

Patient and Family Partner Handbook

Last Revised: Nov 2025



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Thank you for your interest in partnering with Providence Health Care (PHC) as a Patient and Family Partner. Your patient and family experience can help shape how health care is delivered at PHC. This guide will help you decide if being a Patient and Family Partner is right for you and what person and family-centred care means at PHC.

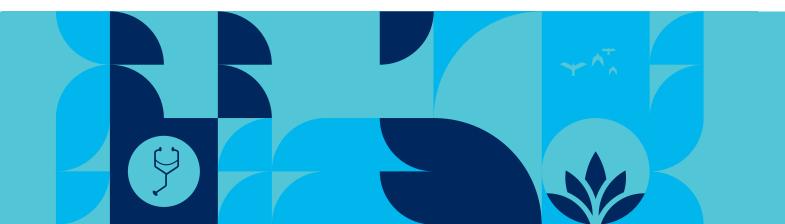
What is a Patient and Family Partner?

Patient and Family Partners have received health care themselves, or have a family member who has received care. This care might be as a resident in a long-term care facility or as an inpatient or outpatient visiting a health centre. Patient and Family Partners use their experiences with health care delivery to bring a patient-and family-focused lens to health care improvement. Patient and Family Partners volunteer their time and receive a specialized orientation to complete this work.

Patient and Family Partners cannot be employed by Providence Health Care, or any other health care institution while serving as a Patient and Family Partner. This includes but is not limited to Vancouver Coastal Health, Fraser Health, and the Provincial Health Services Authority.

Why is PHC partnering with patients and families?

At PHC we recognize the importance of patient and family voices in making a better health care system. Historically health care improvement has often focused on people who work in the system, such as doctors, nurses, technicians, or physiotherapists. Evidence and day-to-day experience shows us that in fact everyone's voice needs to be included – not just the people who provide the care. This is why PHC is partnering with patients and families to provide effective person- and family-centred care.



What is person and family-centred care?

Person and family-centred care is an approach to planning, delivering, and evaluating health care. It is based on a partnership between healthcare providers, patients and residents, and their families. In person-centred care, patients and residents define their family and determine how family will be part of their care and decision making.

By volunteering as a Patient and Family Partner, you can use your experiences with the health care system to improve health care delivery for everyone served by PHC.

Providence Health Care – who we are

Providence Health Care is one of the largest Catholic health care organizations in Canada. We were founded in 1894 when the Sisters of Providence came to Vancouver and opened St. Paul's Hospital in Vancouver's West End. We currently operate 18 health care locations, including hospitals, long-term care homes, hospices and community clinics across the Lower Mainland.

Guided by the principle *How You Want To Be Treated*, we deliver compassionate care to 600,000+ patients each year, and have 900+ seniors living across Providence's seven long-term care homes. While large enough to support the most advanced medical technologies, Providence remains person- and family-focused, and a community-orientated organization that values leadership, independent thinking and courageous choices.





Vision:

Driven by compassion and social justice, we are at the forefront of exceptional care and innovation.

Mission:

Inspired by the healing ministry of Jesus Christ, Providence Health Care is a Catholic health care community dedicated to meeting the physical, emotional, social and spiritual needs of those served through compassionate care, teaching and research.

Values:

SPIRITUALITY:

We nurture the God-given creativity, love and compassion that dwells within us all.

NTEGRITY:

We build our relationships on honesty, justice and fairness.

STEWARDSHIP:

We share accountability for the well-being of our community.

RUST:

We behave in ways that promote safety, inclusion and support.

EXCELLENCE:

We achieve excellence through learning and continuous improvement.

RESPECT:

We respect the diversity, dignity and inter-dependence of all persons.

What do Patient and Family Partners do at PHC?

Roles and tasks will differ from group to group but generally, the Patient and Family Partner role includes:

- Bringing patient and public experiences to the attention of an advisory committee
- Helping the committee see how issues might be understood from a non-institutional perspective
- Helping health care staff consider patient and family needs in their planning
- Sharing your knowledge, skills and experience with PHC staff and leadership, and with each other
- Learn from each other's perspectives in the committee's discussions

You will never be asked to bring the collective patient experience to a committee. We ask you to bring only your personal experience as a patient, resident or family member. This means that you do your best to bring your own journey with health care into the committee's experience and offer reflections on what it means to be a patient. It's impossible to be the voice of all patients and family members.

