

## Patient and Family Advisory Council

Monday June 17, 2019 ~ 3:00pm – 5:00pm

Dofasco Boardroom

### MINUTES

	Sept 17/18	Oct 15/18	Nov 19/18	Jan 21/19	Feb 25/19	Mar 18/19	April 15/19	May 13/19	June 17/19
Bernice King (Co-Chair)									
Gary Halyk					X	X			X
Jennifer Armstrong		X					X	X	X
Louise Dore									
Michael Slusarenko			X						
Victoria Reiding			X	X					
Cindy Machida	X						X		
Jane Ross				X			X		
Helene Hamilton			X	X					
Anna DiTiberio									
Gloria Wade					X	X	X	X	
Brenda Wilkie	X								
Tara Gudgeon									X
W. Doyle (Co-Chair) (CNE)		X	X	X	X	X	X		
M. Farrell (President)									
K. Jeffrey (Coordinator Patient Relations)			X						
L. Volman (Interim CNE, Director of Nursing Practice, MH & Addiction)		X					X		
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X		X		X	X			
N. Debeau (Occupational Therapist, Forensic Psychiatry Program)		X	X	X					X
K. Baguley (Manager, Head & Neck Unit)		X							
M. Joyner (Director, Quality Department)									
V. Constantinescu (Quality Consultant, Quality Department)		X							
J. Williams (Resource)									

