

**Patient and Family Advisory Council**

Monday October 19, 2020 ~ 15:00pm – 16:30pm

**Video/Teleconference – Both options are available**

**AGENDA**

**Join by Video:**

<https://stjosham.zoom.us/j/69043642537?pwd=cjR6cUZ1TW5VUW9KRHRxUmNyWUFyQT09>

Meeting ID: 690 4364 2537

Password: 908503

**Join by Phone:**

833 955 1088 Canada Toll-free

Meeting ID: 690 4364 2537

Password: 908503

Members: Patient and Family Advisors: Helene Hamilton, Sue Tkachuk, Lana Yilmaz, Susan Lohin, Makenzie Mawson (LOA), Debra-Lee Hartman, Brian Cook, Martha Ronalds, Peggy Chapman, Julia Boyd, Linah Hegazi, Sahar Monzavi, Janet Kasperski, Mike Doughty  
Staff: Donna Johnson, Michelle Joyner, Larisa Volman, Fiona Wilson, Melissa Farrell, Valentina Constantinescu, David Pitt, Brandon Sunstrum, Shawn Mondoux, Erin O'Connell

Guests: Barbara Beaudoin – Board Chair, Quality Committee of the Joint Board of Governors

**\* Denotes Attachment**

Item	Topic	Lead	Time
1.	<b>Introduction (10 min)</b> <ul style="list-style-type: none"> <li>Approval of agenda*</li> <li>Approval of previous minutes*</li> </ul>	H. Hamilton	15:00-15:05
	<b>Announcements</b>		
	<b>Standing Items</b> <ul style="list-style-type: none"> <li>Patient/Family Advisor(s) Recent Project Assignment*</li> <li>Preparation for November <ul style="list-style-type: none"> <li>Virtual Visits</li> <li>Patient Experience Data Working Group</li> </ul> </li> </ul>	V. Constantinescu V. Constantinescu	15:05-15:10 15:10-15:15
2.	<b>Co-Design Framework *</b> <ul style="list-style-type: none"> <li>Implementation, Education and Measurements</li> </ul>	H. Hamilton/V. Constantinescu	15:15-15:45
	<ul style="list-style-type: none"> <li>Co-design MOCK exercise</li> </ul>	B. King/H. Hamilton/S. Tkachuk	15:45-16:20
3.	<b>COVID-19 - Hospital Updates</b>	D. Johnson	16:20- 16:30
4.	<b>Next meeting:</b> Is held Virtual via ZOOM	<b>Date and Time:</b> November 16, 2020 15:00-16:30	

**Patient and Family Advisory Council**  
Monday September 21, 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									
Martha Ronalds									
Sahar Monzavi									
Mackenzie Mawson	X								
Susan Lohin									
Debra Leah Hartman									
Donna Johnson (Interim CNE)									
M. Farrell (President)	X								
D. Pitt (Coordinator Patient Relations)									
L. Volman (Director of Nursing Practice, MH & A)	X								
F. Wilson (Manager, Patient & Family Collaborative Support Services)									
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								
J. Williams (Resource)									

