

## Patient & Family Advisory Council

April 25, 2022 ~ 3:00pm - 5:00pm

### Minutes

	Sept 20/21	Oct 18/21	Nov 15/21	Jan 17/22	Feb 28/22	Mar 21/22	April 25/22	May 16/22	June 20/22
Sue Tkachuk (Co-Chair)									
S. Monzavi-Bacon (Vice-Chair)									
Peggy Chapman	X	X				X			
H. Hamilton									
Linah Hegazi		X			X	X			
Jan Kasperski									
Brian Cooke									
Julia Boyd						X			
Martha Ronalds					X		X		
Mackenzie M.		X							
Susan Lohin									
Debra Leah Hartman									
Angelo M.		X				X			
N. Christensen									
M. Walz									
T. Vickers							X		
Cheryl Williams (Executive-VP Operations & CNE)						X			
D. Pitt (Coordinator Patient Relations)		X			X				
J. Loncke (Clinical Director & Chair Professional Advisory Cte)	X	X			X	X	X		
E. Doherty (Clinical Director Critical Care & Nursing Professional Practice)	X					X	X		
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X								
B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry)		X				X			
E. O'Connell (Co-Chair, Nurse Management Council)						X	X		
M. Joyner (Director, Quality Dept)									
V. Constantinescu (Patient Experience Consultant, Quality Dept)	X								
S. Mondoux (Quality Lead, Emergency Dept)	X								
J. Williams (Resource)									

X = Regrets

 = Not a current member

#### Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

Item	Topic	Presenter
<b>1.0</b>	<b>INTRODUCTION</b>	
1.1	Call to Order <ul style="list-style-type: none"> <li>The agenda for the April 25, 2022 meeting was approved.</li> <li>The minutes from the March 21st meeting were approved.</li> </ul>	<i>C. Williams</i>
1.2	Land Acknowledgement <ul style="list-style-type: none"> <li>PFAC opened the meeting with the SJHH Land Acknowledgement.</li> </ul>	<i>C. Williams</i>
1.3	Introduction Welcomed New members of PFAC: N. Christensen, M. Walz, T. Vickers	<i>C. Williams</i>
<b>2.0</b>	<b>ANNOUNCEMENTS</b>	
2.1	Better Together! Strengthening the Essential Caregiver/Support Person Role! Virtual Event – Thursday June 2, 2022 – 1:00pm-3:00pm All Patient & Family Advisors welcome. Event agenda will be circulated via email	<i>V. Constantinescu</i>
<b>3.0</b>	<b>PRESENTATIONS</b>	
3.1	<b>Recovery - Supporting our staff – Action Plan</b> <ul style="list-style-type: none"> <li>SJHH System Recovery Goal – Have a positive impact on healthcare workers by sharing PFAC thank-you messages in a way that is spread out over time and sustainable</li> <li>Strategy:               <ul style="list-style-type: none"> <li>Phase 1: Launch “Small Moment Big Impact” campaign with bite-sized message plus graphic, with an interactive/engagement option</li> <li>Phase 2: Consider short video messages</li> <li>Write a Memo/Letter to all staff and leaders on behalf of Pfa’s</li> <li>Collect “thank you messages” from Pfa’s</li> <li>Distribute individual cards to healthcare workers during Patient Experience Week</li> <li>Identify Pfa’s who want to participate</li> <li>Develop Video clips</li> <li>Volunteers Department – Ramp up planned activities</li> </ul> </li> </ul>	<i>M. Joyner/V. Constantinescu</i>
3.2	<b>COVID – Regional Updates:</b> <ul style="list-style-type: none"> <li>As of April 25<sup>th</sup>, there are 25 active COVID facility outbreaks in the city. Outbreaks are mainly seen in Long Term Care/Retirement Homes</li> <li>There are currently 596 active cases in Hamilton. Community spread is the cause for the high transmission rates</li> <li>On average Hamilton has approximately 170 new cases per 7 day average, with a percent positivity at 16.9%</li> <li>Despite the significant amount of COVID in the community, there is a very small number of hospitalizations and few admissions to ICU</li> </ul> <b>COVID – St. Joe’s Updates:</b> <ul style="list-style-type: none"> <li>As of April 25<sup>th</sup>, we are caring for 19 patients with COVID and 3 patients in ICU. There are no units outbreaks however two units are in high alert</li> <li>Currently we do not have a dedicated COVID unit, patients are admitted into the next available bed and cared for in isolation</li> <li>Hospital pressures are due to the amount of COVID in the community and the high volume of healthcare workers who are isolating at home with COVID</li> <li>Surgeries are at 90% capacity and ambulatory services are proceeding as usual</li> </ul> <b>Q: What is the typical age of patients who are hospitalized with COVID?</b> <b>A:</b> We continually keep track of this information and I will provide it at the next PFAC meeting.	<i>C. Williams</i>
	<b>ACTION:</b> Provide the average age of people who are hospitalized with COVID.	
	<b>Q: What is the length of time healthcare workers need to self-isolate at home?</b>	

