



## CLIENT AND FAMILY CENTRED CARE REGIONAL STEERING COMMITTEE

### TERMS OF REFERENCE

#### **PURPOSE**

- The Saskatoon Health Region Client and Family Centred (CFCC) Regional Steering Committee's goal is to lead and support the spread of client and family centred care throughout the region.
- Our aim is to fundamentally change the culture of our relationships with clients and families to one in which there is more choice, more personalized care, and genuine empowerment and involvement of people to improve their health.
- We mean to re-align the CFCC Steering Committee in SHR as a strategic partner to influence policies, practices and projects at regional a level.

#### **FUNCTIONS**

The CFCC Regional Steering Committee, in consultation with clients and families, SHR staff, physicians and relevant committees will:

- Identify client and family centred care priorities (as identified on CFCC framework) and develop corresponding action plans;
- Develop and monitor key measures and outcomes related to client and family centred care;
- Collaborate with regional governance committees, operational committees and department committees, affiliates and community partners to improve client and family centred care;
- Build awareness and skills among staff and client/family advisors to enable them to carry out their advisory and coordinating roles.
- Support the spread of CFCC by participating in Patient Family Advisory Committees (PFACs).
- Develop and implement a framework for embedding Patient Advisors in Hoshin teams.

#### **MEETINGS**

- The CFCC Regional Steering Committee will meet monthly with the exception of July and August.
- The council will meet for special purposes as required.
- The Co-Chairs of the committee will establish the agenda for meetings and circulate one week in advance of meetings. Everyone can submit items for the agenda, preferable prior to meeting, but at the meeting is an option.
- Meeting minutes will be distributed to all members of the team.
- VP will take issues from committee to the Senior Leadership Team (SLT) round table.

- VP will identify and report key messages at the end of each meeting and report to SLT, Operational Leadership Team (OLT), and PFACs monthly.
- An honorarium will be provided to the client and family members for each council meeting attended.

## **REPORTING AND ACCOUNTABILITY**

The CFCC Regional Steering Team will provide:

- Regular client and family centred care performance reports to the SLT and through the SLT to the Saskatoon Regional Health Authority (SRHA) and St. Paul's Hospital Board;
- All written documentation reports; minutes and recommendations to the Senior Leadership Team.
- A quarterly report to VP, PFAC committees, and posted on website.

## **MEMBERSHIP**

- The CFCC Regional Steering Committee team will ideally consist of an equal number of SHR representatives and Sponsored Community members with a total of 20 members.
- The term of service is two years and an individual may serve up to 2 two-year terms.
- Succession planning will be determined based on staggered membership.
- The CFCC Regional Steering Committee will
  - Interview and invite prospective members
  - Provide background information to group prior to first meeting
  - Orientation of new members
- The committee will be co-chaired by a Patient and Family Advisor, and the Director of Client and Family Centred Care. The term of the advisor co-chair role is two years, with staggered renewal to facilitate continuity. SHR staff support of the co-chair will be provided by CFCC specialist and/or another SHR committee member.

## **ROLES AND RESPONSIBILITIES**

SLT Executive Sponsor will:

- Sign off on planning documents and change requests
- Approve resources requested (financial and human)
- Pursue opportunities for increased funding and resources (grant applications, etc.)
- Review progress
- Work to remove team barriers
- Communicate to SLT, SRHA and throughout the Region
- Nominate SHR representatives to the Steering Committee

Co-Chairs will:

- Support the team to define direction
- Assist with recruitment of team members
- Schedule meetings and develop agendas
- Contribute knowledge as an equal team member
- Monitor performance and initiate corrective action as necessary (key measures and outcomes, projects, etc.)
- Keep the sponsor and stakeholders informed of CFCC progress
- Act as a liaison between project team(s), other committees, etc.
  - See Appendix for specific Patient/Family Advisor Co-Chair role and recruitment process

Secretary will:

- Record minutes of all meetings which will be distributed to all members at least 7 days prior to the next meeting.

