



Patient Voices Network: Oversight & Advisory Committee

Terms of Reference

Version 6.0 October 2020

Context

The Patient Voices Network (PVN) is a community of BC patients, families, caregivers and friends working together with health care partners to improve our health care system. PVN recruits and supports patient and caregiver volunteers, while working with health care partners to identify and promote local, regional and provincial opportunities for engaging the patient perspective in positive health care transformation.

In 2009, as part of the Patients as Partners program, the Ministry of Health established the Network “to create mechanisms for patients, their families, caregivers, and community stakeholders to participate in health care system changes.”

In *Setting Priorities for the B.C. Health System*, the province has set patient-centred care as one of its key strategic priorities.¹ In shifting the culture of health care from provider-focused to patient-centred the Ministry of Health developed the *British Columbia Patient-Centered Care Framework* (2015), which outlines a vision for a health care system that includes the following:

The patient’s voice

is anchored in all behaviours and drives all activities of the health system.

A culture of patient-centeredness

is self-evident across the health system and is integrated into existing health care programs.

Health care programming

is built upon the patient-centered care principles throughout planning, implementation, and evaluation.

PVN, as part of the overall Patients as Partners strategy, plays a critical role in achieving the vision identified in the *Patient-Centered Care Framework*, by working with health care partners. These health care partners, including health authorities, government and non-government health organizations, and educational institutions, engage with PVN members in two domains: Program and Service Design, as well as System and Community planning, as outlined in the *Integrated Primary and Community Care Patient and Public Engagement Framework*².

As of December 2015, PVN is supported through the BC Patient Safety & Quality Council. To ensure PVN supports the advancement of patient-centred care in BC, consistent with the *Patient-Centered Care*

¹ BC Ministry of Health (2014). *Setting Priorities for the BC Health System*. Accessed: 18 April 2016.

² BC Ministry of Health (2011). *Integrated Primary and Community Care Patient and Public Engagement*. Accessed 26 May 2016.

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Framework, the Oversight & Advisory Committee has been created to provide guidance and recommendations to the Council.

Purpose

Working in collaboration with the BC Patient Safety & Quality Council, the Oversight & Advisory Committee:

- Provides recommendations on the strategic direction for PVN;
- Guides development of a three year strategic plan for PVN and assess progress;
- Provides input and feedback on PVN activities;
- Ensures the patient voice is incorporated in the design and operation of PVN;
- Provides advice on improving the promotion and awareness of the Network;
- Identifies barriers to patient engagement and suggests potential solutions;
- Informs discussions by sharing patient and health care partner perspectives;
- Shares opportunities and ideas on how the Network can support the advancement of patient-centered care; and
- Provides strategy recommendations to the Ministry of Health.

Principles

The Oversight & Advisory Committee is guided by the following principles for working together:

- Equal voice for all members;
- Open communication and collaboration;
- Mutual respect and candour;
- Self-care;
- Transparency and sharing information with community;
- Respect confidentiality where appropriate;
- Share airtime;
- Be mindful of the language used (e.g. avoid acronyms);
- Listen closely;
- Have the right to pass; and
- Choose level of involvement in joint work.

Composition of Committee

The composition of the committee is guided by a principle of diversity among members, including geographic, cultural, experience, age, and gender. Members all come with a passion for patient and public engagement.

The Committee includes 12 patient partners, 12 health care partners, and the BC Patient Safety & Quality Council (BCPSQC).

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Patient Partners:

Patient partner representatives are determined by a selection panel consisting of two PVN members and two members of BCPSQC. Patients are selected based on their Expression of Interest, an interview and diversity considerations.

Patient representative are sought from each of the following regions:

- Fraser Valley;
- Vancouver Coastal;
- Interior;
- North; and
- Vancouver Island.

Representation for youth and Indigenous perspectives are also sought. Five additional spaces will be for general patient partners representatives, with a consideration for diversity.

Health Care Partners:

Health care organizations represented on the Oversight & Advisory Committee self-select a representative based on alignment with the Committee's purpose.

The following Health Care Partners are represented:

- Doctors of BC;
- First Nations Health Authority;
- Fraser Health;
- Interior Health;
- Island Health;
- Ministry of Health;
- Northern Health;
- Providence Health Care;
- Provincial Health Services Authority; and
- Vancouver Coastal Health.

Two other health organizations are also represented on the Committee. These representatives are selected for two year terms based on an Expression of Interest and alignment with PVN priority areas.

Committee Chairs and Vice Chairs

The Oversight & Advisory Committee will be co-chaired by a selected Patient Partner representative, and the Director, Patient & Public Engagement, BCPSQC. The patient representative will be determined by a selection panel and serve for a one-year term.

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Each co-chair will have a designated vice-chair should they not be able to fulfill their “co-chair” duties and for succession planning into the Co-Chair role. The BCPSQC vice-chair will be the Patient Voices Network Manager and the Patient Partner representative vice-chair will be selected based on their expression of interest and approval of the committee. It is intended that the vice-chair position would also be a one-year term and would be mechanism for succession planning to the co-chair position once their vice-chair term has ended.

The Co-Chair and/or Vice-Chair terms can be extended for an additional year (to a maximum of two years) due to extenuating circumstances. The extension must be brought to the committee for final approval.

Administrative support, preparation and circulation of agendas, minutes and background information are provided by the Patient & Public Engagement team.

Membership

Term memberships for new committee members will be for two years.

Following completion of the two year term, committee members who are interested in renewing their membership, can apply to renew their membership for a further two year term.

Committee members are only able to renew their membership term once, for an additional two years.

Meeting Frequency

Meeting times will be every two months for 90 minutes via webinar, and full-day in-person meetings once or twice a year.

Quorum

At least 6 patient partners and 6 health care partners must be present for a meeting to move forward.