Adult Mental Health and Substance Use Services

Partnerships in Care Committee

## Terms of Reference

**Last updated: July 15, 2020**

***“Dynamic partnerships between patients, families and staff will serve as a catalyst
toward excellence in the delivery of healthcare for our community.”***

## BACKGROUND

The BC Mental Health and Substance Use Services (BCMHSUS) provides health care services to people across British Columbia with severe mental health and substance use issues, people in custody, and people who have been referred by the courts for assessment and treatment. BCMHSUS also leads knowledge exchange, health promotion, and health literacy.

Operating within BCMHSUS, the Burnaby Centre for Mental Health and Addictions (BCMHA) is a tertiary care facility for adults with severe and complex concurrent disorders across BC. BCMHSUS services also include Heartwood Centre for Women (HCW) is a tertiary care facility for self-identified women (19+) across BC who struggle with severe and complex mental health and substance use challenges.

Coast Mental Health Rehabilitation and Recovery (Coast R&R) is a program contracted by BCMHSUS that provides care to former BCMHA and HCW clients who require longer treatment in order to solidify their recovery in preparation for community living.

1. **LEVEL OF ENGAGEMENT**

The Partnerships in Care Committee is a formal group of clients, families, and staff working together at the level of “Involve” on the [IAP2 Spectrum of Public Participation](https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20%281%29.pdf). The promise to patients and families is that BCMHA, HCW, and Coast R&R will involve patients and families in planning and design phases to ensure ideas or concerns are considered and reflected in alternatives and recommendations. For specific projects, this opportunity is at the level of “Collaborate” on the [Spectrum of Public Participation](https://iap2canada.ca/Resources/Documents/0702-Foundations-Spectrum-MW-rev2%20%281%29.pdf).

1. **OUR ASPIRATION FOR PATIENT AND FAMILY EXPERIENCE**
We believe in a culture where:
* Patients and families are supported and work in collaboration with BCMHA staff to make informed decisions about their own health and care.
* The voices of patients and families are at the centre of all decisions, interactions, and activities at BCMHA and BCMHSUS.
* Patients, families and staff feel safe, are treated with respect and dignity, and receive care in an environment that is free of racism and discrimination.
* Patients and families feel the service and quality of care they receive is extraordinary.
1. **OUR DEFINITION OF FAMILY**
Family is whoever the client states if family. It is defined as “person or persons who are related in any way (biologically, legally, or emotionally), including immediate relatives and other individuals in the client’s support network. This includes friends, extended family, partners, friends, advocates, guardians, and other individuals.” (Accreditation Canada Standards: Mental Health Services).

## OUR GROUP PURPOSE

The purpose of the Partnerships in Care Committee is to:

* Enable a joint partnership between patients, families, and staff across key disciplines.
* Learn from the lived experiences of patients and families to create positive, safe, equitable, trauma-informed, and culturally safe services, programs, interactions and environments at BCMHA.
* Work in collaboration to make key decisions that impact structures, processes, policies, roles, and culture at BCMHA and BCMHSUS.
* Work in collaboration to advance patient- and family-centered care and patient and family engagement across BCMHA and BCMHSUS.

## OUR GOAL

To create safer, more effective, responsive and equitable experiences and health outcomes for all patients, clients and families that access BCMHSUS’ services at BCMHA by:

1. Identifying and advising on key strategies, services and projects that improve the diverse experiences of patients, clients, and their families; and
2. Empowering patients, clients, and families to actively participate in the co-design of goals, processes, and evaluation of BCMHSUS initiatives.

This goal will be achieved through regular meetings between patients, families, and health care professionals on the Partnerships in Care Committee, in which experiences, ideas, and knowledge are shared. Staff will also engage patients and families outside of meetings to plan, implement, and evaluate initiatives that are directed by the Partnerships in Care Committee, or support patients and families to lead the work.

##  GROUP PRINCIPLESHere are our operating values as a committee:

## We share our diverse perspectives, knowledge, worldviews, belief systems, and experiences so that others may learn from them.

* We promote the diversity of patients, clients and families in all discussions of the Partnerships in Care Committee.
* We believe decision-making promotes equitable and socially-just health care outcomes.
* We are open to innovation and seek best practices everywhere.
* We communicate all activities pertaining to the Partnerships in Care Committee in a respectful, inclusive and transparent way.
* We uphold the [PHSA Code of Ethics](http://pod/policies/Conduct/Code%20of%20Ethics.pdf) for all committee activities.

