St. Joseph's Healthcare Hamilton

Patient and Family Advisory Council

Monday February 25, 2019 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

	Sept 17/18	Oct 15/18	Nov 19/18	Jan 21/19	Feb 25/19	Mar 18/19	April 15/19	May 13/19	June 17/19
Bernice King (Co-Chair)									
Gary Halyk									
Jennifer Armstrong		X			X				
Louise Dore									
Michael Slusarenko			X						
Victoria Reiding			X	X					
Cindy Machida	X								
Jane Ross				X	X				
Helene Hamilton			X	X					
Anna DiTiberio									
Gloria Wade					X				
Brenda Wilkie	X								
W. Doyle (Co-Chair) (Interim President)		X	X	X	X				
K. Jeffrey (Coordinator Patient Relations)			X						
L. Volman (Interim CNE, Director of Nursing Practice, MH & Addiction)		X			X				
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X		X						
N. Debeau (Occupational Therapist, Forensic Psychiatry Program)		X	X	X					
K. Baguley (Manager, Head & Neck Unit)		X			X				
M. Joyner (Director, Quality Department)									
V. Constantinescu (Quality Consultant, Quality Department)		X							
J. Williams (Resource)									

X = Regrets

= Not a current member

= No Meeting

Guests:

Victoria Haslam, Gurjot Jassy– Quality Department
Jane Loncke – Director, Complex Care, Rehabilitation, Therapeutics, FIRH, Palliative Care
Edyta Mnich - Nurse Manager 5 Mary Grace Unit and 2 Corporate ALC
Magda McCaughan - Acting Manager and Professional Practice Leader for Physiotherapy
Angela Chauvin-Wichlacz – RPN CTU-W
Kyle Davies, Jody Williams - SJHH
Susan Tkachuk, Tara Gudgeon, Tina Vandenburg - Newly Recruited Patient & Family Advisors

Abbreviation List:

PFAC = Patient and Family Advisory Council
PFA = Patient and Family Advisor
SJHH = St. Joseph's Healthcare Hamilton
SJHS = St. Joseph's Health System

<table>
<tr><th>Item</th><th>Discussion</th></tr>
<tr><td>1.0 Introduction of New Members</td><td>Helene welcomed guests to the council. (See guest list above).
As part of our patient & Family advisor orientation program, each newly recruited advisor will attend 2-3 PFAC meetings.</td></tr>
<tr><td>Approval of Agenda</td><td>The agenda was approved.</td></tr>
<tr><td>Approval of Minutes</td><td>The minutes of the January 21st meeting were approved as amended.</td></tr>
<tr><td>Correction of the Minutes</td><td>Correction made to the January 21, 2019 Minutes
Communication Work Group Update
The group reviewed and approved applications for the patient engagement seal.</td></tr>
<tr><td>Patient Story</td><td>E. Mnich, Nurse Manager 5 Mary Grace Unit and Corporate ALC, provided the patient story.

The story was about a young patient who was staying on the ALC unit. The patient had a birthday coming up and he was really excited about planning a party on the unit for staff and patients. He ordered food, entertainment etc. The day before the party, he found out some unfortunate news and due to financial restraints he was unable to hold the party. The patient was very upset and expressed this to the staff on the unit. Staff pooled together some resources and held the birthday party for the patient.</td></tr>
<tr><td>Announcements</td><td>Accreditation Mock Survey Update
Two Accreditors from Accreditation Canada came SJHH to provide a mock Accreditation experience during the week of February 4th
They visited numerous areas of the hospital at all 3 sites, reviewed hospital standards and provided feedback to further prepare for Accreditation taking place during the week of May 13th
8 themes emerged from the mock survey and the results were shared with senior leadership and all program area Directors and Managers</td></tr>
<tr><td>Standing Items</td><td>Recent Project Assignments
V. Constantinescu provided an update on Patient & Family Advisor projects for the month of February 2019
<table>
<tr><td colspan="3">Recruited:</td></tr>
<tr><td>Project Name</td><td>Program/Group</td><td>Advisors</td></tr>
<tr><td>Advance Care Planning Task Group</td><td>Critical Care, Medical Stepdown Unit & Respiratory Therapy</td><td>C. Machida, M. Slusarenko, D. McInnes</td></tr>
<tr><td>Discharge Process Map – Transitions in Care</td><td>Community Partnerships</td><td>H. Hamilton</td></tr>
<tr><td>QIP Project – Reduce Revisits to the Emergency Dept. for both Mental Health & Substance Use Concerns</td><td>Community Psychiatry & Quality</td><td>B. Wilkie</td></tr>
<tr><td colspan="3">Recruitment In Progress:</td></tr>
<tr><td>Therapeutics Senior Care Education Team</td><td>Therapeutics</td><td>1-2 advisors needed</td></tr>
<tr><td>Seniors Education Resource Fair Event</td><td>Therapeutics</td><td>1-2 advisors needed</td></tr>
<tr><td colspan="3">On Hold:</td></tr>
<tr><td>Wayfinding Tool</td><td>Public Affairs</td><td>B. King, J. Ross, L. Dingman</td></tr>
</table>
Preparation for March’s Meeting
The topic that will be presented at the March PFAC meeting is ED Capacity (Code Zero/Gridlock)
PFAC members brainstormed and formulated questions to ask the presenters on the</td></tr>
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Item	Discussion

