Terms of Reference

Clinical Advisory Council
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1. **Background/Context**

1.1. **Ontario Palliative Care Network Mandate**

The Ontario Palliative Care Network (OPCN) is a disease-agnostic network developed to serve the needs of all Ontarians. The OPCN is an organized partnership of community stakeholders, health service providers and health systems planners, accountable for the development of a coordinated, standardized approach for the delivery of hospice palliative care services in the province.

The OPCN will:

- Act as the principal advisor to government for quality, coordinated hospice palliative care in Ontario
- Be accountable for quality improvement initiatives, data and performance measurement and system level co-ordination of hospice palliative care in Ontario
- Support regional implementation of high-quality, high-value hospice palliative care

1.2. **Our Context**

In 2014, the Hospice Palliative Care Provincial Steering Committee (HPC PSC) reviewed the progress of The Declaration of Partnership uptake and identified significant and ongoing gaps including:

- Inadequate and inequitable access to integrated care
- Inadequate support for caregivers
- Limited and inequitable service capacity across all care settings
- Lack of clear accountability for the delivery of hospice palliative care
- Lack of system integration

The need for a formalized provincial “network” with clear accountability to drive the delivery of quality coordinated hospice palliative care consistent with the Declaration was subsequently identified.

In October 2014, Ontario’s Local Health Integration Networks (LHINs) and CCO were tasked by the HPC PSC with developing a business plan to propose the creation of a new provincial structure with the appropriate infrastructure and resources to address priorities related to hospice palliative care in Ontario.

From October through February 2015, the business plan was developed through an iterative process that involved multiple engagements with key stakeholders. The plan continued to build on work already underway by the HPC PSC, the provincial Palliative Care Clinical Council and various working groups, and reflected the need to move from planning to implementation.

The OPCN was officially launched on March 11, 2016.

1.3. **Overview of Strategic Directions and Improvement Objectives**

The OPCN is a provincial network with clear accountability for advancing hospice palliative care in Ontario. The components of the OPCN will work in partnership to:

- Establish priorities related to hospice palliative care in the province and support implementation at the regional level
- Support the implementation of quality coordinated hospice palliative care in Ontario
- Ensure engagement of provincial partners in the design and delivery of hospice palliative care in Ontario and effectiveness of the new structure over time
• Leverage existing resources of CCO, the LHINs, Health Quality Ontario (HQO) and other contributing partners

1.4. Structure of the Ontario Palliative Care Network

The OPCN Governance Structure is comprised of 5 components supported by a secretariat:

1. Executive Oversight:
   • Provides executive leadership and ensures accountability from the LHINs, Quality Hospice Palliative Care Coalition of Ontario, CCO and Health Quality Ontario

2. Partnership Advisory Council
   • Gathers insights and recommendations from their networks
   • Provides advice to the Executive Oversight to help ensure plans for quality, coordinated hospice palliative care are informed by a diversity of partner perspectives

3. Clinical Advisory Council
   • Provides input for clinical improvement in hospice palliative care
   • Provides advice to Executive Oversight on clinical implications of policy

4. Implementation Advisory Council:
   • Disseminates directions, plans, evaluations, and other information approved by the Executive Oversight to their regions
   • Ensures the effective engagement of the Regional Palliative Care Networks (RPCNs) to understand implications of implementing potential directions and recommendations from the OPCN Executive Oversight

5. Data and Information Advisory Council:
   • To provide ongoing strategic direction for performance measurement for the OPCN

Secretariat Staff
• EXECUTS the mandate of OPCN
• Supports the operational and tactical activities of OPCN
1.5. Mission, Vision and Values

This content will be inserted at a later date.

2. Purpose and Accountability of the Clinical Advisory Council

The Clinical Advisory Council of the OPCN is accountable to the OPCN Executive Oversight. The Clinical Advisory Council will be multidisciplinary in nature and keep patient and family needs as the centre of its purpose. The Clinical Advisory Council of the OPCN will provide recommendations to the Executive Oversight for clinical improvements in hospice palliative care in Ontario, as well as advice on clinical implications of policy.

