

Patient & Family Advisory Council

May 16, 2022 ~ 3:00pm - 5:00pm

Minutes

| | Sept 20/21 | Oct 18/21 | Nov 15/21 | Jan 17/22 | Feb 28/22 | Mar 21/22 | April 25/22 | May 16/22 | June 20/22 |
|--|------------|-----------|-----------|-----------|-----------|-----------|-------------|-----------|------------|
| Sue Tkachuk (Co-Chair) | | | | | | | | | |
| Sahar Monzavi-Bacon (Vice-Chair) | | | | | | | | | |
| Peggy Chapman | X | X | | | | X | X | X | |
| Helene Hamilton | | | | | | | | | |
| Linah Hegazi | | X | | | X | X | | | |
| Jan Kasperski | | | | | | | | | |
| Brian Cooke | | | | | | | | | |
| Julia Boyd | | | | | | X | | | |
| Martha Ronalds | | | | | X | | X | | |
| Mackenzie M. | | X | | | | | | | |
| Susan Lohin | | | | | | | X | X | |
| Debra Leah Hartman | | | | | | | | | |
| Angelo M. | | X | | | | X | | | |
| Nancy Christensen | | | | | | | | | |
| Murray Walz | | | | | | | | | |
| Denise Maraj | | | | | | | | | |
| Teana Vickers | | | | | | | X | | |
| Cheryl Williams (Executive-VP Operations & CNE) | | | | | | X | | | |
| D. Pitt (Coordinator Patient Relations) | | X | | | X | | | | |
| J. Loncke (Clinical Director & Chair Professional Advisory Cte) | X | X | | | X | X | X | X | |
| E. Doherty (Clinical Director Critical Care & Nursing Professional Practice) | X | | | | | X | X | X | |
| F. Wilson (Manager, Patient & Family Collaborative Support Services) | X | | | | | | | | |
| B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry) | | X | | | | X | | | |
| E. O'Connell (Co-Chair, Nurse Management Council) | | | | | | | | | |
| M. Joyner (Director, Quality Dept) | | | | | | | | | |
| V. Constantinescu (Patient Experience Consultant, Quality Dept) | X | | | | | | | | |
| S. Mondoux (Quality Lead, Emergency Dept) | X | | | | | | | | |
| J. Williams (Resource) | | | | | | | | | |

X = Regrets

 = Not a current member

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

| Item | Topic | Presenter |
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| 1.0 | INTRODUCTION | |
| 1.1 | Call to Order <ul style="list-style-type: none"> The agenda for the May 16, 2022 meeting was approved. The minutes from the April 25th meeting were approved. | <i>S. Tkachuk</i> |
| 1.2 | Land Acknowledgement <ul style="list-style-type: none"> PFAC opened the meeting with the SJHH Land Acknowledgement. | <i>S. Tkachuk</i> |
| 1.3 | Introduction - Welcomed Guests: Wendy Lawrence Chief Risk, Legal & Privacy Officer Susan Zadaric-Seymour Director Volunteer Services, SJHH Jenya Tate, member of the Quality Committee of the Joint Board of Governors, SJHH Denise Maraj, new PFA | <i>S. Tkachuk</i> |
| 2.0 | ANNOUNCEMENTS | |
| 2.1 | Better Together! Strengthening the Essential Caregiver/Support Person Role! Virtual Event – Thursday June 2, 2022 – 1:00pm-3:00pm All Patient & Family Advisors welcome. Event agenda will be circulated via email | <i>V. Constantinescu</i> |
| 3.0 | PRESENTATIONS | |
| 3.1 | <p>Privacy & Confidentiality</p> <p>Background</p> <ul style="list-style-type: none"> A privacy breach was detected in 2021 through a hospital audit. An investigation was carried out, which determined that the employee accessed the records of 49 patients using the hospital's health information system. All patients were notified of the breach and the employee was terminated by the hospital. The hospital reported the breach to the IPC and developed a remediation plan to enhance its privacy program and prevent further breaches <p>Privacy Investigation Findings</p> <ul style="list-style-type: none"> Privacy Policies in place and additional measures to protect Privacy Greater reinforcement of privacy through more frequent i.e. annual training Greater deterrence through setting out consequences of privacy infractions in the Privacy Policy Review of privacy breaches from a system lens to allow for more targeted remediation responses <p>SJHH Post-Breach Learnings and Enhancements</p> <ul style="list-style-type: none"> New Privacy Policy developed that sets out privacy rules, a protocol for responding to privacy breaches, and warns of disciplinary consequences for non-compliance Communication by hospital President of the hospital's commitment and expectation of privacy compliance to all staff during a Town Hall Launch of mandatory annual privacy training New requirement for all staff to annually attest to confidentiality Increased oversight of privacy incidents through regular reporting and system reviews <p>Q: Will staff training include all forms of interaction where privacy and/or confidentiality issues may have been breached? A: Staff are trained on all risks that occur in a healthcare environment. It would include digital and/or paper breaches as well as addressing which areas in the hospital are appropriate to hold private conversations.</p> <p>Q: Would the gravity of the breach be considered?</p> | |

