

## Patient and Family Advisory Council

Monday November 21, 2016 ~ 3:00pm – 5:00pm

Dofasco Boardroom

### MINUTES

	Sept 19/16	Oct 17/16	Nov 21/16	Jan 16/16	Feb 27/16	Mar 21/16	April 18/16	May 16/16	June 20/16
Bernice King (Co-Chair)									
Gary Halyk									
Jean Robertson	X	X							
Jennifer Armstrong		X							
Louise Dore									
Michael Slusarenko									
Tom Jackson	X	X							
Victoria Reiding									
Cindy Machida									
Jane Ross									
Helene Hamilton	X	X							
Kim Dell	X	X							
Wendy Smith	X	X							
<i>Staff</i>									
W. Doyle (Co-Chair) (VP, Patient Services & Chief Nursing Executive)									
P. Valvasori (Manager Patient Relations and Medical Affairs)									
L. Volman (Director of Nursing Practice, Mental Health & Addiction)									
F. Wilson (Manager, Patient & Family Collaborative Support Services)	X	X							
C. Stevenson (Family Educator, Youth Wellness Centre)									
L. Barrett (Manager, DCD, CTU-C, General Internal Medicine)									
M. Joyner (Director, Quality Department)									
J. Williams (Resource)									

**X = Regrets**

 = Not a current member

#### Guests:

Ray Rocci, Chair, Joint Board of Governors Quality Committee

Adriana Lukich, Sr. Project Analyst, Enterprise HIS Project, Information & Communication Technologies

Danielle Sanagan, Project Director, Enterprise HIS Project, Information & Communication Technologies

#### Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

SLT = Senior Leadership Team

Item	Discussion
<b>1.0 Introduction of New Members</b>	B. King welcomed guests to the council; Adriana Lukich, Sr. Project Analyst, Enterprise HIS Project, Information & Communication Technologies; Danielle Sanagan, Project Director, Enterprise HIS Project, Information & Communication Technologies; Ray Rocci, Chair, Joint Board of Governors Quality Committee
<b>Approval of Agenda</b>	<b>The agenda was approved.</b>
<b>Approval of Minutes</b>	<b>The minutes of the October 17, 2016 meeting were approved with one addition.</b> For the section

