

## Terms of Reference South West LHIN Patient and Family Advisory Committee

### **Background**

The South West Local Health Integration Network (LHIN) has long recognized that listening to the patients and their families and their stories can lead to improvements within the health system. In order to improve health outcomes and experiences, patients and families across Ontario must be engaged and empowered to have a strong voice to shape care delivery. This committee reflects the LHIN's commitment to partnering and listening to patients and families to ensure that changes in the health care system reflect the needs and opinions of those it serves.

The South West LHIN has adopted the [Health Quality Ontario's framework on provincial patient engagement](#) to guide the patient engagement strategy for the South West LHIN. Please see Appendix A for South West LHIN *Guiding Principles 'Our Moral Compass'* and *Principles for Partnering in Patient Engagement*

### **Mandate and Role (How will they do their work?)**

The South West LHIN's Patient and Family Advisory Committee will aim to assist in shaping the LHIN's programs, services and initiatives designed to improve care in each LHIN. The role of the committee member is to provide advice to the LHIN based on the patient, caregiver and family experience that is meaningful to all people living in the LHIN region. Please see appendix B for further information regarding Committee members' roles.

The LHIN Patient and Family Advisory Committee will apply their learning, collective experience and insights to:

- Identify and advise on opportunities to incorporate the patient's perspective in initiatives to better integrate care across the region and across the health care system.
- Support effective patient engagement within the LHIN.
- Provide advice on recommendations about health care access or service delivery improvements from the patient and/or family caregiver perspective.
- Provide input on LHIN policies and standards guiding LHIN initiatives, particularly regarding patient care and patient engagement.
- Recommend strategies and practical ideas for improving patient care, and caregiver recognition and support.
- Work in partnership and engage in co-design with the LHIN CEO, LHIN staff, service providers and partners.
- Link and collaborate with other patient and family advisory groups within the LHIN and across the province as appropriate.
- Not have a fiscal mandate to perform these duties.

When executing its mandate, the Patient and Family Advisory Committee will adhere to the following principles:

- The Committee will make every effort to provide informed advice on LHIN policy and program initiatives.

- The Committee will take into account population health and health equity in making its recommendations.
- The LHIN will respond to the committee's advice and final decisions will remain with LHIN staff, Board of Directors and LHIN CEO.
- The Committee will work in alignment with best practices identified in the LHIN Community Engagement Guidelines and the provincial Patient Engagement Framework.

### **Accountability and Reporting Relationship (*Who are they accountable to?*)**

The South West LHIN's Patient and Family Advisory Committee will provide regular updates and report annually at minimum on its work plans, activities and progress to the LHIN Board of Directors through the LHIN CEO.

Members are expected to contribute to the committee's work based on their professional and/or personal perspectives as patients, family members of patients, or patient caregivers.

### **Membership (*Who belongs and what are they responsible for?*)**

The Patient and Family Advisory Committee will consist of up to 10-15 members. The role of a Patient and Family Partner is to share his or her unique stories, experiences, opinions and perspectives in order to strengthen engagement of patients, caregivers and the public in important local health planning decisions and policies.

Members will be selected and recruited in such a manner to ensure diversity that is reflective of the LHIN's population makeup, including in relation to age, geographic distribution across the LHIN region, gender, cultural diversity, socio-economic status and health experience with the health system. Membership will also represent patient, family/caregiver experiences across different health care settings, including in hospitals, Long-Term Care Homes, and home and community care settings.

Specifically, membership will include:

- Two Patient, Family or Caregiver Partners from each sub-region in the LHIN where members will have cross-membership at the LHIN's Sub-Region Integration Tables
- Two patient or family advisors / representatives from quality improvement initiatives in the LHIN that are large scale and cross-sector
- A member from provincial patient advisory council(s)
- South West LHIN Senior Leaders including LHIN CEO, Vice President Strategy, System Design and Integration and Vice President, Home and Community Care

The committee may seek input from a wider group of subject-matter experts. Members will have links to the Sub-Region Integration Tables and the Health System Renewal Advisory Committee through cross-membership. Members will seek advice and share information with these groups as appropriate.

The Director, Quality and the Patient Engagement Lead will act as primary LHIN staff support and will be key resources to planning and supporting the committee.

### **Appointment term**

Members shall be appointed for a term of up to 2-3 years. Members may be re-appointed for an additional term at the LHIN CEO's discretion. Members that miss three consecutive meetings without sending regrets will be approached by a co-chair regarding their continued involvement. Members may withdraw at any time and by any means (e.g. written or verbal). There are circumstances where

a Committee Member may need to leave the Committee before the end of his / her term. Please see Appendix C for further details regarding the process for resigning / dismissal from the Committee prior to the end of a term.

### **Election of Co-Chairs**

Two Patient, Family or Caregiver Partners will act as Co-Chairs of the Committee. The Co-Chairs will be selected by the Committee for a period of 2-3 years. LHIN staff will support the Co-Chairs and assist with committee facilitation, as appropriate.

