

MUSKOKA AND AREA HEALTH SYSTEM TRANSFORMATION COUNCIL TERMS OF REFERENCE

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September 23, 2016

Background

In August 2015, the North Simcoe Muskoka Local Health Integration Network (NSM LHIN) received a pre capital submission from Muskoka Algonquin Healthcare (MAHC) which was endorsed by the NSM LHIN Board of Directors at their October 26, 2015 meeting. There was some concern by the local municipalities regarding the service delivery model that has been presented by MAHC to deliver future services through a 'one site' model, where services are currently delivered both in Huntsville and Bracebridge.

To address this concern, in October 2015 the NSM LHIN created the Muskoka Algonquin Healthcare – Capital Planning Task Force (Task Force). The NSM LHIN asked the Task Force to make recommendations on how the NSM LHIN could work toward a common vision for the future of acute care services in Muskoka.

The Task Force, together with the Muskoka Community Health Link, assembled a subgroup to further work on an integrated health system plan across the continuum of care for Muskoka, including acute care services in Muskoka. This subgroup ("Small Working Group") presented a framework, structure, timeline, and recommendations for moving forward to the next phase of designing a model and an implementation plan for an integrated health system. The recommendations were supported by the Task Force to be brought as advice to the NSM LHIN Board for consideration.

Vision for our Future

In the delivery of health care services in Muskoka, the "status quo" is no longer acceptable or sustainable. The cost of not acting now is too great for the safety of the citizens accessing health care services within Muskoka and Area.

By 2017

- **Will** have designed a model and the implementation plan to transition to an improved health care system in Muskoka

By 2018

- **Will** have an integrated governance structure in place

No later than 2022 the health care delivery system in Muskoka will be transformed to one that...

- **Will** provide safe, accessible, high quality and sustainable care to individuals accessing care in Muskoka
- **Will** be person-centred to ensure the right level of care is provided at the right time, in the right place and at the right cost to the system
- **Will** have a program and service delivery system that avoids waste and duplication
- **Will** achieve cost savings, retaining and redirecting these funds locally for the provision of front line health care services in Muskoka
- **Will** have a new governance and administrative structure that is accountable for delivering quality health care and reducing administrative overhead and duplication
- **Will** ensure the provision of the required level of care to be provided in the right place, at the right cost and at the right time to serve the demand of the population today and tomorrow
- **Will** have an electronic portal for individuals to self-manage their care and will connect the information management systems of healthcare providers throughout Muskoka
- **Will** recognize and respect the contribution it makes to the economic development, future sustainability and ultimate vitality of Muskoka

Purpose of Health System Transformation Council

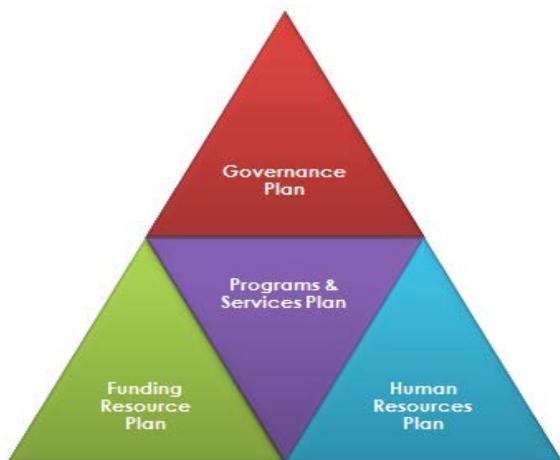
The NSM LHIN proposes the creation of a new Muskoka and Area Health System Transformation Council to be an advisory body to the LHIN. The Council will be comprised of a variety of stakeholders to provide input and advice on the Health System Transformation design and implementation process of an integrated health system in Muskoka.

The Muskoka and Area Health System Transformation Council will bring local experts and health and social system partners together to develop, lead, facilitate, and deliver a final report to the NSM LHIN that will include recommendations for a Transformed Health System Model for Muskoka and Area. The comprehensive model will be aligned with the NSM LHIN's strategic plan, will be evidence-based and reflect best practices, will be implementable, and will be in the best interests of the people of Muskoka and Area.

The process undertaken to develop the model will need to specifically address the following:

- Creation of an organizational and operational plan for the delivery of health and social services;
- Development of a detailed implementation plan that outlines the critical steps and requirements;
- Execution of a robust communications and inclusive stakeholder engagement strategy;
- Establishment of an evaluation framework, with system improvement targets; and
- Identification of risks or barriers to success and outlined mitigation solutions.

