

CLIENT AND FAMILY COUNCIL

TERMS OF REFERENCE (REVISED SEPTEMBER 2018)

ST. JOSEPH'S CARE GROUP
THUNDER BAY, ONTARIO

PURPOSE:

The Client and Family Council provides St. Joseph's Care Group's clients and families with a voice to make recommendations to improve care and service. The Council shares input on corporate policies, procedures and plans that impact all clients. The Council is not an arbiter and is not responsible for addressing individual complaints or client advocacy issues that should be managed by others.

The Council is responsible to:

1. Provide advice and recommendations regarding the:
 - Implementation, evaluation and improvement ideas for the Client and Family Partner Program
 - Development of Quality Improvement Plans
 - Work to enhance the Client Relations Process (i.e. opportunities for clients and families to provide feedback)
 - Policies, procedures and plans that govern the availability, accessibility and quality of programs and services that impact the overall care experience
2. Collaborate with the appropriate groups (e.g. clients/families, staff, volunteers, physicians, community partners) to achieve identified goals.
3. Participate in education opportunities to learn about current or upcoming operational and strategic deliverables/goals, systemic health care issues, legislative requirements, and other.
4. Be inclusive of and non-discriminatory toward all clients, family members and the public.
5. Promote awareness of the Council among the Board of Directors, staff, physicians and volunteers and empower these groups to promote the Council among clients and family members.
6. Promote awareness of the Council among the public.
7. Instil ongoing mutual support and strength among members of the Council.

COMMITTEE MEMBERSHIP:

The Committee will consist of:

Client & Community Relations Coordinator (Chair)
Leadership Team representative (Director, Communications, Engagement and Client Relations)
Client/Family member – Addictions and Mental Health Services (minimum x 2)
Client/Family member – Seniors' Health (minimum x 2)
Client/Family member – Rehabilitative Care (minimum x 2)

Clients and family members who reside outside of Thunder Bay are encouraged to participate. The Council will work towards involving at minimum, one client/family member from each clinical division, to participate regularly via teleconference.

Members participate for as long as they prefer and are not required to commit to a specific term.

Each member is encouraged to attend at minimum 75% of the meetings. Members who cannot attend regular meetings will be engaged in ways that meet their needs (e.g. one-on-one phone calls, on-line surveys).

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COMMITTEE STRUCTURE AND ACCOUNTABILITY:

The Client and Family Council will report to the Director – Communications, Engagement and Client Relations who reports to the Leadership Team. Recommendations from the Council may also be provided to the Strategic Planning Executive Committee (SPEC) and/or the Board of Directors for approval. Final decision-making is ultimately the responsibility of the Board of Directors.

Members are provided with a meeting package one week prior to each meeting.

Meeting minutes provide a section to report progress of current activities.

Terms of Reference are reviewed and revised at the last meeting of each year.

CONFLICT RESOLUTION

Robert's Rules of Order will be followed to help guide to smooth, orderly, and fairly conducted meetings.

Every effort will be made to reach decision by consensus. Quorum for meetings shall be reached with 50% plus 1 of Council members attending. Attendance at a meeting shall include physical presence or teleconference participation.

A favourable vote by 50% plus 1 of those in attendance at a meeting shall be required to resolve or approve any issue requiring a vote.

MEETINGS:

The Client and Family Council shall normally meet a minimum of four times each year, excluding July and August. Additional meetings will be scheduled as needed. Meetings are scheduled with as much advanced notice as possible.