

Patient and Family Advisory Council

Monday April 24, 2017 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

	Sept 19/16	Oct 17/16	Nov 21/16	Jan 16/17	Feb 13/17	Mar 20/17	April 24/17	May 15/17	June 19/17
Bernice King (Co-Chair)									
Gary Halyk									
Jean Robertson	X	X							
Jennifer Armstrong		X							
Louise Dore									
Michael Slusarenko									
Tom Jackson	X	X							
Victoria Reiding									
Cindy Machida							X		
Jane Ross						X			
Helene Hamilton	X	X			X				
Kim Dell	X	X		X	X	X	X		
Anna DiTiberio									
Wendy Smith	X	X							
<i>Staff</i>									
W. Doyle (Co-Chair) (VP, Patient Services & Chief Nursing Executive)					X		X		
P. Valvasori (Manager Patient Relations and Medical Affairs)					X		X		
L. Volman (Director of Nursing Practice, Mental Health & Addiction)					X		X		
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X	X			X				
C. Stevenson (Family Educator, Youth Wellness Centre)				X		X			
L. Barrett (Manager, DCD, CTU-C, General Internal Medicine)						X	X		
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

X = Regrets

 = Not a current member

Guests:

Tina Dhanoa, Manager – Special Projects

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

Item	Discussion
1.0 Introduction of New Members	B. King welcomed guests to the council. (See guest list above).
Approval of Agenda	The agenda was approved.
Approval of Minutes	The minutes of the March 20, meeting were approved.
Announcements	Volunteer Registration <ul style="list-style-type: none"> • Some PFA's have not been contacted to register as a volunteer • M. Joyner to follow up with the Volunteer Resources department

Item	Discussion
	<p>Mental Health Week</p> <ul style="list-style-type: none"> • May 1-5 2017 is Mental Health week • A special comedy night event is taking place on May 3rd, from 7pm – 9pm and everyone is invited to attend • The Mental Health week event flyer will be circulated by email to all PFA's <p>Youth Wellness Centre</p> <ul style="list-style-type: none"> • On May 5th the Youth Wellness Centre will be having an open house for everyone to attend and view the newly renovated space. It is also an opportunity to celebrate the ongoing work in youth mental health & addictions <p>May 30th Transforming Care Together Event</p> <ul style="list-style-type: none"> • All Patient & Family Advisors are encouraged to attend the “<i>Transforming Care Together Event</i>” which will be held on Tuesday, May 30, 2017, 1:00pm at St. Joseph's Healthcare Hamilton, Charlton Campus, 2nd Floor of the Juravinski Innovation Tower • This event is in celebration of our achievements and to learn how we can continue to build strong meaningful relationships between staff, patients and families
<p>2.0 Business Arising</p> <p>Seclusion & Restraints Presentation</p>	<p>T. Dhanoa, Manager –Special Projects, presented on Seclusion & Restraints</p> <ul style="list-style-type: none"> • When preventative and/or early and alternative interventions are unsuccessful, and when a patient poses an imminent risk of harm to self and/or others, the use restraint/seclusion may be considered as a temporary measure and as a last resort to provide safety. • Restraints are used to reduce sensory stimuli, contain patient aggression, in treatment failure and for social control & isolation • Seclusion is a form of Environmental Restraint that confines a patient, alone in any locked room for any period of time • Following an episode of seclusion/restraint, there is a team debriefing. <ul style="list-style-type: none"> • There are 4 debriefing steps that take place after restraint use; Post-Acute Debriefing, Peer Debriefing, Family Debriefing and Formal Debriefing • Out of 1214 recorded events, over 298 (25%) Peer & 451 (37%) family debriefing have been completed to date • Family Debriefing provides families the opportunity to have clear communication with clinicians, share concerns and be part of the care team with consent from the patient • Peer Support Providers are individuals with their own personal lived experience of mental health and/or addiction who support patients after seclusion or restraint use and are a part of the debriefing process <p>Q: What is the reason for the difference in total recorded numbers of debriefings between the peer and family?</p> <p>A: The reason for the lower number (25%) of peer debriefings could be that the patient suffered from cognitive impairment or that the peer support providers were unable to reach out to the patient.</p> <p>Q: When would restraints need to be used and how is the type of restraint determined?</p> <p>A: Restraints are used to manage a patient whose aggressive or violent behaviour presents a serious risk of harm to self or others. The decision to use restraint would depend on the circumstances and applied for the shortest possible time. Staff would regularly review and monitor the patient. For example a lap belt may be used to restrain a patient in their chair during meal times if the patient is at a risk of falls; however, for a patient with aggressive behaviour this patient may be restrained in a room to be secluded from other patients and staff.</p> <p>Q: Is there a corporate debriefing policy for Mental Health & Addiction Patients?</p> <p>A: The debriefing process is included in the Seclusion and Restraint corporate policy for all St. Joe's patients. Education and training on the use of restraints and the debriefing process is provided to all staff and review of any corporate policies regarding seclusion, restraint and debriefing are mandatory for staff.</p>

Item	Discussion
	<p>Q: How is consent arranged with a geriatric patient for use of restraints if the patient is cognitively impaired?</p> <p>A: Patients have the right to make decisions regarding their care and treatment. The patient or substitute decision-maker must be informed of restraint use. No form of restraint can be implemented without consent, except in an emergency situation in which there is a serious threat of harm to the individual or others, and all other measures have been unsuccessful.</p>
3.0	<p>Volunteer Week Presentation – Miller Amphitheatre</p> <ul style="list-style-type: none"> • Dr. Hanna - “From Barber Surgeon to Master Surgeon – A Timeline of Innovation in Surgical Treatment”
4.0	Networking & Light Refreshments
Date & Time of Next Meeting	<p>Monday May 15 , 2017 3:00pm – 5:00pm Dofasco Boardroom</p>