

**RENAL PATIENT AND FAMILY ADVISORY COUNCIL
MEETING MINUTES
Tuesday December 8, 2015
5:00pm to 7:30pm
Kidney Foundation Office**

In Attendance: George Goodlet (Chair), , Deb Bezaire, Janice McCallum, Bonnie Field, Philip Varughese, Nancy Wilder, Carolyn Ingram, Dennis Hokansson, Don Smith, Fred McInnis (Vice Chair), Jarrin Penny, Paul Dixon,

Regrets/Absent: Dr. McIntyre, Brian Carroll, Michael Hermiston, Angela Andrews, Dr. Rehman, Robert Barnicoat, Nikki Anderson, Mike Smith,

	Agenda Item	Discussion	Motion/Action Plan/Follow-up
1.1	Welcome, Approval of Minutes	-November 10 minutes approved	
2.1	Vital Behaviors Summary	Janice McCallum provided an overview of the Vital Behaviors work the Renal Program staff continues to work on. Each group of staff (ie Nurses, Clerks, Nurse Practitioners, Allied Health) was brought together for 4 hours to discuss the theory of PFCC, the 4 Guiding Principles, and behaviors associated with each principle. At least one patient/family member was included at each individual table discussion to ensure the patient perspective was included. Janice shared that each group identified “crucial moments” (when staff interacted with patients/families), and then identified the most PFCC behavior they would like to exhibit and be accountable for. Janice summarized her overview by sharing the finalized document for each staff group and explaining how the format aligned with PFCC behavior. These behaviours will be integrated into our interactions with patients and family members going forward, with all staff holding one another accountable to adhere to the Vital Behaviours.	
3.0	Task Group Reports		
3.1	Patient Resource Task Group	-nothing new to report at this time	
3.2	Patient Feedback Task Group Report Satellite Visits	Fred and George shared feedback from the Chatham satellite visit; crowded environment, lack of storage space, ongoing turnover in leadership. Janice shared that she has been meeting with this leadership group to	

		<p>see how they can accommodate increased growth. The current physical structure does not allow them to make construction changes at this point in time. Janice also confirmed that the leadership turnover in this unit is largely due to their restructuring process; they had interim Managers in place until their new leadership structure was in place.</p> <p>Don shared that the survey is ready to go out to all sites, will be distributed in December and the group will reconvene in January 2016.</p> <p>There was no update provided as Nikki was unable to attend this PFAC meeting</p> <p>Fred discussed the possibility of a renal specific orientation group. This lead to the need for a Storytelling recruitment process. The group confirmed it might be best to encourage people to tell their stories and continue to tap into existing corporate resources for support for new storytellers. The group felt there was also a need to have new stories on the patient website.</p> <p>Fred shared a “Speaker’s Kit” may be a valuable tool when opportunities arise to promote our Council. He attended the Kidney Foundation Christmas Party and sat with a patient from First Nations. He has his business card and will contact him to see if he’s interested in participating in the Renal PFAC.</p> <p>Bonnie provided an update on initiatives the Committee is currently working on. Members are divided into 4 task groups, and each group has been working on initiatives related to their group.</p> <ol style="list-style-type: none"> 1. Change Management and Communication: This group is working on a plan related to integrating PFCC into the current culture. The use of the Kotter Model is being recommended where change is implemented from the top and bottom, and is met half way. They are also working on creating a sense of urgency ie(making PFCC part of the Accreditation Program so it becomes a priority 2. LHSC Policies and Guidelines: This group is working working on a 24 hour visiting policy so patients/families become part of the team and are more involved in their care. Patients chose who their “family” is. They are also working on determining, parameters and ensuring they will be in place ie # family members/time. 3. Community of Practice for PFAC’s: This group is looking for opportunities to bring all of the LHSC advisors together, having them share stories/tools as a way of supporting each other. They are also, working on a way to survey Advisors to gain their input, and continue to work on the PFAC web portal 4. Physician Engagement: This group is developing a plan on how to engage the physician group in promoting PFCC. They are utilizing meetings that are already arranged, as opposed to organizing 	<p>Fred will contact Greg Ireland (possible First Nations rep for PFAC)</p>
3.3	Patient Transportation Task Group		
3.4	Communication Task Group		
3.5	Recruitment & Orientation Task Group		
3.6	Patient Experience Coordinating Committee		

		another meeting time ie Grand Rounds - Feb 17 th Anesthesia & Perioperative Rounds; Residents have to attend to receive a credit.	
4.0	Open Discussion		
4.1	Chatham dialysis patient handbook review	George shared that the patient handbook was not available for this meeting	
4.2	Renal PFAC Executive new member	George shared that Paul will take on this role, and welcomed him to the PFAC Executive	
4.3	LHSC Advisor Orientation	Bonnie shared that the LHSC wide Advisor Orientation will take place on Saturday January 30 th from 09:30am to 3:00pm at Victoria Hospital, rsvp to Angela by Jan 11 th . The planning committee is looking for volunteers (who have been to the event before) for the day of the event to give people directions and help with set up and clean up, please let Angela know if you are interested in volunteering that day. Issues were raised around parking passes not always working.	Deb to follow up with the Parking Office
4.4	PFAC meeting visitor guidelines	Deb looking at flexing guidelines so people can come to observe a PFAC meeting without completion of a Police Record Check.	
4.5	Website added on back of appointment cards	Fred and Paul wondered if we were doing this already? The group decided that since there are so many different types of appointment cards in our program, further work needed to be done. The goal is to have wording similar to “visit PFAC website” on the back of appointment cards with directions on how to get there.	Deb to prepare a draft document for our next meeting Angela to follow up – do we wait for next printing or stamp current cards?
5.0	Housekeeping		
5.1	Summary of Action Items	As per Action/Follow up column	
5.2	Next Meeting Date	Tuesday January 12, 2016 at 5:00pm at the Kidney Foundation Office	