

Patient and Family Advisory Council

Monday January 16, 2017 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

	Sept 19/16	Oct 17/16	Nov 21/16	Jan 16/16	Feb 27/16	Mar 21/16	April 18/16	May 16/16	June 20/16
Bernice King (Co-Chair)									
Gary Halyk									
Jean Robertson	X	X							
Jennifer Armstrong		X							
Louise Dore									
Michael Slusarenko									
Tom Jackson	X	X							
Victoria Reiding									
Cindy Machida									
Jane Ross									
Helene Hamilton	X	X							
Kim Dell	X	X		X					
Anna DiTiberio									
Wendy Smith	X	X							
<i>Staff</i>									
W. Doyle (Co-Chair) (VP, Patient Services & Chief Nursing Executive)									
P. Valvasori (Manager Patient Relations and Medical Affairs)									
L. Volman (Director of Nursing Practice, Mental Health & Addiction)									
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X	X							
C. Stevenson (Family Educator, Youth Wellness Centre)				X					
L. Barrett (Manager, DCD, CTU-C, General Internal Medicine)									
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

X = Regrets

 = Not a current member

Guests:

David Lefebvre - Patient & Family Advisor, Schizophrenia Program

Dawnna Keith - Manager of Rehabilitation, Homes for Special Care & Vocational Professional Practice Lead

Nancy Della Maestra - Nurse Manager, Musculoskeletal Unit & Fracture Clinic

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

Item	Discussion
1.0 Introduction of New Members	B. King welcomed guests to the council; David Lefebvre, Patient & Family Advisor, Schizophrenia Program, Dawnna Keith, Manager of Rehabilitation, Homes for Special Care and Vocational Professional Practice Lead, Nancy Della Maestra, Nurse Manager, Musculoskeletal Unit and new member Anna DiTiberio, Patient and Family Advisor
Approval of Agenda	The agenda was approved.
Approval of Minutes	The minutes of the November 26, 2016 meeting were approved.

Item	Discussion
Announcements	<p>Dovetale Working Group</p> <ul style="list-style-type: none"> • 7 PFA's are part of the Dovetale working group and will have their first meeting in February • Dovetale is the name that St. Joe's is calling the new electronic system and EPIC is the name of the vendor <p>Parking as a volunteer Patient and Family Advisor</p> <ul style="list-style-type: none"> • All PFA's that are registered volunteers are entitled to parking vouchers from Volunteer Services while they are at SJHH for any advisor work or volunteer related activities • PFA's will be given a monthly pass for the site they mostly work at, but can obtain passes for any site at the volunteer office <p>Stroke Care Update</p> <ul style="list-style-type: none"> • St. Joe's has partnered with Hamilton Health Sciences (HHS) on Stroke Care • Stroke care for patients within the city will be centralized at HHS. This topic will be brought back to this committee for input from our patients and families
<p>2.0 Fracture Clinic – Update on clinic processes</p>	<p>N. Della Maestra, Nurse Manager, Musculoskeletal Unit provided an update on the clinic processes at the Charlton Campus Fracture Clinic</p> <ul style="list-style-type: none"> • The Fracture Clinic is an outpatient clinic at St. Joseph's Healthcare Charlton Campus which provides approximately 18000 patient visits per year • The type of patients that are seen in the Fracture Clinic include: <ul style="list-style-type: none"> • Pre-operative and post-operative orthopaedic patients (joint replacement, fractures) • Emergency Room Referrals • Conservative management of patients with osteoarthritis • Regional Joint Assessment Program patients • Patient and Family feedback regarding the clinic is obtained by direct contact with clinic staff, from Patient Relations and through satisfaction survey results • Strategies to improve clinic flow include: <ul style="list-style-type: none"> • Adjusting appointment scheduling, • Collaborating with Diagnostic Imaging • Participating in process flow mapping redevelopment <p>Q: What is included in the expected 1.5 hours patient visit at the clinic? A: Appointments are pre-scheduled and the length of an appointment is expected to be no longer than 1.5 hours. The time includes the initial wait, visit with nurse and physician, and required x-ray imaging. The time on occasion may vary depending on on patient volume, case complexity, and consultation should surgery be required.</p> <p>Q: How long does it take for a patient to be seen in the fracture clinic when referred by a family physician? A: It depends on what the patient is being referred for. An osteoporosis screening would be scheduled within approximately 1-2 months. A suspected fracture would be scheduled within 1-2 days.</p> <p>Q: Do you measure patient wait times on a regular basis? A: At this time the best way for the fracture clinic to measure wait times is through patient feedback as we don't currently have an electronic system that is able to capture this information on a regular basis.</p>
<p>3.0 Committee Updates</p>	<ul style="list-style-type: none"> • Patient and Family Advisor (PFA) Orientation Process <ul style="list-style-type: none"> • To date, PFAs have not been contacted by Volunteer Services regarding their registration as a partial volunteer <p>ACTION: M. Joyner to follow up with Volunteer Services and provide an update at the next meeting</p>