**X = Regrets**

= Not a current member

**Guests:**

Judy Hunter – Vice-President, Human Resources, SJHH

Peter Bieling– Vice-President, Mental Health & Addiction Program, SJHH

**Abbreviation List:**

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

SJHS = St. Joseph's Health System

Item	Discussion
1.0 Introduction	H. Hamilton welcomed guests to the council. (See guest list above).
Approval of Agenda	<b>The agenda was approved.</b>
Approval of Minutes	<b>The minutes of the August 17th meeting were approved as amended.</b>
Announcements	<ul style="list-style-type: none"> <li>• <b>Welcome all PFAC Members</b> <ul style="list-style-type: none"> <li>• All PFAC members introduced themselves including H. Hamilton &amp; D. Johnson, PFAC Co-Chairs and S. Thachuk, PFAC Vice-Chair</li> </ul> </li> <li>• <b>Virtual Discussion Forum – Yammer Platform</b> <ul style="list-style-type: none"> <li>• The Yammer Platform is an online community forum for people contributing to Patient, Client, Resident and Caregiver Experience in Ontario. The forum uses the Yammer Platform which is accessed by an email address.</li> <li>• If you are interested in being a part of the forum, send a request to <a href="mailto:patfamadvisory@stjosham.on.ca">patfamadvisory@stjosham.on.ca</a></li> </ul> </li> </ul>
Standing Items	<ul style="list-style-type: none"> <li>• <b>Recent Project Assignments</b> <ul style="list-style-type: none"> <li>• V. Constantinescu provided an update on the PFAs assigned projects to date.</li> <li>• There were 4 project requests for Patient &amp; Family Advisor (PFA) participation between August 14<sup>th</sup> – September 14<sup>th</sup></li> </ul> </li> <li>• <b>Preparation for October 19th Meeting</b> <ul style="list-style-type: none"> <li>• A topic will be presented at the October PFAC meeting</li> <li>• PFA’s brainstormed and formulated questions to ask the presenters on the topic:</li> </ul> </li> <li>• <b>Co-Design Education and Implementation Plan:</b> <ul style="list-style-type: none"> <li>• Will staff receive training?</li> <li>• When an idea comes to life, what is the process?</li> <li>• Define co-design and provide the background</li> <li>• Will there be a new format as staff, patients/families/caregivers are not able to meet in person due to COVID-19? What will it look like?</li> <li>• What will the launch of this concept look like? How will it be introduced to the organization?</li> </ul> </li> </ul>
2.0 Approval	<ul style="list-style-type: none"> <li>• <b>Terms of Reference (TOR)</b> <ul style="list-style-type: none"> <li>• The Terms of Reference (TOR) were approved with the following amendments:</li> <li>• Membership: Change Peer Support Advisory Council to Peer Advisory Council (PAC)</li> <li>• Membership: Change from Chair of PAC to a member of PAC</li> </ul> </li> <li>• <b>PFAC 2020/2021 Work Plan</b> <ul style="list-style-type: none"> <li>• The PFAC 2020/2021 Work Plan was approved</li> </ul> </li> <li>• <b>Patient &amp; Family 2020/2022 Engagement Plan</b> <ul style="list-style-type: none"> <li>• The purpose of the Engagement Plan is to provide a summary of our areas of focus for the next two years to ensure SJHH continues to shift the culture where patients and families are full partners in co-designing care and staff view all care as experienced through the eyes of patients and families</li> <li>• The PFAC Work Plan presentation topics were selected from to the areas of focus outlined in the Engagement Plan</li> </ul> </li> </ul>
3.0 Equity, Diversity and Inclusion (EDI)	<p>J. Hunter &amp; P. Bieling presented on the Equity, Diversity and Inclusion (EDI) initiative at St. Joseph’s Healthcare Hamilton.</p> <p><b><u>Presentation Highlights:</u></b></p> <ul style="list-style-type: none"> <li>• St. Joe’s is partnering with The Canadian Centre for Diversity and Inclusion (CCDI), a Canadian based organization designed to help employers, diversity and inclusion/human rights/equity, and human</li> </ul>

