

North East Local Health Integration Network (NE LHIN)

ALTERNATE LEVEL OF CARE (ALC) TASK FORCES – LEVEL C HOSPITAL COMMUNITIES DRAFT TERMS OF REFERENCE

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BACKGROUND and PURPOSE

ALC is becoming an ever increasing challenge to hospital- and community-based service providers in North East Ontario. Given the multi-dimensional nature of the ALC problem (which also includes community-specific features), the need for systemic solutions and strategies derived by engaging the full continuum of care will be essential to making the necessary changes over the long-term. Nonetheless, the situation has reached a critical point in the four larger communities in the region (i.e. Sault Ste. Marie, Sudbury, North Bay and Timmins) such that focused attention is required immediately through the creation of four community-specific ALC Task Forces.

OBJECTIVES

The objectives of the Task Forces will be to:

- develop a detailed profile of patients currently in ALC in order to assess the best fit for other settings.
- document ALC trends and possible causes (processes malfunctions) that moved ALC from a normal level (approximately 3 years ago) to the current crisis level.
- establish specific ALC targets (short term, mid-term and long term) by community.
- make recommendations to all stakeholders on ways and means to achieve hospital short-term, mid-term and long-term ALC targets by addressing client/patient processes: proactively upstream to the hospital (from the community); within the hospital; and downstream from hospital (to the community).
- provide advice on the allocation or reallocation of resources as appropriate to achieve the local strategies.

Research into innovative strategies and practices from across the region, province and country will inform the work of the Task Forces.

MEMBERSHIP

The membership will consist of one representative from each of the following sectors in each of the four communities:

- Hospital
- CCAC
- Long-Term Care Home
- Community Support Services
- Primary Care
- Community Mental Health and Addiction
- Emergency Health Services (ambulance)
- Public Health (particularly in the area of fall/injury prevention)
- Municipal Government
- NE LHIN
- Ministry of Health and Long-Term Care

The Task Force chairperson will be selected by the members. All members will be expected to seek input from, and relay information to, their respective sectors.

A limited number of additional members may be included at the discretion of the individual Task Forces based on local circumstances (e.g. the North East Mental Health Centre, Association for Community Living).

ROLES AND RESPONSIBILITIES

The success of the Task Forces in achieving the noted objectives will be through partnership and collaboration. Members are expected to provide resources to the work of the Task Force as necessary and appropriate (e.g. time, expertise, information). The NE LHIN and NE CCAC will provide the four groups with the support of their dedicated planning resources as appropriate.

DECISION-MAKING

Task Force decisions will be based on consensus. If consensus is not possible, the chairperson may call a vote. A simple majority favourable vote of those members in attendance will be needed to resolve or approve any issue requiring a vote. A simple majority of members will constitute a quorum.

REPORTING RELATIONSHIP / ACCOUNTABILITY

Responsibility for defining and implementing strategies to address ALC is shared across the continuum of care (including the LHIN and MOHLTC). Organizations and sectors will be accountable for actions and recommendations, as assigned, per their respective mandates and recognized roles within the health system.