Patient Centred Leadership -
Guide for Chairing Effective Meetings
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The purpose of this guide is to build on well-known best practices for ensuring that meetings at KGH reflect the principles outlined in the KGH Strategy specifically - respect, engagement, accountability, transparency and value for money. These principles are recognized as also being aligned to those of patient- and family-centred care, this includes respect and dignity; information sharing; participation and collaboration.

In preparing for and conducting meetings, please consider the following as points to demonstrate patient centred leadership:

1. The terms of reference for any group should be created giving consideration to whether, and making explicit how the mandate of the group is aligned to transforming the patient experience.
2. If the purpose of the meeting is focused on, or will have a material impact on the patient experience, a KGH Patient Experience Advisor(s) must be included in the membership. If necessary, the lead for Patient- and Family-Centred Care will be able to assist with this recruitment.
3. The membership may need to be orientated to the role that Patient Experience Advisors play at KGH.
4. The Patient Experience Advisors will require orientation to the purpose of the committee in advance to help them feel comfortable with a corporate structure that is typically more familiar to staff.
5. If it is not possible for an Advisor to be part of the membership, ensure the patient perspective and voice must somehow be included in the deliberations and decisions. This can be done by making a presentation to the Patient and Family Advisory Council.
6. When sharing numerical data at meetings, ensure that rates or percentages also get translated into the actual impact on patients or people. For example, if there is a nosocomial infection rate, how many people were affected? Or, with emergency 90th percentile wait times, how many patients waited for how long? The goal is to “peoplize” the data to support understanding of the impact on the person and to build the understanding and basis for corrective response or improvement.
7. Managing engagement and energy levels in meetings is essential. If the membership has a new Patient Experience Advisor or has yet to be acquainted to the role, there may be need for greater sensitivity to support member engagement and enlist perspectives. Strategies include warm greetings; using names; sensitivity to the use of patient-sensitive and respectful language; avoiding use of acronyms and responding to different types of communication needs and styles. Remember, create fun – this group is making a positive difference.
8. To ensure successful outcomes of your discussions, make sure the purpose of each item on the agenda is clear. Be explicit whether it is an item for decision; recommendation; information or input; veto or execution of a decision.
9. Connect with any members after a meeting if there is sense of unmet information needs, or disengagement.
10. Ensure discussion and decisions are focused on transforming the patient experience through a relentless focus on quality, safety and service.

Principal Based Decision Making:
Principle-based decision making at KGH is guided by our KGH principles. It is also informed by an ethical decision-making tool called Accountability for Reasonableness (A4R). This tool helps to ensure relevance, publicity, revision, empowerment, and enforcement. The principles embedded in this tool are closely aligned to principles of patient- and family-centred care.

If you are chairing a meeting that has decision-making accountability or if you are preparing a submission for another individual or group that does have decision-making accountability, please give consideration to the following:

- Describe the issue and/or goal ensuring its relevance. This includes:
  - alignment of the issue to the KGH strategy;
  - impact on transforming the patient experience;
  - collection of data/information that is related to the issue and decision-making criteria and that has been put in context of patients where possible and appropriate;
  - engaging a broad range of stakeholders’ perspectives and relevant experience/expertise including direct engagement of patients/advisors.

- Promote transparency by ensuring clarity about:
  - what the decision-making process is or is not about;
  - how decisions will be made;
  - who will make decisions;
  - which criteria will be used to make decisions;
  - how stakeholders can participate;
  - what stakeholders can expect once the decision is made;
  - how and when the decision and its rationale will be communicated.

- Ensure appropriate change management including training and support for those who will deliver on the plan or decision.
- Incorporate opportunities for iterative review of the decision
- Ensure evaluation of the decision, with commitment to improve the decision and the decision-making process as needed.
- Lead by example.