



PVN is supported through the:



**Date:** December 9, 2020

**Time:** 1:00-2:30pm

**AGENDA: PVN O&A Committee**

## Attendees

Patient Partners	Health Care Partners	Council Staff
Jean Shepherd – Vancouver Island	Adrienne Breen – Island Health	Chelsea Hochfilzer
Luka Poljak – Vancouver Coastal	Karla Warkotsch – Interior Health	Ruhee Mardhani
Megan O’Reilly – Interior	Hannah Tighe – Providence Health Care	Tammy Hofer
Pamela Jessen (Co Chair) – Vancouver Island	Kris Gustavson – PHSA	
Prachi Khanna – Vancouver Coastal	Lindsay Arscott – Ministry of Health	

**Regrets:** Alyson Hagan-Johnson, Beverley Pomeroy, David Watts, Joe Bring, Maria Klement, Sherri Mytopher, Vikram Bubber, Christina Thomas, Colleen McGavin, Eileen Brooks, Helen Chiu, Scott Graham, Shannon Griffin, Tina Strudsholm

Topic	Notes	Action Items
Welcome, Acknowledgement of Traditional Territories	Welcome Pam & Chelsea!	
Approval of the Agenda & Previous Minutes	Approved	
Connection Corner	In order to continue to create a space for everyone to get to one another, we will be putting in 15 minutes of “connection corner” during our O&A meetings for conversation and connection among members.  Guiding questions for this meeting: What brought you to PVN and what is the biggest opportunity you see for the Oversight & Advisory Committee?	
BC CDC Language Guide	Deferred to next meeting	Ruhee to add to agenda for next O&A meeting
Strategic Plan Update	The Council has made the decision to postpone the strategic plan consultation until the New Year as we take into consideration rising COVID-19 rates and how stretched out the health care system currently is with	

	<p>everyone focusing on meeting the immediate challenges of the ongoing pandemic. We want to be respectful of our partners and people who live in the province and their immediate needs and priorities.</p> <p>We also recognize that right now responses to the consultation may only be focused on the current pandemic and we want to give people the space to think about other areas of focus that should also be reflected in the next strategic plan.</p> <p>We will keep you posted about the timelines once we have a go live date. In the time being, we are working diligently to ensure that we are spending time solidifying our approach to analyzing data and establishing a transparent process for selecting goals, which includes the use of a rubric.</p> <p>Our website and communication materials are all being reviewed and updated as well, but we do want to keep in mind that some of our messaging may change to align with the time at which we are reaching out to our audiences.</p> <p>We're committed to keeping you in the loop so look out for those communications from us, and we will let you know as soon as we know!</p>	
Patient Approved Logo Update	The Council leadership unanimously endorsed the use of a Patient Approved Logo, specifically the Patients Included logo & criteria. We are in the process of developing 1-page communication to Council staff and leadership about what this means, including when to use it and how it's applied.	Ruhee to send draft communication to O&A for their review before we send it out to the Council
O&A Surveys	<p>In order to continue improving the O&amp;A and keep communication channels open, we are introducing two new surveys.</p> <ul style="list-style-type: none"> <li>- First survey: short online survey that will be sent to members at the end of each O&amp;A meeting to find out what worked well, how could the meeting be better, and a space for any questions and concerns members may have. We want to make sure that we are spending time together that is meaningful and effective.</li> <li>- Second survey: a slightly longer annual check-in survey. We want to hear about your experience</li> </ul>	<p>Ruhee to send out survey post-meeting.</p> <p>Ruhee to send out annual check-in survey in Jan 2021</p>

	<p>participating on the O&amp;A, learn about how the committee is operating, if we are working in the best way, how we can improve meeting structure, etc. This will be sent out in January and repeated annually.</p> <p>It's a great opportunity to evaluate how we are doing and where we are going particularly with new members and leadership to ensure that we have the right agenda items at the table and are working in the best way possible.</p> <p>We value your feedback and ask that you be as honest as possible. We will report back on the results of the annual check-in survey.</p>	
<p>Membership Extensions, Diversity &amp; Recruitment</p>	<p>Our current Terms of Reference does not outline the process for a membership extension when our patient partners' finish their first two years.</p> <p>Decision and next steps:</p> <ul style="list-style-type: none"> <li>- Agreement for patient partners to submit an expression of interest at the end of their two-year term for the co-chairs/vice-chairs to review and accept them based on criteria established together with the O&amp;A</li> <li>- Criteria to include: <ul style="list-style-type: none"> <li>o actively contributing to discussions, regularly attending to meetings, creating a safe and respectful environment, alignment with TOR principles of working together.</li> <li>o somebody who represents this committee on another committee</li> </ul> </li> <li>- Agreement to update TOR to include amendment to extensions: patient partners can serve for up to four years in total. Once you take a two-year break from the committee, then you could come back again.</li> </ul> <p>We are also currently missing two patient partners (one from VCH and one open to anyone in the province) on our committee, in addition to 3 (out of 5) Indigenous and youth patient partners as outlined in our TOR.</p> <p>Decision and next steps:</p>	<p>Update TOR for next meeting</p>

	<ul style="list-style-type: none"> <li>- Agreement to stagger the recruitment of these patient partners, as we just recently recruited 5 new patient partners and are concerned about all of their terms ending at the exact same time; next recruitment to take place in March.</li> </ul> <p>Five spots for youth and Indigenous Patient Partners exist on our O&amp;A – these spots on the committee are in an effort to increase diverse voices for O&amp;A. Youth &amp; Indigenous Patient Partners are some of the diverse voices that should be included, but we are missing some critical ones (i.e. people of colour, newcomers to Canada, LGBTQIA2S+, in addition to Indigenous voices). How do we create space for other voices to be included while also holding spaces for Indigenous voices?</p> <p>Key discussion points included:</p> <ul style="list-style-type: none"> <li>- currently opportunities are advertised through PVN, on social media and through a newsletter. Is there a way that we can share with partner organizations in the community to reach people and make it more visible?</li> <li>- Think about what community groups already exist – and how we can promote through them. This isn't something we have done in the past and we always encourage our network members to help spread the word as well.</li> <li>- Mindful that rural communities don't have access to stable internet to access these opportunities</li> <li>- Creation of an app for a PVN – can attract younger volunteers with opportunities who prioritize having a phone</li> </ul> <p>Decision and next steps:</p> <ul style="list-style-type: none"> <li>- We need to continue to prioritize the 5 spots for Indigenous patient partners, particularly given Mary Ellen Turpel-Lafond's <a href="#">new report</a>.</li> <li>- Focus on Indigenous voices, but still work to recruit other diverse voices</li> </ul>	
Any other business	None	
Closing	Happy Holidays! We look forward to seeing you in the New Year!	