

Patient and Family Advisory Council

Monday November 20, 2017 ~ 3:00pm – 5:00pm

Dofasco Boardroom

MINUTES

	Sept 18/17	Oct 16/17	Nov 20/17	Jan 15/18	Feb 26/18	Mar 19/18	April 16/18	May 28/18	June 18/18
Bernice King (Co-Chair)									
Gary Halyk									
Jennifer Armstrong									
Louise Dore									
Michael Slusarenko									
Victoria Reiding	X	X	X						
Cindy Machida									
Jane Ross			X						
Helene Hamilton		X							
Anna DiTiberio									
Gloria Wade									
Laura Van Landschoot			X						
W. Doyle (Co-Chair) (VP, Patient Services & Chief Nursing Executive)			X						
P. Valvasori (Manager Patient Relations and Medical Affairs)		X							
L. Volman (Director of Nursing Practice, Mental Health & Addiction)			X						
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X	X	X						
N. Debeau (Occupational Therapist, Forensic Psychiatry Program)			X						
B. Cowell (Manager, Hemodialysis)			X						
M. Joyner (Director, Quality Department)									
A. VanSickle (Director of Clinical Transformation & Nursing Education)		X	X						
M. Biekse (Sr. Public Affairs Specialist)		X	X						
A. Lukich (Sr. Project Analyst, Dovetale)									
D. Sanagan (Project Director, Dovetale)		X	X						
J. Williams (Resource)									

X = Regrets

= Not a current member

Guests:

Adriaan Korstanje - Member of the Quality Committee of the Joint Board of Governors

Andrianna Lukich – Sr. Project Analyst, Dovetale

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

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 October 16th meeting were approved as amended.
Announcements	<ul style="list-style-type: none"> • Advisor Role description • PFAC members approved the amended version of the Advisor Role description with the following changes: <ul style="list-style-type: none"> • Add the patient & family advisor email address • Remove any extra punctuation and spell out abbreviations
2.0 Committee Updates	<p>Falls Prevention Steering Committee</p> <ul style="list-style-type: none"> • M. Slusarenko provided an update on the Falls Prevention Steering Committee • Purpose: <ul style="list-style-type: none"> • The purpose of the committee is to implement and evaluate ways to reduce falls and prevent injuries, falls incident reporting data, follow trends to keep patients safe • Accomplishments: <ul style="list-style-type: none"> • Processes have been developed for falls prevention risk assessment within 24 hours upon admission, transfer to a unit or change in medical condition • For patients at high risk for falls, additional assessments and precautions are initiated • Sustaining improvements is challenging • Benefits: <ul style="list-style-type: none"> • Dovetale will provide timely and accurate information and improve manager’s understanding of issues related to falls in order to come up with solutions • With Dovetale implementation a falls assessment will be complete for every patient admission as is currently the expectation however, incomplete assessments will be flagged right away • Patient & Family Advisor involvement: <ul style="list-style-type: none"> • Feels involved and relevant to the committee <p>GIM Geographical bed mapping</p> <ul style="list-style-type: none"> • H. Hamilton provided an overview on the GIM Geographical bed mapping project • Background: <ul style="list-style-type: none"> • St. Joe’s has redeveloped some hospital space so that the General Internal Medicine program will have more clinical space for patients who require an inpatient bed. Having more clinical space will increase the number of beds for patients in isolation precautions (because they require private rooms). This increase in space will also allow for space required for surges in patient volume. • An additional advantage is that physician teams will be assigned to a patient care unit rather than having patients scattered multiple units. This concept is called having “geographic teams” because physicians are assigned to a geographic space which is the patient care unit. • The advantages to this approach include improved continuity of care, improved communication for staff, patients, families, improved ease of finding clinical staff • The physical redevelopment work is expected to be completed in the summer of 2018 and the work being done now is the planning of the workflow changes as determining the best process of assigning patients to the patient care units with anticipated discharges <p>Suicide Prevention Committee</p> <ul style="list-style-type: none"> • G. Wade provided an overview of the Suicide Prevention Committee • The Suicide Prevention Committee was created to review current hospital policies and

