

Patient and Family Advisory Council

Monday March 18, 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			
Jennifer Armstrong		X							
Louise Dore									
Michael Slusarenko			X						
Victoria Reiding			X	X					
Cindy Machida	X								
Jane Ross				X					
Helene Hamilton			X	X					
Anna DiTiberio									
Gloria Wade					X	X			
Brenda Wilkie	X								
W. Doyle (Co-Chair) (Interim President)		X	X	X	X	X			
K. Jeffrey (Coordinator Patient Relations)			X						
L. Volman (Interim CNE, Director of Nursing Practice, MH & Addiction)		X							
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X		X		X	X			
N. Debeau (Occupational Therapist, Forensic Psychiatry Program)		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:

Donna Johnson – Director, General Internal Medicine (GIM), Emergency, Urgent Care

Cory Fraser – Nurse Manager, Emergency Department

Susan Tkachuk - Patient & Family Advisor

Lee Clayton – Board Member, Quality Committee of the St. Joseph's Hamilton Joint Board of Governors

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 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 25th meeting were approved as amended.																											
Patient Story	<p>H. Hamilton, Patient and Family Advisor, provided her patient story.</p> <p>H. Hamilton’s provided her own story which she has shared at staff hospital orientation. She shared her initial introduction to St. Joseph’s Healthcare Hamilton (SJHH) as a patient when she was 19 years old. She had been transferred from a small community hospital where everything was familiar to SJHH, where she felt isolated and alone. During her admissions at St. Joe’s she found that it was the small things that staff did that had the greatest impact and made her experience at the hospital positive and memorable. Helene shares her experiences at staff hospital orientation in hopes to inspire staff to connect with patients and provide a positive patient experience.</p> <p>Action: Patient and Family Advisors are encouraged to share their own stories at staff hospital orientation. You will be supported to write and document your story. Please reach out to J. Williams/M. Joyner if you are interested in participating in staff orientation sessions.</p>																											
Announcements	<ul style="list-style-type: none"> • Patient Story Action Item: <ul style="list-style-type: none"> • Thank you letters have been provided to the staff who have attended PFAC and presented a patient story 																											
Standing Items	<ul style="list-style-type: none"> • Recent Project Assignments <ul style="list-style-type: none"> • V. Constantinescu provided an update on Patient & Family Advisor projects for the month of March 2019 <table border="1" data-bbox="443 1079 1498 1465"> <thead> <tr> <th colspan="3" data-bbox="443 1079 1498 1108">Recruited:</th> </tr> <tr> <th data-bbox="443 1108 865 1138">Project Name</th> <th data-bbox="865 1108 1222 1138">Program/Group</th> <th data-bbox="1222 1108 1498 1138">Advisors</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 1138 865 1199">Interview Panel – Women’s and Infants’ Program Director</td> <td data-bbox="865 1138 1222 1199">Corporate</td> <td data-bbox="1222 1138 1498 1199">G. Halyk</td> </tr> <tr> <td data-bbox="443 1199 865 1260">Firestone Institute for Respiratory Health (FIRH) Quality Council</td> <td data-bbox="865 1199 1222 1260">FIRH</td> <td data-bbox="1222 1199 1498 1260">Debra Hartman</td> </tr> <tr> <th colspan="3" data-bbox="443 1260 1498 1289">Recruitment In Progress:</th> </tr> <tr> <td data-bbox="443 1289 865 1350">Therapeutics Senior Care Education Team</td> <td data-bbox="865 1289 1222 1350">Therapeutics</td> <td data-bbox="1222 1289 1498 1350">1-2 advisors needed</td> </tr> <tr> <td data-bbox="443 1350 865 1379">Seniors Education Resource Fair Event</td> <td data-bbox="865 1350 1222 1379">Therapeutics</td> <td data-bbox="1222 1350 1498 1379">1-2 advisors needed</td> </tr> <tr> <th colspan="3" data-bbox="443 1379 1498 1409">On Hold:</th> </tr> <tr> <td data-bbox="443 1409 865 1465">Wayfinding Tool</td> <td data-bbox="865 1409 1222 1465">Public Affairs</td> <td data-bbox="1222 1409 1498 1465">B. King, J. Ross, L. Dingman</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Preparation for April’s Meeting <ul style="list-style-type: none"> • Three topics will be presented at the April PFAC meeting • PFAC members brainstormed and formulated questions to ask the presenters on the three topics • Strategic Planning: <ul style="list-style-type: none"> • How will the Strategic Plan play a part in the government of Ontario Health’s Agency? • Quality Council Evaluation: <ul style="list-style-type: none"> • What is the goal of the Quality Council? • What topics do they talk about at Quality Council meetings? • Is there variation between the different Program Quality Councils? • How many Quality Councils are there at SJHH? Which Quality Councils have Patient and Family Advisors and which ones do not? 	