

Patient and Family Advisory Council

Monday May 15, 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						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	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	X		
B. Cowell (Manager, Hemodialysis)									
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

X = Regrets

 = Not a current member

Guests:

A. Frisina – Patient & Family Advisor

J. Loncke – Director Complex Care, Rehab, Therapeutics, FIRH, Palliative Care, Community Partnerships

M. Cooper – Member, Quality Committee of the Joint Board of Governors

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 April 24, meeting were approved.

Item	Discussion
Announcements	<p>Mental Health Week</p> <ul style="list-style-type: none"> A comedy night event took place on May 3rd, from 7pm – 9pm was a success with 160 people attending. It was an entertaining show that provided a great learning experience. <p>Youth Wellness Centre</p> <ul style="list-style-type: none"> On May 5th the Youth Wellness Centre had an open house for everyone to view the newly renovated space. A supplement on the Youth Wellness Centre was in the Hamilton Spectator as a part of Nursing Week.
<p>2.0 Business Arising</p> <ul style="list-style-type: none"> Follow-up with Eye Clinic Letter Volunteer Week activities Year in Review – June agenda item 	<p>Follow-up with Eye Clinic</p> <ul style="list-style-type: none"> T. Robinson, Nurse Manager from the Eye Clinic will return in September to provide an update on improvements made to reduce wait times <p>Volunteer Week Activities</p> <ul style="list-style-type: none"> The Volunteer Department held a celebration lunch in honour of Volunteer Week B. King visited the Surgery Centre and was given the opportunity to use the Robot <p>ACTION: A letter to be sent on behalf of PFAC to the Volunteer Department thanking them for their hard work on preparing all of volunteer week activities and their continued dedication to St. Joe’s volunteers</p> <p>Year in Review – June agenda item</p> <ul style="list-style-type: none"> We will spend some time at our June meeting reviewing our accomplishments from the year and taking stock of our effectiveness. We’d like to have a robust discussion so we can continue to have a council that provides a meaningful experience to its members.
<p>3.0 Committee Updates</p>	<p>Communication Working Group</p> <ul style="list-style-type: none"> May 30th Transforming Care Together Event: <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 Over 50 people have registered for the event and 16 abstracts have been submitted to date Guest speaker, Eleanor Rivoire from Accreditation Canada, will speak on building meaningful partnerships between staff, patient and families to transform the patient experience <p>Plan of Care Working Group</p> <ul style="list-style-type: none"> No new updates at this time <p>Nursing Advisory Council</p> <ul style="list-style-type: none"> Presentations included: <ul style="list-style-type: none"> Critical incident reports presentation provided education and learning opportunity Hemodialysis tool to improve care for patients after discharge Pressure Ulcers – communicating with patients and family on the care of Pressure Ulcers Breach of Privacy – how to manage privacy breeches and the Dovetale implementation Senior’s Mental Health - managing behaviors <p>Research Ethics Board</p> <ul style="list-style-type: none"> Meetings are held two times per month Main area of focus is to review the policy procedures and guidelines that have an ethical component <p>Dovetale</p> <ul style="list-style-type: none"> They are currently in phase 2 of the Dovetale project A few issues have occurred that have set them behind to reach their goal for Phase 3

