

Patient and Family Advisory Council

Monday November 16, 2020 ~ 3:00pm – 4:30pm

Zoom/Teleconference

MINUTES

	Sept 21/20	Oct 19/20	Nov 16/20	Jan 18/21	Feb 15/21	Mar 15/21	April 19/21	May 17/21	June 21/21
Helene Hamilton (Co-Chair)									
Susan Tkachuk (Vice-Chair)									
Peggy Chapman									
Lana Yilmaz									
Michael Doughty									
Linah Hegazi									
Jan Kasperski									
Brian Cooke									
Julia Boyd									
Martha Ronalds									
Sahar Monzavi									
Mackenzie M. (LOA)	X	X							
Ali B.									
Susan Lohin									
Debra Leah Hartman									
Donna Johnson (Interim CNE)									
Cheryl Williams (Chief Nursing Executive)									
M. Farrell (President)	X	X							
D. Pitt (Coordinator Patient Relations)									
L. Volman (Director of Nursing Practice, MH & A)	X	X							
F. Wilson (Manager, Patient & Family Collaborative Support Services)		X							
B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry)									
E. O'Connell (Co-Chair, Nurse Management Council)									
M. Joyner (Director, Quality Dept)									
V. Constantinescu (Patient Experience Consultant, Quality Dept)									
S. Mondoux (Quality Lead, Emergency Dept)	X	X							
J. Williams (Resource)									

X = Regrets

 = Not a current member

Guests:

Patient & Family Advisor Community

J. Hofstee – Patient & Family Advisor

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

Item	Discussion
1.0 Introduction	H. Hamilton welcomed guests to the council. (See guest list above).
Approval of Agenda	The agenda was approved.
Approval of Minutes	The minutes of the October 17th meeting were approved as amended.
Announcements	<ul style="list-style-type: none"> • Welcomed Cheryl Williams, new VP of Clinical Services, Chief Nursing Executive (CNE) and Co-Chair of PFAC and newly recruited PFA, Joanne Hofstee • Over the next few weeks, S. Tkachuk will be connecting with all newly recruited PFA's • We will be holding a December meeting for all PFA's which will focus on COVID-19
Patient Story	<p>H. Saunders presented a story about a patient from Nunavut. St. Joe's receives approximately 3-4 patient referrals from Nunavut. Patients are admitted to St. Joe's with increased psychosis which presents a challenge for Nunavut health facilities as they do not have what is needed to care for patients with this condition. A medical transfer team based in Nunavut arrange patient transfers to St. Joe's. A flight stop-over occurs in Ottawa where patients remain for a 14 days COVID-19 quarantine. Currently, St. Joe's has three patients from Nunavut who reside on Waterfall 2. Allowing the patients to stay together, helps them to feel a sense of community and they are able to converse with one another in their own dialect. St. Joe's is looking at cultural training for staff who care for Nunavut patients.</p> <p>The patient was admitted to the West 5th Campus, Waterfall 2, Schizophrenia Services. The patient arrived with their mother and staff noted that the family had no financial resources. The medical transfer team arranged for the mother to stay in a hotel during their child's admission. The hospital ensured the mother was provided meals and a cell phone with a prepaid plan. Unit staff quickly discovered that the mother had severe medical issues and they admitted her to hospital for treatment. Unit staff provided significant support for the mother as well as the patient and went above and beyond to ensure both were well cared for during their hospital stay.</p> <p>Q: Could the patients receive virtual care from St. Joe's once they are discharged back to Nunavut? A: We have discussed virtual care with the Nunavut team. However, at this time it is not possible to provide virtual care from St. Joe's to Nunavut. Patients are discharged from St. Joe's to a large medical centre in Nunavut. They are cared for by the medical centre team until they can be safely discharged home. We are learning more about the culture, mental health behaviors and trauma that we discover when caring for Nunavut patients. Once the patients are discharged they must have a care plan in place that is achievable when they return home. We collaborate with the care team in Nunavut to ensure patients receive the right care and medications for treatment.</p>
Standing Items	<ul style="list-style-type: none"> • Recent Project Assignments <ul style="list-style-type: none"> • V. Constantinescu provided an update on the PFAs assigned projects to date. • There were 3 project requests for Patient & Family Advisor (PFA) participation between October 15th - November 15th • Preparation for the January 20th Meeting <ul style="list-style-type: none"> • Three topics will be presented at the January PFAC meeting • PFA's brainstormed and formulated questions to ask the presenters on the topics • Quality Improvement Plan (QIP): • N/A • After Visit Summary (AVS): • N/A <p>Q: Is the AVS an automated tool? A: The AVS has been integrated into EPIC software and is almost fully automated. The one piece that isn't automated is the medication table as we are not able to automate it into EPIC.</p>