## MEMBERSHIP

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| Recruitment Principles | * At least 50% + 1 of the Partnerships in Care Committee will be Patient and Family Partners.
* The composition of the Partnerships in Care Committee is guided by the desire to learn and share perspectives from a diverse population and broad cross-section of identities served by BCMHSUS, recognizing the intersectional nature of identities (including but not limited to: culture, gender, health condition, sexual orientation, age, geography).
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| Recruitment Method | * Methods of recruitment include: BCMHSUS Patient and Family Partner Network, BC Patient Voices Network, outreach during special events, and word of mouth.
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| Application Process | * Interested patients and families will contact or be referred to the Co-Chairs for further screening and discussion.
 |
| Council Co-Chairs | * The Council will be co-chaired by:
	+ One Co-Chair who is a patient or family partner
	+ One Co-Chair who is an employee of BCMHA

*(See Appendix B for Co-Chair role descriptions).** These positions will be determined by the Partnerships in Care Committee through a nomination process on an annual basis.
 |
| Orientation | * All new members will receive an in-person or virtual orientation by the BCMHSUS Patient Experience and Community Engagement Team.
	+ The orientation will include a handbook on how to participate in a Patient and Family Advisory Committee (PFAC).
	+ Members may receive a subsequent site orientation by the Co-Chairs as needed.
* The Patient/Family Co-Chair will receive an in-person or virtual orientation by the BCMHSUS Patient Experience and Community Engagement Team.
	+ The orientation will include a handbook on how to co-chair a PFAC.
	+ The Patient/Family Co-Chair will receive ongoing support from the Staff Co-Chair and BCMHSUS Patient Experience and Community Engagement Team as needed.
* The Staff Co-Chair will receive ongoing support from the Patient/Family Co-Chair and BCMHSUS Patient Experience and Community Engagement Team as needed, including facilitation training.
 |
| Term | * Members shall participate on the Partnerships in Care Committee for [amount TBD by Committee].
* Following completion of the term, members who are interested in renewing their membership, can reapply.
* Members stepping down will be offered an exit interview by one or both Co-Chairs and/or representative(s) from the BCMHSUS Patient Experience and Community Engagement Team.
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| Additional Criteria | * [TBD by Committee, i.e. not be a current patient, must attend X meetings per year].
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## COUNCIL PROCESS

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| Agenda | * Agendas will be collaboratively prepared and reviewed by the Co-Chairs prior to each meeting, incorporating member feedback and requests for agenda items.
* An agenda will be distributed 5-7 calendar days prior to each meeting to allow for member feedback.
* Agendas will be annotated to provide clarity of the purpose of each item, outlining: the level of engagement and the accountable lead.
 |
| Minutes | * Minutes will be recorded at each meeting by Committee Minute Taker.
* Minutes will be distributed 7-10 calendar days after the meeting to allow for member feedback.
* Action log (record of outstanding action items) will be distributed with the minutes.
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| Frequency | * Meetings will occur every month in-person at BCMHA with a videoconference and teleconference option.
* Each meeting will be 1.5 hours in duration.
 |
| Attendance | * If a patient and/or family representative misses two meetings in a row, the Co-Chairs will check in with the individual using their preferred method of communication.
* If a staff representative cannot make a meeting, the member will identify and suggest a substitute representative from the same team, which also aims to broadening and strengthening the Committee’s work across BCMHA.
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| Decision-Making | * The traffic light decision-making process will be applied for all of the Partnerships in Care Committee’s decisions, where members vote individually on whether they agree, can live with or veto the decision.
 |
| Quorum | * At least 4 members, in addition to the Co-Chairs, of the Partnerships in Care Committee shall be necessary to constitute a quorum.
* 50% + 1 patient and family partners must be present to constitute for quorum (i.e. if 7 people are present, 4 must be patient and/or family partners).
 |
| Sub-Committees | * Working groups and/or action teams consisting of additional representation may also be established to support planning and implementation of key committee activities.
 |
| Council Leadership | * Co-Chairs will meet at minimum once per month. The agenda for these meetings is as follows:
	1. Updates from Staff Co-Chair on current priorities and news related to BCMHA and BCMHSUS.
	2. Debrief last Partnerships in Care Committee meeting and discuss any successes, challenges and opportunities for improvement.
	3. Plan agenda and strategy for next Partnerships in Care Committee meeting, based on discussions from #1 and #2.
	4. Discuss overall strategy for continual improvement of the Partnerships in Care Committee (i.e. diversity in recruitment, long-term growth and capacity-building, strengthened linkages between the committee and leadership).
 |