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| <p>A: Both the content and gravity of the breach are considered prior to any disciplinary action taken . We are asking for all staff to pay extra attention to privacy risks and striving to ensure staff are being astute to that aspect.</p> <p>Q: When did the public and media become aware of the situation? A: The public and media were aware during the middle of the investigation.</p> <p>Q: What would motivate a staff person to breach, why would they risk it? A: The employee who committed the breach was looking for health records on one of their relatives and ended up looking at multiple charts with similar names. The employee was warned at sign-on to the system about appropriate access and was trained on privacy at onboarding.</p> <p>Q: How would staff be held accountable if they were conversing in the lobby about a patient? A: We want staff to think of all dimensions of privacy whether they are in the lobby to working from home. Our new privacy training provides examples of physical environment areas which would be considered at risk for privacy breach. All staff are held accountable under the same process.</p> <p>Q: If a staff person belongs to a professional organization for example a physician, will the hospital notify them of the breach? A: For regulated staff, the hospital is required by legislation to report the fact that the staff member was involved with a privacy breach to the staff's professional regulatory college i.e. College of Physicians and Surgeons.</p> <p>Q: What happens when a staff is terminated? A: if they are regulated, their professional college would be informed, but Of course, the terminated staff could elect to not indicate they previously worked at SJHH.</p> <p>Q: What roles at St. Joe's, that are not governed by a professional body, have access to patient information? A: There are many roles at the hospital that have access to patient information such as Digital Solutions/Information Technology, Finance, Administrative staff, Leadership etc.</p> <p>Q: If a breach occurs, what are the steps taken to resolve it and what departments are involved? A: Our privacy policy applies to all SJHH staff, volunteers, learners and physicians. There is one process of investigating and resolving a breach. A breach is detected internally by audit or by a patient who brings it forward to Patient Relations. A breach is managed by the Risk, Legal and Privacy office. If disciplinary action is required, Human Resources, the program manager and director would be involved. If an external investigation is required, it would be in addition to the St. Joe's internal investigation.</p> <p>Q: Are staff who commit the breach able to share their side of the situation? A: Yes, during the interview process staff are able to share information and any misunderstandings before disciplinary action is taken. Depending on the severity of the breach a verbal or written response would be provided.</p> <p>Q: When a hospital breach is publicized, how should PFA's respond? A: It is always tough when PFA's are asked questions when the media reports on the hospital in a negative way. Finding the right balance in being truthful, respecting the staff and putting the hospital in good light can be challenging. St. Joe's looks at what needs to be publicized through a number of lenses and will draft media requests in collaboration Public Affairs, Leadership, Human Resources etc.</p> <p>ACTION: A. Bongers from Public Affairs, to present on difficult conversations for PFA's regarding negative SJHH media and provide scenarios at a future meeting</p> | |
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| <p>3.2</p> | <p>SJHH Priority Updates:</p> <p>Priority 1 - Culture, Safety & Healthcare Worker (HCW) Wellness: Responding to Incidents of Aggression & Violence</p> <ul style="list-style-type: none"> • Patients, families and visitors are expected to uphold the SJHH Patient and Family Rights and Responsibilities • Planning for new signage is underway to set the tone for a healthy, respectful and safe environment for all • St. Joe's is committed to reducing incidents of aggression and violence by creating a clear and standardized response, including a formal staged response and an escalated response for repeated and/or serious concerns. All situations of aggression and violence are unacceptable and need to be responded to proportionately • Our response will take into account the patient's clinical condition and our goal is to understand what is driving the behaviour and address modifiable factors (patient, care, environment) • Use of containment measures as needed that are individualized and proportionate to the situation <p>Staged Response to Escalated Behaviours After SIR/HIR follow-up, the following steps are to be taken when there is concern about the risk for ongoing escalated behaviours by patients, families and/or visitors:</p> <ul style="list-style-type: none"> • Follow up discussion by appropriate manager/physician lead with patient/family/visitor about concerning behaviours & expectations. • If aggression/violence continues, team discussion to develop individualized and staged plan of care that is documented in the chart and communicated by the appropriate manager/physician lead • Patients/families/visitors will also receive formal notice in writing about the specific actions that will be taken in response to concerning behaviour. • This will be a staged approach that begins with expectations and coaching and