Item	Discussion
	<p>resources practitioners effectively address the full picture of diversity, equity and inclusion within the workplace</p> <ul style="list-style-type: none"> <li>• Equity, Diversity and Inclusion is an initiative to support people, physicians, patients and families and is part of the Building Direction in the St. Joe's Strategic Plan</li> <li>• An organizational assessment of equity, diversity and inclusion practices will be conducted to help develop a strategy that reflects our organizational needs</li> <li>• The EDI Advisory Group was established to determine the process of the Diversity Council including Terms of Reference, Membership and to develop processes and deliverables for consultations and survey</li> </ul> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• EDI Council to be established in October 2020</li> <li>• Survey will be sent out to staff, physicians, learners, volunteers and PFAC members in November</li> <li>• Focus groups and further discussions with groups starting with anti-Black racism will occur between October 2020-February 2021</li> <li>• EDI strategy to be developed in April 2021</li> </ul> <p><b>Q: The people you are drawing from to select the Council membership, are they from the hospital system or from the community?</b>  A: The initial call out for council membership was for St. Joe's staff only. However, we have recruited two community members and have spots for 2 Patient &amp; Family Advisors as well. We may look to broaden membership in the future.</p> <p><b>Q: How will you set up the focus groups based on diversity; will various types of disabilities be separated into their own groups such as chronic illness, psychiatry, acute medical, geriatric, etc.?</b>  A: The focus groups will be set up dependent on how many people come forward to be part of them.</p> <p><b>Q: Will training be provided to staff?</b>  A: Once the EDI strategy has been developed we will have a better idea if staff training will be required. Studies are shown that combining education with other interventions, is more effective than education alone.</p> <p><b>Q: Will this concept be ongoing after the strategic plan has ended?</b>  A: The EDI concept is a complex issue and it would be of benefit to keep it ongoing after the SJHH 2020-2025 Strategic Plan.</p> <p><b>Comment:</b> You could hold EDI training workshops for staff</p>
<p><b>4.0 COVID-19 Hospital Updates</b></p>	<p>D. Johnson presented the COVID-19 Hospital update, the St. Joseph's Healthcare back to school hospital plan and on the Alternate Health Facility</p> <p><b><u>Organizational Update</u></b></p> <ul style="list-style-type: none"> <li>• As of September 21st, we are caring for 1 inpatient with COVID-19.</li> </ul> <p><b><u>Back to School Hospital Plan</u></b></p> <ul style="list-style-type: none"> <li>• As part of Ontario's plan for students to safely return to the classroom in September, the government released the <i>Operational Guidance: COVID-19 Management in Schools</i> document.</li> <li>• We have collaborated with Hamilton Health Sciences and Niagara Health to provide guidance to staff</li> </ul> <p><b>Proactive Staffing Strategies to support staffing in the hospital includes:</b></p> <ul style="list-style-type: none"> <li>• Redeployment Committee has refocused to assess key staffing priorities and areas of risk</li> <li>• Implementation of the nursing availability app to help identify availability for additional work opportunities</li> <li>• Exploration of redeployment strategies for non-nursing SJHH employees</li> <li>• Recall staff from other types of leave as required</li> <li>• Additional temporary staffing may be required to support leaves of absence</li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• Offer staff and physicians have the option to bring their immediate family members, including children, to the hospital for COVID-19 testing</li> </ul> <p><b>Q: How fast is the turn around time for (staff, physicians and their immediate family) testing results?</b> A: The turn around time for staff, physicians and their immediate family, testing results are within 24 hours. Due to the increase in demand for community testing St. Joe’s is looking at ways to increase our ability to process more tests. We are also prioritizing tests for SJHH and HHS patients in order to provide results within 24-36 hours.</p> <p><b>Q: When will student volunteers be allowed to return to hospital?</b> A: We are currently reviewing this with the Volunteer Resources Department. We are anxious to have our volunteers return as they provide significant support to our staff, patients and families.</p> <p><b>Q: Have you received staff feedback regarding the back to school plan?</b> A: We have not received a great deal of feedback from staff regarding the back to school plan. We know that is a stressful time of uncertainty. We emphasize open communication, cooperation and flexibility between our staff and managers to support one another.</p> <p><b><u>Alternate Health Facility (AHF) for Alternate Level of Care (ALC) Patients</u></b></p> <ul style="list-style-type: none"> <li>• In early Spring 2020, St. Joseph’s Health Care (SJHH) and Hamilton Health Sciences (HHS) collaborated to secure an alternate health facility (AHF)</li> <li>• This will be a temporary, off-site hospital facility for non-acute patients</li> <li>• With the AHF in place we will be able to create additional space within hospitals for patients requiring hospital-level of care</li> <li>• Late May: SJHH &amp; HHS submitted a plan to the Ministry of Health which was approved and funding was secured</li> <li>• Tentative plans to open the AHF this October</li> </ul> <p><b>Q: Can you define the “Visitor Model”?</b> A: The visitor model at the AHF will match the visiting guidelines for St. Joes. This will mean allowing two visitors per day from 9:00am-9:00pm.</p> <p><b>Q: Is the hospital looking for one central location for all patients or just for those who are awaiting transition to ALC beds?</b> A: The AHF will be for patients with acute care needs, those who no longer require hospital care will continue to receive care while waiting to transition into retirement or long-term care homes.</p>
<p><b>Date &amp; Time of Next Meeting</b></p>	<p>Monday October 17, 2020 3:00pm – 4:30pm Teleconference/ZOOM</p>



