



## **Advisory Committee Terms of Reference**

### **Mandate**

To take collective action to create a coordinated and responsive system of hospice palliative care programs and services within the HNHB LHIN area that improves access for patients and their families to appropriate care and that enables professionals and other caregivers to provide quality care in a timely manner.

### **Roles**

To provide collaborative leadership to plan, educate, coordinate, and evaluate comprehensive hospice palliative care services for the residents of their Local Health Integration Network (LHIN) geographic area; and seek to improve quality, choice, cost, and access to HPC care for persons through timely response to changing patient needs and conditions throughout the continuum of care, through:

- Broad system design,
- Coordination and integration of services at a system level,
- Monitoring and assessment of community needs, and
- Promotion of service innovations.

The Advisory Committee will assume the role of determining when full membership endorsement is sought, will interpret the findings, and will determine the action plan for a system's resolution.

### **Responsibilities**

The HNHB Hospice Palliative Care (HPC) Network Advisory Committee is responsible for developing and recommending system-wide best practice strategies to respond to key priority issues, and Network operational decision making.

### **Composition**

The composition of the Advisory Committee is as follows:

- A total of 29 HNHB HPC Advisory Committee members
- Membership of the Advisory Committee will be balanced to reflect interdisciplinary representation from across the continuum of hospice palliative care stakeholders as recommended by the MOHLTC
- Eight Hospice Palliative Care Knowledge Experts who support and lead an HNHB LHIN wide perspective, representing the following areas:
  - Service Delivery (1 member)
  - Education (1 member)
  - Research/Evaluation (1 member)
  - Advocacy/Communication (1 member)
  - French Language Services (1 member)
  - Aboriginal Services (1 member)
  - HNHB CCAC (1 member)
  - Regional Cancer Centre (1 member)
- Fourteen Sector Champions who are able to represent the views of their elected Network sector in the following designated areas:
  - Acute Hospitals (1 member)

- CCC Hospital (1 member)
- Long-term care (1 member)
- Residential Hospices (1 member)
- Visiting Hospice Palliative care volunteer service organizations (1 member)
- Visiting Professional Community Service Organizations (1 member)
- Community Support Service Organizations (1 member)
- Physicians (1 member)
- Bereavement Support Organizations (1 member)
- Funeral Homes (1 member)
- Consumers/Family Caregivers – individuals with an interest in palliative care who are not involved in providing health service (1 member)
- Pastoral care/spiritual community (1 member)
- Pharmacists (1 member)
- Member-at-Large (2 member)
- Additionally, the committee will include 7 other members, including:
  - Chair (1 member)
  - HNHB HPC Network Host/Transfer Payment Agency (1 member)
  - Network Director (1 member)
  - PPSM Consultants (4 members – Hamilton, Niagara, Haldimand/Norfolk/Brant and Burlington)
  - HNHB LHIN - Hospice Palliative Care Lead (Ex-officio)
  - OPCA HNHB LHIN Representative (Ex-officio)

### **Geographic Representation**

Hospice Palliative Care Sector Champions will be elected by the Network membership based on local community geographic population size and palliative care resource base within the HNHB LHIN area. Therefore, membership on the Advisory Committee will be balanced to reflect representation from across the HNHB LHIN geographic area. The following recommendation will serve as a general guideline:

- Burlington (22% of membership)
- Haldimand Norfolk Brant (22% of membership)
- Hamilton (28% of membership)
- Niagara (28% of membership)

### **Terms and Conditions of Advisory Committee Meetings**

- The Advisory Committee meets a minimum of 6 times per year or as required
- Will host and facilitate an annual meeting with the broader membership and community of palliative care stakeholders
- The Advisory Committee commits to make every effort to achieve consensus in its decision-making (*See Appendix 1 - Consensus Decision Making*)
- In order to maintain consistency and continuity, elected Network Advisory Members may not substitute their representation on the Committee.
- An absence of 3 consecutive meetings will be grounds for dismissal.
- Should a representative change jobs during his/her term, the individual must notify the Advisory Committee and if he/she is no longer able to represent the sector as initially nominated, the individual will step down from the Committee and be replaced with a suitable candidate who will resume the term outstanding.

- The Term of office for Advisory members is 3 years, with an additional 3 year renewal permitted. A one year sabbatical is required to be reappointed following a 6 year term of office
- Some members of Advisory Committee are unique due to the nature of their HNHB role within HPC and will be exempt from the 3 year term of office (e.g., FLS)
- Alternating terms of office and is recommended for continuity and succession planning purposes (e.g., no more than 1/3 of members are renewed at any given time)

### **Accountability**

The Advisory Committee is accountable to the Network Membership. (same as Network)

### **Criteria for Advisory Committee Representation**

Individuals who are:

