

Respite Providers Service Network

Terms of Reference

1. Definition of OHRS Functional Centre

OHRS FC 72 5 82 34 COM IH & CS – Respite¹

The provision of short- or long-term significant others relief. The service is provided at the residence of the service recipients and may include homemaking, some personal care, light housekeeping, attendant care, monitoring, supervision and/or activation.

Includes:

- employee compensation for providing direct services – homemaking and respite workers
- coordination costs – direct staff compensation
- transportation costs (eg. fuel, public transit costs, gas and mileage)

Excludes:

- volunteer compensation.

Client fee: \$10.00/hour

2. Purpose of Network

The purpose of the Network is to engage community Health Service Providers (HSPs) in substantive and meaningful strategic discussions to:

- Collaborate, as health system leaders across the East region, to provide input on policy/policy changes, performance standards, indicators and/or service targets as well as quality improvement initiatives that support service provision and improvement of the client experience;
- Identify and consider options to address service gaps and funding levels;
- Share innovative ideas and leading practices;
- Support individual members of the Network in their provision of Respite Service;
- and
- Work towards alignment of service-related practices for greater consistency across Ontario Health East;
- Provide recommendations for reforming the service and, therefore the health care system

Successful outcomes of discussions will:

- improve quality of and access to the service; and
- be broadly-supported (ie thru consensus) by Network members.

¹ Source: OHRS Chapter Ten, Ontario Ministry of Health and Long-Term Care, Health Data Branch (version 12.1 2023/24).

3. Members

The Network will consist of leadership representatives from Health Service Providers (HSPs) who:

- a) receive government funding to support the Respite program; and
- b) Hold a Service Accountability Agreement with Ontario Health.

These are the voting members of the Network.

Non-Voting Members may include:

Champlain Community Support Network (CCSN) staff representation – standing

Ontario Health East (OHE) Representation – by invitation

Home & Community Care Support Services Representation – by invitation

Other organizations that provide the same or similar service but are not funded to provide Respite Service as defined by the OHRS – by invitation.

Additional participants may be included as guests, on an ‘as needed’ basis.

4. Participation and Role of Members

Each HSP that is funded to provide Respite service is invited to appoint a member representative to the Network. We commit to the following:

- Ensuring that the viewpoints of Respite Service Provider HSPs are fully and consistently articulated, and to help build trust and momentum, we commit to make our best efforts to attend meetings regularly.
- Being prepared for meetings. Listening attentively to the range of all members’ perspectives.
- Pursuing and creating solutions that meet the broadest range of the most members’ interests.
- Contributing to an atmosphere of productive discussions.
- Offering possible alternatives when we say “no” to an idea.

5. Consensus Decision-Making

In the event of a vote, each agency/HSP holds one vote which shall be held by agency representative appointed to this Network. Decisions of the Network shall be made by consensus.

Consensus means reaching agreement amongst all members of the Respite Providers Service Network. Consensus is neither compromise nor unanimity. Consensus means that Members will put forth their best effort to achieve the best recommendation at the time, for the largest number of Respite service providers.

Consensus involves the following concepts:

- 'I can live with it'
- Abstaining / not voting
- Flexibility to move towards the most amenable/least objectionable option
- Patients/clients are at the centre of our work
- Everyone at the table is equal – bringing different experiences, resources, knowledge/strengths.

Should consensus or agreement not be reached, a decision may be made to consult, in a timely fashion, with a broader constituency of CSS providers. Should further discussion not yield consensus, a majority vote will decide the outcome of the discussion.

6. Meeting Frequency

Meetings will be held as needed and no less than semi-annually (ie x2/year).

7. Dissemination of Information

Meeting notes will be distributed to Members.

Updates on the discussions and activities of the Network shall be shared broadly with other groups.

8. **Executive:** The Chairperson is an appointed representative of an organization funded to support provision of Respite service, as defined by OHRS. The Chairperson is elected from among the voting members. Meetings shall be called by the Chairperson. The Chairperson will also provide regular updates to the Network Leadership and other community Networks/Committees as needed.
9. **Terms of Office** – The terms for each of the positions of Chairperson will be for a period of 2 years. Incumbents may be re-elected to another term if they wish to continue.

If a vacancy exists, another member from the Network shall be elected.

Mar 2015

Revised: Mar 2016

Mar 2017

Mar 2019

Jan 2024