

PATIENT & FAMILY ADVISORY COUNCIL MINUTES
Monday March 9, 2015
@3:00 – 5:00 pm
Dofasco Board Room

Patient/Family Members Present: C. Machida (Co-Chair), L. Dore, J. Robertson

Staff Members Present: W. Doyle (Co-Chair), M. Joyner, P. Johnson, L. Volman, M. Doma, H. Harris, F. Wilson

Regrets: M. Gagnon, G. Boag, M. Wilson, M. Slusarenko, T. Jackson, F. Wilson, G. Halyk, J. Armstrong

Guests: G. Amirthavasari, L. Sealy, L. Lawson, T. Quigley (St. Mary's), G. Flynn-Ruess (St. Mary's)

The meeting was chaired by Winnie Doyle.

Topic	Discussion	Action
Introductions	Introductions were made, and our 2 guests from St. Mary's General Hospital were welcomed. St. Mary's plans to start a Patient and Family advisory council in the next few months.	
Review of previous minutes	Minutes from the meeting held on February 9, 2015 were reviewed and accepted.	
Introduction of new members	No new members to introduce, we are continuing to recruit for new patient/family advisors.	Interested candidates for patient/family advisor roles at St. Joe's are asked to contact Michelle Joyner 905-522-1155 x32760 or mjoyner@stjoes.ca
Announcements	There were no announcements.	
Kingston Site Visit	In follow-up from the previous meeting, W. Doyle discussed	ACTION: W. Doyle to discuss elements

	<p>the relevance of some of the work being done in Patient Engagement at Kingston General Hospital and the interest in implementing some of that work here at St. Joe's.</p>	<p>of Kingston Patient Engagement strategy that could be implemented at St. Joe's with the Senior Leadership Team, and Directors.</p>
<p>Website Feedback</p>	<p>We would like to make the quality indicators patient/family friendly. Feedback received at the previous meeting was incorporated into the format of the graph that was presented.</p> <p>Additional comments/feedback were given at the meeting, including the need to receive input from other internal stakeholders regarding the presentation of the data.</p>	<p>ACTION: M. Joyner will circulate the latest version. Please send comments/feedback to gamirtha@stjoes.ca</p> <p>ACTION: G. Amirthavasar to review information posted on other sites for comparison.</p> <p>ACTION: M. Joyner will coordinate feedback from other internal stakeholders.</p>
<p>Patient Advisor Recruitment Brochure</p>	<p>A draft of a brochure was circulated. This brochure would be used to assist in recruiting for the Patient and Family Advisory Council at this time and then adapted to serve as a recruitment tool for all Patient and Family Advisors.</p> <p>There was discussion on the need to align all Patient and Family work and committees.</p>	<p>ACTION: M. Joyner to circulate to all members for feedback. Please send feedback to mjoyner@stjoes.ca</p> <p>ACTION: W. Doyle, C. Machida, M. Joyner to work on this and bring back to the council.</p>
<p>Home First Initiative & My Plan</p>	<p>L. Lawson presented on the Home First initiative which is a program to enhance communication and discharge planning for patients. Three patients from the Patient and Family Advisory council have been involved. The program is meant to ensure that patients and families are involved early on in discharge planning discussions. This program includes the 48-hour conversation that is meant to take place with care providers and families explaining their plan of care. This initiative is in alignment with the Council's priorities for 2015 which is to support the development of</p>	<p>ENDORSEMENT: the council endorses this work and is fully supportive of this very important initiative.</p>

	patients receiving a plan of care early in their stay in hospital.	
Purposeful use of patient stories to improve quality and patient experience	<p>Historically, patient stories are used very frequently to inform us of our care practices. At St. Joe's , we have been including a patient story at the beginning of every meeting of the Quality Committee of the Board meeting for the past 3 years. Stories that are negative are purposefully chosen to remind ourselves of the dangerous work we do and to keep us grounded. Incorporating them in a formal way will need to be done with sensitivity as we have had challenges recently. One suggested model is to have patients partner with staff and to present the story in partnership. If we implement a formal process, we will need to ensure that we have supports in place for patients.</p> <p>There was some discussion regarding a technique of informing patients they can call into a phone number to provide recorded feedback for later use as an educational tool, or there is also the option of video-recording various patient stories.</p>	ACTION: W. Doyle will discuss this concept with the Senior Leadership Team.
Mental Health Peer Support Council, and Mental Health Family Advisory	<p>F. Wilson provided an update on these 2 councils.</p> <p>The Peer Support Council has been in existence for over 20 years and currently is focusing on the following priorities:</p> <ul style="list-style-type: none"> • Stigma • Trauma and Abuse • Substance Use in/on hospital grounds • Education (Internal and External) • Expand the Voice and Representation of the Peer Support Council within MHAP and SJHH <p>The Mental Health Family Advisory Council has been in existence for approximately 3 years and is currently</p>	

	<p>focusing on the following priorities:</p> <ul style="list-style-type: none"> • Maximize family inclusion and communication in treatment and recovery planning. • Value statement re: Family Centred Care to be utilized in policy review and practice. • Increase support mechanisms for family • Pre-discharge education for family members • Enhancement of Family Education resources including literature, groups, etc. • Stigma – family experience of stigma 	
Patient and Family Advisors reports from working groups.	This was an additional agenda item. The purpose is to discuss the need for Patient and Family Advisors to report back to this council on their work in groups outside the council.	Deferred to next meeting.
Next Meeting	Monday, April 20th	