- Capable, credible and passionate leaders in Hospice Palliative Care who are willing to devote significant time to the creation of quality Hospice Palliative Care for all individuals in the HNHB LHIN area.
- Champions who are visionary and persuasive and who can create and engage an understanding of what a local Network can accomplish and rally support for it
- Deeply knowledgeable about the issues of hospice palliative care and who have developed a best practice expertise within the designated areas of hospice palliative care
- Respected and trusted opinion leaders
- Able to work with the entire Network collaboratively to create a better process for determining solutions
- Able to work as a lateral and vertical Network team member and invite contributions from the members
- Able to fairly and assertively represent their sector
- Able to demonstrate a communication strategy with their sector
- Willing to devote significant blocks of time for consultation, developing system-wide strategies, recommending priorities, and operational decision making regarding Hospice Palliative Care within the HNHB LHIN area

### **Advisory Committee Operations**

The Advisory Committee members will elect a Chair and a Vice-Chair (*See Appendix 2 - Election of Chair and Vice-Chair*). The term of office will be 2 years with the option of a one year renewal. The Chair moves into the Past Chair position and the Vice-Chair moves into the Chair position.

The elected Chair and Vice Chair, Treasurer (Sponsoring Agency/TPA) and Network Director will comprise the *Advisory Committee Executive*. *The Advisory Committee Executive* will meet as required between Advisory Committee meetings to ensure continuity and accountability is maintained. *The Advisory Committee Executive* could meet face to face, by teleconference, or via e-mail.

### **Roles and Responsibilities of Chair**

- Oversee the agenda and logistics of all meetings
- Facilitate and/or delegate facilitation of all meetings
- Advocate for the sustainability of the Network
- Ensure the mandate of the Network is being met
- Approves the official communications of the Network

## **Roles and Responsibilities of Vice-Chair**

- Appointed as alternate for Chair in her/his absence

## **Roles and Responsibilities of Treasurer**

- Develop an annual budget in consultation with the Chair and Network Director
- Track expenses and provide a flow through for the reimbursement of expenses
- Submit yearly service plans, budget and statistics to the LHINs.
- Provide a minimum of quarterly financial statements to the Advisory Committee
- Provide monthly financial statements to the Network Director
- Prepare other financial or reporting statements as required

## **Role and Responsibilities of the Network Director**

- With a dual reporting and accountability to the Network Chair for all Network functions, this role is responsible for supporting palliative care system planning across the continuum of care within the HNHB LHIN area, and the Network host TPA for Lead Agency functions.
- The Director works with the broad health care sector including all hospitals, hospices, Long-Term Care homes, the HNHB CCAC, community support services agencies, pharmacies, physicians etc., to identify and address gaps in service delivery, education, research/evaluation and advocacy/communication across the health care system.
- The Director's role is a neutral one to understand, facilitate and resolve conflicts of interest and value dilemmas that can be inherent in a Network made up of multiple stakeholders.
- Coordinating operations of all committees of the Network
- Appointed official spokesperson for the operations of the Network

## **Other Information**

- **Structure for meetings** - agenda will be aimed at meeting needs of participants and systemic issues. Agenda to be distributed one week before the meeting.
- **Meetings** - will take place either in person or via teleconferencing. Time, dates, and locations of meeting to be established at beginning of each fiscal year.
- **Standardized template** – for agendas and notes will be established and utilized for all committees of the Network.
- **Confidentiality** - Representatives should understand that confidentiality is important to a positive final outcome. The discussions at the Advisory Committee meetings are confidential until a final consensus and or decision has been agreed upon.
- **Voting** - The Network will make decisions based on dialogue, discussion and within the context of the shared principles, however when a vote is required each member of the Advisory committee will hold one vote. If a tie vote exists the Chair will cast the deciding vote.
- **Quorum** - Quorum will consist of 50% + 1 of the total Advisory Committee members.

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Terms of Reference to be reviewed annually and at the call of the Chair.

## Appendix 1 - Consensus Decision Making

### Definition of Consensus<sup>i</sup>

Consensus means more than merely broad agreement. In fact, when we're aiming for true consensus we're less concerned about generating agreement than generating wise solutions that take into account all the relevant needs and perspectives. Once we have taken into account the full picture, agreement usually follows naturally -- and it's not a reluctant, conditional agreement. When we all shape the outcome, we become invested in its success. Implementation is much smoother than when a majority has ruled and left an upset minority to impede progress.

Those intent on agreement-by-any-means use force, compromise, tangential deal-making and other strategies to get agreement. This may bring more parties onto their bandwagon, but it seldom results in a truly wise agreement.

### Characteristics of Formal Consensus<sup>ii</sup>

Before a group decides to use Formal Consensus, it must honestly assess its ability to honor the principles stated by the group as recognizable steps and procedures articulated as their consensus process. If the group is not willing to work to create recognizable steps in a consensus process, then Formal Consensus will not be possible.

Any group which wants to adopt Formal Consensus needs to give considerable attention to the underlying principles which support consensus and help the process operate smoothly. This is not to say each and every one of the principles described herein must be adopted by every group, or that each group cannot add its own principles specific to its goals, but rather, each group must be very clear about the foundation of principles or common purposes they choose before they attempt the Formal Consensus decision-making process.

