

Patient and Family Advisory Council

Monday March 19, 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									
Victoria Reiding	X	X	X						
Cindy Machida									
Jane Ross			X		X				
Helene Hamilton		X				X			
Anna DiTiberio									
Gloria Wade									
Laura Van Landschoot			X			X			
W. Doyle (Co-Chair) (VP, Patient Services & Chief Nursing Executive)			X		X				
P. Valvasori (Manager Patient Relations and Medical Affairs)		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						
B. Cowell (Manager, Hemodialysis)			X		X				
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

X = Regrets

 = Not a current member

Guests:

Moira Taylor - Member of the Quality Committee of the Joint Board of Governors

Sonali Makawita – SJHH

Tammy Robinson – Manager Eye Clinic & Surgery Centre, King

Julie Holmes – Director, Ambulatory Services, King

David Corbett – Nurse Manager Renal Transplant, Charlton

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

Item	Discussion
1.0 Introduction of New Members	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 February 26th meeting were approved as amended.
Announcements	<ul style="list-style-type: none"> • SJHH Changes in leadership <ul style="list-style-type: none"> • W. Doyle announced leadership changes at St. Joe's; Dr. David Higgins, President is retiring in June 2018 and Dr. Kevin Smith, CEO, has accepted a new position with the University Health Network

Item	Discussion
	<ul style="list-style-type: none"> • Both St. Joe’s Health System and Hospital Board of Directors are actively discussing next steps. As details emerge W. Doyle will share them with PFAC • Search Committee <ul style="list-style-type: none"> • A corporate decision has been made to formalize a plan to include a PFA in the hiring of staff • A PFAC member will be included on hiring panels for Directors, Executives and Chiefs hospital-wide <p>Q: What are the expectations of a Patient/Family Advisor by participating in the search committee?</p> <p>A: An important element to embed a culture of Patient and Family Centred Care is to have Patient/Family Advisors involved in the hiring of staff. Advisors will bring the Patient & Family perspective to the hiring panel. Each recruitment effort is a little different but usually there is a panel of people involved in the decision.</p> <p>ACTION: M. Joyner to provide a general preparation session/document for advisors on what is expected.</p>
2.0 Eye Clinic Wait Times	<p>T. Robinson & J. Holmes presented on Improving the Patient Experience in the Hamilton Regional Eye Institute</p> <p>Highlights from the presentation:</p> <ul style="list-style-type: none"> • The Hamilton Regional Eye Institute (HREI) consists of the Eye Clinic and the Surgery Centre • HREI provides non-urgent and emergency healthcare services to adults with eye disorders in the greater Hamilton area, including Niagara and Brantford • 47,000 visits annually at the Eye Clinic and 7,000 surgical ophthalmic procedures annually • Initiatives implemented since 2017 to improve the patient experience at the eye clinic include: <ul style="list-style-type: none"> • Revised Registration Process and the impact was a 45 minute reduction in clinic visit • Revised the rebooking process by mailing out follow-up appointments rather than rebooking at the eye clinic desk • Increased communication by mailing out an information sheet to patients with expected clinic wait times • Increased communication regarding clinic delays • Increased specialization by eye clinic support staff which resulted in a more efficiently run clinic and an increase in productivity • Implemented a wait time study in the eye clinic to determine the length of stay from entry point of the clinic to discharge • Study findings showed that the overall average clinic wait times were reduced <p>Q: With the implementation of Dovetale will you be able to send appointment information electronically?</p> <p>A: Currently we only mail appointment information to patients. If we were to use Dovetale to input follow up appointments, we would need the patient’s email address. Our plan is to begin collecting email addresses as we continue to roll out different aspects of Dovetale.</p> <p>Q: What contributed to the dramatic increase in the number of compliments in 2017?</p> <p>A: The number of compliments increased in 2017, due to many process improvements made in the eye clinic to improve the patient experience (highlighted in minutes above). The one that stood out among them was the changes made to the busy laser day.</p> <p>ACTION: T. Robinson & J. Holmes to present in one years’ time on the Eye Clinic including another wait time study with data results, improvements made, any concerns.</p>
3.0 Committee Updates	<p>Communication working group</p> <ul style="list-style-type: none"> • Ongoing planning for the Patient & Family Advisor event which will be held on Tuesday May 29th from 12pm-4pm at the West 5th campus, Seminar Room 1 & 2

