Patient and Family Experience in CCTC

VOLUME 1, ISSUE 2 AUGUST 2014

COMMITTEE MEMBERSHIP

CoChairs:
Alison Rowlands
Brenda Morgan

Members:
Nicole Alva
Patrycja Birbaum
Sherri Barton
Stacey Brown
Claudio Martin
Joanne Dickson
Alicia Fluter
Robin Given
Pam Gladysz
Savanna HouserDeacan
Claire Newton
Nikki Nemirovsky
Erin Penstone
Melanie Quinlan
Mithu Sen
Krista Shea
Gina Souliere
Dawna VanBoxmeer

IN THIS ISSUE

CCTC Patient and Family Experience (PAFE) Committee

This is the second Issue of our new Patient and Family Experience (PAFE) Committee Newsletter. This Newsletter will be published every one to two months depending upon our activities.

The purpose of this Newsletter is to keep all members of the team up-to-date on our improvement strategies.

We ask that you please take a few minutes to read these newsletters and stay informed of new initiatives. Hopefully, the newsletter will also stimulate additional ideas and suggestions.

We welcome any interested members to our Q Third Wednesday of the Month meetings (1300—1500 hrs) in the Large Conference Room. Please forward comments and suggestions to Alison or Brenda.

The work of the committee, along with a number of articles of interest are also available in the shared drive:

S://CCTC/shared/Patient and Family Experience.

> *Patients and families remember 60 % of what you tell them, but 100% of how you made them feel.”*

New Signage

We previously introduced the use of “BUTTERFLY signs” to alert staff that a patient has undergone a recent loss. While initially started as part of our obstetrical CQI project, butterfly signs are also appropriate for other losses (e.g., trauma patients where a family member or friend has died in the same accident, or when a family member of a patient has died during the patient’s hospitalization).

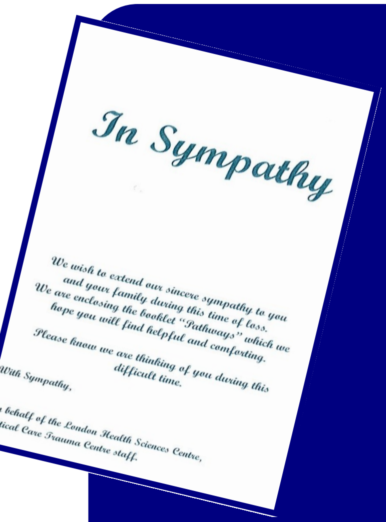
The PAFE committee is trialing the use of a SUNSET image as a visual cue to notify staff that a patient is undergoing withdrawal of life support or is actively dying/gravely ill.

These signs can be posted to the sliding doors or pinned to the curtains near the entrance to a patient room.

Location of Signs:

Signs (Sunset and Butterfly) can be found in the stethoscope drawer (between the assignment and RRT desks.) Please return signs to the drawer when no longer in use. Feel free to add to our collection.

Update on PAFE QI Projects



In Sympathy

We wish to extend our sincere sympathy to you and your family during this time of loss. We are enclosing the booklet "Pathways" which we hope you will find helpful and comforting.

Please know we are thinking of you during this difficult time.

With Sympathy,

behalf of the London Health Sciences Centre,
tical Care Trauma Centre staff.

Enhance Bereavement Follow-Up Program (Lead: Pam Gladysz)

Sympathy cards are now included in the death packs, with instructions for use. Share the card with coworkers who may wish to sign it and return it to the designated box at the front desk. **PLEASE BE SURE THAT THE PATIENT'S NAME IS IDENTIFED ON THE CARD (place sticky with patient's name onto card).**

Develop EOL Supply Cart (Lead: Stacey Brown)

Currently, ideas for our cart are being generated. These include supplies to help both adult and child members of a patient's family to create memories and say goodbye. Watch this newsletter as the project unfolds.

Promote Visiting Guideline Consistency (CCTC/TOU) (Lead: Alison Rowlands)

Strategies to promote consistency in the application of visiting guidelines in CCTC and TOU are currently being explored.

Develop Child Resource Kit (Lead: Patrycja Birbaum)
The PAFE committee is reviewing books and other supplies to develop a resource library to support the needs of children of critically ill patients.

