

## Patient and Family Advisory Council

Monday June 18, 2018 ~ 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					X				
Jennifer Armstrong					X				
Louise Dore					X				
Michael Slusarenko							X		
Victoria Reiding	X	X	X				X		
Cindy Machida									
Jane Ross			X		X				
Helene Hamilton		X				X			
Anna DiTiberio									X
Gloria Wade									X
Laura Van Landschoot			X			X			X
W. Doyle (Co-Chair) (VP, Patient Services & Chief Nursing Executive)			X		X		X		X
P. Valvasori (Manager Patient Relations and Medical Affairs)		X		X		X	X		X
L. Volman (Director of Nursing Practice, Mental Health & Addiction)			X		X				
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X	X	X		X	X			
N. Debeau (Occupational Therapist, Forensic Psychiatry Program)			X						X
B. Cowell (Manager, Hemodialysis)			X		X				
K. Baguley (Manager, Head & Neck Unit)									
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

**X = Regrets**

 = Not a current member

 = No Meeting

**Guests:**

Barbara Beaudoin - Member of the SJHH Joint Board of Governors  
Marilyn Dakers-Hayward – Clinical Director, Forensics Program, West 5th  
Valentina Constantinescu – Quality Consultant, Quality Department

**Abbreviation List:**

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

Item	Discussion
<b>1.0 Introduction of New Members</b>	B. King welcomed guests to the council. (See guest list above).
<b>Approval of Agenda</b>	<b>The agenda was approved.</b>
<b>Approval of Minutes</b>	<b>The minutes of the April 16th meeting were approved as corrected.</b>
<b>Announcements</b>	<ul style="list-style-type: none"> <li>• Welcome K. Baguley <ul style="list-style-type: none"> <li>• K. Baguley, manager of the Chest Head/Neck unit, will attend PFAC meetings as the representative from the Nurse Managers Committee</li> </ul> </li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• Strategic Planning <ul style="list-style-type: none"> <li>• Strategic Planning updates will be brought to PFAC on a regular basis</li> </ul> </li> <li>• Prevention of Violence in the Workplace <ul style="list-style-type: none"> <li>• Over the summer Public Affairs will be updating the prevention of violence report based on feedback brought forward from staff, patient and families</li> <li>• They are looking for advisor feedback to add to the report</li> </ul> </li> <li>• PFAC Terms <ul style="list-style-type: none"> <li>• An email reminder will be sent out to PFAC advisors if they would like to renew their term on the PFAC for another year</li> </ul> </li> <li>• LHIN volunteer opportunity <ul style="list-style-type: none"> <li>• Both St. Joe's and the LHIN (Local Health Integration Network) are working on improving patient flow. St. Joe's is initiating a committee that will meet monthly to review hospital progress on key metrics and the LHIN will also have a committee that meets monthly with other LHIN partners to review progress at the LHIN level.</li> <li>• We are looking for two Patient and Family Advisors to work on the hospital committee and also consider being the representative on the LHIN committee (the LHIN only requires 1-2 advisors from the whole LHIN so it wouldn't be guaranteed that our advisors would be selected).</li> <li>• J. Williams to email all PFA's with the above mentioned opportunity</li> </ul> </li> </ul>
<b>2.0 May 29, 2018 Event Summary</b>	<p>V. Constantinescu presented a summary from the Patient &amp; Family Advisor event held on May 29, 2018 at the West 5<sup>th</sup> Campus</p> <p>Highlights from the presentation:</p> <ul style="list-style-type: none"> <li>• 14 advisors participated in the May 29<sup>th</sup> event held at the West 5<sup>th</sup> Campus</li> <li>• Event Goals &amp; Objectives: <ul style="list-style-type: none"> <li>• Reflect on accomplishments from the past 2 years</li> <li>• Identify areas of improvement to strengthen the role of advisors and the advisor community</li> <li>• Enhance communication and interpersonal skills</li> <li>• Network and get to know each other</li> </ul> </li> <li>• Advisors were asked to form small groups and brainstorm on the three questions below: <ul style="list-style-type: none"> <li>• What frustrates you the most in your role as an advisor</li> <li>• What is the ideal scenario</li> <li>• What are some ideas to reach the ideal scenario</li> </ul> </li> <li>• Themes that came out of the brainstorming session were: <ul style="list-style-type: none"> <li>• Promote awareness of PFA role across the hospital</li> <li>• Increase focus on family engagement</li> <li>• Clarify the advisor's role and responsibility</li> <li>• Visibility and engagement of senior leadership with advisors and their work</li> <li>• Clear communication on goals and metrics for projects</li> <li>• Share learnings and successes with all PFAs</li> </ul> </li> <li>• Next Steps <ul style="list-style-type: none"> <li>• M. Joyner and the communication working group will focus on the implementation of the themes and will provide updates at PFAC</li> <li>• New items that we will take on will be added to the existing engagement plan</li> </ul> </li> </ul>
<b>3.0 Forensic Quality Council Presentation</b>	<p>M. Dakers-Hayward, Forensic Program Clinical Director, presented on the Forensic Quality Council.</p> <p>Highlights from the presentation:</p> <ul style="list-style-type: none"> <li>• St. Joe's is one of 9 hospitals in Ontario designated to provide forensic services</li> <li>• All persons served by the Provincial Forensic Program are court-ordered to our facility</li> </ul>

