St. Joseph's Healthcare Hamilton

Patient & Family Advisory Council
MINUTES

Monday January 18 2016
3:00 pm – 5:00 pm
Dofasco Boardroom

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: D. Johnson, C. Sweeney

Regrets: M. Wilson, T. Jackson, W. Doyle, F. Wilson, D. Mertin, T. Jackson

This meeting was chaired by C. Machida

Item	Discussion	Action
Approval of Minutes	The Minutes of November 16, 2015 were approved as amended.	

Business Arising:
Vice Chair
Quality Improvement Plan
Patient and Family Advisor Structure
	• **Vice Chair**
	  • The committee is recruiting a Patient Advisor Vice Chair for the Council.
	
	Quality Improvement Plan
	  • A Quality Improvement Plan is a requirement through the Excellent Care for All Act (ECFAA). This Act states that by April 1st of each year, all hospitals, Long Term Care agencies, Community Care Access Centres, Family Health Teams, Community Health Centres shall submit a plan with targets on areas to improve the Quality of Care in their organization
	  • In an amendment to ECFAA, as of 2016/17, all Hospitals must involve Patients and Families in the development of their Quality Improvement Plan
	  • M. Joyner shared the draft of the Quality Improvement Plan that the hospitals has developed so far and was looking for feedback and comments from the group
	  • The 4 hospital Patient Safety Priorities are:
	  • Improve Medication Safety – Full implementation of medication reconciliation by 2018
	  • Reduce Infection – Early Warning system to detect a change in a patient's condition to help early intervention of reducing infection
	  • Improve Transitions – Improve patient transition points from unit to unit or
		Patient/Family Advisors who are interested in the vice chair position can forward their name to W. Doyle or M. Joyner

Item	Discussion	Action
	from unit to community • Improve Access – Reducing wait times in the outpatient Mental Health area • Additional focus areas have been added to the Quality Improvement plan as priorities set by the LHIN • A small working group of Council members met to discuss the proposed QIP for 2016-17. The group would like to see the process improved to allow for meaningful input of patient/family advisors. The working group will meet by teleconference once more and the recommended goals will be sent to the Quality Committee of the Board for approval. • Question: Could we obtain more information on the "Keys to Discharge" program to enhance transition to community in the mental health program? • **Patient and Family Advisor Structure** • M. Joyner opened the discussion on the Patient and Family Advisor Structure at St. Joseph's Healthcare Hamilton • Following the previous meeting, there were a few items that required follow-up: • The group agreed that PFAC should seek input on the strategies to focus on throughout the year from the Larger Patient Advisor group. This larger group consists of patients who sit on Quality Councils as well as those who perform other functions outside of PFAC and Quality Councils. • This input will be gained at a large session held in April and this would be the first of two planned sessions, the second will be held in November and will be an opportunity to review the year's activities. • The group agreed that along with the agenda and minutes of previous meetings, that an invitation would be offered for other Patient and Family advisors to contact M. Joyner if they are interested in attending a meeting. • The group requested a list of Quality Councils be provided for information.	Invite CCAC to attend a meeting to discuss the transition process that occurs for ALC patients M. Joyner to provide more details on this program. H. Hamilton to join working group on network session planning for April. Please contact M. Joyner if you are interested in assisting in the planning of the April session. M. Joyner to provide list of active Quality Councils.
Quality Council Update - Medicine	• D. Johnson, Nurse Manager General Internal Medicine, and H. Hamilton presented on the activities that are currently occurring on the General Internal Medicine (GIM) Quality Council • The GIM Program is Acute medical service that is offered on 6 inpatient units (150 beds): (CTU Central, CTU West & Short Stay Unit, Medical Consult Unit, CTU North, Cardiology & ALC Unit) • Services are provided by General Internal Medicine, the Geriatric Assessment Team and the Palliative Care Team • Highly rated clinical teaching program • The GIM Quality Council's key initiatives which align with patient safety goals are: • Falls Prevention – high risk falls • Patient Centred Care – My Plan, bedside white board communications, patient	D. Johnson to return to the committee for a follow-up presentation.

Item	Discussion	Action
	shadowing • Special Populations – Delivery of Care – toolkit prepared to improve communication with patients • Effective Teams – improve communication between team members and patients **Q:** Is the Special Population's communication toolkit used for all patients in the GIM program? • It is currently only for Special Population patients but in future would like it used by all patients in the GIM program. The toolkit helps staff know the patient as a person rather than as a diagnosis; the additional information often assists in improving care in a tailored fashion. **Q:** Are there Quality Improvement Plan Safety Priorities we can measure to understand the impact of the Special Population toolkit? • Measuring code whites as part of the safety priorities, staff satisfaction surveys **Q:** Are you spreading the use of the whiteboards for patient communication throughout the hospital? • Some other programs are also using them, but we have not standardized the approach across the hospital as of yet.	
Patient Choices for Long Term Care	• C. Sweeney, Social Work Specialist, Discharge Planning, presented on Patient Choices for Long Term Care • The process for navigating a placement into Long Term Care (LTC) can be a complicated and stressful time for patients and families. • Patients are admitted to the Alternative Level of Care (ALC) category when they no longer require acute care at the hospital, but they are unable to return home due to increased care needs This often places pressure on the hospital when there are patients waiting in the Emergency Department for in-patient beds. Some options to ALC beds were outlined. • The hospital works with the patient and their family through all possible solutions including waiting in the community with enhanced CCAC supports or transferring to a transitional care bed in a long term care facility to wait for LTC placement • CCAC will appoint a care coordinator who will discuss options and provide patient assessment for admission to long term care • The Social Work department at the hospital meets with the family and patient to go through all of the information provided by CCAC and work out the best plan of care **Q:** What if a patient does not want to go to the long term care facility when a bed opens up? • The hospital will review the plan of care with the patient and their family, but it is up to the patient and family to make the final decision. **Q:** How can we reduce the percent of ALC patients waiting down to 9 percent?	

Item	Discussion	Action
	• The hospital is partnering with CCAC and has initiated a number of strategies: o Patients, who are able, will be offered enhanced services in the community and be placed on a LTC waiting list – to wait from home. o Daily ALC rounds in the Emergency Department are being held to identify patients who require an enhancement of resources in the community in order to avoid a hospital admission o Early conversation during the patient's admission to have a discharge plan started as early as possible and also to engage the family in these plans	
Involving Patient Advisors in Critical Incident Reviews	• M. Doma shared some information on involving Patient Advisors in Critical Incident Reviews • A critical incident review is done when a patient has experienced permanent harm or dies as a result of an incident • M. Doma requires feedback and direction from the Council on having patient and family advisors involved in critical care reviews. This would be a new initiative and the nature of the critical incidents would require a high degree of sensitivity and confidentiality. • The greatest benefit of an advisor participating in a Critical Incident review is bringing the patient and family perspective to the discussion; a patient and family advisor would not directly represent the patient or family involved in the incident. • Next Steps would be to review the draft toolkit that will be sent to the Patient and Family Advisory Council to obtain feedback **Q:** What is the time commitment to participate in a Critical Incident review? • Approximately ½ hour of preparation work and 1 ½ hours to attend the meeting **Q:** Are extra precautions needed for clearing a patient and family advisor prior to participating in a critical incident review? • No medical precautions are required to participate in a critical incident review.	M. Doma will send toolkit for Patient and Family Advisors to provide feedback within 2 weeks M. Doma will present feedback at the March PFAC meeting
Date of Next Meeting	**Monday February 22 2016** **3:00 pm – 5:00 pm** **M143, Charlton Campus**	