

COMMITTEE NAME: IH PERSON AND FAMILY CENTRED CARE STEERING COMMITTEE

PURPOSE	<p>With input from both Public Members and IH leaders, the Interior Health Person and Family Centred Care (PFCC) Steering Committee provides strategic direction to Interior Health around the goals, principles, policies, and priorities related to Person and Family Centred Care to improve the healthcare system.</p> <p>The Committee communicates and promotes the core Person Centred Care principles of Dignity and Respect, Information Sharing, Participation, and Collaboration.</p> <p>The Committee also fosters a PFCC culture in IH by providing direction/guidance to IH on specific initiatives, and ensures alignment with the Ministry of Health requirements and policies based upon the related British Columbia person and family centred care framework¹ and similar emerging Ministry policies.</p> <p>Work will include organization-wide engagement and the inclusion of public members in the co-design and ongoing development of IH as a health system.</p> <p>The Committee will also develop working groups to lead specific PFCC focused projects.</p>
DEFINITIONS	<p>PFCC (Person and Family Centred Care): Is a way of thinking and doing things that sees the people using health and social services as integral partners in planning and monitoring the delivery of healthcare services to ensure it meets their needs. People and their families are put at the center of decisions and regarded as experts; they work alongside professionals to get the best outcome as integral partners in the care process.²</p> <p>Public Members: As members have expressed that the term 'patient' or 'patient partner' does not fully capture their involvement and perspective in this committee's work, the term 'Public Member' will be used most commonly. Public members on the Committee may choose to identify as 'patients', 'patient partners', 'volunteers' or similar terms based on personal preference; this choice will be respected by the other members.</p>
SPONSOR	Vice President, Medicine and Quality
ACCOUNTABLE TO	Quality Management Committee (QMC)

¹ Please note that the BC Framework, published in 2015, refers to 'patient and family centred care'; in more recent draft Ministry frameworks and policies the term was changed to 'Person and Family Centred Care. These are not yet available online.

² Based upon <https://healthinnovationnetwork.com/resources/what-is-person-centred-care/>



AUTHORITY	The IH PFCC SC will identify and focus on activities based on a variety of inputs including from person and family advisory committees across IH, the Ministry’s Patients as Partners initiative, other senior IH committees, and any other opportunities identified by persons and families. The IH PFCC SC will make recommendations to the IH QMC for consideration.
APPOINTMENTS	QMC appoints both the Public Member and IH Member Co-Chairs. Existing members and the QMC may nominate members. The Co-chairs (usually in consultation with the Chair of QMC or Sponsoring VP) will jointly appoint new members. Co-Chairing postings will typically run for 2 year terms. Renewal or reappointment of Co-Chairs, and members, will take place every 2 years.
MEMBERSHIP	<p>Membership will aim to include equal numbers of Public Members and IH Staff. Committee membership will aim for no more than 20 voting members³.</p> <p><u>Public members</u> come from diverse cultural and educational backgrounds. They bring knowledge, skills and abilities from their various areas of expertise and they bring perspectives from their unique experiences with the health care system. Public membership will aim to represent the diverse population that IH serves. Additionally, the committee will ensure that at least 1 or more of the public members, and also the IH Members, of the committee identify as Aboriginal.</p> <p><u>IH membership</u> aims to include portfolios that have significant stake and organizational influence in PFCC adoption. IH membership will include:</p> <ul style="list-style-type: none"> • Executive Medical Director, Quality & Patient Safety • Director, Patient Safety (also oversees Accreditation and Patient Experience, Patient Concerns) • Professional Practice Office • Acute Care • Communications & Culture • Leaders representing a subset of IH’s 12 key priorities: <ul style="list-style-type: none"> ○ Primary Care ○ Seniors Care ○ Aboriginal Health & Wellness ○ Mental Health & Substance Use ○ Technology and Data Driven System of Care <p>Ad hoc membership:</p> <ul style="list-style-type: none"> • Others at the request of the Co-Chairs or QMC.

³ Additional non-voting members may also be invited to attend from IH portfolios to support the committee’s work and connection to the organization. If consensus is not possible and voting is required, non-voting status will be determined based on the issue.



