Patient and Family Advisory Council

Monday January 22, 2017 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

	Sept 18/17	Oct 16/17	Nov 20/17	Jan 15/18	Feb 26/18	Mar 19/18	April 16/18	May 28/18	June 18/18
Bernice King (Co-Chair)									
Gary Halyk									
Jennifer Armstrong									
Louise Dore									
Michael Slusarenko									
Victoria Reiding	X	X	X						
Cindy Machida									
Jane Ross			X						
Helene Hamilton		X							
Anna DiTiberio									
Gloria Wade									
Laura Van Landschoot			X						
W. Doyle (Co-Chair) (VP, Patient Services & Chief Nursing Executive)			X						
P. Valvasori (Manager Patient Relations and Medical Affairs)		X		X					
L. Volman (Director of Nursing Practice, Mental Health & Addiction)			X						
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X	X	X						
N. Debeau (Occupational Therapist, Forensic Psychiatry Program)			X						
B. Cowell (Manager, Hemodialysis)			X						
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

X = Regrets

= Not a current member

Guests:

Lance Dingman – Patient & Family Advisor

Stefan Pagliuso – Regional Stroke Program Director, Hamilton Health Sciences

Jaimie Williams – Director of Quality, Performance & Food Services, St. Joseph's Villa

Donna Johnson – Director, General Internal Medicine

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. (See guest list above).
Approval of Agenda	**The agenda was approved.**
Approval of Minutes	**The minutes of the November 20th meeting were approved as amended.**
Addition to the Agenda	W. Doyle asked for feedback from the council as to whether the religion field in Dovetale should be made mandatory • The council agreed that the religion field in Dovetale should be made mandatory as long as staff ask the question to patients in a way that they can answer it voluntarily.

Announcements	• Ministry of Health and Long Term Care Patient & Family Advisory Council
	  • B. King was appointed to the Ministry of Health and Long Term Care Patient & Family Advisory Council (MOHLTC PFAC) in September 2017
	  • One Ministry meeting took place in November 2017 and the next meeting will occur in February 2018
	  • Themes that the council will be discussing are:
	  • System navigation
	  • Access to patient information
	  • Patient partnership
	  • Health literacy
	  • B. King was asked by the Ministry to attend one meeting of the Local Health Integration Network Patient & Family Advisory Council (LHIN PFAC)
	
	• Email etiquette & "reply all"
	  • Think twice before using the "reply all" email feature to ensure all recipients aren't receiving your message, unless it is necessary for the full group to receive the response.
	
	ACTION: B. King to invite the co-chair of the LHIN PFAC to join us at one of our meetings

2.0 Dovetale Update	D. Sanagan presented a project status update on Dovetale
	
	•
	• St. Joe's will join the ranks with the top 7% of Ontario healthcare providers who have adopted a fully electronic medical record.
	• Similar to other launches involving electronic medical records, there were numerous issues documented in the first week, but this has significantly declined now that it is 6 weeks past "go-live". Most of these issues have been resolved except for those that are more complex. For the more complex issues, clinical and Information Technology staff are collaborating to solve these.
	• Key Dovetale Quality of Care statistics that observed during the first 5 weeks include:
	  • 76% of all times when medication was given to a patient was completed by scanning the medication barcode and scanning the barcode on the patient's armband. This is completely different from the old system that was all paper based. This feature is necessary to achieve certification of a fully digitized hospital.
	  • 89% of all physician orders were completed by the physician entering the order directly into the computer. This is different from the old system in that physicians would have completed orders on paper and these would have been transcribed by other staff on the inpatient unit.
	  • The average time to register a patient is 3 min and 16 seconds . This is important as we monitor the patient flow in clinics and other high volume areas
	•

Item	Discussion

	• D. Sanagan addressed PFA's questions, comments and concerns regarding Dovetale
	  • Dovetale Quality of Care statistics related to medication barcodes and physiciaon orders reflect hospital inpatient areas; and patient registration is both inpatient and outpatient areas
	  • January 12th was the last full day of dedicated Dovetale support. Staff will receive support through normal channels as they did previously for Information Technology support. Feedback from staff and patients:
	  ▪ Early benefits include things such as no longer needing to search for paper charts; 2 or more staff members are now able to view a patient's chart simultaneously, Only 1 password is used to open Dovetale and view patient information versus up to 20 passwords in the past
	  ▪ Staff need to continue to engage with patients while using their devices
	
	Q: Are physicians who are not physically on-site at the hospital able to input patient information into Dovetale?
	A: Yes, physicians who are not physically available at the hospital are able to input patient information into Dovetale using their mobile device. There are notifications provided to nursing staff to indicate that a new order has been entered; however, it is also important for physicians to continue to provide a verbal notification as well.
	
