

Patient and Family Advisory Council

Monday March 20, 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									
Jane Ross						X			
Helene Hamilton	X	X			X				
Kim Dell	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				
P. Valvasori (Manager Patient Relations and Medical Affairs)					X				
L. Volman (Director of Nursing Practice, Mental Health & Addiction)					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			
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

X = Regrets

 = Not a current member

Guests:

Lily Waugh, Nurse Manager, ICU, Critical Care Response Team
 Tammy French – Nurse, ICU Department
 Neala Hoad – Nurse, ICU Department
 Tammy Robinson – Nurse Manager, Eye Clinic, Surgery Centre, Urgent Care, King Campus
 Julie Holmes – Clinical Director, King Campus
 Brian Chan – Ophthalmology Resident
 Moira Taylor, JBG Board member

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	W. Doyle welcomed guests to the council. (See guest list above).
Approval of Agenda	The agenda was approved.

Item	Discussion
Approval of Minutes	The minutes of the February 13, 2017 meeting were approved with an amendment to the Patient Story provided by K. Albert.
Announcements	<p>Development of Family Resource FAQ</p> <ul style="list-style-type: none"> • F. Wilson shared work done on an FAQ document by advisors from the Family Resource Centre <ul style="list-style-type: none"> ○ This document is meant to assist patients and families in the sharing of health information. The document was initially created for the Mental Health program but would be relevant corporately and F. Wilson will be looking for assistance from this Council on reviewing the content. <p>Around the Bay</p> <ul style="list-style-type: none"> • B. King will be participating in the Around the Bay race on Sunday March 26 • Any council members interested in participating in the Around the Bay race may contact St. Joseph's Healthcare Foundation <p>Volunteer Opportunities</p> <ul style="list-style-type: none"> • Two recent volunteer opportunities were emailed to PFA's <ul style="list-style-type: none"> ○ The Council of Academic Hospitals of Ontario (CAHO) was looking for an advisor to be a part of the the Patient Engagement in Research (PER) Implementation Community of Practice (CoP) Council ○ The Ministry of Health is recruiting patients & families to create a provincial Advisory Council. The deadline to apply is April 10, 2017 http://health.gov.on.ca/en/public/programs/pfac/default.aspx <p>Visitor's policy</p> <ul style="list-style-type: none"> • W. Doyle asked council members if they have heard any feedback or comments regarding the Visitor's policy • An advisor noticed that there was more traffic with visitors in the morning hours however they were not disruptive to patients on the units • An advisor commented that the new policy provides flexibility for visitors, patients and families
2.0 Business Arising Follow-up with Pre-Op Clinic	<p>Follow-up with Pre-Op Clinic</p> <ul style="list-style-type: none"> • D. Husbands, Nurse Manager from the Pre-Op Clinic will return in May to provide an update on improvements made to reduce wait times.
3.0 ICU Footprints Project • How the ICU involves families	<p>L. Waugh, Nurse Manager ICU & Critical Care, T. French, ICU RN, N. Hoad, ICU RN presented on the ICU Footprints Project.</p> <ul style="list-style-type: none"> • The objective of the Footprints project is to facilitate more holistic patient-centred care; to inform clinicians; and to create deeper connections among patients, families and clinicians • The Footprints project involved the creation of the footprint document which includes a profile of the patient: preferred name, aids used at home, life milestones, and important issues the patient wants to share with the care team. Families are encourage to bring in a photo of the patient • Feedback was obtained from patient and families about the footprint document. Blank copies were placed in the ICU waiting room for families to fill out • Information from the footprint document was transferred to the whiteboard near the patient's bedside • Preliminary results from families suggest that Footprints exemplifies individualized care and promotes humanism in practice • Next Steps: ICU will further implement strategies for the Footprints project to improve uptake, influence and sustainability and future roll out across the organization