Shorten Time to Family Access at Patient Admission (Lead: Melanie Quinlan)

We are looking at ways to shorten the time before family members have their initial visit following patient admission. Please consider assigning someone (e.g. a nurse with a less acute patient, the Charge Nurse etc) to locate the family (e.g., they might be in the OR or ED waiting rooms) and support them as required while they make their first visit.

Establish Assessment Process for Values/Family Needs (Lead: Brenda/Patrycja)

A draft values assessment tool has been developed and is currently being revised. You may soon see versions of these tools being trialed at the bedside. We will be looking for you feedback.

Name Tags

A commonly expressed concern of patients and families is their inability to easily identify the members of the healthcare team. To promote easier identification, name tags (with designation) will be provided for each CCTC staff member. These will be ready within the next few weeks.

Calling all Photographers

We need updated photographs for our family brochure, family website and bedside signage (sunsets and butterflies). If any of you have a Yousuf Karsh inside that is waiting to break free, please share your images!

We need pictures of team members that can be added to the brochure or website. We will not use pictures with patients (but would welcome any “mock” patient images). Pictures of people will require their consent (emailed permission from the individual will work).

Did you know?

The Health Care Consent Act is an Ontario law designed to provide rules with respect to consent to treatment. All capable individuals have the right to consent to or refuse treatment. If an individual is deemed incapable, there are defined rules regarding who is able to consent (or refuse/withdraw consent) on the individual’s behalf.

A capable individual is able to understand the facts that are relevant to the treatment being proposed, and able to appreciate the consequence of any decisions. Individuals can be incapable of consent for one treatment but capable of consenting to another.

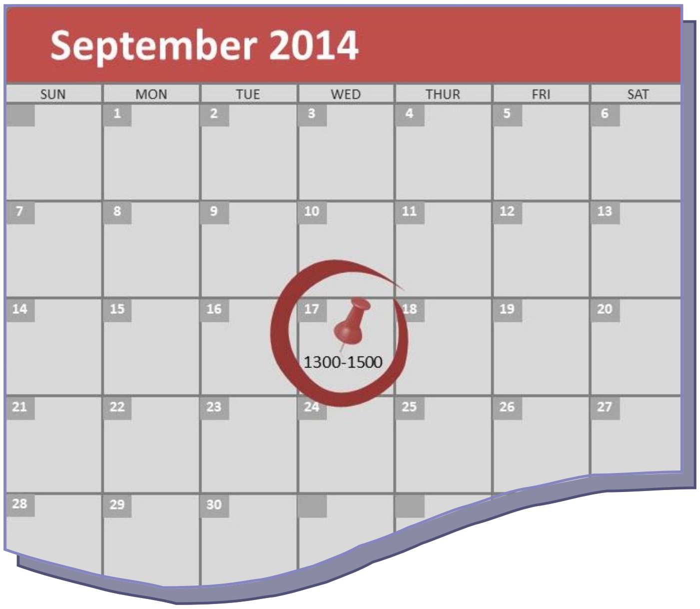
If a patient is incapable, the following hierarchy must be followed when identifying the appropriate SDM. Note that individuals at the same level are equally ranked, and must be capable, available and willing.

If you have any questions regarding the correct SDM for a patient, please contact Patrycja Birbaum .

HIERARCHY

1. Guardian
2. Power of Attorney
3. Representative appointed by the Consent and Capacity Board
4. Spouse OR partner
5. Child OR parent OR Children’s Aid Society
6. A parent who has only right of access
7. Brothers OR sisters
8. Any other relative (related by blood, marriage or adoption)
9. Public Guardian and Trustee is the decision-maker of last resort if no other person is Capable, Available, and Willing to give or refuse consent on behalf of the patient

*At any level, substitute decision makers are equally ranked



All interested CCTC staff are welcome!

Monthly Meetings (Next: Sept 17):
3rd Wed of each month, 1300-1500 hrs

Don't keep them to yourself!