### **Meetings**

The Committee will be engaged regularly throughout the year and as requested by the LHIN CEO as the LHIN needs the Committee's advice on LHIN policy/program issues. At least 50 per cent of members must be present for quorum.

#### Meeting frequency

Meetings will take place twice each year or at the call of the Co-Chairs. Meetings will be held in person, with consideration for teleconference or other electronic method available as needed. (The committee's records are subject to the *Freedom of Information and Policy Act* and are governed by South West LHIN's Records Retention Policy).

### **Ethical Framework and Conflict of Interest**

Please see Appendix D for further information on Committee member requirements.

### **Reimbursement**

Please see appendix E for the Reimbursement policy.

### **Establishment of Subcommittees/Working Groups**

The Committee may establish time-limited working groups to provide reports and recommendations to the Committee on specific issues on specific priorities set by the Committee Working group membership may overlap with Committee membership as appropriate. If interested, members can also get involved in other LHIN engagement activities.

### **Decision-making**

Group recommendations /advice will be made by consensus leveraging the Consensus Model for Decision-Making. Please see Appendix F for detailed information on the Consensus Model. Consensus is defined as group-decision making where members develop and agree to support a decision in the best interests of the whole based on the information available, viewpoints presented, and discussions related to that decision.

### **Amendments to Terms of Reference**

These Terms of Reference will be reviewed after one year, and every two years thereafter and may be amended by the LHIN CEO.

## Appendix A – Guiding Principles

### Guiding Principles – ‘Our Moral Compass’

(Developed by the Executive Advisory Group November 2016)

The work and decisions of the Patient and Family Advisory Committee will be grounded by the following guiding principles:

- Person and caregiver centred
- Equitable and aligned to what specific populations need
- Integrated across sectors and systems
- Borderless access to care
- Trust and respect among partners
- Transparency
- Sustainability

The **overall aim of the** Patient and Family Advisory Committee is to improve:

- Health, wellness
- Patient experience and outcomes, as well as
- Value for money.

### Principles for partnering in patient engagement

(Developed by the South West LHIN Quality Advisory Group – February 2016)

Value statement:

Effective partnerships between patients, caregivers and families, members of the public, healthcare professionals and organizations *should*:

1. Be founded on common understandings and non-judgement
2. Honour, respect and leverage the differences among partners
3. Foster meaningful change through creating safe spaces that establish value
4. Effectively share and build-upon engagement initiatives without “reinventing the wheel”
5. Encourage peer/agency-to-peer/agency education and learning as part of the partnership process
6. Honour the time and contributions of all partners
7. Include mutual knowledge sharing and exchange for the mutual benefit of all partners
8. Be accountable to all stakeholders, especially the patients, caregivers and families involved
9. Be driven by patient, caregiver and family experiences and satisfaction
10. Measure progress by what has been demonstrated, not by what has been promised

## **Appendix B - Roles and Responsibilities**

### **The Role of the Committee Member**

The role of the Committee Members is to provide advice to the LHIN based on the patient, caregiver and family experience that is meaningful to all people living in the LHIN region. This will involve:

- Represent patients and / or families effectively when engaging with all health system partners, including community members
- Reviewing and providing feedback on LHIN documents, proposals, and plans.
- Doing their utmost to attend each meeting of the LHIN's Patient and Family Advisory Committee (either in person or by teleconference / videoconference).
- Being prepared to be active participants in each meeting (e.g., all meeting materials should be read prior to each meeting).
- Provide constructive advice, and manage diverse and differing opinions with respect
- Identifying opportunities for improvements in the planning and delivery of services.
- Participating in initiatives where the patient's voice can inform improvements outside of the Patient and Family Advisory Committee.
- Seeking input from, and relaying information to the LHIN's sub-region integration tables and/or the Health System Renewal Advisory Committee as well as respective community partners
- Acting in accordance with the internal policies of the organization and relevant legislation, including the Ontario Occupational Health and Safety Act and the Accessibility for Ontarians with Disabilities Act; and
- Approving this Terms of Reference in collaboration with the LHIN staff as needed.

### **The Role of the Co-Chairs**

In addition to the Committee member's responsibilities outlined above, the Co-Chairs will also be responsible for:

- Liaising between the Committee and the LHIN's board/CEO.
- Encouraging participation and active involvement among members.
- Provide constructive advice, and manage diverse and differing opinions with respect
- Leading and facilitating Committee meetings (for people both attending in-person, online or via telephone).
- Attending external meetings on behalf of the Committee and at the request of the LHIN's CEO.
- Setting the agenda for each meeting.
- Assisting in the evaluation of the PFAC on an annual basis.
- Guiding LHIN staff in-between meetings; and
- Recruiting and orientating new Committee members (in collaboration with the LHIN staff who support the Committee).

### **The Role of LHIN Staff**

LHIN staff will:

- Provide secretariat support which may include, but is not limited to, logistics and coordination, organization of meetings, project management of Committee activities, orientation, research and analysis, report writing and translation, and performance measurement and evaluation.
- Respond to Committee feedback and advice.

