

TERMS OF REFERENCE

Central East LHIN Patient and Family Advisory Committee

BACKGROUND

Local Health Integration Networks aspire to learn what patients, families and caregivers value most in our health care system. In order to improve health outcomes and experiences, patients and families across Ontario must be engaged and empowered to have a strong voice to shape health care delivery. Expanding patient engagement across the health care system is a key commitment articulated in the Patients First Act. A key element of this approach is the establishment of patient and family advisory committees in each of Ontario's 14 Local Health Integration Networks (LHINs) and information sharing between these committees. Since its inception, the Central East Local Health Integration Network (LHIN) has recognized the value of listening to the voice of patients and their family/caregivers. Taking action on the lived experience of patients and their caregivers has resulted in the establishment of new programs, improvements to existing services and, when warranted, the re-design or re-assignment of accountability for services.

To support the implementation of the 2016-19 Integrated Health Service Plan (IHSP 4) by the LHIN and its Health Service Providers (HSPs), the Central East LHIN has developed a *Patient and Family Engagement Strategy* which includes the creation of the Central East LHIN Patient and Family Advisory Committee (PFAC). This approach has been validated by Health Quality Ontario (HQP) in the release of its Patient and Family Advisory Council (PFAC) toolkit.

The development of the PFAC will take into consideration the key proposals that have been outlined in the Patients First: Action Plan for Health Care.

The development of the PFAC will ensure that a diverse group of patients and family caregivers are continuing to provide input to help system planners and HSPs to improve the patient experience and the delivery of patient and family-centred care. The PFAC is intended to promote the delivery of patient and family-centred care through engagement and communication between patients, families and the LHIN, leading to improved patient and health system outcomes.

MANDATE

The Central East LHIN's PFAC will aim to assist in shaping the LHIN's programs, services and initiatives designed to improve care in the Central East LHIN region.

The PFAC will both advise and collaborate with the Central East LHIN, its leaders, HSPs and staff regarding system-level policies, practices, and strategy, planning and delivery of patient and family centred care within the Central East LHIN region.

- Identify and advise on opportunities to incorporate the patient's perspective in initiatives to better integrate care across the region and across the health care system.
- Establish a strategy to increase meaningful patient and family engagement and advance the culture of patient and family centred care within the Central East LHIN.
- Provide advice on recommendations about health care access or service delivery improvements from the patient and/or family caregiver perspective.
- Provide input on LHIN policies and standards guiding LHIN initiatives, particularly regarding patient care and patient engagement.
- Recommend strategies and practical ideas for improving patient care, and caregiver recognition and support.
- Work in partnership and engage in co-design with the LHIN CEO, LHIN staff, service providers and partners.
- Link and collaborate with other patient and family advisory groups within the LHIN and across the province as appropriate.

The PFAC will have no fiscal mandate to perform these duties.

When executing its mandate, the Patient and Family Advisory Committee will adhere to the following principles:

- The Committee will make every effort to provide informed advice on LHIN policy and program initiatives.
- The Committee will take into account population health and health equity in making its recommendations.
- The LHIN will respond to the committee's advice and final decisions will remain with LHIN staff, Board of Directors and LHIN CEO.
- The Committee will work in alignment with best practices identified in the LHIN Community Engagement Guidelines and the provincial Patient Engagement Framework. (See Appendix A).

ACCOUNTABILITY AND REPORTING RELATIONSHIPS

The Central East LHIN's Patient and Family Advisory Committee will provide regular updates through the sharing of meeting notes through the staff liaison and report annually at minimum on its work plans, activities and progress to the Quality Committee of the Board through the LHIN CEO.

MEMBERSHIP

The Patient and Family Advisory Committee will consist of up to 10-15 Members and no fewer than 6 Members, who have a variety of health care related experiences, who collectively represent the diversity of the population in the Central East LHIN. The role of a Patient and Family Committee Advisor Member is to share his or her unique stories, experiences, opinions and perspectives in order to strengthen engagement of patients, caregivers and the public in important local health planning decisions and policies.

Members may participate on focused sub-committees or working groups of the Patient and Family Advisory Committee as needed based on their interests and experiences with different aspects of the health care system.

Members shall be appointed for a term of up to 2-3 years. Length of term will be discussed with potential Members and may be varied to allow for staggering. Members may be re-appointed for an additional term at the LHIN CEO's discretion.

