

Monday February 22 2016  
3:00 pm – 5:00 pm  
M143

**Members:** W. Doyle (co-chair), G. Halyk, J. Armstrong, M. Slusarenko, V. Reiding, J. Ross, L. Volman, P. Johnston, J. Robertson, M. Doma, F. Wilson, B. King, C. Machida (co-chair), H. Hamilton, L. Dore, T. Jackson M. Wilson, D. Mertin, M. Joyner

**Guests:** B. Huget, B. Cole, V. Constantinescu

**Regrets:** M. Wilson, G. Halyk, J. Armstrong, L. Volman, M. Doma, J. Ross, P. Johnston

This meeting was chaired by C. Machida

Item	Discussion	Action
<b>Approval of Minutes</b>	The Minutes of January 18, 2016 were approved as circulated.	
<b>Addition to Agenda</b>	<ul style="list-style-type: none"> <li>M. Joyner asked the Council to allow periodic students from the Quality Department to attend Council meetings for observation. The Council was in agreement with this.</li> </ul>	
<b>Business Arising:</b>  <b>Vice Chair</b> <b>Length of membership terms</b> <b>Keys to Discharge</b> <b>List of Active Quality Council</b> <b>Discussion on Quality Council Presentation</b> <b>May Patient Event</b>	<ul style="list-style-type: none"> <li><b>Vice Chair</b> <ul style="list-style-type: none"> <li>Nothing new to report at this time, recruitment is on-going.</li> </ul> </li> <li><b>Length of membership</b> <ul style="list-style-type: none"> <li>M. Joyner and C. Machida are interviewing candidates for new membership. The terms of reference do not indicate lengths of terms and some members have served since the Council's inception in 2011</li> <li>We require attendance at the Council meetings, if a member is not able to meet their commitment, contact will be made to determine if membership be put on hold or if resignation is necessary</li> <li>Currently the Council has 13 Patient and Family Advisors and 5 staff members; when the Council was struck, it was decided that this was a good balance, this discussion can be opened up again in the fall when the Terms of Reference are reviewed</li> </ul> </li> <li><b>Keys to Discharge</b> <ul style="list-style-type: none"> <li>This is supplemental information that was provided in follow-up to the proposed quality improvement plan discussed at the previous meeting</li> <li>The Keys to Successful Discharge is used by the Mood Disorders program at West 5th</li> </ul> </li> </ul>	<p>M. Joyner to send out an email to Council members with their term length</p> <p>Patient and Family Advisors to let M. Joyner or C. Machida know by email or in person if you would like to continue on the Council or step back</p> <p>To review membership in September when the TOR is reviewed</p>

