



## **VALUE STATEMENTS**

As Committee members we will take the responsibility to:

- Respect each member's contribution to the committee
- Respect the different experiences each member brings to the committee
- Respect that we may, at times, have different opinions and methods to achieve outcomes. However, we will strive to focus on the ultimate reason for the committee: the client as well as his/her family and their ability to live safely and receive optimal care that results in optimal health
- Show respect and compassion for a diverse population for whom we provide care
- Strive for excellence in quality and service.

## **TERMS OF REFERENCE**

### **OBJECTIVES OF TERMS OF REFERENCE**

The objective of this section of the document is to provide the ECH Advisory Committee with the details of its mandate. The mission and mandates will be reevaluated in 2 years

### **MANDATE**

The purpose of the Elder's Community Health (ECH) Advisory Committee is:

- To move forward the ECH vision in the community of Kanesatake.
- To ensure in collaboration with the AHTF Steering Committee, that the AHTF-ECH recommendations are implemented.
- To advocate for quality health and social services for the elderly, people with loss of autonomy, people requiring home care services or hospital (acute, chronic, or semi-autonomous care facilities) and their families living in Kanesatake.
- To ensure intersectoral support for the ongoing development and implementation of services for this population within Kanesatake.
- To oversee any program changes affecting the elderly and people with loss of autonomy, and provide necessary recommendations to ensure that the changes are in the best interest of this population.
- To provide guidance, support and assistance as required to the departments and services working with this population.
- To ensure ongoing communication between service providers within the community as well as with provincial partners to provide a continuum of care for clients.

## **COMMITTEE REPORTING MECHANISMS**

- Depending on the type of report, or the reason for reporting, the committee will report to the:
  - AHTF Steering Committee,
  - Collaborative Work Team and / or
  - Program Manager for Home and Community Care.
- If in the future there is a Clinical Director at the Health Center the committee will report directly to this person.
- An annual report will be submitted to the Director of the Health Center and the Board of Directors.
- There will be at minimum an annual report provided to the community and published in Karihwi:ios.

## **COMPOSITION OF ECH ADVISORY COMMITTEE:**

The ECH Advisory Committee is composed of 11 voting members:

Community Health Nurse,	Kanesatake Health Center
Home and Community Care Program Manager,	Kanesatake Health Center
Home and Community Care Case Manager,	Kanesatake Health Center
Social Worker,	Centre Jeunesse des Laurentides
Social Intervener,	Centre Jeunesse des Laurentides
Elder's Community Worker,	Kanesatake Health Center
Elder's Worker at Elder's Center,	Kanesatake Health Center
Nurse Manager	Riverside Elder's Home
Mental Health Worker,	Kanesatake Health Center
Portfolio Chief for Riverside Elder's Home	Mohawk Band Council
Portfolio Chief for health and Social Services	Mohawk Band Council

- From time to time, the ECH Advisory Committee may decide to invite other health workers or service Directors, to participate in meetings where the topic of discussion may involve their particular service, program or expertise. These people would participate in an ex-officio capacity.
- Partners from the CSSS may also be invited to participate as required in an ex-officio capacity. The 2 CSSS representatives on the AHTF working committee agreed to this in principle. They would participate in an ex-officio capacity.

- The committee feels it is important to have a community Elder on the committee; however, feels that if this person is to truly represent the community he/she should be voted into the position. Therefore, the committee will strive to implement this in the future.

## **RESPONSIBILITIES FOR THE ADVISORY COMMITTEE MEMBERS**

Committee members will:

- Attend meetings (see below)
- Respect confidentiality
- Work collaboratively within the team
- Actively advocate for the elderly and people with loss of autonomy
- Stay informed regarding activities within the community for this population
- Read and review documents, reports or proposals related to this population as required and requested.
- Review the progress of AHTF-ECH recommendations being implemented and discuss the progress at the meetings.
- Stay current with program changes affecting this population and bring any concerns to the committee meetings.
- Provide assistance with program changes as required and requested.
- Develop and implement recommendations as required.
- Support the intersectoral collaboration philosophy within the various sectors in the community working with this population.
- Share the duties of minute taking and chairperson.

## **MEETINGS**

The agenda is set at the beginning of each meeting and adopted by the members. Minutes from the previous meeting are read at the beginning of each meeting for revision and approval.

The ECH Advisory Committee will meet at minimum 3 times per year with more meetings as required. The date and time for the following meeting will be established at the end of each meeting. Any extra meetings will be decided via memo or email contact.

## **CHAIRPERSON**

At the end of the AHTF projects a chairperson will be selected. Each year, a new chairperson will be selected.

The chairperson will be responsible for:

- Organizing the meetings of the ECH Committee (location, booking the room, sending a reminder of meeting date).
- Chairing the meeting and ensure that the agenda and time set for the meeting are respected.
- Ensuring an annual report is provided to the Director of the Health Center and the KHC Board of Directors.
- Ensuring an article is submitted at minimum annually to the community via Karihwi:ios
- Ensuring that any topics/issues/concerns/comments that the committee feels need to be reported are reported to the appropriate person or program. (eg: AHTF Steering Committee, Collaborative Work Team, Program Manager for Home and Community Care).
- Keeping the binder with the meeting minutes and agendas. The binder is passed onto the new chairperson each year.
- Ensuring the approved minutes are added to the minute record binder

### **CO-CHAIRPERSON**

At the end of the AHTF projects a Co-chairperson will be selected. Each year, a new co-chairperson will be selected. The co-chairperson is responsible for taking over the Chairperson's duties in her/his absence.

### **MINUTE TAKER**

The minute taker will be a rotating position with the list of people responsible for the year been decided at the beginning of each year.

The minute taker will be responsible for:

- Writing the agenda, as decided by the members at the beginning of each meeting,
- Taking the minutes and keeping them in a file.
- Typing the minutes and emailing them to committee members.
- Reading the minutes from the previous meeting at the beginning of each meeting for revision and approval.
- Ensuring the approved minutes are forwarded to the Chairperson to be kept on file in a binder.
- Ensuring the binder is up to date at each meeting.

The approved minutes are to be kept on file as a record of the proceedings of the ECH Committee. The Chairperson will be responsible for the safe keeping of the binder with the approved minutes.

## **QUORUM**

Quorum for the ECH Committee meetings is established at 7 out of the eleven 11 voting members (64%). Any ex-officio members present cannot be included in the quorum.

## **PARAMETERS FOR DISCUSSIONS AND DECISIONS**

### **Best Practice**

Protocols, services or programs which are developed for the community, or which are patterned after the provincial system, should be taken from examples of best practice. They should also be culturally adapted to the needs of the community where feasible.

### **Best Interests**

The development or access to any new service must be done in the best interests of the future development of the community of Kanesatake, without prejudicing existing aboriginal rights or Mohawk jurisdiction.

### **Basic Principle**

The projects are in no way to be considered as a mechanism for the integration of Kanesatake health services with provincial services. They are a means of integrating "access" to necessary provincial services within a continuum of community health and social services.

### **Right of Access**

Kanesatake community members should be seen as having the same rights of access to health and social services as all persons living in Quebec.

### **Consistency, Stability and Enhancement**

Only services and programs that provide consistency, stability and enhancement to current services should be encouraged under the project.

### **Redress and Appeal**

Access to or development of new services to the community must include a process for review and redress, and a mechanism for an Appeal Process.

### **Accountability**

The decisions that are made must provide transparency and accountability to all parties and to the community of Kanesatake in particular.