Email: alison.rowlands@lhsc.on.ca

Revision of Family Brochure and Website: Your Feedback is Needed

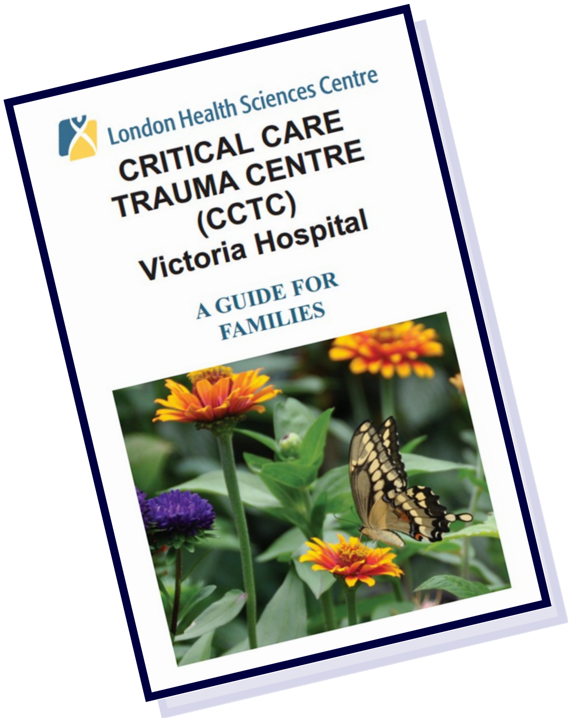
The CCTC Family Brochure and Website require intermittent review and revision and September is the month!

An electronic copy of the family brochure has been sent with this email. Please take the time to review the brochure and notify Brenda Morgan of any suggested changes (we have made note to update the consultant names). Feedback is required by **FRIDAY AUGUST 29, 2014.**

The CCTC Family Website also requires revision. You can access the family website from the "Patients, Families and Visitors" link located on the left vertical menu of the CCTC Home Page or by clicking the following link:

http://www.lhsc.on.ca/Patients_Families_Visitors/CCTC/

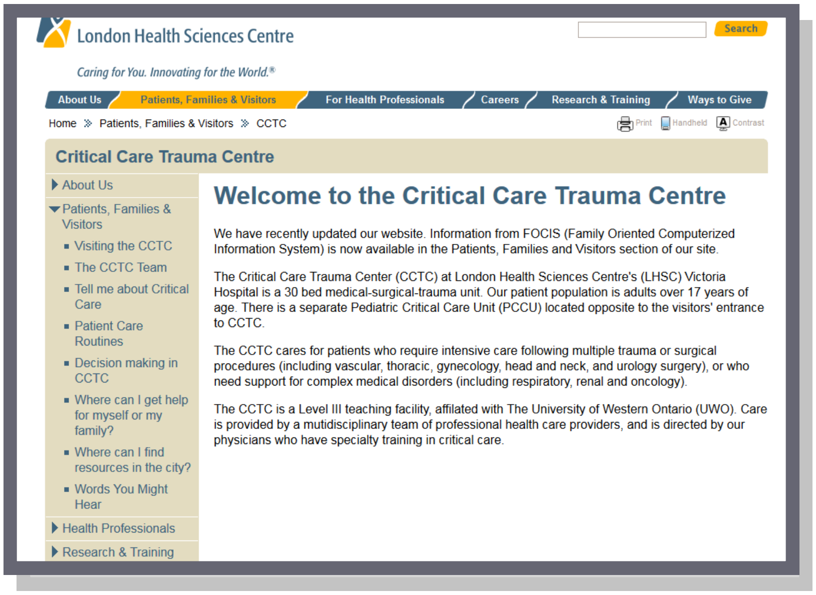
Please provide your feedback to the website by **WEDNESDAY, SEPTEMBER 24, 2014.**



London Health Sciences Centre

CRITICAL CARE TRAUMA CENTRE (CCTC) Victoria Hospital

A GUIDE FOR FAMILIES



Welcome to the Critical Care Trauma Centre

We have recently updated our website. Information from FOCIS (Family Oriented Computerized Information System) is now available in the Patients, Families and Visitors section of our site.

The Critical Care Trauma Center (CCTC) at London Health Sciences Centre's (LHSC) Victoria Hospital is a 30 bed medical-surgical-trauma unit. Our patient population is adults over 17 years of age. There is a separate Pediatric Critical Care Unit (PCCU) located opposite to the visitors' entrance to CCTC.

The CCTC cares for patients who require intensive care following multiple trauma or surgical procedures (including vascular, thoracic, gynecology, head and neck, and urology surgery), or who need support for complex medical disorders (including respiratory, renal and oncology).

The CCTC is a Level III teaching facility, affilated with The University of Western Ontario (UWO). Care is provided by a mutidisciplinary team of professional health care providers, and is directed by our physicians who have specialty training in critical care.