Recruited:			Project Name	Program/Group	Advisors	Interview Panel – Women’s and Infants’ Program Director	Corporate	G. Halyk	Firestone Institute for Respiratory Health (FIRH) Quality Council	FIRH	Debra Hartman	Recruitment In Progress:			Therapeutics Senior Care Education Team	Therapeutics	1-2 advisors needed	Seniors Education Resource Fair Event	Therapeutics	1-2 advisors needed	On Hold:			Wayfinding Tool	Public Affairs	B. King, J. Ross, L. Dingman
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	<p>Action:</p> <ul style="list-style-type: none"> • Have Patient and Family Advisors on PFAC who are involved in a Quality Council present a short summary of their experience on a Quality Council at a future PFAC meeting <ul style="list-style-type: none"> • Accreditation: <ul style="list-style-type: none"> • Provide a review of possible questions and answers to prepare for the upcoming Accreditation. Surveyors may attend the PFAC meeting as part of the on-site survey.
<p>2.0 Committee Updates</p>	<p>Mental Health and Addictions Family Advisory Council</p> <ul style="list-style-type: none"> • B. King will be attending the March FAC meeting to observe and learn more about their work in preparations for her next provincial Advisory Council meeting <p>Strategic Planning/Ambassador Program</p> <ul style="list-style-type: none"> • We have 84 staff Strategic Planning Ambassadors. One of their responsibilities is to bring updates back to their team on the development of the strategic plan • A portal was developed to help ambassadors share information online and learn more about the strategic plan • Strategic Planning Ambassador orientation sessions took place in November/December 2018 • Sessions will be starting in April 2019 to learn more about the work that has been completed to date on the Strategic Plan • Ambassadors will be able to share the information learned at the April sessions with their colleagues <p>Medication Management Council</p> <ul style="list-style-type: none"> • Work is being done on medication management in preparation for Accreditation • The council is reviewing options to allow for the safe storage of patient’s medications at the bedside • Discussed medication safety strategies to eliminate medication waste <p>Wayfinding Committee</p> <ul style="list-style-type: none"> • Reviewed and updated signage for various areas of the hospital including: Parking, Chapel, Emergency Department, smoking/vaping signs, Scent Free Sign • Will be adding a sign with the artist’s name on it who painted the mural by the Emergency Department entrance which will describe the inspiration for the art work <p>Communication Working Group</p> <ul style="list-style-type: none"> • At the last meeting, S. Dowhan-Soltys presented on the Scent Free Policy that is going forward for the organization and we provided feedback • Work was done on the SJHH Declaration of Values and a draft was emailed out to the group based on our brainstorming session • Reviewed applications by email for the Patient & Family Involvement Seal • V. Constantinescu and L. Batt are working on updating the SJHH Patient & Family Rights and Responsibilities policy • The next meeting is taking place on March 28th <p>Peer Advisory Council</p> <ul style="list-style-type: none"> • On February 14th, an Anti-bullying campaign was held at West 5th with keynote speaker Colleen Merrifield. There was a panel with 3 guests who shared their experiences with bullying. Approximately 40 people attended the event. <p>Ministry of Health (MOH) Patient and Family Advisory Council</p> <ul style="list-style-type: none"> • The Ministry’s Patient declaration of values was released • Dr. Rueben Devlin and the Deputy Premier presented at one of the meetings to provide