# Caring

## Projects Assignment Patient & Family Advisor(s)

October 19, 2020



Project Name	Program/Group	Advisors
Digital Health Strategy and Plan	Digital Solution and Health Informatic Management Department	Bernice King, Helene Hamilton, Gary Halyk, Susan Tkachuk, Jane Ross, Peggy Chapman, Martha Ronalds, Jan Kasperski,
New Neurology Clinic	SJHH, Dr. Markus Mazurek – Neurologist	Anne White, Julia Boyd, Debra Hartman, Helen Hamilton
Co-design Framework Presentation	National Health Engagement Network	Helene Hamilton
Integrated Comprehensive Care for vulnerable population	Integrated Comprehensive Care Dr. Carolyn Gosse	Susan Lohin, Lacey Richard, Jan Kasperski, Laura Van Landschoot, Helene Hamilton

## Preparation for November's Patient & Family Advisory Council meeting

- We would like to know what questions you want to have answered by the staff lead on the topics scheduled for our November meeting. Please prepare your comments, feedback, questions for discussion at the October 19<sup>th</sup> meeting.

### **Topic 1 – Virtual Visits**

Virtual care allows patients to interact with their healthcare providers via telephone, video, or secure electronic messaging. St. Joe's is offering virtual care to make sure that we can provide care for our patients safely and effectively, while improving accessibility and achieving greater care coordination and connectivity for our patients. This means that we will be using video and audio technologies for some patient visits, rather than asking you to present to your clinic in person. During our presentation, we will provide an overview of a St. Joe's patient virtual care journey.

### **Topic 2 – Patient Experience Data Working Group**

The Patient Experience Data Working Group will support the Patient and Family Advisory Council at St. Joseph's Healthcare Hamilton. The group will focus primarily on a collaborative patient-centered approach to reviewing, discussing and analyzing patient experience data collected from different sources (surveys, compliments and complains, stories) for the purpose of developing patient centered quality improvements. Specifically, the group will facilitate a process for the standard review and follow-up of patient experience data between patients, administration and clinical leadership.





Committed to Excellence.  
Dedicated to Discovery.

## **SJHH Patient & Family Co-Design Framework**

**Helene Hamilton, Co-Chair PFAC**

**Valentina Constantinescu, Patient Experience Consultant**



# Committed to Excellence. Dedicated to Discovery.

Strategic Plan | 2025 Vision

**Mission:**  
Our mission is simple, Living the Legacy: Compassionate Care. Faith. Discovery. Every day the thousands of people who work, learn and volunteer at St. Joe's live this mission in pursuit of our vision.

**Vision:**  
"On behalf of those we are privileged to serve, we will deliver an integrated, high quality care experience, pursue and share knowledge, and respect our rich diversity, always remaining faithful to our Roman Catholic values and traditions." We commit ourselves to demonstrate in all that we undertake - the values instilled in our organization by our Founders, the Sisters of St. Joseph of Hamilton.

**Values:**  
Dignity. Respect. Service. Justice. Responsibility. Enquiry.



## Leading

### Leaders in Innovation

Together with the people we serve we will lead a movement to transform the entire experience of care by connecting a community of healthcare providers: one team, one record, one number to call 24/7.

#### 2025 Vision

- We will distinguish ourselves through the wide implementation of integrated care by collaborating with our patients and community partners.

#### Initiatives

- Continue expansion of the Integrated Comprehensive Care (ICC) program across the three St. Joseph's organizations in Hamilton (St. Joseph's Healthcare Hamilton, St. Joseph's Home Care, St. Joseph's Villa).
- Fully engage as partners in the Hamilton Health Team (HHT) implementation.
- Help our community expand and implement integrated health services by:
  - Leveraging the design principles of integrated care.
  - Enhancing access of health information between St. Joe's, primary care, and Home Care providers.
  - Empowering patients and families to improve self management and self-care through increasing access to digital tools including MyDovetale and virtual care.
- Continue to build a culture of Disruptive Innovation: create, test and spread innovations that radically improve patient, caregiver and provider experiences and outcomes.

#### Measurement

- Wide recognition as leaders in innovation.
- Patients who need it will have access to their own records online, through the use of MyDovetale, a portal for patients.



## Learning

### A University Research Hospital

We are a teaching hospital where life-changing research and innovation benefits patients, where we educate the world's best and create a healthier community.

#### 2025 Vision

- We will:
- Strengthen our research leadership, particularly in the areas of Mental Health & Addiction, Kidney & Urinary, Respiratory health and Integrated Comprehensive Care.
  - Develop internationally recognized research that influences the provision of care.
  - Provide an outstanding educational experience to all of our learners.