can escalate to actions such as removal of specific privileges, alteration of standards of care, notification of police, discharge from hospital <p>Escalation Process for Severe Safety Incidents</p> <ul style="list-style-type: none"> • A standard escalation process has been implemented for severe staff safety incident(s) that involves patients. The following situations will receive immediate review and follow-up for learning and action include: <ul style="list-style-type: none"> ○ Incidents involving serious harm to a health care worker(s) ○ Single incident involving harm to multiple health care workers ○ Multiple events involving the same patient ○ When the standard of care requires alteration to ensure the safety of staff <p>Priority 2 - Managing Capacity To Support High Quality Care</p> <ul style="list-style-type: none"> • It is not realistic to expect that care can be delivered in the same way it was prior to the pandemic. We are looking at ways to change the approach to care to make work easier and modify the services we offer • We are actively looking at opportunities to better align services with current staffing levels, while providing high quality care to our community • Are there opportunities to modify services now to prevent unanticipated service disruptions? <ul style="list-style-type: none"> ○ This will be an open, transparent and principle-based process <p>Priority 3 - Staffing and Recruitment</p> <ul style="list-style-type: none"> • 296 staff recruited since January 2022 and 250 open regular full-time and part-time postings, two-thirds of them in nursing • Vacancy rate is about three times that of pre-pandemic levels. We have seen a 2% increase of staff leaving the organization voluntarily. There are a variety of reasons for this: <ul style="list-style-type: none"> ○ Retirements | <p>C. Williams</p> |
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| | <ul style="list-style-type: none"> ○ Staff leaving for opportunities outside of healthcare ○ Alternate healthcare employment opportunities ○ A core team focused on immediate and longer-term strategies to address staffing, including aggressive recruitment, retention, considering innovative new roles, etc. <p>Q: Is the culture, safety and HCW wellness priority separate from the seclusion and restraint policy? A: The seclusion and restraint policy would be one layer on how we address responsive behavior. Seclusion and the use of restraints is not a therapeutic intervention but sometimes are used for patient safety reasons. We would first look at what is driving the behavior, how can we support the patient and provide better care.</p> <p>Q: Is there a way for agencies who support patients with behavioral challenges to be more involved in the patient's care plan? A: It is always a risk when a patient with behavioral challenges is admitted to hospital. The care, the environment, the routine is different for the patient which can create anxiety, stress and can trigger a behavioral reaction. Some individuals have a dedicated community worker with them and they would be welcome to participate in the discussion of the patient's care plan with the hospital team.</p> <p>Q: If staff are confronted with an individual who is being verbally aggressive how are staff protected? A: Acts of verbal aggression occur routinely and are very hurtful to the staff involved. If a patient has a cognitive impairment they may not be aware of the impact their words have had. All situations of aggression are unacceptable at SJHH therefore we fully support and protect staff as we do not want them to endure this type of harm.</p> <p>ACTION: Bring back the topic of Incidence of violence and aggression of staff to a future meeting</p> | |
| 3.2 | <p>Operational Updates – Volunteer Department</p> <p>Guiding Principles</p> <ul style="list-style-type: none"> • All returning services will be aligned with SJHH priorities and ramp back timelines • Pre-COVID services will be reviewed with program staff based on need, relevance and capacity • Team buy-in and readiness will be required for all program returns • A risk assessment will be completed to ensure safety, PPE requirements and required training are all reflected in the return strategy • Ensure ability to maintain service levels once programs reinstated • Recruitment of new volunteers will be ongoing. Programs requiring <p>Current State</p> <ul style="list-style-type: none"> • Ramp Up Plan in place • More than 100 volunteers primarily supporting public facing roles with a few virtual • Since January, 97 individuals ready to start with additional 103 perspective candidates • Completed team check in meetings with all programs with the goal to launch by end of May once approved • Work through program returns May-June then focus on planning in-patient roles over the summer months | S. Zadaric-Seymour |
| 3.3 | <p>A Moment of Reflection – PFAC Annual Evaluation</p> <ul style="list-style-type: none"> • <i>Deferred</i> | M. Joyner/V. Constantinescu |
| 4.0 | STANDING ITEMS | |
| | <p>Project Assignments</p> <ul style="list-style-type: none"> • An update on all active projects to date was presented • There were 4 project requests for Patient & Family Advisor (PFA) participation between the months April 10 to May 10, 2022. | V. Constantinescu |
| 5.0 | CONCLUDING ITEMS | |

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| 5.1 | Date of Next Meeting - Held Virtually via ZOOM Monday, June 20, 2022 3:00pm – 5:00pm |
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