The Transformation Model will include:

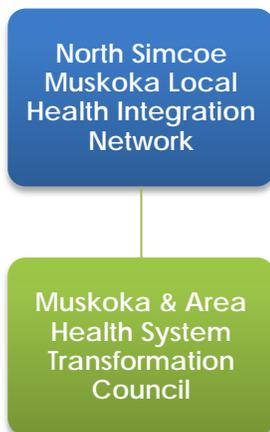


For each plan, the following will be specifically outlined to achieve the desired future state:



Accountability

The Health System Transformation Council is accountable as an advisory body to the NSM LHIN:



Core Values

The following core values will hold Transformation Council members accountable for their behaviour and actions as they lead and facilitate the process to design and develop the Transformation Model in Muskoka:

- **Collaborative**
- **Continuous Improvement**
- **Fairness**
- **Innovative**
- **Integrity**
- **Person-Centred Design**
- **Public Engagement and Participation**
- **Prudent Public Stewards**
- **Transparency**

Objectives

The objective of a transformed health care delivery system serving Muskoka and Area is to ensure the vision articulated above is achieved.

The specific objectives are as follows:

1. Design a health system that provides safe, accessible, high quality, and sustainable care to individuals.
2. Ensure all residents of Muskoka and Area, who choose to, will have a primary health care provider.
3. Establish a governance structure that oversees the delivery of all health care services in Muskoka, significantly reducing and/or merging the current governance bodies.
4. Ensure that all transformational changes are made based on evidence, data, and best practices.
5. Establish a more efficient, system-wide governance and administrative structure that significantly reduces current cost, duplication, and waste, and improves quality.
6. Establish a better coordinated health and social service system that creates efficiencies and decreases redundancies, including unnecessary tests, medications, material procurement, collaborative procedures, integrated processes, referrals, and unnecessary wait times for service.
7. Retain the cost savings from the improved governance and administration structures of the health and social service system and redirect these funds back into local person-centred services and programs in Muskoka, including meeting the acute care needs of the community.
8. To be radically impactful and successful, free up and redeploy \$10-15 million of savings through efficiencies achieved within the transformation planning process.

Structure

The Health System Transformation Council will act as empowered leaders to advise on the development of the Transformation Model and submission for endorsement by the NSM LHIN. The Council does not have the authority to approve any health service changes as this is the role of the NSM LHIN.

The Transformation Council includes the Chair (NSM LHIN Appointed), Co-Chair (NSM LHIN Appointed Special Advisor), six (6) selected Executive Committee Members, and eleven (11) selected General Members.

An Executive Committee of Members will be established as part of the total composition of the Transformation Council. The Executive Committee will act as the operational and execution arm of the Transformation Council. The Executive members will commit to actively leading and hands-on operationalizing the process by ensuring weekly progress monitoring, milestone and task completion, issue and risk identification and mitigation, and the effective utilization of the project management resources required to complete the project on time, within scope and on budget.

Project Management and Coordination Resources, as well as the required Specialty or Expertise Project Resources (e.g., report writer, communications coordinator, stakeholder engagement, evidence and best practice analysis, etc.) will be procured to support the development of the Model.

North Simcoe Muskoka LHIN

Council is Accountable to NSM LHIN



Membership

The Transformation Council will be comprised of twenty (20) members including:

- One (1) Chair * - NSM LHIN appointed
- One (1) Co-Chair * – the NSM LHIN Appointed Special Advisor to the NSM LHIN
- Seven (7) Executive Committee Members (acting as Executive Committee of Council)
- Eleven (11) Transformation Council Members

* The Chair and Co-Chair will perform associated duties for the Transformation Council and the Executive Committee.

	Members	Executive Committee	Transformation Council
1	Chair (Co)* **LHIN Appointed	<input checked="" type="checkbox"/>	
2	Co-Chair * **LHIN Appointed Special Advisor to LHIN	<input checked="" type="checkbox"/>	
3	Appointed / Selected Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Appointed / Selected Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Appointed / Selected Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Appointed / Selected Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Appointed / Selected Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	Appointed / Selected Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Appointed / LHIN Representative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Acute Care		<input checked="" type="checkbox"/>
11	Community Care/ Services		<input checked="" type="checkbox"/>
12	Long-Term Care		<input checked="" type="checkbox"/>
13	Mental Health and Addiction		<input checked="" type="checkbox"/>

14	Municipality – District of Muskoka		<input checked="" type="checkbox"/>
15	Municipality – North Muskoka		<input checked="" type="checkbox"/>
16	Municipality – South Muskoka		<input checked="" type="checkbox"/>
17	Nurse Practitioner		<input checked="" type="checkbox"/>
18	Physician		<input checked="" type="checkbox"/>
19	Primary Care Team / Organization		<input checked="" type="checkbox"/>
20	Public Health		<input checked="" type="checkbox"/>
21	Project Manager	Non-voting	

The Project Management and Coordination Resources, as well as the Specialty or Expertise Project Resources, will actively support both the Council and the Executive Committee with the scope of work and associated deliverables of the project. Other NSM LHIN staff or guests may be required and invited as appropriate.

