

Terms of Reference Families First Practice Council

Goals

- To facilitate opportunities for WRHA staff involved in Families First services to participate in discussions and decisions/recommendations for the development of safe, competent, and ethical practice.
- To establish a consultative and collaborative culture and healthy work environment for all practitioners involved in the delivery of the Families First program.
- To enhance the delivery of the Families First program through communication, capacity building, and relationships.

Purpose

- To provide leadership and direction for practice, education, and research.
- To advance, develop, and enhance Home Visitor and Public Health Nurse Practice as it relates to the Families First program.
- To promote and facilitate the implementation of evidence-informed practice.
- To provide an opportunity for systematic and regular review of the delivery of the Families First program in the WRHA and to recommend strategies/practice guidelines that will move the region forward towards meeting the Families First Program Standards (revised February 2011).
- To promote consistent delivery of Families First services throughout the Winnipeg Region.
- To promote the integration of the Families First program within Population and Public Health continuum of care.

The structure and function of the Families First Practice Council will mirror the program philosophy:

Strength-based and solution focused

Family- Centered

Relationship-based

Culturally Competent

Parallel Process

Accountability

- Families First Practice Council members are representatives of their team. They bring their team's perspective to practice council as opposed to their personal perspective.
- Families First Practice Council members are responsible to collect and facilitate the submission of Best Practice/Issue Resolution Forms on behalf of their team.
- Families First Practice Council Members are accountable to their public health teams and thus must ensure that Best Practice/Issues are prioritized and resolved or referred in a timely manner.
- The Families First practice council will make recommendations related to the resolution of practice issues to the Population and Public Health Management team.

Election of Co-Chairs for Families First Practice Council (FFPC)

- Two FFPC Representatives (one Families First Home Visitor and one Public Health Nurse) will be nominated to co-chair the FFPC for a term of 2 years.
- The terms of the 2 co-chairs should be staggered to provide continuity and succession planning at FFPC.
- Community Area representatives are invited to nominate individuals to serve as co-chair. In the case of no nominations, a co-chair may complete a maximum of 2 consecutive terms if mutually agreed upon by the community area team, team manager and FFPC.
- The co-chairs will be determined by a vote of the council members.

Responsibilities of Co-Chairs for FFPC

- Review newly submitted issue papers. Collaborate with community area teams/FFPC representatives to build capacity regarding issue paper development and FFPC processes
- Facilitate communication, collaboration, and functioning of the FFPC
- Foster consensus at FFPC meetings to rate and resolve issue papers
- Lead the development of an Annual FFPC Review to summarize the work of the preceding year as well as highlight issues that are ongoing or have been redirected for follow up. The review should be presented to FFPC in January of each year.
- Facilitate discussion and planning related to the priorities for FFPC in the upcoming year.
- Work in collaboration with other individuals to support the administrative processes of FFPC. This includes but is not limited to:
 - *Drafting monthly agendas
 - *Organizing forms/paperwork and other resources for monthly meetings
 - *Updating issue papers between FFPC meetings (Public Health Coordinator)
 - *Taking and distribution of minutes
 - *Posting PDF versions of completed issue papers and other documents on Insite (Administrative Support Clerk will complete postings)

Minutes

General administration support will be provided for the Families First Practice Council by the administrative support of the Team Manager, Healthy Parenting and Early Childhood Development. Responsibility for taking minutes will be rotated amongst the Clinical Nurse Specialists.

Membership

- Director of Population and Public Health- will attend as schedule permits
- Medical Officer of Health, Healthy Parenting and Early Childhood Development
- Team Manager, Healthy Parenting and Early Childhood Development
- Team Manager representative from one Community Area

- One Home Visitor identified by each Community Area team –minimum 2 years experience in current role preferred
- One Lead Role Public Health Nurse identified by each Community Area team- minimum 2 years experience in current role preferred.
- 2 Clinical Nurse Specialists
- Public Health Coordinator
- Membership will require a 2-year commitment.

Membership will include:

Voting members – regular attendance

- Home Visitor and Lead Role/ PHN representatives from each of the 13 Community Area teams.

