

Patient and Family Advisory Council

Monday July 20, 2020 ~ 3:00pm – 4:30pm

Zoom/Teleconference

MINUTES

	Sept 16/19	Oct 21/19	Nov 18/19	Jan 20/20	Feb 17/20	Mar 16/20	April 20/20	May 4/20	May 20/20	June 10/20	July 2/20	July 20/20	Aug 17/20
Helene Hamilton (Co-Chair)		X										X	
Bernice King													
Jennifer Armstrong				X							X		
Lana Yilmaz	X		X			X							
Susan Tkachuk													
Victoria Reiding	X												
Mackenzie Mawson				X		X	X						
Jane Ross											X		
Sarah Bayliss				X	X	X	X	X	X	X	X	X	
Megan Miller				X	X	X	X	X	X	X	X	X	
Anna DiTiberio													
Gloria Wade						X							
Brenda Wilkie				X									
Susan Lohin			X										
Debra Leah Hartman					X	X							
Donna Johnson (Interim CNE)										X			
W. Doyle (Co-Chair) (CNE)			X		X	X	X	X			X	X	
M. Farrell (President)	X				X	X	X				X	X	
D. Pitt (Coordinator Patient Relations)		X											
L. Volman (Director of Nursing Practice, MH & A)											X	X	
F. Wilson (Manager, Patient & Family Collaborative Support Services)		X	X		X						X	X	
B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry)											X	X	
A. Weatherston (Manager, Corporate Patient Flow)	X					X	X	X	X	X	X	X	
M. Joyner (Director, Quality Department)	X												
V. Constantinescu (Quality Consultant, Quality Department)													
S. Mondoux (Quality Lead, Emergency Department)						X	X	X	X	X	X	X	
J. Williams (Resource)													

X = Regrets

 = Not a current member

 = No Meeting

Guests:

N. Javanrouh – Manager, Medical Affairs & Patient Relations

J. Swant – Registered Nurse, Emergency Department

C. Duffin – Interim Director, GIM, Emergency Department, Urgent Care Patient & Family Advisor Community

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	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 July 2nd meeting were approved as amended.
2.0 Announcements	<ul style="list-style-type: none"> • Membership Renewal <ul style="list-style-type: none"> • PFA's whose membership on PFAC is ongoing, please email V. Constantinescu, if you are interested in renewing • Thank you to the members who have completed their term on PFAC. Your dedication and knowledge sharing is truly appreciated • Patient & Family Advisors who are leaving the council will continue their work within the hospital as well as mentoring PFA's who are new to the organization • PFAC Regular Schedule <ul style="list-style-type: none"> • PFAC meetings will resume a regular schedule on the third Monday of each month from 3pm to 5pm starting in September. PFAC members will be notified of the meeting dates by email and meeting invites will be sent • Four times per year, all PFA's will be invited to attend PFAC meetings • New Leadership Committees & PFA Opportunities <ul style="list-style-type: none"> • St. Joe's has created new leadership committees and made changes to existing committees creating a meaningful structure which aligns to the strategic plan • All new committees will report to the Executive Leadership Team (ELT) • We will be recruiting 1-2 PFA's for each committee and the selection of PFA's will be completed by August 30th. An email including committee details and the application process will be sent out by V. Constantinescu
3.0 Updates	<ul style="list-style-type: none"> • Recent Project Assignments <ul style="list-style-type: none"> • V. Constantinescu provided an update on the PFAs assigned projects to date. • There were 3 project requests for Patient & Family Advisor (PFA) participation between July 1st and July 20th: <ul style="list-style-type: none"> • After Visit Summary – Discharge Document and Process • Hiring Committee – Physician Assistant in the General Internal Medicine Program • Alternate Level of Care (ALC) – Improving length of stay
4.0 COVID-19 & Hospital Updates	<p>M. Joyner presented an update on St. Joseph's Healthcare initiatives and strategies during the COVID-19 pandemic.</p> <p><u>Organizational Update</u></p> <ul style="list-style-type: none"> • Currently at St. Joe's we are caring for 0 inpatients who have COVID-19 <p><u>Visitor Restrictions Update</u></p> <ul style="list-style-type: none"> • On June 24th, St. Joe's entered Stage 2 of reintroducing visitors to our hospital by allowing one visitor every other day to our inpatient areas • As of July 28th, we will be moving into Stage 3 of reintroducing visitors to our hospital following the Provincial Guidelines. This will mean allowing two visitors per day in our inpatient areas, however only one visitor will be allowed at one time. Visitors can come in and out of the unit or hospital if needed but we ask that this is kept to a minimum. All other visitor restrictions and exceptions will remain in place at this time