1. **COUNCIL SCOPE**

The roles and responsibilities of all Partnerships in Care Committee members are as follows:

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| Inform | * Be **informed** on all key initiatives, activities, strategies and innovations related to the healthcare delivered at BCMHA, including relevant timelines, goals, decision pathways, and people and teams accountable.
* Be **informed** on all key initiatives, activities, strategies and innovations related to healthcare, research, knowledge exchange, education and health promotion at BCMHSUS, including relevant timelines, goals, decision pathways, and people and teams accountable.
* Be **informed** on patient experience measurement findings, which will be regularly collected, monitored, and analyzed by designated staff at BCMHA and BCMHSUS, and be supported to understand the meaning of those findings.
 |
| Consult | * **Review and provide feedback** on BCMHA and BCMHSUS documents, proposals, and plans.
* **Advise** BCMHA and BCMHSUS leaders, staff and providers on policies, practices, planning, and delivery of healthcare services from a patient and family perspective.
* **Advise** on key strategies, values, behaviours and actions that improve the experience of patients and families.
* **Advise** on the integration of best practices, evidence and new knowledge into BCMHA initiatives.
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| Involve | * **Identify** opportunities for improvements in key initiatives, activities, strategies and innovations at BCMHA and BCMHSUS.
* **Recommend** strategies and practical ideas for improving patient care.
* **Contribute** to the development of patient experience metrics and performance measures to evaluate the impact of care.
 |
| Collaborate | * **Define** the ideal patient experience for BCMHA’s diverse patient population, that is inclusive of patients and families who experience inequities and/or are marginalized.
* **Collaborate** on the development of tools to support healthcare team members to meaningfully engage with patients and families as partners.
* **Discuss** patient experience reports and measurement findings and **recommend** actions to address identified gaps.
* **Define** metrics and performance measures to evaluate the impact of committee-led initiatives.
 |
| Empower | * **Oversee and lead** organization- and site-wide engagement initiatives that aim to improve patient and family experience.
* **Develop and implement** a recruitment strategy for the Partnerships in Care Committee.
* **Lead** the annual self-review and evaluation exercise for the Partnerships in Care Committee, including the Terms of Reference and work plan.
* **Design** patient- and family-friendly language in all materials where patients and families are the intended audience.
* **Communicate** with BCMHA and BCMHSUS workforce, patients, families, and external stakeholders on the progress and performance of Partnerships in Care Committee’s activities.
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**The following issues are out of scope for the Partnerships in Care Committee:**

* Specific issues related to patient-provider interactions, critical incidents, and other unit-level daily operations
* Collective agreements

## ACCOUNTABILITY

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| Members | All Partnerships in Care Committee members are personally accountable for:* Our actions, words, and behaviours, including the way in which we communicate with each other.
* Attending Partnerships in Care Committee meetings and completing action items.
* Informing Co-Chairs if we are not able to attend a meeting.
 |
| Co-Chairs | Co-Chairs are accountable for:* Liaising between the Partnerships in Care Committee and BCMHA leadership, ensuring that recommendations and progress are communicated in a regular, timely manner.
* Ensuring that the committee continually learns from all experiences (i.e. conducts exit interviews, shares themes of results, leads committee to problem-solve together).
* Closing the loop on all engagements with committee members.
 |
| Reporting | The Partnerships in Care Committee is accountable to the Senior Director, Patient Care Services, Complex Concurrent Disorders.The Senior Director, Patient Care Services, Complex Concurrent Disorders is accountable for:* Supporting the Staff Co-Chair with ongoing leadership support and supervision.
* Ensuring that Partnerships in Care Committee recommendations are reflected in decision-making at BCMHA.
* Reporting back to the Partnerships in Care Committee personally or via the Co-Chairs with BCMHA progress in following through the recommendations, or reasons for why follow-through was not possible.
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## REMUNERATION

Participation on the Patient and Family Advisory Council will be as barrier-free and inclusive as possible. To ensure equity in remuneration for all members:

* + Individuals identifying as a patient or family partner will be offered compensation at a rate of $25.00/hour, in alignment with BC Centre for Disease Control’s Peer Payment Guidelines, or at a rate determined to be most appropriate by BCMHA. Patient and family partners have the choice to decline some or all of the compensation.
	+ Individuals who are employed with BCMHSUS or another organization, for whom participation on the Partnerships in Care Committee would be considered an activity that is within their professional role and responsibilities, will not be compensated in addition to their wage or salary.
	+ Travel, parking, accommodation, and/or meal expenses will be provided to all members travelling to participate in meetings. Compensation in this manner will be determined at the time of their joining at the discretion of the Co-Chairs.