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	<ul style="list-style-type: none"> • Evaluation PFAs: • N/A
2.0 Share Your Experience - PFA	<p>Quality & Practice Committee – G. Halyk</p> <ul style="list-style-type: none"> • The Quality and Practice Committee is responsible for providing strategic direction and oversight for overall quality and practice at St. Joseph’s Healthcare Hamilton (SJHH), specifically to support quality leadership and integration; safety culture principles and practices; robust continuous performance and process improvement; and excellence in health professional practice throughout SJHH to improve healthcare outcomes for patients, families and communities we serve. • Meetings are held once monthly for a minimum of 10 months per year • Membership includes; President of SJHH, Chief of Staff and VP of Clinical Services and CNE (Chairs) Quality Manager, Quality Department Administrative Assistant and members from various interdisciplinary teams across the hospital • Being part of this committee, requires extensive preparation, but in the same time it is extremely rewarding. • Having two advisors to support each other is very valuable <p>Long Term Care CARES Hamilton Operational Group – J. Ross</p> <ul style="list-style-type: none"> • LTC CARES stands for - Long Term Care Consults and Recommendations for Emergency and Support Services. The LTC CARES program is a collaborative approach between SJHH and Hamilton Health Sciences (HHS) and the operational group consists of members from both organizations. HHS has not been able to recruit a PFA member yet. • The purpose of the program is to reduce unnecessary LTC resident transfers to the Emergency Department (ED) • LTC Physicians or Nurse Practitioners (NPs) can obtain a consultation from an LTC CARES Physician who can also provide access to other resources i.e. lab work, diagnostics, dietary consult etc. • LTC Staff would call a specific phone number that will get in touch with paging; they ask for the LTC-CARES Physician who will connect with the LTC-CARES team • Once you have telephone contact with the LTC-CARES Physician or Nurse, information will be obtained about the resident you are referring, along with LTC contact information needed to register the patient and reach the LTC medical team (Physician or NP). • The consultation can occur through teleconference or by video conference (OTN or Zoom) • Once the consultation has occurred, a plan of care is determined by the Physicians/NP and any follow-up can be coordinated through the LTC-CARES program, the LTC-CARES Nurse will organize and communicate all appointments back to the LTC team • For more information about the LTC CARES initiative, PFA’s can click the link provided: https://hfam.ca/clinical-pathways-and-evidence/ltc/ltc-cares/ • Closing the gap between community partners and meeting people where they are, it is a great step to improving LTC residents care. I am looking forward to learn more and see how we can continue improving the LTC partnership and residents care. <p>Improving Patient Experience using Innovative Ideas – McMaster University – J. Kasperski, L. Hegazi, A. DiTiberio, D. McInnes</p> <ul style="list-style-type: none"> • Met with lead Engineering Professor to review the scope of the project • PFAs presented a problem and shared their experiences to a group of Engineering Students who were tasked to come up with a solution to the problem • This is a component of the Engineering program which students complete to graduate • Students incorporated co-design framework principles • Students create prototypes by listening to what the patients and families needs are. • In addition to the prototype, this collaboration creates great relationships and experiences. • The Engineering students will be presenting their projects on December 8th
3.0 Virtual Care	<p>C. Andreatta presented on Virtual Care at St. Joseph’s Healthcare Hamilton</p> <p>Overview:</p>

