

Patient and Family Advisory Council

Monday June 20, 2016 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

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

X = Regrets

 = Not a current member

Guests:

Ray Rocci, SJHH Joint Board of Governors

Bob Huget – Patient & Family Advisor

Lina Cannella – Patient & Family Advisor

Rachita Saini – Project Leader – Quality Department

Sharon Simons, Nurse Manager, Mood Disorders Program/ECT

Dan-Bi Cho, Nurse Clinician, Women's Health Concerns

Vanessa Heaney, Social Worker, Seniors Mental Health, Mood Disorders Program

Item	Discussion
1. Introduction of New Members	<ul style="list-style-type: none"> C. Machida welcomed guests to the council; Ray Rocci, SJHH Joint Board of Governors, Bob Huget & Lina Cannella Patient & Family Advisors, Rachita Saini, Project Leader Quality Department, Sharon Simons, Nurse Manager Mood Disorders Program/ECT, Dan-Bi Cho, Nurse Clinician Mood Disorders Program, Vanessa Heaney, Social Worker Seniors Mental Health & Mood Disorders Program C. Machida welcomed a new member to the council; Liz Barrett, Nurse Manager, DCD, CTU-C,

Item	Discussion
	Flow Manager GIM. Liz will participate on the council as the chair of the Nurse Manager's group.
Approval of Agenda	The agenda was approved.
Approval of Minutes	The minutes of the May 16, 2016 meeting were approved.
2. Business Arising 2.0 Follow-up from Networking Event	<ul style="list-style-type: none"> • B. Huget, Patient & Family Advisor presented a summary from the Working Group for the Patient & Family Advisor Planning Session which was held on May 3 2016 • The Working Group met to objectively evaluate all of the ideas gathered at the session based on resources, feasibility and purpose • Based on the evaluation, ideas were separated into 5 categories: <ul style="list-style-type: none"> • Improvements – Ideas for Hospital priorities • Communications with Patients and Partners in Care • Communication with Advisors • Corporate/Governance • Supporting Advisors • A portion of Ideas have been forwarded to the appropriate organizational departments including Public Affairs, Volunteer Resources, Redevelopment and Telecommunications • Some of the ideas require little resources and can be implemented quickly • The working group recommended that a sub-committee of advisors be formed to review the specific ideas for improved communication among advisors • The attendees of the May 3rd session were also asked for ideas on recruitment of patient and family advisors. These ideas have been reviewed by the Quality Department with the goal of aligning the membership to better represent the population of St. Joe's patient population • The suggestions for improving patient and family advisor orientation will be reviewed by the working group on Orientation. • Remaining ideas will be presented for consideration by the PFAC in developing its work plan for 2016-2017 in September • Council Members who attended the session on May 3rd commented that it was a useful exercise, and one member noted the importance of closing the loop with advisors who have worked on patient engagement project so that they are aware of the results of their work • W. Doyle noted the amount of excellent feedback and encouraged the Council to focus on a few priority items which can be successfully implemented • M. Joyner will provide updates of the work being done by the various sub-committees/working groups <p>ACTION: The September Patient & Family Advisory Council meeting will be devoted to the formulations of the 2016-2017 work plan M. Joyner to submit a high-level summary of the May 3rd session to SLT and Management Forum M. Joyner to work with C. Machida and B. King on September agenda Quality Department to arrange a working group on Patient and Family Advisor Communication</p>
3.0 Peer Support Council presentation	<ul style="list-style-type: none"> • J. Armstrong & L. Cannella, Patient & Family Advisors from the Peer Support Council, presented on the Peer Support Council and activities • This is a part of a series of presentations by Quality Councils to increase advisors' knowledge of the work that is being done in the patient engagement across SJHH • The Peer Support Council started as a formal Patient's Council in 1997 that is funded by the Ministry of Health and Long Term Care and is currently a part of Patient and Family Collaborative Support Services • The Peer Support Council members are individuals with lived experience of mental illness and/or addiction who are current or former patients of the St. Joe's Mental Health & Addiction Program • Peer Support Advisors inform and participate in providing positive change in the care experience for patients and a define council priorities and make recommendations

