

Final

Rural and Northern Health Care Panel Terms of Reference

Stage 1

Rural and Northern Health Care Framework/Plan

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Table of Contents

TABLE OF CONTENTS	2
1. BACKGROUND/CONTEXT	3
1.1. Purpose.....	3
1.2. Scope.....	3
1.3. Authority.....	4
2. MANDATE OF THE PANEL.....	4
2.1. Role of the Rural and Northern Health Care Panel.....	4
2.2. Membership	5
2.3. Accountabilities.....	5
2.4. Duration of Service.....	6
2.5. Role of Panel Members.....	6
3. PANEL LOGISTICS AND PROCESSES	7
3.1. Role of Chair	7
3.2. Frequency of Meetings	7
3.3. Decision-Making Process	7
3.4. Quorum Requirements.....	7
3.5. Proxies to Meetings	7
3.6. Agenda Items.....	7
3.7. Minutes & Meeting Papers	7

1. Background/Context

The challenges facing rural and northern communities across Ontario are longstanding, difficult and complex. Health care facilities serve multiple roles relative to those in urban centres and are farther apart, with significant travel distances between locations. Health human resources are more difficult to recruit and retain and health providers are asked to carry out a wider range of medical and emergency services compared with their urban counterparts. In some cases service volumes may not achieve critical mass to maintain clinical competency or justify cost-efficient practices but need to be provided in order to ensure access. Local Health Integration Networks (LHINs) and others continue to struggle with how to effectively provide services in remote locations to meet the needs of local populations.

The terms “rural”, “northern” and “remote” are difficult to define. Across Ontario the degree of each can be relative. Rurality can be measured on a sliding scale, and demarcation between rural and non-rural areas may be both unclear and rapidly changing. The North includes both urban and remote populations widely dispersed over vast geography. Addressing health care challenges will require different perspectives and approaches in southern rural, Northern urban and Northern remote areas.

The government, as part of the 2007 Platform, committed to examining these issues and providing a Provincial Framework/Plan to support delivery of health care in rural/northern communities.

Now that LHINs have been well established in their roles, the government has determined that the time is right to move forward on that commitment.

1.1. Purpose

The Government is taking a three-stage approach to developing a rural/northern health care framework:



In the first stage, the government will establish a Rural and Northern Health Care Panel to collate and review current activities underway across the province. The mandate of the panel will be to identify a vision, strategic directions and principles to assist Government and LHINs in ensuring access to care as one of several dimensions of improving quality of care in rural, remote and northern communities.

Terms of reference for the second and third stages will be developed later.

1.2. Scope

The panel's activities will review activities at a provincial, regional referral and LHIN level. The panel's recommendations will guide LHINs in performing their statutory roles and authorities.

"IN" Scope	"OUT" of Scope
<ul style="list-style-type: none"> Programs that are intended to promote quality, safety, service, efficiency and sustainability in the delivery of health care to residents of Rural and Northern Ontario 	<ul style="list-style-type: none"> In recognition of the cotemporaneous work of a select committee of the Legislative Assembly, mental health services/programs will not be reviewed. As funding decisions are the purview of the Government, the panel will not make recommendations that require new investments beyond any amount approved or planned by

“IN” Scope	“OUT” of Scope
	<p>the Government.</p> <ul style="list-style-type: none"> • The panel will not review any decision made by a LHIN with the intent of overturning or questioning the decision. • While identification of key issues for remote, isolated and distant communities will be in-scope for this initiative, and will inform the Framework/Plan developed by the Panel, it is recognized that the complete expertise and stakeholder representation to address these issues does not reside within the Panel, and that an additional separate process will also be needed to further develop a framework specific to the unique and underserved needs of those communities

1.3. Authority

Decisions about the content of the report, within the framework of the panel's terms of reference, to be prepared by the panel will be the responsibility of the panel. Decisions about purpose, scope, roles, responsibilities, membership, duration and timelines will be made by the Executive Sponsor following consultation with the chair.

2. Mandate of the Panel

2.1. Role of the Rural and Northern Health Care Panel

The panel will:

- Review and examine existing historical and current work underway through community-based organizations, the Ontario Hospital Association, the Ontario Medical Association, LHINs and MOHLTC, to address rural, remote and northern health issues,
- Develop a literature review on how other jurisdictions have addressed health delivery systems issues for their rural, remote and northern communities and summarize the lessons, evidence and leading practices
- Review different approaches to defining “rural”, “northern” and “remote”
- Highlight existing programs, services and investments targeted to improving access and quality in rural/northern Ontario
- Based on the current outcomes and the leading practices in Ontario, the lessons from other jurisdictions and the existing evidence, recommend key characteristics for a model of rural, remote and northern health care in Ontario
- Identify any metrics that are revealed through the work above that measure how access, quality, safety, service, efficiency and sustainability can be achieved through coordinated investments to address unique health system needs in rural/remote/northern Ontario
- Identify strategies that can be customized by LHINs for making local decisions
- Recommend guidelines for LHINs to be used when considering changing roles for health facilities, including sequencing of related changes
- Call for a plan to be developed to implement these recommendations by leveraging, coordinating, optimizing and aligning existing and available programs, opportunities and best practices.