#### Initiatives

- Align recruitment with areas of research excellence.
- Increase capacity to use big data and artificial intelligence for research.
- Recognize and recruit healthcare professionals who are outstanding educators.
- Support our learners and staff in their preparation to work in an integrated system.

#### Measurement

- Number of published articles increases.
- Number of new clinical trials increases.



## Building

### An Inspiring Place to Work and Learn

Our people are the heart of our organization. Together we learn, grow, and do extraordinary work to make a positive difference in the lives of those we serve.

#### 2025 Vision

- We will attract and retain individuals who are engaged in highly successful teams.

#### Initiatives

- Strengthen our culture of feeling valued, respected, recognized and connected.
- Develop a structure that supports professional growth for staff.
- Implement a leadership development program that advances integrated care by enhancing skills in flexibility, agility, influence and partnership.
- Strengthen our focus on ensuring a safe and well workplace.
- Develop an equity, diversity, and inclusion strategy to support our people, physicians, patients and families.
- Improve processes to make work easier.

#### Measurement

- Staff engagement scores increase.
- Physician engagement scores increase.



## Caring

### Excellent Care

We are committed to providing state-of-the-art care, delivered with compassion, dignity and respect, every time.

#### 2025 Vision

- We will be widely admired for outstanding care and patient experience.

#### Initiatives

- Partner with patients and families to improve the quality of care by:
  - Strengthening our performance using evidence informed best practice and digital tools, in line with the Health Quality Ontario Framework and Choosing Wisely.
  - Adopting a standard so that new clinical initiatives at St. Joe's are co-designed with patients and families.
  - Ensuring we support our mission and vision through a health equity lens so that new and existing programs meet the needs of all of our patients including vulnerable populations.
- Develop and implement a Community Advisory Committee (CAC) to foster a strong partnership and collaboration with our community.

#### Measurement

- Patient satisfaction scores increase.
- Number of Quality Improvement Plan metrics that meet or exceed target.



Join us online at [stjoes.ca/strategicplan](http://stjoes.ca/strategicplan) for the latest updates.

Meaning of the Brand Symbol



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#WeAreStJoes





In the new strategic plan SJHH has committed to:

- Adopt a standard so that clinical initiatives at SJHH are co-designed with patients and families.

# What is Co-Design?

- An approach that supports partnership between staff, physicians, patients and families to work together
  - design services and/or care pathways
  - develop a care plan
  - Find a solution to a quality issue

## *Examples*

- SJHH Caring for my COPD
- Hospital Orientation – PFCC
- SJHH Patient Liaison Program
- Integrated Comprehensive Care

# Working Group

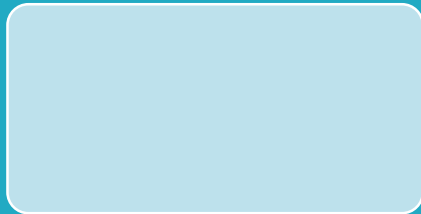
- A Working group was established to develop the SJHH Co-Design Partnership framework
- **Working Group Tasks:**
  1. Review of Literature and Co-Design Frameworks
  2. Define Guiding Values & Principles
  3. Define Areas for co-design work
    - Ex. Clinical Service Design, etc.
  4. Develop SJHH Framework for Patient & Family Co-Design
    - Following Executive Endorsement of SJHH Patient & Family Co-Design Framework--*
  5. Refine how we will monitor and measure
  6. Develop and provide Education and Communication

# Principles of Co-Design Partnerships



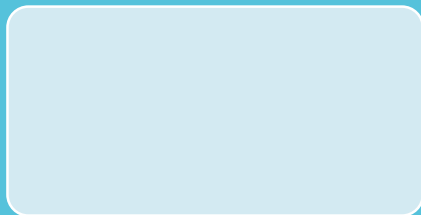
- Inclusive**  
 Representatives from critical stakeholder groups are involved throughout the process. The process is responsive to and utilizes advice and decisions from people with lived or worked experience, the knowledge experience and skills of experts in the field, and considers and represents the views of those (patients) not at the table.
- Respectful**  
 All participants are seen as experts and their input is valued and has equal standing. Partners manage their own and others' feelings in the interest of the process. Co-design requires everyone to negotiate personal and practical understanding.
- Participative**  
 The process is open, empathetic and responsive. Dialogue and engagement generate new, shared meanings based on expert knowledge and lived experience. All participants are equally responsible for the effectiveness of the process.
- Outcome focused**  
 Designed to achieve an outcome or series of outcomes, where the potential solutions can be tested, effectiveness measured and where the spreading or scaling of these solutions can be developed with stakeholders in context.

