



Provincial Council for Maternal and Child Health

Maternal-Child Transport Operations Group

Terms of Reference

1. SCOPE AND MANDATE

The purpose of the Maternal-Child Transport Operations Group (M-CTOG) shall be to work collaboratively to implement maternal-child transport strategies, guidelines, standards and recommendations developed by the Maternal-Child Transport Advisory Committee (M-CTAC) and approved by the Provincial Council for Maternal and Child Health (PCMCH). The group will work to achieve a collaborative approach to improve quality, access, and the patient experience for the maternal and child transport system in Ontario, in alignment with the strategy and direction of the PCMCH and the Ministry of Health and Long-Term Care (MOHLTC).

2. FUNCTIONS

The major duties of the M-CTOG shall be as follows:

- i. To identify operational challenges, risks, barriers and gaps within the provincial system of transport for pregnant women, newborns, children and youth in Ontario and to alert M-CTAC of priority operational issues;
- ii. To recommend operational solutions and strategies in order to achieve and sustain a standardized, coordinated, high quality transport system for pregnant women, newborns, children and youth in Ontario;
- iii. To contribute to the development and operationalization of coordinated implementation plans, for strategies, guidelines, standards, and recommendations, at the local and regional level;
- iv. To actively engage regional counterparts to identify local and/or regional challenges, and to collaboratively problem solve and support resolutions for operational/implementation issues;
- v. To alert M-CTAC to operational standards of practice or unique local/regional practices and requirements that may impact or influence implementation plans;
- vi. To collect and review key performance indicators to evaluate system efficiencies, access, safety, and satisfaction;
- vii. To provide an Operations/Implementation Status Report at each M-CTAC meeting.

3. REPORTING RELATIONSHIP AND ACCOUNTABILITY

The M-CTOG will report to M-CTAC. One Co-Chair of M-CTOG will sit as a member of M-CTAC, thus ensuring appropriate flow of communication between the two groups.

The M-CTOG has no authority to spend or commit PCMCH funds without prior approval from the Chair, PCMCH.

4. MEMBERSHIP

Membership will include representation from the following:

(Where appropriate, one member may provide representation for more than one member category below.)

- 2 Co-Chairs;
 - 1 - Transport Team Administrative Director from 1 of the 4 provincial Neonatal/Paediatric Transport Teams

- 1 - Transport Team Medical Director from 1 of the 4 provincial Neonatal/Paediatric Transport Teams
- 5 Administrative Directors/Managers;
 - 1 from each of the 4 provincial Neonatal/Paediatric Transport Teams
 - McMaster Children's Hospital - LHINs 3(part), 4, 6(part)
 - Children's Hospital London Health Sciences Centre - LHINs 1, 2, 3(part), 13(part), 14(part)
 - Children's Hospital Eastern Ontario - LHINs 10, 11, 13(part)
 - Hospital for Sick Children - LHINs 5, 6(part), 7, 8, 9, 12, 13(part)
 - 1 from Neonatal Transport Program, Winnipeg Children's Hospital - LHIN 14(part)
- 4 Chiefs, EMS serving Transport Regions - Hamilton, London, Ottawa, Toronto;
- 1 Operations representative from each of:
 - Ornge;
 - CritiCall Ontario;
 - MOHLTC - Enhancing Emergency Services Ontario (EESO 2.0);
 - Tertiary NICU without a transport team;
 - Paediatric ICU;
 - Obstetrics.

Representatives should be of a level of authority to implement strategies and activities within their areas of responsibility, organizations and networks.

The Co-Chairs of M-CTAC may invite others ad hoc to address or participate in meetings.

A patient and/or family perspective will be sought as appropriate.

Process for Selection of the Members

Members will be appointed by the Co-Chairs, who shall seek nominations from M-CTOG members, M-CTAC members, membership organizations/networks and PCMCH.

Terms of Membership

Terms for M-CTOG members will be ongoing, based on their leadership/representation roles within their respective domains. It is the responsibility of each M-CTOG member to advise of any changes to their roles and to support identification of replacement representatives.

Officers

The Officers of M-CTOG will be the two Co-Chairs. One of the Co-Chairs will sit as a member of M-CTAC, thus ensuring appropriate flow of communication between the two groups.

Process for Selection of the Officers

One Co-Chair may be appointed by the Co-Chairs of M-CTAC. A second co-chair will be sought from M-CTOG member organizations and will be confirmed by M-CTAC Co-Chairs.

Terms of Office of Officers

The Co-Chairs will serve a maximum of two 3-year terms. Their turnover will be staggered.

Use of Alternates

The use of alternates or designates by members is not permitted.

Attendance

The M-CTOG meets at least 4 times a year. In order to maintain their seat on M-CTAC, a member must be present (in person or remote participation) for a minimum of 3 meetings per year (75% attendance).

5. DECISION MAKING & QUORUM

The M-CTOG will act in the best interests of the citizens of Ontario and the maternal, child and youth health care system. Decisions will be based on the interests of the citizens of Ontario and the system of services, rather than the interests of any single organization or component of that system.

M-CTOG meetings will be convened by PCMCH and chaired by the Co-Chairs, M-CTOG.

All M-CTOG members shall share accountability for decisions and results. There will be open and direct communication based on honesty, respect and transparency to ensure that all perspectives are heard. Decisions will be based on evidence whenever possible.

Quorum is set at 50% + 1 of membership for decisions.

Decisions shall be made by consensus if possible; if consensus is not achieved, then a majority-based decision will be made. If voting is required, members are entitled to one vote, which should include the opportunity for absentee members to provide input. The views and issues of any minority perspective will be reflected in final reports and recommendations. There will not be an appeals process.

Decisions are binding and all members will support the decisions and work of the M-CTOG after decisions have been made. Decisions will form the basis of recommendations to M-CTAC.

6. CONFLICT of INTEREST

Members of M-CTOG shall be expected to disclose to the group, without delay, any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest.

7. COMMUNICATION AND CONFIDENTIALITY

M-CTOG material should be treated as confidential; it will be clearly stated when material is no longer confidential.

8. MEETING SCHEDULE

Quarterly teleconference; one annual in-person meeting.

9. SECRETARIAT

M-CTOG shall be supported by a secretariat that is comprised of PCMCH staff, including:

- Program Manager(s)
- Program Coordinator
- Administrative Assistant

10. TERMS OF REFERENCE

The Terms of Reference for the M-CTOG shall be reviewed as necessary and/or at a minimum of every two years.