



HEALTH CARE NETWORK OF SOUTHEASTERN ONTARIO TERMS OF REFERENCE

Introduction

The Health Care Network of Southeastern Ontario was created in 1993 as a voluntary partnership of health service organizations who are working together to improve the delivery of health services in the region.

Network Vision and Goals

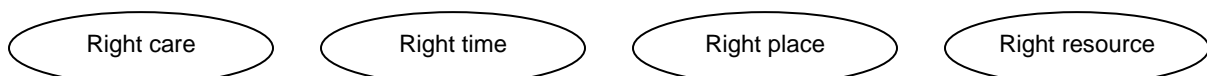
- To provide leadership in the development of a regional, integrated health system based around an academic health sciences center.
- To promote health and provide education, research, planning and the highest quality health care at the right time, the right place and by the most appropriate provider.
- To support a health care system in which the components of the system (providers and organizations) are interdependent, have common/shared relationships, roles and responsibilities for health, health care services, education, research and planning.
- To actively promote the appropriate, equitable and sustainable use of resources using a population needs-based approach.

Guiding Principles

In order to help the member organizations achieve the vision and goals, the following guiding principles have been developed to ensure a consistent approach to all activities of the Health Care Network of Southeastern Ontario.

It is understood that specific activities may develop additional terms of reference; however they must be consistent with these guiding principles.

Enhancement of access to the highest quality of health care services provided to the residents of Southeastern Ontario using the following four pillars:



- Development of economies of scale, reduction of duplication and promotion of standardized evidence-based best practice throughout the region, with particular emphasis on patient safety and quality improvement.
- Active promotion of opportunities that enhance research and education, and leverage existing federal, provincial and other initiatives in order to develop and improve the integration of care and ensure a workforce of engaged health care professionals.
- While still autonomous and responsible for their role mission vision, values and strategic plans and complying with all pertinent legislation, members commit themselves to consulting with the organizations affected by their plans before taking action which would affect another member or the Network as a whole.

Role

1. The Network will facilitate communication and education of its members with regard to service issues.
2. The Network will engage in health human resources planning.
3. The Network will create mechanisms to share in the development of health information and intelligence.

4. The Network will review programs and services in order that members can meet the needs of the population effectively and efficiently. Working through the Network, members will develop their own roles in the provision of these programs and services.
5. The Network will identify issues and develop a strategy related to hospital operating plans.
6. Members will work through the Network to develop roles in research and clinical education.
7. The Network will work toward the creation and maintenance of relationships with other key health care providers in Southeastern Ontario such as upper tier municipalities, community health service provider agencies, facilities and others.
8. The Network will work toward the development of cooperative relationships between the members and the other Health Sciences Centres, particularly the Ottawa Health Sciences Centre.
9. The Network may act to express the collective view of the members to government and others.
10. Through processes to be established the Network will facilitate communication between the medical staff of its members and will ensure full and meaningful participation by medical staff in the activities of the Network.

Accountability

The Health Care Network is accountable for the generation of joint creative and effective actions to the population in the communities served by its members through the individual Boards of its members.

Voting Rights

There shall be one vote per member organization of the Health Care Network.

Decision Making

Business which requires a vote at any meeting of the Network shall be decided by a majority of votes by a show of hands. The Chair only votes to break a tie.

Proxy Voting

No proxy voting is permitted.

Membership

- Brockville General Hospital
- Hotel Dieu Hospital
- Kingston General Hospital
- Lennox & Addington County General Hospital
- Perth & Smiths Falls District Hospital
- Providence Continuing Care Centre
- Quinte Health Care
- Queens University
- South East Community Care Access Centre
- Kingston Frontenac Lennox & Addington Public Health Unit
- Hastings Prince Edward Public Health Unit
- Lanark Leeds Grenville Public Health Unit

Typically, representatives will include the chair and chief executive officer, however supplemental representation is permitted provided that the one member, one vote principle is maintained.