Item	Discussion
	<p>on Prevention of Violence in the Workplace External Review and what it means for our patients &amp; staff, 26 out of 26 total recommendations provided by the reviewers were accepted by the hospital.</p>
Announcements	<p><b>November 30<sup>th</sup> Patient Advisor Event</b></p> <ul style="list-style-type: none"> <li>A Patient &amp; Family Advisor celebration potluck event is being held on Wednesday November 30<sup>th</sup> with 20 advisors confirmed to attend</li> </ul> <p><b>Recruitment of Patient Advisors</b></p> <ul style="list-style-type: none"> <li>There are 4 openings on PFAC</li> <li>Ongoing active recruitment is taking place using strategies such as social media and discussion with unit managers</li> <li>Advisors need to have had previous exposure to the hospital system as either a patient or family member</li> </ul> <p><b>Patient &amp; Family Advisors (PFA's) and Volunteer Services</b></p> <ul style="list-style-type: none"> <li>New PFA's will be fully registered volunteers going forward</li> <li>Existing PFAs will be grandfathered into the volunteer system with the option of becoming a fully registered volunteer anytime in the future</li> <li>Existing PFAs who do not complete the health screening portion of the volunteer registration will not be able to participate in initiatives that have direct contact with current patients on clinical units</li> </ul> <p><b>Announcement: Elevating the Patient Experience: advancing person-centred care – January 11, 2017</b></p> <ul style="list-style-type: none"> <li>L. Volman provided an announcement that St. Joe's is hosting an onsite workshop by the Advisory Board International Global Centre for Nursing Executives titled Elevating the Patient Experience: advancing person-centred care</li> <li>The invitation was extended to members of PFAC to attend the event on January 11, 2017 from 1:00 to 4:30 pm in the Auditorium at the West 5th Campus</li> <li>The Advisory Board Company is a membership-based research, technology and consulting firm serving leading hospitals and healthcare systems around the world</li> </ul> <p><b>Hamilton Spectator Series</b></p> <ul style="list-style-type: none"> <li>G. Halyk mentioned that there was an article in The Hamilton Spectator regarding mental health issues at St. Joes</li> <li>St. Joe's invited John Wells, a journalist from The Hamilton Spectator, to have open access to the Mental Health &amp; Addictions program and write a series of articles about patients with mental health issues</li> <li><a href="http://www.thespec.com/news-story/6968159-mental-health-in-hamilton-solving-riddles-cracking-stigma/">http://www.thespec.com/news-story/6968159-mental-health-in-hamilton-solving-riddles-cracking-stigma/</a></li> </ul>
<b>2.0 Committee Updates</b>	<ul style="list-style-type: none"> <li>Orientation Guide Renewal <ul style="list-style-type: none"> <li>B. King presented on the Patient &amp; Family Advisor Orientation Session that was held on November 3<sup>rd</sup></li> <li>Eight PFAs attended the event that included one newly recruited advisor</li> <li>The Orientation Session was a trial to demonstrate the new orientation process, provide advisor updates and current hospital news</li> <li>Volunteer Services presented the new PFA registration process</li> <li>In the future it is possible that an abbreviated orientation session could be done online</li> <li>It was suggested to pair a new PFA with an existing PFA as a mentor</li> </ul> </li> <li>Visitor Guidelines Policy <ul style="list-style-type: none"> <li>L. Dore presented work done on the Visitor Guidelines Policy</li> <li>The Visiting Guidelines policy was implemented on November 15</li> <li>Visitors need to inform the unit staff if they will be staying between the hours of 10pm-6am</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• L. Barrett will provide feedback on the visiting guidelines policy from the nurse managers group at the next meeting</li> <li>• Communication Working Group <ul style="list-style-type: none"> <li>• C. Machida presented work done by the Communication Working Group</li> <li>• The Communication working group has been focused on the celebration event being held November 30th for PFA's to exchange ideas, get to know each other better and learn about improvements made since the May session</li> <li>• A secure Web Portal will be implemented by December/January for PFAs to share information and documentation</li> </ul> </li> <li>• 48-Hour Working Group <ul style="list-style-type: none"> <li>• This project is one of the goals being measured in the Quality Improvement Plan. The goal is that all patients in the General Internal Medicine units would have a conversation with their care team within 48 hours of admission on their plan of care.</li> <li>• The focus remains on the conversation but the working group has changed its name to "Plan of Care" to remove the pressure to have the conversation within 48 hours of admission.</li> </ul> </li> <li>• Nursing Advisory Council (NAC) <ul style="list-style-type: none"> <li>• J. Ross provided an update from the November NAC meeting</li> <li>• M. Joyner attended the meeting and presented the PFAC workplan and focus for the coming year</li> <li>• J. Ross values her membership on NAC as it allows information transferred between staff, PFAs and units</li> </ul> </li> <li>• Visiting Pet Policy <ul style="list-style-type: none"> <li>• K. Dell presented on the Visiting Pet Policy and Zachary's Paws</li> <li>• Zachary's Paws is a volunteer organization who works with individuals who are in hospital, in particular for more prolonged or serious hospitalizations, who have a dog or cat at home to support a visit from their pet.</li> <li>• K. Dell worked with the project team to create an organizational Visiting Pet Policy</li> <li>• The policy has been approved by the Senior Leadership Team (SLT) on allowing pets to visits patients in long term care areas</li> </ul> </li> </ul>
<p><b>3.0 Business Arising</b></p> <ul style="list-style-type: none"> <li>• Parking Changes</li> <li>• Patient Stories Project – Mood Disorders</li> <li>• Health Quality Transformation Learning</li> </ul>	<p>M. Joyner provided an update on the hospital parking changes.</p> <ul style="list-style-type: none"> <li>• The hospital has approved providing patients with both 30 day pass options. You can either purchase the 30 day pass which has an unlimited number of uses within the 30 day period or the 30 day pass that can only be used for 30 single visits within 1 year.</li> </ul> <p>M. Joyner presented an update on the Patient Stories Project occurring in the Mood Disorders unit at West 5<sup>th</sup>.</p> <ul style="list-style-type: none"> <li>• The Mood Disorders unit are ready for implementation of the project</li> <li>• Surveys were distributed, results were compiled and orientation was provided to unit staff</li> <li>• The issue is recruiting a patient to share their story.</li> <li>• The unit would prefer to have someone to come into the hospital and tell their story in person however an alternative option could be to have the patient video record their story</li> <li>• An idea to expand the project may allow patients from other programs to apply</li> <li>• F. Wilson will ask the participants from the "Sharing My Recovery Story" project if they are interested in the Patient Stories project</li> </ul> <p>B. King &amp; C. Machida presented their experiences and learnings from the Health Quality Transformation Conference</p> <ul style="list-style-type: none"> <li>• The event took place on October 20 2016 and over 2500 people attended. It was a free event that offered poster sessions, key note speakers and break away sessions.</li> </ul>