	three topics
	
	• **ED Capacity (Code Zero/Gridlock):**
	  • How well do staff cope and what supports do they have to help them when this situation occurs?
	  • Who sets the wait time goal of 60 minutes and is this an achievable and/or realistic target?
	  • How do you deal with surges?
	  • Has there been an increase in patient complaints related to this and what have you done to resolve them?
	  • Do you have volunteers in the ED to communicate to patients that a code zero/gridlock is taking place?
	  • How many patients come by ambulance (critical, non-critical etc.)
	  • Is there capacity for paramedics to triage patients prior to bringing them to hospital?
	  • If paramedics are able to triage the patient and determine that they don't need to go to hospital, are paramedics able to transport those patients elsewhere (to a shelter, community health centre etc.)?

2.0 After Visit Summary (AVS)	V. Haslam presented on the After Visit Summary (AVS). • The following questions and comments were sent in advance to the presenter. V. Haslam, addressed them at the PFAC meeting **Q: What information does the family physician receive when the patient is discharged from the hospital and how easy or difficult is it to retrieve this information?** A: The Family Physician receives a medical summary of the current patient admission that is completed by the Attending Physician and is sent automatically to the Family Physician within 48 hours of the patient being discharged. The summary can be sent in a variety of ways to the Family Physicians office depending on their preference and how is office is set up to receive information, via fax, via the electronic medical record system etc. **Q: Can you confirm if the auto-fax feature is available?** A: Yes the auto-fax feature is available. **Q: The language on the AVS is not clear for patients to read, can you fix this?** A: We worked in collaboration with Patients and Patient & Family Advisors to make sure the AVS uses patient friendly language. **Q: Will the AVS and the Discharge summary be identical?** A: The AVS and the Discharge summary are not identical. The AVS provides key information that will help the patient or caregiver successfully manage their health at home. The discharge summary that is sent to the family physician contains a medical summary with more clinical information that the physician needs to be aware of in order to provide the best care for their patient. **Q: Does the AVS include medication side-effects?** A: The AVS does not include medication side effects. The pharmacist will be able to provide this information to a patient when they are picking up their medication. **Q: Are family meetings set up when patients and staff are reviewing the AVS?** A: In some cases family meetings are set up with patients and staff however this is not a standard process for the hospital. **Q: Does every patient who is discharged from the hospital receive an AVS?** A: All of the patients who are being discharged from an inpatient unit will receive an AVS. Some areas of the hospital are working to include the AVS in their discharge planning process. Patients

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	who have had an appointment in the Pre-Op Clinic will receive a modified AVS. Some patients in the Emergency Department will also receive an AVS. There is research to show that patients and families do better at home with a copy of the AVS. We are hopeful that this will be rolled out throughout the entire hospital. **Q: Can the AVS be emailed to patients?** A: There is a module in our Electronic Medical Record called "My Dovetale" where patients will have access to a portal that will contain an electronic copy of the AVS. This is only available on a limited basis currently. **Q: Are AVS compliance results posted on units for staff to review?** A: Results are posted on the unit quality board for staff to review how well they are doing the AVS. Ongoing training is provided to staff to support the usage of this tool.

3.0 "What matters to you": - a pilot project in General Internal Medicine	Magda McCaughan and Angela Chauvin-Wichlacz presented on "What matters to you": - A pilot project in General Internal Medicine.
	