The panel's product will be a report to the Minister, and will include a summary of current-state, literature/experience and a framework of key guiding principles. These principles may take the form of simple rules or minimum specifications consistent with the LHINs' mandate for local system planning,

funding and integration. The objective is health service delivery policy coherency recognizing that the implementation of policy may vary widely between contexts. This work will also need to ensure that the basic features of accountability are in place including identifying the locus and scope of responsibility, common expectations, and ability to objectively measure performance.

2.2. Membership

The Minister will appoint the chair and members. The chair and members of the panel are responsible to the Minister.

The panel will be chaired by Hal Fjeldstad, CEO, Kirkland and District Hospital. The panel will consist of representatives from the following stakeholder groups:

<i>Name</i>	<i>Stakeholder Group</i>
<ul style="list-style-type: none"> • Brian Bildfell • Jocelyn Blais • Lynn Brown • Mike Brown • Margret Comack • Sheri Doxtator • Kathy Faries • Kelly Isfan • Carol Mitchell • Terry O'Driscoll • Raymond Pong • Doug Reycraft • Gerry Rowland • Donna Williams 	<ul style="list-style-type: none"> • Emergency Medical Services • Francophone Health • Rural/Northern Nursing • Member of Provincial Parliament • Rural/Northern FHT • Aboriginal Health • Rural/Northern Nursing • Rural/Northern Hospital • Member of Provincial Parliament • Rural/Northern Family Physician • Rural/Northern Health Research • Municipalities • Emergency Department Physician • Information and Communication Technology

2.3. Accountabilities

The chair of the panel is responsible to the Minister for the timely achievement of the panel's mandate. The Executive Sponsor is accountable for the Ministry support to the panel, consistent with its mandate. The Executive Sponsor is hiring a consulting firm who will act as Project Manager and provide the panel with logistical and project management support, review and collate current work underway, prepare materials for consideration by the panel, and assist with the writing of the panel's final report.

The chair will work closely with the Minister's Office and Executive Sponsor's Office.

2.4. Linkages & Partnerships

MOHLTC will be consulting on a design of the Underserved Area Program, over the same approximate period as the work of the panel. MOHLTC staff will ensure that the recommendations of the two projects are complementary.

Capacity review

During the period that the panel is working, MOHLTC will be initiating a review of the institutional capacity in the provincial health system. Through the review, a provincial capacity planning framework will be developed which identifies service-level benchmarks from other jurisdictions, forecasts drivers of health

care utilization, and proposes parameters to be considered by LHINs as they plan for their local populations. As the timeline for the capacity planning framework is approximately 12-18 months in duration, MOHLTC will be able to incorporate findings and recommendations from the panel's work, as appropriate, into the capacity planning framework.

Northern Growth Plan

The *Places to Grow Act, 2005* provides the legislative framework to develop and implement the policies of regional growth plan; it identifies the principles for growth plans applicable province-wide (e.g. sustain a robust economy and build strong communities).

The Northern Growth Plan is the second Plan being developed (2008-2010) by the province and will set out a long-term vision and goals that will guide and coordinate provincial decision-making. Key Themes have been identified (e.g. fostering research, innovation and commercialization; Increasing education and training opportunities; Retaining and attracting people and jobs; Making strategic use of infrastructure) and Health is of interest for its dual role in supporting a healthy workforce and driving the advancement of a knowledge economy.

The project is under the leadership of the Ontario Growth Secretariat. The Health System Strategy Division is linking with the Secretariat to ensure the maximum contribution of MOHLTC to the Growth Plan development.

2.5. Duration of Service

The members will submit their report to the Minister of Health and Long-Term Care in Winter 2009/10.

2.6. Role of Panel Members

The individual members of the Panel will:

- ensure the requirements of stakeholders are fully considered in arriving at the Panel's final deliverables;
- balance personal priorities and resources with those of the other members;
- be responsive to the project team and beneficiaries of the project's outputs;
- objectively consider ideas and issues raised against their contribution to the Panel's output;
- regularly monitor the progress of the project, and take initiative to ensure the project stays on track and provides a quality output; and
- promote project management standards of best practice.

3. Panel Logistics and Processes

3.1. Role of Chair

The chair is responsible for:

- convening and chairing scheduled meetings
- facilitating consensus building
- timely achievement of the panel's mandate
- liaison with the Executive Sponsor regarding the panel's ongoing needs

3.2. Frequency of Meetings

The panel will meet once monthly in July, September, October, November, December and January on dates to be identified by the chair in consultation with members of the panel. Meeting dates may be rescheduled by the chair in order to align with key milestones and members' availability.

3.3. Decision-Making Process

The panel will adopt a consensus model of decision-making for recommendations/advice. Deliberations of the Working group will seek to build consensus on the most acceptable advice/direction. Where consensus cannot be reached, the panel will present a summary of the deliberations to the Executive Sponsor.

3.4. Quorum Requirements

Quorum will be the chair or alternate designated by the chair, and 50% of the appointed members of the panel.

3.5. Proxies to Meetings

If a member of the panel is unable to participate in a meeting of the panel or of any sub-group, the member panel may send a proxy to participate in his or her stead, with prior notice to the appropriate chair.

3.6. Agenda Items

Agenda items may be suggested by any member of the panel, and by the Executive Sponsor. Determination of the agenda is the responsibility of the chair.

3.7. Minutes & Meeting Papers

Support will be provided by the MOHLTC for minute taking at meetings, to prepare them for the chair's approval, and distribute to all members.