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	<p>an update on where the Ministry is headed and spoke in regards to patient engagement/the patient voice and mental health</p> <ul style="list-style-type: none"> • SJHH new president Melissa Ferrell attended and spoke on Integrated Comprehensive Care models • B. King reminded PFAC members to register and become a MOH virtual patient advisor: https://www.ontario.ca/form/become-patient-advisor-province <p>Nursing Advisory Council (NAC)</p> <ul style="list-style-type: none"> • J. Woods attended the most recent meeting to provide an update on the Strategic Plan • J. Ross shared a positive story from a patient who recently attended the eye clinic at the King Campus
<p>3.0 Summary of Advisory Activity</p>	<p>V. Constantinescu presented a summary of Advisor activity for 2018/2019. Highlights from the presentation include:</p> <ul style="list-style-type: none"> • SJHH currently has over 50 Patient and Family Advisors recruited across the organization • Patient and Family Advisors participate in 21 Committees/Councils and 12 Quality Improvement projects • Four Patient and Family Advisor orientation sessions in collaboration with Volunteer Resources were completed in 2018 • Two Patient and Family Advisor events were held in 2018 • Patient and Family Advisors worked on 7 key initiatives throughout 2018/2019. Some highlights are: <ul style="list-style-type: none"> • Improve communication among advisors and between staff and patients/families • Promote awareness of the Patient and Family Advisor role across the hospital • Enhance processes for patients and families to voice concerns/suggestions/improvements <p>Next Steps</p> <ul style="list-style-type: none"> • Exploring more interactive communication methods amongst Patient and Family Advisors • Continue to look at creative ways of recruiting Patient and Family Advisors • Continued collaboration with Public Affairs to publish patient stories <p>Q: Who mentors the newly recruited Patient and Family Advisors? A: A newly recruited Patient and Family Advisor is paired with an experienced Patient and Family Advisor who will mentor and integrate them into their role at SJHH.</p> <p>Q: What strategies do you use to recruit Patient and Family Advisors? A: We have benefitted from several strategies to help recruit Patient & Family Advisors at St. Joe’s. We have reached out to program Directors and Managers and asked for their help in recruiting patients and/or family members from their respective programs. We collaborate with the Public Affairs department to use social media platforms such as Facebook, Twitter to recruit advisors. Staff from the Quality department visited all three campuses in December to speak with patients and families about volunteering as an advisor with the hospital. Our hospital Patient & Family Advisors and the work we do is becoming more well-known and some patients and family members have reached out to us and asked to become an advisor.</p> <p>Action:</p> <ul style="list-style-type: none"> • Determine which committees/councils at SJHH do not have Patient and Family Advisor representation
<p>4.0 Maintaining Patient Flow in the Emergency Department</p>	<p>D. Johnson & C. Fraser presented on Maintaining Patient Flow in the Emergency Department (ED) at St. Joseph’s Healthcare Hamilton (Gridlock)</p> <p>Overview:</p> <ul style="list-style-type: none"> • St. Joseph’s Healthcare Hamilton has on average 180 visits per day. Included within this 180 visits are 45 ambulance arrivals

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	<ul style="list-style-type: none"> • The busiest times within the Emergency Department (ED) is from 10am to 10pm • As 10am to 10pm is the busiest, a physician is scheduled to work in the waiting room and assess patients immediately following triage • Staff are also scheduled according to the demand throughout the day <ul style="list-style-type: none"> • The following questions and comments were sent in advance to the presenters to address at the PFAC meeting <p>Q: How well do staff cope and what supports do they have to help them when this situation occurs?</p> <p>A: In the event gridlock protocol is initiated, one nurse within an inpatient unit accepts and admits an additional patient. One nurse is assigned to the Gridlock bed each morning. As there are several nurses working within each clinical area, staff are supported by their colleagues and managers. If there are extra staff working on the unit, they are pulled to help admit this additional patient.</p> <p>Q: Who set the wait time goal of 30 minutes and is this an achievable and/or realistic target? This is the target from when Gridlock Protocol is call and patients arrive on inpatient units.</p> <p>A: 30 minutes was a target set jointly between the Emergency Department and the inpatient units. Once gridlock protocol is called, units are aware of the need to quickly transfer patients up to in-patient units to make space within the ED.</p> <p>Q: How do you deal with surges?</p> <p>A: Patient flow processes have been developed and plans have been put in place to quickly respond to surge events. When certain thresholds or triggers are met associated actions are taken. When a surge situation presents itself, this is communicated to all staff involved as well as other stakeholders inside and outside of the hospital. As a last resort, adding extra staff to care for additional patients within a clinical area is initiated.</p> <p>Q: Has there been an increase in patient complaints related to this and what have you done to resolve them?</p> <p>A: To our knowledge there has not been a patient complaint filed regarding this new process. Overall this year there has been a substantial decrease in patient complaints within the Emergency Department. We believe a contributing factor to lower complaints is the follow-up phone call that is being made to patients who are part of the admission avoidance process. These patients are followed-up by a nurse and questions are answered regarding their supportive plans put into place in the community.</p> <p>Q: Do you have volunteers in the ED to communicate to patients that a code zero/gridlock is taking place?</p> <p>A: Volunteers are in the ED from 4pm-8pm on varying days. Volunteers are posted in the waiting room to help patients navigate the ED process including finding specific areas and family members within the ED.</p> <p>Q: How many patients come by ambulance (critical, non-critical etc.)?</p> <p>A: On average there are 45 patients that present by Hamilton Emergency Services (EMS) on a daily basis, this varies from 35-69, depending on events happening within the community. On average 1-2 patients arrive each day with a Canadian Triage and Assessment Score of 1, which is defined as immediate risk of loss of life or limb (the most critical patient). In addition to Hamilton EMS, the ED does see patients presenting from surrounding communities of patients requiring specialized care.</p> <p>Q: Is there capacity for paramedics to triage patients prior to bringing them to hospital?</p> <p>A: Yes. SJHH was the first hospital within Hamilton to facilitate the Fit2Sit program. Fit2Sit is when a Hamilton paramedic deems a patient stable and can triage and offload a patient into the pre-triage waiting room rather than waiting for a stretcher. This process is now being utilized at other Hamilton hospitals and is now being considered within the city of London.</p>

