

## PVN Oversight & Advisory Committee Meeting: Agenda

<b>Date:</b> Tuesday, October 5 <sup>th</sup> 2021	<b>Time:</b> 1:00-2:30pm	<b>Venue:</b> Zoom
<b>Present:</b> Adrienne Breen, Beverley Pomeroy, Cassy Mitchell (guest), Chelsea Hochfilzer, Christina Thomas, Christopher Webber, Collen McGavin, David Watts, Hannah Tighe, Helen Chiu, Jana Buhlmann, Jon Rabeneck, Karla Warkotsch, Leslie Chan, Pamela Jessen, Prachi Khanna, Rachelle Ferrer, Sandy Ketler, Shannon Griffin, Tammy Hofer, Vikram Bubber		
<b>Regrets:</b> Charmaine Neibergall (guest), Christine Hunt, Cyndi Gerlach, Kris Gustavson, Lindsay Arcscott, Mandy Lindsay, Luka Poljak, Maria Klement, Rhianna Millman, Shannon Sahota, Tina Strudsholm,		

### Oct 5 – PVN O&A Meeting Notes

#	Topic	Discussion Notes	Action Items
1.	Welcome & Introductions	<b>Welcome &amp; land acknowledgement</b> Tammy and Pam welcomed all to meeting. Regrets noted as above.	n/a
2.	Committee member updates & networking	<b>Breakout groups for networking</b> – what are you looking forward to this Fall?  It was noted Pam’s term as co-chair will be coming to end in December and Vikram will be transitioning from vice-chair role into the co-chair role. Tammy requested members interested in the vice-chair role to contact her directly. New members of O&A were welcomed - Leslie Chan (Project Coordinator, PPE) and Sandy Ketler (Patient Partner).	n/a
3.	Health care partner agreement	<b>Introducing the ‘Health care partner agreement’</b> Cassy provided an overview of the agreement including, background, progress, and next steps.  The purpose of the agreement is to support the development of successful and meaningful engagements between patient and health care partners by setting clear expectations and outlining the process from engagement initiation to closing the loop. The document was developed for our health care partners. It addresses some commonly asked questions as well as prompts health care partners to access and reflect on their readiness for patient engagement.  Work completed to date and next steps: <ul style="list-style-type: none"> <li>Draft shared with a sample of health care partners for feedback, as well as the PVN Indigenous Inclusion Working Group and the PVN Diversity, Equity &amp; Inclusion Working Group.</li> <li>The first round of consultation on this document has been completed.</li> <li>Next step is to revisit the document and make any appropriate edits. Cassy will share the next version with the group for review.</li> </ul> Overall feedback was positive, and the group endorses this document. It was agreed it streamlines the process and provides clarity and consistency in expectations for health care partners when engaging with patient partners through PVN. It will help support capacity in HCP organizations and authentic engagement opportunities with patient partners.	All – provide any additional questions and feedback to Cassy ( <a href="mailto:cmitchell@bcpsqc.ca">cmitchell@bcpsqc.ca</a> ).  Cassy – review feedback from first round of consultation, revise document as required and share updated version with committee.