- Facilitate discussions with the LHIN CEO, Board of Directors, LHIN staff and others.
- Prepare meeting agendas in consultation with the Committee Co-Chairs.
- Prepare briefing notes about agenda items and ensuring that they are clearly written and crafted with the perspective of what would be important to patients and family advisors.
- Answer questions about policies / issues answered in a respectful, helpful, and prompt manner.
- Support the Co-Chairs and existing Committee members with the recruitment and orientation of new members; and
- Collaborate with the Co-Chairs, identifying appropriate topics for engaging the Committee and developing appropriate meeting agendas and activities to elicit meaningful input.

## **Appendix C – Resigning / Dismissal from the Committee before the End of a Term**

There are circumstances where a Committee Member may need to leave the Committee before the end of his / her term.

1. Committee members who elect to resign from their position are requested to provide thirty days written notification of their decision to the Co-Chairs.
2. Where a Member has not fulfilled his / her role as per the Terms of Reference, the Committee (via the Co-Chairs) may wish to inform the LHIN CEO of the Committee's concerns.
  - The LHIN CEO will use the information provided by the Co-Chairs and the Committee to inform his / her decision on whether or not to end the Member's appointment.
  - As a guiding principle, and before informing the LHIN CEO, the Committee Co-Chairs will reach out to the Member in question to understand the reason(s) for his / her not fulfilling the role of Committee Member in an attempt to mitigate / resolve the issue.
  - The Committee will document this outreach process, and the Member's response, for the LHIN CEO's consideration.
  - If members are unable to fulfill their role and or engage in behaviour that materially undermines the integrity of the LHIN, work of the committee, or committee terms of reference they may be requested by the LHIN CEO to resign from the committee.

## **Appendix D – Ethical Framework and Conflict of Interest**

### **Ethical Framework and Conflict of Interest**

Committee members are required to fulfill the duties of their appointment in a professional, ethical and competent manner and avoid any real or perceived conflict of interest. Committee members have an obligation to declare a personal or pecuniary interest that could raise a conflict of interest concern at the earliest opportunity to the Chair(s). Each member has an ongoing obligation to disclose any actual, potential or perceived conflict of interest arising at any point during a member's term of appointment in regard to any matter under discussion by the Committee or related to the Committee's mandate.

## **Appendix E – Reimbursement**

Patient/Family Partners and Co-Chairs are eligible for reimbursement of pre-approved expenses incurred regarding travel, meals, accommodations, and child/elder care as per the Travel, Meal and Hospitality Expenses Directive, as applicable to the LHIN's expenses policy and as may be amended or replaced from time to time (the "Directive"). The LHIN is not responsible for any travel, meals, accommodation, or child/elder care expenses incurred by the Committee members that are not pre-approved in writing by the LHIN and charged in accordance with the Directive.

## Appendix F – Consensus Model for Decision Making

The simplest and most basic definition of consensus is, '**general agreement about something**' (Soanes, C. and Hawker, S., ed., The Compact Oxford English Dictionary of Current English. 3<sup>rd</sup> ed. Oxford University Press, 2005.)

In this approach, people are not simply for or against a decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

1. Full support
2. Acceptable
3. Support with reservations
4. I am not thrilled with it, but I can live with it and will not block it
5. Need more information or more discussion
6. Cannot support it and cannot accept it

If everyone is at level #4 or above (3, 2, or 1), then by definition, consensus has been reached.

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestions being discussed.

If someone is at level 5, they have the obligation to explain what information or discussion they require from the group. If someone is at level 6, it is important for them to try and offer a solution that can accommodate their needs and the needs of the rest of the group.

In addressing someone's reservation, it is important to:

- a) ask everyone for possible solutions (the person expressing the concern and the rest of the group have the responsibility to find solutions)
- b) ask people to suggest improvements as alternatives that meet the objectives of the entire group.

## IDENTIFYING CONSENSUS

Consensus is a relative term. There are varying levels of agreement with decisions, as indicated in the table below. Levels 1 through 5 all constitute consensus. Only Level 6 lacks consensus.

Level	Position	Feelings and Behaviour		
<b>1</b>	Agree strongly	“I really like it!”	“I’ll advocate for it publicly whether or not it’s adopted”	“I’ll actively support its implementation”
<b>2</b>	Agree	“I like it”	“I’ll advocate for it publicly”	“I’ll support its implementation”
<b>3</b>	Agree with some reservations	“I can live with it”	“I’ll support it publicly and privately even with my reservations”	“I’ll participate in its implementation”
<b>4</b>	Disagree, but willing to go along with majority	“I don’t like it. I’m willing to go along with it, but I want my disagreement acknowledged”	“I’ll support it publicly and privately when asked”	“I won’t work against its implementation”
<b>5</b>	Disagree, and won’t be involved in implementation	“I really don’t like it, but I’m willing to go along with it because I don’t want to stop others”	“I’ll not oppose it publicly or privately”	“I will not be involved in its implementation, but won’t sabotage it”
<b>6</b>	Opposed, and will work to block	“I hate it and will work to block it!”	“I’ll advocate against it publicly if adopted”	“I’ll work to sabotage it”