How do I become a Patient and Family Partner?

If you want to volunteer to be a Patient and Family Partner, contact us at pfcc@phc.ca or 778-879-1238.

You may also contact the Patient Voices Network at patientvoicesbc.ca to become a volunteer. They may contact you for a variety of volunteer opportunities, both at PHC and all over British Columbia (BC).



The Patient Voices Network and PHC

The Patient Voices Network (PVN) is a community of patients, families, and caregivers working together with health care partners to improve BC's health system. PVN is administered by Health Quality BC as part of its work to ensure person and-family-centred care throughout the health care system. PVN provides an orientation to becoming a Patient and Family Partner and continued support while volunteering. While the orientation is not mandatory, PHC and many of our current Patient and Family Partners highly recommend it as a way to find out more about the role. The orientation can be arranged with PVN.

Now that you know more about the role of Patient and Family Partners at Providence, here is some information to help you prepare for the work you will do.

How do I prepare for meetings?

Preparing for the initial meeting

Prepare a brief verbal introduction of yourself, telling people:

- Your name
- ☐ That you are a Patient and Family Partner
- Any relevant experience (professional, voluntary, personal) that shows what you bring to the meeting or group
- What motivated you to join the committee or group
- Your expectations about the work and how much time you have to give to the group

Things you may want to bring to the meeting

- Paper or digital copies of any documents you were sent before the meeting, such as the agenda or items for discussion. You may want to create a binder or digital folder to keep all documents together.
- Note-taking materials pen and, laptop, or tablet.







Preparing for subsequent meetings

To be an active and effective member of a meeting, you can:

- Go through the agenda in advance and review items.
- Get involved participate at the level you feel comfortable, and understand that your voice is valued.
- For each agenda item, ask yourself:
 - o How can I contribute to the discussion?
 - o What could be some possible public concerns?
 - o What is relevant information to bring to this discussion?

Guidelines on how we want to work together

- Be respectful and open to each person's ideas and opinions.
- **Listen to learn and understand**. One person speaks at a time without interruption. Please turn off cell phones and pagers.
- Participate! Share your ideas and experiences. Also, you can pass if you do not wish to contribute to any particular conversation.
- **Share air time**. Make sure everyone has a chance to speak.
- Patient/family partners and staff should avoid acronyms and abbreviations, or define them if they can't be avoided.
- **Be respectful of privacy and confidentiality**. We must always keep private any persona linformation shared in the room.
- **Respect start and end times**. We will always try to start and end promptly. Do your part to respect times, session activities, breaks, etc.
- **Take care of yourself**. Do what you personally need to stay focused and involved: stand and stretch, use washrooms, etc.
- Humour is welcome. Remember to enjoy yourself.
- Let us know what we can do to make the sessions work for you.

Source: Patient Voices Network "Guidelines on how we want to work together"



Debate versus dialogue

Another aspect of being effective as a Patient and Family Partner is to look at your goal when meeting with others. There can be many different goals for committees, but one goal that is common to all groups is to have a culture of dialogue. Many think dialogue is just talking back and forth but it's more than that!

Dialogue is the art of a good conversation. Debate means stating your point of view without taking time to consider other options, or getting your point across while trying to make others back down. Dialogue is the process of putting two or more different opinions together to create a unified idea.

Debate	Dialogue
Assumes that there is a right answer and someone has it	Assumes that many people have pieces of the answer and together they can create a solution
Defending assumptions as truth	Revealing assumptions for re-evaluation
Combative: participants attempt to prove the other side wrong	Collaborative: participants work together toward common understanding
Defending one's own views against those of others	Reflecting on and re-evaluating one's own views
Listens to find flaws and make counterarguments	Listens to understand, find meaning and agreement
Searches for problems and weaknesses	Searches for strengths and value in others' ideas
Countering of the other position without consideration of feelings or relationship often belittles or deprecates the other person	Genuine concern for the other person and seeks to not alienate or offend
About winning	About discovering new options

Privacy and confidentiality in your role as a Patient and Family Partner

While you volunteer as a Patient and Family Partner, you may encounter information or circumstances that are confidential or private to individual people or to the health care organization. We ask that you respect privacy, as others in the room have been asked to respect your privacy.