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	<ul style="list-style-type: none"> <li>• While it is unclear whether this document is completed by the patient or for use by the health care provider, it was noted that the fonts are quite small for patients to read</li> <li>• <b>List of Active Quality Councils</b> <ul style="list-style-type: none"> <li>• This is supplemental information provided in follow-up to a question raised at the previous meeting</li> </ul> </li> <li>• <b>Discussion on Quality Council Presentation</b></li> <li>• C. Machida opened the discussion in regards to the previous Quality Council Presentation from the GIM program</li> <li>• H. Hamilton indicated that she feels she has contributed as a patient and family advisor to the GIM Quality Council. It is a good opportunity to provide feedback and offer a patient's perspective. She noted that she felt welcome at the meetings and that staff explain terminology and acronyms</li> <li>• It was suggested that it might be useful to look at how many hours each patient and family advisor contributes on a regular basis</li> <li>• <b>May Patient Event</b></li> <li>• The Patient and Family Advisor Planning working group provided an update on the Patient and Family Advisor Planning Session</li> <li>• A date was selected with the Patient and Family Advisory Council's approval of Tuesday May 3 from 1pm – 4pm at the West 5<sup>th</sup> Campus</li> <li>• The session will include: <ul style="list-style-type: none"> <li>• Get to know the work of other advisors</li> <li>• Determine how best to support advisors</li> <li>• Develop a future state visionary work plan for the advisor community at St. Joe's</li> <li>• Improve communication among advisors</li> </ul> </li> <li>• Invitation will be emailed out to determine how many advisors are interested and available to attend the session</li> <li>• PFAC will assess whether the May session will replace its regularly scheduled meeting, recognizing the time commitment required to attend these sessions</li> </ul>	<p>At our next meeting review the past 2 quality council presentations and decide how the council would like to proceed for the future</p> <p>M. Joyner &amp; J. Williams to draft a process to begin to collect this information</p>
<p><b>Quality Council Update - Rehab</b></p>	<ul style="list-style-type: none"> <li>• B. Cole, Manger, Rehabilitation program and B. Huget, Patient/Family Advisor member, presented on the activities of the Rehabilitation Quality Council</li> <li>• The Rehab Quality Council's 10 key goals which align with patient safety initiative are: <ul style="list-style-type: none"> <li>• Falls Prevention</li> <li>• Falls Reduction</li> <li>• Hand Hygiene - The Rehabilitation unit hand hygiene rate is at 95 % with the hospital standard being 92%</li> <li>• Patient Flow</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Medication Management</li> <li>• Transfer of Accountability – patient knowledge transfer from one staff to another at change of shift</li> <li>• Patient Engagement by providing the smoking cessation program</li> <li>• Patient education on medications, falls prevention, follow up appointments</li> <li>• Teach Back method – patient prepared at discharge</li> <li>• Identify learning needs and patient goals at staff rounds</li> </ul> <p><b>Q:</b> Could the Rehabilitation unit record medical information for patients like an electronic passport to take with them from unit to unit throughout their hospital stay?</p> <ul style="list-style-type: none"> <li>• The unit has moved away from check lists and charting and the focus now is on oral communication with the patient.</li> </ul> <p><b>Q:</b> What is the Rehab patient population?</p> <ul style="list-style-type: none"> <li>• The patient population is 65 years + and includes medical and respiratory patients. The medicine patients may come from nephrology, neurology or surgical units</li> </ul> <p><b>Q:</b> What information does the Rehabilitation unit safety cross include?</p> <ul style="list-style-type: none"> <li>• The safety cross is reviewed at the Rehabilitation unit staff huddle. Staff will identify high risk fallers at this time. The safety cross includes the number of falls incidents and provides falls intervention strategies.</li> </ul> <p><b>Q:</b> Smoking Cessation Program?</p> <ul style="list-style-type: none"> <li>• Opportunity for patients who are in hospital to be a part of the smoking cessation program</li> <li>• Work in progress – looking at ways to raise percentage of patients to quit smoking</li> <li>• What difference has this made to the patient, look at number of smokers who are doing nicotine replacement therapy and who has completed the smoking cessation form.</li> </ul> <p><b>Q:</b> Has the smoking cessation program been well received by rehab patients?</p> <ul style="list-style-type: none"> <li>• Patients are very receptive to the program however the Rehabilitation unit would like to increase the percentage of patients who use the program. It has been very successful, for example, in December 2015, 5 patients were smokers and 4 were interested in nicotine replacement therapy.</li> </ul>	
<p><b>CFHI – Project Summary &amp; Sustainability Plan</b></p>	<ul style="list-style-type: none"> <li>• B. Cole, Manager Rehabilitation Unit and V. Constantinescu, Patient Safety Consultant, presented the final report on the CFHI project and sustainability plan</li> <li>• In 2014, through a CFHI collaborative, patients and families from the Rehabilitation program were asked to co-design, develop, implement and build a sustainable plan for an improvement in discharge practice.</li> <li>• The project goal was aimed to enhance patient and staff experience in preparation for discharge by:</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Using an evidence based approach – teach back</li> <li>• Educating all patients starting on admission</li> <li>• Partnering with patients to co-design and develop the changing practice</li> <li>• A survey was developed for patients and the results narrowed down the four education areas to be addressed: <ul style="list-style-type: none"> <li>• Action plan</li> <li>• Medication</li> <li>• Falls prevention</li> <li>• Follow up appointments</li> </ul> </li> <li>• Teach-back was implemented in April 2015 after the education package and the teach back forms were developed</li> <li>• Process and outcome metrics were tracked</li> </ul> <p><b>Q:</b> To what extent do you involve the patient’s family in the education and discharge process?</p> <ul style="list-style-type: none"> <li>• Families play a vital role in a patient’s recovery. If a patient is not able to understand the necessary teaching, families are asked to participate. It was noted that if families are involved in the teach-back education, the patient often has a better outcome at home</li> </ul> <p><b>Q:</b> Does the Rehab unit assist the patient with medication on discharge?</p> <ul style="list-style-type: none"> <li>• Look at the new medication and the ones that patient is no longer taking</li> <li>• This is part of the teach back that starts at the time of admission and teaching the patient all the way through their stay until discharge by testing the patient so they know what to expect and what to watch out for</li> </ul>	
<p><b>Recent announcements from St. Joe’s</b></p> <p><b>Journey to Fiscal Sustainability</b></p> <p><b>Staff Injury at West 5th</b></p>	<ul style="list-style-type: none"> <li>• <b>Journey to Fiscal Sustainability</b> <ul style="list-style-type: none"> <li>• W. Doyle outlined the two year budget strategy for 2016-2018</li> <li>• All hospital programs have a target and the management team is working on cost savings to achieve a balanced budget which requires cutbacks totaling \$26 million</li> <li>• She gave examples including: <ul style="list-style-type: none"> <li>• Revenue generation by renting out roof space for solar panels mainly at the King Campus</li> <li>• Looking at retail opportunities at all 3 campuses (i.e. Tim Horton’s)</li> <li>• Implementing supply cost savings by using alternate supplies</li> <li>• Renegotiating vendor contacts</li> <li>• Adjustments to patient services by using more city wide services or combining services with other hospitals</li> <li>• Changing the Respiratory Rehab inpatient program and offer it as an outpatient day program</li> <li>• Closing the Day Therapy program (i.e. Physiotherapy, Speech and language) as the services provided are offered in the community</li> </ul> </li> </ul> </li> </ul>	