Item	Discussion
	<ul style="list-style-type: none"> • Virtual Care is a method of care that allows patients to interact with their healthcare providers, this may include: telephone, video or secure electronic messaging. The method of virtual care that best suits a patient is determined by the clinical care team • At St. Joe’s video visits can be completed through: Zoom and OTN. Video Visits are available for routine follow up appointment, consults, family meetings, provider consults • The Emergency Department is offering virtual care for patients with an urgent medical issue that is not life threatening • All patients can request and register for a MyDovetale account and participate in virtual care visits. Patients can ask their care team whether or not their clinic participates in MyDovetale <p><u>Impact on Patients and Families:</u></p> <ul style="list-style-type: none"> • Over the past 8 months we have seen a rapid uptake of virtual visits, • Family members are able to participate in valuable discussion and decisions by being included in the visits upon the patient’s request • Discharge planning has become seamless with the ability for virtual family consultations • Patients who previously were not able to participate in group visits and educational session due to COVID restrictions are now able to virtually <p>Q: Are patients/caregivers allowed to use devices and computers at the SJHH library for virtual visits? A: Yes, patients may be able to use the devices or computers at the library however, we would need to look into capabilities of what they have to offer, i.e. camera, microphone etc. Patients should also ensure they are able to secure a spot in the library that is quiet prior to participating in their virtual visit in order to maintain confidentiality. I believe the library also has a service to allow for patients to rent a tablet for at home use.</p> <p>Q: How secure is OTN vs Zoom? A: We feel both the OTN and Zoom platforms are secure. Both are in line with Ministry guidelines. The patient’s medical provider would invite them to access the OTN platform. Zoom is free to use and anybody can download Zoom from the internet.</p> <p>Comment: After a patient comes out of surgery it would be a great idea to present the patient with a hospital tablet that is already set up with Zoom/OTN and MyDovetale so they can access their healthcare team immediately.</p>
<p>4.0 COVID-19 Hospital Updates</p>	<p>M. Joyner presented the COVID-19 Update for St. Joseph’s Healthcare Hamilton</p> <p><u>Organizational Update</u></p> <ul style="list-style-type: none"> • As of November 16th, we are caring for two COVID-19 patients • Recently the Ontario Government announced a decision to move Hamilton into the "control" or "red" category of the Provincial COVID-19 Framework. The change is reflective of the rising cases of COVID-19 in our community. St. Joe’s is closely monitoring and ready to adjust hospital operations if needed to correspond with our capacity • We are continuing at current levels for surgeries and all other clinical services • The Satellite Health Facility is now open and will help to alleviate some pressures on our hospital and sustain in-hospital space for patients with acute care needs • On November 16th, a healthcare worker outbreak of COVID-19 was declared at the Charlton Campus. All healthcare workers who have tested positive are now self-isolating at home • St. Joe’s is creating surge bed space at the Charlton site as we see the number of COVID patients in our hospital increase, and the number of COVID cases grow in our community. • Patients will be allowed one caregiver/support person to accompany them to their visit to the Emergency Department (ED), Psychiatric Emergency Service (PES) or Urgent Care Centre (UCC) at St. Joseph’s Healthcare Hamilton. • No changes to the Number of Visitors for Inpatients: We will continue to allow for two essential caregivers in a day, one at a time.

Item	Discussion
5.0 Additions to the Agenda – Satellite Health Facility	<p>J. Loncke presented on the Satellite Health Facility (SHF) for St. Joseph’s Healthcare Hamilton</p> <p><u>Presentation Highlights:</u></p> <ul style="list-style-type: none"> • The Satellite Health Facility (SHF) was previously a Hamilton hotel located on King St E. in Hamilton. The SHF was converted to allow for patients of St. Joe’s and Hamilton Health Sciences who are waiting for placement into a long-term care facility. St. Joe’s occupies floor 5 and 6 of the SHF. There are 29 patients on the fifth floor and by December, 30 patients are expected on the sixth floor. • Healthcare staff communicate with each other between floors with walkie talkies • All patient and families receive a welcome booklet and patients receive a welcome basket prepared by volunteers <ul style="list-style-type: none"> • <u>Construction and retrofitting included:</u> • Removing existing hotel furniture • Modifying washrooms with safety equipment • Adding overhead and directional signage, and patient identifiers on room doors • Installing plexi glass dividers at screening stations • Adding Call bells in the washrooms and at the bedside, door alarms and slides at emergency exits • Allowing for private rooms and semi-private rooms with divider screens <ul style="list-style-type: none"> • <u>Space conversions and room additions included:</u> • Screening station • Team communication stations (on floors 5&6) • First floor visitor lounge • Leisure lounge used for patient therapeutic and recreational activities • Storage rooms, clean core and soiled room, chart room, medication room
Date & Time of Next Meeting	<p>Tuesday December 15, 2020 3:00pm – 4:00pm Teleconference/ZOOM</p>