All participants are asked to sign the "Pledge of Confidentiality/Statement of Understanding" on page 13. Please return the signed confidentiality form to your committee or project leader. If you have questions about signing the pledge or want more information please talk to the committee or project leader.

Reimbursement while acting as a Patient and Family Partner

Patient and Family Partners who are taking part in committees, councils, meetings, or other PHC related gatherings may be reimbursed for approved expenses that they have incurred getting to these meetings.

In order to be financially responsible, we ask that you choose the most cost-effective option where possible. We also ask you to send in your expenses regularly throughout the year rather than waiting until the end of the year. This ensures you get reimbursed in a timely manner.

The following items are eligible for reimbursement. Parking and mileage reimbursement rates and limits may change.

- Parking to a maximum of \$18/day
- Mileage at \$0.52/km to a maximum of 60 km (each way) for one meeting each day
- Transit fare (to and from the meeting only)

Individual committees may provide refreshments. It varies depending on the department and the committee. Unfortunately, PHC cannot guarantee that all meetings will have refreshments available.

Please contact <u>pfcc@phc.ca</u> or 604-682-2344 ext. 68958 for copies of the reimbursement forms or questions regarding the reimbursement process.



Common challenges for Patient and Family Partners

"So, David, what do patients think?"

Staff members see you as 'representing the public.' It is not possible, of course, for you to represent all public opinion on the committee, as you are one person with one set of life experiences. Even if you have worked or volunteered with many people whose health is affected by the committee's scope (e.g. diabetes or mental illness), you cannot 'represent' their opinions or experiences.

How to answer?

You could say: "I can't speak to everyone's experience, but here is my experience..."

"This work is so slow! We're not DOING anything!"

Committees often work quite slowly. This can be frustrating for members of the public who may be used to concrete results and fast turn-around. Change takes time, and it can take a considerable length of time before committee members start to see the impact of their efforts. The role of Patient and Family Partners is vitally important to this work, but the work is very much a 'long-term investment'. Please speak to the committee leader if you become concerned. You may be raising a timely concern for the committee to consider!

Remember, one of the biggest changes is simply having a patient and family voice present. You are instrumental to this change. You may not be able to see the impact of all the changes, but your presence is felt by other members of the team. Collaboration can be the first step in improving the overall care experience.



How much time will it take to be a Patient and Family Partner?

Patient and Family Partners are involved at the level they choose. This means that the amount of time and level of involvement you wish to contribute is up to you. Some of our Patient and Family Partners volunteer six to eight hours a month. Others volunteer one hour a month. Some of our volunteers give a few hours of their time for a one-time commitment and others prefer to volunteer over a long period of time. Please discuss the expected amount of time you will need to give with the leader of the committee or project you are involved in.

How do I find a project or committee that fits my goals as a Patient and Family Partner?

To get involved contact the PVN at **patientvoicesbc.ca** and they can connect with you with different projects at PHC and all over BC. You can also contact the staff or leader of the program you or your family member is receiving care from and ask if you can participate as a Patient and Family Partner.

In addition to the Patient Voices Network and the unit leader, you can also contact the Person and Family-Centred Care team at pfc.a or call 778-879-1238 to get involved.

What are the limits to my role as a Patient and Family Partner?

Volunteering as a Patient and Family Partner is a great way to share experiences you have had in a hospital, clinic, or long term care setting and make care better. Volunteering as a Patient and Family Partner is not an opportunity to "vent" or share a bad experience. Personal stories about care can provide very meaningful reasons why care needs to be improved. Being a Patient and Family Partner may not provide a 'fix" to an issue, but it can provide an opportunity for discussion.

What if I want to stop volunteering as a Patient and Family Partner?

You can choose to stop volunteering as a Patient and Family Partner at any time. Please tell your committee project leader that you are no longer volunteering. If you wish, let them know why you are no longer volunteering. You may also wish to contact the Person- and Family-Centred Care team and the Patient Voices Network to let them know you no longer wish to volunteer your time.

Questions?

To learn more about Patient and Family Partners in general and their work at PHC, contact the Person and Family-Centred Care team at pfcc@phc.ca or call 778-879-1238. If you want to know more about your specific role in a committee or project, contact the leader of the committee or project you are working with.

