

# **OUTCAN USA Patient and Family Advisory Committee - Terms of Reference**

## **Why have a Patient and Family Advisory Committee (PFAC)?**

The OUTCAN Medical Team want to hear the voices of our OUTCAN USA patient and family communities. We understand that patient-partnered care is the most effective way to keep ourselves and our families healthy in our unique environments. A PFAC is the most effective way to collect “real-time” feedback on how medical care is being delivered – and to engage when/if there are any concerns. The OUTCAN USA PHAC will follow four main principles of engagement with our supported members:

1. Promote respect. Proactively listen to, honour, and respect patient and family perspectives and choices;
2. Share information. Communicate and share information with patients, families, and the chain of command in appropriate, useful, and affirming ways;
3. Encourage participation. Patients and families are encouraged and supported to participate in care and decision making to the level they choose; and,
4. Support collaboration. Health care leaders and providers establish a partnership with patients, families, and the chain of command to collaborate in areas such as policy and program development, implementation, design, evaluation, professional education and care delivery.

## **Purpose**

The PFAC will help advise medical leadership in Ottawa, healthcare providers in the USA, and our OUTCAN USA families on policies, practices, planning, and delivery of patient-partnered care. Specific areas of committee involvement may include:

1. Sharing and discussing changes to policies, practices, care eligibility for CAF OUTCAN members and their families in the USA;
2. Assisting in educating CAF OUTCAN members and their families on the most effective strategies to ensure smooth access to / reimbursement of medical care in the USA; and,
3. Bringing a patient and family voice to advance patient-partnered care and patient engagement throughout the OUTCAN organization.

## **Committee Functions**

1. Promote collaboration between OUTCAN medical personnel and the greater community (including the chain of command). The goal is to increase the involvement of patients and their family members in the medical space;
2. Represent patient and family perspectives about their healthcare in the US and make recommendations for improvement based on this lived experience (improvements related to

education materials, insurance coverage, communication, lessons learned / best practice, sharing, etc);

3. Work with the MFSUS community to enhance patient-partnered communication materials / instructional products;
4. Contribute to and support nominations of US and/or Canadian staff so that we can formally recognize outstanding staff efforts in supporting patient-partnered care; and
5. Review and provide feedback on patient focused communication strategies and education.

## **Authority**

The Patient and Family Advisory Committee (PFAC) will report to the CF Health Services Attaché, and will also liaise with the Canadian Forces Health Services Group (CF H Svcs Gp) Quality and Patient Safety Advisory Committee (Q&PSAC) when required.

## **Membership**

Membership is for a one year term. Members missing more than 3 meetings will be contacted by the co-chair in order to re-evaluate their ability to commit to the PAFC. New members will be recruited as needed throughout the year to maintain membership.

The Command Teams at CDLS(W) and CANELEMNORAD, the CF H Svcs HQ Det Washington Healthcare Administrator, and the MFSUS Program Manager will be ex-officio members of the committee.

### **Committee Members:**

- Chairperson (Civilian, OUTCAN CAF family member)
- Co-Chair (Canadian Armed Forces Medical Liaison Officer – currently LCDR MacDonald, Jeff)
- PFAC Secretary
- 11 Regular Members (ideally evenly distributed between OUTCAN CAF members and their civilian family members over the age of 18)

## **Membership roles**

### Chairperson

- Communicates effectively with members;
- Leads committee meetings;
- Ensures that matters are dealt with in an orderly, efficient matter;
- Brings impartiality and objectivity to meetings and decision making;
- Facilitates changes and addresses conflicts;
- Plans for recruitment and renewal of committee management;
- Ensures responsibilities of each member are carried out and are met as required;

- Ensures that the committee functions are carried out properly, that there is full participation at meetings, that relevant matters are discussed and effective decisions are carried out;
- Assigns members with initiatives/projects as required;
- Represents members of the Patient Advisory Committee to the Canadian Forces Health Attaché;
- Develops and finalizes Agenda;
- Invites guest speakers as needed;
- Ensures that minutes are taken and kept as a permanent record;
- Maintains oversight on membership;
- Also, occupies the same role to those of the regular members; and,
- Chairperson does not have voting privileges.

#### Co-Chair

- Assists the Chairperson with all of their duties;
- Provides medical subject matter expertise as required;
- Responsibilities similar to those of regular committee members; and,
- Co-Chair does not have voting privileges.

#### PFAC Secretary

- Prepares agenda (with support from the Chair and/or Co-Chair);
- Records the minutes at each meeting (ensuring they are signed by the Chair);
- Distributes minutes, agendas, documents and information to committee members as required;
- Informs members of the next meeting;
- Provides administrative support to the Committee; and,
- Other responsibilities commensurate with the role and stated within the committee.

#### Patient and Family Committee Members

- Membership of the Patient and Family Advisory Committee will consist of a maximum of 11 regular members: ideally evenly distributed between OUTCAN CAF members and their civilian family members 18 years or older.

#### *Requirements:*

- Fulfill position for a one year term which can be renewed upon request;
- Have a variety of OUTCAN patient/family health service related experiences within the past year;
- Bring diversity to the Committee with respect to their age, gender, rank, occupation, background, culture, and health care experiences;
- Bring other skills, abilities, and experiences to help advance the work of the Committee; and,
- Have a desire to work collaboratively with CF H Svcs HQ Det Washington in improving the quality, safety, and experience of care.

### *Roles and Responsibilities of Members:*

- Attend all scheduled meetings;
- Consider relevant data and-evidence based information;
- Bring their unique perspectives (e.g. site specific, cultural, rural versus urban) while respecting the input from others;
- Take on small projects/initiatives as required; and,
- Be committed to improving care for all patients and family members.

### **Expectations of all committee members**

- To maintain confidentiality of patient and organizational sensitive material; and,
- Respect the collaborative process and understand that the final decision-making related to care delivery and process improvements is the responsibility of the administration.

### **Selection Process**

A 'Call for Nominations' process will be used when new members are required for the Patient and Family Advisory Committee. The Nominations will be chosen and approved upon by the Co-Chairs.

The membership will strive to be reflective of the community which it represents. The co-chairs will ensure consideration is given to the geographical, linguistic and multicultural diversity of the Region.

### **Meetings**

The committee will meet at minimum three times per year and/or at the request of the Chairperson. Minutes will be maintained and distributed to all Committee members and posted electronically to CAF CONNECTION or similar widely accessible network to be determined.

A minimum number of ten attending members is required to proceed with each meeting. If the minimum attendance requirement is not obtained, then the meeting will have to be rescheduled.

### **Voting/Quorum**

Consensus will be the preferred method of decision making. When a vote is required, each committee member will have one vote. When necessary, decisions will be made by the majority vote (51%) of regular members present when consensus is not obtained.

### **Amendments**

Amendments may be made to these terms of reference at any regular meeting of the PAFC, by a 2/3 vote providing the suggested changes have been read at the previous meeting.