

Patient & Family Advisory Council

February 27, 2023 ~ 3:00pm - 5:00pm
Minutes

	Sept 19/22	Oct 17/22	Nov 21/22	Jan 16/23	Feb 27/23	Mar 20/23	April 17/23	May 15/23	June 19/23
Sue Tkachuk (Co-Chair)									
S. Monzavi-Bacon (Vice-Chair)									
Helene Hamilton									
Nancy Christensen									
Murray Walz									
Brian Cooke									
Julia Boyd			X	X					
Jan Kasperski									
Denise Maraj									
Twila Reynolds	X		X	X	X				
Molly Bautista	X	X	X	X	X				
Alex Schulz	X	X	X						
Sheldon Coombs									
Patrizia McEacheren			X	X	X				
Cheryl Williams (Executive-VP Operations & CNE)		X							
Julie Vohra (Patient Relations Specialist)									
Jane Loncke (Clinical Director & Chair Professional Advisory Cte)	X	X	X	X	X				
Erin Doherty (Clinical Director Critical Care & Nursing Professional Practice)	X		X	X	X				
Fiona Wilson (Manager, Patient & Family Collaborative Support Services)	X				X				
Ana MacPherson									
Alana Tymchuk		X							
Jody Wellings, Quality Manager, SJHC									
Lori Lawson, Senior Director, SJHC									
Deborah Fernandes, Administrator, SJV					X				
Mieke Ewen, Chief Operating Officer, SJV				X					
Michelle Joyner (Director, Patient Experience, Quality, Patient Safety Dept)									
Valentina Constantinescu (Patient Partnership Lead, Patient Experience, Quality, Patient Safety Dept)	X								
Jessica 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
1.0	INTRODUCTION	
1.1	<p>Call to Order</p> <ul style="list-style-type: none"> The agenda for the February 27 2023 meeting was approved. The minutes from the January 16 2023 meeting were approved. 	<i>C. Williams</i>
1.2	<p>Land Acknowledgement</p> <ul style="list-style-type: none"> PFAC opened the meeting with the SJHH Land Acknowledgement. N. Christensen shared a reflection on indigenous culture from an educational perspective 	<i>C. Williams</i>
1.3	<p>Introduction - Welcomed Guests: PFA's from across the organization Laura Harrington, member of the SJHH Joint Board of Governors Michael Pinto, new Patient & Family Advisor Harshna Mahtani, MBA student, Quality Jayne Clemens Quality Consultant Julie Reid, Postdoctoral Fellow Canadian Institutes of Health Research Health Systems Impact Fellowship Mieke Ewen, Chief Operating Officer, SJV</p>	<i>C. Williams</i>
1.4	<p>Consent Agenda items for PFAC review: Summary from Patient Experience, Quality, Patient Safety Steering Committee Terms of References - approved Jan 2023 Previous Meeting Evaluation Recent Patient Family Advisor Projects Update</p>	
2.0	ANNOUNCEMENTS - N/A	
3.0	PRESENTATIONS	
3.1	<p>St. Joseph's Villa – Organization Overview</p> <ul style="list-style-type: none"> Established in 1879, staff of approx. 650, 130 volunteers Average age of residents is 81.86 yrs old, 384 long term care beds, 6 Long term care respite beds and 35 interim long-term care beds Community programs: Adult Day Program, Community Clinics, SIM Gym/Wellness, Behavioral Supports Ontario (BSO) Villa housing and rentals – St. John Vianney Priests Suites (8), St. Joseph's Villa Estates (107 units), Alternate Health Facility (19 beds), HCCSS Community Wound Clinic, St. Joseph's Home Care Hospice Margarets Place Hospice – 8 residence beds and 2 respite beds opened in September 2021 Program highlights: COVID Events, Family Resident Councils, Made with Resident & Family Seal, MLTC Compliance work, Vaccine programs, QIP, EDI committee, Communication, Research, Education & Innovation <p>St. Joseph's Home Care– Organization Overview</p> <ul style="list-style-type: none"> In 1921, Bishop Dowling of the Hamilton Diocese directed the Catholic Women's League to form a service to meet the needs of people during the flu epidemic-it was to be called St. Elizabeth Visiting Nurses' Association (SEN) which was incorporated in 1958 and became a member of St. Joseph's Health System in 1996. The name was change in April of 2005 from SEN to St. Joseph's Home Care (SJHC). Over time, we have evolved from a nursing agency to offering a much broader range of services. Dedicated staff of approximately 285 employees and provide community home care services for the Hamilton Niagara Haldimand Brant area St. Joseph's Home Care engages clients, family and caregivers throughout our programs: <ul style="list-style-type: none"> Focus groups (Process & Practice) Quality Committee Client and Family Partnership Program Client Seal of Approval Program Measuring Client Satisfaction with Virtual Visits 	<i>M. Ewen/L. Lawson</i>