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	<ul style="list-style-type: none"> • Communication Working Group <ul style="list-style-type: none"> • B. King presented work done by the Communication Working Group • A secure Web Portal has been implemented for PFAs to share information and documentation • A guideline document outlining steps for submitting to the Web Portal was developed and will be shared with PFAs <p>ACTION: A demonstration of the Web Portal will be arranged for the February PFAC meeting</p> <ul style="list-style-type: none"> • Nursing Advisory Council (NAC) <ul style="list-style-type: none"> • J. Ross provided an update from the November NAC meeting • The Post Anaesthetic Care Unit attended the January NAC meeting to present on cost saving strategies for the unit and ways they are accommodating patients • A mental health nurse from 9/10 tower, presented a workbook at the December NAC meeting that was developed as a way for mental health patients to document their journey through their illness
<p>4.0 Business Arising Plan of Care – Update on progress (48 Hour Conversation)</p>	<p>L. Barrett provided an update on the Plan of Care/48 Hour Conversation project (QIP 2016/17)</p> <ul style="list-style-type: none"> • The goal of the Plan of Care project is to increase the percentage of patients on General Internal Medicine (GIM) service who receive information about their diagnosis, goals of treatment, and are given an estimated day of Discharge within 48 hours of admission • To document that that 48 hour conversation has occurred, Data results are captured by Patient interviews, satisfaction surveys and chart audits • Next Steps: <ul style="list-style-type: none"> • Coaching health care providers to have meaningful patient conversations • Linking the information from physicians/residents to nursing staff so the Plan of Care information can be shared by anyone on the team • Sustainability with audits, electronic data collection, patient & staff interviews and quarterly evaluations <p>Q: How do you know if the 48 conversation has taken place and who was responsible? A: We confirm with the patient and family member if the conversation has taken place and if they are knowledgeable about their plan of care.</p> <p>Q: Is there a relationship between the Ministry of Health (MOH) plan of care and the hospital? A: St. Joe’s plan of care is geared more toward specific care for an individual patient. The MOH have general care plans for specific patient populations, for example patients with hip fractures.</p>
<p>Quality Improvement Plan 2017-2018</p> <p>November 30th Networking Session</p>	<p>M. Joyner shared an update on the Quality Improvement Plan for 2017/18 for St. Joseph’s Healthcare</p> <p>B. King presented on the November 30th Networking Session that took place on November 30, 2016</p> <ul style="list-style-type: none"> • Approximately 20 PFAs representing all 3 campuses attended the event • The purpose of the event was to provide an update of work that has been completed since May 2016 • The event was felt to be successful, a great networking opportunity for Advisors • The next session will occur in the Spring of 2017
<p>5.0 Quality Council – Schizophrenia and Community</p>	<p>David Lefebvre, Patient & Family Advisor, Schizophrenia Program, Dawnna Keith, Manager of Rehabilitation, Homes for Special Care and Vocational Professional Practice Lead presented on the Schizophrenia and Community Quality Council</p> <ul style="list-style-type: none"> • The role of the PFA on the Inpatient Schizophrenia Quality Council is to represent the patient voice and fellow patients • Meetings are held each month where standing agenda items along with new initiatives are

Item	Discussion
	<p>reviewed and discussed</p> <ul style="list-style-type: none"> • Some initiatives include: <ul style="list-style-type: none"> • Supporting the Supporter’s – information brochures created by a working group of families and staff to support caregivers • Inpatient Discharge Check list • Assertive Community Treatment Team’s (ACTT) Referral Guide • Peer Support Recovery Groups • The most recent project implemented by the Schizophrenia and Community program is the Keys to Hospital Discharge initiative. It is a standardized discharge planning process to engage patient/family, staff communication and assist staff in gathering information for the patient’s care plan and discharge. <p>Q: How many PFA’s are on the Schizophrenia and Community Quality Council? A: Both the in-patient and out-patient Schizophrenia quality councils meet once a month. Each council has two PFA’s. They are currently recruiting two PFA’s for the inpatient council. Every 3 months the in-and out-patient councils meet together in a combined meeting, the Schizophrenia and Community Quality Council. Members include; patients, families, multi-disciplinary clinical teams and management.</p> <p>Q: From your perspective, are there any areas that the hospital can improve? A: From my perspective, the hospital needs to improve upon the stigma around mental illness; continued research in schizophrenia medication management and finding innovative ways in the treatment and care of schizophrenia patients.</p>
Date & Time of Next Meeting	Monday February 13 , 2017 3:00pm – 5:00pm Dofasco Boardroom