Item	Discussion
	<ul style="list-style-type: none"> • Organizational initiatives include: <ul style="list-style-type: none"> • Policy and Planning Involvement • Offering social and networking activities • Satisfaction Surveys • Sharing Patient Recovery Stories • Peer Support Council Activities and Accomplishments: <ul style="list-style-type: none"> • Weekly Coffee House for all former or current patients • Representation on organizational committees – Seclusion & Restraints, Anti-Stigma • Patient Information Handbook • Guidelines for Communicating with Family Members • Development of a work plan and priorities for the Peer Support Council for 2016-17 <p>Q: How is peer support funded and what does funded mean? Patient Councils that were established in the 1990’s received funding from the MOHLTC. Since the establishment of the Peer Support Council in 1997 it receives funding from the government. The funding goes towards the hiring of peer support staff.</p> <p>Q: How many members do you have and how often do you meet? We have 10 members on the council who are all peer support advisors with lived mental health experience. F. Wilson is the only staff representation on the council. Peer support advisors are representatives of mental health and addiction patients and advocate on their behalf. The council meets on a monthly basis.</p> <p>Q: Do you talk about how to deal with or help patients that would benefit from peer support? Raising awareness for peer support services is one area that peer support encourages.</p> <p>Q: How is the Peer Support Council being marketed or promoted? The Peer Support Council markets through brochures, word of mouth. They are currently looking at more ways to promote and share their work.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • F. Wilson to share more on peer support services and how referrals are made at a future meeting
4.0 Patient Stories Initiative – Mood Disorders Program	<ul style="list-style-type: none"> • S. Simons, Nurse Manager Mood Disorders Program/ECT, D. Cho, Nurse Clinician Mood Disorders Program , V. Heaney, Social Worker Seniors Mental Health & Mood Disorders presented on the Patient Stories Initiative for the Mood Disorders Program • The 2015-16 PFAC work plan includes the use of purposeful patient stories. A working group was formed to start this initiative. The Mood Disorders Program was identified as being ready to pilot the use of patient stories • This initiative has taken longer than anticipated to implement due to the decision to turn it into a research study. This will allow the results to be shared with other organizations outside of SJHH and also be published • The patient stories initiative is to investigate patients and family care experiences after an inpatient stay through a feedback forum with staff • This initiative will support patient engagement through a feedback forum for patients, inform ongoing needs and priorities with the goal of better serving the hospital with high quality care experiences • Patients and families will have an opportunity to share their stories of care experiences directly with staff involved in their care • Information obtained from the forum will be used to assess changes in staff receptivity to patient feedback before and after attending patient feedback forums • Staff will have an opportunity to: <ul style="list-style-type: none"> • Hear some of the positive aspect of care they provided • Discuss patient feedback during a focus group following the feedback session • Strategize solutions to improve healthcare delivery

Item	Discussion
	<p>Q: What qualifications are required for staff participation? Any staff member from the inpatient Mood Disorders program can attend the feedback forum. The staff member will need to give informed consent to participate in the research study. Staff will be given a self-report questionnaire to complete before and after the feedback forum. Data obtained from the questionnaire will be used to determine how the forum had an impact on staff openness to feedback.</p> <p>Q: Have you received feedback from patients in other ways? Each patient upon discharge is giving the opportunity to meet with staff and provide feedback at this time. Patients are also encouraged to provide feedback at any point throughout their stay.</p> <p>Q: Are the questions that are being posed to patients, open ended or restricted? Patients and families are able to express their thoughts and feelings freely and tell their story how they want it to be told. The questions will be open ended.</p> <p>Q: How are you recruiting participants for the pilot study? We will be recruiting between 10 to 15 patients from the Mood Disorders program using posters, flyers and pamphlets that were developed in collaboration with the Public Affairs department. If patients meet the screening criteria informed consent will be obtained. Following the forum, patients will debrief with a research team member.</p>
5.0 Quality Improvement Plan	<ul style="list-style-type: none"> • M. Joyner continued her presentation on the Quality Improvement Plan (QIP) process • The goal is to develop a process which includes meaningful patient and family involvement • The outcomes must be tied to executive compensation and include patient and board approval • The items on the QIP align with Quality & Patient Safety Priorities, Accreditation requirements and selected HQO priorities • The hospital is currently finalizing 2017-18 QIP development process • The QIP development plan will be reviewed with Senior Leadership team over the summer for approval and direction <p>Q: How are items chosen for the QIP? There are a number of different areas that we review prior to choosing the initiatives for the QIP:</p> <ul style="list-style-type: none"> • Areas of focus suggested by Health Quality Ontario • Accreditation Canada • Alignment with our own internal Quality and Patient Safety Priorities • The Patient & Family Advisory Council will be providing guidance and advice • All items are approved by the Board of Governors <p>ACTION:</p> <ul style="list-style-type: none"> • In the fall, an update will be provided on the process to include patient and family advisor input into the QIP for 2017/18
Date & Time of Next Meeting	Monday September 19 , 2016 3:00pm – 5:00pm Dofasco Boardroom