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Kootenay Boundary Patient Advisory Committee

Terms of Reference

*Cover Letter Content:*

* *Issues we want advice on?*
  + *Model and design of PCN*
  + *Best way to secure patient involvement*
  + *What they want to see In primary care*
  + *One of us has a concrete piece of work (policy, document, form) that group looks at and comments on*
  + *Best practice model from elsewhere studied and local applicability discussed*
* *How to tackle the patient education gap (health literacy)*
* *Resources (defined broadly) required -* ***\*if we can't show change as a result of advice received, don't ask for advice***
  + *Ability and commitment to re-direct resources Incl. existing HR?*
  + *Mini-project monies for the committee? - or active input to other projects*

**Purpose**

Interior Health is working together with the Divisions of Family Practice through the Collaborative Services Committee (CSC) to find ways to support the creation of an integrated system of care at the local level. The Kootenay Boundary Patient Advisory Committee (herein: The Committee) will provide a forum for the patient voice to advise the CSC on primary care quality improvement and system change at the local and regional (Kootenay Boundary) level.

The Committee is convened with awareness of the IAP2 Spectrum of Public Engagement ([click here](https://drive.google.com/file/d/0B1A6l4UiSXoWc2pLMGdwX3Z4M0E/view)) in the "Involve" realm. The commitment of the CSC in this context is: "We will work with you to ensure your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how [your] input influenced the decision".

**Responsibilities and opportunities**

* To advise the work of the Kootenay Boundary Collaborative Services Committee on meeting the needs of patients and families through teamwork with staff
* To advance patient engagement and patient-centred care in all primary health care services provided in the Kootenay Boundary
* To provide mechanisms (including and beyond the Committee) for patients and families to identify opportunities to improve the quality of care and to participate in quality improvement initiatives in the Kootenay Boundary
* To promote opportunities for collaboration among patients, families and staff in the Kootenay Boundary region.
* To promote the inclusion of all voices in health care decision-making
* To promote issues of known high interest to patient voices including but not limited to health literacy, system navigation and caregiver support.

**Accountability and reporting relationships**

The Kootenay Boundary Patient Advisory Committee communicates directly with representatives of the CSC, at least one of which will be a Health Authority representative and at least one representative from the Kootenay Boundary Divisions of Family Practice. They will also have 1-3 patient voice(s) from the CSC membership who will also sit on the Advisory Committee.

The IH Transformation Lead supports the council by ensuring meeting logistics are met (invite, agenda, location, etc.) Division administrative assistance will be offered for meeting logistics (bookings, minute taking, etc.).

**Members**

Members of the committee will include:

* 6-9 patient/family representatives
* 1 Interior Health representative(s) (typically Transformation Lead)
* 1 Divisions of Family Practice representative(s)

Guests may be invited from time to time, particularly as required to offer system context from a clinical or operations standpoint.

**Selection Process:**

Members will be chosen through the Patient Voices Network process. Candidates will be Interviewed and selected based on qualifications and diversity. Recruitment processes will endeavor to achieve a broad representation demographically, including:

* Indigenous & Doukhobor
* Gender
* Age
* S.E.S.
* Geography

General requirements:

* Attend a screening interview
* Sign a confidentiality agreement and volunteer contract
* Attend an orientation session
* Is or is willing to become a member of the Patient Voices Network

All members are expected to:

* Participate in at least 2 of the anticipated 4 or 5 meetings per year, of 2-3 hours each
* Participate in projects between meetings as appropriate
* Inform the co-chairs or staff liaison if they will miss a meeting
* Prepare for all meetings (read all documents distributed beforehand, complete any assigned action items, etc)
* Communicate assertively regarding one's personal needs as committee member to assist in making involvement is a rewarding experience

**Term:** Members are asked to participate for 2 years, from September 1 to August 31. Members can serve for 2 terms. The balance between new and experienced members will be maintained by staggering the intake of new members. The CSC patient members will provide experience/leadership to the committee during the first year. Terms of 3 years will be offered to the inaugural members of the committee and half granted the 3 year term to maintain balance.

**Qualifications:**

* A resident of the Kootenay Boundary region
* Have access to email
* Is able to attend most meetings at a central location, most likely Castlegar (video or phone meetings may be convened on occasion or in inclement weather)
* Respects diversity and differing opinions
* Works collaboratively with staff and other members of the public
* Respects privacy and confidentiality
* Provides constructive advice
* Can represent families as a well-informed participant

**Reimbursement and compensation:**

Mileage and out of pocket expenses will be reimbursed. Refreshments will be provided during the meetings.

**Meetings**

Frequency: The Kootenay Boundary Patient Advisory Committee will meet at least 4 times a year.

Notice: An invite and agenda will be circulated via email 1 week prior to the meeting date. The next meeting date will be chosen by the group at the end of each meeting*.*

Decision-making: This Committee is not a decision-making body, but one that will make recommendations to the CSC for further discussion and final decision-making. All decisions internal to the Committee will be made by consensus. Consensus is achieved when all, or all but one, of the members accept and support a decision and understand how it was reached. If the Committee cannot reach a consensus decision on any matter after 2 meetings, a decision may be approved by 2/3 majority vote and noted as not a consensus.

Minutes: will be circulated within 1 week of each meeting, minutes will be sent by email to:

All members of the committee

The co-chairs of the CSC

Others on request

**Review**

The Committee and the Collaborative Services Committee will review these terms of reference every 2 years and approve any revisions.