Specific Members

- **Chair:** Will be a strong, capable leader with the skill and determination to relentlessly drive the project forward, on time, on budget and within scope. Recognition, credibility, and respect from within Muskoka and/or the province are desired traits. The NSM LHIN will appoint this position.
- **Co-Chair:** Will be the *Appointed Special Advisor to the NSM LHIN*. Will possess similar skills and capabilities as the Chair and can confidently assume Chair role as required. The Special Advisor will advance integration efforts between the partners involved in the Muskoka and Area Health System Transformation project to build a better Ontario through its Patients First: Action Plan for Health Care, which will provide individuals with faster access to the right care, better home and community care, the information they need to lead a healthy life, and a health care system that is sustainable for generations to come.
- **North Simcoe Muskoka LHIN:** Will be an appointed member on the Executive Committee and act as a steward for health planning, system strategy, service capacity planning, integration, and community and stakeholder engagement as outlined in the *Local Health System Integration Act, 2006* (LHSIA).
- **Project Manager:** Will be a hired individual who is certified as a Project Management Professional (PMP) or has demonstrated equivalent successful project management experience with large scale change and transformation efforts involving diverse stakeholders and competing interests. Will provide on the ground local project management to achieve deliverables, tasks, and milestones on time, on budget, and within scope.

Executive Committee Membership

Members of the Executive Committee will be selected based on the individual's knowledge, skill, and comfort with designing, planning, and implementing major change within organizations or systems, and will be individuals who have been responsible for the delivery of a range of health and social services to diverse populations. The NSM LHIN will hold a position on the Executive Committee.

Executive Committee desired skill sets will include:

- Lived personal experience with the current health system in Ontario and/or Muskoka
- Leadership and familiarity with delivery of health care services and programs
- Front-line health care provider experience
- Change management within complex organizations or systems
- Strategic planning and implementation of large scale projects
- Performance management and financial analysis
- Communication and stakeholder engagement
- Familiarity with Muskoka and adjacent areas
- Political astuteness and awareness of provincial and/or municipal governance
- Commitment of time and energy to the extensive task at hand, approximately 10-15+ hours per week.

General Council Membership

The member representation of the Transformation Council, excluding the Chair and Co-Chair, will reflect sector representation across the continuum of care.

The following list outlines the representatives who will be sought for the eleven (11) Transformation Council members:

1. Acute Care

2. Community Care / Services
3. Long Term Care
4. Mental Health and Addiction
5. (Municipal) District Municipality of Muskoka
6. (Municipal) North Muskoka
7. (Municipal) South Muskoka
8. Nurse Practitioner
9. Physician
10. Primary Care Team / Organization
11. Public Health

Duties and Responsibilities of Chair and Co-Chair

The Chair and Co-Chair shall act in accordance with the following:

1. The Chair and Co-Chair shall, as much as feasible, be present at every meeting to chair the Transformation Council and Executive Committee and ensure that all interests are heard, keep discussion to the point, judge when a consensus of opinion has been reached and express it by summing up progress in order that the minutes are clear and precise.
2. The term of the Chair and Co-Chair shall be for the duration of the project.
3. In the absence of the Chair, the Co-Chair shall assume the duties and responsibilities of the Chair.
4. Prior to any Transformation Council and Executive Committee meetings, the Chair will consult weekly with the members of the Executive Committee on the items to be covered during the meetings, as well as be advised by the Project Management resources on milestones within the Project Plan.
5. The Co-Chair acting in the role of Special Advisor to the NSM LHIN will advance integration efforts between the partners involved in the Muskoka and Area Health System Transformation project in alignment with *Patients First: Action Plan for Health Care* and with the NSM LHIN's Integrated Health Service Plan (IHSP) 2016 – 2019: *Improved Access. Coordinated Care. Sustainable System.*
6. Provide leadership and direction to the Council and Executive Committee in alignment with the roles and responsibilities of the Council.
7. Provide advice and input to the NSM LHIN as required.
8. Formally communicate and update the NSM LHIN on developments.