**X = Regrets**

 = Not a current member

 = No Meeting

**Guests:**

R. Dobson & C. Olsiak – Board Members, St. Joseph's Joint Boards of Governors

H. Van deMark – Director Clinical Nutrition and Food Services

K. Brooks – Manager Clinical Nutrition and Food Services

Susan Tkachuk, L. Neufeld-Yilmaz - Patient & Family Advisors

A. Buote, M. Mawson – Youth Advisors

A. Weatherston – Manager, Patient Flow and Chair of the Nurse Manager Council

C. Andreatta – Sr. Manager, Project Management Office

**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
<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 May 13<sup>th</sup> meeting were approved as amended.</b>
<b>Patient Story</b>	<p>C. Leite and E. Ewinger, staff from the Surgical Program shared a patient engagement initiative, the Maurizio Protocol.</p> <p>The Maurizio protocol is when an adult patient is brought to the Surgical Program requiring specialized management due to an underlying condition such as Down Syndrome, Acquired Brain Injury, profound Autism etc. The surgeon's office is often the connection or it may be by observations of the patient in the Pre-Operative Clinic. All patient medical testing is done at the hospital, for example, x-rays, blood work etc. prior to surgery.</p> <p>We have the protocol in place to allow us to collaborate with the individual's care providers to design a care plan that best suits each patient. Members of the team would include the Surgeon, the Anaesthetist, and staff from the Operating Room, Day Surgery Unit, Post-Anaesthesia Care Unit and Security. The coordination is done through the Operating Room, Pre-Operative Clinic and Day Surgery Managers.</p> <p>We carefully plan the patient's admission in a quiet private area in the Day Surgery unit. We bring the patient's family or their care provider to the Operating Room with the patient and they remain there until the patient is put to sleep. We allow patients to come to the Operating Room dressed and enable them to bring an item that gives them comfort. We may provide pre-operative sedatives to enable us to provide care safely. Similar care is supported through the post-operative phase.</p> <p>We work as closely as possible with the patient's family and/or caregivers as they are the ones that understand the patient best and can help us provide safe care delivery.</p> <p>Currently we are engaging the wife of a Maurizio Protocol patient to be involved in policy writing and to make improvements for the Maurizio Protocol initiative.</p>
<b>Announcements</b>	<ul style="list-style-type: none"> <li>• <b>PFAC Term Length:</b> <ul style="list-style-type: none"> <li>• As per the recommendation brought forward from the Accreditation Canada Report in May 2019, it was discussed that we should allow for more rotation among Advisors on our PFAC. After Advisors have held a two year term on PFAC, they will be given an option to renew for one more year.</li> </ul> </li> <li>• <b>Terms ending as of June 2019:</b> <ul style="list-style-type: none"> <li>• B. King thanked all PFA's and staff whose term has ended. Their time and dedication to PFAC over the years is greatly appreciated.</li> </ul> </li> </ul>
<b>Standing Items</b>	<ul style="list-style-type: none"> <li>• <b>Project Updates</b> <ul style="list-style-type: none"> <li>• V. Constantinescu provided an update on all active projects to date.</li> </ul> </li> <li>• <b>Raising the Bar! – June 25<sup>th</sup> Event</b> <ul style="list-style-type: none"> <li>• V. Constantinescu reminded the group that our event is being held on June 25<sup>th</sup> for patient and family advisors and staff. The event will include an update on Ontario Health Teams from Melissa Farrell, a presentation from the W. Booth School of Engineering Practice as well as a brainstorming session as we look towards improving care and enhancing partnerships.</li> </ul> </li> </ul>
<b>2.0 Food Services</b>	<p>H. Van deMark and K. Brooks, presented on Clinical Nutrition and Food Services. Highlights from the presentation include:</p> <p>Overview:</p> <ul style="list-style-type: none"> <li>• The Clinical Nutrition and Food Services department provide patient meals, nourishments and enteral formulas to clinical areas of the hospital, Clinical Nutrition Services (Dietitians, Dietetic Assistants) and oversee the contract for Retail Food, Tim Horton's and Vending services</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• A typical day would include: 1900 meals served, receipt of 400 diet and room changes, 183 diet and food allergy orders and 75 patients visited by the Dietitian or Dietetic Assistant</li> <li>• The Clinical Nutrition and Food Services department is staffed with Food Service Helpers, Diet Office Administrators, Registered Dietitians and Dietetic Assistants</li> <li>• Staff are trained in Infection Prevention and Control as well as Patient &amp; Staff Safety</li> </ul> <p><b>Q: How are patients meals determined?</b>  A: A diet order and any diet and allergy information is received in Dovetale and sent through an interface to the dietary software. The software selects food items and the amount to be served. Menus rotate every 7 days at Charlton and every 14 days at West 5<sup>th</sup>. A restaurant style menu is offered for patients on the Mother Baby Unit. Menus are adjusted throughout the year based on contract renewal dates with our food vendors, returned/unpopular items, availability and patient feedback. Members of a group purchasing organization founded by SJHS use nutritional criteria, taste, quality and packaging (easy to open). Currently 25% of the menu items we have access to are Ontario Local.</p> <p><b>Q: Can menus and/or the meal plan be on an online electronic system?</b>  A: We recently upgraded our dietary software program which will allow us to review the feasibility of patients using a meal ordering app.</p> <p><b>Q: How are meals determined for patients with a long hospital stay?</b>  A: We offer additional food choices for patients with a longer length of stay. A referral to the Dietetic Assistant can assist with getting access to these menu items.</p> <p><b>Q: How do patients receive meals?</b>  A: Patients receive a meal tray at bedside (Charlton) or in a dining room setting (Mental Health Programs). Some patients with feeding disabilities may receive enteral feeding through a feeding tube or from an intravenous solution. Patients in the emergency department who are admitted and waiting an inpatient bed receive food at meal times. Food supplies are also delivered to the Emergency Department so clinical staff can offer longer stay patients something to eat. Some patients, due to pending tests/surgery or a medical condition, are not permitted to eat while in emergency.</p> <p><b>Q: Is Dining on Call available in other areas?</b>  A: Currently the Dining on Call is only available to new mothers who are able to call between 7:00am and 7:00pm and order off an Always Available menu.</p> <p><b>Q: Are you able to have a varied menu available for each hospital unit?</b>  A: At this time, we do not have the space to set up for varied menu options on each hospital unit. We would need to build small kitchen on each unit so we are able to provide food to patients in a timely manner. We would need a place to store food and also allow for staff be situated on each unit to prepare individual meals.</p> <p><b>Q: How do you handle special diet orders?</b>  A: Special Diet orders are dependent on the type of diet restriction or level of vegetarian, we may or may not use “complete meals”. Some diets are not requested frequently but we need to have available as soon as requested so these meals may be the only option when required to meet standards (for example, Halal).</p> <p><b>Q: How are meals kept hot?</b>  A: Meals are heated on carts that use convection heat and ovens that use steam and convection. Use of microwaves is limited.</p> <p><b>Comments regarding Food Quality and Delivery:</b></p> <ul style="list-style-type: none"> <li>• We receive feedback directly from patients (informal feedback, formal satisfaction, waste audits)</li> <li>• Daily temperature audits of food</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• Observation of food service staff during meal delivery to ensure quality standards and service standards are met</li> <li>• Test trays are sampled daily by the Supervisors to measure quality/temperatures.</li> <li>• Potential new items to our menu go through a process: <ul style="list-style-type: none"> <li>• Recommendations from our purchasing group several times per year based on contract being reviewed</li> <li>• Nutritionals reviewed and approved by Dietitians</li> <li>• Samples received</li> <li>• Testing completed with Dietitians, SLP's, Food Service Management and staff</li> </ul> </li> <li>• Sampling and feedback from patients is received in a variety of ways including: <ul style="list-style-type: none"> <li>• Testing samples with patients in patient rooms and dining areas</li> <li>• Testing with SLP's during assessments for texture modified items</li> <li>• Special menu items served in dining rooms with patient feedback</li> </ul> </li> <li>• Feedback is received using surveys, questionnaire's and verbal feedback</li>   <li>• Coffee <ul style="list-style-type: none"> <li>• We have explored a number of different strategies including bringing in different brands and how we brew coffee and tea. Our temperature audits indicate the beverages are hot when poured. Our goal is to provide choice of hot beverage as close to meal service as possible.</li> </ul> </li>   <li><b>Food Waste:</b> <ul style="list-style-type: none"> <li>• Food services <ul style="list-style-type: none"> <li>• reviews the type and amount of food that is returned, client attendance, food selected and provide choice as close to meal time as possible to reduce uneaten food</li> <li>• audits food waste and addresses reasons for the waste to reduce organic garbage</li> </ul> </li> <li>• In consultation with Infection Control, the following procedures are in place: <ul style="list-style-type: none"> <li>• once meals are delivered to a unit at Charlton; all food items including unopened food items are disposed of</li> <li>• West 5<sup>th</sup> – unopened food that is delivered to the servery but not served to clients is kept in the servery or in the nutrition centre</li> </ul> </li> </ul> </li>   <li><b>Environmental Impact:</b> <ul style="list-style-type: none"> <li>• We use reusable dishes, cups, cutlery and biodegradable disposables whenever possible. We have Green Bin/Recycling established for the hospital. Currently we do not have a straw policy at the hospital. Straws are not provided by Food Services.</li> </ul> </li> </ul>
<p><b>3.0 My Dovetale</b></p>	<p>C. Andreatta, presented an update on MyDovetale. Highlights from the presentation include:</p> <p><b>Overview:</b></p> <ul style="list-style-type: none"> <li>• MyDovetale is a secure online patient portal that helps patients and their loved ones take a more active role in managing their care and monitoring their health and allow patients to access their health records</li> <li>• Feedback from patients and staff from 2 pilot groups indicated that MyDovetale should be expanded to all outpatient clinics.</li> <li>• Implementation of MyDovetale and Virtual Visits will: enhance the patient-provider relationship, streamline care communication, allow patients to play an active roles in their care, help clinicians better connect with the patient and family</li> <li>• Virtual Visits allow the patient and clinician to join a video appointment visit within MyDovetale</li> <li>• The Integrated Comprehensive Care Virtual Care Pilot is linked to MyDovetale which provides patients access to care with one number to call, one point of contact 24/7, one digital patient record and one care team.</li> </ul>

