



Committee Principles & Guidelines

For Health Care Partners

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About Health Quality BC (HQBC)

We are your health quality leaders in BC.

Health Quality BC works to support high-quality care for every person in BC.

Through our work, we build strong partnerships to improve the quality of health care. By administrating the Patient Voices Network (PVN), we support all in British Columbia to be part of those improvement efforts.

To learn more about how to get support for engagement, visit [Health Quality BC](#).

Introduction

Organizations frequently include patients and the public in committees as they strive to improve health care services. Understanding the different types of committees and aligning their purposes with the input provided is key to meaningful patient engagement. Our committee principles and guidelines resource is designed to:

- Inform you of the different types of committees and their purpose
- Assist with your assessment of including patients and the public
- Provide you with key features involvement, and
- Address some frequently asked questions

This resource does not provide all the information available about including patients and the public on committees. However, it does provide foundational information and refers you to other sources that can help you assess your readiness.

Why do we engage with patients and the public?

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- Inform you of the different types of committees and their purpose
- Assist with your assessment of including patient partners
- Provide you with key features of patient partner involvement, and
- Address some frequently asked questions

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The Benefits

Engaging with patients and the public to improve health care helps to build connection and benefits everyone involved in many ways.

Participants	Organizations	Service Providers
Become involved in the systems that support their own health care.	Helps target resources where they are most effective and valued.	Supports the provision of person- and family-centred care.
Improves the understanding of issues and the health care system.	Brings diverse perspectives into the planning process.	Recognize the important role of other caregivers, such as family and friends.
Appreciates involvement, being listened to and having their opinions valued.	Demonstrates accountability and transparency.	Increases awareness of the barriers encountered.
Learns how to advocate effectively.	Provides a direct link to patients and the public.	Helps to identify system issues that need to be addressed.
Understands how to be an active participant in their own health care.	Supports a culture of person- and family-centred care.	May improve relationships with patients and the public.

Committee Types

There are a variety of health care committees that seek to include patient and the public. It is important to determine from the beginning what level of influence they will have over the decisions of the committee. This may also help you determine which committee is the best fit for your initiative.

We have suggested levels of engagement, however, it is recommended that you clarify with your team where your committee fits on the IAP2 spectrum. While you may choose a particular level of engagement for your committee, you may have working groups or other activities under the banner of your committee that have a different level of engagement. The goal is to have everyone on the same page about their roles to align expectations.

Here are some frequent committee descriptions:

Name	Description	Level of Engagement
Advisory	<p>A structured way for patients and the public to share their perspectives, experiences and ideas with health care organizations.</p> <p>This committee does not have governance responsibilities</p>	Consult or Involve

	and is relied upon for expert opinions, based on lived or living experiences.	
Steering	<p>A mixture of health care decision makers, patients and the public that collaborate on decisions that lead, prioritize, and define the scope of initiatives.</p> <p>They act as a guiding force for health care organizations as they seek to improve health care services.</p>	Collaborate
Working Group	<p>A group of health care organizations, patients and the public working together to achieve specified goals. The groups are domain-specific and focus on discussion or activity around a specific subject area.</p> <p>Working groups dissolve once the activity is completed.</p>	Involve or Collaborate
Project	<p>A group of health care organizations, patients and the public working on a time-limited quality improvement project.</p> <p>The committee’s purpose is to solve one problem. They typically have a project manager who guides the team. They will only exist for as long as is needed.</p>	Involve or Collaborate

Weighing the Options

Even with the best of intentions, adding patients and the public to a committee may not be the best option. Your goal is to include patients and the public so that **what matters to them** shows up in any improvements made. Keep in mind the phrase “right people, right role” as you explore the possibilities. The impact of patient

and public involvement is not determined by quantity, rather, it is the quality of those interactions. Taking the time to go through the options, and talking with your team, is an important part of this process. The [Health Care Partner Readiness Checklist](#) is a great tool to use when weighing your options.

