

Monday May 4, 2015  
3:00 pm – 5:00 pm  
Mary Grace Boardroom

**Members:** C. Machida (co-chair), W. Doyle (co-chair), G. Halyk, J. Armstrong, L. Dore, M. Slusarenko, V. Reiding, B. King, J. Ross, H. Hamilton, L. Volman, J. Robertson, M. Doma, P. Johnston, H. Harris, F. Wilson, M. Wilson, T. Jackson

**Board Guest:** C. Santoni

**Regrets:** G. Boag, M. Gagnon, M. Joyner

This meeting was chaired by C. Machida

Item	Discussion	Action
<b>Approval of Minutes</b>	The Minutes of April 20, 2015 were approved as circulated	
<b>Additions to Agenda</b>	<ul style="list-style-type: none"> <li>J. Robertson, PFAC representative on the End of Life Committee, distributed copies of new brochures entitled "Informed Consent," "Ethical Decision Making Framework," "Power of Attorney for Personal Care," and "Ethics Consultation Service" for information</li> </ul>	
Introductions & Membership	<ul style="list-style-type: none"> <li>Welcomed C. Santoni, Chair of the St. Joseph's Hamilton Joint Boards of Governors</li> <li>Welcomed E. Rivoire from Accreditation Canada. Ms. Rivoire attended the meeting for a brief period. She commended the Council on its work, and stressed the importance of patient engagement. She asked members to give examples of areas where they feel that their participation in patient engagement has made a difference at St. Joe's. She encouraged members to continue this work as leaders in integrating patient and families in their healthcare</li> <li>It was reported that due to meeting conflicts, M. Gagnon has resigned from the Patient &amp; Family Advisory Council. A new physician member will be recruited. D. Vandenberg has also been unable to attend meetings due to work conflicts and she will be approached to participate as a "virtual patient/family advisor"</li> </ul>	
Patient Bill of Rights Continued Review of current version	<ul style="list-style-type: none"> <li>Council members continued reviewing Patient Bill of Rights starting at "Your Health Care" section</li> <li>Comments, additions, suggestions, areas to improve were discussed. It was suggested that it might be easier to start with a list of principles that the Council agrees should be included in the document. There was agreement that wording is often difficult as they can be interpreted in many ways and it is difficult to fully explain the principles in a short brochure</li> <li>M. Doma shared wording from the Patient Relations brochure and there was a suggestion that it might be useful to include some wording from the legislation</li> <li>Review of the document will continue at the next meeting</li> </ul>	

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Corporate Patient Engagement Structure – Update based on feedback	<ul style="list-style-type: none"> <li>• W. Doyle introduced the proposed organizational chart for the structure of patient engagement at St. Joe’s. She reported that work has begun on creating an inventory of all current advisors, positions and vacancies</li> <li>• She proposed that Advisors report back to Patient &amp; Family Advisor Council on learnings from committee or councils that they are a part of</li> <li>• The goal is to have at least 2 Patient &amp; Family Advisors to sit on each council or committee</li> <li>• The frequency of reports from Patient &amp; Family Advisors needs to be determined</li> <li>• Council endorsed the proposed structure and it was agreed that discussion of the processes reporting and networking would continue</li> <li>• Council will continue discussion of corporate patient engagement processes at the next meeting</li> </ul>	
Recruitment Brochure	<ul style="list-style-type: none"> <li>• Feedback received from Patient &amp; Family Advisors was incorporated into the brochure</li> <li>• Some members had further feedback which will be reviewed and incorporated as required</li> <li>• 2 changes were suggested to the brochure that was presented <ul style="list-style-type: none"> <li>• Adding a footnote to give credit to “Kingston General Hospital”</li> <li>• The text bubbles in the Patient Advisor pictures need to be updated</li> </ul> </li> </ul>	M. Joyner to add suggested change to the PFAC recruitment brochure
Rehabilitation/Canadian Foundation for Health Improvement project	<ul style="list-style-type: none"> <li>• For the benefit of new members and guests, C. Machida provided the background of the Canadian Foundation for Healthcare Improvement. The project uses the tools of teachback and patient shadowing on the Rehabilitation Unit</li> <li>• V. Constantinescu presented an update of the work since the last report in November 2014. Since that time, the sub-committee has met to determine topics which the project will focus on, namely, medication reconciliation, falls prevention, normal vs abnormal (care plan) and follow-up appointments. Hand-outs for patients have been prepared on a number of common diagnoses, including hip and knee replacement, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, amputation, stroke and diabetes. Staff on the unit have been trained on use of the teach-back tool, and the project went “live” on April 7. Teachback will be done with patients twice per week. Measurements of the impact of the implementation of teachback on the discharge process have begun</li> <li>• Question: Are family members invited to be involved in the patient care plan as part of patient engagement?</li> <li>• Currently, the patient’s family is not involved in the teachback process from the outset. If it is determined that the patient has difficulty with the information being conveyed, family involvement is sought</li> <li>• Comments <ul style="list-style-type: none"> <li>• Council members felt strongly that family involvement is important from the outset</li> <li>• Patients might feel intimidated and nervous when they are discussing their care plan and might not comprehend or be able to process the information provided</li> <li>• It was noted that Patient Relations has received complaints from family members regarding information provided to patients and the need for a family member to be present however this could potentially pose issues of confidentiality</li> <li>• Care plan information is repeated at each patient teachback session</li> <li>• The need to coordinate patient teachback care plan with outside organizations at time of patient referral was stressed and the importance of continuity of care between patient,</li> </ul> </li> </ul>	

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	<p>family and outside care organizations is key to the provision of a seamless transition between organizations</p> <ul style="list-style-type: none"> <li>• V. Constantinescu will incorporate feedback from Patient &amp; Family Advisory Council into the project wherever feasible</li> <li>• Going forward the second phase of the project will continue with patient shadowing, following up with the patient post discharge and patient chart review</li> </ul>	
<b>Date of Next Meeting</b>	<p><b>Monday June 15 2015</b>  <b>3:00 pm – 5:00 pm</b>  <b>Dofasco Boardroom, Charlton Campus</b></p>	