



Date: February 1, 2021

Time: 1:00-2:30pm

AGENDA: PVN O&A Committee

Attendees


Patient Partners	Health Care Partners	Council Staff
Beverley Pomeroy – Fraser Valley	Adrienne Breen – Island Health	Chelsea Hochfilzer
David Watts – Northern	Christina Thomas – Doctors of BC	Ruhee Mardhani
Jean Shepherd – Vancouver Island	Colleen McGavin – BC Support Unit	Tammy Hofer
Joe Bring – Fraser Valley	Eileen Brooks – Fraser Health	Cassy Mitchell
Luka Poljak – Vancouver Coastal	Helen Chiu – BC Renal	Leslie Chan
Maria Klement – Interior	Karla Warkotsch – Interior Health	
Prachi Khanna – Vancouver Coastal	Hannah Tighe – Providence Health Care	
Vikram Bubber (Vice Chair) – Vancouver Coastal	Kris Gustavson – PHSA	
	Scott Graham – Frist Nations Health Authority	
	Tina Strudsholm – Northern	

Regrets: Alyson Hagan-Johnson, Meagan O’Reilly, Pamela Jessen, Sherri Mytopher, Lindsay Arscott, Shannon Griffin

Acronym Dictionary:

- PP: Patient Partner
- HCP: Health Care Partner
- HA: Health Authorities
- VA: Volunteer Agreement

Topic	Notes	Action Items
Welcome, Acknowledgement of Traditional Territories	Welcome Vikram & Scott!	
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 are putting in some time for a	

	<p>“connection corner” during our O&A meetings for conversation and connection among members.</p> <p>Question: What’s your word of the year?</p> 	
<p>PVN RSVP Forms & BC CDC Language Guide</p>	<p>PVN RSVP Forms were discussed; key messages include:</p> <ul style="list-style-type: none"> - Currently, when a PP is interested in an engagement opportunity, they complete an online RSVP form. These are questions used by the HCP to determine the PP’s interest, skills/abilities/previous experiences, and overall eligibility for the engagement. In summary, RSVPs are used right now as part of the PP selection process. - The questions to be asked are often chosen by the HCP (or suggested by our team and directly correlate to the eligibility section of the invite), but as we start to look through a lens of diversity, equity & inclusion within the Network, ELs have recently started to suggest RSVP questions based around creating safe spaces/experiences and what is needed for PP’s to be able to participate in engagement opportunities (often linked to covering additional out of pocket expenses as virtual opportunities are not cost free for everyone). - We want to put in a mandatory question on the RSVP form and ask for endorsement of adding one of the following questions to the RSVP form: <ol style="list-style-type: none"> 1. What support do you need to make this a safe, positive, and meaningful (space and) experience for you? 2. What do you need to be able to fully participate in this engagement opportunity? 	<p>Members to vote on one of the two below questions for inclusion on the PVN RSVP Forms:</p> <ol style="list-style-type: none"> 1. What support do you need to make this a safe, positive, and meaningful (space and) experience for you? 2. What do you need to be able to fully participate in this engagement opportunity?

	<p>Summary of Discussion:</p> <ul style="list-style-type: none"> - For the reimbursement statement on the sample RSVP form shown: It seems HCPs are prepared to reimburse you for internet data limits, but we understand that there may be things such as childcare or elder care that would also be required and we are hoping that the question about “what do you need to be able to fully participate in this engagement opportunity?” will allow patients to share the things they need. - Update the reimbursement statement to take out “otherwise, no other expenses are anticipated”. - HCPs cannot necessarily reimburse but having space for PPs to share their needs would be helpful. - If we want to increase equity/diversity inclusion and engage with people hardly reached, we need to educate HCPs to budget for such PPs who may have additional needs to participate. - We need to encourage HCP to think about all aspects of engagement particularly barriers and think about how those barriers can be addressed (closed captioning, interpreters) as a challenge to participation. <p>The BC CDC Language Guide was discussed; key messages include:</p> <ul style="list-style-type: none"> - This guide aims to assist with COVID19 messaging and content development by using positive, acknowledging, and inclusive, rather than (potentially) stigmatizing language that may provoke fear. - Inclusive language is essential in creating safer environments for employees and all community members we engage with. Culturally safe, trauma informed and equitable language, composed of words, terms, and phrases, aims to address all people in a productive and respectful manner. - These guidelines incorporate an equity lens, the Government of British Columbia’s Declaration on the Rights of Indigenous Peoples Act, the provincial Commitment on Cultural Safety and Humility in Health Services and the Provincial Health Services Authority (PHSA) Values to inform print and digital content. 	<p>Bring forth the BC CDC Language Guide to the Council for us to adopt it broadly.</p>
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	<ul style="list-style-type: none"> - The language guide specific to COVID is well researched, stands on evidence/humility and equity, diversity & inclusion and has an Indigenous lens. The guide will be revisited every 6 months to accommodate for new changes in language. <p>We would like to adopt the guide as a tool to use with PVN and ask for endorsement for this recommendation.</p> <p>Summary of discussion:</p> <ul style="list-style-type: none"> - Some concerns were raised regarding the readability and length of the guide. - Support for decision to adopt it for PVN and bring forth recommendation to the Council to adopt it more broadly. - Look for opportunity to create companion document that is shorter and more digestible. 	
<p>Report back from Annual Check-In Survey</p>	<p>Results from the Check-In survey were shared. Our recommendation is to:</p> <ul style="list-style-type: none"> • Reopen the survey for an additional week to solicit more responses (currently we have 9) • Hold a special meeting to: <p>Review survey results (assuming more people complete) Deep dive into overall results/comments Determine what changes we want to make based on the results (ex. TOR, meeting time, agendas) Support was received from the committee for both recommendations.</p>	<p>Ruhee to send out Doodle poll to schedule special 2 hour meeting in March.</p>
<p>Volunteer Agreement</p>	<p>The PVN Volunteer Agreement process was brought forward; summary of discussion includes:</p> <ul style="list-style-type: none"> - HA's rely on PVN to have VA signed for individuals to engage with HA's. - VA needs to be signed because it guides the relationship between PP/HCP and PVN's liability insurance covers them if they are covered. - Consider promoting the Liability Insurance to PPs. - We want to build capacity in other orgs to do patient engagement in a way that makes sense to them – so some orgs ask us to post opportunities as external opportunities (open to public/PVN members) and we identify who is and who isn't a PVN member when we submit names to them. If folks haven't signed VA they will not be included as a PVN member - HCPS need to know that if PPs have not signed VA 	

