

FRASER HEALTH REGIONAL PATIENT & FAMILY ADVISORY COUNCIL Terms of Reference

1.0 Purpose

The purpose of the Fraser Health Regional Patient & Family Advisory Council (FH RPFAC) is to engage and partner with Fraser Health, its senior leaders and health care providers to collaborate and provide strategic advice on advancing a person centred approach to health, and improving the patient experience. The work of the FH RPFAC will be supported by Fraser Health values of respect, caring and trust.

This volunteer role is advisory, not advocacy in nature. The difference between these two roles is considered as follows: An Advisor seeks to inform a process, while an Advocate seeks to ensure a particular outcome.

A diversity of patient, client, person in care and family perspectives will help contribute to/drive:

- health services strategic and operational planning
- policy development, implementation and evaluation
- person and family centred care culture
- initiatives to improve quality and patient safety
- Staff / employee wellbeing and development
- two-way dialogue and communication focused on bringing the voice of the patient and family throughout the organization

The actions and decisions of the RPFAC will support Fraser Health to achieve its regional strategic goals and objectives as well as aligning to Ministry of Health directives and frameworks concerning person and family centred care.

The RPFAC will strengthen the relationship between Fraser Health and members of our community by ensuring partnership in learning, idea-sharing, and information flow.

2.0 Membership

The Fraser Health RPFAC will encompass a diversity of perspectives from communities across the region. Membership will include consideration of characteristics such as: healthcare experiences, geographic and cultural/ethnic backgrounds, age and generation, gender identity and sexuality, disabilities, country of origin, religious and spiritual perspective, socio-economic status, access to power, and experiences of oppression or trauma among many othersⁱ. There is also, of course, much that unites us, not least of which is our common humanity.

2.1 Members (Patientsⁱⁱ, Clients, Family, Persons in Care):

Regional PFAC representation will be comprised of 6-10 individuals who have experience with Fraser Health as patients, clients, persons in care and family members and have an interest in providing guidance and input to Fraser Health's achievement of its vision, values and priority actions, with an emphasis on Person Centredness, Quality and Safety.

Membership is open to anyone who lives, volunteers and experiences care within the Fraser Health region. Members may hold a joint appointment on the Fraser Health

RPFAC and other advisory committees (i.e. Clinical or network teams).

Members:

- will complete the application, pre-screening and interview process
- are not employed by Fraser Health
- demonstrate ability to work in partnership with others
- communicate effectively
- are respectful and open to the perspectives of others
- are able to work collaboratively with Fraser Health employees and leaders
- complete Fraser Health's confidentiality agreement
- complete a Criminal Record Check
- represent a diversity of skills, knowledge/opinions and experiences to help advance the work of the RPFAC
- agree to attend 80% of the scheduled RPFAC meetings in-person (when applicable), via telephone, or virtual. If unable to attend 80% of the scheduled RPFAC meetings, RPFAC member and Patient Experience Director will explore the context of the absences and opportunities for participation on the RPFAC or other engagement endeavors.
 - The chair will ask the patient advisor to step-down from the council if it is determined that availability or commitment level has changed. Alternatively, if applicable then a Leave of Absence may be offered.

2.2 RPFAC Member (Patientsⁱⁱ, Clients, Family, Persons in Care) Appointment Process:

Invitation for recruitment development, pre-screening and interview conducted by the Recruitment and Selection Committee which is comprised of existing Patient/Family and FH Staff members. The Recruitment and Selection Committee will make recruitment recommendations to the RPFAC, who will review and approve recommended members.

Newly recruited RPFAC members will be provided a trial period (i.e. 3-6 months) to ensure the RPFAC is a good fit for their lives and health context).

2.3 RPFAC Membership (Patientsⁱⁱ, Clients, Family, Persons in Care) Term:

Membership term is two years. Members may be invited to apply for one additional two-year term. In the management of term renewals, consideration will be made to maintain a balance of new and experienced members. Membership renewal will be reviewed at the end of term and be subject to fulfilling the obligations and criteria described in section. The Director of Patient Experience will meet with each RPFAC member to discuss current standing and desire to renew membership.

