Patient and Family Advisory Committee (PFAC) Meeting MINUTES

December 7, 2017 ~ 2:00 – 5:00 p.m.
HNHB LHIN Office –Hamilton

PFAC Members Present

Jori Warren	Clarence Wheaton
George Goto	Josephine Quercia (via TC)
Olga McNeill	Keith Dorman
Mike Porto (via TC until 4:15)	Shirley Verhage
Anne Marie Cargnelli	

PFAC Members Regrets

Polly Maher	Janice Kucharew
Michelle Moore	Irene Motz

LHIN Representation

- Emily Christoffersen, VP Commissioning, Performance & Accountability (for Donna Cripps, CEO)
- Trish Nelson, Director, Communications and Community Engagement
- Maggie Irving, Manager, Stakeholder Relations and Community Engagement
- Mary Devorski, Manager, Corporate Communications
- Debbie Goldston, EA Corporate Services & Communications (Recorder)

1. Approval of Meeting Minutes: September 14, 2017

That the Minutes of September 14, 2017 be approved as presented:

Moved: S. Verhage Seconded: G. Goto

2. Survey Results, Meeting Schedule, Online Shared Space

- *Survey Results*: data received helped drive the meeting schedule/location. Most meetings are in Hamilton but a few will take place in Niagara and Brantford (during spring/summer months). Phone option will always be available. Time available for each meeting will be 3 hours. Materials will be provided 2 weeks prior to each meeting.
- *Online shared space*: online space is now available for committee members to connect between meetings. LHIN staff will not be monitoring this forum but will refer to periodically. If you have any questions for a LHIN staff member, please reach out via email. ACTION: Let Maggie Irving know if you want to be signed up for this and if you require a demo for using the space.
- *Reimbursement for travel*: a travel expense form will be provided at the beginning of each meeting for committee member's signature. Public transportation will also be reimbursed with an accompanying receipt. A cheque will be sent out shortly after each meeting.
- Meeting materials will be made available at each meeting if members are not able to print them.

3. Review & Finalize PFAC Terms of Reference

- Include 'diverse needs' in first paragraph. Mandate: designed to care for who in the LHIN? Define who we are designing care for. Identify the work of the committee is aligning with the broader goal of the LHIN and MOH.
- All Terms of Reference (ToRs) across the province should look similar due to the ministry mandate. How do we share information? "Community of Committees" more to come on this at next meeting.
- Committee agreed to achieving consensus for decision-making purposes.
- Committee agreed to add parameters around absenteeism from committee.
- Spokesperson for the LHIN is the CEO or Board Chair. If a committee member is contacted by the media or other groups/organizations about the PFAC committee, let Trish Nelson or Maggie Irving know. Each committee member will be given LHIN contact names/numbers at the next meeting as well as key messages following each meeting.
- Attendance – committee agreed to maintain momentum members must attend a minimum of 3 meetings/year. To be implemented at the January meeting.
- **ACTION**: Please confirm to Maggie if you are remain interested in becoming a co-chair. Interested committee members will then have a phone call with Donna Cripps, CEO.

Committee reached consensus and approved the draft Terms of Reference as discussed.

Approved with Amendments:
Moved: C. Wheaton Seconded: S. Verhage

4. Provincial Updates – PFAC and Patient Ombudsman

- Chair of provincial PFAC, Julie Drury, will be attending the January 2018 meeting.
- The LHIN PFAC does not report to the provincial committee but there will likely be linkages.
- As PFACs across the 14 LHINs become more established, there may be opportunities for cross-LHIN connections.
- An overview of the work and responsibilities of Patient Ombudsman, Christine Elliot, was provided. The Patient Ombudsman works with patients and families around health care services at hospitals, LTCHs and the LHINS (which includes home and community care).
- Highlights from the first Patient Ombudsman Annual Report were provided to the committee.

5. Break

6. Patient Relations/Complaints Management Process

- Emily provided an overview of the HNHB LHIN Patient Experience Framework for committee members.
- Committee members' comments on the most important elements of an excellent patient experience:
    - Inequities in staff performance – the human factor. How do we bring everyone up to the same quality work experience?
    - Feedback from the group survey would be welcome. This will be distributed to the group.
    - System that listens to a patient's feedback.

  - Want to be listened to and respected. Patient's with cognitive deficiency need to have things explained in a way they can understand.
  - Mechanism to report positive feedback or improvement, areas of opportunity could lead to staff review. Taking patient experience and relaying that into part of their performance appraisal either good or bad.
  - Timely follow up in hospital (ER).
  - Going above and beyond. "…makes you feel like a person again"
  - Listening more closely to what patients/caregivers have to say. Mistakes can happen when healthcare professionals don't hear their patient/caregiver.
  - Lack of communication/misunderstanding between professionals and patient/family.
  - Doing your "job" vs. empathy, i.e. Million dollar cheque example, seeing your role, impact through their eyes.
  - Being heard.
  - Looking at things from a patient's perspective.
  - Consistency in service delivery
  - Seamless, integrated patient journey.
  - More access to available resources.
  - Commitment to provide an excellent patient experience.
- How patient experience is currently measured within HNHB LHIN was reviewed including the compliments and complaints management process.
- How can HNHB LHIN ensure we have an excellent patient relations and complaints management process?
  - Oversights done by third party.
  - Not hearing outcome when a complaint is submitted.
  - 5Cs: consolidate, coordinate, cooperate, communicate, and celebrate successes.

