

# MINUTES | Community Advisory Group | Meeting 6

## 8 June 2020

Meeting 1 pm – 4 pm

Location: Zoom Meeting

Present: Monika Lane (Vancouver Island), Nancy Zavaglia (North), Gordon Rattray (Interior), Leanor Vlug (Lower Mainland), Dan Braun (Lower Mainland), Craig MacLean (Lower Mainland), Sarah Taylor (Lower Mainland), Kiran Malli (Provincial Language Services)

Facilitator: Scott Jeffery (Provincial Language Services)

Note Taker: Emina Dervisevic (Delaney + Associates)

1. **Photo Permission**
* Emina has asked and received permission from all Community Advisory Group members to share the photo of the Community Advisory Group in a meeting on the Delaney blog.
* Once the photo is posted on the blog, it is out of control in terms of who will share the link to the photo and the blog.
* If the photo is to be used in a different context or with a different content, the permission would need to be requested again, but in terms of just sharing the link to the photo and the Delaney blog, the permission is not required (as the content is just being re-shared in the format that has been approved).
* If a Community Advisory Group member wants to share the link to the blog with the photo on their blog, that is allowed, but to use the photo with different content and in a different capacity, they would need to request permission.
* The photo is effective as it shows how the meeting is organized and how Community Advisory Group is staying connected.
1. **Recurring Meetings**
* The next Community Advisory Group meeting is on June 30– there are two meetings in June because the Community Advisory Group will not meet in July and August.
* After the June 30, Scott would like to set recurring meetings (on a monthly basis) starting in the fall.
* In the past, the response from the Community Advisory Group was that Fridays from 10 – 1 pm worked the best for everyone.
* Recurring meetings will be easier for everyone as it will be easier to plan and book interpreters.
* Once recurring meetings are set, if a Community Advisory Group member is unable to attend, they can just email Scott and the conflict can be discussed.
* Knowing the meeting schedule in advance will help everyone with planning.
* It is important to remember the pandemic circumstance and that the members’ schedule might change once people go back to work.
* Provincial Language Services greatly appreciates the work of Community Advisory Group members and if the members’ schedules change, Provincial Languages Services will work around it.
* For now, the plan is to set recurring meetings for September to December 2020.

Action Item: Scott will send a Doodle poll to determine the best time and days for recurring meetings.

1. **Complaints Process Design**
* One of the findings of the community engagement done by Provincial Language Services was improving the complaints process for the Deaf, Deaf-blind and hard of hearing.
* There are 3 different aspects to the complaints process:
1. Interpreter-related complaints should go directly to the vendor.
2. Complaints about general hospital services, paramedics, facilities’ programs and services go to Provincial Health Services Authority Patient Care and Quality Office (PCQO).
3. Any complaints related to physicians is reported to the College of Physicians (as they are responsible for those complaints).
* Provincial Language Services currently doesn’t have anyone responsible for the complaints process for the interpreters. If there is a complaint with an interpreter, it would go directly to the vendor.
* The Request for Proposal also specifies that the vendor needs to be responsible for providing and setting up a complaints process.
* With regards to Patient Care Quality Office, Scott is looking for Community Advisory Group input.
* The complaints with the College of Physicians is beyond the scope and not part of the Provincial Language Services process.
* For Patient Care Quality Office, Scott is interested in Community Advisory Group’s opinion and will take Community Advisory Group’s suggestions to Patient Care Quality Office, and once the process is built it will include the Community Advisory Group’s suggestions as much as possible.

Question: If a doctor is not willing to work with an interpreter, who is responsible for that? For the interpreter, there need to be some clear guidelines

* Right now, Medical Interpreting Services is contacted for everything, even for things that are not their responsibility.
* For anything under Provincial Health Services Authority, there is a step-by-step process, and the client will be able to follow a decision tree. If a patient has a problem with a doctor and an interpreter, the vendor can try to call and sort things out, and if there is no resolution, they can connect with Provincial Language Services.
* Provincial Language Services has two websites - external one and the internal one and Provincial Language Services is planning to set guidelines and tools for internal and external audiences; physicians would be able to access this information.
* There should be general training for community members on how to address complaints – to speak to a person when there is an issue, as it might be a misunderstanding with an interpreter. Scott: Provincial Language Services is looking to set up very clear and transparent guidelines. Part of Scott’s role would be outreach (doctors, clinics, etc. - to provide them with resources and tools).
* Scott would not be responsible for the vendor complaint process, though.
* The vendor would be responsible for communication about their services and how to access them. Provincial Language Services has also been looking for a solution for better access for paramedics – once that is established, the information will be shared with the Deaf community.
* A Community Advisory Group member recently attended a talk about 911 calls; Video Relay Service and Video Remote Interpreting services do not have medical interpreters.
* Scott attended the same session – Provincial Language Services currently does not control this, but this should be brought up with the Canadian Radio-television and Telecommunications (CRTC) for them to look into. Provincial Language Services cannot instruct community members not to call through Video Relay Service, and Video Relay Service needs to have their own complaints process.
* A local organization (Greater Vancouver Association of the Deaf (GVAD) or Canadian Association of the Deaf (CAD-ASC)) should conduct a survey to receive feedback on how to address these concerns.
* Currently, Patient Care Quality Office has a number of different ways to submit a complaint (in person, by phone, by sending a letter or an email; not sure if there is a form online).