Item	Discussion
	<p>protocols for suicide prevention and assessment and establish guidelines for suicide prevention</p> <ul style="list-style-type: none"> • The committee reviewed the Columbia Suicide Severity Rating Scale (C-SSRS) to determine whether it could be used as part of the admission assessment for patients who are at risk for suicide • C-SSRS is a suicidal ideation rating scale created by researchers at Columbia University to evaluate suicidality to identify behaviors of an individual's intent to complete suicide • Patient & Family Advisor Involvement: • Feels involved in the work of the committee and feels they are very receptive in having an advisor on the committee • Will be meeting with the co-chairs of the committee to provide more specific feedback <p>Communication working group</p> <ul style="list-style-type: none"> • The group discussed the networking holiday gathering being held on November 20th • Reviewed content that are part of the revisions being made to the patient engagement webpage on the St. Joe's website • The next communication working group meeting is scheduled for February 2018 <p>Peer Advisory Council</p> <ul style="list-style-type: none"> • J. Armstrong provided an update on the Peer Advisory Council • They are currently organizing a Christmas party for peer advisors, staff and patients • Tables are set up in the West 5th lobby with gifts and patients are able to take one gift one along with a bag of chocolate <p>Nursing Advisory Council & Teach-back Tool</p> <ul style="list-style-type: none"> • Deferred
<p>3.0 Dovetale Update</p>	<p>A. Lukich presented a project status update on Dovetale</p> <ul style="list-style-type: none"> • A. Lukich shared a presentation on the communication objectives among staff, physicians, patients& families, public & media and external partners. • Communication goals that were shared were: <ul style="list-style-type: none"> • To provide awareness of Dovetale go-live information and how it impacts care • About where to find up to date information and who to direct questions to • To support the leadership team to ensure all external partners receive communication about Dovetale • To provide proactive, planned communication right before go-live to promote transparency with our media and public • Go-Live Communication Plan – Internal Tactics & Communications: <ul style="list-style-type: none"> • A “Guide to Go-Live” has been published with staff stories, experience and useful tips • A message from leadership looking ahead to go live will be shared with staff one week before launch • Go-Live Awareness screen savers, digital screens, elevator boards, on unit signage and display decals • Internal website Go-Live support, internal issues communication plan, Hyper Space Login page and daily updates, staff support • Go-Live Communication Plan – External Tactics & Communications: <ul style="list-style-type: none"> • Proactive media release, story highlighting Dovetale journey, share stories in external publications • Developed an issues communication plan • Social media, St. Joe's website updates • Signage, posters, meal tray postcards, patient communication, Dovetale info booth • Email a “go-live” message on December 2nd to external partners

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	<ul style="list-style-type: none"> • A. Lukich addressed PFA’s questions, comments and concerns regarding Dovetale <ul style="list-style-type: none"> • An escalation process is in place if a patient has a concern regarding their care • Processes are in place if the hospital has a power failure • Once the patient’s paper consent form is filled in, the form will be scanned and added into the electronic chart • The Dovetale team has worked closely with Infection Prevention & Control to ensure staff are using proper hand hygiene protocol when handling devices <p>Q: Which device will a nurse use to document information when they see a patient? A: Nurses will use either a laptop on wheels or a hand held device to document when they see a patient. Devices are strategically tailored to suit what care they will provide to a patient. If they are completing a patient’s medication reconciliation they may use a hand held device. If they are completing a more in depth patient assessment they will use a laptop on wheels.</p> <p>Q: How will Dovetale affect the flow of patients in the Emergency Department? A: We are aware that Dovetale may affect the flow of patients in the Emergency Department. Processes and plans are in place to address this issue. More space has been dedicated in the hospital for Emergency patients if needed. Ambulatory clinics and surgeries have slowed down to accommodate pressures that we are aware of.</p>
4.0 Holiday Networking Event	<ul style="list-style-type: none"> • A networking holiday gathering was held at 4pm on November 20th after the Patient & Family Advisory Council meeting. Many Advisors attended to celebrate achievements and accomplishments for 2017.
5.0 Meeting Evaluation	<ul style="list-style-type: none"> • Distributed
6.0 Date & Time of Next Meeting	Monday January 15, 2018 3:00pm – 5:00pm Dofasco Boardroom