

## Clinical Optimization Steering Committee – Terms of Reference

- 1.0 Purpose** The purpose of the *Clinical Optimization Project* is to examine existing in-patient and out-patient acute (clinical) service provision, and, on this basis, develop an overall vision for the provision of acute care services in the WWLHIN while identifying and recommending opportunities that will:
- Align the provision of care with current and future population need;
  - Improve patient access;
  - Improve the outcomes of care;
  - Foster the development of academic activities in order to create a positive environment for recruitment and innovation.
- 2.0 Mandate** The *Clinical Optimization Steering Committee* provides advice to the WWLHIN. The tasks of the *Clinical Optimization Steering Committee* are:
- Assist in defining the scope of the project;
  - Establish the working groups that will develop recommendations;
  - Provide direction to the external consultants where appropriate;
  - Develop the overall vision for the provision of in-patient and out-patient acute (clinical) services in the WWLHIN;
  - Advise on the implementation of the activities that will support the new vision
- 3.0 Objectives** The objectives of the *Clinical Optimization Steering Committee* are to:
- Provide oversight to the project;
  - Provide recommendations on the vision of acute care provision in the WWLHIN to the participating organizations;
  - Propose new service model options and integration initiatives as appropriate to Waterloo Wellington;
  - Recommend the implementation of the activities in support of the vision.
- 4.0 Membership** To be effective, the Steering Committee should have no more than 15-20 members and should include:
- Representatives from the hospitals, CCAC and the WWLHIN with decision making authority;
  - Representatives from the Medical Advisory Committees.
- 5.0 Chair** Dr. Wilson Lit, Chief of Staff, Chief Clinical Officer, Homewood
- 6.0 Recording Secretary** WWLHIN
- 7.0 Frequency of Meetings** The Steering Committee will meet monthly for a minimum of 10 times per year at the call of the Chairs.
- 8.0 Decision-Making Process** The Steering Committee will adopt a consensus model of decision-making for recommendations/advice. As such, deliberations of the Steering Committee will seek to build consensus on the most acceptable advice/direction considering the best interests of WWLHIN hospitals, their provider partners and communities. Where consensus cannot be reached, the Steering

- Committee will present a summary of the deliberations to the WWLHIN.
- 9.0 Quorum** Quorum of the Steering Committee will be 50% of its membership.
- 9.0 Terms of Appointment** The project will take 12–18 months.
- 10.0 Circulation of Minutes** Minutes shall be recorded for all meetings and circulated to committee members