

RENAL PATIENT AND FAMILY ADVISORY COUNCIL MEETING MINUTES Tuesday April 9, 2019 4:00pm to 6:30pm VH Room B2-124

In Attendance: Bonnie Fields, Betty Clinton, Pam..., Janice McCallum, John Witteveen, HB Hasenebenbi, April Mullen, Don Smith, Deb Beaupre

Regrets/Absent: Angela Andrews

	Agenda Item	Discussion	Motion/Action Plan/Follow-up
1.0	Welcome, Approval of Minutes	-minutes from Tuesday March 26, 2019 accepted.	. ,
2.0	Task Group Reports		
2.1	Communications & Feedback Task Group-		
2.2	Newsletter	-if you have any articles or anything that you would like to see in the newsletter, please let Angela know	
2.3	Recruitment & Orientation	-membership numbers are low, Angela will ramp up recruitment of new members	

		-Anne H. has taken a leave from PFAC for the time being	
2.4	Other Committee		
	Reports:	-renal program polices were reviewed that relate staff safety: home policy,	
	Renal Joint Health and	freight elevator use, panic alarm use, satellite criteria.	
	Safety-Don		
	Renal Infection Control-Anne	-Don Smith has volunteered to cover Anne's place temporarily while she is on LOA. - Rates of peritonitis is low, hand hygiene rates are monitored by this group — compliance is good. The team is working on a process related to patients with Hepatitis B and how we designate (set aside) their dialysis machine (to eliminate risk of Hep B spread), also there is a process for un-designating a machine once a patient doesn't have Hep B so the machine can be used by	Angela/April to inform Joanne Clark of coverage.
		other patients.	
	KCC CQI-John	No meeting since we last PFAC.	
3.0	Renal Executive- Bonnie	Feedback from PFAC committee re. closures over Christmas and NY, and satellite wait list – the renal exec hasn't met yet to receive the feedback. There are potentially over 1600 patients that primary care physicians don't refer to nephrology across our regions (broad geography from Owen Sound, Chatham to south to the lake – largely rural). We don't know why primary physicians are not referring – it could be because of the rural geography or use of internal medicine doctors who manage kidney disease. More work to be done by renal program to understand/investigate why patients who are potentially eligible for nephrology referrals aren't happening. Things to consider: are we providing enough education to primary care physicians? Dr. Rehman and Moist leading this issue.	Ask Dr. Rehman what is the criteria for a primary care physician referral to a nephrologist.

	Renal Nursing	Haven't met since last PFAC. Query if a patient advisor is required at this	
3.2	Professional Practice-	meeting. Will attend another meeting to evaluate.	
	Bonnie		
			April to send Patient
	Open Discussion	Reviewed the Renal Patient Engagement Plan a document that is submitted to	Engagement plan with
	Patient Engagement	the ORN twice a year that names what are the patient engagement action	the minutes.
	Plan- April	plans for 2019/20.	
			April to send Patient
	Patient Declaration of	See attached presentation.	Declaration of Values
	Values- Janice	bee attached presentation	with the minutes.
		We have received our results from 2018/19 Patient Experience Measures	
	PREMS-April	Survey (we had this survey done last year). Bonnie, Don, April and Angela are	Add PREMS to next
		meeting April 25 th to review and theme the results. Will create a presentation	agenda – 20 mins.
		for PFAC and present back for feedback/review at next meeting.	
2.2			
3.3			
4.0	Housekeeping	Birthday fundraising: Angela spoke with Lindsey Mann from LHSF (foundation)	
4.1	Summary of Action	asked can we add the renal department to the foundation web site as an	
	Items	option to donate. https://secure.lhsf.ca/campaign/birthdays-supporting-	Don to confirm if any
		london-health-sciences-foundation/c155082	volunteers required.
4.2	Next Meeting date	Debient Francisco a Macha April 22 26 (Mandaria a balidaria a salara dha	
		Patient Experience Week: April 22-26 (Monday is a holiday no events on that	
		date) Thursday afternoon will be at VH	

Patient Safety Quality Rounds

Roundtable:

Pam her interest is to bring Indigenous voice to what we do.

Personal patient interest – would like to see charging stations in our waiting room or dialysis units.

Q: would coffee in the community be of interest to Indigenous community? Pam: yes it would be of interest but be aware that when it comes to health issues we are sometimes closed/reserved/private. I have contacts with different generations that experience kidney disease that could offer their ideas.

April to share with Coordinators/CQI for discussion.

Tuesday May 14, 2019 at Victoria Hospital Room B2-124