Involvement may not be the best option when:

- The intention is to “inform” patients or the public (as per the [IAP2 Spectrum of Engagement](#))
- They cannot influence decisions (often referred to as “tokenistic” engagement)
- There is inadequate support available for their involvement
- When you want broader public input (other methods may be more effective)
- A group with a finite term is entering its end stages
- Other group members may not know how to work with patients and the public
- The group is in transition with its leadership and future direction is unclear

Barriers to Participation

Ensuring inclusion of the voices of all who live in British Columbia takes effort. [Diversity, Equity & Inclusion – Elevating the Voices of All in British Columbia](#) is a guide that can help you and your team reflect on reducing barriers and challenging your own biases as you support patient engagement. We recommend you read this resource as you move forward. Here are some barriers to committee work that you should consider:

Barriers	Facilitators
Computer access or literacy	Offer non-web-based methods for communications (e.g., phone, mail, in person).
Language	Check availability of translation services
Health status	Consider alternative methods of participating on “sick days” (e.g., teleconference).
Physical disabilities	Choose meeting spaces with wheelchair accessibility, hearing and/or visual enhancements and other aids as appropriate.
Family needs	Set meeting times together, including providing or reimbursing for childcare or elder care.
Transportation	Choose meeting locations accessible by transit and reimburse travel expenses.

Health literacy	Remove jargon and avoid acronyms. Give background information where appropriate.
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- Mistrust of health care system
- Choose neutral meeting locations. Include professionals who have a previously established positive relationship.
 - Decrease power dynamics by dressing casually and reducing jargon.
 - Balance the number of patient partners and professionals as appropriate.
 - Take the time to build relationships. Connection before content!

Including patients and the public

We recommend that you build an orientation for new committee members in your engagement planning, including opportunities for them to ask questions. It is also important that all committee members are prepared in advance so that patients and the public will attend the meetings. This provides an opportunity to review the benefits of working in partnership together and to recognize that the first few meetings may involve spending time on context setting, introductions, role clarity and answering questions.

Here are some other important considerations.

Connection before Content:

The patient experience is a human experience. Getting to know each other beyond your roles as patient, the public and health care partners helps to create understanding, builds trust and establishes comfort with each other. It is important to create time to build connections and to have ongoing touch points throughout the life cycle of the engagement.

Connection before content lays the foundation for how all other communication happens in your engagement. Without this step, it is difficult to create a culture of honest dialogue.

First Meeting:

Plan an initial meeting involving patients, the public and other members. The first meeting serves as time for relationship-building and an orientation for all group members.

We recommend the agenda include:

- An introduction to one another
- Highlight the role of the patients, public and other members' roles on the project
- A briefing on the committee's purpose, scope and Terms of Reference
- Work that has happened to date (this is particularly important if patients and the public are joining a committee after it has been formed or if they are replacing someone who has completed their term)
- A discussion on the planning and coordination of future communications and meetings

- Creating a commitment or [Teamwork Agreement](#) on how you would like to work together as a group and have respectful conversations. Having an agreed upon set of rules or commitments makes meetings run more smoothly

For other tips on how to lead a meeting, check out this resource [Leading Great Meetings](#). To help balance power dynamics and create cohesion, we recommend:

- Using first names rather than titles and clearly displaying names.
- Creating an understanding of shared language e.g., pronoun use.
- Starting the meeting with a Territorial Acknowledgement.
- Avoiding jargon, uncommon medical terminology and acronyms.
- Reminding people, as needed, of the Terms of Reference and other group values.
- Sharing – in advance – education and information about programs or projects so that patients and the public can participate fully in the discussion.

Provide Adequate Support:

Patients and the public have unique perspectives and needs based on their previous experience, their health and other personal circumstances. Initially, they may feel like an “outsider,” coming into a group of people who may already know each other or have worked together previously. They may have questions that they do not feel comfortable asking in a group setting or may not know who the appropriate person is to ask. The lead health care partner can provide support by debriefing with them before and/or after meetings to help clarify questions and provide additional support, as necessary. They can also advocate for patients and the public inclusion during meetings. Based on our experience, the level of support needed usually decreases as people become more integrated into the working group.

Handouts and Background

Include a Term of Reference, previous meeting minutes (if applicable), an agenda and an attendee list.