### Ingredients of successful consensus process<sup>iii</sup>

- **Facilitation:** Some of the group members have an understanding and the skills for running a consensus process.
- **Participants understand the process:** The participants have a basic understanding of what consensus is, how the group applies it, and what the expectations of the group are.
- **Participation:** Group members need to be present for the discussion part of the decision so your ideas can be shared, and you hear the other perspectives and ideas.
- **Cooperation:** willingness among the participants to trust the wisdom of the group and to cooperate.
- **A safe place to talk about the decision at hand:** The group environment needs to be comfortable so that individuals will freely share their ideas and thoughts, fears, opinions and experiences.
- **Ideas are heard and acknowledged:** Each participant feels that their contributions are considered. They might not be part of the final solution but the ideas were fairly and equally considered.
- **Decisions are Documented:** When the group agrees, the agreement is captured in writing so the group can refer to it later.
- **The process is reviewed:** At some interval, the decision process is evaluated. Meeting elements and decision processes that are working are identified to be continued. Things which are not working well are examined and changed.

## Roles in a consensus meeting

There are several roles which, if filled, can help consensus decision making run smoothly.

- **The facilitator(s)** aids the group in defining decisions that need to be made, helps them through the stages of reaching an agreement, keeps the meeting moving, focuses discussion to the point-at hand; makes sure everyone has the opportunity to participate, and formulates and tests to see if consensus has been reached. Facilitators help to direct the process of the meeting, not its content. They never make decisions for the group. If a facilitator feels too emotionally involved in an issue or discussion and cannot remain neutral in behavior, if not in attitude, then s/he should ask someone to take over the task of facilitation for that agenda item.
- **A vibes-watcher** is someone besides the facilitator who watches and comments on individual and group feelings and patterns of participation. Vibes-watchers need to be especially tuned in to the sexism of group dynamics.
- **A recorder** can take notes on the meeting, especially of decisions made and means of implementation and a timekeeper keeps things going on schedule so that each agenda item can be covered in the time allotted for it (if discussion runs over the time for an item, the group may or may not decide to contract for more time to finish up)

Even though individuals take on these roles, all participants in a meeting should be aware of and involved in the issues, process, and feelings of the group, and should share their individual expertise in helping the group run smoothly and reach a decision. This is especially true when it comes to finding compromise agreements to seemingly contradictory positions.

## Process Guidelines

When working in a group it is important that all members of the group play a role. While the simple majority rules concept works for our nation, in smaller groups it could leave members feeling slighted or out of the loop. Consensus is a strategy that involves everyone playing a role in the decision making of the group. In order for this to be successful it is important to be open to compromise!

## Guidelines

- Trust each other. This is not a competition; everyone must not be afraid to express their ideas and opinions.
- Make sure everyone understands the topic/problem. While building a consensus makes sure everyone is following, listening to, and understanding each other.
- All members should contribute their ideas and knowledge related to the subject.
- Stay on the task.
- You may disagree, that is OK and healthy. However, you must be flexible and willing to give something up to reach an agreement.
- Separate the issue from the personalities. This is not a time to disagree just because you don't like someone.
- Spend some time on this process. Being quick is not a sign of quality. The thought process needs to be drawn out some.

## **Appendix 2 - Election of Chair and Vice-Chair**

Effective functioning of the Network depends on the right mixture of skills, experience, personal qualities and commitment of individuals in the roles of Chair and Vice-Chair. The purpose of this document is to outline a process for the selection of the Chair and Vice-Chair and provide a mechanism for the smooth and orderly transition following completion of their terms of office.

### **Principles:**

- The process will be open and transparent to all network representatives.
- The process will be equitable

### **Nominating Process:**

1. The Advisory Committee is responsible for filling the positions of Chair and Vice-Chair
2. When a vacancy occurs in the Chair position, the Vice-Chair moves automatically into the Chair position. The Advisory Committee then initiates the selection process for the Vice-Chair. When a vacancy occurs in the Vice-Chair position, the Advisory Committee initiates the selection process for that position.
3. A call for nominations for the vacant position(s) will occur at least four weeks prior to the next Advisory Committee meeting that will elect the Chair and/or Vice-Chair.
4. Individuals may only be nominated if they are currently a member of the Advisory Committee.
5. Individuals may submit their own names for consideration. Anyone interested in nominating another person or persons must receive permission from them prior to submitting a nomination. It is understood that any person nominated for the position has the support of their organization/association. Names of nominees are to be sent to the Chair.
6. Nominated individuals should be prepared to say a few words as to why he/she wishes to serve as Chair or Vice-Chair of the Network.
7. Names of nominees will be circulated to Advisory Committee members two weeks prior to the meeting at which voting will occur.
8. Votes will be counted by the Past Chair.
9. In the case of single nominations for a position, a confirmation process will occur at the committee meeting.