

# North Simcoe Muskoka Specialized Geriatric Services Program

## **ACCOUNTABILITY & AUTHORITY FRAMEWORK**

*February 4, 2016 – March 31, 2018*

**SPECIALIZED GERIATRIC SERVICES PROGRAM  
ACCOUNTABILITY & AUTHORITY FRAMEWORK**

*(herein referred to as the “Framework”)*

**between**

**Waypoint Centre for Mental Health Care**

*(herein referred to as the “Lead Agency”)*

**and**

**the NORTH SIMCOE MUSKOKA LOCAL HEALTH INTEGRATION NETWORK**

*(herein referred to as the “LHIN”).*

### **1.0 Purpose**

The Lead Agency, Project Team and the LHIN will work in partnership to plan and implement the new integrated regional North Simcoe Muskoka Specialized Geriatric Services Program *(herein referred to as the “Program”)* on behalf of NSM seniors and their caregivers. With a focus on frail seniors, the Program is the first building block of a broader integrated regional seniors health program.

This Framework creates a shared understanding with respect to:

- Guiding Principles;
- Authority & Accountability;
- Deliverables;
- Roles & Responsibilities;
- Reporting;
- Framework Term;
- Framework Changes; and,
- A Process for Dispute Resolution, should a conflict arise.

Through this Framework, the partners will stabilize and advance the planning and implementation of the Program to benefit NSM seniors and their caregivers.

### **2.0 Context**

- i. In 2013 there were approximately 82,200 people in NSM age 65+, representing 17.4% of the NSM population (Ontario average 15.0%). The number of seniors is expected to more than double over the next 20 years. Seniors are key consumers of NSM health resources.
- ii. Frail seniors typically represent approximately 15% of the community dwelling senior population. “Frailty is viewed as a multidimensional syndrome of loss of reserves (energy,

- physical ability, cognition, health) that reaches a tipping point and gives rise to vulnerability and risk of premature institutionalization”<sup>1</sup>.
- iii. On October 28th, 2013 the NSM LHIN Board of Directors approved base funding to: build an integrated regional Seniors Health Program in NSM; and, support the stabilization of NSM Geriatric Care Physicians through enhanced collaboration and building Specialized Geriatric Services system capacity.
  - iv. In July 2014 the *Strategy for a Specialized Geriatric Services Program in North Simcoe Muskoka* document was endorsed by NSM LHIN Leadership Council. The Strategy focuses on Specialized Geriatric Services and frail seniors as the first building block in an integrated regional Seniors Health Program. The Strategy provides strategic direction and a framework to inform NSM planning and decision-making.
  - v. “*Specialized Geriatric Services*” is defined as a comprehensive, coordinated system of hospital and community-based health and mental health services that diagnose, treat and rehabilitate *frail* seniors. Specialized Geriatric Services are differentiated from seniors’ services based on higher frailty/complexity of the population served, greater specialization and use of inter-professional collaboration and teams, and increasing customization of care to respond to unique and complex client needs.
  - vi. In October 2014, the Specialized Geriatric Services Program Steering Committee was established under the interim leadership of the NSM Community Care Access Centre (CCAC).
  - vii. Between August 2014 and March 2015 thirteen targeted seniors health programs in NSM were evaluated as part of a clinical services redesign project. This evaluation provides insight into system and program successes and opportunities related to system redesign. Recommendations focus on establishing an integrated system inclusive of: a Lead Agency; single funding envelope; regional decision support system to support program evaluation and reward incentives; integrated electronic health information system; central intake process, inclusive of behaviours; standardized admission criteria for clinical services; and, optimal case management.
  - viii. In February 2015, LHIN Leadership Council and the LHIN identified “*Specialized Geriatric Services, including behaviours*” as a LHIN priority for planning and action in 2015/16.
  - ix. In June 2015 a Call for Proposals was released by the NSM LHIN to identify a Lead Agency to plan and implement a new integrated regional Specialized Geriatric Services Program in the NSM LHIN.

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<sup>1</sup> Strategic and Operational Collaboration Framework (2013-2016) between the North East Specialized Geriatric Services, the North Bay Regional Health Centre and the North East Local Health Integration Network.