	<ul style="list-style-type: none"> ○ My Care Plan & Client Reference Documents ○ Implementation of Complaints and Compliments Data Base <ul style="list-style-type: none"> ● Community Support Services offered: <ul style="list-style-type: none"> ○ Five Supportive Housing Programs ○ First Place Retirement Home ○ Food Services Program ○ In Home Personal Care Program ○ PSW staff at SJHH and Satellite Health Facility ○ Falls Prevention ○ Home Maintenance Program ○ Visiting Nursing Program ○ Integrated Comprehensive Care (ICC) Program <p>Q: How long is the wait time to access services at SJV and SJHC? A: At SJHC, once a referral is received to the Visiting Nursing Program, services can start the following day. The wait lists for Supportive Housing are a few years long. At SJV, if a person is on the list for a private room the wait time is about 9-10 months. If someone is on the list for a basic room it could be around a two year wait time. Currently SJV has one of the shortest wait lists in the region in relation to the number of beds. For hospice, admissions are within a 24-hr turnaround.</p> <p>Q: Can you provide an update on the staffing shortages at SJHC and SJV? A: At SJHC, staffing challenges have been ongoing since the COVID Pandemic. We lost nurses to other sectors in the healthcare system and it has been challenging to retain staff. We have had success in recruiting PSWs. Our vacancy rate is around 8% overall. At SJV, we faced similar staffing challenges due to the COVID Pandemic however we are in a much better situation currently. We have a greater work force of PSW's however, we find recruiting RPN staff poses the biggest challenge. Our vacancy rate is under 4%.</p> <p>Q: Are Nuns still residing at SJV? A: Nuns no longer reside at SJV. When the SJHH Mother House closed, a majority of the nuns moved to another Long-Term Care facility. We do still have Nuns who volunteer at the Villa on a regular basis. At the Villa we have a designated area for Priests who are able to live independently in a long-term care capacity.</p> <p>Q: Can you expand on the Behavior Support Services offered at SJV? A: St. Joseph's Villa has been the Human Resources lead for this program for Ontario Health West since 2012. Behavioral Supports Ontario (BSO) trained employees to provide necessary support to LTC homes to assist in managing care for older adults who are experiencing/ or at risk of experiencing responsive behaviors due to their cognitive impairment. Behavioral Supports Ontario (BSO) is linked to LTC homes in the area through Home and Community Care Support Services. Home and Community Care Support Services will refer to the BSO. Our day program also offers support to those with responsive behaviors and we partner with other organizations that offer support such as the Alzheimer's Society.</p> <p>SJV tours: We offer virtual and in-person tours for people who are considering SJV. Anyone can view the virtual tour which is linked on our website under the admissions section: https://sjv.on.ca/long-term-care/admissions/</p>	
3.2	<p>Essential Care Partner – updates/definition</p> <ul style="list-style-type: none"> ● The important role of family caregivers as partners in care is grounded in the growing evidence that demonstrates their presence has a range of benefits to patient care, experience, safety and better outcomes. SJHH deeply appreciates and believes that the role of the caregiver/support 	V. Constantinescu

person should be part of the patient care team to support patient and the team achieve better experience

