

PVN Oversight & Advisory Committee Meeting: Agenda

Date: Monday, December 6, 2021	Time: 1:00-2:30pm	Venue: Zoom
<p>Present: Adrienne Breen, Beverley Pomeroy, Cathy Almost (guest), Chelsea Hochfilzer (vice-chair), Chris Lamoureux, Christopher Webber, Colleen McGavin, David Watts, Ellen Froot, Hannah Tighe, Helen Chiu, Jana Buhlmann, Karla Warkotsch, Kira Tozer (guest), Leslie Chan, Linda Nelson, Luka Poljak, Maria Klement, Pamela Jessen (co-chair), Prachi Khanna, Rhianna Millman, Sandy Ketler, Shannon Griffin, Shannon Sahota, Sherry Bar, Tammy Hoefer (co-chair), Terry Wilde, Vikram Bubber (vice-chair)</p>		
<p>Regrets: Christine Hunt, Christina Thomas, Cyndi Gerlach, Jon Rabeneck, Kris Gustavson, Lindsay Arscott, Mandy Lindsay, Tina Strudsholm</p>		

December 6, 2021 – PVN O&A Meeting Notes

#	Topic	Discussion Notes	Action Items
1.	Welcome & Introductions	Tammy and Pam welcomed all to meeting and acknowledged the lands in which they are calling in from. Regrets noted as above.	n/a
2.	Committee member updates & networking	New O&A patient partner members Rhianna, Linda, Ellen, Terry, Sandy, and Chris were formally welcomed. Tammy reminded the new members of the New Member Orientation on January 11, 2022. Pamela was thanked for her contribution as co-chair and completing her four years with the committee. Vikram and Maria will be stepping into the co-chair and vice chair role, respectively, in the new year. Members joined breakout groups for networking session.	n/a
3.	New Culturally Safe Patient Engagement Resource	<p>Tammy introduced Cathy Almost, Engagement Leader, for the next agenda item. Cathy shared with the group the conception of the new culturally safe patient engagement resource and provided a high level walk through of the engagement principles. This document was co-created with Indigenous patient partners based on conversations at an event hosted by PVN in June 2021. Partners were asked what mattered to them when participating in culturally safe patient engagement opportunities. Eight key principles emerged: Awareness & Understanding, Learning & Education, Build Relationships, Prepare, Kindness & Empathy, Respect, Value, Listen. Indigenous graphic designer, Bert Azak, was invited to design this resource and the themes were developed into key messages, recommendations, and action. The pamphlet and companion guide resource are as follow:</p> <ul style="list-style-type: none"> • Pamphlet - https://patientvoicesbc.ca/resources/culturally-safe-engagement-what-matters-to-indigenous-first-nations-metis-and-inuit-patient-partners-pamphlet/ • Companion Guide – https://patientvoicesbc.ca/resources/culturally-safe-engagement-what-matters-to-indigenous-first-nations-metis-and-inuit-patient-partners-companion-guide/ <p>Someone inquired about physical copies of the resources. No print copies are available at this time as there are no in person events occurring. Many thanked Cathy and shared that they have been using or sharing this resource with their respective networks.</p>	(All) Provide Cathy with any additional suggestions for successful spread of this resource and the necessary support this resource may need to be useful via email calmost@bcpsqc.ca

		<p>Tammy thanked Cathy for her leadership in the creation of this resource. The group was asked for suggestions on how these resources can be used to influence and support cultural safety and humility in the health care system.</p> <p>Recommendations from the group includes reaching out to the following groups:</p> <ul style="list-style-type: none"> • University institutes, e.g., medical school, IHI chapters • Professional colleges, e.g., Nursing school, Master of Physiotherapy • UBC InterCultural Online Health Network (iCON), UBC Centre for Excellence in Indigenous Health, UBC 23 24 Indigenous Cultural Safety • BC Network Environment for Indigenous Health Research (NEIHR) • Provincial knowledge translation groups, which includes communications representatives from all BC health authorities (Bev has offered to share as she is part of this group) • Local patient quality councils • Similar agencies as Kelowna community resources, which teaches DEI and supports DEI efforts <p>Other ideas include:</p> <ul style="list-style-type: none"> • Creating a hashtag • Presenting a poster during Quality Forum • Submitting an abstract to BC Support Unit’s Putting Patients First Conference (closes December 10) • Creating “Comms packages” for other health organization so it’s really easy for folks to share with their networks • Cross post on BC Emergency Medicine Network’s resource page <p>Cathy thanked the group for the opportunity to present. Any additional feedback can be provided directly to Cathy or Tammy via email.</p>	
4.	PVN Evaluation Refresh Project	<p>Kira, Strategic Initiatives Leader, was introduced to provide an update on the “PVN Evaluation Refresh” project that was previously presented to the group at an earlier in the year.</p> <p>Kira shared background information and a project status report. The logic model, evaluation questions, and evaluation framework are completed. The project is currently refining data collection tools to operationalize the framework. Kira shared the following significant changes to the standard evaluation and monitoring activities:</p> <ul style="list-style-type: none"> • Replacing the “check-in survey” with an email-based check-in checklist, sent to both patient partners and health care 	<p>(All) Email Kira (ktozer@bcpsqc.ca) to be involved with the final review of the surveys and interview guides between now and January 7, 2022.</p>