### 3.0 Guiding Principles

- i. Program planning and implementation will be a priority project for all partners for the term of this Framework. The NSM LHIN has endorsed the priority identified by the NSM Leadership Council, “Seniors Health, starting with Specialized Geriatric Services including behaviours”, as a LHIN priority project.
- ii. Program planning and implementation will be driven from a perspective reflective of the seniors and their caregivers as well as the system, not the perspective of individual partners and/or organizations.
- iii. As a priority project, partners will ensure issues are addressed and decisions are made in a timely fashion to ensure quality deliverables are achieved within targeted timelines.
- iv. Collaboration is imperative to engagement and success. Parties must work in partnership with each other as well as in partnership with NSM seniors and their caregivers, NSM health service providers, NSM Health Links, *NSM LHIN Care Connections* Project Teams and other key stakeholders.
- v. The system re-design opportunities within this project are exciting and substantial. Partners must strive to find the balance between creative solutions, innovative practices, standardization, stability and evidence while working within existing policies and legislative parameters.
- vi. Partners will conduct all interactions with transparency, integrity and respect recognizing the end goal is to improve the lives and well-being of NSM seniors and their caregivers.
- vii. The *Strategy for a Specialized Geriatric Services Program in North Simcoe Muskoka* (2014) will be the central document used to support Program planning and implementation, as will the LHIN Mission, Vision and Values. The final evaluation of the thirteen seniors health programs will inform system re-design, funding re-allocation and integration.
- viii. Program funds will be used to benefit NSM seniors and caregivers across the LHIN and not be used for the sole gain of any of the individual partners.
- ix. Investments in Program leadership and infrastructure will be critical to stabilizing and advancing planning and implementation and contribute to longer-term system cost savings.
- x. A project management approach will be used, with a Project Charter(s) in place throughout the duration of the Framework to support Program planning and implementation and monitor progress toward deliverables. The Charter will be endorsed by the LHIN CEO and be consistent with LHIN directions.<sup>2</sup>
- xi. Monitoring and evaluation will be critical to success and be a key component of all aspects of this work in alignment with the performance monitoring and evaluation strategy
- xii. Specialized Geriatric Services is one component of a system of seniors healthcare. When appropriate, the Program will provide advice and recommendations related to the development and coordination of other seniors' health services in NSM to support the development of a broader integrated regional seniors health program.

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<sup>2</sup> For the Lead Agency, the Service Accountability Agreement will be amended to include the Project Charter(s).

**4.0 Term**

This Accountability & Authority Framework will be in effect from February 4, 2016 to March 31, 2018. A 2.5 year term provides stability to support Program planning and implementation while allowing discussions to unfold to inform the future direction of regional programs, in particular discussions stemming from the Care Connections Project Teams and provincial discussions related to Regional Geriatric Programs and Specialized Geriatric Services.

Within the context of the Accountability & Authority Framework, the Lead Agency is renewed on an annual basis over the term of the Accountability & Authority Framework. Renewal is contingent upon targets being met and progress being made toward deliverables as outlined in the Accountability & Authority Framework and in alignment with the Project Charter(s). An annual renewal process promotes accountability, encourages collaboration between parties and ensures the priority status of the project over the term of the Framework.

To promote long-term success, the NSM LHIN and Lead Agency will initially share accountability for Program deliverables with increasing accountability resting with the Lead Agency over the course of this term.

	<b>NSM LHIN Accountability for Program Deliverables</b>	<b>Lead Agency Accountability for Program Deliverables</b>
<b>February 2016 – December 2016</b>	50%	50%
<b>January 2017 – March 2018</b>	25%	75%

The end goal, should planning and implementation proceed as envisioned, would be to establish the organization as permanent Lead Agency for the NSM Specialized Geriatric Services Program effective April 1<sup>st</sup>, 2018. The program monitoring and evaluation strategy will play a key role in determination of a permanent designation.

**5.0 Authority & Accountability**

Through this Framework the Lead Agency<sup>3</sup> will be granted the influence, ability, permission and right to make decisions and take actions to stabilize, advance and preserve the Program, including the authority to recommend to the LHIN the realignment of services, programs and/or funding of NSM health service providers. Authority aligns with the following areas of accountability:

**The Lead Agency** will be accountable to the LHIN (through the Service Accountability Agreement) and LHIN Leadership Council (as Co-Chair of the Project Team) for<sup>4</sup>: Program leadership, planning

<sup>3</sup> For the Lead Agency, the Service Accountability Agreement will be amended to include the Framework.