		<p>Feedback and questions noted:</p> <ul style="list-style-type: none"> <li>• Concern was raised around losing sight of the relational building piece. Cassy reassured group the document is meant to support the readiness of our health care partners in engagements and is not meant to replace the relational aspect of our support.</li> <li>• A query was raised around the volume and growth of patient engagement requests around the province. The impact of Covid was recognized and it was noted growth should not be considered the only indicator of our work. Progress with diversity and the quality of engagement is also an important metric.</li> <li>• Regional update meetings were flagged as an effective way to help patient partners stay connected</li> <li>• The group discussed using this document to support new health care partners who are engaging for the first time or who may not be familiar with how to get started with the journey of patient engagement. Methods were discussed to ensure health care partners are aware of this document prior to filling in an engagement request form, e.g., promoting the document on the PVN landing page and including it as the first page of the engagement request form.</li> </ul> <p>The title of the document was discussed; Cassy reassured the group it will likely evolve as similar feedback has been received around using the term 'agreement'. Suggestions include guidance, commitment and tool.</p> <p>The group discussed expenses and honorarium. It was acknowledged that whilst there are different practices between health care partners around honorarium, under no circumstance should any patient partner incur out of pocket expenses for their participation in an engagement.</p>	
4.	Diversity, equity and inclusion (DEI)	<p>Tammy introduced DEI agenda item, noting this is a continuation from the September meeting to support Committee members in creating and fostering a safe and respectful environment for discussions. Tammy spoke to the slides summarizing the DEI discussion at the September meeting, including key themes and proposed next steps.</p> <p>The group was asked if they would be in favour of participating in a DEI training session outside of the regular committee meeting schedule. The group agreed to additional training session and noted its importance.</p> <p>Sandy shared a DEI course by Kelowna Community Resources. <a href="https://kcr.ca/community-services/workshops-training/#diversity">https://kcr.ca/community-services/workshops-training/#diversity</a></p> <p>Questions and comments on proposed next steps:</p> <ul style="list-style-type: none"> <li>• Question - Will DEI education be offered to all the PPs within the network? Tammy commented that DEI is a personal journey we are currently on and the team is determining most appropriate way to support through the Network.</li> </ul>	<p>Tammy – scope options for delivering DEI training sessions</p> <p>Leslie – connect with DEI working group to pull together a list of resources to share with committee</p>

		<ul style="list-style-type: none"> <li>• Comment re: increasing diversity, would be helpful to review more literature to inform our language within the Network. Staff reminded members that the BCCDC Language Guide was adopted and will be used to support this.</li> <li>• Question - Are there efforts made in translating health authority materials to different languages to address language barrier in other groups?</li> <li>• Suggestion made to connect with other groups, e.g., Fraser Health's DEI work group, to see if there are resources that can be shared and used to support the Network.</li> </ul> <p><a href="https://www.crestbd.ca/2019/10/17/patient-engagement-tools/">https://www.crestbd.ca/2019/10/17/patient-engagement-tools/</a></p>	
5.	Youth patient partners	<p>Chelsea provided an overview of the NEW Youth Patient Partner Process document including background, progress and next steps.</p> <p>Feedback and questions noted:</p> <ul style="list-style-type: none"> <li>• Loophole flagged: emancipated youth do not have legal guardians to sign the form.</li> <li>• Concern raised around youth with mental health challenges and need for additional support to participate in engagements <ul style="list-style-type: none"> <li>○ Recommendation: have a conversation up front with the young person and their parent/ guardian to identify the appropriate needs and support for engagement.</li> </ul> </li> <li>• A recommendation is to have additional dialogue and training session for our youth.</li> <li>• How do we support our youth without becoming a barrier to their participation?</li> <li>• Suggestion – connect with BC Children's YAC program who can provide experience and guidance. Another organization is FoundryBC.</li> </ul> <p>Next steps: Charmaine to collect feedback and revise documents as required.</p>	<p>All – provide any additional questions and feedback to Chelsea or Charmaine.</p> <p>Charmaine / Chelsea – review policy and guidance around emancipated youth</p> <p>Charmaine – connect with BC Children's Youth Advisory Council</p>
6	Any other business	<p>Discussion raised around patient partner honorarium and compensation. Tammy reminded the committee that a report regarding patient partner compensation was submitted to Ministry of Health in December 2019. However, with Covid taking precedent, this work in this areas has moved slowly. It was reiterated no patient partner should be out of pocket for their participation. However, in terms of compensation for time, this could be a conversation with their respective health care partners. It was highlighted that a substantial group of patient partners did indicate they do not wish to have payment as it may interfere with their involvement.</p> <p>This was not an item on the agenda but can be raised as an agenda item for future meetings if needed.</p>	n/a
7.	Closing and Next Steps	<b>Prep for Dec meeting</b>	n/a