

**PATIENT & FAMILY ADVISORY COUNCIL MINUTES**  
**Monday February 9, 2015**  
**@3:00 – 5:00 pm**  
**Dofasco Board Room**

**Patient/Family Members Present:** C. Machida (Co-Chair), G. Halyk, J. Armstrong, L. Dore,  
**Staff Members Present:** M. Joyner, P. Johnson, L. Volman,  
**Regrets:** W. Doyle (Co-Chair), D. Vandenberg, M. Gagnon, G. Boag, M. Doma, M. Wilson, M. Slusarenko, T. Jackson, J. Robertson, F. Wilson, H. Harris  
**Guests:** G. Amirthavasara, V. Constantinescu, T. Packer

The meeting was chaired by Cindy Machida.

Topic	Discussion	Action
Introductions	Joe Green has resigned from the council. We will send him a thank-you card for his involvement on the council.	
Review of previous minutes	Minutes from the meeting held on January 12, 2014 were reviewed and accepted.	
Introduction of new members	No new members to introduce, we are continuing to recruit for new patient/family advisors.	Interested candidates for patient/family advisor roles at St. Joe's are asked to contact Michelle Joyner 905-522-1155 x32760 or <a href="mailto:mjoyner@stjoes.ca">mjoyner@stjoes.ca</a>
Announcements	There were no announcements.	
Website Feedback	We would like to make the quality indicators patient/family friendly. Feedback received at the meeting included: explanation of the chart (what the indicator means), how to interpret, what does the data mean, explanation of results, differentiate the colours from the target line compared to	<b>ACTION:</b> send comments/feedback to Gaya Amirthavasara <a href="mailto:gamirtha@stjoes.ca">gamirtha@stjoes.ca</a>  <b>ACTION:</b> bring this agenda item back to March meeting.

	<p>the actual data. What might cause the numbers to go up or down? Consider green/yellow/red indicators on the website before clicking into the charts.</p>	
<p>Site Visit to Kingston General Hospital</p>	<p>On January 19, 2 staff and 2 patient advisors went to Kingston General Hospital on a site visit to learn about the activities that they have undertaken related to patient engagement.</p> <p>The visit included open discussion among approximately 20 representatives from various hospitals and the CFHI as well as observation of KGH's Patient and Family Advisory Committee</p> <p>Learnings include:</p> <ul style="list-style-type: none"> <li>- 6 years ago they had a supervisor due to financial position</li> <li>- Decided to involve patients to help move them forward and gain confidence back of community</li> </ul> <p>Recruitment:</p> <ul style="list-style-type: none"> <li>- Following up with managers who have had complaints/concerns raised to approach these patients to see if there is interest in becoming an advisor</li> <li>- Pamphlets on meal trays, we will try this</li> <li>- 61 patient advisors – a centralized process to align patient experience to specific project</li> <li>- 2 advisors on each committee</li> <li>- Application form</li> </ul> <p>Patient Advisor involvement:</p> <ul style="list-style-type: none"> <li>- Feedback on documents and policies/procedures</li> <li>- Patients on all committees including board, new staff orientation and hiring</li> <li>- Patient advisor council with 12-14 patient advisors and 2 staff members</li> </ul>	

	<ul style="list-style-type: none"> <li>- Patient/family advisor on every single decision that is made throughout the hospital that affects a patient</li> <li>- Revised visitor policy, changed name to Family Presence policy and enabled 24 hour family presence</li> <li>- Patients welcome all new staff at staff orientation</li> </ul> <p>Patient stories</p> <ul style="list-style-type: none"> <li>- Patient stories are arranged twice per year on each unit.</li> <li>- The patient comes back to tell their story with the staff and then the staff de-brief with manager; agreement is reached on what will be improved as a result of the story and letters are sent back to patients to describe what was done as a result of the story</li> </ul> <p>Patient advisors came up with a list of 20 items they wanted to have audited some of these items include:</p> <ul style="list-style-type: none"> <li>- Name badge – large first name, picture/name on both sides</li> <li>- White boards</li> <li>- Practitioner need to introduce themselves</li> <li>- Hourly rounds</li> <li>- Managers complete daily audits on these items</li> </ul>	<p>We need to centralize recruiting and coordinating of patient advisors with list of possible roles. <b>M. Joyner</b> to work on this and bring update at subsequent meeting.</p>
<p>Linking all Patient/Family Advisors</p>	<p>Currently, patients and families are involved in improving delivery of healthcare throughout St. Joe’s. It is difficult to identify all of the activities and volunteers involved.</p> <p>It was suggested that the goal of increasing patient/family engagement could be improved by establishing a central inventory of patient/family advisors and a central repository of requests for patient/family involvement.</p>	<p><b>ACTION: M. Joyner</b> to create an inventory of advisors</p> <p><b>M. Joyner</b> to ask Patient Relations to try sending letters to patients who</p>

	<p>It was recommended that the organization consider devoting resources to support patient engagement.</p> <p>Kingston has “experience advisors” and “advisors”</p> <ul style="list-style-type: none"> <li>- Facebook page</li> <li>- Newsletter</li> <li>- Annual potluck and Christmas lunch</li> <li>- All requests for patient/family input go through one centralized person</li> </ul> <p>Consider patient representation on all committees at St. Joe’s – need to support with resources that are required.</p> <p>Consider creation of an office of patient/family engagement, potential to link with volunteer services.</p> <p>Consider updating stjoes.ca website (have a look at Kingston website)</p>	<p>have been in contact with them again. Update pamphlet for recruitment.</p>
Patient Stories	<p>This was identified by the council as a priority for 2015. How can we implement bringing patient stories to clinical areas</p> <ul style="list-style-type: none"> <li>- Do we need guidelines</li> <li>- Don’t want staff to feel blamed</li> <li>- Want stories to lend themselves to making things better</li> <li>- Kingston – patients come back to the unit to present their story</li> <li>- Consider pilot bringing patients back to tell their story in 1-2 areas</li> </ul> <p>Due to time constraints, it was agreed that this time will be discussed at the March meeting.</p>	<p><b>ACTION:</b> Bring back to next meeting</p>
Choosing Wisely Campaign	<p>Dr. T. Packer gave an overview of the program. St. Joe’s signed up as an early adopter for this campaign. Wanted formal structure to address over-utilization, to reduce</p>	

	<p>choosing to have medical tests, medication and procedures that may not improve the patient's health. How can we market the concept of Choosing Wisely to patients?</p> <ul style="list-style-type: none"><li>- How comfortable are you in asking questions of your provider? Always feel comfortable, but may not receive a reciprocal response (care provider seeming too busy and not have enough time to fully explain)</li><li>- Cultural differences may prevent patients' asking for more information</li><li>- Need to focus on out-patient walk-in clinics where physicians do not have ongoing relationships with their patients</li></ul>	
Next Meeting	<b>Monday, March 9<sup>th</sup></b>	