

TERMS OF REFERENCE

Transitions in Care from Hospital to Home Quality Standard Advisory Committee

I. Background:

As part of its legislated mandate under the *Excellent Care for All Act*, Health Quality Ontario (HQO) is responsible for developing and supporting the adoption of standards of care for the Ontario health system that are supported by the best available scientific evidence. In support of this mandate, HQO is developing quality standards for patient populations or health care service areas where there are substantial opportunities to improve patient outcomes, enhance patient experience and reduce unwarranted variations in practice across Ontario. Quality standards are concise sets of easy-to-understand statements based on the best available evidence. They are intended to be a go-to resource for supporting high quality care. Each quality standard includes both a clinician-facing guide and a version of the guide oriented toward patients, caregivers and families.

Each quality standard defines 5-15 evidence-informed, measurable quality statements directed toward high-priority, achievable areas for quality improvement in the topic area within Ontario. Each individual quality statement is accompanied by an associated quality indicator that enables health care professionals to measure their adherence to the statement and guide quality improvement activities. Health Quality Ontario develops each quality standard in close collaboration with a Quality Standard Advisory Committee that brings together clinicians, researchers, administrators, patients and caregivers to make recommendations on evidence-informed practices and quality indicators.

Health Quality Ontario's Transitions in Care from Hospital to Home Quality Standard will address areas that are identified as having high potential for improving care for people discharged from hospital to home in Ontario. It is anticipated that this quality standard will be broadly promoted to a variety of audiences across Ontario and its adoption will be supported by vehicles such as HQO's public reporting platforms, Quality Improvement Plans, web-based resources and tools, communications vehicles, and through working collaboratively with partner organizations.

This document sets out the terms of reference for the Health Quality Ontario Transitions in Care from Hospital to Home Quality Standard Advisory Committee.

II. Role:

The committee shall provide advice to HQO to support the development of a Quality Standard for transitions in care from hospital to home in Ontario. The development of the quality standard will be preceded by a patient engagement process to understand patient, caregiver and family values and preferences around the transition from hospital to home. Health Quality Ontario will be working with an embedded clinician researcher, Dr. Tara Kiran, who in collaboration with HQO's patient engagement team, will use a specific type of research process called "concept mapping" to better understand what is important to patients, caregivers, and their families when transitioning from hospital to home. Results from this research will be used to inform development of this quality standard. Committee members will provide consultation at various phases of the concept mapping process and will provide advice and make key decisions regarding the content of all quality statements, quality indicators and implementation tools. Health Quality Ontario's Board of Directors will subsequently approve the quality standard as per its role under legislation.

III. Responsibilities:

In support of the role of the committee, members are responsible for the following:

- Consult on various stages of the concept mapping research process
- Participating in meetings and contributing to deliberations
- Reviewing a synthesis of guidelines and publications (provided by HQO) related to the quality standard topic area
- Identifying and prioritizing opportunity areas for quality improvement
- Reviewing and advising on content for the quality standard
- Advising on the development of quality statements
- Advising on the development of quality indicators related to the quality statements
- Advising on tools to support implementation of the quality statements
- Advising on the implementation strategy and supports specific to the quality standard
- Acting as champions throughout the development and implementation of the quality standard
- Promoting dissemination, implementation and adoption of the quality standard

IV. Membership:

- Co-Chairs (2) selected by HQO
- Other members selected by committee Co-Chairs in consultation with HQO staff after an open call for nominations

Membership will include representation from various perspectives and expertise that can contribute to overall identified role of this committee including:

- Broad geographic representation from across Ontario, including rural and urban settings (e.g. GTA, East, West, and North)
- Representation from all relevant care settings, including primary care and specialists' offices, acute care, emergency departments, home/community-based care (including community services and programs), and long-term care
- Representation from primary care physicians and specialists, researchers, nurses and other health care professionals, administration and related organizations and programs/services
- Patients, families and/or caregivers who have experienced a transition from hospital to home
- Quality improvement experts
- Performance measurement experts

At the discretion of the Co-Chairs, membership may be reviewed to ensure that the goals and objectives of the committee are being met. If a committee member wishes to withdraw from the quality standard committee, they may do so in writing to HQO.

V. Meeting Guests and Observers:

Subject to pre-approval by HQO, guests or observers may be invited, on a case-by-case basis, at each committee meeting. Meeting guests and observers are non-voting attendees of the meeting and may include:

invited guest speakers, government representatives, students, representatives from key stakeholder organizations, or expert advisors of a particular topic or field. All committee meeting materials are assumed to be confidential and not for wider distribution, unless otherwise stated.