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	<ul style="list-style-type: none"> <li>• C. Machida attended: <ul style="list-style-type: none"> <li>• Session 11 - Patient Experience: Measuring What Matters</li> <li>• Many health organizations prioritize listening to the patient voice and using that to drive improvements in patient experience. While most organizations use structured surveys to measure patient experience, there are an increasing number of less structured avenues in which patients' feedback can be captured. Attendees would learn about how the wide array of patient feedback can be analyzed in a systematic way that is actionable to providers for quality improvement, informative to system-level decision makers for planning, and meaningful to patients and caregivers when reported.</li> <li>• Session 18 – Quadruple Aim: Understanding the link between Quality Care, Patient Experience, and Health Care Provider Wellbeing</li> <li>• The “Triple Aim” has become a dominant model for health system improvement and refers to simultaneous attempts to improve the patient experience of care, improve the health of populations at large, and reduce costs. More recently, an additional Aim, the Quadruple Aim has been gaining attention in recognizing the critical link between health care provider well-being, patient experience and quality care.</li> <li>• The session focused on the importance of the Quadruple Aim concept as an enabler of quality care and discussed strategies to create environments that help to promote positive and meaningful patient experiences</li> </ul> </li> <li>• B. King attended: <ul style="list-style-type: none"> <li>• Session 17 – Engaging Caregiver Voices to Improve the Caregiving Journey</li> <li>• Through a panel discussion with caregivers and health care providers, participants gained an understanding of the critical role that informal caregivers play, the challenges they face and supports that they need.</li> <li>• Two Patient Stories were presented at the session: <ul style="list-style-type: none"> <li>• A care giver (son) told his story of changes he made in his life to keep his ailing parents at home</li> <li>• Another woman described her journey when diagnosed with stage 4 Cancer in 2014 and how she is coping with the side effects of peripheral neuropathy</li> </ul> </li> <li>• Session 4 Patients First: Redesigning Our System to Improve Quality</li> <li>• The Ministry of Health and Long-Term Care’s Patients First Proposal sets out a direction for health system transformation, including changes intended to improve integration and address structural issues that contribute to inequities in care</li> <li>• If passed, the Patients First Act will introduce an expanded role for the Local Health Integration Networks, including in home and community care, primary care and population health planning</li> <li>• Dr. David Kaplan a family physician spoke about the need to reengage primary care</li> <li>• St. Thomas Hospital is working on way to improve patient discharge from hospital to home</li> </ul> </li> </ul>
<p><b>4.0 Quality Improvement Plan 2016/17</b></p> <ul style="list-style-type: none"> <li>• Initial Review of ideas for 2017/2018</li> </ul>	<p>M. Joyner shared work done on the Quality Improvement Plan for 2017/18 that the hospital has developed so far</p> <p><b>Q: How does the transition policy relate to the mental health and addictions group?</b>  A: The transition policy is for all transition points, to the community and back home etc.</p> <p><b>Q: Have the issues over providing supportive housing been addressed?</b>  A: Even though we have the care plan in place at patient discharge, the hospital tries to address supportive housing issues to the best of our capability prior to the patient leaving the hospital.</p> <p><b>Q: How does PFAC fit in and how do we help with the final development of the QIP?</b>  A: The PFAC will help with the process development of improving access.</p>
<p><b>5.0 Clinical Transformation</b></p>	<p>D. Sanagan &amp; A. Lukich presented on the Clinical Transformation Project for St. Joseph’s Healthcare</p>

Item	Discussion
<p><b>Project</b></p>	<ul style="list-style-type: none"> <li>• The Clinical Transformation project, EPIC software, launch date is December 1, 2016</li> <li>• The goal is to have one secure, digital solution for all patient health information, improve patient outcomes and create better communication and access to information for our teams and patients at St. Joseph’s Healthcare</li> <li>• EPIC, A patient-centred information solution will: <ul style="list-style-type: none"> <li>• Link databases</li> <li>• Use data to inform decisions and enhance quality care</li> <li>• Drive research, innovation and best practice</li> <li>• Give staff and leaders the tools they need to do their job</li> </ul> </li> <li>• Patient and Family Advisors volunteered to become a part of the Clinical Transformation project subcommittee that will meet in early 2017</li> <li>• The subcommittee will provide quarterly project updates to PFAC</li> </ul> <p><b>Q: Will the patient’s primary care physician have access to patient hospital admissions?</b>  A: There is an electronic system that physicians can access patient admissions however it is not being used at capacity. In future, we will look at the face to face electronic system with the physician however the face to face electronic system can only be used for a specific patient population.</p> <p><b>Q: Is there a plan to link the EPIC database to pharmacies?</b>  A: There is work that needs to be done in this area across the country before we can link to pharmacies.</p> <p><b>Q: What is the current protocol or policy to have the Most Responsible Physician (MRP) update the family physician on a patient’s health status?</b>  A: This depends on the timeliness of the patient discharge summary. There is a small subcommittee starting in January 2017 with patient and family volunteers to work on communication between patients and physicians.</p>
<p><b>Date &amp; Time of Next Meeting</b></p>	<p>Monday January 16 , 2017  3:00pm – 5:00pm  Dofasco Boardroom</p>