- The Essential Care Partner (ECP) is an individual designated by the patient or SDM that partners with the care team; working together to meet the patient's goals of care. The ECP could be the SDM, or could be any family member, friend, neighbour, colleague, community member, etc. who understand the patient's health journey, lifestyle and personal values
- While partnering with the care team, the ECP is able to provide emotional, social, psychological, and physical support where needed
- Work in Progress:
 - Pilot ECP implementation focus on refinement of the definition, ECP role and processes
 - Acute Medicine (4Bishop Dowling), Nephrology, mental Health (Senior MH-N1 and Schizophrenia unit)
- Next Steps:
 - Share learnings
 - Finalize the ECP definition
 - Identify the key elements to be adopted across the organization
 - 2023/24 – 8 more units will implement the ECP Program (units to be confirmed in April/May 2023)
- Evaluation Plan:
 - Survey format – Staff, the Patient, ECP
 - Measure the number of compliments and complaints received post implementation of the ECP Program
 - Review the number of ECPs enrolled in the program
- Update from the ECP Pilot on Nephrology unit:
 - The pilot has been great so far, staff love it, they talking about it every day at unit huddle
 - We have 3 ECP's on the unit
 - We have a bulletin board on the units with all the ECP information posted, staff are interested and asking questions about the program
 - We are honoured to be a unit to implement the ECP pilot

Q: What are some of the activities that the ECP might engage in on the unit or with the team? How does this differ from general visitors?

A: An ECP has access to visit the unit 24 hrs a day. They can assist with feeding, sitting the patient up, reading with them. They are a part of the care team and this is identified to the unit staff by the badge that the ECP wears. When the patient is admitted to the unit, the charge nurse has a folder that is provided to the family which contains the ECP toolkit and a pamphlet that outlines what tasks the ECP can help with. Once the patient and family have reviewed the information they would provide us with a list of tasks they want to assist with. Staff add the tasks into dovetail so that the care team is aware of what the ECP would be involved with. We also have a debrief to find out what the challenges are to ensure we support them.

Q: What decision-making authority does the ECP have at SJHH?

A: The ECP supports the patient in their care journey but they do not have decision making authority on care decisions unless the ECP is also the SDM.

Q: Why were the selected units chosen to pilot the ECP Program?

A: The units volunteered to trial the ECP Pilot Program.

Q: When a patient is in isolation what are the steps that the ECP has to take?

A: Patients who are in isolation are able to have an ECP, there is information in our toolkit for staff and the ECP on how to protect themselves from an infection prevention and control perspective.