	<p>A: Healthcare workers who are self-isolating for COVID are require to stay home for 10 days. Guidance from the Province indicates that should our health human resources impact our ability to care for patients, we can bring back our healthcare workers early. They would complete a rapid antigen test on Day 7. If the results are negative, they can return to work however only care for patients who have COVID or who have recently recovered from COVID.</p> <p><b>Visiting Guidelines Update</b></p> <ul style="list-style-type: none"> <li>• Visiting guidelines haven't changed since March 4<sup>th</sup></li> <li>• Up to 4 visitors for inpatients and only 2 visitors at the bedside</li> <li>• Up to one accompaniment in Ambulatory Services, Emergency, Urgent Care and Psychiatry Emergency Services</li> <li>• We have been reviewing and considering whether we can keep our guidelines the way they are despite the increase of COVID in the community</li> <li>• St. Joe's Infection Prevention and Control group are reviewing COVID in the community regularly to ensure we can maintain a safe level of visiting</li> <li>• We are tracking whether there is transmission from visitor to patient within the hospital and to date we have seen very little exposure</li> <li>• Niagara Health, one of our system partners, reduced the number of visitors at the bedside to one but we are looking into more evidence prior to making any changes to our current guidelines</li> </ul>	
<p>3.2</p>	<p><b>Summary of Patient Feedback - Where and how we survey patients</b></p> <ul style="list-style-type: none"> <li>• Patients are surveyed within several hospital programs including Emergency, General Internal Medicine, Kidney Urinary Inpatients, Medical Rehab, Complex Care, Women and Infants, MHAP Inpatient units, Ambulatory, Urgent Care and Firestone</li> <li>• Patients are surveys via telephone, email or paper-based surveys which are mailed out</li> </ul> <p>Common Themes from Questions</p> <ul style="list-style-type: none"> <li>• Communication, Involvement in care decisions, adequate information upon admission/discharge, detailed explanations, attentive listening</li> </ul> <p>Common Themes from Comments</p> <ul style="list-style-type: none"> <li>• Environment (Cleanliness), Medication Management, Discharge Plan, Excellent care, Patients feel respected and treated with compassion, wait times, comfort level, supportive healthcare team</li> </ul> <p><b>Compliments and Complaints Report</b></p> <ul style="list-style-type: none"> <li>• The categorization of Patient and Family feedback has been standardized using new software Healthcare Complaints Analysis Tool (HCAT); this is the first quarter in which feedback was captured in this way. There were 11 high severity items that led to specific learnings for the teams</li> <li>• An in-depth analysis will be completed once more data exists</li> <li>• Continued work on responding to and learning from feedback, categorizing similar items into themes</li> <li>• Provincial benchmark established in which files are closed within 30 days files, 70% of the time. At St. Joe's we are closing files within 30 days around 90% of the time</li> <li>• Discrimination items – Follow up with patients and families involved and create a learning module for Emergency Department staff where these items are most prominent</li> </ul> <p><b>Breakout Session Discussion</b></p> <p><b>1. Are these themes/information presented resonating with you? Your Experience?</b></p> <ul style="list-style-type: none"> <li>• Involvement of family (MHAP) <ul style="list-style-type: none"> <li>○ Might be related to the definition of "family"</li> </ul> </li> <li>• Can types of communication concerns be stratified by provider-type?</li> </ul>	<p><i>M. Joyner/V. Constantinescu</i></p>