Roles and Responsibilities of the North Simcoe Muskoka Local Health Integration Network

The NSM LHIN has the following role related to health care:

1. The *Local Health System Integration Act, 2006* (LHSIA) sets out the NSM LHIN's corporate powers, duties, and objectives.
2. Under the LHSIA, the objectives of the NSM LHIN are to plan, fund, and integrate the local health system.
3. In its role as health system planner, the NSM LHIN is responsible for the local health system strategy and service capacity planning.
4. The LHSIA also requires the NSM LHIN to engage with the community about the local health system on an ongoing basis.
5. One of the methods for carrying out community engagement includes the NSM LHIN's ability to establish an advisory committee.
6. Pursuant to section 5.03 of the NSM LHIN's By-Law No. 1, the NSM LHIN Board may appoint an advisory body. By-Law No. 1 specifies that the advisory body may not exercise powers of the LHIN Board.

Roles and Responsibilities of the Executive Committee Members

The members of the Executive Committee shall be responsible as follows:

1. Retain responsibility and authority for the design, management, and operationalization of the project.
2. Commit to actively leading and hands-on operationalizing the process by ensuring weekly progress monitoring, milestone and task completion, issue and risk identification and mitigation, and the effective utilization of the project management resources required to complete the project on time, within scope, and on budget.
3. Build on the analysis and work done by the Task Force, Muskoka Community Health Link, Muskoka Algonquin Healthcare and the NSM LHIN.
4. Develop and monitor closely the project plan aligned to the vision, objectives, and purpose of the project outlining specific milestones, deliverables, and tasks to achieve the identified outcome of the project.

5. Develop and monitor closely the project budget and required resources to execute and deliver the associated milestones and tasks.
6. Ensure the development of a process for identifying, managing, and monitoring operational risks with a supported timeline and required resources.
7. Establish a process for evaluating the performance of the process and outcomes of the Project with direction from the Executive Committee and input from the Working Groups.
8. Review, respond and/or recommend to the Council on issues relating to stakeholder partnerships and alliances, including Council and LHIN relationships.
9. Conduct and execute the appropriate measures to evaluate the process and achievement of outcomes as it relates to the deliverables of the project.
10. Make binding decisions in situations where the Council has recommended that scope of decision making and has granted permission to the Executive Committee to act on the Council's behalf in order to execute the project plan in a timely, responsive, and accountable manner.
11. Report regularly and transparently through the Chair and Co-Chair on the project status, decisions made, and justification should change plans be required to achieve the deliverable.
12. The Executive Committee will meet frequently over the course of the duration of the project.

Roles and Responsibilities of the Transformation Council Members

The members of the Transformation Council shall be responsible as follows:

1. Collaborate to implement, execute, evaluate, and monitor the objectives and deliverables identified to achieve the vision of a Transformation Model for Muskoka and Area.
2. Provide overall endorsement for direction and vision which will provide guidance to the Executive Committee that is empowered with the responsibility for leading and managing the operationalization of the Health System Transformation project.
3. Approve the overarching Health System Transformation Plan, and all the associated plans and components prior to being submitted to the NSM LHIN.
4. Commit to the vision, objectives, and outcomes of the project, and continually gauge and monitor progress toward March 2017, which involves regular status reporting of the Executive Committee's project plan and/or change plans.
5. Delegate responsibility and authority to the Executive Committee for the management, operationalization, and monitoring of the project, and required accountability to the Transformation Council.
6. Ensure that resources required to implement the project are identified and deemed to be financeable, along with a sound plan to acquire resources.
7. Ensure mechanisms are in place for effective two-way communication within the project structure, and with the broader impacted and influencing stakeholders of this project, to ensure strong and positive relationships.
8. Through active involvement at each of the Working Groups will commit to consultation and collaboration with various stakeholder audiences in order to make informed decisions and recommendations for the development of the Model at the Transformation Council.
9. Ensure the engagement and creation of opportunities to involve various stakeholders, including local community champions, persons with lived experience, vulnerable populations, front-line workers, and the business community, to inform the redesign of a sustainable integrated health system.
10. Uphold the core values and behave in a manner that promotes system-wide, inter-professional collaboration and standardization in practice across the healthcare system, ensuring consistency and effective quality of care to the population served, while members can leverage their power, influence and authority at whatever level possible to advance the work of the Council.
11. Provide information and reports to the NSM LHIN as requested and comply with other required reporting.
12. The Transformation Council will meet monthly over the course of the duration of the project, and more frequently if required at the call of the Chair.

