

Northeast Maternal Child Health Committee Terms of Reference

PURPOSE

Recognizing that the continuum of care within the maternal-child health care system is evolving under the direction and leadership of the Provincial Council for Maternal Child Health, this committee will discuss standards and best practices, identify and seek solutions to common challenges, and support an integrated and coordinated system of maternal-child care in the NE LHIN that is aligned with provincial direction.

PRINCIPLES

- The work of the Provincial Council for Maternal and Child Health informs the work of this committee.
- An effective system is one that is coordinated, and delivered in community and hospital settings, and is sensitive to urban, rural and remote areas.
- Access to appropriate levels of care for patients in the NE LHIN is a priority.
- Access is equitable, timely.
- Care is high quality, evidence based and family-centered.

ACCOUNTABILITY

Responsibility and accountability for identifying issues, developing strategies to address issues, and communicating to key stakeholders is shared by the group. Committee members (LHIN and HSPs) provide reports to internal committees (both in-hospital and LHIN) as appropriate to assist with program planning and knowledge exchange.

OBJECTIVES

Building on the principles, the objectives are to:

- Identify issues relevant to the delivery of maternal-child care across the NE LHIN.
- Improve the delivery of care by supporting best practices and accepted standards of care in community and hospital settings.
- Share expertise and knowledge regarding implementation of maternal-child QBPs.
- Receive updates on common and current issues, develop plans and lead implementation of maternal-child strategies in the NE LHIN.
- Review relevant reports from the PCMCH and develop plans to address gaps and opportunities.
- Mobilize information and expertise to optimize maternal-child care in the NE LHIN.

MEMBERSHIP

Membership includes representatives from each acute care organizations in the NE LHIN who have Maternal and Child Health expertise including:

- Anson General Hospital
- Bingham Memorial Hospital
- Blind River District Health Centre
- Chapleau Health Services
- Englehart and District Hospital
- Espanola Regional Hospital & Health Centre
- Health Sciences North
- Hornepayne Community Hospital
- Kirkland and District Hospital
- Lady Minto Hospital
- Lady Dunn Health Centre
- Manitoulin Health Centre
- Mattawa Hospital
- North Bay Regional Health Center
- Notre Dame Hospital
- Sault Area Hospital
- Sesenbrenner Hospital
- Smooth Rock Falls Hospital
- St. Joseph's Continuing Care Centre Sudbury
- St. Joseph's General Hospital Elliot Lake
- Temiskaming Hospital
- Timmins & District Hospital
- Weeneebayko Area Hospital Authority
- West Nipissing General Hospital
- West Parry Sound Health Centre

The members select a Chairperson on an annual basis. Depending on the issues being addressed e.g. operational or strategic, participation may include representation from the Manager and/or Director level of each organization.

FREQUENCY OF MEETINGS:

Quarterly – March; June; September; December or as deemed necessary by the membership.

DECISION-MAKING

Committee decisions are made by consensus. System level decisions are made in collaboration with relevant stakeholders and clinical experts.

Review of Terms of Reference

The terms of reference are reviewed annually by the committee, beginning one year from the time the terms of reference are accepted.