	• To have the patients identify a specific goal, staff ask the question "What matters to you" to patients. Once staff have that goal/understanding in mind, they can break it down into smaller achievable goals
	• This patient goal can be shared through the continuum of care and will help to provide care to the patient that is focused on what the patient needs/wants not what the health providers assume the patient must need/ want.
	• Purpose:
	    • Encourages meaningful conversation between staff , the patient and their family
	    • Helps patients/families feel "listened to" and build trust.
	    • Helps staff understand the patient's perspective better.
	    • Helps ensure that care being provided to the patient aligns with what the patient truly wants.
	    • Gives patients dignity and respect because the question allows them to voice their opinions and preferences without judgement.
	• Steps:
	    • Staff ask the question to the patient "What matters to you?"
	    • Listen actively and make sure you understand
	    • Write the answer down on the whiteboard for the unit team to see and share in rounds
	    • Each unit team member works with the patient with the focus on the patient's ultimate goal
	    • Each unit team member can help further develop and fine tune the patient's ultimate goal
	
	• Outcome:
	    • Allows patients to be actively involved in their own healthcare
	    • Allows staff to see that health is determined by more than healthcare
	    • Allows health care professional support and facilitate the achievement of the patient's own health goals
	
	Q: How are you measuring the outcome and what are the results so far?
	A: We are measuring the outcome by obtaining feedback from staff and patients through surveys and by auditing the communication boards. We have sent out 3 staff surveys and one patient survey to date. We have set the target at 80% completion and the performance so far is 47%. We are meeting with staff to identify any barriers they may have in asking this question to patients.
	
	Q: What do you do if there is a patient who is cognitively impaired?
	A: We work with the patient and their family to come up with a goal that the patient would like

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	to achieve. We also have speech language pathologists who will be able to act on the patient's behalf.
4.0 Communication Boards	Gurjot Jassy, Kyle Davies & Jody Williams presented on the Communication Boards project. • The following questions and comments were sent in advance to the presenter. V. Haslam, addressed them at the PFAC meeting **Q: Are the boards unique to each area of the hospital?** A: Yes the boards are unique to each area. Certain elements remain the same such as date, nurse's name, and most responsible physician. **Q: How often are the communication boards updated?** A: The board is update at a minimum when there is a shift change (two times per day). The nurse will update their name on the board. **Q: Is the board audited and how often?** A: The board is audited on a weekly basis on both CTU West and Central as staff/volunteers are available. When we audit the boards, we check that 4 items have been completed; Date, Nurse name, most responsible physician and estimated date of discharge. **Q: What feedback did you receive from patients and/or family on the use of the boards?** A: We obtained feedback from patients and families who were surveyed to determine areas of improvement to enhance the value of the communication boards. A patient & Family Advisor was part of the project team to provide feedback on the project planning, implementation and sustainability. **Q: What is the purpose?** A: The communication board improves quality of care & patients' perception of the care received. It helps the care team better understand patients' priorities and engages patients & families in the development of their care plan. **Q: Are hospital appointments added?** A: Yes, hospital appointments can be included on the communication board in the questions/messages section. **Q: If there is a non-verbal patient, a patient with a communication barrier, a patient who is blind, what suggestions are offered to the patient in order for them to use the board?** A: The design of the communication board is to use as many descriptive images to communicate as opposed to words. The team uses a smaller whiteboard to have one-on-one communication at the bedside with a non-verbal patient. The team members will make use of Google translate or similar apps to speak with patients who may have a communication barrier. If possible, the team will wait for family members to arrive. If a patient is blind, the team members will still introduce themselves and use the board for family members. **Q: If a patient and/or family member writes something on the board, how will you ensure that a response is provided in a timely manner?** A: The question/comment would be relayed via nursing or allied health team members to the appropriate person/team. The follow up would be given to the patient/family member (whichever is appropriate), or a response would be written on the board. **Q: What is the target date for roll out to the rest of the hospital?** A: The hospital would need to make a corporate decision on rolling this out to the rest of the hospital. **Q: What does Resident/Clerk mean?** A: The Resident and Clerk are members of the teaching team. Either a medical resident or a

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	medical clerk, who are physicians in training. **Q: Has there been any push back from staff on completing the communication boards?** A: Staff enjoy completing the communication boards with the patient and/or family. It allows staff to engage with the patient and/or family.
Date & Time of Next Meeting	Monday March 18, 2019 3:00pm – 5:00pm Dofasco Boardroom