representation from Stroke Strategy Subcommittees and the Erie St Clair Rehab Network..

Membership terms will be for a minimum two-year commitment with no more than 50% membership change in any one year.

### **Decision Making:**

- RSRAG Membership will receive an agenda one-week in advance of meetings; items for decision will be identified.
- RSRAG Members unable to attend scheduled meetings have the opportunity to provide, in advance, comment and agreement to action items and questions/issues which will be taken to the meeting for consideration and decision.
- Members in attendance will make final decisions and approvals through a consensus process or by formal vote, depending on the nature of the decision to be made and the wishes of the RSRAG members present.

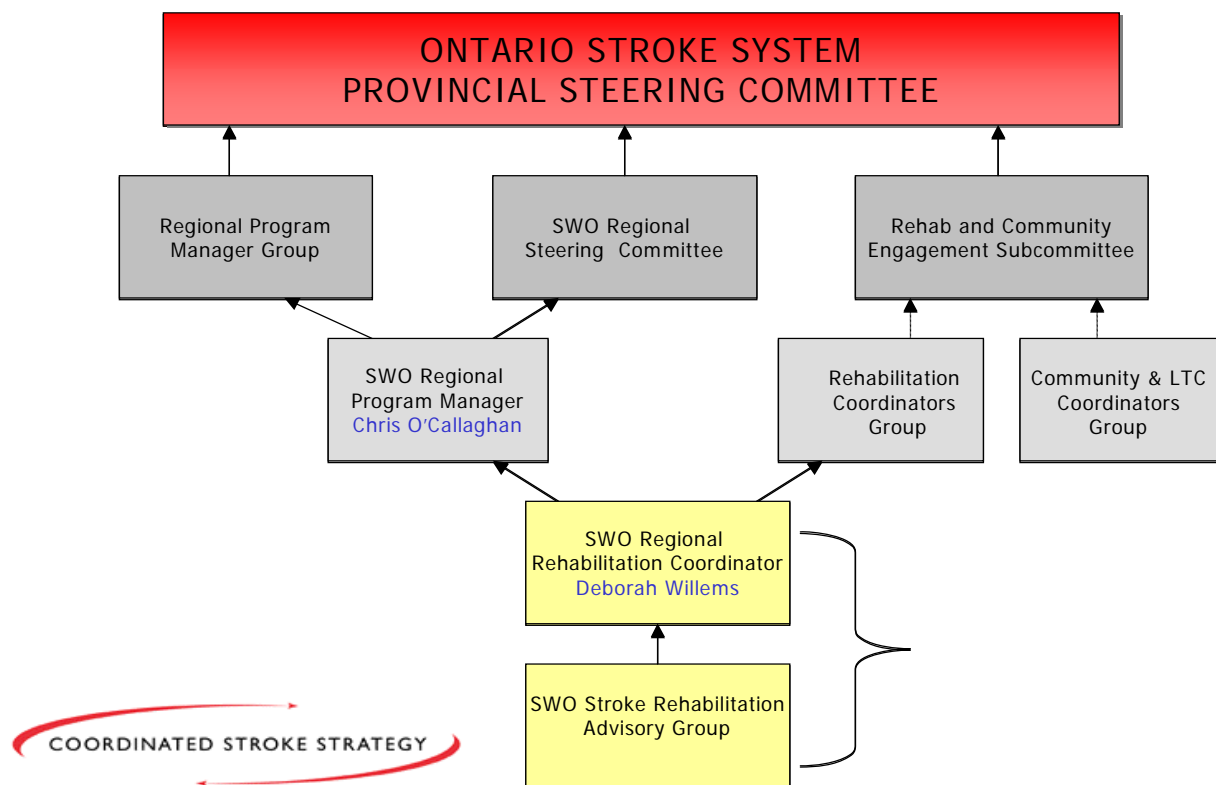
- If consensus cannot be achieved an action plan will be developed by the committee.

**Meetings:**

- Conducted quarterly with adhoc meetings as required
- Meetings will be conducted either in person +/-or using distance technology as decided by the members
- A chair will be appointed by the committee for a term of 2 years
- Administrative support will be provided by the SW Stroke Strategy
- Task teams as created and identified will report at quarterly meetings

**Accountabilities:**

- The Rehabilitation Advisory Group will report to the Regional Stroke Steering committee either through Deb Willems, Regional Stroke Rehabilitation Coordinator or the chair
- It will also communicate to the OSS Rehabilitation and Community Engagement Subcommittee regarding policy barriers, successes, opportunities and lessons learned
- All members are accountable for keeping others within your organization/network informed and seeking input as needed



**Review of Terms of Reference:**

The terms of reference shall be reviewed on an annual basis.