	<p>partners together, to encourage direct communication to resolve any unmet needs and align expectations.</p> <ul style="list-style-type: none"> • Reintroducing the “end of engagement survey” for health care partners, to gather more frequent and specific feedback on the service/support provided by Council staff, and, to keep an eye on trends in engagement process and outcome measures. • Removing the requirement of the PVN “Closing the Loop” form and introducing more flexibility for how a Health Care Partner can provide CTL communication to their patient partners. • Introducing a 3 year “PVN Pulse” survey to inform operational planning goals for PVN • Introducing an (optional) exit interview for patient partners withdrawing from PVN, to better understand the factors that contribute to volunteers’ decisions to resign. <p>Kira asked the following two questions:</p> <ol style="list-style-type: none"> 1. Do you foresee any implementation challenges with the new evaluation tactics/activities proposed? 2. Do you have suggestions on how to increase acceptance of and participation in these evaluation activities? <p>The following discussion followed:</p> <ul style="list-style-type: none"> • Question raised about the privacy implications for all new questions/data collection tools being introduced. Chelsea and Kira confirmed that the PVN’s existing Privacy Impact Assessment will be updated to reflect the changes before they are implemented. • The process for people to request advocacy or assistance with difficulties - This could be addressed at check-in survey stage of engagement. Clarification was offered that PVN does not provide patient partners with advocacy or support navigate challenges related to individuals’ own care experiences – that would be best handled by a Patient Care Quality Office. PVN is a platform for connecting health care teams with patient partners to work together on improvement initiatives. • A concern was raised about the flexibility being introduced for closing the loop as it may become a way for health care partners to not close the loop. A question was also asked if this process creates more work for PVN staff and appears more impersonal to patient partner. The hope is that the flexibility will encourage a higher rate of closing the loop in a prompt manner and direct communication with patient partners. • Clarification was made that “closing the loop after 90 days” is referring to after the end of patient and health care partner engagement, not the end of the project. • A suggestion was made to automate the engagement checklist email to avoid extra work for the PVN staff. However, the 	
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5.	Diversity, Equity, and Inclusion next step	<p>Tammy reminded the group of the purpose of the Diversity, Equity, and Inclusion (DEI) Workshop/ Session happening on January 18, 2022. The session will be delivered by MT Consulting, an organization which the Council has been working with. It will be an interactive session with pre-reading and homework. The learning outcome includes identifying key concepts to DEI, connecting its significance to themselves and how its related with their work, understand identity and privilege better and how it shapes the way we move and interact with this world. Participants will begin to understand and generate ideas in actions to be of service for those around themselves through their privilege and work. Tammy thanked the group for their commitment to DEI and willingness to go on this journey together.</p>	<p>(Tammy/Leslie) Provide pre-reading for DEI session closer to date.</p> <p>(All) Complete pre-reading prior to workshop/ session.</p>

6	Any other business	No other business was raised.	n/a
7.	Closing and Final Reflection from Pam	<p>Pam shared her final reflection on co-chairing this committee – affirming the group and everything that was achieved during her time. Pam urged this group to continue with their values and keep moving forward with the good work. Pam thanked Tammy, Chelsea, Vikram, and all the program assistants which she had the pleasure of working with.</p> <p>Post meeting survey link was shared in the chat for member’s feedback.</p>	(All) Complete post-meeting survey to provide feedback on effectiveness of meetings.