Team members will:

- Attend meetings regularly and promptly
- Participate fully in the improvement process
- Complete team assignments
- Share ideas and information freely
- Encourage others to participate
- Apply innovative thinking
- Serve as an ambassador for CFCC
- Establish communication links with the departments they represent

## **REVIEW AND EVALUATION**

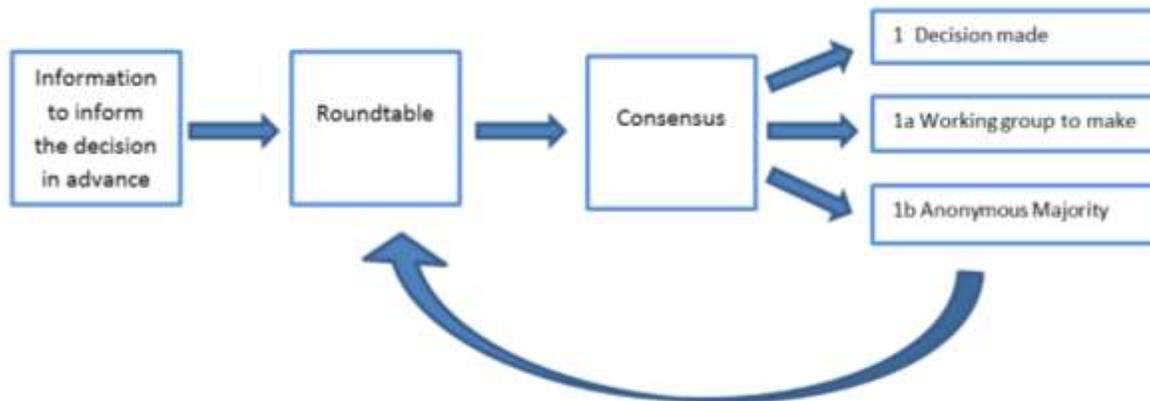
- The CFCC Regional Steering Committee shall conduct annual evaluations of the team's effectiveness.
- The Terms of Reference will be reviewed yearly.

## **PRINCIPLES FOR WORKING TOGETHER**

- Be respectful of one another
- Focus on process, not people
- Utilize facts and data
- Be open-minded to new ideas
- Be honest about ability to commit to tasks
- Ask for help when you need it
- Come prepared, on time, and informed of meetings
- Maintain commitment to the team

- Serve as a resource on Client and Family Centred Care in SHR
- Be knowledgeable about CFCC practices
- Quorum is considered to be 50% of committee membership plus one. Minimum of 50% of PFAs or more present.

## DECISION MAKING METHOD



### Decision Making Method Guiding Principles:

- Use the identified decision making method with time limits to keep conversation moving forward.
- Hear each other's voices. Use processes such as a talking stick and small group discussions to build understanding among the group.
- Clear objectives for agenda items by identifying the outcome of the conversation (e.g. decision, information sharing, feedback)
- We need flexibility in our agendas as we respect each other's perspectives and want to foster a community that creates openness.

## **APPENDIX**

### **Patient and Family Advisor Co-Chair Role Description**

The Client and Family Centred Care Steering Committee is co-chaired by the Director of Client and Family Centered Care and a representative Patient and Family Advisor.

**Knowledge, skills, abilities and expectations** of the Patient and Family Advisor Co-chair are:

- Leadership ability.
- Able to communicate effectively in a group.
- Share insights and information about personal experiences in a way that others can learn from.
- Able to speak comfortably in a group with candor.
- Experience as a patient or family member of local services.
- Experience as a member of a Patient and Family Advisory Council.

**It is anticipated that the role of the Patient and Family Advisor Co-Chair will involve:**

- To help ensure that the work of the group is meaningful for all members.
- To represent and present the views, the input and work of the group.
- To capture recommendations for meeting agenda items from group members.
- To co-create meeting agendas and minutes with other Co-Chair.
- To provide stability and a safe environment for discussion at meetings.
- To act as a representative for the steering committee at events and meetings as required.
- To help manage conflict within the group, including conflicts of interest (defined as: actual or possible political, financial or personal gain) if they arise with members.
- To participate in learning and development opportunities.
- To co-lead projects, committees or working groups.

#### **Time Commitment:**

There is an expectation for additional time spent in planning and supporting the meetings. A two year term of service is requested as the patient and family advisor co-chair of the Steering Committee.

#### **Recruitment Process of Co-Chair:**

A posting for the position of the Steering Committee Patient and Family Advisor Co-Chair will be sent to all Patient and Family Advisors asking for nominations or self-declaration.

Recruitment will begin four months prior to the previous co-chair's term ending. The Director to Client and Family Centered Care, the Client and Family Centered Care Specialist, a patient and family advisor member of the Steering Committee and a human resource staff person will

use a weighted interview structure to interview interested applicants, with the Director with the final decision.

The successful applicant will be given an orientation from the existing patient family advisor Co-Chair including an overlap of two Steering Committee meetings with support from the Client and Family Centered Care Specialist. Applicants must be an active Patient and Family Advisor to be eligible for this position.