Action Item: If Community Advisory Group members have any suggestions on how the complaints process should work, they should send them to Scott. Scott will work on an outline of the process over the summer.

* Kiran: Each health authority has its own Patient Care Quality Office; the complaints get dealt with more regionally, and not through Provincial Health Services Authority.
* Having a conversation (or a post-session follow-up) with the interpreter is a good idea and is recommended, but complaints about interpreters would not go through Provincial Language Services.
* In the experience of Community Advisory Group members, complaining to the vendor never brought resolution; there needs to be a process of escalation if the issues are not dealt with by the vendor.
* It is one of the requirements of the Request for Proposal for the vendor to outline the complaints process when they submit their proposal.
* The Deaf community is small and it might be difficult to file a complaint to the vendor or the interpreter; it needs to be easier for the community members to file a complaint.
* Kiran: the process will be key, and it will provide different options to people; the escalation options would also need to be clearly outlined.
* The complaints process should also have a follow-up component (often when you make a complaint, you never hear back).
* Summary of input – the complaints process needs to provide:
	+ Options and flexibility
	+ Follow-up process
	+ Education on options and the complaints process
	+ Ability for a community member to take the complaint (if not resolved) to Provincial Language Services
* The current process does not require the vendor to inform Provincial Language Services of all the complaints; the vendor needs to handle the complaints and to keep the number of incidents low (below a certain percentage; and if the percentage is higher, Provincial Language Services would need to have a discussion about this with the vendor).
1. **Community Advisory Group Meeting 5**
* Requested edits:
	+ The title says “Agenda,” it needs to be changed to “Minutes.”
	+ In the reference to Williams Lake, “other rural areas” should also be added.
	+ Under the list of organizations to be included in communications, we should add more organizations – Canadian Hearing Society, etc. (this is an ongoing conversations and Community Advisory Group members can keep adding to this list).
1. **Finalize Revised Terms of Reference**
* Review of all the edits in the Terms of Reference based on the input received in the previous meeting.
* Edits to Member Responsibilities approved.
* Edits to the term approved.

Community Advisory Group Input: It would be better to have Community Advisory Group members leave at staggered times, and not everyone at once.

Action Item: Emina will add this recommendation to the Terms of Reference.

* Members of Community Advisory Group can bring up items for the agenda going forward (this is also outlined in the Terms of Reference).

Action Item: Community Advisory Group members will send any potential suggest agenda items for upcoming meetings.

1. **Updates**

Indigenous VLOG:

* Scott is looking towards creating a vlog to share with everyone; Community Advisory Group is looking at the recruitment of Indigenous person and another person of colour; that would be 2, and potentially 3 new Community Advisory Group members if a youth person is also to be recruited.

Kiran: When we first started the committee the recommendation from Delaney was to keep the numbers lower, so now that we are increasing in numbers, we just need to explain why we are increasing the numbers. Delaney’s experience is that the larger the group is, the harder it is to move ahead.

* Community Advisory Group has previously discussed what would be the appropriate term – racialized person, People of Color (POC), and lately another term has been frequently used – Black & Indigenous People of Color (BIPOC)
* The expansion of the Community Advisory Group is needed because it is not an option to proceed without diversity in membership.

Action Item: Check with People of Color who are Deaf what would be the most appropriate term.

Updates about COVID-19:

* To ensure interpreter safety for in-person appointments:
* Provincial Language Services has sent communications to Wavefront and Provincial Language Services freelance interpreters – re: Personal Protective Equipment and physical distancing.
* Communications have been translated for the BC Centre for Disease Control website (10 American Sign Language videos have been created under the translated content page).
* COVID Survey.

Provincial Medical Sign Language Interpreting Service Channel:

* The channel has now been created so this will hopefully allow for easier access to the material.

The reason for setting this up is to more easily find the American Sign Language videos. It is like a channel where the community can go find the materials more efficiently.

Action Item: Scott will email the links to videos with the updates ([PMSLIS YouTube Channel](https://www.youtube.com/channel/UCPV8xZOt__9bqGsbn3yF37A)).

* Provincial Language Services has made Video Remote Interpreting available, which has made it possible for interpreters to connect through Zoom meetings.
* All the information has been interpreted as Vlogs to make sure that information is received and understood by the members of the Deaf community.
* Community Advisory Group Member: Well-Being program recommends using Telehealth as the best option.

Kiran: Telehealth rooms are set up separately, and there are only particular rooms that can be used; we tried Telehealth before Covid, but Zoom is a more fluid system (if a patients starts in a room with a physician they might need to move to another room for examination, and Telehealth does not allow for that).

Provincial Medical Sign Language Interpreting Service Request for Proposal Update:

* Request for Proposal is completed and is now out. It is on British Columbia Bid site and will be up for 4 weeks. Evaluation committee will review responses through the summer.
* The term of the new contract will be a 5-year term.
* Request for Proposal Evaluation team will consist of Provincial Languages Service staff members, and it will include Scott.
* Once a new contract is in place, it will be reviewed quarterly – to ensure vendor is meeting the agreed-upon metrics.

Community Advisory Group Suggestion: Provincial Health Services Authority Communications and Provincial Language Services need to put something out to show case this engagement in relation to the Request For Proposal process as a model of inclusion. This model should really be celebrated.

1. **Evaluation and Next Steps**
* A link to the evaluation survey will be sent out via email after the meeting.

*Meeting adjourned at 4 pm.*