Item	Discussion
	<p><b>Next Steps:</b> MyDovetale corporate roll-out, added functionality and continue to align with provincial initiatives.</p> <p><b>Q: When receiving a call from the hospital, do you prefer call display to show caller ID?</b> A: Yes. All Patient &amp; Family Advisors were in agreement to have a SJHH caller ID displayed.</p> <p><b>Q: Does every patient have access to MyDovetale?</b> A: Currently only patients who have outpatient visits in the areas that are “live” have access to MyDovetale. The St. Joe’s Care Team will generate a MyDovetale activation code and a Medical Record Number (MRN). The patient uses this activation code and the MRN to sign up for MyDovetale. The patient will then be able to log into MyDovetale to view current health information, care team requests, upcoming appointments etc.</p> <p><b>Q: Do you set standard of practice for response time when patients are communicating using MyDovetale?</b> A: Yes, there the care team has 72 hours to respond back to the patient.</p>
<p><b>4.0 Year in Review</b></p>	<p>M. Joyner, presented an annual review of activities and accomplishments of the PFAC in 2018/19</p> <p>Highlights from the presentation:</p> <ul style="list-style-type: none"> <li>• Reviewed the Council’s structure and development of the Work plan</li> <li>• Some of the topics that were covered over 2018/2019 were: <ul style="list-style-type: none"> <li>• Code Zero-Gridlock Protocol, Seal of Approval, Communication Boards, Strategic Planning Development, Accreditation Preparation, Wayfinding</li> </ul> </li> <li>• Two major events were held over the year; Raising the Bar! and Collaborating Together for Better Care!</li> <li>• Next Steps: <ul style="list-style-type: none"> <li>• Work plan for 2019/2020 year to be developed over the summer</li> </ul> </li> </ul> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• J. Williams will email PFAC members to see who would like to develop the work plan</li> <li>• All members are able to email M. Joyner and/or J. Williams on any topics that you like to see on the upcoming work plan</li> </ul>
<p><b>Date &amp; Time of Next Meeting</b></p>	<p>Monday September 16, 2019 3:00pm – 5:00pm Dofasco Boardroom</p>