Item	Discussion
	<p><u>Visitor Restrictions Guidelines for Stage 3</u></p> <p>Visiting inpatients:</p> <ul style="list-style-type: none"> • Two designated visitors per day (not at the same time) • Visitors must be designated by the patient & recorded by the unit • Enter at visitor/patient entrances, pass screening and wear masks provided at all times • Provide information about name/contact info/area visiting at screening • Follow strict hand hygiene guidelines • Restrict movement within the hospital • Consult with clinical team to determine length of visit • Restrictions remain for visitors at outpatient clinics at St. Joe’s. Patients with an appointment at St. Joe’s clinics are asked to come alone, with exceptions made in consultation with the clinical team. <p>Limited exceptions exist for allowing additional visitors to enter the hospital, including:</p> <ul style="list-style-type: none"> • Compassionate grounds for palliative patient • Partners (or a family member or friend) of women in labour and parents of babies in our Special Care Nursery • Other special needs as determined by the care team <p>Q: In Stage 3, do visitors continue to schedule a time to visit a patient? How much notice do visitors need to provide prior to coming to the hospital?</p> <p>A: In Stage 3, the care team will continue to help establish the schedule for visiting patients. There is not a defined amount of time that visitors need to provide prior to visiting a patient. However, we do encourage giving at the very minimum at least a few hours notice prior to coming to the hospital. This will ensure the clinical team and the patient are prepared for the visit.</p> <p>Q: Is there an amount of time that essential visitors can stay?</p> <p>A: The length of the visit continues to be in consultation with clinical team. There are many aspects that would reflect the patient’s condition and how long a visitor might stay with them.</p> <p>Comment: Include the essential visitor definition to the revised visitor policy</p> <p>Q: Are patients allowed to change their designated visitor?</p> <p>A: While we are in Stage 2, we are limiting the number of designated visitors to two people and the individuals cannot change. When we move to Stage 3 the designated visitors can be changed weekly. We want all areas of the hospital to follow these guidelines however if there is a situation that occurs where we may have to make an exception we will look into it at that time.</p>
<p>5.0 Survey Results – GIM Family Caregiver Survey</p>	<p>C. Duffin & J. Swant presented results from the General Internal Medicine Family/Caregiver survey on feedback received during COVID-19.</p> <p><u>Presentation Highlights:</u></p> <ul style="list-style-type: none"> • On March 20th, 2020, St. Joseph’s put a ‘no visitor restriction’ in place. In an effort to keep patients and families connected and to inform the family on patient condition and their plan of care, the General Internal Medicine program initiated daily calls to families. • During the months of March, April and May calls began on the Clinical Teaching units, Surgical Gastro Intestinal unit. Presently, daily calls now occur Monday-Friday between the hours of 8am-4pm • Each patient is approached for consent prior to calling family • A template and a script were developed to call families during the “no visitors” policy and to assist the staff calling the families with the most up-to-date information. The template is completed by the primary nurses daily. • Each call is documented in the patient chart. A smart text was developed that includes the components of the daily call to standardize documentation in Dovetale • Families are also provided with the option for zoom visits

Item	Discussion
	<ul style="list-style-type: none"> • A survey was developed to receive the feedback from families about the information and importance of the phone calls. The survey was sent to the patient and family advisors for feedback. It was important to ask questions that family will find most beneficial. • The feedback received from the patient and family advisors was incorporated in the final version of the survey. The project evaluation is currently underway, but the family comments received during the phone calls were very positives. Staff also highlighted the benefits of these phone calls for the overall patient care. <p>Q: Can families schedule their preferred time for the phone call? A: When we speak with the family we ask for their preferred time for the phone call. If they are not available for a phone call we ask their permission to leave a detailed voicemail on how the patient is doing. Due to staff scheduling, we are only able to complete calls from 8am-4pm at this time. We may look at scheduling calls using an appointment system and also the possibility of providing alternate times in the future.</p> <p>Q: If there was a language barrier with a patient or family member how do you communicate with them? A: Interpretation services are available at St Joe’s when we encounter a patient or family member with a language barrier. If a patient or family member required additional language services, we do our best to accommodate their needs.</p> <p>Q: Why did the phone calls stop during the COVID-19 outbreak on the Surgical Gastrointestinal Unit? A: When COVID-19 was at its peak, members of the care team were helping with phone calls but the team felt that the information shared should come directly from the primary care nurses. The phone calls stopped for a short period to allow nurses to care for patients during the pandemic. Currently nurses doing the phone calls are working remotely. As we have had much success with this initiative, we are looking to spread it organizationally.</p> <p><u>Comments, Suggestions, Feedback</u></p> <ul style="list-style-type: none"> • Thank you for implementing this project; it demonstrates compassionate patient care. There is merit in moving this forward as part of a daily routine in patient care • Families really appreciate the phone calls and no other hospital has done this during COVID-19 • Patients and staff have seen such benefit from this project. We are gathering data and survey results to get solid feedback • There are always family, friends who are not able to visit patients. This project could be ongoing post COVID-19 • Phone calls help patients who have difficulty speaking or who have trouble sharing what is going on with them. Phone calls relay important information that the family should be aware of • Phone calls are seen as a proactive approach to engage and build trust between patients, family and staff • A way for staff to obtain feedback from family on the patient and liaise with the primary physician • Hospital volunteers could help with phone calls after hours • Congratulations to the team! We have designed some pilots but never got traction. • I am sure families are hesitant to call units as they are aware of how busy everyone is. Providing Patient Family phone calls can be a great comfort to them. The initiative demonstrates our mission and values. • Shows that we are a caring hospital – in future – perhaps you could include the family contact information and best time for a phone call in the patient’s admitting documentation • Instead of using translation services, we could send the patient information electronically via a translation app, like Google translation
Date & Time of Next Meeting	Monday August 17, 2020 3:00pm – 4:30pm Teleconference/ZOOM