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	<p><b>Q:</b> After the budget strategies have been implemented will results be collected for review and follow up?</p> <ul style="list-style-type: none"> <li>• The implementation of the budget strategies as well as indicators to measure any effects will be closely monitored</li> </ul> <p><b>Q:</b> Were patient and family advisors involved in the budget strategy?</p> <ul style="list-style-type: none"> <li>• The hospital's financial situation is difficult for staff to go through however we have asked staff for ideas on how to reduce costs. Patients were not involved in the development of budget saving ideas at this time.</li> </ul> <ul style="list-style-type: none"> <li>• <b>Staff Injury at West 5th</b> <ul style="list-style-type: none"> <li>• An increase in staff injury and aggression at West 5<sup>th</sup> has been reported in the media</li> <li>• St. Joe's has established a corporate committee to ensure that the best practices are in place to assist patients to provide emotional stability, address medical situations and minimize aggression</li> <li>• The patient voice needs to be represented in this area and will be discussed at a future Patient and Family Advisory Council meeting</li> </ul> </li> </ul>	<p>To be added to April agenda</p>
<b>Visitors Policy</b>	<ul style="list-style-type: none"> <li>• <b>Defered to next meeting</b></li> </ul>	
<b>Date of Next Meeting</b>	<p><b>Monday March 21 2016</b>  <b>3:00 pm – 5:00 pm</b>  <b>Juravinski Tower, 2<sup>nd</sup> Floor, Classroom B, Charlton Campus</b></p>	