Item	Discussion
	<p>with the level of detention mandated by the Ontario Review Board.</p> <ul style="list-style-type: none"> <li>• The continuum of care in the Forensic Psychiatry Program includes Forensic Assessment Unit (12 beds), a Secure Forensic Unit (22beds), 2 General Forensic units (46 beds) an evolving undesignated unit (24 beds) and an outpatient department providing care 70 individuals. The program has an outpatient team, 3 clinics, expanded housing initiatives, intensive case management services, housing project, Alternate Care Pathways expansion, Knowledge Translation, and Clinical Intervention services, and Brief Assessment Unit</li> <li>• 8 patients were selected from the program by their peers to collaborate and write a story about quality improvement in the Forensic unit and the work done by the council. This story was shared by M. Dakers-Hayward and read to the council.</li> <li>• Forensic Patients are engaged in several program initiatives: <ul style="list-style-type: none"> <li>• Patient hand hygiene ambassadors</li> <li>• Patient collaboration with Nutritional Services</li> <li>• Patients involved in interviews for new hires</li> <li>• Creation of Patient, Family and Community Engagement Steering Committee</li> <li>• Patient Advisory Council</li> <li>• Safewards expansion throughout the Forensic unit</li> <li>• Patient Safety Committee</li> </ul> </li> </ul> <p><b>Q: What is the average length of stay for a Forensic patient?</b>  A: The average length of stay for a Forensic patient is 3 to 5 years. All patients stay a minimum of 1 year until they have had their annual review.</p> <p><b>Q: What are the levels of offenders?</b>  A: There are various levels of offenders ranging from correctional term to medium secure and a range of offenses from petty crimes to murder/arson and other capital offenses.</p> <p><b>Q: How do you prepare a patient to go back to the community?</b>  A: Patients enter back to the community when deemed ready by the Ontario Review Board. They will go back to work, attend school, or return to their home business etc.</p>
<p><b>4.0 Committee Updates</b></p>	<p><b>Nursing Advisory Council</b></p> <ul style="list-style-type: none"> <li>• V. Constantinescu will present a poster on COPD readmission rate and Improving COPD care at the October 2018 Health Quality Ontario Conference</li> </ul> <p><b>GIM Geographical bed mapping</b></p> <ul style="list-style-type: none"> <li>• The GIM geographical bed mapping project will go live on July 9<sup>th</sup></li> <li>• Patients will be prepared ahead of time regarding changes prior to go live</li> <li>• Staff are starting to move into the newly redeveloped space in the Mary Grace Wing</li> <li>• It is expected that patients will have more access to their medical care team</li> <li>• Nursing staff will now participate in patient care rounds</li> </ul> <p><b>Orientation Committee</b></p> <ul style="list-style-type: none"> <li>• The new staff orientation session focused on Patient and Family Centred Care will take place this month</li> <li>• H. Hamilton will share her story at the staff orientation session. The plan is to have a patient story at the beginning of each orientation.</li> </ul> <p><b>Peer Advisory Council</b></p> <ul style="list-style-type: none"> <li>• The council is not meeting over the summer</li> <li>• Ongoing development of brochures to help mental health &amp; addiction patients transition from hospital to home</li> <li>• J. Armstrong will provide an update on the progress of their work in the fall</li> </ul>

