

BC SUPPORT Unit Advisory Council

Minutes

June 9, 2020 at 9:00am – 10:30am

Attendees: Lynn Stevenson (chair), Ellen Chesney, Gregory Haljan, Stephanie Irlbacher-Fox, David Ostrow, Martha MacLeod, Bernie Pauly, Anni Rychtera, Swapnil Shah,

Ex-officio: Minnie Downey, Stirling Bryan, Terri Fleming, Danielle Lavallee, Kelly Moran, Victoria Schuckel,

Tentative:

Regrets: Bev Holmes, Anne-Marie Visockas, Martin Wright

Guests: Shirley Wong (*delegate for Martin Wright*)

Secretariat: Sara Lima Branco

1. Call the Meeting to Order

L. Stevenson welcomed all members to this meeting of the BC SUPPORT Unit Advisory Council and brought the meeting to order at 9:03am.

2. Territorial Acknowledgement

L. Stevenson acknowledged that this meeting is being hosted from within the ancestral, traditional, and unceded territory of the Coast Salish Peoples, including the territories of the Esquimalt, Songhees, Tsawout, WJOLELP, Pauquachin, MÁLEXEŁ (Malahat), and Tseycum First Nations, and of the Metis people.

3. Action items review

There were no action items from the previous meeting,

4. Approval of Minutes

The minutes were presented to the group. The group was invited to review the previous meeting's minutes and advise of any inconsistencies / clarifications needed.

5. Introduction of Danielle Lavallee

S. Bryan introduced D. Lavallee, Scientific Director, to the group.

6. Advisory Council membership – patient partner vacancy

There is currently a vacancy on the BC SUPPORT Unit Advisory Council. Recruitment is ongoing with the assistance of C. McGavin, Patient Engagement Lead. Considerations include the desire to be inclusive, as well as Phase II requirements.

7. Phase II application status

a. Summary and status

The SPOR SUPPORT Unit Phase II deadline has been extended, due to COVID-19. This has allowed for additional stakeholder engagement here in BC.

During this meeting, there will be an opportunity to provide feedback on the documents shared in advance of the meeting. Written feedback will also be welcomed until June 15th, 2020.

M. Downey and K. Moran provided the Advisory Council with an update on the status of the Phase II application. M. Downey reviewed the deadlines and focus areas.

b. Organization model

The Unit Operational Structure diagram, providing background on the Conceptual Model for Phase II, was discussed.

Feedback and recommendations provided included:

- Some revision is needed to further capture that the relationships and responsibilities for patient partners differ from those with academic institutions and health authorities.
- Consideration of patient partners being represented differently / on another location.
- Allocating budget according to Regional Centre's geographical size (versus population size).

c. Governance model

The governance model summary diagrams were reviewed. These diagrams are similar to the current model, with a few modifications. Leadership will include a variety of voices, including Indigenous voices, sex and gender, early career and researcher voices, and more.

Feedback has already been provided by our partners on the concept of an Indigenous Research Council, and how it can be effectively included.

The significant portion of work regarding how to better espouse inclusion and diversity of voices from patients, public and community in Phase II will be addressed during the time allocated in the fall for detailed planning.

Discussion included the possibility of displaying cross memberships, and a potential revision to how the relationship between the Indigenous Research Council, the Advisory Council, the Patient Council and the BC AHSN Board are represented.

In addition to the four component areas (data, learning health systems, capacity development and patient engagement), there will also be a methods component.

d. Sustainability model

The sustainability model for the Phase II application has been constructed with a mindset of embedding sustainability into all work the Unit engages in.

Feedback and recommendations provided included:

- Specifically naming funders and ethics committees.
- Clarification about the language about activities and services; 'services' is defined, but also used in a variety of ways during the application.

e. General discussion

Opportunities to expand on existing content, and provide more information, included:

- More information on outcomes and measurements on outcomes; this will be closely observed.
- More information on how the BC SUPPORT Unit will connect to other Units, what services will the Unit provide, and what services will be ‘purchased’ from others?
- More information on how the application responds and addresses COVID – 19 (including how to manage the expectations of the Phase II application to do the work required, but also remaining flexible to the environment).

A recommendation was made to further emphasize that patient-oriented research is crucial, because it explores inequities in health care.

6. Summary / Next steps

Feedback on the Phase II application documents can be submitted until June 15th.

7. Group adjourned at 10:29am.