Note: Michael exited the call due to prior commitment.

  - Knowledge of who to contact regarding a compliment/complaint.
  - Silent majority - input may not be high quality. Gap in systems re: lack of satisfaction; these areas may not be heard or not reflected in feedback given.
  - Quality of questions asked to ensure there is meaningful data. Who is completing questionnaire? Is the data accurate?
  - Lack of follow up is insulting.

- Could all complaints be funneled through the LHIN instead of via individual organizations? 1 window access – patients/caregivers do not differentiate, why do we make it more difficult? If it is systemic probably affects multiple streams, therefore can better identify trends, improve data collection and increase accountability.
- "Complaints" may be perceived as adversarial. Removing the term "complaints", what about compliments?
- Differences between how a mental health issue is handled versus a physical health issue.

7. Work Plan Development

- Anticipate that more work will be done at the January meeting.
- Eight Priorities identified for HNHB LHIN.
- HNHB LHIN's Change Vision shared with committee members.
- PFAC mandate reviewed.
- Questions posed will also be discussed at January's meeting
  - Your top 3 priority areas:
    - Emergency at St. Joseph's
    - Expand peer support and volunteer listener program re: mental health care
    - Transitions in care – roadmaps for people, 5 w's.
    - Examine discriminatory policies in hospitals and LTCH towards patients on medical cannabis program.
    - Better dialogue/communication between patient/provider, between organizations.
    - Better roadmap of the system for patients/caregivers
    - Hospitals are short of money and beds but insert in newspaper about how good they are. Wasteful. Spend money on patient care; there is a public perception re: costs and misuse of donor dollars
    - One stop shop (from patient or caregiver perspective) for resources; how to tap into community groups/networks. Is there an opportunity for all PFACs to influence quality of patient experience?
    - LTCH aren't equipped to deal with EOL care. Opportunity to ensure staff at LTCHs can support this stage of life.
    - Decrease of funding as demand increases, worry about lack of care for older demographic. Healthcare system is not sustainable. There is an opportunity to look at whole picture,

what else can be done e.g. prevention. More emphasis on prevention and education. Maybe we can take small steps in our region and introduce opportunities to beef up education and have people take care of them self proactively.
    - Work in the mental health area and addictions. Prescriptions issued for mental health and addictions.
    - Easier navigation of health system.
- Committee members are welcome to attend any Board meetings. Dates are posted on our website.

8. Key Messages

- To support committee members, staff will prepare three to five key messages related to the discussions, outcomes or work underway by the PFAC members.
- ACTION: Staff contacts provided to committee members.
- **ACTION: More information requested on Opioid strategy – to be sent to members**

Adjournment: 5:05pm

NEXT MEETING: Tuesday, January 23 at 2p.m.

Post Meeting Thoughts:

The following feedback was provided by PFAC members in the days immediately following the meeting. Staff have acknowledged this feedback and committed to providing the comments in the meeting minutes.

C. Wheaton: We know that Canada has increased immigration by approximately 40,000. It is my understanding that medical needs are met for the first year, perhaps if unsponsored - further that medical issues is a provincial responsibility - is there any way of knowing the impact on our health care system in our region? A second component - the federal government makes transfer payments to the provinces - do the feds increase based on the number of new immigrants within in a region?

A.Cargnelli: For further consideration: PFAC FIT. It would be great to better understand the space in which the PFAC can best "play, influence and impact". Understanding that

PFAC is a piece in a bigger puzzle - this will help to ensure our priorities fit within that space/boundaries. Based on the discussion at last week's meeting, perhaps a common understanding of PFAC's FIT in the broader context would be helpful for all PFAC members. The TOR references the link with LHIN.

- CONTEXT/AIMS The mandate letter provided to PFAC members is very general - it would be helpful to understand the key problems that align with the outcomes identified in the mandate letter. This will help as we start to draft key priorities for our work plan. PFAC members bring their personal experience/perspective - but it's important to also be aware of other perspectives (org./health - care system, etc.), which results in a more holistic view.

- LEVERAGING INSIGHTS/DATA - how are we leveraging knowledge, insights and data from our other sources (e.g. The Change Foundation) and government /policy think tank reports as we develop our work plan. Build and/or improve on best practices, etc.

- ONE SYSTEM APPROACH - how will we align/integrate/collaborate with the other PFACS - overarching aims?

- PFAC conversation around patient experience (at last week's meeting). How will these insights be used and what are the next steps for this priority item?