Introduction

A brief verbal introduction that includes:

- Their name
- Relevant experience they wish to share (professional, voluntary, personal) that illustrates what they can bring to the committee
- Motivations to join the committee

Preparing for Subsequent Meetings

If you have specific areas where you are seeking the patient and public’s voice, or even if you do not, be sure to identify ways to have a meaningful role. Where can they have input?

Frequently Asked Questions

When people work together, you may find there are challenges. Here are some challenges we have heard, and some suggestions about how to resolve them.

People talking about personal experience or specific health care circumstances.

“The advisor often takes over the conversation to talk about seeking a resolution to their personal experience. It doesn’t seem that they represent the voice of the public.”

Considerations: Discuss the role from the beginning. Make sure you all agree on expectations. It's important to recognize that one person does not represent all experiences. If you are seeking specific care experiences, make sure you recruit someone with those experiences. Also, build your engagement plan to include many ways to receive feedback. An advisor(s) is great, but making improvements involves gathering information from many sources.

More than one advisor present can help bring a diversity of views and build connections. Appropriate orientation and facilitation can help keep advisors on track during meetings.

Regular check-ins with the committee chair can help resolve issues, clarify roles and any expectations. Personal stories can be powerful as they bring reality to an issue and help others see things from a non-health care provider way.

After working together, we have found that the advisor is not the best fit for the committee.

“The advisor seems ‘too professionalized,’ we are looking for someone to bring a ‘rawer’ perspective.”

Considerations: Advisors with previous health care and committee experience can be great. They may not need as much orientation in how things work and often feel comfortable and confident. They have time and capacity and are often retired. Their experience can be valuable.

Hardly reached voices or those with recent or current health issues may need further levels of support. Reminders, regular check-ins, honoraria (money, parking, food) and other supports may help. Structure your meetings in a location and at a time that is accessible to this population.

Achieve a balance between experienced and fresh viewpoints by time limited term limits. Staggering term limits ensure only a part of the committee is new and institutional knowledge remains. Recognizing this from the beginning is helpful to support the healthy dynamics of a committee.

Recruitment/Scheduling/Turnover

“It’s been hard to get patient and public involvement because other members prefer meeting during their work hours. The advisor cannot take the time off work to accommodate our meetings.”

Scheduling is always a challenge for people. Some strategies include:

- Holding meetings over lunch hours (and providing lunch if possible)
- Schedule at the end of the day to make it easier for patient/public representatives
- Giving an honorarium to reimburse advisors for time lost.
- Think about different ways to gather advisor feedback. A committee representation may not be possible.

Turnover is inevitable for any committee. Changes in committee membership is important to all. Share those changes with the whole committee.

Advisors are not “up to speed” with other committee members.

“Having an advisor slows the meetings down, which can be frustrating.”

Advisors may slow down the meeting but what a learning opportunity for professionals! Meetings with advisors are often “slowed down” because there is a need to explain jargon, acronyms, and rationale for doing things. Your team can practice effective knowledge translation techniques. And it helps with accountability to the public.

A thorough orientation for advisors and committee members prevents unnecessary backtracking during meetings. Providing all members agendas and meeting minutes can help ensure advisors are up to date.

Dealing with conflict.

“There seems to be ongoing conflict between an advisor and myself or other committee members. What can I do?”

The key to minimizing conflict is to build a relationship from the beginning. Provide adequate support, ongoing communication. Keep in mind that a difference of opinion is often necessary to generate new solutions.

If there is ongoing or major conflict the project lead meets one-on-one with the advisor, as soon as possible. Talking about it to find a workable solution is the best option for everyone.

We find conflicts may be a misunderstanding or lack of agreement on expectations. Resolution comes through communication and collaboration. If the conflict remains, it may be best to end the relationship. Discuss options with the advisor.

Final Thoughts

You may have more questions. We encourage you to read the following resources to help guide your engagement planning:

1. Talk about involving patient partners with your team. Understanding [whether your team is ready to work with patient partners](#) is important to set your project up for success.
2. Read the [Guide to Authentic Patient Engagement](#) or watch the [video series](#) to help plan out your committee.
3. Use the PVN [sample Engagement Request Form \(ERF\)](#), [planning template](#) and [canvas](#) to help write out your engagement plan.

If you have further questions, reach out to engagement@healthqualitybc.ca