	<p>Q: Does the ECP go through an orientation process? A: The ECP is provided with a booklet of information and the unit staff will also have a conversation with them. If they feel more information or education is needed we can provide this as well.</p> <p>Q: How do the unit staff know what an ECP has chosen to do or tasks that they will complete? A: There is a sheet in the toolkit that lists examples of what the ECP could do. In the Nephrology unit, the nurse brings the sheet and reviews it with the ECP. They will highlight the tasks and enter them into Dovetale.</p> <p>Q: When the patient has an ECP do you feel the patient is asking less questions to staff? A: It is too early in the program to fully assess this. There is a survey that will be sent out to staff on the unit and one of the questions listed is for staff to reflect on the ECP experience and the impact they had on the unit.</p> <p>Q: Considering the emotional toll being a caregiver/ECP can have is there mental health support or assistance provided? A: We can explore how SJHH can provide support to the ECP We reference the Ontario Caregiver Organization in the toolkit and is available for anyone to access for support: https://ontariocaregiver.ca/</p> <p>Comments:</p> <ul style="list-style-type: none"> • Are ECPs able to connect with each other at an event or unit potluck where they could get together and learn from each other and share their experiences? • Could there be a cork board added on the unit family room for ECP's to promote social activities? For example, if a patient wants to play cards with another patient on the unit the ECP's could connect on their behalf by posting information on a board etc. This could also work for ECP's to connect with each other • I really like how the ECPs will have an ID badge, it helps them gain visibility as important contributors 	
3.3	<p>Patient Engagement Plan 2023-2025</p> <ul style="list-style-type: none"> • This plan is an iterative document that is reviewed each year with the purpose to reflect on current priorities and create goals and objective to refresh the plan up until 2025 • This plan is for the whole organization to advance Patient and Family Partnership by formalizing areas of focus and by tracking and measuring progress • Patient and Family Centered Care Core Concepts: <ul style="list-style-type: none"> ○ Respect and Dignity ○ Information Sharing ○ Participation ○ Collaboration • Next Steps: <ul style="list-style-type: none"> ○ Create action plans for each of the identified priorities ○ Incorporate evaluation and celebration into action plans ○ Progress to be shared at least twice a year at PFAC (October & May) <p>Q: How does the PFAC inform the Patient Engagement Plan? A: PFAC provides input on the Patient Engagement Plan which will inform the work of PFAC. The plan oversees all of the Patient and Family Councils/Working Groups and activities across the organization. Examples of SJHH Councils include: Family Advisory Council, Youth Advisory Council, MHAP PFAC etc. The Plan outlines hospital goals, principles around patient and family engagement which guides our PFA groups and from there we can gather feedback from the work of PFA's and incorporated into the plan.</p> <p>Comment: Could we review past Patient Engagement Plans?</p>	M. Joyner

	<p>Yes, we can share the whole report from 2021-2022.</p> <p>Focus Groups Summary:</p> <p>Question 1: Review the “Future Activity” under each of the core concepts and consider: Are these activities reflective of current priorities? Is there anything that should be removed or anything missing?</p> <p>Question 2: Discussion if any of the items under core concept is more important than the other and identify the priority</p> <ul style="list-style-type: none"> • Enable resources and track progress • Engage and use the information to promote change • Match items associated with each section - and will ask how, and what will this look like • Set goals – use action items to reflect this • Build on some of the work that is already underway • How can we access organizational information and be informed on organizational activities? • Link recommendations - how patients are involved with the teams • Link to quality work that has already happened and how that work links between quality, patient relations, patient experience • Create concrete actionable ideas – are the items actioned enough with clear deliverables • Feedback, initiative merging and aligning together • Provide more details on measurements of goals, how do we determine if we are successful • Address patient language barriers • Will data be qualitative and/or quantitative and how will it be used • Details on metric progression • Change the language – info sharing – it is an experience, where info sharing is related to communication • Focus on creating a positive experience for patients • Information sharing and how to we ensure we are listening to patient’s needs, what will work for them. How do we implement this and how can PFA’s help to achieve this? • Understand what the outcomes are of certain strategies like if an idea is brought to a meeting and nothing is done with it doesn’t give a sense of closing the loop i.e. what happened to the idea, how did it work etc. - accountability • Provide more background information on initiatives, projects, topics to new PFA’s • Provide a summary of the PFA’s participation on a project, results, outcomes etc. • What is the goal of this plan and how does it align with the strategic plan and influence the work of other cmtes • Add more context to the plan • Next Steps: <ul style="list-style-type: none"> ○ March meeting, we will provide additional information to set the context for this plan ○ April meeting - dedicated to working on the plan as a Council ○ May meeting – determine next steps and review work required to complete the plan ○ Measurement and evaluation will be included in the plan once we have established the specific goals and objectives 	
4.0	STANDING ITEMS	
5.0	CONCLUDING ITEMS	
5.1	Date of Next Meeting – Hybrid – In Person and via ZOOM Monday, March 20, 2023 3:00-5:00	