	<ul style="list-style-type: none"> <li>• Yes, most of the themes presented resonated with us in both categories; opportunity for improvement and area of excellence</li> </ul> <p><b>2. Based on your experience and feedback from patients and families what might be some areas of focus for St. Joe's in the future?</b></p> <ul style="list-style-type: none"> <li>• Clarity of information that patients are taking home with them – i.e. discharge communication, where are the prescriptions? Where is phone number? Who do they call? (examples from day surgery – all the sheets look exactly the same)             <ul style="list-style-type: none"> <li>○ Pamphlet for patients/families upon discharge</li> </ul> </li> <li>• Communication, remains one of the biggest topics with the following subcategories:             <ul style="list-style-type: none"> <li>○ Communication on admission and discharge, along the patient journey, between providers including the family physician,</li> <li>○ Communication with the caregiver, how and when they are engaged?</li> <li>○ It is important to cover the majority of diversity groups, What kind of language translation services do we provide? how many languages we cover, do they align with our community/hospital diversity</li> <li>○ Are patients participating in the development of information/material provided? Information provided has to be simple/short and easy to read. Additional information can be provided after the key elements are covered</li> <li>○ To have diverse ways on how feedback is collected (real time, stories, validated questions, benchmarking, digital, paper, iPad)</li> </ul> </li> <li>• Improve Patient Discharge             <ul style="list-style-type: none"> <li>○ Providing Discharge material which outlines what is most important and continues with more elaborate details if someone wishes to learn/explore more</li> <li>○ Follow ups</li> <li>○ Building trust with family physicians</li> </ul> </li> </ul> <p>Information on the privacy breach article in the Hamilton Spectator (April 2022):</p> <ul style="list-style-type: none"> <li>• Privacy of personal health information is of critical importance to St. Joe's, as it is to all hospitals. Patients must feel comfortable that their information is only being shared with those who need to see it, and those given permission to see it.</li> <li>• St. Joe's is committed to continue doing everything we can to prevent privacy breaches. This includes continually improving our processes, bi-monthly privacy audits, sign-on privacy notices, training at onboarding and, most recently, annual mandatory privacy training for all staff and physicians, and an annual attestation of confidentiality by all staff and physicians.</li> <li>• An article in the Hamilton Spectator on April 21, 2022, focused on privacy breaches at St. Joseph's Healthcare Hamilton. The large number stated in the article was greatly due to reporting of misdirected faxes to family doctors. From the 2018-2020 breaches reported to the IPC, 93% or 2,025 of the 2,183 were misdirected faxes to family doctors. They were mainly due to outdated or otherwise inaccurate family doctor information provided to the hospital. In total, St. Joe's sends out more than one-million faxes annually. St. Joe's continues to refine its processes to ensure the most up-to-date primary care information is on file.</li> </ul> <p><b>ACTION: Plan to have a privacy and cybersecurity presentation at a future PFAC meeting</b></p>	
3.3	<p><b>Recent Patient &amp; Family Advisor Experiences</b></p> <p>PFA's participated in a project on the Emergency Department Patient Discharge Material and provided their experience:</p> <ul style="list-style-type: none"> <li>• When a patient is discharged from the hospital inpatient or outpatient unit they go home with documentation but rarely when discharged from the Emergency Department</li> <li>• Providing a discharge document to the patient which can be shared with family</li> <li>• Discharge document could reduce the number of Emergency Department readmissions</li> <li>• Empowering and educating patients is really helpful, and vital in saving lives and managing hospital resources</li> <li>• Educational materials for patients who may have apprehensions about procedures or hesitation in seeking care for a medical issue</li> </ul>	

	<ul style="list-style-type: none"> <li>Information provided to the patient should be info clear, easy to read, simple layout with treating physician's name and contact phone numbers</li> </ul> <p>Comments:</p> <ul style="list-style-type: none"> <li>Opportunities to expand this project across the hospital and intergrate work in Psychiatry Emergency Services, Day Survey, Inpatient units</li> <li>How do we refresh and ensure we are using all of the resources available?</li> <li>Create a discharge essentials page along with the other discharge paperwork</li> <li>Discharge packages are overwhelming, confusing, difficult to navigate</li> <li>Timing - why do we give everything at patient discharge?</li> </ul> <p><b>ACTION:</b> Patient discharge process is an important topic to present at a future PFAC meeting</p>	
<b>4.0</b>	<b>STANDING ITEMS</b>	
	<p><b>Project Assignments</b></p> <ul style="list-style-type: none"> <li>An update on all active projects to date was presented</li> <li>There were 8 project requests for Patient &amp; Family Advisor (PFA) participation between the months February 10 to March 10, 2022.</li> </ul>	<i>V. Constantinescu</i>
<b>5.0</b>	<b>CONCLUDING ITEMS</b>	
5.1	<p>Date of Next Meeting - Held Virtually via ZOOM Monday, May 16, 2022 3:00pm – 5:00pm</p>	