

Patient and Family Advisory Council

Monday January 20, 2020 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

	Sept 16/19	Oct 21/19	Nov 18/19	Jan 20/20	Feb 17/20	Mar 16/20	April 20/20	May 18/20	June 15/20
Helene Hamilton (Co-Chair)		X							
Bernice King									
Jennifer Armstrong				X					
Lana Yilmaz	X		X						
Susan Tkachuk									
Victoria Reiding	X								
Mackenzie Mawson				X					
Jane Ross									
Sarah Bayliss				X					
Megan Miller				X					
Anna DiTiberio									
Gloria Wade									
Brenda Wilkie				X					
Susan Lohin			X						
Debra-Lee Hartman									
W. Doyle (Co-Chair) (CNE)			X						
M. Farrell (President)	X			X					
D. Pitt (Coordinator Patient Relations)		X							
L. Volman (Director of Nursing Practice, MH & Addiction)									
F. Wilson (Manager, Patient & Family Collaborative Support Services)		X	X						
B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry)									
A. Weatherston (Manager, Corporate Patient Flow)	X								
M. Joyner (Director, Quality Department)	X								
V. Constantinescu (Quality Consultant, Quality Department)									
S. Mondoux (Quality Lead, Emergency Department)									
J. Williams (Resource)									

X = Regrets

 = Not a current member

 = No Meeting

Guests:

Lisa Hamel – Patient & Family Advisor

David Tonin, Laura Harrington – Board Members – St. Joseph's Hamilton Joint Board of Governors

Jane Loncke – Clinical Director Rehab and Complex Care

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

SJHS = St. Joseph's Health System

Item	Discussion
1.0 Introduction of New Members	H. Hamilton welcomed guests to the council. (See guest list above).
Approval of Agenda	The agenda was approved.
Approval of Minutes	The minutes of the November 21st meeting were approved as amended.
Patient Story	<p>The Nurse Manager of the Complex Care Unit and a Social Worker provided the patient story. This story was about a patient who was on a vented bed residing in the Complex Care Unit. As the patient had a history of ALS her life expectancy was limited and she wanted to spend the rest of her life with her family in Calgary. With support from the hospital and her family, they found a vented bed available in Calgary at a Long Term Care (LTC) Facility. Due to the patient's high medical needs and requiring a ventilator posed complexities in transferring the patient out of the province. In order to transfer the patient to Alberta, an out of province application was completed prior to being approved for the long-term care bed in Calgary. The hospital staff and family realized that medical transport for patients requiring constant care is quite costly. Medical transport companies include a respiratory therapist, transport nurse to accompany the patient and a specialized bed so she was able to lie down. The family raised money to pay for the flight and the patient returned to Calgary be with her family.</p> <p>Q: Is the Ministry able to provide funding for patients requiring medical transport? A: The Ministry will only cover some costs for patients if you require medical care out of province but since the patient's treatment could be provided in Ontario, they were not eligible. The Ministry does not cover medical transportation costs.</p>
Announcements	<ul style="list-style-type: none"> • Patient Experience Data Working Group <ul style="list-style-type: none"> • The Patient Experience Data Working Group will support PFAC and will focus primarily on reviewing, discussing and analyzing patient experience data • The group will facilitate a process for the standard review and follow up of data between patients, administration and clinical leadership <p>ACTION: J. Williams to email all Patient & Family Advisors with working group details and Terms of Reference (TOR); we are looking for volunteers for this committee</p> <ul style="list-style-type: none"> • Changes to All Patient and Family Advisors – in an effort to enable enhanced communication between the Patient and Family Advisory Council and all Advisors, the following changes are being made. These changes will be monitored for effectiveness: <ul style="list-style-type: none"> • All Patient & Family Advisors will be sent an invitation to attend 4 PFAC meetings per year, February, May, September and November • All Patient & Family Advisors will receive the PFAC meeting agenda package each month <p>ACTION: J. Williams to email all Patient & Family Advisors with the 4 PFAC meeting invitations and the monthly PFAC meeting agenda package going forward</p>
Standing Items	<ul style="list-style-type: none"> • Project Updates <ul style="list-style-type: none"> • V. Constantinescu provided an update on all active projects to date. • There were 9 project requests for Patient & Family Advisor (PFA) participation between the months of November and December. • Preparation for February's Meeting • One topic will be presented at the February PFAC meeting that requires input from the committee; MyDovetale • PFAC members brainstormed and formulated questions to ask the presenters on the topic: • MyDovetale: <ul style="list-style-type: none"> • Update: Project status and any issues related to the project experience and patient experience