<sup>4</sup> The Lead Agency will assume increasing accountability for these areas as outlined in the Term of this Framework (Section 4.0)

and implementation; performance monitoring , reporting and evaluation in alignment with the performance monitoring and evaluation strategy; and, all relevant aspects of operations including clinical outcomes. The Lead Agency will consider recommendations of the Project Team and act in accordance with the parameters of their Service Accountability Agreement with the LHIN. The Lead Agency is accountable for ensuring all Program operations are delivered and conducted in alignment with relevant legislation, policy and procedures.

**The Project Team** will be an advisory body to the LHIN and Lead Agency as co-leads of the program. The Project Team will be accountable for regional Program system recommendations and ensuring Program planning and implementation advance in alignment with the Project Charter(s). Comprised of strategic leaders, the Project Team will use best evidence and system knowledge to inform recommendations that take into consideration the perspectives of NSM seniors and their caregivers, health service providers, organizations as well as the health system, including value for money.

**The LHIN** will be accountable for regional planning, funding, integration, monitoring and evaluation of service delivery. The LHIN will hold the Lead Agency and the Project Team to account for achieving the deliverables outlined in this Framework and ensure planning and implementation aligns with the Integrated Health Service Plan as well as Provincial directions and initiatives.

## 6.0 Deliverables

By March 31<sup>st</sup>, 2018<sup>5</sup> partners will have established an integrated regional Specialized Geriatric Services Program in NSM in alignment with the *Strategy for a Specialized Geriatric Services Program in North Simcoe Muskoka* and guided by the development and implementation of annual workplans. Workplans will be completed by the end of February on an annual basis and appended to this Framework (Appendix A) as part of the annual review process:

- I. A Leadership & Governance infrastructure will be place including, at minimum:
  - i. A single Lead Agency;
  - ii. A Project Team; and,
  - iii. A Program Leadership Team, as defined in the *Strategy* document.
- II. A single protected funding envelope will be established for Specialized Geriatric Services in NSM, resting with the Program.
- III. An overarching Performance Monitoring & Evaluation Framework will be in place and actively utilized by partners, leveraging the NSM Community Health Information Portal (CHIP) and other tools where appropriate.

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<sup>5</sup> The target date for all deliverables is March 31<sup>st</sup>, 2018 unless indicated otherwise.

- IV. Clinical Services will be evidence-informed, integrated and inclusive of both Geriatric Medicine and Geriatric Psychiatry services. Clinical Services implementation planning will be underway<sup>6</sup>, including but not limited to:
  - i. Establishment of a Central Intake, Triage & Navigation service for all Specialized Geriatric Services inclusive of behaviours.
  - ii. Establishment of Locally-Delivered and Centrally-Delivered Clinical Services in alignment with the Strategy document, implemented in a phased approach across NSM.
  - iii. Identification of admission and discharge criteria for all services.
  - iv. Standardized approaches to care and the dissemination of leading practices.
  - v. Coordination and provision of education to increase the self-management, knowledge and skills of NSM seniors, caregivers, health care professionals, community providers and health care professional students.
- V. In alignment with LHIN and provincial priorities, the following programs will be established at a minimum:
  - i. An integrated regional Behaviour Support System;
  - ii. An Assess & Restore program in alignment with Ministry Assess & Restore funding parameters; and,
  - iii. Both functional decline programs and delirium programs across all NSM hospitals in alignment with the Senior Friendly Hospital Strategy.
- VI. Based on available funding, key Program infrastructure elements will be in place, including but not limited to:
  - i. A health human resource strategy to support the recruitment and retention of appropriate staff including leaders, physicians and inter-professional team members.
  - ii. A strategy for reporting financial and statistical administrative data in compliance with the minimum reporting standards in the Ontario Healthcare Reporting Standards.
  - iii. An integrated information system<sup>7</sup> linking all aspects of the Program and interfacing with other key client information systems and databases.
  - iv. An information technology system able to support: telehealth; data entry and monitoring; and, communication within the team, between the team and the seniors and their caregivers as well as between the team and health services providers.
  - v. A standardized system-level assessment and care authorization process.
  - vi. A single, client-level classification system with initial consideration given to the use of InterRAI to promote communication across the system.
- VII. A communication and community engagement strategy will be in place to support effective and timely communication between all partners, with the Board of Directors of both the LHIN and the Lead Agency, with LHIN Leadership Council and with key stakeholders including NSM seniors and their caregivers.