Observer status:

- South East Local Health Integration Network
- Southeastern Ontario Regional Stroke Strategy
- Southeastern Regional Infection Control Network
- Ontario Community Support Association – South East

Participation in the Network

Members of the Network may grant membership to other institutions or bodies under criteria to be determined and agreed upon by the Network from time to time.

Officers

- At a designated meeting of the Network, the members will select three officers: a Chair, a Vice-Chair and a Treasurer.
- The Chair, Vice-Chair and Treasurer shall be selected from within the member organizations of the Network.
- Appointments will be by election.
- The term of office for the Chair, Vice-Chair and Treasurer positions shall be for one year. Reappointment for up to two additional one-year terms may occur if agreed to by Network members.
- If the Chair, Vice-Chair or Treasurer positions become vacant for any reason, the Network may appoint a replacement for an interim period that does not exceed the original term of office.

Duties of the Chair:

- to preside at all meetings of the Network when present;
- to appoint various committees of the Network as deemed necessary;
- to sign such documents and official transactions of the Network as required;
- to represent, or ensure representation of, the Network in all forums which require membership participation; and
- to undertake any such other task as may be assigned by the Network.
- To be the prime contact for the Managing Director and to oversee the Managing Director's annual performance evaluation.

Duties of the Vice-Chair:

The Vice-Chair will assume the duties of the Chair in the event that the Chair is unable to undertake such duties and will likely serve as the incoming Chair.

Duties of the Treasurer:

The duties and responsibilities of the Treasurer include, but are not restricted to:

- ensure that financial transactions, banking transactions and other disbursements are completed as per established rules
- review proposed plans and programs with regards to financial implications for the Network
- provide update of financial status at Network and Liaison Committee meetings
- submit an annual budget to the Liaison Committee for review and submission to the Network for approval

Annual Fee

- Each member organization will pay an annual fee to support the operations of the Network, including the costs of a secretariat.
- The financial year of the Network is the fiscal year April 1 – March 31
- The Kingston General Hospital will function as the payroll paymaster.
- The South East Community Care Access Centre will provide operational support for the Network.
- The Network will retain a minimum of fixed assets and will not enter into any contracts without the endorsement of the Network and the administrative sponsorship from one of its members.
- The Network will retain its own books of record of the organization and be audited independently from the member organizations.

Liability

Network liabilities will be distributed proportionately in the same manner as the Network is funded.

Special Projects

Costs of special projects undertaken by the Network will be shared among the members in accordance with special benefits. These projects will be reviewed on an individual basis, with cost-sharing apportioned by project.

Regular Meetings

- The Network will meet at least nine times per year.
- A quorum shall consist of 50% plus one of the members of the Network

Minutes of Meetings

Minutes shall be taken of each meeting of the Network and each meeting of Network Committees, with copies of these minutes forwarded to all members of the named committee within five working days of the meeting.

Conflict of Interest

Individually, each member organization of the Health Care Network of Southeastern Ontario is charged with the responsibility of allocating and managing community health resources including the spending of public tax dollars. Indeed, each member organization already follows stringent conflict of interest policies.

However, when dealing with Network business, it is acknowledged that members are representing the best interests of their organization and their stakeholders. Therefore, member organizations do not have a conflict of interest when they discuss, decide, or vote on Network business or issues that affect their organization. In fact, members are required and expected to advocate in the best interest of their organization. At the same time members collectively are expected to make decisions and take actions that represent the greater good of all the citizens of Southeastern Ontario. Therefore, the aim of the Network is to obtain a “confluence of interest” whereby the needs of each individual member and its stakeholders is balanced against the needs of the people of Southeastern Ontario.

Therefore, conflict of interest is only applicable to staff and representatives of members, collectively referred to as representatives who must comply with the Network Conflict of Interest Policy.

Review and Amendment

These terms of reference are subject to review on an annual basis.

April 2007