	<p>that they are not PVN members.</p> <p>Recommendations for endorsement were brought forward:</p> <ol style="list-style-type: none"> 1. All new and existing PVN PPs must have a signed VA to be active members of the Network. 2. For existing PPs who have not signed a VA: <ol style="list-style-type: none"> a. If currently placed in an opportunity, the HCP will be informed that the PP has not signed the VA, referencing that the code of conduct might not be enforceable and allow the PP to complete their engagement if the HCP agrees. b. If a PP applies for an opportunity, they will be informed that they need to sign the VA prior placement. 3. The Council will streamline its processes and combine the VA with the on-line sign-up form for new PPs so that it is an automatic requirement to sign the VA prior to intake and completion of an orientation to become a PP. 4. If a HCP includes both PVN members and non-PVN members through the same engagement RSVP process, the Engagement Leader will ensure that it is clear who are members (have signed the VA) and who are non-members (have not signed the VA). <p>All recommendations were endorsed by the Committee.</p>	<p>Chelsea to work with Council team to implement recommendations</p>
<p>PVN Partner Portal</p>	<p>The PVN Partner Portal was discussed; key messages include:</p> <ul style="list-style-type: none"> - PVN Partner Portal is a concept in exploratory phase. The Council to determine if/when to proceed with project this fiscal or defer to another year. - It is recognized that introducing a Portal into PVN operations would have considerable implications to current business processes, forms, other technology platforms used. - Beyond the technical development costs, significant change management and communications efforts would be required to support PVN partners in its use. <p>Summary of discussion:</p>	

	<ul style="list-style-type: none"> - Value from HCP perspective, in providing wider window into activity happening within an organization, and succession planning to ensure engagement activity isn't lost in health care staff turnover. - Concern raised that if photos are attached to PP profiles/RSVP responses, HCP may be influenced in their PP selections. - Concerns raised about data stewardship/ethics and protection of identifying information; maintaining privacy and confidentiality (terms and conditions) would be key. - Technology is not meant to replace humanity. - There may be other ways to solve problems/achieve value proposed by portal (ie: newsletter, website filters, SUGAR database clean up) - Interest/agreement to continue exploring the idea; a needs assessment would inform next steps. <p>Poll Summary:</p> <ul style="list-style-type: none"> - My first impression is that a portal would offer _____ value to patient partners. <ul style="list-style-type: none"> o A Lot 10/15 - 66% o Some 4/15 - 27% o Neutral 1/15 - 7% - My first impression is that the portal would offer _____ value to <i>health care</i> partners. <ul style="list-style-type: none"> o A Lot 5/17 - 30% o 12/17 - 70% - Based on what I have heard, development and implementation of a PVN portal should be a(n) <ul style="list-style-type: none"> o Immediate priority 1/15 - 7% o High priority 7/15 - 46.5% o Medium priority 7/15 - 46.5% 	<p>Tammy and Kira to move forward with a formal needs/value assessment with patient and health care partners.</p>
Closing	<ul style="list-style-type: none"> - QF21: Sign up for Quality Forum 2021! - Reminder to complete post meeting evaluation and annual check in survey. - Call for agenda items for next meeting to be submitted by March 10, 2021. 	<p>Members to complete meeting evaluation and Annual Check-In Survey. Members to send any agenda items for next meeting by March 10, 2021.</p>