# Areas of Focus for Co-Design Partnerships



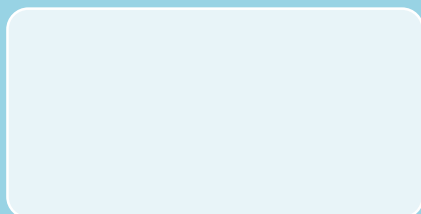
## Personal Health Care Decisions

- *Individual preferences in care plans*



## Clinical Program and Service Design

- *Focused improvements and initiatives that impact the patient & family experience*



## Organizational Policy, Strategy and Governance

- *Broad corporate initiatives that affect patient & family experience*

*The intention is that we will work towards all clinical initiatives being co-designed; Initiatives with no direct impact to patients & family will be the exception (ex. selecting a new payroll system)*

# Fundamentals of Co-Design Partnerships

Every example of Co-Design will include these elements:

- Partnerships will be sought from the first interaction to the last
- There will be a clear and concise purpose
- All partners will be supported to have the information they need
- Respectful dialogues will occur with the understanding that...
  - The patient is the expert on their health experience and the information they have gained
  - All Health Care Workers are an expert in their field, organization and obligations and have access to experts for areas outside of their scope of knowledge



# Co-Design Partnership Framework Explained

## Co-Design Process Steps

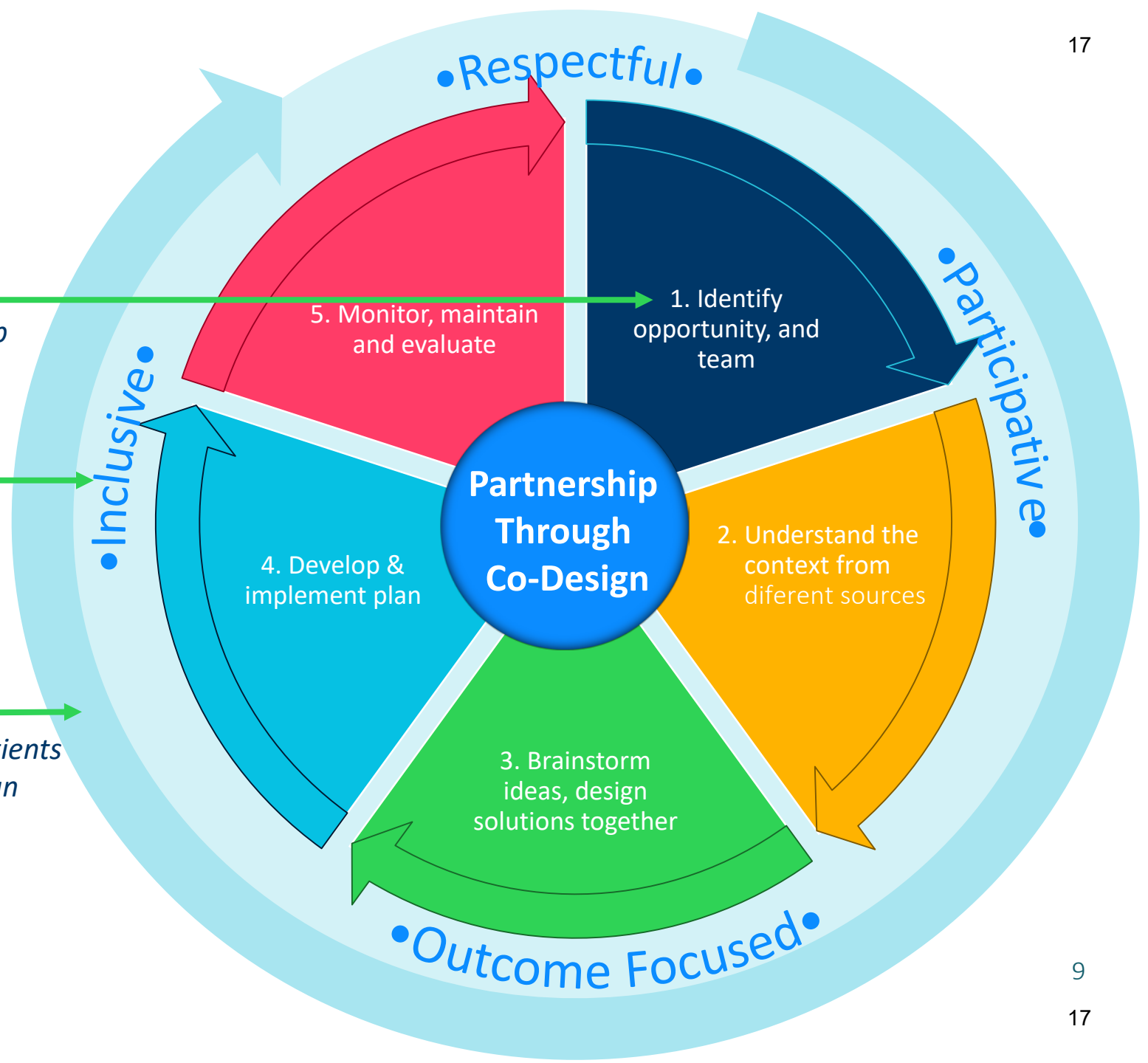
*PDSA cycle integrated with spirit of partnership*