Election of Co-Chairs

The Patient and Family Advisory Committee will include two Co-Chairs. LHIN staff can assist in facilitation, as appropriate.

The LHIN's CEO shall consult with Members and will appoint at his/her discretion the co-chairs of the LHIN's Patient and Family Advisory Committee for a period of 2-3 years, or for an appropriate shorter term determined by the LHIN CEO.

ROLES AND RESPONSIBILITIES

Committee Member Qualifications:

- *A patient or family member of a patient receiving care within the Central East LHIN region, in the past 2 years.*
- *Can represent patients and/or families effectively when engaging with all stakeholders, including members of the community.*
- *Able to provide constructive advice, and manage diverse and differing opinions with respect.*
- *Able to work collaboratively with all stakeholders, and other members of the community.*
- *Ensures privacy and confidentiality.*

The role of Committee Members is to:

Provide advice to the LHIN based on the patient, caregiver and family experience that is meaningful to all people living in the LHIN region. This will involve:

- Reviewing and providing feedback on LHIN documents, proposals, and plans.
- Doing their utmost to attend each meeting of the LHIN's Patient and Family Advisory Committee (either in person or by teleconference / videoconference).
- Being prepared to be active participants in each meeting (e.g., all meeting materials should be read prior to each meeting).
- Identifying opportunities for improvements in the planning and delivery of services.
- Participating in initiatives where the patient's voice can inform improvements outside of the Patient and Family Advisory Committee.
- Acting in accordance with the internal policies of the organization and relevant legislation, including the [Ontario Occupational Health and Safety Act](#) and the Accessibility for Ontarians with Disabilities Act; and
- Approving this Terms of Reference in collaboration with the LHIN staff as needed.

The role of the Co-Chairs is to:

In addition to the Committee Member's responsibilities outlined above, the Co-Chairs will also be responsible for:

- Liaising between the Committee and the LHIN's board/CEO.
- Ensure that the work of the PFAC aligns with the mandate and principles of the PFAC, is relevant and meaningful to all Members.
- Encouraging participation and active involvement among Members.
- Support team building and respectful conflict management within the PFAC (including managing or mitigating risks associated with conflicts of interest).
- Leading and facilitating Committee meetings (for people both attending in-person, online or via telephone).
- Attending external meetings on behalf of the committee and at the request of the LHIN's CEO.
- Setting the agenda for each meeting in collaboration with the LHIN Staff Liaison.
- Assisting in the evaluation of the PFAC on an annual basis.
- Create an annual report of the activities of the PFAC for distribution to all parties interested in the work of the PFAC (including members of the community).
- Guiding LHIN staff in-between meetings.
- Recruiting and orientating new Committee Members (in collaboration with the LHIN staff who support the Committee).

The role of LHIN staff is to:

- Provide secretariat support which may include, but is not limited to, logistics and coordination, organization of meetings, project management of Committee activities, orientation, research and analysis, report writing and translation, and performance measurement and evaluation
- Respond to Committee feedback and advice
- Facilitate discussions with the LHIN CEO, Board of Directors, LHIN staff and others

- Prepare meeting agendas in consultation with the Committee Co-Chairs
- Prepare briefing notes about agenda items and ensuring that they are clearly written and crafted with the perspective of what would be important to patients and family advisors
- Answer questions about policies / issues answered in a respectful, helpful, and prompt manner.
- Support the Co-Chairs and existing Committee Members with the recruitment and orientation of new Members; and
- Collaborate with the Co-Chairs, identifying appropriate topics for engaging the Committee and developing appropriate meeting agendas and activities to elicit meaningful input.

LINKAGES AND PARTNERSHIPS

The PFAC may seek input from a wider group of subject-matter experts. These subject-matter experts may include Central East LHIN staff, other Central East LHIN planning partners, other patient and family caregivers, Health Service Providers - primary care providers, mental health and addictions services, community support service agencies, hospitals, home and community care agencies and/or related associations or individuals.

RESIGNING/ DISMISSAL FROM THE COMMITTEE BEFORE THE END OF A TERM

There are circumstances where a Committee Member may need to leave the Committee before the end of his / her term.