## EVALUATION AND REVIEW

The Partnerships in Care Committee shall conduct an annual evaluation and self-assessment of this Terms of Reference and of Council management, effectiveness, performance, resources and partnerships. This process includes:

* Feedback on patient and family member experiences will be collected as part of the annual review, including council management, engagement, impact and value.
* Evaluation process will be determined by committee members and implemented by staff.
* Changes made to the Terms of Reference must be approved by the Partnerships in Care Committee before being enacted.

**Appendix A: Partnership in Care Committee Membership**

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| **Name** | **Committee Role** | **Role and/or Department** |
| *Vacant* | Co-Chair – Patient or Family Lead | Patient or Family Partner |
| Ayesha Sackey | Co-Chair – Staff  | Clinical Services Manager (BCMHA) |
| Kathryn Embacher | Member – Staff | Senior Director, Patient Services, Complex and Concurrent Disorders (BCMHA & HW) |
| Rick Johal | Member – Staff | Social Work Practice Lead (BCMHA) |
| Annalisa Waters | Member – Staff | Peer Support Coordinator, BCMHA |
| Kathryn Proudfoot | Member – Staff | Director, Patient Experience and Community Engagement (BCMHSUS) |
| Katie Mai | Member – Staff | Leader, Patient Experience and Community Engagement (BCMHSUS) |
| Carmina Semilla | Member – Staff | Quality and Safety Leader (BCMHSUS) |
| Becky Hynes | Member – Staff  | Social Work Practice Lead, Heartwood |
| Veena Reddy | Member – Staff | Coast R&R |
| May Lok | Minute Taker | Administrative Assistant (BCMHA) |
| *Vacant* | Member – Staff | Physician or Psychiatrist or Pharmacist or Psychology |
| *Vacant* | Member – Staff | Nurse or Health Care Worker or Social Worker |
| Charlotte Lockhead | Member – Patient Partner | Patient/Family Representative |
| Lisa Kofod | Member – Family Partner | Patient/Family Representative |
| Ruth Verkerk | Member – Family Partner | Patient/Family Representative |
| Kyle Warkentin | Member – Family Partner | Patient/Family Representative |
| Sue Flom | Member – Family Partner | Patient/Family Representative |
| Jim Flom | Member – Family Partner | Patient/Family Representative |
| Carol Baird | Member – Family Partner | Patient/Family Representative |
| *Vacant* | Member – Patient or Family Partner | Patient/Family Representative |
| *Vacant* | Member – Patient or Family Partner | Patient/Family Representative |
| *Vacant* | Member – Patient or Family Partner | Patient/Family Representative |
| *Vacant* | Member – Patient or Family Partner | Patient/Family Representative |
| *Vacant* | Member – Patient or Family Partner | Patient/Family Representative |

**Appendix B: Partnerships in Care Co-Chairs Role Description**

**Background**

The Partnerships in Care Committee Co-Chairs uphold the guiding principles of patient- and family-centered care as outlined by the BC Ministry of Health and Accreditation Canada: “Patients and families are provided meaningful opportunities to engage with care providers and leaders in the continuum of quality improvement, policy and program development, implementation and evaluation.”[[1]](#footnote-1)

**Roles and Responsibilities**

The Patient/Family Co-Chair and Staff Co-Chair will be responsible for specific areas of duties and collaborate on a number of duties. These responsibilities are outlined below.

