

Patient and Family Advisory Council

Monday April 18, 2016 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

							Mar 21/16	April 18/16	May 16/16	June 20/16
C. Machida (Co-Chair)										
G. Halyk										
J. Robertson										
J. Armstrong							X			
L. Dore										
M. Slusarenko										
T. Jackson							X			
V. Reiding							X			
B. King (Vice-Chair)										
J. Ross										
H. Hamilton										
K. Dell										
D. Mertin								X		
<i>Staff</i>										
W. Doyle (Co-Chair)								X		
M. Doma										
L. Volman								X		
P. Johnston							X			
F. Wilson							X			
C. Stevenson										
L. Barrett										
M. Joyner										
J. Williams (Resource)										

X = Regrets

 = Not a current member

Guests:

Adriaan Korstanje – St. Joseph’s Joint Board of Governors

Kelly Brooks – Manager, Clinical Nutrition & Patient Food Services

Anne Bialachowski – Manager, Infection Prevention & Control

Clyde Coventry - Director Environmental Services (EVS), Transportation and Linen Services

Item	Discussion
1. Introduction of New Members	<ul style="list-style-type: none"> • Introductions were made to a new member of the council, K. Dell, Patient and Family Advisor and member of the Family Advisory Council, Mental Health and Addiction Program • Welcomed guests to the council; A. Korstanje from the St. Joseph’s Hamilton Joint Boards of Governors, Clyde Coventry, Director EVS, Transportation and Linen Services, Anne Bialachowski, Manager of Infection Prevention & Control, Kelly Brooks, Manager of Clinical Nutrition & Patient Food Services
Approval of Agenda	The agenda was approved.
Approval of Minutes	The minutes of the March 21, 2016 meeting were approved.

Item	Discussion
<p>2. Business Arising 2.1 Update from Working group – Networking Session (May 3, 2016)</p>	<ul style="list-style-type: none"> The Patient and Family Advisors Networking Session is taking place on May 3, 2016 The purpose of the event is to provide Patient and Family Advisors the opportunity to network with each other, to provide feedback on their role as advisors as well as to begin to set priorities for the Patient and Family Advisory Council work plan.
<p>2.2 Open Visitors Policy</p>	<ul style="list-style-type: none"> At the April meeting the council endorsed in principle, the development of an open visitors policy. M. Joyner brought more information regarding the intent of this new policy M. Joyner presented a summary of benefits that is found in current literature on the benefits realized by other organizations who have an open visitor’s policy; some of these benefits include: <ul style="list-style-type: none"> Positive impact on the staff by enhancing patient communication; hospitals with this policy have increased staff satisfaction If the family members are more present it allows them to become more involved in the patient’s care and promotes better communication in medication management, fewer falls, discharge planning and post-discharge care M. Joyner has begun to conduct focus groups with staff to obtain feedback on the open visitors policy <ul style="list-style-type: none"> Feedback received from the focus group was that staff were very supportive and some units have informally implemented the open visitor concept One concern raised is regarding security, in particular at the West 5th site in which the entrances close at 10pm M. Joyner has also spoken with a few other hospitals who have already implemented the open visitors policy and the experience has been that patients and family members are not likely to stay overnight but tend to visit earlier in the day (before 9am) or stay a little later (past 9pm) The council gave some advice on the development of the new policy: <ul style="list-style-type: none"> Use language that is softer or easier to read, like “flexible” visiting hours Keep the concept of partnering with patient and family throughout the policy Add the reason behind why we are changing the visiting hours <p>Q: Can units override the organizational policy and adopt their own policy? The philosophy would be throughout the hospital. Communication will be specific to ensure family members are made welcome to stay but within reason depending on the unit.</p> <p>Q: How will we protect the patient’s rights when they share a room with another patient? We will need to maintain a similar understanding as to what we have today which is that patients and visitors must be respectful towards their roommates.</p> <p>Q: Does the current staff ratio have the time to deal with the open visitor policy? We don’t anticipate that the new policy will require additional time from staff members; in fact, a greater family presence should be helpful for staff.</p>
<p>3. Nutritional Services – Involvement of patients in selection of menus</p>	<ul style="list-style-type: none"> K. Brooks, Manager of Clinical Nutrition & Patient Food Services presented an overview of the department The Clinical Nutrition and Patient Food Services department is a multi-site facility serving the Charlton and West 5th campus’ working together to provide quality meals, snacks and enteral feeds for patients in a sanitary manner The West 5th campus provides inventory management, food production and dining room services to approximately 230 patients West 5th serves meals that are cafeteria style allowing patients more choice for their meal Food is prepared in large pans at the West 5th site and shipped to the Charlton site to serve approximately 400 patients The Clinical Nutrition staff use a dietary software program that prints menu tickets for patients which includes patient food allergies and any special dietary restrictions. The dietary software program includes a global preferences feature based on a particular unit. For example on the Maternity unit, the software collated survey data and determined that patients want fresh fruit with breakfast Staff work in a refrigerated room at Charlton and assemble meal trays which are heated by the