VI. Frequency of Meetings and Manner of Call:

During the concept mapping phase of the Transitions in Care from Hospital to Home Quality Standard, the committee is expected to meet 2 to 3 times via teleconference over a 10-month period beginning in the Fall of 2017. During the development phase of the quality standard, the committee is expected to meet 4 to 5 times over a 6 to 12 month period beginning in the Fall of 2018. All committee meetings will be held in Toronto at locations determined by HQO, with reasonable notice given in advance to each member. Meetings will generally be about 7 hours in duration. It is recommended that committee members strive to attend meetings in person; however, accommodations for remote participation by teleconference will also be available.

VII. Attendance:

To maintain continuity and consistency in discussion and group composition, members will strive to attend all meetings. Attendance at a minimum of 50% of meetings is required to be eligible for acknowledgement as a member of the committee.

VIII. Decision-making:

A quorum of 50% of membership is required for decision-making. Although members will strive to make decisions by consensus, it may be necessary to vote on certain quality statements. Votes will be recorded in the minutes, but not with names attached. For votes on quality statements, 80% of committee members present must vote in agreement of the quality statement.

IX. Expenses:

HQO will reimburse travel, hotel and meal expenses incurred by committee members in accordance with its Travel, Meal, and Hospitality Policy. Please note that HQO will not reimburse travel, hotel, or meal expenses for meeting guests or observers.

X. Communications and Secretariat Support:

HQO will be responsible for providing secretariat and project management support for the committee by:

- Developing and maintaining a project plan
- Scheduling committee meetings
- Coordinating the preparation of meeting materials (including but not limited to: agendas, minutes, records of proceedings, reports, and maintaining information for the committee)
- Ensuring committee meetings take place in venues accessible to persons with disabilities
- Ensure meeting agendas and materials are distributed no later than one week prior to meetings

XI. Conflict of Interest and Media Inquiries:

Conflict of Interest: Committee members must make a declaration of any potential financial or non-financial conflicts of interest related to committee business on the conflict of interest survey form. The conflict(s) of interest will be shared broadly with the committee to ensure transparency among committee members. In consultation with the Co-Chairs, HQO will determine what action, if any, is required arising from the conflict of interest. Please refer to the Conflict of Interest Policy for more information.

Media Inquiries: Committee members are requested to refer media inquiries about the committee and its work to HQO's Senior Communications Advisor, Ana Laing at Ana.Laing@hqontario.ca

Review: Terms of reference, mandate, activities, membership, and relevance of the committee will be reviewed as needed.

XII. Ontario Quality Standards Committee

The Ontario Quality Standards Committee ("the Committee") is a Committee of the Health Quality Ontario Board ("the Council"), with the objective to improve and reduce unwarranted variation in care quality through a more coordinated provincial approach to clinical care standards.

The Committee aims to achieve these objectives in two ways:

1. By providing advice to the Council and Health Quality Ontario on the Quality Standards Program, including on opportunities to enhance the adoption and impact of its quality Standards; and
2. By formulating recommendations concerning clinical care standards. Recommendations are directed to health care organizations, the Minister of Health and Long-Term Care and other entities and will be submitted to the HQO board of directors for approval.

Through these two mechanisms, the Committee will work towards a more coordinated and aligned approach to the prioritization, development, adoption and measurement of clinical care standards in Ontario.

The Committee's mandate does not replace that of existing bodies tasked with producing standards for professionals (e.g. the Health Regulatory Colleges) or facilities (e.g. accrediting bodies). The Committee will work in partnership with these organizations to coordinate and align efforts.

The purpose of the Committee is also not to develop the clinical care standards; that work is undertaken by specially convened clinical expert groups such as the Quality Standards Advisory Committees at Health Quality Ontario. Rather, the Committee will review standards once developed and will weigh in on mechanisms to support their adoption.

XIII. Transitions in Care from Hospital to Home Community Advisory Group

This project will help Health Quality Ontario and its partner organizations to better understand what is most important to patients and caregivers as they transition from hospital to home. Within Health Quality Ontario, patient and caregiver input will help inform new Quality Standards, performance measures, reports and implementation initiatives developed by Health Quality Ontario to help improve the patient experience of transitions of care. A summary report and publications will also be developed.

The Transitions of Care Community Advisory Group has been established to advise Health Quality Ontario on the research and engagement approaches, to make sure they are appropriate and effective from the perspective of the organizations and communities Health Quality Ontario is seeking to engage.

The mandate of the Advisory Group is to:

- Review and advise on the engagement approach and research protocols

- Participate in the project and assist Health Quality Ontario to reach out to other organizations and communities to participate in the project
- Review and interpret themes in the input collected
- Help identify ways to disseminate the project findings, in order to maximize the impact of the input collected
- Considering strategic and logistical issues central to HQO's goals

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