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	<p>Q: If paramedics are able to triage the patient and determine that they don't need to go to hospital, are paramedics able to transport those patients elsewhere (to a shelter, community health centre etc.)? A: Currently under the Ambulance Act, paramedics can only transport to an acute care hospital. In 2017, legislative amendments were made to the Ambulance Act to support on-scene assessment and treatment with referral/release by certified paramedics (Bill 160). Consultation regarding the change in the Act has been underway since that time, but the Act has not yet been adopted.</p> <p>Q: Has any thought been given to communicating the wait time for less urgent visits, perhaps on a website? A: Yes, displaying wait times to patients has been considered, we are working with the Dovetale team to see if this is an option in the future to have this display electronically within the ED and for external partners.</p> <p>Q: Is there any way to triage a patient and then allow them to go home to wait for their turn for treatment? Or, can a number be issued online with an expected wait time to come in? A: Unfortunately, patients need to remain present to receive treatment or relay their results at this time. There is opportunity to utilize My Dovetale in the future if there are outstanding results and patients are unable to stay within the ED.</p> <p>Q: When there are no empty beds available, where does the patient stay? A: If there are no empty beds available at the time when the patient is admitted, the patient remains in the Emergency Department and waits for an available bed.</p> <p>Q: When the hospital overhead announcement is made that the Gridlock protocol is in effect, what does that mean? A: There are several factors that may indicate that a gridlock protocol is in effect. These include: there are 4 or less ambulances on city streets, the EMS has been waiting at the hospital longer than 90 minutes to offload a patient and there are 12 or greater admitted patients waiting for a bed. The Gridlock protocol was implemented on January 14, 2019 and since that time we have called a hospital gridlock three times.</p> <p>Q: How do patients provide feedback about their experience at the SJHH Emergency Department? A: Patients and families are able to provide feedback directly to staff while they are being cared for in the ED, or to the ED Manager. Patients or families can also contact Patient Relations at any time. We also mail out Patient Satisfaction Surveys on a regular basis to obtain feedback.</p> <p>Q: What feedback have you received from staff regarding the code zero/gridlock protocol? A: The staff moral in the ED has been very positive. When we hear that there is a gridlock protocol in effect, we are all working together to provide patients with the best care possible and ED staff know they are being supported by their inpatient colleagues.</p> <p>Q: Why is there a physician in the ED Waiting Room and what is their role? A: Several years ago we established that the busiest time in the ED is between 10am to 10pm. The ED physician group decided that having a physician in the waiting room would improve patient care and decrease the time patients are waiting to see a physician. The physician typically does an initial assessment that may include ordering laboratory tests or diagnostic tests and then the patient is re-assessed by the ED physician inside the department.</p>
<p>Date & Time of Next Meeting</p>	<p>Monday April 15, 2019 3:00pm – 5:00pm Dofasco Boardroom</p>