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<sup>6</sup> By March 31<sup>st</sup>, 2018 all implementation will not be complete but there should be clear evidence of progress underway.

<sup>7</sup> As advanced as possible within the eHealth and NSM information system technology infrastructure.

- VIII. The Program will be recognized for its distinct regional role and identity as well as its contributions to improving outcomes for frail seniors and their caregivers.
- IX. The Program will be a new regional member of the Regional Geriatric Programs of Ontario<sup>8</sup>.

Changes to deliverables will be done through a negotiated process between all partners during the annual Accountability & Authority Framework review process. As a LHIN priority project, progress will be monitored by LHIN Leadership Council and the LHIN Board.

## 7.0 Roles & Responsibilities

### I. The **Lead Agency** will:

- i. Develop and co-sponsor the Project Charter(s)<sup>9</sup>.
- ii. Co-Chair and support the Project Team<sup>10</sup>.
- iii. Represent the Project Team as the ambassador and regional steward for the Program locally and provincially, including at LHIN Leadership Council. This includes promoting the distinct regional role and identity of the Program while concurrently promoting its contributions to NSM seniors and their caregivers.
- iv. Provide the necessary leadership and supports to successfully advance all aspects of Program planning, implementation, monitoring and evaluation as well as all aspects of operations taking into consideration Project Team recommendations. This includes responsibilities related to deliverables contained herein, including:
  - Establishing and maintaining an effective and responsive Program Leadership Team;
  - All fiscal responsibilities, including maintaining a balanced budget;
  - Develop a Performance Monitoring & Evaluation Framework for the Program, in collaboration with the partners. Final approval of the Performance Monitoring & Evaluation Framework will rest with the LHIN.
  - Gathering, maintaining and reporting quality and timely data to support Program evaluation and monitoring in alignment with the Performance Monitoring & Evaluation Framework;
  - Cooperating fully and sharing information, as required by the LHIN, to evaluate the success of the project. This includes but is not limited to: providing primary or routinely collected administrative data; participation in surveys and/or qualitative interviews; and/or other evaluation activities as determined by the LHIN.

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<sup>8</sup> Pending the Ministry/LHIN review of Regional Geriatric Programs and Specialized Geriatric Services.

<sup>9</sup> Based on discussions, there may be two Project Charters required, one to support project planning and another related to project implementation.

<sup>10</sup> The LHIN and Lead Agency will share accountability and responsibility for the Specialized Geriatric Services Program and will co-lead the Project Team in alignment with the Term described in Section 4.0 of this Framework. The mandate of the Lead Agency is the Specialized Geriatric Services Program. Issues brought to the Project Team related to the broader Seniors Strategy will fall under the leadership and responsibility of the LHIN.

- Planning and implementing all Program roles as defined in the *Strategy* document including: Leadership; Clinical, including Clinical Services within the mandate of the Program; Education & Mentorship; Advocacy; and Research & Ethics;
  - Building and maintaining the Program infrastructure required to support Program success and advancement;
  - Effective and timely communication, including community engagement (with specific emphasis on Persons with Lived Experience) and marketing; and
  - Establishing and maintaining membership in the Regional Geriatric Programs of Ontario<sup>11</sup>
- v. Ensure all Program operations are delivered and conducted in alignment with relevant legislation, policy and procedures.
  - vi. Ensure all Program planning and implementation aligns with the *Strategy for a Specialized Geriatric Services Program in North Simcoe Muskoka* Quality Framework and the five roles of the Program: Leadership, Clinical Services, Education & Mentoring, Advocacy, and Research & Ethics.
  - vii. Leverage current investments for Specialized Geriatric Services in the region as a means to facilitate the spread of innovation and support improved access to Specialized Geriatric Services for NSM seniors and their caregivers.
  - viii. Develop and provide required reports to LHIN Leadership Council, the LHIN, the Project Team and other key stakeholders, including an annual report in the required LHIN format.
  - ix. Undertake a strategic planning process in 2016/17 to develop the next Program Quality Framework<sup>12</sup>.
  - x. Provide recommendations to the LHIN, as appropriate, related to the Program as well as the development of the Seniors Strategy, including recommendations related to funding and integration.