Roles and Responsibilities of the Project Manager and Project Team Resources

The Project Managers and Project Team Resources shall support the Transformation Council and Executive Committee as follows:

1. Prepare an agenda for all regular meetings listing the items to be considered, and providing recommendations as to their disposal for adoption by motion if it is the wish of the Transformation Council to do so.
2. Ensure that a quorum of Members will be present at meetings.
3. Attend all meetings of the Transformation Council and Executive Committee, and ensure that administrative support is provided to record the proceedings of all such meetings.

4. Provide on the ground project management to achieve deliverables, tasks, and milestones on time, on budget, and within scope.
5. Outline and notify appropriate Members of any recommendations or actions made by the Transformation Council and/or the Executive Committee which are to be acted or reported on.
6. Communicate effectively and notify stakeholders and other interested parties of the activities and key messages of progress made by the Transformation Council.
7. Ensure that all records, minutes, reports, etc. are maintained and filed in accordance with the appropriate records management policies and procedures.

Membership Nomination Process

The active membership nomination and selection process will be one that recognizes the required and potential talents and skill sets of members thus making the Transformation team diverse, inclusive, innovative, and able to realize the true potential of members' collective wisdom.

Chair: The Chair of the Transformation Council and Executive Committee will be an appointment endorsed by the North Simcoe Muskoka Local Health Integration Network. The Chair position will be filled first in order of sequencing of membership recruitment.

Co-Chair / Special Advisor to the LHIN: The Co-Chair will be appointed by the North Simcoe Muskoka Local Health Integration Network. In alignment with the appointment of the Chair, the Special Advisor will be appointed in a timely manner as early as possible.

Executive Committee Members: The Executive Committee Member appointments will be endorsed by the North Simcoe Muskoka Local Health Integration Network, through an identified expression of interest and/or targeted recruitment for the position. All interested individuals will be required to complete an application form. Recommendations for individual appointments will be made to the NSM LHIN by the Chair, Co-Chair, and such other resources as allocated for the nomination process by the NSM LHIN.

Transformation Council Members: The eleven (11) General Council Members will be appointed by the NSM LHIN through the expression of interest process, recognizing that they will fairly represent the positions as defined under the General Council Membership section above.

Attendance and Delegate Members

Executive Committee: Regular attendance at Executive Committee meetings is required, as well as the extra time and effort commitment per week for the purpose of actively leading and operationalizing the project plan and all the tasks. As outlined above, the same participating conditions apply to Executive Committee members, as well as their attendance at full Transformation Council meetings. Delegate members will not be permitted for Executive Committee members.

Transformation Council: Regular attendance at Transformation Council meetings is required. If a member is unable to attend a scheduled meeting in person, best efforts should be made to attend via alternate technology options. Last resort would be to make best efforts to arrange for an informed delegate to attend in his or her absence. The delegate will be the same individual to ensure continuity. Delegate members will be required to vote on behalf of the absent member.

If a member is unable to attend two (2) consecutive meetings, the Chair and/or Co-Chair will follow up directly and will bring forward a resolution to assign a suitable member replacement.

Decision-Making

Decision-making will be made on the basis of consensus; this constitutes a majority approving a given course of action, and the minority agreeing to go follow the plan.

For a course of action that requires support, and where consensus is not achieved, the next course of action will be a majority support. Majority is defined as more than 50% of members who attend the meeting if there is quorum. Quorum for a meeting will be 50% plus one (1) of the voting members, not including ex-officio members.

Decisions will be recorded and reflected in meeting notes. The Muskoka and Area Health System Transformation website will be used to communicate key messages, progress updates, meeting notes, upcoming events, and other

information as required.

The Council and Executive Committee will present recommendations with one voice.

Dispute Resolution

Transparency and effective communication are essential components of the Transformation Council. Should a dispute occur, the matters will be discussed promptly, respectfully, and openly, with a focus on resolution.

Code of Conduct

In order to maintain the integrity of the process, a code of conduct will be established to guide the standard of behaviour so that members with unique and different social values and communication styles can talk about the Muskoka and Area Health System Transformation project effectively, productively, confidentially, and respectfully.

Frequency of Meetings and Reports

The Transformation Council shall regularly meet monthly, or at the call of the Chair, in order to monitor the process required and make the appropriate decisions to achieve the project deliverables during the established time frame.

The Executive Committee of the Council will meet weekly to facilitate and operationalize the initiatives, project deliverables, and tasks outlined in the project plan, and will report monthly to the Transformation Council on the progress, risk identification, and mitigation solutions, and the decisions required to achieve the project outcomes.

Term of Membership

The term of membership on the Transformation Council shall be for twelve (12) months, or until the completion of the Transformation Model, whichever is shorter.

The term of membership of the Transformation Council may be renewed for a further period, subject to approval of the North Simcoe Muskoka Local Health Integration Network.