Southeastern Ontario Health Collaborative
Terms of Reference
June 2011 – update April 2013

Purpose
The purpose of the Collaborative is to provide a forum for knowledge exchange and joint planning in best practice implementation among the SE regional networks and planning groups associated with chronic disease prevention and management.

Principles
- Thoughtful and strategic planning and implementation
- Efficient use of time and resources, reducing duplication
- Regional system planning
- Collaborative; building synergies to enhance impact and create efficiencies
- Drive evidence informed / best practice
- Commitment to patient-centred prevention and management of chronic diseases

Functions
1. Knowledge exchange
   - Serve as a forum for the exchange of planning ideas in the implementation of best practices and continuous quality improvement
   - Foster communication linkages
   - Share resources and best practice tools (such as educational resources and best practice guidelines)

2. Best practice planning and implementation
   - Identify and support areas of collaboration and integration in chronic disease prevention and management along the continuum of care
   - Maximize shared opportunities within regional strategies and operational plans to improve efficiency of implementation
   - Create synergies to strengthen efforts, leverage and optimize resources
   - Establish mutual priorities for best practice implementation (e.g. vascular health, self-management, system navigation links to healthy living programs/services)

3. Collaboration in communication, knowledge translation and outreach education
   - Promote collaborative planning in the delivery of evidence-based, integrated education
   - Act as a vehicle to build chronic disease prevention and management capacity
- Optimize use of our time and that of our care continuum partners and stakeholders (such as primary care providers) in the communication of best practice and its integration into practice through quality improvement initiatives.

**Linkages**
Individual regional networks and planning groups will provide subject matter expertise and pursue initiatives/projects in their respective areas. The Health Collaborative will connect these regional networks and planning groups with respect to areas of common interest, including Health Links.

**Relationship with the SE LHIN**
The Health Collaborative will keep the LHIN informed of their work through reports to their respective networks/councils and the associated LHIN Chronic Disease representative.

**Composition**
The Collaborative will be comprised of designated representatives/individuals from each of the SE regional networks and planning groups associated with chronic disease prevention and management (see list below).

**Role of Health Collaborative Members**
Individual members of the Collaborative are representing their respective Networks or groups and act as a communication link between their group and the Collaborative. *An alternate representative may be identified by each Network to attend meetings in the event that the Collaborative member is unable to attend.*

**Structure and Chair**
The Collaborative is a voluntary forum supported by the member networks/participants; members receive no compensation. The Collaborative will be Chaired by two member Co-Chairs. Members/participants will be asked to select/reaffirm the Co-Chairs annually. Decisions will be made by consensus.

**Meetings**
Meetings will occur at least three times per year or at the call of the Co-Chairs.

**Monitoring and Evaluation**
The Collaborative will establish an action plan related to established mutual priorities and will review its performance against this action plan twice each year. Terms of Reference will be reviewed every two years.
Membership list: Health Collaborative Members/Networks

- Aging with Comorbidity Network; Centre for Studies in Aging; Regional Geriatric Program
- Diabetes and Chronic Disease Management Planner, SE LHIN
- Kingston Frontenac Lennox and Addington Public Health
- Ontario Renal Network, SE LHIN/KGH
- Primary Care Lead, SE LHIN and Chair of Primary Care Health Council
- Self-Management Program of Southeastern Ontario (KCHC)
- South East Regional Cardiovascular Care Roadmap Implementation Steering Group
- South East Regional Cancer Centre, KGH
- Southeastern Ontario Asthma Care Network
- Stroke Network of Southeastern Ontario

Corresponding members

- South East Community Care Access Centre
- Southeastern Ontario Palliative & EOL Care Network