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	<ul style="list-style-type: none"> • Staff training update – How they are implementing training and are they telling patients about it and how to use it • Where is it live and where is it planning to grow over the next 6 months? • When will it start in both inpatient and outpatient units? • What does it display and what areas are missing? • Why does it only show some test results, appts, does not show clinical information? • Why is there a delay in diagnostics for some tests? • What kinds of functionality can we have in the inpatient units? • Clarify the difference between MyDovetale and Dovetale • Can simple things be added to MyDovetale such as, where is the Tim Hortons, can I eat, when can I eat, can I go to the bathroom, what tests am I still waiting for etc.
<p>2.0 Patient Behaviour Safety Alert</p>	<p>J. Loncke, Clinical Director presented on the Patient Safety Behaviour Safety Alert. Highlights from the presentation include:</p> <ul style="list-style-type: none"> • Behavior Safety Alert is an electronic communication process to alert staff and patients who have been identified as a potential risk of threatening or aggressive behavior • Violence in hospitals can be reduced when workers have the information they need about the patient, and are trained to manage aggressive or violent behaviour. Identification of common patient triggers and the development of individualized care plans help to mitigate risk of workplace violence. These include the following: <ul style="list-style-type: none"> • Signage posted at entrances of campuses, clinical areas & offsite locations • Tools for use upon initial patient presentation and as per program guidelines • Care plan, safety briefings and transfer of accountability • Electronic alert in health record • Communication about any risks to mitigate potential risk • Patient wrist bands, signage for patient rooms • Employees and learners to stay updated on current practices • Performance monitoring (screening/assessment) • SJHH recognizes that all patients, visitors and staff deserve to be treated with dignity and respect and to receive and provide care within an environment that is safe, therapeutic and respectful • All members of the interprofessional team have an important role in identifying and communicating risk, and developing a plan of care to reduce that risk <p>Q: When a patient with a history of violent incidents returns to hospital, what colour is the alert/flag?</p> <p>A: A precaution field is available in the patient header to document 5 specific precautions. If violence is selected as a precaution based upon a clinical assessment, the header will automatically turn a magenta colour to indicate that the patients is a violence risk. The alert will change to “historical” when a patient is discharged. The magenta colour will stay on the patient’s chart for every hospital admission.</p> <p>Q: Would staff be able to recognize if there were multiple incidents for a patient? Are there ways to enter a note which describes the incident in more detail?</p> <p>A: Clinical staff are able to add a note when the Precautionary field displays in the banner. Every incident of violence is noted in the patient’s record. Staff must document the rationale for initiating the Behavior Safety Alert in the patient’s clinical record along with a plan of care that includes interventions to support quality care, minimize the risk of violent or aggressive behaviour and identifies potential contributing factors. The plan of care will stay in the patient’s clinical record.</p>

Item	Discussion
	<p>Q: Is every admitted patient screened for violent incidents? A: All patients are screened on admission to the identified clinical areas (including ED, PES and all inpatient programs) for a risk of violence using various tools (screening/assessment/scales) and additional information approved for use within a specific clinical area. Patients will be reassessed at intervals if unit/program protocols are in place, or, if at any time during an admission, there is an increased risk for violence. Clinical staff will initiate a behavior safety alert for all patients identified through screening, documenting it with the rationale in the patient’s clinical record.</p>
<p>3.0 Committee Updates</p>	<p>Mental Health and Addictions Family Advisory Council</p> <ul style="list-style-type: none"> • Reviewing therapeutic passes and policies • A presentation on supportive housing services was given. St. Joe’s is in collaboration with several services, such as Indwell House, Wesley Community Homes and the Good Shephard • West 5th will pilot the use of dogs capable of finding drugs and alcohol. Many patients are recovering from drug and alcohol use and ensuring we have as little on-site as possible is really important in promoting a healing environment. <p>Nephrology Quality Council</p> <ul style="list-style-type: none"> • Remodelled the new Dialysis centre at St. Joe’s and the unit is now more welcoming and inviting • The council addressed conservative care and giving patients the option of a “natural death” • Standardized the dialysis welcome package so it aligns across all campuses • A modality fair will be held on February 6th – information sharing with new dialysis patients and allows current patients sharing their experiences • Patient transplant binder has been updated <p>Patient Family Co-Design Committee</p> <ul style="list-style-type: none"> • First meeting held with representation from staff and 4 patient and family advisors • Looking at a co-design partnership between patients, families and staff • We are developing a framework as this aligns with our strategic plan • Regular updates will be provided at PFAC <p>Medication Management Committee</p> <ul style="list-style-type: none"> • Last meeting focused on targeted medication safety and best practices • Reviewed the new Quality framework and how medication safety is aligned with this framework • Reviewed High Alert medication audits • Upcoming Auditor General presentation on Medication Safety Recommendations • Worked on the Quality Council work plan and dashboard <p>Incident Reporting Working group</p> <ul style="list-style-type: none"> • This work group is focused on enhancing the Incident Review Process with specific attention to the involvement of patients and families.
<p>4.0 Quality Improvement Plan (QIP) 2020/2021</p>	<p>M. Joyner presented on the Quality Improvement Plan (QIP) current performance for the QIP 2019/2020 and preparing for the QIP 2020/2021.</p> <ul style="list-style-type: none"> • Each year the Hospital must create a Quality Improvement Plan (QIP) as indicated in the Excellent Care for All Act • There is always a plan underway in the current fiscal year (2019/20) and a new plan under development for the next year (2020/2021) • Each item is shared in a scorecard format. We use a red/yellow/green status system to let us know if items are not meeting target and need further attention. • St. Joe’s chooses QIP Items to focus on based on our current priorities and/or the Provincial and LHIN priorities and guided by hospital strategic plan

Item	Discussion
Date & Time of Next Meeting	Monday February 24, 2020 3:00pm – 5:00pm Dofasco Boardroom