II. The **Project Team** will:

- i. Provide input and support the development of the Project Charter(s).
- ii. Provide strategic and, as appropriate, operational guidance to the Lead Agency and the LHIN as co-leads related to high-level aspects of Program planning and implementation including, but not limited to:
  - Recommendations related to funding and integration;
  - The annual operating budget;
  - The Clinical Services plan and annual workplan;
  - The health human resource strategy to support the recruitment and retention of appropriate staff; and,

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<sup>11</sup> Pending the Ministry/LHIN review of Regional Geriatric Programs and Specialized Geriatric Services.

<sup>12</sup> The current term of the Specialized Geriatric Service Program's Quality Framework, as outlined in the *Strategy* document, is 2014/15 – 2016/17.

- The communication and community engagement strategy.
- iii. Support the development of a Performance Monitoring & Evaluation Framework for the Program, in collaboration with the partners.
- iv. Support necessary monitoring and reporting requirements, including providing input into the completion of required reports.
- v. Participate in a strategic planning process in 2016/17 to develop the next Program Quality Framework<sup>13</sup>.
- vi. As a steward of the Program, develop and promote the distinct regional role and identity of the Program while concurrently promoting its contributions to NSM seniors and their caregivers.
- vii. As appropriate, provide recommendations to the LHIN related to the development of the broader Seniors Strategy, including recommendations related to funding and integration.

III. The **LHIN** will:

- i. Dedicate a LHIN senior leader to provide LHIN oversight of this project.
- ii. As a LHIN priority, lead the process for establishing the Project Team, in collaboration with the Lead Agency.
- iii. Co-Chair the Project Team<sup>14</sup>.
- iv. Endorse and co-sponsor the Project Charter(s).
- v. Address necessary reporting requirements, including reporting to LHIN Board of Directors on a regular basis and scheduling regular reports with LHIN Leadership Council for the purpose of stabilizing, advancing and preserving the Program and for the purpose of leveraging the Program as a model for regional program planning and implementation within the NSM health system.
- vi. Amend Service Accountability Agreements of the Lead Agency and other health service providers, as appropriate, to advance the Program.
- vii. Support development of a Performance Monitoring & Evaluation Framework for the Program, in collaboration with the partners. Final approval of the Performance Monitoring & Evaluation Framework will rest with the LHIN.
- viii. In collaboration with the partners, evaluate and monitor Program success and impact on a quarterly and annual basis leveraging the Performance Monitoring & Evaluation Framework.
- ix. For the term of this Framework, dedicate and protect Program funds as well as all other funding for Specialized Geriatric Services in NSM. Funds made available through the

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<sup>13</sup> The current term of the Specialized Geriatric Service Program's Quality Framework, as outlined in the Strategy document, is 2014/15 – 2016/17.

<sup>14</sup> The LHIN and Lead Agency will share accountability and responsibility for the Specialized Geriatric Services Program and will co-lead the Project Team in alignment with the Term described in Section 4.0 of this Framework. The mandate of the Lead Agency is the Specialized Geriatric Services Program. Issues brought to the Project Team related to the broader Seniors Strategy will fall under the leadership and responsibility of the LHIN.

clinical services re-design project, through Program efficiencies, through the Program's third quarter surplus re-allocation process, through funding re-allocation and/or through integration will be protected and leveraged for the purpose of advancing and improving the Program.

- x. Support the clinical services re-design project through completion of neutral and objective evaluations of targeted LHIN-funded seniors health programs.
- xi. Establish and advance a single funding envelope for the Program inclusive of geriatric medicine and geriatric psychiatry, leadership and the back-office infrastructure required to maximize Program success.
- xii. As appropriate, engage the Ministry of Health & Long-Term Care and support the engagement of NSM Project Teams, NSM seniors and their caregivers and/or other key stakeholders to stabilize, advance and preserve the Program.
- xiii. By the end of February each year:
  - Complete the annual review and renewal process for the Lead Agency, including a fulsome review of the role of the Lead Agency by February 2018; and,
  - Coordinate and complete the review of the Accountability & Authority Framework with all partners.
- xiv. Complete a broader Seniors Strategy, reflecting the Program as the first building block in the integrated regional NSM Seniors Health Program. This would include continued evaluation of NSM seniors programs.

