

## Patient and Family Advisory Council

Monday March 21, 2016 ~ 3:00pm – 5:00pm

Juravinski Tower, Classroom B

### MINUTES

							Mar 21/16	April 18/16	May 16/16	June 20/16
C. Machida (Co-Chair)										
G. Halyk										
J. Robertson										
J. Armstrong							X			
L. Dore										
M. Slusarenko										
T. Jackson							X			
V. Reiding							X			
B. King (Vice-Chair)										
J. Ross										
H. Hamilton										
D. Mertin										
<i>Staff</i>										
W. Doyle (Co-Chair)										
M. Doma										
L. Volman										
P. Johnston							X			
F. Wilson							X			
C. Stevenson										
M. Joyner										
J. Williams (Resource)										

X = Regrets

#### Guests:

Moira Taylor - SJHH Joint Board of Governors

Victoria Bradshaw-Bacher - RN, BScN, Manager of Client Services

Hamilton Niagara Haldimand Brant Community Care Access Centre

Item	Discussion
<b>1. Introduction of New Members</b>	<ul style="list-style-type: none"> <li>• Introductions were made to a new member of the council, C. Stevenson, Family Educator at the Youth Wellness Centre</li> <li>• Welcomed guests to the council; M. Taylor from the St. Joseph's Hamilton Joint Boards of Governors and V. Bradshaw-Bacher, Manager of Client Services at the Hamilton Niagara Haldimand Brant Community Care Access Centre</li> </ul>
<b>Approval of Agenda</b>	<b>The agenda was approved with one addition***.</b>
<b>Approval of Minutes</b>	<b>The minutes of the February 22, 2016 meeting were approved as amended.</b>
<b>2. Business Arising</b>	<ul style="list-style-type: none"> <li>• As of March 2016, B. King will assume the role of Vice Chair of the Patient and Family Advisory Council</li> </ul>
2.1 Announcement of Vice Chair	
2.2 Update from Working Group – Networking Session	<ul style="list-style-type: none"> <li>• The Patient and Family Advisors Networking Session is taking place on May 3, 2016</li> <li>• A Save the Date invitation was emailed to all Patient and Family Advisors</li> <li>• Deadline to RSVP to attend the Session is March 25 2016</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>The purpose of the event is to provide Patient and Family Advisors the opportunity to network with each other, to provide feedback on their role as advisors as well as to begin to set priorities for the Patient and Family Advisory Council work plan.</li> </ul>
2.3 Quality Council Presentations	<ul style="list-style-type: none"> <li>Patient and Family Advisors from the General Internal Medicine Quality Council and the Rehabilitation Quality Council presented at the January and February Patient and Family Advisory Council meetings respectively</li> <li>Feedback on both presentations was discussed including positive and negative comments and presentation format</li> <li>W. Doyle commented that the presentations were informative however in future would like to hear more from the patient and family advisors about their integration into the Quality Council and their involvement in projects</li> <li>It was suggested that the Patient and Family Advisor give the presentation</li> <li>The Council was in agreement that they would like to continue with presentations from Quality Councils</li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>Future Quality Council presentations will be scheduled for the Patient and Family Advisory council agenda. Patients will be sent a list of questions to consider prior to the meeting.</li> <li>The Patient First document from the Ministry will be circulated to the Patient and Family Advisory Council</li> <li>Questions will be prepared and circulated to Patient/Family Advisors from Quality Councils in preparation for their presentation to the Patient and Family Advisory Council</li> </ul>
2.4***Tracking Patient and Family Advisor hours	<ul style="list-style-type: none"> <li>The Patient and Family Advisors will begin tracking hours to determine the amount work they are doing as a volunteer of the hospital</li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>Patient and Family Advisors to email volunteer hours to J. Williams</li> <li>Include the project/meeting date, number of hours, name of the meeting/project</li> </ul>
3. Visitors Policy – Update from working group	<ul style="list-style-type: none"> <li>R. Saini, Project Leader, from the Quality Planning, Performance Improvement Program presented the Visiting Hours Policy update with M. Slusarenko and L. Dore, both Patient and Family Advisors</li> <li>The Canadian Foundation for Healthcare Improvement (CFHI) conducted a review of visiting policies across Canada</li> <li>Based on the results from the CHFI, St. Joe’s scored “Somewhat Accommodating” (6/10) for the visiting policy</li> <li>A working group was formed with members of the Patient and Family Advisory Council to review the Visiting policy in more detail and make recommendations</li> <li>The Better Together Campaign objective is to promote the concept of partners in care versus visitors</li> <li>Hamilton Health Sciences has moved to an Open Visitor Policy</li> <li>The hospital needs to apply best practice principles based on evidence and literature which states that patients heal faster and have less complications when they have a partner in care who is able to be with them in hospital.</li> <li>The Council voted in support of an Open Visitor Policy and a recommendation will be made to have Open Visitor Policy (24hr Visitor Policy) to the Senior Leadership Team for further approval</li> </ul> <p><b>Q: Is there any security issues in going with 24 hour visiting and in having certain areas of the hospital off limits or locked etc.?</b></p> <p>The hospital has recently increased the number of doors that are locked after 9pm as staff felt unsafe, however this may need to be revisited once again as we consider this new approach.</p>