Members have the option at the end of term to hold "Alumni" membership for one year and in doing so agree to support and mentor new RPFAC members for both the Regional and any local advisory committees if required. Alumni are also encouraged to act as "alternates" for sitting RPFAC members or "additions" as needed or requested (vacation coverage, sub committees/working groups, diversity, etc.). Alumni members are invited to participate in the monthly "Business" meetings held at the call of the RPFAC members. Alumni members will receive copies of the minutes from monthly meetings.

Members may withdraw from membership at any time and by any means (i.e. written or verbal).

2.4 Fraser Health Members (Staff):

Regional PFAC representation will be comprised of up to 4-8 individuals who are employees in Fraser Health and have an area of focus that relates to current Fraser Health strategic direction and alignment with person centredness. Membership will be reviewed every year for availability and applicability.

Members:

- are employed by Fraser Health
- demonstrate ability to work in partnership with others
- communicate effectively
- are respectful and open to the perspectives of others
- are able to work collaboratively with patient advisors
- agree to attend 80% of the scheduled RPFAC meetings in-person (when applicable), via telephone, or virtual. If unable to attend 80% of the scheduled RPFAC meetings a designate from the department will attend.
 - The chair will ask the Fraser Health Members to step-down from the council if it is determined that availability or commitment level has changed.

Current members:

- Executive Sponsor: Vice President, Patient Experience
- Executive Director: Professional Practice and Chief Nursing and Allied Health Officer
- Director, Patient Experience (Chair)
- Director, Clinical Quality & Patient Safety
- Leader, Patient and Family Centred Care
- Indigenous Cultural Advisor, Aboriginal Health Services
- Ethics and Diversity

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| Previous Health Care Members | <ul style="list-style-type: none"> • Director of Primary Health Care |
| Potential Health Care Members | <ul style="list-style-type: none"> • Long Term Care Assisted Living • COVID – 19 Response • Virtual Care • Integrated Medical Information Technology (IMIT) • Clinical Staff • Mental Health Substance Use |

3.0 Meetings

3.1 RPFAC Meetings:

Monthly RPFAC meetings (minimum 10 meetings per calendar year) conducted in-person at Central City in Surrey or via Zoom. Meeting may be postponed or canceled if it is noted that there is less than 50% of patient advisors present.

At the beginning of each year, the RPFAC will determine meeting dates / times to ensure the maximum amount of representation including consideration of evening

meetings if applicable.

Meeting agenda, minutes and related materials will be provided electronically by administrative support prior to the meeting date (or mail hardcopy upon request). Members may be asked to review and comment on relevant documents circulated electronically between meetings, or through ad hoc meetings.

3.2 RPFAC Business Meetings:

Business meetings involve the patient and family members of RPFAC and take place monthly. The RPFAC Business meetings provide the patient and family members of the RPFAC with an opportunity to discuss, provide suggestions and plan the agenda for the next RPFAC meeting. The Business Meeting is utilized in lieu of a patient partner co-chair model as the RPFAC agendas are created collaboratively. Co-Chair model is revisited on an annual basis.