Item	Discussion
	<p>Q: Have staff in the ICU supported the project? A: Yes, staff in the ICU has supported the project. In 2016 audits were conducted and showed results at a rate of 15% completion, currently audit results show a 40% rate of completion.</p> <p>Q: Are patients accepting about having their photo on the whiteboard and who updates the whiteboard content? A: Yes, patients like the idea of having their photo on the whiteboard. The nurse and physician who are on shift update the information on the whiteboard along with the Respiratory therapist and any other staff member who is providing care to the patient. Family members are also able to update the whiteboard.</p>
<p>4.0 Committee Updates</p>	<p>Communication Working Group</p> <ul style="list-style-type: none"> • B. King presented work done by the Communication Working Group • The Transforming Care Together, Patient and Family Advisor event is taking place on May 30, 2017 • A “Save the Date” email went out to all PFA’s, staff and board members to attend • Council members are encouraged to complete the online feedback form regarding the new Advisor web Portal <p>Plan of Care Working Group</p> <ul style="list-style-type: none"> • No new updates <p>Dovetale Working Group</p> <ul style="list-style-type: none"> • V. Reiding provided an update from the Dovetale Working Group • The first meeting was an overview of the implementation and installation Dovetale system within St. Joe’s • Questions arose around how to communicate Dovetale to patients and families • The second meeting members were shown a demo of Dovetale and had an opportunity for discussion and feedback • Dovetale is in phase 2 of the 5 phase project and is moving along as expected
<p>5.0 Compliments & Complaints</p>	<p>P. Valvasori, Manager, Risk, Legal, Medical Affairs presented on the Compliments and Complaints for Q2-Q3 2016/2017.</p> <ul style="list-style-type: none"> • A summary of the compliments and complaints was provided by quarter and program. • There was an increase in complaints from 260 in 2014 to 370 in 2016, with more complaints about access to services • Communication, Attitude/Courtesy and Care/Treatment are most often raised and the highest volume of complaints comes from the Emergency, GIM and Mental Health & Addiction programs • It was noted that one patient/family complaint may have multiple issues of concerns and thereby logged as multiple items in the complaint count <p>Q: How are complaints categorized and who resolves the complaints? A: Staff and program leaders resolve many complaints in real time. For complaints that are brought to the attention of Patient Relations, staff in the Patient Relations respond to the patient/family member who have made the complaint and if unresolved at this first step, the complaint is sent to program leadership for follow-up. Complaints severity is categorized by levels of impact from level 1 -6. The highest severity complaints (level 5/6) follow the same process as critical incidents. When a level 5 or 6 complaint is logged, involved staff participate in a phone call within 24 hours discuss the situation and determine next steps.</p> <p>Q: How quickly do you respond to a complaint? A: A new process is in place for the Patient Relations Team to assist in resolving patient complaints immediately if appropriate. Responses back to patients/families after initial complaint is within 24 to 48 hours that the complaint was received. The legislative requirement by the Excellent Care for All Act (ECFAA) is that initial contact back with the patient/family member is within 5 days.</p>

Item	Discussion
	<p>Q: How do we measure patient satisfaction regarding the resolution of a complaint? A: In February 2017, we launched a patient survey to track patient satisfaction results after a complaint has been resolved. This work will help improve data analysis and reporting of all complaints data.</p> <p>Q: Are the staff involved in the complaint aware and are they given an opportunity to resolve the complaint? A: Level 1 complaints are addressed by the Patient Relations Team. If patients are satisfied with the outcome, complaints are closed immediately. If patients are not satisfied with the results, the complaint is passed directly to the staff involved including Directors, Managers, Physicians for resolution.</p>
<p>6.0 Eye Clinic Presentation</p>	<p>J. Holmes, T. Robinson, B. Chan presented on the Eye Clinic</p> <ul style="list-style-type: none"> • The Hamilton Regional Eye Institute (HREI) consists of the Eye Clinic and the Surgery Centre • HREI provides non-urgent and emergency healthcare services to adults with eye disorders in the greater Hamilton area, including Niagara and Brantford • 47,000 visits annually at the Eye Clinic and 7,000 surgical ophthalmic procedures annually • Work is being done on improving the patient experience by: <ul style="list-style-type: none"> • Explaining the process clearly • Providing individual patient information sheet regarding appointment times • Having staff provide wait-time updates to patients, mailing out appointment information and making reminder calls • Creating better patient flow and experience in the waiting area • A study was conducted on the typical patient appointment journey at the Emergency On Call Clinic: <ul style="list-style-type: none"> • B. Chan, Ophthalmology resident conducted a study on the patient’s emergency appointment journey • All 49 patients who participated were asked to complete a satisfaction survey the day after their appointment • Wait time results were taken and on average total wait times were between 18-28.6 minutes <p>Q: Does the Eye Clinic receive referrals from other hospital ER Departments? A: Patients are often directed to King Campus for eye emergencies. King Campus Urgent Care Centre covers hospitals for eye emergencies from Brantford to Dunnville. Urgent Care patients are registered and then brought to the Eye Clinic to see the Resident on call. The Ophthalmology Resident on call can see up to 30-40 emergency consults over the weekend.</p> <p>Q: Do you have methods or plans to track wait times in the Eye Clinic? A: Since the study, wait times have improved where a patient waits 1-2 hours on average. Time studies have been conducted in the clinic however it is a challenge to record data. Informing patients ahead of time that there is a longer than normal wait seems to improve the patients’ experience. Patients are also given the option to reschedule their appointment.</p> <p>Q: When are patients receiving the satisfaction survey? A: Patient satisfaction surveys are sent twice per year for patients who have visited the clinic during the prior week. We choose a week during a six month period and mail over 150 surveys to patients. The Eye Clinic uses patient satisfaction survey results to review wait times.</p>
<p>Date & Time of Next Meeting</p>	<p>Monday April 24 , 2017 3:00pm – 5:00pm Dofasco Boardroom</p>