1. Committee Members who elect to resign from their position are requested to provide thirty days written notification of their decision to the Co-Chairs.
2. Where a Member has not fulfilled his / her role as per the Terms of Reference, the Committee (via the Co-Chairs) may wish to inform the LHIN CEO of the Committee's concerns.
 - The LHIN CEO will use the information provided by the Co-Chairs and the Committee to inform his / her decision on whether or not to end the Member's appointment.
 - As a guiding principle, and before informing the LHIN CEO, the Committee Co-Chairs will reach out to the Member in question to understand his/her reason(s) for not fulfilling their role of Committee Member in an attempt to mitigate / resolve the issue.
 - The Committee will document this outreach process, and the Member's response, for the LHIN CEO's consideration.
 - If Members are unable to fulfill their role and or engage in behaviour that materially undermines the integrity of the LHIN, work of the committee, or committee terms of reference they may be requested by the LHIN CEO to resign from the committee.

MEETINGS

The Committee will be engaged regularly throughout the year and as requested by the LHIN CEO as the LHIN needs the Committee's advice on LHIN policy/program issues.

The Committee will seek to convene for in-person meetings approximately 4-6 times per year, as logistics permit.

DECISION MAKING PROCESS AND MEETING CONDUCT

PFAC Members must promote open dialogue, encourage constructive thinking, respect debate and remain focused on solutions.

Group recommendations/advice will be made by consensus, whereby consensus is defined as a process for making group decisions by gathering information and viewpoints, discussion and synthesis of information. Consensus does not necessarily result in unanimity, but rather a confidence that the decision reflects for the most part the wishes of the group, thereby ensuring that it will be actively supported by its Members and informing existing stakeholder tables.

REIMBURSEMENT

Patient/Family Advisors and Chairs are eligible for reimbursement of pre-approved expenses incurred regarding travel, meals, accommodations, and child/elder care as per the Travel, Meal and Hospitality Expenses Directive, as applicable to the LHIN's expenses policy and as may be amended or replaced from time to time (the "Directive" – see Appendix B). The LHIN is not responsible for any travel, meals, accommodation, or child/elder care expenses incurred by the Committee Members that are not pre-approved in writing by the LHIN and charged in accordance with the Directive.

ETHICAL FRAMEWORK AND CONFLICT OF INTEREST

Committee Members are required to fulfill the duties of their appointment in a professional, ethical and competent manner and avoid any real or perceived conflict of interest as stated in the conflict of interest agreement. Committee Members have an obligation to declare a personal or pecuniary interest that could raise a conflict of interest concern at the earliest opportunity to the Chair(s). Each Member has an ongoing obligation to disclose any actual, potential or perceived conflict of interest arising at any point during a Member's term of appointment in regard to any matter under discussion by the Committee or related to the Committee's mandate.

CONFIDENTIALITY AND ONTARIO'S FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FIPPA)

Members are bound by the Central East LHIN Consents and Confidentiality Agreement and Communications Protocols.

Each Member of the committee will be required to sign a confidentiality agreement. All confidential information, including notes written by individual Members in connection with their work on behalf of the LHIN's Committees, is subject to the provisions of Ontario's *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.F.31 and may be subject to disclosure in accordance with the Act.

All PFAC discussions and its appointed working groups are considered public information unless specifically noted by the Members and/or Central East LHIN Staff Liaison and marked as confidential. Discretion is required by all Members when commenting on issues that have not been discussed – or consensus reached – at meetings.

No Member of the Committee shall disclose or publicize any information related to the work of the Committee, including the content of any of its discussions, advice or recommendations, unless the Member has received prior written authorization from the Ministry of Health and Long-Term Care/LHIN to make a specific disclosure.

Members, with input from the Central East LHIN, are recommended to develop consistent messaging that reflects the values and principles of the collaborative process, the Central East LHIN, and the needs of their community.

OWNERSHIP OF COMMITTEE MATERIALS

All confidential information, including all work materials produced by the committee, shall be and remain the sole property of the Crown in Right of Ontario. Committee materials are not to be shared outside of the organization, including with other committees/councils, unless there is expressed permission to do so.

ESTABLISHMENT OF SUBCOMMITTEES/WORKING GROUPS

The Committee may establish time-limited working groups to provide reports and recommendations to the Committee on specific issues or specific priorities set by the Committee. Working group membership may overlap with Committee membership as appropriate. If interested, Members can also get involved in other LHIN engagement activities.

AMENDMENTS TO TERMS OF REFERENCE

These Terms of Reference will be reviewed after one year, and every two years thereafter and may be amended by the LHIN CEO.

Appendices:

A – Community Engagement Framework

B - Central East LHIN Travel, Meal and Hospitality Expenses Directive