



RENAL PATIENT AND FAMILY ADVISORY COUNCIL Virtual WebEx MEETING MINUTES Tuesday November 9, 2021 4:00pm to 6:30pm

In Attendance: Ashley Papathanassiou (Facilitator), April Mullen (Director), Kathleen Anderson (Chair), Don Bester (Manager), Deb Beaupre, April Herod,

Minutes: Ashley Papathanassiou

Guest Speaker(s): Jessica Da Silva

Regrets/Absent: Kathy MacKay, Cathy DuVal, Pam Ireland

	Agenda Item	Discussion	Motion/Action Plan/ Follow-up
1.0	1.1 Welcome	- October Meeting Minuets	- Minutes to be sent for review
	1.2 Guest Speaker- Fundraising	 Jessica Da Silva Event Ideas: Large events such as runs/walks, can take approximately 8-12 months to set up, and does require frequent touch points with applicable members. Fundraising within LHSC using small initiatives can be done typically within about 3 months and must be approved by corp. communications prior to execution. Auction of patient/staff items: 2 things to consider, the value of goods and the value of goods for the donor. For auctions, you want items that are highly sought after. Reason: if the item is not auctioned for greater than market value, we cannot provide a tax receipt to the donor. 	 Jessica available for any follow-up questions or assistance with initiating a event.

		 Alternatively, doing a Christmas market, where items are made but priced higher then cost, we need to be organized a head of time (advertised for 1 month +) as people will need time to save/set aside funds for high ticket items and bid something worth the donation. <u>Silent Art Auction</u>: Community team can help set up. Painting donated by patient, or Knights poster signed by them. They arrange ballots and etc. "<u>12 Days of Christmas</u>": designate 12 items and dollar value for things needed for our patients, or for our unit, and then donated funds go towards the patient fund. Marketing is important aspect of fundraising. Engage foundation/corp comm. for larger events. We do not need to engage the foundation for small items (gift basket raffle, Jean days, etc). They can just collect the funds at the end and deposit into our patient fund. 	
2.0	<i>Items:</i> 2.1 Fundraising Discussion	 Councils decision on perusing fundraising: <u>Walk/Run</u>: maybe a little out of the scope of our council. <u>Raffle Fundraising</u>: Basket or item. Sell tickets within Dialysis units/clinic space. Potentially semiannual or quarterly. <u>12 Days of Christmas</u>: Plan for 2022? 	 Possibly look at doing something seasonally. Spring or WKD Basket. Deb looking to Arbour donating. Start with 1 basket and reassess success.
	2.2 World Kidney Day Working Group	 March 10th: do first basket for WKD table. Look at minimum donation for fun outcome (ex. \$500 and Don wears a kidney costume) Info table: Ideal KCC Give swag items (pens, lanyards, stickers etc). Kathleen, Deb, and Ashley willing to man table. 	 Ashley to look into KCC table. Does KF or ORN offer stickers or items, swag. Submit proposal to April.

2.3 Patient Portal	 April: The program had looked into this before. Physician had voiced concerns previously that had been rectified. Cost's associated could be differed to patients or the organization in the future- creating hesitancy. IT expressed concerns that the functionality is not what the majority of patients were looking for, and interest on patient side was not high enough at that time. LHSC looking at our own patient portal, April followed up with IT from last update in March of 2020, waiting for reply. My Chart: www.mychart.ca Online portal available to Ontario patients to register for result from their local hospital. Requires approval from LHSC side once patient registered. 	 April to follow up with IT and provide update based on their information. Kathleen to register and provide feedback on experience. If positive feedback, April okay promoting to the Renal Program.
2.4 Regional Renal Work Plan	 ORN looking at 3 objectives a year. Last year LHSC submitted 4 objectives. 2021 Plan: 1. Sarnia, Owen Sound, Satellite sites Develop and implement models of care to support bedside IHD. 2. Regional Implement the strategies identified in the Improvement Action Plan to support increased home therapy rates; with a focus on supporting PD in LTC initiatives, and development of home strategy for northern region 3. Regional MCKC composition will be reviewed to ensure the program is meeting best practice guidelines. Provision for increased MCKC's by OTN in Satellites will be implemented 4. Regional In partnership with self-identified Satellites, support their development of Regional Palliative Care clinical pathway for CKD patients. 	 LIHN willing to remove barriers and provide care for our patients who need it.
	 2022 plan due December 15^{th.} Proposed objectives. 1. Implement the strategies identified in the Improvement Action Plan to support increased home therapy rates; with a focus on supporting PD in 	 April to draft the objectives and will send to PFAC for

		 LTC initiatives, and development of home strategy for northern region. (for SouthWest LIHN) 2. MCKC composition will be reviewed to ensure the program is meeting best practice guidelines. Provision for increased MCKC's by OTN in Satellites will be implemented 3. Expand access and patient care experiences for our indigenous population. 	review, prior to submitting to ORN.
3.0	3.1 Kronicle	 Fall edition sent out. <u>Ideas for winter edition</u>: Pig to Human Tx info (look into information) April interviewed with CTV regarding her impact on the community during COVID (airing Nov 18th) Dietary: Plant based diets Pruritus: Options for relief for itchy skin 	 Have Dr. Rehman provide insight/review of Pig tx info. Add April's interview to next edition Ashley to touch base with dieticians Ashley to reach out allied health
	3.2 Recruitment	 Still looking for staff and patient advisors. Will continue with recruitment. 	 Ashley to keep updated.
4.0	4.1 Indigenous Engagement Update	 April: Had meeting with VP from LHSC and Windsor region. From and ORN perspective: Renal isn't in a position to look at implanting an Indigenous Navigator in our region. Some northern regions on Ontario have one in place, further assessment being done to form a strategy that would fit to our circumstance as a program. VP suggested ORN pilot the navigator role in a few sites to properly assess the impact that it can have on the program. Aiming for LHSC to be part of that pilot project. LHSC seeking partial funding with ORN, reviewing tools to help build proposal. 	 April analyzing what a pilot project might look like and how we can look at implementing that. Will keep up informed as things progress.

	4.2 CIC Update	 Huddles being held in unit to discuss suggestions and initiatives within the unit. Patient issue with board location and huddles: Kathleen feels as though patient centered care is vital, and it is important for patients to know what is going on. PFAC agrees. 	 Possible initiative coming to us from ALU/UH regarding Pt's arriving early/huddles being held in patient areas.
	4.3 Renal Exec.	 COVID Boosters: Process in works to get roaming clinic in place for booster shots for LHSC pt. 	
	4.4 Extra items	- Ashley is assisting in reviewing all charts for Transplant patients currently in the midst of their work up. Assessing delays in transplant and performing a quality review of the role and the process. Currently no clear idea if the delay has impacted patient transplant, or if with the coordinators delay, if it is a mute issue. If impact is identified, April will be following up with those patients and process improvements will be put in place. Program looking into adding a transplant coordinator on the work up side if deemed beneficial to the program.	 Potential process gaps being identified, updates to be provided to PFAC.
5.0	Upcoming Meetings	Next Meeting Date: Wednesday December 8 th	
		Up-Coming Meeting dates: Tuesday January 11 th Wednesday February 9 th Tuesday March 8 th Wednesday April 5 th Tuesday May 10 th Wednesday June 8 th	