## **8.0 Reporting**

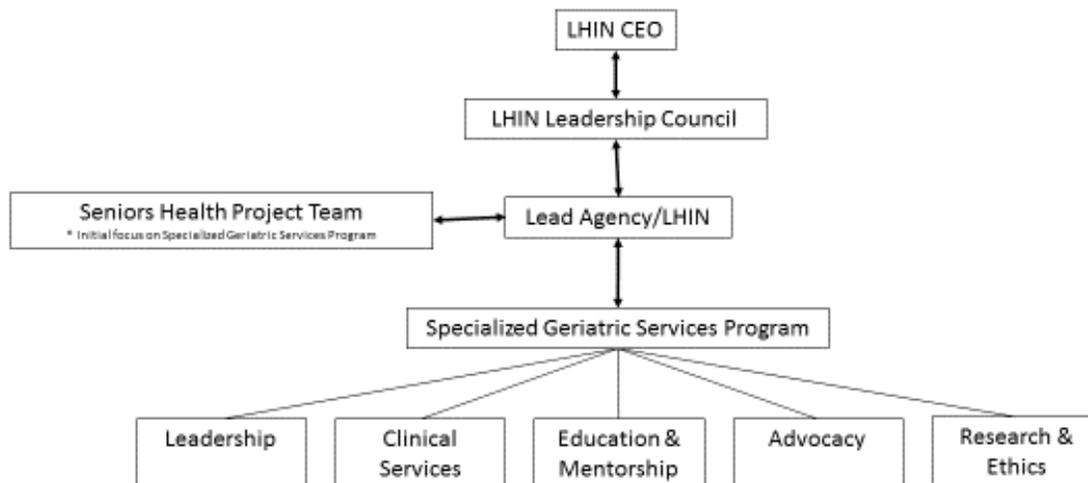
As a LHIN priority project, the Lead Agency will report on behalf of the LHIN and Lead Agency to the LHIN Leadership Council to:

- Ensure planning and implementation is consistent with the NSM LHIN Integrated Health Service Plan, financial imperatives, best practices and concurrent planning initiatives;
- Promote collaboration, communication and engagement with LHIN Leadership Council representatives; and,
- Ensure a system approach to progress and performance monitoring and evaluation is applied so that the Program can be monitored by health system stakeholders against the deliverables in the annual workplans.

As a LHIN priority project, the LHIN CEO will report to the LHIN Board of Directors on a regular basis to:

- Provide status reports related to progress toward deliverables; and,
- As appropriate, engage the Board in decisions related to planning, funding, integration, monitoring and evaluation.

In addition to any standardized reporting required by the Lead Agency to the LHIN through the Accountability Agreement, the Lead Agency, in collaboration with the Project Team, will complete and submit a standardized Project Monitoring Report on a quarterly basis to the LHIN.



**9.0 Review, Modification and Termination**

- i. On an annual basis at the end of February, the Lead Agency and LHIN will review the Accountability & Authority Framework and make necessary changes to support the advancement of the Program.
- ii. This Framework may only be terminated within the context of the Accountability Agreement between the Lead Agency and the LHIN.

**10.0 Dispute Resolution**

Any disagreement or dispute which might arise between the LHIN, the Lead Agency will be resolved harmoniously, creatively and constructively through a process of consensus decision making. In the event that an agreement is not forthcoming and the partners are at an impasse, the following protocol will be invoked:

- i. An impasse is defined as an unresolved or unmanageable disagreement that has discernible and measurable negative consequences for the Program.
- ii. Best efforts will be given to resolving the impasse in a timely manner by openly acknowledging and applying the guiding principles noted above.
- iii. If warranted, a skilled and experienced facilitator or mediator who does not have a vested interest in the outcome will assist the partners in finding an agreement or resolution of the disagreement or impasse.
- iv. Any costs involved in selecting and appointing a facilitator or mediator will be absorbed by the LHIN and Lead Agency on an equal basis to a pre-determined limit.

- v. The facilitation or mediation will, unless otherwise agreed to by the partners, follow a specific timetable so as to ensure an expedited process such that the consequences of continued disagreement do not compromise the goal(s) of the Program.
- vi. If, at the end of the facilitated or mediated process, an acceptable solution is not forthcoming, the facilitator/mediator may at the request of the partners propose non-binding recommendations aimed at assisting a resolution of the matter.
- vii. In the event the issue, dispute or impasse cannot be resolved, the partners will determine if it is grounds for termination of their agreement.
- viii. The above protocol does not apply to issues of alleged professional misconduct, incompetence, incapacity, unethical or inappropriate behaviour. Such issues will be dealt with under established rules and regulations as promulgated by appropriate committees as approved by the Board of Directors of each party.