**Northern Health Person and Family Centred Care Strategy Steering 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)

The PFCC Strategy Steering Group is comprised of a senior level group of NH health staff in addition to representatives of Patient Voices Network and Aboriginal health who will provide decision making, guidelines and support the NH PFCC strategy, framework and actions. The oversight Steering Group will support the efforts of NH to continuously embed a person and family centred approach across the organization in everything we do.[[3]](#footnote-3)

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

The PFCC Strategy Steering Group works in an advisory and direction capacity for the Implementation Group. It reports semi-annually to the Board 3P(Performance, Planning and Priorities) Committee and, reports and confers regularly with the Planning & Quality Council Prioritization Committee.

**Membership**

**NH**

* Executive Sponsor- (COO NE, Co-Chair)
* Chair of PFCC Implementation Group (CNO, Professional Practice)
* Communications
* HR Lead
* Patient Care Quality Office
* Care providers (multilevel and area representation-4)
* Physician Lead
* Aboriginal Health Lead
* Spiritual Health representative
* Finance

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

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

In addition to regular members, other stakeholders may be engaged when needed using a focus group approach to inform and assist the Strategy Steering Group.

**Responsibilities**

Assisted by the PFCC Implementation Group, the Strategy Steering Group will:

* Report semi-annually to the Board 3P (Performance, Planning and Priorities) Committee
* Inform and make recommendations about the implementation and evaluation of the NH annual and ongoing PFCC actions, Strategy and Framework
* Receive reports on the patient/user experience
* Receive reports on the alignment of activities with Accreditation Standards and Best Practice
* Actively promote opportunities for communication, collaboration and partnership among those we serve, care givers, families and staff. This should occur at both regional and operational levels ie. regional committees and point of care
* Celebrate and share milestones across the organization

**Meeting Frequency**

Bi-monthly and/or at the call of the co-chairs

* Members who miss three consecutive meetings without sending regrets will be approached by the co-chairs as to their continued involvement

**Representation**

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**

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 Strategy Steering Group reports to The Board 3P (Performance, Planning and Priorities) Committee, and the Northern Health Executive Team.

1. Northern Health, *Strategic Plan… Looking to 2021*. (Prince George, 2016) 7. (Definition adopted 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)