Non-voting members

- Director of Population and Public Health
- Medical Officer of Health, Healthy Parenting and Early Childhood Development ,
- Team Manager, Healthy Parenting and Early Childhood Development
- Lead Community Area Team Manager
- Community Area Team Managers, Directors, or Program Specialists are invited to attend meetings as non-voting members
- Clinical Nurse Specialists
- Public Health Coordinator

The Families First Practice Council will:

- Strengthen and enhance delivery of the Families First program in the WRHA.
- Contribute to exemplary program delivery and improved client outcomes.
- Strengthen relationships amongst all practitioners involved in providing care to families participating in Families First Home Visiting.
- Be evolutionary in its' development

The Winnipeg Regional Health Authority will:

- Be committed to the work of the Families First Practice Council. This includes supporting the implementation of the recommendations of the council including those with resource implications,
- Support the attendance and full participation of the Community Area representatives at Families First Practice Council meetings. This includes supporting opportunities for council members to have discussions and gather feedback with the broader public health team and providing council members the necessary time to prepare for practice council meetings (estimated at less than one hour per month).

Operational Guidelines

Attendance

Members will:

- Attend meetings 5 times per year.
- Ensure each team is represented by having an alternate from their team attend when they are unable to. Teams may elect to choose a designated back-up.
- Ensure at least one representative from community area pairing attends.
- Participate on subcommittees/work groups as required.
- Working groups will meet by phone or in person between practice council meetings if required (up to 3 hours between meetings).

Identification and prioritization of discussion points

- Best practices and issues will be identified from a variety of sources:
 - Best practice/issues that are raised by Home Visitors or Public Health Nurses on behalf of their teams.
 - Best practice/issues that come forward from other members of the practice council for example the Team Manager Healthy Parenting and Early Childhood Development, Clinical Nurse Specialists, Public Health Coordinator.
- New issues are brought to Families First Practice Council meetings on Best Practice/Issue Resolution forms.
- Members will e-mail Best Practice/Issue Resolution Forms to the administrative support for the Team Manager Healthy Parenting and Early Childhood Development with cc to co-chairs of the Families First Practice Council, two weeks in advance of the meeting.
- At each meeting, Families First Practice Council members will review new Practice/Issue Resolution forms that are submitted, determine the priority level of the issue and identify who/how the issue will be addressed.
- The agenda will be comprised of the highest priority items.

Decision making

- Families First Home Visitors and Public Health Nurses are representatives of their Community Area teams and thus each Community Area office will have “one vote” on all Best practice/Issue resolutions.
- Families First Home Visitors and Public Health Nurses bring Issue Papers requiring a decision back to their Community Area office team for feedback and direction as to how to vote: “Accept as is” or “Accept with recommendations” or “Needs further discussion/revision”.
- When issue papers are assigned to a “Working Group”, the working group will bring back recommendations to the Families First Practice Council for discussion as a first step. Community Area teams will then be provided with the opportunity to discuss and provide feedback on the issue. Community Area recommendations will be brought back to Families First Practice Council to determine next steps.
- Quorum constitutes 70% of regularly attending voting team members.
- Members will accept that if a team is unable to send a Home Visitor or Public Health Nurse to the meeting, they will not have a vote.

- Members will use existing tools and documentation for issues identification and decision making to identify, describe and prioritize the work of the council.

Communication

- Free and open communication is encouraged by Families First Practice Council members.
- Families First Practice Council members will commit to open communication to ensure a trusting environment and dialogue.
- Families First Practice Council members will report the work of the council back to the public health team in their office using the form of communication deemed most efficient.
- Members will be committed to the resolution of practice issues through active solicitation of Best Practice/Issue Resolution Forms, recommendations of agenda items, participation in round table discussions/voting on council, participation in council evaluation, communication to public health team regarding resolved issues, and communication when issues are thought to be resolved but for which more information or support is needed

Skills enhancement

- To address the role of Families First Practice Council in ensuring that members have the opportunity to broaden and practice skills in application of evidence to practice, every second meeting will include small groups working with a Clinical Nurse Specialist to review current literature and best practice from other jurisdictions, relevant environmental context (e.g. Unique culture or demographics of our region, regional polices, regional priorities etc) and apply this information to practice).
- Home Visitors will have an opportunity to be chosen as the co-chair for the Families First Practice Council meeting as a professional development opportunity related to leadership skills.