

## Central West Local Health Integration Network (LHIN) Patient and Family Advisory Committee (PFAC) Terms of Reference

August 24, 2017

### Background

To help improve the health and healthy outcomes of Ontarians, Local Health Integration Networks (LHINs) aspire to understand what patients, families and caregivers value most in their health care system. It is with this important objective in mind that patients, family members and caregivers must be engaged and empowered to have a strong voice to shape care delivery.

Expanding patient engagement across the health care system is a key commitment articulated in Ontario's [Patients First Act](#) (the Act). In support of the Act, Patient and Family Advisory Committees (PFACs)\* are being established in each of Ontario's 14 LHINs. Through the sharing of unique health care stories, opinions, perspectives and experiences, the voices of patients, family members and caregivers will help to influence, shape and in some instances, co-design programs and services within their local health care systems.

As part of a commitment to placing the needs of patients first, the Central West LHIN aims to engage and empower patients, families and caregivers in helping to shape their local health care system, furthering a patient-centered approach to system planning, funding, integration and service delivery.

*(\*For Central West LHIN purposes, the term "family" is inclusive of caregivers.)*

### Mandate

#### How will the Central West LHIN PFAC will do its work?

The Central West LHIN PFAC\* will help to assist in the shaping of LHIN programs, services and initiatives - including sub-region planning opportunities - applying its collective repository of stories, opinions, perspectives and experiences to:

- Identify and advise on opportunities to incorporate patient/family member/caregiver perspectives and voices in initiatives that seek to better integrate care across the region and across the local health care system
- Model and enable effective patient/family member/caregiver engagement within the LHIN
- Provide advice on recommendations about health care access and/or service delivery improvements from the patient/family member/caregiver perspective
- Review and advise LHIN strategic, quality, annual business plans and other key planning initiatives
- Provide input on and /or co-develop Central West LHIN policies and standards that guide LHIN initiatives, particularly in regard to patient care and patient/family member/caregiver engagement.
- Recommend strategies and practical ideas for improving patient care, patient/family member/caregiver communication and education, and caregiver recognition and support
- Use data to inform recommendations where and when appropriate
- When required, engage in outreach and consultation to extended community stakeholders
- Work in partnership with and engage in co-design opportunities internal and external stakeholder
- As appropriate, link and collaborate with other local and provincial patient and family advisory groups.



When executing its mandate, the PFAC will adhere to the following principles:

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

## Accountability and Reporting Relationships

### Who is the Central West LHIN PFAC accountable to?

The Central West LHIN PFAC will provide regular updates and report annually, at a minimum, on its work plans, activities and progress to the Central West LHIN Board of Directors through the LHIN CEO.

Members are expected to contribute to the work of the PFAC based on their professional and/or personal perspectives and experiences as patients, family members or caregivers, and as LHIN staff.

## Membership

### Who makes up the Central West LHIN PFAC and what are they responsible for?

The Central West LHIN PFAC will include between 10 to 15 members, who ideally represent the LHIN's multicultural and geographic diversity. Membership will also represent experiences across different health care settings as well as key elements of social determinants of health.

The role of a PFAC member will be to share his/her unique health care stories, opinions, perspectives and lived experiences to help shape the policies, programs and initiatives that influence patient care in the Central West LHIN. As needed and based on their interests and experiences with different aspects of the health care system, PFAC members may participate on focused sub-committees or working groups.

Membership will be a combination of Patient and Family Advisors (PFAs) and LHIN staff, with more than a 2:1 PFA to staff ratio.

Required membership includes two Co-Chairs, PFA Representation from the LHN's 5 sub-regions (Bolton-Caledon, Bramalea and Area, Brampton and Area, Dufferin and Area, and north Etobicoke, Malton, west Woodbridge), and LHIN diversity leadership. The LHIN CEO will be an ex-officio member of the Committee.

Additional guests will be invited ad hoc for subject matter expertise, especially related to LHIN service delivery and planning priorities. For example, there may be ad hoc or short term representation required when the needs of specialized patient populations - Palliative Care, Mental Health & Addictions, Older Persons, and Children etc. are being discussed.

Present at each meeting, the LHIN will provide a facilitator and administrative support for minute-taking and general administrative support.