Item	Discussion
<p>4. CFHI Project Further discussion related to Patient Involvement</p>	<ul style="list-style-type: none"> <li>• C. Machida presented a report from the perspective of the Patient and Family Advisors who participated on the CFHI project on the Rehabilitation unit</li> <li>• The project was to enhance the process to prepare patients in the Rehabilitation Unit for discharge through the use of the teach-back method of education and educational handouts</li> <li>• G. Halyk, B. Huget, J. Robertson, M. Wilson and C. Machida were the advisors involved in the project</li> <li>• The advisors participated in the following activities: <ul style="list-style-type: none"> <li>• Patient shadowing, patient simulation, observations, worked with staff on Rehab Unit to finalize material, debriefing meetings with Rehab Unit staff, Executive walkabouts on the Rehab Unit, project administration</li> </ul> </li> <li>• The project provided an excellent opportunity for front-line staff to partner with patient advisors</li> <li>• Advisors learned outcomes: <ul style="list-style-type: none"> <li>• Be involved in the communication of the project from start to finish</li> <li>• Have the right mix of staff involved in the working group</li> <li>• Identify champions who could lead the process of change into existing workloads</li> <li>• The project outcome was very successful. The teach-back tool improved the patients' knowledge in preparation for discharge and the take-home documents proved very useful</li> </ul> </li> <li>• The Patient/Family Advisors thanked the staff of the Rehab Unit for their work on this project and are pleased that the work will be sustained</li> </ul>
<p>5. Critical Incident – Patient Involvement</p>	<ul style="list-style-type: none"> <li>• At the January meeting, M. Doma reviewed the concept of involving patients in Critical Incident/Quality of Care reviews</li> <li>• A critical incident review is done when a patient has experienced permanent harm or dies as a result of an incident</li> <li>• The greatest benefit of an advisor participating in a Critical Incident review is bringing the patient and family perspective to the discussion; a patient and family advisor would not directly represent the patient or family involved in the incident</li> <li>• M. Doma circulated information to the council following the meeting and received feedback and comments related to the material</li> <li>• Including the patient voice in critical incidents is now required under the Public Hospital's Act</li> <li>• The Patient and Family Council support that the hospital continue to move forward and involve patient/family advisors in the critical review process</li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• Recommendations from the Council will go to the Senior Leadership Team for approval</li> </ul>
<p>6. Discharge Planning and Transitions</p> <ul style="list-style-type: none"> <li>• The role of CCAC</li> </ul>	<ul style="list-style-type: none"> <li>• V. Bradshaw-Bacher described how The Hamilton Niagara Haldimand Brant Community Care Access Centre (HNHB CCAC) and the hospital worked together for many years to prepare patients and families for discharge. In the past 5 months, there has been a focused effort to provide a more standardized and consistent approach to the patient's plan of care.</li> <li>• Once the patient is admitted the Hospital Healthcare team will assess the patient and if needed, fax a referral to CCAC.</li> <li>• CCAC has an appointed Care Coordinator who is located at the hospital and who provides an initial patient assessment regarding health care needs, assists the hospital to develop a post-discharge personalized care plan, and offers information on community supports and referrals to services.</li> <li>• The CCAC Care Coordinator also offers access to the Home First program which is there to help patients transition home.</li> <li>• The "My Care Plan" form can be provided by CCAC to the patient, families and primary care which outlines the services patient's will receive upon hospital discharge</li> <li>• If a patient would like a family member to be a part of their care plan CCAC requires verbal consent from the patient prior to family involvement</li> <li>• When a patient is discharged, it may be possible for them to receive care from CCAC on the same day.</li> <li>• An ALC navigator is appointed to inpatients or clients who do not have family support. The ALC navigator is there to assist with a variety of supports such as housing arrangements, medications</li> </ul>

Item	Discussion
	and medical appointments <ul style="list-style-type: none"><li data-bbox="431 170 1479 262">• Rapid Response Nurses work with CCAC Care Coordinators and healthcare providers to help vulnerable or high risk patients with complicated clinical care needs by smoothing transitions from hospital to home and by avoiding unnecessary hospital readmissions after discharge</li></ul>
<b>Date &amp; Time of Next Meeting</b>	Monday April 18, 2016 3:00pm – 5:00pm Dofasco Boardroom