	<ul style="list-style-type: none"> • A QMC member may attend part of each meeting in order to understand and contribute to the committee’s work and ensure meaningful linkage and support to QMC. <p><u>Membership Roles and Responsibilities</u></p> <ul style="list-style-type: none"> • Review On-Boarding material and understand the PFCC principles and framework. • To attend 80%+ of meetings and actively participate in PFCC discussions. When Public or IH Members cannot attend, they should reach out to the Co-Chairs to contribute any input for upcoming agenda items ahead of time. The Co-Chairs, with the respective Member, should review insufficient participation. • To offer ideas and propose solutions to improve incorporation of PFCC principles and behaviours in care across IH. • To serve as a communication link to disseminate information discussed in the meetings to the organization at large and to the members of their respective IH programs, services and public as appropriate. • To participate in active working groups. • Avoid engaging in advocacy of personal interests or exclusively focus on one’s own IH portfolio interests; members will consider the broader system change aims of the Committee as a whole. • Declare any conflicts of interest when they arise. • Adhere to appropriate standards of conduct as an IH volunteer or employee.
QUORUM & VOTING	A majority of both Public and IH members must each be present to achieve quorum. Decisions will be made by consensus; if consensus cannot be reached, a vote will be taken. Where there is no resolution the issue will be escalated to the QMC Chair/VP Sponsor for direction.
MEETINGS	<ul style="list-style-type: none"> • Meetings will typically be held on the 3rd Monday of each month (or the 3rd Tuesday if there is a holiday) and at the call of the Co-Chairs. • Meetings will not be scheduled for July/August to avoid summer holidays. • The IH Co-Chair, in consultation with the Public Member Co-Chair, will primarily carry out development of the meeting package/materials and manage day to day correspondence with IH colleagues. • Members, subcommittees and working groups will submit agenda items to the Co-Chairs two weeks in advance of the meeting. • Members may submit request of Agenda items at any time by contacting the Co-Chairs. • All agendas/meetings will include formal Acknowledgement of the traditional and unceded territories of the seven Interior Region First



	<p>Nations and that the regional is home to 15 Chartered Métis Communities.</p> <ul style="list-style-type: none"> • An Action Items table will be maintained that will outline key tasks, milestones and accountabilities for tasks. • Meeting packages will be sent out one week in advance of the meeting after approval by both Co-Chairs. • The Committee will provide for information (or as a consent item) meeting minutes to IH QMC after approval. Committee Co-Chairs will provide a short in-person or written report to QMC as required.
<p>ADMINISTRATION</p>	<p>The Quality & Patient Safety portfolio will provide administrative support, preparation and circulation of agendas, minutes and background information.</p>
<p>SPECIFIC AREAS OF RESPONSIBILITY</p>	<ul style="list-style-type: none"> • Socialize PFCC principles, framework and practice across IH (i.e., ensure PFCC is part of key leadership groups planning and initiatives). • Identify priorities to improve the quality, effectiveness and inclusiveness of Person and Family Centred Care principles across IH. • Support Accreditation by promoting PFCC principles and practices across IH. • Monitor the delivery of IH initiatives as described in the British Columbia Person-Centred Care Framework.⁴ • Share information and discuss common issues related to Person and Family Centred Care. • Foster cross portfolio learning and information sharing related to PFCC. <p>ALIGNMENT</p> <p>This committee is aligned with IH’s and the Ministry of Health’s strategic direction regarding Person and Family Centred Care. It is also aligned to supporting IH’s Goal 2: Deliver high quality care.</p> <p>PERFORMANCE</p> <p>IH PFCC SC will engage in monitoring and/or evaluation activities as needed to ensure progress and effectiveness. A monitoring process will be developed to align to strategic planning that is revisited each year.</p> <p>STRUCTURES AND COMMUNICATION</p> <p>Subcommittees and working groups should reflect the ongoing priorities of the committee. They may be established with a separate Terms of Reference and may establish guidelines, project charters or other directional documents to ensure their work aligns with steering committee priorities. Subcommittees/working groups will report at each committee meeting. They be chaired by a member of the steering committee or have</p>

⁴ https://www.health.gov.bc.ca/library/publications/year/2015_a/pt-centred-care-framework.pdf



	<p>a designated leads/sponsor identified by the steering committee. Membership may be comprised of steering committee members or other participants as appropriate.</p> <p>Ad Hoc and expert working groups may be established by the committee as required for priorities and specific projects. Such working groups are time-limited for specific projects and may involve recruitment of experts and/or representatives beyond committee membership. A member of the steering committee chair working groups.</p>
DATE APPROVED	Approved by QMC on June 7, 2022.
REVIEW DATE	IH QMC will review the effectiveness of the Committee and Terms of Reference annually. The next review date is June 2023.
DIRECT AND INDIRECT LINKAGES	<p>A systems approach to addressing Person and Family Centred Care requires strong linkages across the continuum of care and response. The IH PFCC Steering Committee engage with others as needed; it will develop and maintain strong linkages with the following organizations in particular:</p> <ul style="list-style-type: none"> • BC Patient Voices Network (PVN) • PEER Inclusion Engagement Program in IH MHSU • Patient as Partners (PasP) • BC Patient Experience stakeholders



IH Person and Family Care Centred Steering Committee (PFCC SC)
Strategic Plan Summary from March 2022