The role of the Clinical Advisory Council will be:

- Promoting an excellent person and family centred hospice palliative approach to care for all Ontarians
- Working in partnership with the other components of the OPCN to ensure alignment with provincial direction
- In collaboration the Regional Clinical Leads Table gathering advice, insights and recommendations from clinical partners to inform activities of the OPCN. The Regional Clinical Leads Table will also be Co-Chaired by the Provincial Clinical Co-Leads
- Establishing provincial direction for hospice palliative care education to guide local improvements and to support an integrated approach to hospice palliative care
- Identifying clinical best practice, evidence, and guidelines to support the advancement of high quality and patient-centred multidisciplinary hospice palliative care in the province
- Identifying clinical priorities, and develop quality standards to drive practice change
- Providing strategic advice to Executive Oversight on clinical improvements
- Building multidisciplinary capacity in regional clinical services and leadership
- Providing advice to Executive Oversight on clinical implications of policy
- Providing advice to Executive Oversight on access to care, quality improvement strategies and service structure

3. Membership, Roles and Responsibilities of Individual Members

3.1. Membership

The Clinical Advisory Council will be comprised of no more than 12 multidisciplinary members including the two co-chairs.

Council member selection criteria will be competency based (See Appendix A for further description), representing a balance of skills, expertise, and experience needed for the Council to fulfill its mandate and responsibilities. Membership should include individuals with the following areas of expertise:

- Demonstrate in-depth, up-to-date knowledge both at the micro/clinical level and the macro/systems level
- Cultivate bold, innovative, systems thinking.
- Promote a patient-focused approach, and ensure the work of the network is undertaken in accordance with the guiding principles of transparency, equity, evidence-base, performance-orientation, active engagement, and value for money.
• Clinical and program leadership
• System expertise
• Academic leadership
• Clinical health informatics and decision support
• Quality and performance improvement
• Change management
• Caregiver experience

To ensure a consistent person centered focus, the Clinical Advisory Council will actively partner with patients and caregivers in alignment with the broader OPCN patient and caregiver engagement strategy. OPCN Secretariat staff will attend all meetings to provide operational and logistical support to the Clinical Advisory Council.

Ex officio members include:
• Co-Chair of the Implementation Advisory Council (or delegate)
• Co-Chair of the Partnership Advisory Council (or delegate)
• Co-Chair of the Data and Information Advisory Council (or delegate)

3.2. Co-Chair Model

The OPCN Provincial Clinical Co-Leads will Co-Chair the Provincial Clinical Advisory Council.

3.3. Duration of Service

The members of the Clinical Advisory Council will serve for a two year period. Before this two year period ends, the Clinical Advisory Council will provide advice to the Executive Oversight regarding appropriate amendments to its role and membership.

3.4 Individual Accountabilities of Clinical Advisory Council

The Clinical Advisory Council members will:
• Regularly attend Clinical Advisory Council meetings
• Participate fully in discussions
• Listen well and contribute to open exchange of information and ideas
• Generate future agenda topics
• Demonstrate systems critical thinking by questioning and challenging the status quo, identifying clinical opportunities and challenges and providing strategic advice and insight related to clinical improvements
• Contribute as a member of an expert panel or other working group as necessary
• Declare any perceived or potential conflicts of interest. Declaration of actual or perceived conflict of interests does not preclude individuals from participating in discussions but they should not vote upon a matter where there is a declared conflict.
• Act as an OPCN champion with their respective organization/affiliation

4. Logistics and Processes

4.1. Role of the Provincial Clinical Co-Leads

The Co-Chairs will be responsible for creating an engaging environment where members have meaningful opportunities to contribute to agendas and discussions. The Co-Chairs will lead the meeting.
in a way that ensures advancement of the agenda within the timelines allocated for specific agenda items.

4.2. Decision Making

A Consensus Model for Decision-Making will be adopted to provide a clear approach to ensuring consensus is achieved. If not all members are present, a quorum (50% +1) must be present to move forward with a recommendation or decision.