## Co-Design Principles

*Signifies that all Co-Design collaborations embody the co-design principles*

## Iterative Cycle

*Signifies the continual feedback loop with Patients & Families that informs and prompts co-design initiatives*



# Co-Design – Implementation Plan



# Caring



# Co-design Launch



# Caring

## Considerations:

- COVID 19
- During COVID - There is an increase need to Include patient, family caregiver voice
- Need to support staff

## Supportive Approach

- Develop experts (i.e. Patient and Family Advisors, Quality Consultants, other Professional Leads)
- Provide support to co-design when is need



# Develop Experts - Education Curriculum

- Education workshop is design with Patient and Family Advisors, Organizational Development, Public Relations, Quality)
  - Not finalized but we have the sessions activities and outline

## Session Structure:

- Two sessions, two hours each
- Lots of practical examples and hands on opportunities
- Mentorship post completion is provided
- Sessions will be offered 4 times a year (November, February, April, September)
- Professional development opportunity
- During COVID - Patient, Family, Caregiver voice is included in changes and decisions in a meaningful way

# Communication Plan

## 1. Main message

Working together, staff, physicians, leaders, patients, families and caregivers to make better decisions for all!

## 2. Screen Saver ( what, when, who, dates)

## 3. Short Presentation done by PFAC Co-Chairs; Timing to be determine by the chairs

- Mangers
- Nursing Advisory Committee
- Professional Advisory Committee

## 4. Communicate in the Need to Know

## 5. Leadership SharePoint

## 6. Posted under Organizational Development as available training and education

# Monitoring and Measuring

## 1. Process measures

- A. # of staff educated on Co-design methodology - aim for minimum 30 staff and PFAs to be trained in 2020-2021; Baseline= 0
- B. # of projects done using co-design methodology post implementation- aim for 3 or more projects to be completed using co-design by March 2021; Baseline TBD

## 2. Outcome Measures

- A. Increase Patient Satisfaction Score in Medical/Surgical Programs Above Teaching Hospital Average by 2025
- B. Increase Patient Satisfaction Score in Mental Health & Addiction to 85% by 2025
- C. 85% of patient and families who participated in the co-design project felt that their input was respected and incorporated in the project.

## 3. Balance Measures

- A. 80% of staff who utilize the co-design feel that co-design has a positive impact of patient experience

# When an idea comes to life what is the process?

1. Communication working group is developing an algorithm that will be disseminated on: St. Joe's website, Need to Know, Posters
2. Ambassadors - Quality Consultants, Advisors, Leaders

Do you want to...

## Improve the Patient Experience?



**We are here to help!**

Coaching and training is available to all staff, physicians, leaders and teams on how to use **co-design methodology** to improve patient experience.

# Patient & Family Co-Design Working Group Members

- Winnie Doyle (*PFAC Co-Chair & Executive Lead*)
- Michelle Joyner
- Tracina Pearce
- Jody Williams
- Brandon Sunstrum
- Yelena Potts
- Valentina Constantinescu
- Cassandra Weatherston
- Helene Hamilton (*PFAC Co-Chair*)
- Jane Ross
- Susan Lohin
- Victoria Reiding
- Susan Tkachuk