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| Shared Responsibilities |
| ***Meetings**** Manage and lead Partnerships in Care Committee meetings, ensuring dialogue is open, honest, respectful, accessible, and inclusive.
* Develop the agenda, identifying appropriate topics for engaging the Partnerships in Care Committee and developing activities to elicit meaningful input.
* Determine the level of engagement most appropriate for each initiative discussed at the Partnerships in Care Committee, using the annotated agenda as a framework.
* Liaise with guest speakers to ensure presentations and materials are ready prior to the meetings.
* Ensure committee members are provided with speaker information, materials, and date of presentation as a reminder in advance of meetings.
* Review the minutes and ensure the records of meetings are correct.
* Maintain accurate attendance for each meeting.

***Membership**** Screen and select applicants.
* Make decisions on termination of membership as needed.
* Offer and perform exit interviews with outgoing members.
* Ensure the Partnerships in Care Committee is performing in accordance with the Terms of Reference.
* Manage conflicts within the Partnerships in Care Committee, including conflicts of interest.
* Ensure the work of the Partnerships in Care Committee is meaningful for all members.

***Communications and Partnerships**** Communicate effectively with the Partnerships in Care Committee on a regular basis.
* Work together to respond to external emails received by the public email account (triaged by Patient/Family Co-Chair).
* Attend external meetings and events on behalf of the Partnerships in Care Committee as required.

Identify and initiate opportunities for strengthened relationships between the Partnerships in Care Committee and other teams across BCMHA and BCMHSUS. |
| Patient/Family Co-Chair Responsibilities | Staff Co-Chair Responsibilities |
| * Oversee development and implementation of recruitment strategy for patient and family representatives.
* Triage external communications with patients and families, including oversight over the Partnerships in Care Committee public email account.
* Working with the BCMHSUS Patient Experience and Community Engagement team, provide support and orientation to new patient and family members on the Partnerships in Care Committee.
* Liaise between external patient and family partners and the Partnerships in Care Committee, inviting guests to meetings as needed.
* Represent the patient/family voice at BCMHA and BCMHSUS events, such as new staff orientation.
 | * Engage senior leadership to ensure the necessary buy-in for the Partnerships in Care Committee’s initiatives exist, ultimately supporting the sustainment of these initiatives.
* Engage senior leadership to ensure that the Partnerships in Care Committee recommendations are reviewed, actioned upon, and reported back to the committee.
* Provide support and orientation to new staff members on the Partnerships in Care Committee.
* Liaise between BCMHA and BCMHSUS staff and the Partnerships in Care Committee, inviting guests to meetings as needed.
* Ensure meeting logistics are fulfilled, including space, food, honoraria, etc.
 |

[Insert process for how co-chairs will work together to make decisions, i.e. in the event of disagreement]

**Co-Chair Communication**

Co-Chairs will meet at minimum once per month for planning purposes and to ensure Patient/Family Co-Chair is apprised of activities, updates, and strategies at BCMHA and across BCMHSUS.

The agenda for these meetings will include:

* 1. Updates from Staff Co-Chair on current priorities and news related to BCMHA and BCMHSUS.
	2. Debrief last the Partnerships in Care Committee meeting and discuss any successes, challenges and opportunities for improvement.
	3. Plan agenda and strategy for next Partnerships in Care Committee meeting, based on discussions from #1 and #2.
	4. Discuss overall strategy for continual improvement of the Partnerships in Care Committee (i.e. diversity in recruitment, long-term growth and capacity-building, strengthened linkages between the Partnerships in Care Committee and leadership).

**Patient/Family Co-Chair Orientation**

The Patient/Family Co-Chair will receive:

* In-person or virtual orientation by the BCMHSUS Patient Experience and Community Engagement Team.
* Resource handbook on how to co-chair a Patient and Family Advisory Committee (PFAC).
* Ongoing support from the Staff Co-Chair and BCMHSUS Patient Experience and Community Engagement Team as needed.
* Peer support from an internal group of Patient/Family Co-Chairs across BCMHSUS PFACs.

**Time Commitment**

There is an expectation for additional time spent in planning and supporting the Partnerships in Care Committee, including:

* 1-2 hour per month for planning and problem-solving
* 1-2 hours per month to manage communications, including external communications with patients and families
* 1 hour per month for participation in BCMHA and BCMHSUS meetings and events as Representatives of the Partnerships in Care Committee

Co-Chairs should commit to attending a minimum of 10 meetings per year.

**Term**

The term will be 1 year and will be reviewed and renewed on an annual basis by the Partnerships in Care Committee.

1. BC Ministry of Health (2015). The British Columbia Patient-Centered Care Framework. [↑](#footnote-ref-1)