4.3. Frequency of Meetings

Clinical Advisory Council will meet a minimum of six times a year with increased frequency as required by deliverables. The preference is for members to attend the meeting in person, however teleconferencing and/or videoconferencing will be available to ensure maximum participation.

4.4. Linkages & Partnerships

Clinical Advisory Council will ensure effective linkages with the 14 regional palliative care networks. To gather knowledge, skills and expertise that might not be reflected in the Clinical Advisory Council working groups, expert panels, etc. may be struck from time to time with approval of Executive Oversight. Opportunities will be sought to engage patients, families and caregivers to contribute to this work in a meaningful way.

4.5. Attendance Requirements

Regular attendance at these meetings is a critical component of success, with in person attendance preferred where possible. Upon 3 consecutive absences without cause, membership may be examined. Delegates will not be permitted.

4.6. Meeting Agenda and Minutes

Efforts will be made to ensure that Meeting Agendas and related materials are prepared and distributed one week in advance of Clinical Advisory Council meetings. Agendas are to be approved in advance by the Co-Chairs.

Meeting highlights will be prepared and efforts will be made to distribute to members by e-mail within 5 business days of the meeting. Members will bring back the meeting highlights to the sector/organization. Minutes will be sent with the agenda for the next meeting.

Approval of Terms of Reference: ________________________________ (date)
5. Appendices

Appendix A: Council Competencies

The Clinical Advisory Council membership will demonstrate a solid commitment to the OPCN’s vision, principles, and mandate and will act as a champion for hospice palliative care in their respective LHIN area, in accordance with the Declaration and the strategic direction of the OPCN. Clinical Advisory Council members are not representing a specific constituency but are invited to participate as system-level contributors, bringing expertise and a true desire to advance the system as a whole (not just one sector, service, professional interest or geographic area).

The Clinical Advisory Council Member Competencies may include, but are not limited to:

**Clinical and Program Leadership**

- Strong knowledge and understanding of hospice palliative care best practices and guiding principles
- Effective communicator with the ability to present / listen to various viewpoints and deal with conflicting opinions
- Able to bring an objective, regional perspective to the discussions
- Strong knowledge and understanding of hospice palliative care needs across the Province.
- Ability to work with multiple cross sector providers to develop a common plan and build consensus
- Negotiation experience
- Experience in collaborative approaches

**System Expertise**

- Knowledge of and experience in community development and engagement
- Effective working relationships with and understanding of the broader health system and other related stakeholders including those in primary care, community support services, spiritual care, pharmacy etc.
- Knowledge of and experience in regional planning
- Ability to be a system thinker
- Knowledge and understanding of current health care policy and legislation

**Scholarship/Academic Leadership**

- Strong knowledge and understanding of hospice palliative care research, evidence based best practices and guiding principles
- Strong experience in knowledge translations and transfer to practice

**Clinical health informatics and decision support**

- Knowledge of and experience in data interpretation/analysis

**Quality and Performance Improvement**

- Knowledge of and experience in quality improvement and program evaluation
- Knowledge of and experience in research, best practices, education and knowledge transfer
Change Management

- Knowledge of and experience in change management

Caregiver Expertise

- Knowledge and expertise in clinical HPC service delivery
- Knowledge of and experience in a caregiving role

Health Equity and Cultural Competence

- Experience in delivering HPC in various settings; (community and home-based, facility-based, residential-based, rural and remote regions)
- Knowledge of and experience in working with vulnerable/marginalized populations
- Ability to recognize cultural differences and to adapt healthcare services to meet culturally unique needs at all levels of care.
- Understanding and appreciation for the unique challenges faced by different populations that have difficulty accessing healthcare services due to barriers such as homelessness, poverty, linguistic barriers, and social exclusion

Pediatric Palliative Care Expertise

- Knowledge and expertise in pediatric palliative care (as guided by the CHPCA Pediatric Norms of Practice)