

PATIENT & FAMILY ADVISORY COUNCIL MINUTES

Monday, April 28, 2014
@3:00 – 5:00 pm

Dofasco Board Room

Patient/Family Members Present: C. Machida (Co-Chair), L. Dore, J. Green, T. Jackson, G. Halyk, J. Robertson, M. Slusarenko

Staff Members Present: W. Doyle (Co-Chair), A. Howarth, M. Joyner(recorder), F. Wilson, H. Harris

Regrets: M. Gagnon, S. Skalko, J. Armstrong, L. Volman, D. Vandenberg, J. O'Neill, M. Wilson., G. Boag, M. Doma

Guests: P. Tice (member of the Hamilton Board Committee), M. Puntillo

The meeting was chaired by C. Machida.

Topic	Discussion	Action
<ul style="list-style-type: none"> • Introductions 	P. Tice, Member of the Hamilton Board Committee and M. Puntillo, Director Schizophrenia and Community Integration	
<ul style="list-style-type: none"> • Review of previous minutes 	Minutes approved.	
<ul style="list-style-type: none"> • Introduction of new members 	H. Harris, Manager, Health Links introduced as a new member for one year.	
Additions to Agenda <ul style="list-style-type: none"> • <u>Research Ethics Board</u> 	The Research Ethics Board (REB) is looking for a patient/family advisor to sit on the approval committee. The REB meets once per month for 2 hours.	Members are asked to contact M. Joyner or W. Doyle if interested in joining the Research

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	<p>P. Tice gave a brief overview of the REB as a past member of this Board. There is approximately 2 hours of preparation time prior to each meeting to review the REB submissions for discussion at each meeting.</p>	<p>Ethics Board.</p>
<ul style="list-style-type: none"> • <u>Anti-Stigma Campaign</u> 	<p>F. Wilson and M. Puntillo presented on the work they are leading to reduce stigma in the Mental Health and Addictions population at St. Joe's. This was an update to the presentation that was provided 15 months ago</p> <ul style="list-style-type: none"> • the anti-stigma campaign is called the Rethink.Respect. Campaign, and the overall goal is for St. Joe's to become community leaders in this area • The internal campaign will be expanding soon, some of the elements already included are: <ul style="list-style-type: none"> - a statement at the bottom of all job descriptions - e-learning - orientation for all new staff (to begin June 2014) - revisions to the code of conduct policy - staff training sessions where the message was given that changing our behavior is an expectation • It was noted that not only does this campaign aim to change policies and procedures but also behavior • It is difficult to measure this change in behavior, however the plan is to evaluate the campaign using 3 questions on patient satisfaction surveys. • There are plans to hold an Anti-stigma Conference in the Spring of 2015 • The full training session will be offered to members of the Patient and Family Advisory Council. 	<p>F. Wilson will forward information on training when available.</p>
<ul style="list-style-type: none"> • <u>Review of work plan</u> 	<p>The Work plan was approved.</p>	

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<ul style="list-style-type: none"> • <u>Patient Shadowing Sub-committee</u> 	<p>G. Halyk reported on the first meeting of the sub-committee on Patient Shadowing. The Council approved the pilot project at the February meeting, and the area of medication reconciliation will be the focus. The shadowing will be done with patients in the Rehabilitation Unit.</p> <p>On March 28th a new sub-committee was formed with the purpose of improving the patient care experience by providing patients with a vehicle to give feedback on how to improve the service they receive; and for them to better understand their correct medication information before they leave the facilities. By establishing a team which would interview the patients, record and summarize their findings, and provide this information to front line staff, the expectation would be to improve quality care and services.</p> <p>Members asked for clarification on the process to be followed for the pilot project and a member cautioned that the sampling used in the pilot project will not be large enough to draw conclusions that substantive changes should be made, but rather will be an indication of whether patient shadowing will be a useful tool which could be used in quality improvement initiatives..</p>	
<ul style="list-style-type: none"> • <u>Volunteer Services for Patient and Family Advisors</u> 	<p>M. Joyner summarized the requirements of registering as a volunteer through volunteer services. While there are some advantages (parking pass, ID Badge, access to storage space in volunteer office), there is a lot of necessary effort to complete the communicable diseases form. Registering with volunteer services is currently not required by PFAC members, however, for advisors in the sub-committee who plan to shadow/interview patients, it is required.</p> <p>RECOMMENDATION – that Patient/Family advisors are not required to register with volunteer services unless there is a plan</p>	

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	for direct patient contact.	
<ul style="list-style-type: none"> • <u>Health Links</u> 	<p>H. Harris gave an update of the work currently underway by the Health Links group. St. Joe's is leading the Hamilton East Health Link and has been participating for the past year with Hamilton Central and Hamilton West to learn from each of these areas; however Hamilton East has not received any funding</p> <ul style="list-style-type: none"> • Health Links is looking for system issues • It is focusing on developing care paths for "high users" • High users are defined as patients who have 3 or more inpatient visits and 4 or more Emergency Department visits • 322 high users were identified in 2012, in 2013, there is a similar number of people, however 70% of them were not on the list last year • H. Harris shared a draft of a patient passport and asked for feedback from the group. 	<p>Reserve time in future meeting for continued discussion about Health Links.</p> <p>Members to provide feedback to H. Harris on the passport.</p>
<p>A. Date of next meeting</p>	<p>Monday June 16, 2014 at 3:00 pm (Dofasco Boardroom).</p>	