4.0 Quality & Safety Walkabouts

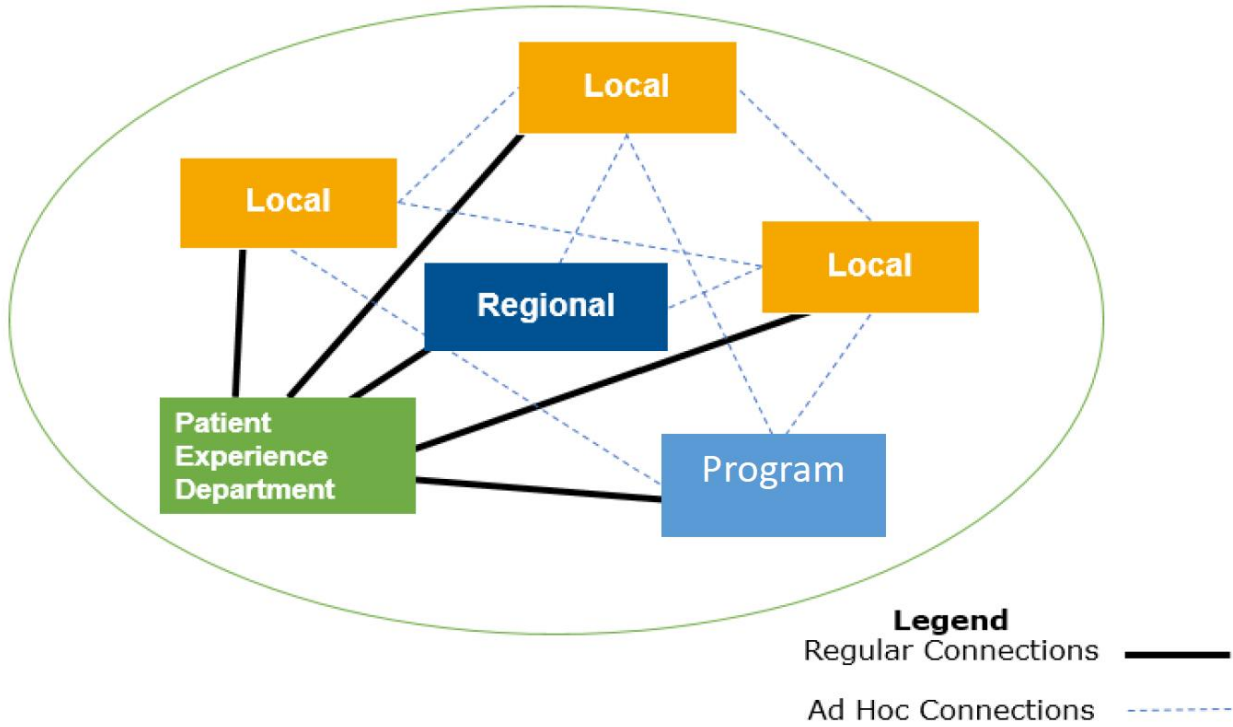
The RPFAC members participate in Executive Walkabouts with members of the FH Executive Team twice per year (spring and fall: during unrestricted times). The purpose of the Executive Walkabouts is to link directly with FH operations staff and leaders, local PFAC members and patients, clients, persons in care and families who are currently receiving care in a FH facility. Input from all participants of the Executive Walkabouts are documented and sent via the Vice President of Patient Experience to the RPFAC and FH Board for review and discussion in RPFAC Meetings. RPFAC members are bound by the FH confidentiality agreement. Those RPFAC members who participate in the Executive Walkabouts should be up to date on their immunizations and take preventative measures to prevent the spread of influenza, etc. in accordance with FH Policies.

5.0 Accountability

The RPFAC is accountable to the Fraser Health Executive, which reports to the Board Quality Performance Committee, through the Executive Sponsor.

Members of the RPFAC will endeavor to engage with local / Health Service Area PFACs to represent a broader voice at the regional table and enable two way dialogue from regional to local/local to regional tables. This is supported by the FH PFAC Network (comprised of local PFACs and the RPFAC). Local PFACs focus on FH priorities, goals and initiatives specific to the local community context.

Patient and Family Advisory Council Network



6.0 Review of Terms of Reference

The Terms of Reference will be reviewed and signed on an annual basis by FH RPFAC.

7.0 Approved on June 27, 2022 and signed by Regional PFAC Members

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| _____ Patient Partner | _____ Vice President, Patient Experience |
| _____ Patient Partner | _____ Executive Director, Patient Experience & Chief Nursing and Allied Health Officer |
| _____ Patient Partner | _____ Director, Patient Experience (Chair) |
| _____ Patient Partner | _____ Director, Clinical Quality & Patient Safety |
| _____ Patient Partner | _____ Director, Primary Care |

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| <hr/> Patient Partner | <hr/> Lead, Aboriginal Health Services |
| <hr/> Patient Partner | |

ⁱ Fraser Health. Diversity Policy.

ⁱⁱ The term “patient” within this Terms of Reference is inclusive of all ‘persons in care’, including patients, clients, and those who reside in long term care facilities.