Item	Discussion
	<ul style="list-style-type: none"> • A hold the date email will be sent to all patient/family advisors next week <p>Nursing Advisory Council</p> <ul style="list-style-type: none"> • The NAC topic of discussion was around optimizing the scope of practice for all nurses to benefit patient care • This initiative is in alignment with the organizations priorities <p>GIM Geographical bed mapping</p> <ul style="list-style-type: none"> • W. Doyle provided an update on the GIM Geographical bed mapping project • The bed mapping project is continuing, however; the initial thinking on the location of beds and the bed map may need to be reconsidered as the LHIN continues to fund additional Winter Surge beds in the unit space allotted to the GIM program in order to update the bed map <p>Action Committee for Suicide Prevention</p> <ul style="list-style-type: none"> • The final Suicide Prevention Committee meeting took place • An overview was presented to the Quality Committee of the Joint Board of Governors • J. Ross, G. Wade and L. Volman to present the overview of recommendations to PFAC at a future meeting • Columbia Tool implemented into Dovetale for staff to assess patients who are at risk for suicide, and included in the Quality Improvement Plan (QIP) <p>Orientation Committee</p> <ul style="list-style-type: none"> • C. Machida provided an update from the Orientation Committee • A full 1.5 hours will be reserved during general staff orientation to review the expectations of provided patient and family centred care. This orientation session will be developed by staff and Patient/Family Advisors in partnership • The first Orientation Committee meeting took place in February with staff, patient/family advisors and the Organizational Development Consultant at St. Joe’s, Johan Beukes • J. Beukes provided a model of a workshop that he used in the past to assist the committee in the development of the patient engagement orientation session • A patient story will be shared at each general staff orientation <p>Ministry of Health and Long Term Care Patient & Family Advisory Council (MOHLTC PFAC)</p> <ul style="list-style-type: none"> • B. King provided an update from the MOHLTC PFAC • The Council now has 14 members with representations from all age groups and ethnic backgrounds • A session was devoted to digital health with presentations and guest speakers • A family physician from Waterloo presented their work on digital health in a clinical setting • A speaker from Sunnybrook hospital presented their digital charting program, My Chart • B. King viewed An Ontario Health Literacy Symposium webinar and will share with PFAC at the next meeting <p>Falls Prevention Steering Committee</p> <ul style="list-style-type: none"> • There were no updates at this time. <p>Peer Advisory Council</p> <ul style="list-style-type: none"> • Deferred
<p>4.0 After Visit Summary</p>	<p>S. Makawita presented on the After Visit Summary</p> <p>Highlights from the presentation:</p> <ul style="list-style-type: none"> • The After Visit Summary (AVS) is St. Joe’s version of the Patient Oriented Discharge Summary (PODS) which was launched hospital wide on December 2 2017 as a part of Dovetale • It is a tool that provides 5 key pieces of information:

Item	Discussion
	<ul style="list-style-type: none"> • Signs & Symptoms to watch out for • Medication changes • Diet & activity changes • Any scheduled follow up appointments • Key contact information <ul style="list-style-type: none"> • The PODS project, led by the Adopting Research to Improve Care (ARTIC) Program, is an Ontario-wide initiative designed to make the discharge process more patient-centred by providing discharge summaries that are easy to read and that patients and their families can act on • PODS was designed to clearly communicate important information that patients need to know in one single document • St. Joe's is one of 27 Ontario hospital involved in the PODS project and the only participating hospital in the HNHB LHIN <p>Next Steps:</p> <ul style="list-style-type: none"> • Completing assessments at all 7 inpatient units • Continuous data evaluation and metrics submission to ARTIC group • Establishing a steering committee including patient representatives • Completing post-implementation staff and patient surveys in Fall 2018 <p>Q: Is the After Visit Summary hospital program specific for each patient? A: The After Visit summary contains the five key components that patients need to know to effectively manage their health after discharge. Currently we are focused on standardizing the AVS components across various hospital units/programs. Once this is complete, we will optimize the summary more specifically to each program area.</p> <p>Q: What is the difference between the After Visit Summary provided to the Physician and the After Visit Summary provided to the patient? A: Both Family Physicians in the community are provided Discharge Summaries which contain very similar information as to the After Visit Summary that patients and families receive.</p> <p>ACTION: S. Makawita to set up a small working group of patient/family advisors to review the After Visit Summary in more detail. A summary of findings will be presented to PFAC.</p>
5.0 Patient Engagement Plan	<p>This item was deferred. M. Joyner to present at the April meeting.</p> <p>ACTION: PFAC members to email comments and feedback on the Patient Engagement Strategy to J. Williams/M. Joyner prior to the April meeting</p>
6.0 Meeting Evaluation	<ul style="list-style-type: none"> • Distributed
Date & Time of Next Meeting	<p>Monday April 16, 2018 3:00pm – 5:00pm Dofasco Boardroom</p>