**Northern Health Person and Family Centred Care Implementation Group**

**Terms of Reference**

**Background & Purpose**

Northern Health (NH) defines Person & Family Centred Care (PFCC) as:

An approach to the planning, delivery and evaluation of health services grounded in mutually beneficial partnerships among health care providers, patients/clients, and families. It redefines the relationship in health care and leads to better health outcomes, wiser allocation of resources, and greater individual and family satisfaction.[[1]](#footnote-1)

This shared definition assists teams as they work toward PFCC and are guided by the four widely accepted principles of PFCC which are:

* Dignity and Respect: Person and family knowledge, values, beliefs and cultural backgrounds are respected and incorporated into the planning and delivery of care.
* Information Sharing: Health care practitioners communicate and share complete and unbiased information with people and their families in ways that are affirming and useful. Information is timely, complete and accurate for effective participation in care and decision-making.
* Participation: People are encouraged and supported in participating in care and decision-making at the level they choose.
* Collaboration: Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in facility design; and in professional education, as well as the delivery of care.[[2]](#footnote-2)

Using business architecture and leading practice methodology, the PFCC Implementation Group works to produce and action the: NH PFCC Strategy; Framework; annual action plan; and additional activities at the request of PFCC Strategy Steering Group.

The PFCC Implementation Group will work toward the NH priority actions to embed a person and family centred approach across the organization in everything we do.[[3]](#footnote-3)

The PFCC Implementation Group will look for and consider key elements such as: “organization engagement; workplace culture support; balanced patient provider relationships; and tool development…”[[4]](#footnote-4)

This Implementation group will provide these work products, actions and recommendations for approval or vetting by the PFCC Structure Steering group.

**Membership**

**NH**

* Professional Practice- Co Chair
* Professional Practice – Allied Health
* Process Analysis (Business architecture)
* Research and Evaluation (data support)
* Project Management support
* QI Lead
* Health Information Management Systems (HIMS)
* Care providers (Operations - 6 multi-level and areas)
* Support Services
* Aboriginal Health
* Content experts will be invited to attend on an as needed basis (for example: HR; Finance)

**People we serve, family members, caregivers**

* 6 participants (to include 3 First Nations and all HSDA’s)
  + One as co-chair

**Responsibilities**

* Chair and member sit as member and liaison on PFCC Strategy Steering Group (providing alternate attendees as needed)
* Minutes and agenda items to PFCC Strategy Steering Group following each meeting
* Inform and make recommendations about the implementation and evaluation of the NH PFCC strategy, framework and actions
* Create annual PFCC action/work plan considering and utilizing PFCC Strategy, NH Strategic Plan and program/operational work plans
* Highlight action/work plan relationships to Accreditation standards and best practice
* Actively promote and create opportunities, tools and supports for communication, collaboration and partnering among those we serve, care givers, families and staff
* Identify and support opportunities for improvement across NH services from the person and family perspective
* Receive reports on the patient experience and consider action/opportunities
* Share milestones, successes, and opportunities for celebration with the PFCC Strategy Steering Group

**Meeting Frequency**

Monthly

Members who miss three consecutive meetings without sending regrets will be approached by the chair regarding their continued involvement

**Representation and Decision Making**

A balance will be sought to ensure representation and participation at each meeting, reflective of: \*those we serve, family, caregivers; \*clinical staff; and \*regional or administrative staff

Decision making will be by consensus

**Agenda and Minutes**

Agenda and minutes will be available one week prior to the meeting

**Reporting Relationship**

The PFCC Implementation Group reports to the PFCC Strategy Steering Group.

1. Northern Health, *Strategic Plan… Looking to 2021*. (Prince George, 2016) 7 (Definition Adapted from Institute for Patient and Family Centered Care) [↑](#footnote-ref-1)
2. Northern Health, *Quality Framework*. (Prince George, 2016) 6 [↑](#footnote-ref-2)
3. Northern Health, *Strategic Plan… Looking to 2021*. (Prince George, 2016)7 [↑](#footnote-ref-3)
4. British Columbia Ministry of Health, *The British Columbia Patient-Centered Care Framework*. (Victoria, 2015) 5 [↑](#footnote-ref-4)