

BC EMN Patient Council - Terms of Reference -

Function and Responsibilities

The purpose of the BC EMN Patient Council is to provide strategic guidance and advocacy to the BC Emergency Medicine (EM) Network Management and Advisory Committees regarding initiatives related to Patient Partners. In doing so, the BC EMN Patient Council will make authentic, useful, and practical contributions to the EM Network by providing feedback on network priorities, initiatives, and materials such as the EMN website.

The BC EMN Patient Council will embody the Networks Vision and Mission statement while working to increase public awareness of the Network, acting as a resource for EM Network Program and Evaluations as needed, and identifying opportunities for the Network to improve the patient experience in BC through ongoing advocacy.

Membership

Membership on this committee will be by appointment. Appointment terms, with the exception of EM Network fixed positions, will be 1 year with the possibility of renewal. Patient Partner roles will be advertised and recruited as needed in collaboration with the Patient Voices Network (PVN). The role of Patient Partner Chair will be determined by the membership annually.

- Manager, EM Network (Co-Chair).
- Patient Partner (Co-Chair).
- Patient Partners – 6 to 8 positions available throughout the province.

Guests may be invited to attend meetings with the approval of the chair(s).

Accountability

Members of the BC EMN Patient Council are accountable to each other and the BC Emergency Medicine (EM) Network. The Co-Chairs are responsible for ensuring information is circulated before/after meetings as required. Additionally, the Co-Chairs are responsible for:

- Managing meetings in a way that encourages open, honest, and respectful dialogue amongst the members.
- Ensuring that the purpose of the patient council is fulfilled.
- Coordinating the orientation and introduction of new members.
- Coordinating and organizing the agenda for each meeting.
- Representing the patient council at other Network meeting and functions as required.

All members, +/- invited guests when appropriate, will be eligible to vote when voting occurs.

Quorum

As the council works primarily in an advisory capacity to the EMN Management Team and Advisory Committee, voting will not generally occur but can be held for specific items at the discretion of the Chair. When decisions are needed, they will generally be reached by consensus. Decisions will be made

by a simple majority when voting occurs. If consensus is not achieved, further discussion will be required and then the decision in question will be made by the Manager, EM Network in consultation with EM Network leadership as required. For consensus or voting decisions, 6 committee members will constitute a quorum. Input can be provided, and decisions can be made, through email fanout to members or in formal meetings.

Meetings

Meetings will be held at minimum once per quarter (4 times per year), with additional meetings scheduled as required. Agendas and supplementary materials will be distributed at least 1 week in advance of meetings. Members commit to the follow guidelines and best practices:

- Ensuring opportunities for equal participating of all members.
- Ask questions in order to seek clarification if need be.
- Open and respectful dialogue.
- Demonstrating mutual respect.
- Be inclusive.
- Minimize use of acronyms.
- Start and end meetings on time.
- Turn ringers off devices.
- Being open to innovation and seeking best practices.
- Always striving to improve patient experiences within keeping of the EM Network mandate.
- Agree to a “parking lot” for some items, discussions, etc.
- Only share personal experiences if related to current agenda item under discussion, and in a way that others can learn from.

Confidentiality

BC EMN Patient Council members will not disclose confidential information belonging to, or obtained through their affiliation with the BC Emergency Medicine (EM) Network to any person, including their relatives, friends, and business and professional associates, unless the Manager, EM Network has authorized disclosure. This does not prevent disclosure where disclosure is required by law.

Confidentiality is the preservation of privileged information; all information provided to BC EMN Patient Council members that is not posted publicly on the EMN website is considered to be confidential. BC EMN Patient Council members are expected to demonstrate professionalism, good judgement, and care at all times when handling any information related to the Network. At the end of a BC EMN Patient Council members term they shall return/destroy any Network materials deemed confidential at the request of the Network. Email contact information of BC EMN Patient Council members is **not** considered confidential and may be used and shared within the Network as needed to facilitate connection and communication.

Review

The Manager, EM Network will regularly update the EM Network Leadership on the performance of the BC EMN Patient Council. The council terms of reference, membership and activities will be formally reviewed annually by both the EMN Management and EMN Advisory Committees and adjusted as necessary.