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	<p><b>Accreditation Tracers</b></p> <ul style="list-style-type: none"> <li>• A group of advisors are participating in mock tracers in preparation for St. Joe's Accreditation taking place in May 2019</li> <li>• The term "tracer" is used by Accreditation Canada to indicate the "tracing" of a patient's journey and is the style used by Accreditation Canada surveyors when they are on-site to assess our compliance.</li> <li>• Conducting a tracer involves spending time on patient care units and speaking with staff and observing processes</li> </ul> <p><b>Falls Prevention Steering Committee</b></p> <ul style="list-style-type: none"> <li>• There were no updates at this time.</li> </ul>
<p><b>5.0 Suicide Prevention Steering Committee</b></p>	<p>L. Volman, Director Nursing Practice, Mental Health &amp; Addiction, presented on the Suicide Prevention Steering Committee</p> <p>Highlights from the presentation:  In 2016/17 SJHH experienced a cluster of suicides which led to case by case quality of care reviews, a broader internal review and an independent external review to identify recommendations for changes to processes. Consequently, St. Joes has taken an assertive approach to managing and better understanding these devastating events with the aspiration towards Zero Suicides in our facility.</p> <ul style="list-style-type: none"> <li>• This work aligns with the OHA task force report on suicide prevention within hospitals.</li> <li>• The Action Committee for Suicide Prevention was struck with a mandate to oversee the implementation 19 internal and 24 external recommendations ranging from revisions in policy language to developing a large-scale approach to suicide risk screening, assessment and management.</li> <li>• The committee consisted of clinical administrators, front line clinicians, physicians, patients and families with lived experience.</li> <li>• The committee has implemented the majority of recommendations.</li> </ul> <p><b>Successes</b></p> <p>Suicide Risk Assessment And Management</p> <ul style="list-style-type: none"> <li>• Enhanced process for systematically identifying and screening of individuals at risk for suicide using the Columbia Suicide Severity Scale (screening version).</li> <li>• 500 staff or 91% including clinicians from ED, Urgent Care and inpatient Mental Health and Addictions Program are trained on the use of the Columbia Suicide Severity Raining Scale.</li> </ul> <p>Staff Training</p> <ul style="list-style-type: none"> <li>• Administered the staff educational needs survey to clinical staff and physicians working in ED and inpatient MHAP and results are being taken into account for the upcoming staff education.</li> </ul> <p>Partnership With Patients And Families</p> <ul style="list-style-type: none"> <li>• Developed guidelines for family and staff communication regarding suicide risk and prevention.</li> </ul> <p>Management Of Environmental Risks</p> <ul style="list-style-type: none"> <li>• Developed a list of items that are not allowed or may not be allowed on inpatient units due to risk to self or others.</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>• Launch a new Quality Improvement Plan (QIP) for 2018/19 for further work towards aspiring to achieving Zero Suicides in our facility.</li> <li>• Align inpatient and outpatient work on suicide prevention.</li> <li>• Form a Suicide Prevention Steering Committee to continue the work of the Action Committee.</li> <li>• Continue building a strong culture committed to providing effective care to patients at risk for suicides.</li> </ul>

Item	Discussion
	<p><b>Q: How often is the Columbia Suicide Severity Scale completed with patients (screening version)?</b></p> <p>A: Staff complete the Columbia Suicide Severity Scale (C-SSRS) with patients identified at risk at the first point of contact with the patient and at every subsequent contact when there is a change in behavior. They also complete the C-SSRS if the patient leaves the hospital for 4-8 hours on a pass.</p> <p><b>ACTION:</b> L. Volman to further discuss the Columbia Suicide Severity Scale (C-SSRS) guidelines at a future meeting.</p>
<b>6.0 PFAC Year End Review</b>	<p>M. Joyner, presented the PFAC Year End review</p> <p>Highlights from the presentation:</p> <ul style="list-style-type: none"> <li>• Some of the topics that were covered over 2017/2018 were: <ul style="list-style-type: none"> <li>• Dovetale, Hamilton Stroke Model, After Visit Summary, Quality Improvement Plan, Eye Clinic wait times, committee updates</li> </ul> </li> <li>• Two major events were held over the year; the holiday networking event and the lunch &amp; learn</li> <li>• The council reviewed the meeting time and frequency which was approved to continue as it stands currently</li> <li>• Some topics for 2018/19 include: <ul style="list-style-type: none"> <li>○ Patient Engagement Plan, Strategic Planning, Advisor Quality Council updates</li> </ul> </li> <li>• Next Steps: <ul style="list-style-type: none"> <li>• Work plan to be developed over the summer</li> <li>• J. Williams will email PFAC member to see who would like to develop the work plan</li> </ul> </li> </ul>
<b>7.0 Meeting Evaluation</b>	<ul style="list-style-type: none"> <li>• Distributed</li> </ul>
<b>Date &amp; Time of Next Meeting</b>	<p>Monday September 17, 2018  3:00pm – 5:00pm  Fontbonne Conference Room 3</p>