Item	Discussion
	<ul style="list-style-type: none"> • A town hall meeting has taken place that presented general information on Dovetale • A 2nd town hall meeting is occurring on May 25th that will demo and share information on hand held devices <p>Safety Tour at St. Joseph's Villa</p> <ul style="list-style-type: none"> • B. King and G. Halyk attended St. Joseph's Villa and participated in the Safety walkabout, while the Villa does not fall under the domain of this committee, G. Halyk was making the point about how important it is to take opportunities to learn about different areas of the organization as it aides in discussion.
<p>4.0 Mental Health Family Advisory Council Presentation</p>	<p>A. Frisina presented on the Mental Health Family Advisory Council Priorities</p> <ul style="list-style-type: none"> • The Family Advisory Council (FAC) is a resource to administration and staff of St. Joseph's Healthcare Hamilton, Mental Health and Addiction Program (MHAP) and in the development of educational programming to foster engagement with families • The goals are to significantly increase and improve the inclusion of family members as 'Partners in Care'; and to advocate for enhanced family support services • Current work and priorities include: <ul style="list-style-type: none"> • Reviewed and provided input into information pamphlets, guidelines and policies. • Met with Peer Advisory Council re: patient consent issues. • Provide ongoing input and support of Family Resource Centre • Initiatives completed over this past year include: <ul style="list-style-type: none"> • Family Information Handbook • Family Satisfaction Survey • Patient Wellness Statement - next steps • New initiatives that are currently underway: <ul style="list-style-type: none"> • Develop a Check-list for communicating with families at all major care touch points • Develop a formal process for Family Orientation to Unit/Clinic <p>Q: When a patient is moving towards a better stage of wellness, where does consent lie? A: Consent for a patient with mental health issues is received at the time of admission and continually assessed. We want to allow patients who are able to make their own decisions to do so, and we want to support them along their care path. The patient's family are also able to express their thoughts and provide input to staff. The final decision is made by a member of the health care team to determine the best course of treatment for the patient.</p> <p>F. Wilson presented on Guidelines for Communicating and Sharing Healthcare Information with Families</p> <ul style="list-style-type: none"> • Guidelines were written for staff to address issues around clarifying and interpreting consent and confidentiality: <ul style="list-style-type: none"> • With the consent of the person receiving services, family should be advised, as soon as possible, of changes in the care plan and any changes in the person's status while receiving services in hospital • The person receiving services has the right to grant or deny consent for family involvement and release of information to family members at any time, except in such circumstances wherein the family member has been appointed as the Substitute Decision Maker • Communication training is a part of the staff huddles on the Mental Health inpatient units • Initiatives include: <ul style="list-style-type: none"> • Individual service users & family representatives developed and lead staff education/roll out strategy with support of nurse educator • Develop a SJHH Patient and Family Guide to Sharing Healthcare Information

Item	Discussion
	<p>Q: Have you received any feedback from staff or families regarding the guidelines? A: We have received positive feedback from staff and families regarding the guidelines. We have not tracked formal metrics of evaluating the feedback from staff or families however this would be a good process to have in place down the road.</p>
<p>5.0 Improving Transitions at St. Joe's</p>	<p>J. Loncke, Director, presented on Improving Transitions at St. Joe's</p> <ul style="list-style-type: none"> • Improving transitions is a top priority at SJHH, especially given the aging population • Improving Transitions has been identified a strategic directions and corporate priority for SJHH, SJHC, and SJV in 2015 and as a part of the QIP for 2016/17 and 2017/18 • Focused initiatives and aligned work through: Quality Improvement Plans, health professional disciplines, Quality Councils, Integrated Comprehensive Care (ICC), Health Links coordinated care planning, Women's and Infants' Program • Next Steps: <ul style="list-style-type: none"> • Roll-out of SJHH "Standard of Practice for Transitions" across the organization • Continue patient and family engagement as foundational element • Incorporate patient relations feedback in areas of discharge and communication • Develop documentation tools and communication strategies to standardize information transfer • Leverage "Dovetale" capacity <p>Q: How does communication play a part in improving transitions? A: Communication plays an important role in transitions. It is part of the standard that even if patients are not able to engage, we will reach out to family members. Introducing ourselves at each transition point, use of whiteboards to make notifications, outline steps prior to discharging the patient, and continually looking at future opportunities for engagement, communicating and planning together.</p> <p>Q: How quickly can Home Care come in to treat patients who have been discharged home? A: Home Care will come to the home on the same day that the patient has been discharged. However there is a bit of unpredictability when patients refuse Home Care support. We need to have this conversation early on with the patient to determine all areas of need and make sure they are going home with the correct care plan in place.</p> <p>Q: How many patients are in hospital waiting for a nursing home? A: There are approximately 75 patients waiting for a bedded program, for example a nursing home, or retirement home. We have beds available in the community however they may not be the right match for the care needs of the patient. There are also over 100 transitional beds open for patients waiting for long term care.</p>
<p>Date & Time of Next Meeting</p>	<p>Monday June 19 , 2017 3:00pm – 5:00pm Dofasco Boardroom</p>