	Q: How sustainable are the quality of care statistics as we move forward?
	A: We will continue to monitor and improve quality of care statistics as we move forward with Dovetale. There may be a dip in statistics as new learners come on board. It is not expected to reach 100% on either the medication administration nor the physician order entry; however maintaining at the levels we are currently at would be the goal.
	
	Q: When will Dovetale be implemented in the outpatient areas?
	A: We are working on putting together a timeline and feasibility for the implementation of Dovetale to outpatient areas. It will require years of planning before we can imagine all ambulatory areas fully integrated onto Dovetale.

3.0 Volunteer Experience Summary & Learnings	G. Halyk shared a summary and learnings from his volunteer experience during Dovetale Go-Live • G. Halyk volunteered December 6th & 7th on behalf of the Dovetale team during the go-live period • He waslocated in the Main Lobby of the Charlton Campus to observe, ask questions and obtain feedback from staff, patients and visitors on Dovetale and provide wayfinding support if needed Gary made a number of valuable observations including ideas to refine wayfinding, and comfort measures for patients **ACTION:** Attach a detailed summary of Gary's observations with January's minutes
4.0 Committee Updates	**Falls Prevention Steering Committee** • Deferred **GIM Geographical bed mapping** • Deferred **Suicide Prevention Committee** • G. Wade provided an update from the Suicide Prevention Committee • A communication guideline on family engagement will be shared with PFAC at a future meeting when complete **Communication working group** • M. Joyner shared the compassionate care video that describes the hospital vision, values and how we expect care is provided for patients and families • The video will be shared at staff orientation and will be available for the staff and public to

Item	Discussion
	view on our website **Peer Advisory Council** • J. Armstrong provided an update on the Peer Advisory Council • The Christmas party for peer advisors, staff and patients that was held in December was a huge success **Nursing Advisory Council & Teach-back Tool** • Deferred

5.0 Hamilton Stroke Model	D. Johnson & S. Pagliuso presented on the Integrated Model of Stroke Care in Hamilton which went live on January 8th 2018
	
	• The purpose of this model is to transfer of all persons with a primary diagnosis of stroke who are admitted to St. Joe's Emergency Department and inpatient units to the Hamilton General Hospital acute stroke unit
	• The model will be evaluated by monitoring data monthly and quarterly and reviewing cases as they occur on an ad hoc basis if necessary.
	
	• The Day Time process of the model:
	  • Patient arrives at SJHH with confirmed stroke outside of the hyper-acute treatment window (if patient arrives and the timing is inside the hyper-acute treatment window, the patient would be transferred to HHS immediately to receive assessment for a time-sensitive medication that helps patients recover from stroke.
	
	  • Hamilton Health Sciences (HHS) Stroke Navigator contacted and facilitates the movement of the patient to the Hamilton General Hospital Acute Stroke Unit as quickly as possible the same day
	• The Evening process of the model:
	  • Patient arrives at SJHH with confirmed stroke outside of the hyper-acute treatment window
	  • SJHH Physician contacts the Charge Nurse on the Acute Stroke Unit and makes them aware
	  • First thing in the morning, the Stroke Physician is made aware of the patient and transfer is facilitated as quickly as possible that morning
	
	• D. Johnson & S. Pagliuso addressed PFA's questions, comments and concerns regarding the Integrated Model of Stroke Care
	  • FAST is an acronym used to help detect a stroke victim needs. The acronym stands for Facial drooping, Arm weakness, Speech difficulties and Time to call 911
	  • In 2017, approximately 150 patients who were experiencing stroke symptoms were admitted to St. Joe's
	
	Q: Are most patients discharged home after having a stroke or experiencing stroke symptoms?
	A: As stroke symptoms and recovery vary per patient, it is the responsibility of the MRP to determine the patient's discharge care plan. Some patients may require the need for a rehabilitation program and/or some patients may need placement into a long-term care facility.
	
	Q: With St. Joe's being the Integrated Regional Renal Program what happens to those patients who are admitted with stroke symptoms?
	A: Complex patients who experience stroke and another medical issue, such as kidney failure will be reviewed by their clinical team and managed on an individual basis to ensure they receive the best care for all medical concerns.

6.0 New Quality Improvement Plan 2018/19	M. Joyner shared an update on the Quality Improvement Plan for 2018/19 for St. Joseph's Healthcare

Item	Discussion
7.0 Meeting Evaluation	• Distributed
8.0 Date & Time of Next Meeting	Monday February 26, 2018 3:00pm – 5:00pm Dofasco Boardroom