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 PFAC will include two Co-Chairs and assisted facilitation by LHIN staff as appropriate. The Central West LHIN CEO shall consult with PFAC members and will appoint at his/her discretion the co-chairs of



the Central West LHIN PFAC for a period of 2-3 years, or for an appropriate shorter term determined by the LHIN CEO.

PFAC members shall be members of the public. Because elected representatives, practicing healthcare professionals, paid employees of health charities, employees of companies in health industries, elected officials, and employees of provincial and federal health ministries and agencies already have a strong voice in making their opinions known to decision makers, these persons are not eligible for membership.

## Roles and Responsibilities

### How will members of the Central West LHIN PFAC do their work?

#### Committee Members

The role of Committee Members is to provide meaningful advice to the LHIN based on the patient, family member and caregiver experience, reflective of all people living within the LHIN region. This includes:

- Reviewing and providing feedback on LHIN documents, proposals, and plans
- Doing their utmost to attend each meeting of the LHIN's PFAC, 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 improvement in the planning and delivery of health care services
- Participating in initiatives where the patient's voice can inform improvements outside of the PFAC
- Acting in accordance with the internal policies of the LHIN organization and relevant legislation including the [Patients First Act](#), [Ontario Occupational Health and Safety Act](#) and the [Accessibility for Ontarians with Disabilities Act](#)
- Approving and adhering to these Terms of Reference, in collaboration with the LHIN staff as needed
- Participating within the Committee mandate.

#### Co-Chairs

In addition to the Committee member's responsibilities outlined above, Co-Chairs will also:

- Liaise between the Committee and the LHIN's Board of Directors and CEO
- Encourage participation and active involvement among members
- Lead and facilitate Committee meetings for participants attending either in person or by teleconference/ videoconference
- Attend external meetings on behalf of the Committee as required and, at the request of the LHIN CEO
- Set the agenda for each meeting
- Assist in evaluation of the PFAC on an annual basis
- In collaboration with LHIN staff who support the Committee, recruit and orient new Committee members when required.

#### LHIN Staff

The role of LHIN staff is to:

- Provide administrative 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
- Ensure an adequate budget is available to support the Committee mandate and terms of reference
- Respond to Committee feedback, advice and provide follow-up and updates as requested

- Facilitate discussions with the LHIN CEO, Board of Directors, LHIN staff and others
- Prepare meeting agendas in consultation with Committee Co-Chairs
- Prepare briefing notes about agenda items, ensuring they are clearly written and crafted with the perspective of what would be important to patient, family member and caregiver 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
- Collaborate with the Co-Chairs, identifying appropriate topics for engaging the Committee and developing appropriate meeting agendas and activities to elicit meaningful input.

## Resigning/Dismissal from Committee Prior to End-of-Term

In 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 the reason(s) for his/her not fulfilling the 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 in regard to matters that require the Committee's advice.

The Committee will aim to convene monthly for in-person or teleconferenced meetings, committing to meeting no less than 6 times per year.

## REIMBURSEMENT

As per the [Travel, Meal and Hospitality Expenses Directive](#) (the "Directive"), Patient/Family Member/Caregiver Committee Members are eligible for reimbursement of pre-approved expenses incurred regarding travel, meals, accommodations, and child/elder care. The Directive may be amended or replaced as required.

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)**

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.

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/LHIN to make a specific disclosure.

## **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**

As required, the Committee may establish time-limited working groups to provide reports and recommendations to the Committee on specific issues and/or 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.

## APPENDIX A

### Glossary of Terms

**Social Determinants of Health (Sodhi)** | Sodhi can be understood as the social conditions in which people live and work. They are “the economic and Social conditions that influence the health of individuals, communities and jurisdictions as a whole. They determine the extent to which a person possesses the physical, social and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. These resources include but are not limited to: conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and income distribution; social exclusion; the social safety net; and unemployment and job security.”

World Health Organization (WHO) Commission of SDH discussion paper, “Towards a Conceptual Framework for Analysis and Action on SDH.” Available at [http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH\\_eng.pdf](http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf). Raphael, Dennis (Ed) 2004. Social Determinants of Health: Canadian Perspective.