Item	Discussion
	<p>Re-therm system. The trays placed on temperature controlled carts and brought up to the unit where they are served to patients by the Clinical Nutrition staff</p> <ul style="list-style-type: none"> • Clinical Nutrition staff interact with the patients anywhere from 3 to 6 times per day. This establishes a collaborative relationship, helps with patient interaction and encourages patient communication • • Some of the longer staying patients receive a weekly paper menu which allow for weekly menu ordering. These units include: Nephrology, Renal Transplant, Complex Care and Rehabilitation • The future of Clinical Nutrition and Patient Food Services is to improve the hospitality services side of meal service in an institutional setting • Patient feedback is received by Patient Satisfaction Surveys or by meal ticket notes. <p>Q: Are there any local food suppliers? Yes, we are trying to focus more on purchasing local produce and meats</p> <p>Q: Has West 5th always been the main patient food services hub? In 2004 the food stores were moved to the West 5th campus to alleviate space issues at Charlton.</p> <p>Q: Is there a chef who prepares the food from scratch? Food is pre-packaged and prepared for the organization at an off site location; however, we are experimenting with preparing more meals internally.</p> <p>Q: How do you know if a patient receives an incorrect tray? If a patient receives an incorrect tray, the patient or family can notify the unit staff and a correct tray can be ordered. If there is an order-entry error, patient Food Services will confirm with the unit if there is an obvious diet order error, otherwise, this won't likely be noticed until the tray is delivered.</p> <p>Q: When the Clinical Nutrition staff deliver the tray, how do they know which tray is for which patient? The meal tray has a ticket with the patient's room and bed number. Clinical Nutrition staff are trained and can identify the right bed to the right patient. They will leave the meal tray if the patient isn't in the room. They will ask for the patient's name if they are not able to identify the patient or will check the armband or patient id number.</p>
4. Infection Control/Environmental Services	<ul style="list-style-type: none"> • A. Bialachowski, Manager of Infection Prevention & Control and C. Coventry, Director of Environmental Services (EVS), Transportation and Linen Services presented an overview on their respective departments • Infection Prevention & Control <ul style="list-style-type: none"> • Provide infection prevention and control screening tools and education for staff • Ensure infected patients are isolated • Monitor patients with C difficile closely due to 2010 C difficile outbreak at Charlton campus • Staff are expected to teach patients and answer questions on infection prevention • In June 2015 the Emergency department had the lowest hand hygiene compliance rates, Infection Control along with the Manager conducted a hand hygiene trial in the Emergency department using room sensors and compare it with the amount of hand sanitizer that has been used and compliance has improved • Environmental Services (EVS), Transportation and Linen Services <ul style="list-style-type: none"> • Environmental Services (EVS), Transportation and Linen Services covers all three campuses • There are approximately 250 staff at the Charlton Campus who take care of the outpatient and inpatient units, portering, linens and housekeeping services. • The EVS, Transportation and Linen Services department work closely with the Infection Prevention & Control department • Quarterly compliance audits are conducted with all EVS, Transportation and Linen Services staff <ul style="list-style-type: none"> • In 2016 a linen tracking system was installed in the Emergency department (ER) and the Labour and Delivery department (L&D) ER and L&D staff use a card to access

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	<p>linen that identifies and tracks linen cost and usage amounts. At the end of the day data is gathered and a report is created. The installation of this system has resulted in a cost reduction with the tracking system.</p> <p>Q: What are the steps in a standard room cleaning? The housekeeping staff start at the farthest point in the room by the window and clean backwards and end with cleaning the bathroom. It takes 20 minutes to clean a room using a hydrogen peroxide based cleaner. A patient's room is cleaned once per day unless they are isolated for VRE or C. Difficile and in this case, rooms are cleaned twice per day. At discharge a patient's room is cleaned entirely including the curtains.</p> <p>Q: Describe the laundry process? Unit staff place soiled laundry in a bin that is picked up by EVS staff. Soiled laundry is sent to Mohawk shared services where it is cleaned and shipped back to the hospital, pre-sorted by unit. Clean linens are wrapped in plastic and delivered back to the unit.</p> <p>Q: How does the hospital deal with a patient who presents in the ER with unusual symptoms related to an infection? If the patient presents with unusual symptoms that the Infection Prevention & Control team are unable to identify an infectious disease consultant is called in to examine the patient.</p> <p>Q: How does the organization deal with bed bugs? Robust pest control issues are implemented by calling in a pest control service or using a bed bug dog to sniff out the infected area. An industrial steamer is used to clean the room. All linens are removed and steam-cleaned. The patient's belongings are given to the family to take home. If the patient uses a motorized vehicle it is taken home and patient transportation will be provided by the hospital. Pest control vendors come into the hospital to educate staff on how to handle bed bug situations.</p> <p>Q: How does the hospital deal with the Zika virus? The Zika virus cannot currently survive in this geographical area.</p> <p>Q: Did the hospital have any outbreaks in the past year that closed a unit? The influenza outbreak closed down one unit and limited visitation. Most outbreaks do not last more than 10 days. Outbreaks are declared by public health guidelines. Hospital surveillance is done and a public health consultant works collaboratively with the hospital to reduce the spread and contain the outbreak.</p> <p>Q: What cleaning changes are made when there is an outbreak at the hospital? Infection Prevention & Control monitors the outbreak and sends a report to EVS. EVS evaluates current cleaning strategies and implements additional tactics if necessary. If these strategies do not solve the issue extra resources are brought in to assist EVS such as electronic surface monitoring and potentially changing cleaning products.</p>
5. Orientation Package	<ul style="list-style-type: none"> • An Orientation package is being developed for new patient and family advisors <p>ACTION:</p> <ul style="list-style-type: none"> • Volunteers needed to form a working group for the orientation package for new patient and family advisors, please contact J. Williams if you are interested.
Date & Time of Next Meeting	Monday May 16 , 2016 3:00pm – 5:00pm Dofasco Boardroom