If you are registered with the Patient Voices Network, they can also provide assistance for issues resulting from your experience as a Patient and Family Partner.

Resources and references

- The Patient Voices Network website at patientvoicesbc.ca
- The Institute for Patient and Family Centered Care ipfcc.org
- CPH 1500: Travel & Business Expense Reimbursement Policy
- CPHo400: Signing Authority
- Patient & Public Advisors Handbook a VCH Community Engagement/Patient Voices Network collaboration
- Yankelovich, Daniel. The Magic of Dialogue: Transforming Conflict into Cooperation. New York: Simon & Schuster, 1999.
- "Comparing Dialogue and Debate" paper prepared by Shelley Berman, which was based on discussions of the Dialogue Group of the Boston Chapter of Educators for Social Responsibility (ESR).

Principles of Patient and Family Centred Care

Respect and Dignity

Patients and families are treated with respect and dignity throughout PHC

Information Sharing

Patients and families have open access to their own information throughout PHC

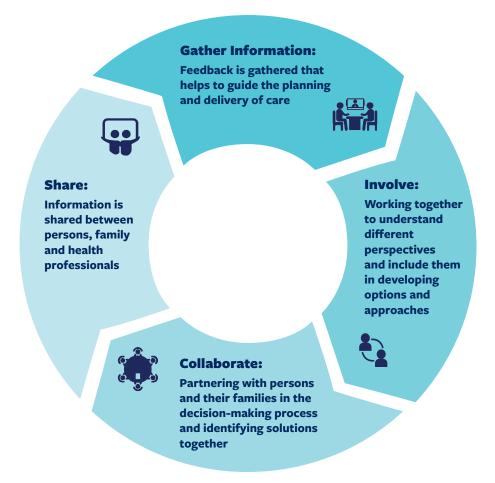
Participation

Patients and families are invited to participate in clinical decision making at the level they choose

Collaboration

Patients and families are invited to partner with us as advisors

Ways of Engaging





Confidentiality Undertaking

For PHC Volunteers (General)

In consideration of my volunteer service at Providence Health Care ("PHC"), I acknowledge and agree as follows:

- I have read, understand and will comply with the PHC Information Privacy & Confidentiality
 policy and related policies as amended from time to time, concerning the collection, use and
 disclosure of "Personal Information", as defined by British Columbia's privacy laws, while
 providing volunteer services to PHC.
- I understand that all Personal Information concerning staff, volunteers and clients who receive
 services (including medical records relating to patients and residents) is confidential and may
 not be communicated to anyone in any manner, except as required to perform my work duties
 and done in accordance with applicable policies;
- I understand and acknowledge that all information regarding PHC, including corporate, financial and administrative records, is confidential and may not be communicated or released to anyone in any manner except as authorized by PHC, or applicable policies;
- I understand I must protect all confidential information taken outside the office from theft or loss. This includes keeping the information with me at all times, storing it in a locked and secured area when unattended, and encrypting and password protecting it when stored on electronic mobile devices (e.g. tablets, laptops, etc.);
- I will not copy, alter, destroy or remove any confidential information or records except as authorized by PHC in accordance with established policies;
- I understand that any access to patient care information systems and other records is only for the purpose of and limited to what is required to perform my role at PHC. I will not access my record or those of family, friends or others, unless I am directly involved in providing care or other services to the individual the information is about.
- I will immediately report to the PHC Information Access & Privacy Office any potential or actual unauthorized disclosure or loss of any Personal Information;
- I understand that compliance with this Undertaking is a condition of my volunteer service with PHC and that failure to comply may result in immediate termination of my services, in addition to legal action by PHC and/or others.
- I agree that my confidentiality obligations in this Confidentiality Undertaking continue even after my relationship with PHC ends.

	Зу	accepting these terms,	I am confirming that	t I acknowledge	, understand and a	agree to the abo
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☐ I accept these terms. (please tick the box)								
		Volunteer						
Name (please print)	Signature	Employee No.	Date					
POLICY #B-00-11-10108: PHC Information Privacy & Confidentiality Policy								
Direct questions to the PHC Informa	ation Access & Privacy Off	ice: privacy@providencehe	alth.bc.ca					



