

PATIENT & FAMILY ADVISORY COUNCIL MINUTES

Monday, February 24, 2014 @3:00 – 5:00 pm

Dofasco Board Room

Patient/Family Members Present: C. Machida (Co-Chair), J. Armstrong, L. Dore, J. Green,

T. Jackson, G. Halyk, J. Robertson, M. Slusarenko, D. Vandenberg and

M. Wilson.

Staff Members Present: W. Doyle (Co-Chair), G. Boag, M. Doma, A. Howarth, M. Joyner, J. O'Neill

(recorder) and L. Volman.

Regrets: M. Figliola, M. Gagnon, S. Skalko and F. Wilson

The meeting was chaired by C. Machida

Topic	Discussion	Action
• Introductions		
Review of previous minutes	Minutes approved with amendments.	
 Introduction of new members 	No new members	
Additions to Agenda • Falls Committee	Falls Committee meets the 4 th Friday of the Month @12-1 pm and has offered membership to two patients/family members to join the committee.	Members are asked to contact M. Joyner if interested in joining the Falls Committee.
	W. Doyle gave a brief overview of the Falls Committee.	raiis Committee.

Topic	Discussion	Action
• <u>Health Links</u>	As the Council has expressed interest in Health Links, it was suggested that the St Joseph's Healthcare representative could join the Patient and Family Advisory Council to provide relevant information and advice to the Council. It was proposed that this membership be approved for one year to align with the timing of Health Links' funding. The current Health Links representative is Helen Harris, Manager of Social Work.	
	MOTION – That the St. Joseph's representative on Health Links join Patient & Family Advisory Council for one year. VOTED AND CARRIED	
Review of work plan	The Patient and Family Advisory Council Work Plan was included in the package for discussion. The work plan includes the issues which Council discussed at the last two meetings as well as presentations of interest to members; however, the schedule of work is evolving.	
Introduction to Patient Shadowing	V. Constantinescu, Patient Safety Facilitator in the Quality Planning & Performance Improvement Program introduced to the Council the concept of patient shadowing. Included in the presentation was a You Tube Video from the University of Pittsburgh Medical Center, explaining the basic concept.	
	Members asked several questions about the process and procedures. As patient shadowing has not been formally implemented at SJHH, a process will need to be developed if it is agreed to proceed.	
Medication Reconciliation (Med Rec)	C. Nieuwstraten, Director of Pharmacy, gave an overview of Medication Reconciliation (Med Rec) and how St. Joseph's Healthcare is approaching this topic.	
	Definition: • Medication means something that treats the symptoms of disease	

	 Reconciliation means the act of compliance or agreement. It is a formal double check that compares medication the patient was taking at home when making changes to medication, so that the patient receives the right medications every time. The patient is actively involved by sharing what he/she was taking at home and by being informed of changes made in the hospital. 	
	This is an area which was identified by the Council as requiring improvement in patient and family involvement and communication. A pilot project for medication reconciliation is being undertaken on the Rehabilitation Unit, with a goal of completing this task for 100% of patients admitted to this unit. This unit was identified for the project as many of its patients require multiple medications. The project has invited patient/family shadowing of the participants as a means to identify process improvement.	
 Patient Shadowing – Discussion of Council Involvement 	W. Doyle opened the discussion on Council involvement in a project to establish patient shadowing at St. Joseph's Healthcare. Council members endorsed the concept and stressed the importance of developing a process. The medication reconciliation project (Rehabilitation Unit) was identified as one possible area where patient shadowing could be used; however, other areas will be explored. Steps will be taken to develop terms of reference and procedures. A sub-committee will be established to work on this project. Council members were asked to send expressions of interest to M. Joyner. It was noted that the patient/family volunteers for this project are not restricted to Council members. MOTION – That a pilot project for patient/family shadowing	Members are asked to contact M. Joyner if interested in participating in patient/family shadowing.

Topic	Discussion	Action
Hospital response to family concern with timely communication when patient in surgery after- hours	 A. MacDonald, Clinical Director, Surgery, presented an update regarding improvements to post-operative communication during evenings and weekends. This more formalized process has been in place for a few months now and has shown significant improvement. Surgeons continue to meet with family members after surgery to discuss procedures, outcomes, and answer any questions. A pager similar to the restaurant pagers are left with switchboard for families to carry so the Surgeon is able to contact them once the surgery is complete. A member asked for an update on the use of the Surgical Tracking Board which Council had received a presentation at a meeting last year. A. MacDonald reported that there were some problems with this project and that it is hoped that the Tracking Board will be implemented soon. 	
A. Patient Valuable Signage	M. Doma, Director of Risk Management, asked Council for assistance in reviewing the proposed language for signage relating to patient valuables. Members provided some comments for consideration and were thanked for the feedback.	M. Doma will email the final copy of patient valuable signage.
B. Date of next meeting	Monday April 28, 2014 at 3:00 pm (Dofasco Boardroom).	