



ANNUAL REPORT

**Patient & Family
Advocacy Committee (PFAC)**












PATIENT AND FAMILY ADVOCACY COMMITTEE (PFAC)



From left to right: Ms. Antionette Symonette, Mrs. Yolanda Johnson – Vice Chair, Dr. Anthony Hamilton - Chair, Ms. Shirley Taylor, Ms. Ronnique Ferguson and Mrs. Rochelle Johnson. Missing are Mr. Kishon Turner - Mr. Nathan Rolle - Mrs. Kay Pratt-Farrington – Mr. Bradick Cleare – Mr. Jamal Brown – Mr. Karajahya Forbes Mrs. Heidi Rolle – Mrs. Doreen Peters & Mrs. Cathy Gray.

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MESSAGE FROM DR. THE HON. DUANE E.L. SANDS MINISTER OF HEALTH



It is my pleasure to extend congratulations to the members of the Patient and Family Advocacy Committee, on your one year anniversary. I applaud your efforts to foster a patient and family centered environment in our healthcare system.

When people from various sectors of society are engaged and committed to taking responsibility for their well-being, the healthcare system flourishes. Barbara Mikulski, a former United States Senator said, "Each one of us can make a difference. Together we make change." The Government nor medical professionals can solely bring about change. With input and action from patients, families and communities, significant healthcare changes arise.

As you embark on another year to improve and personalize patient healthcare services, I encourage you to expand your reach into our communities. Aspire to have all residents actively participate in informative and educational forums, practical community activities and appropriate utilization of the community clinics and hospitals.

On behalf of the Ministry of Health, I wish the Patient and Family Advocacy Committee many years of success as it pursues positive, transformational change in the health and wellness of our nation.

Dr. The Hon. Duane E.L. Sands
Minister



MESSAGE FROM

THE CHAIRMAN

PATIENT & FAMILY ADVOCACY COMMITTEE (PFAC)



The call to action was initiated by Dr. the Honourable Duane E. Sands, Minister of Health and manifested on 14th April 2018. It was at this time that the first meeting of the Patient and Family Advocacy Committee (PFAC) was convened under the guidance of the appointed liaison personnel of Ms. Melvern Symonette and Ms. Stephanie Williams. The mandate of PFAC is to improve health care services in The Commonwealth of The Bahamas with particular focus on the Accident and Emergency Department at Princess Margaret Hospital.

The first Annual Report records the specific activities and achievements of the Patient and Family Advocacy Committee (PFAC) for the period April 2018 through April 2019. It includes the official appointment of PFAC members and facilitators, the orientation of committee members, and educational exposure afforded to PFAC Members facilitated by specific units and departments of the Ministry of Health and the Public Hospitals Authority. The report also features the PFAC Handbook, the PFAC's Strategic Work Plan and other support material.

The PFAC team and its facilitators is committed to the further advancement of the national health care mandate to benefit both New Providence and Family Island users and providers of the national health care system services.

Sincerely,

Dr. Anthony Hamilton
Chair

The Patient and Family Advocacy Committee (PFAC)



INTRODUCTION

The Patient and Family Advocacy Committee (PFAC) for the Princess Margaret Hospital is a volunteer group of individuals who responded to the clarion call by the Minister of Health, Dr. the Honourable Duane E. Sands to become involved in making a contribution to the improvement of healthcare within The Bahamas from the patient and family's perspective.

The purpose of the PFAC is to develop a partnership between patients, caregivers, and healthcare professionals; dedicated to advancing comprehensive and compassionate patient and family centered health care, to the communities we serve.

The call went out via Social Media and an excited group of individuals responded with the intention to assist members of the health care team, and to provide guidance on how to improve the patient and family experience, based on their personal encounters and experiences within the public health care system.

This medium ensured that the patient's or family's point of view, perspective, and experiences was not only heard, but also integrated into the service and quality improvements that are engineered to ensure high-quality, patient centered care. These unique perspectives allowed this dynamic group of volunteers to give input on issues that impact patient and client care, ensuring that the next patient or family member's journey is easier.



MISSION

The mission of the Patient and Family Advocacy Committee (PFAC) is to partner with the health care institution to achieve quality health care where patient and family involvement is welcomed, and where the elements of ACCOUNTABILITY, LOVE, and ACKNOWLEDGMENT are demonstrated NATIONALLY (ALAN).



VISION

A future in which all citizens, residents, and visitors of The Bahamas have access to consistent quality health care services; Providing services in a caring manner that responds to their life course needs; Respects their social preferences, culture, nationality or race and is coordinated across the continuum of care; Provides appropriate support and training for all carers in a sustainable, creative, supportive, and enabling environment that brings together different stakeholders to continually undertake transformational change.

“Adapted from WHO’s Vision for People Centered Health Services 2016-2026”

GOALS

OF THE PATIENT & FAMILY ADVOCACY COMMITTEE

The goals of the Patient and Family Advocacy Committee are to:

- I. Raise awareness of the proper utilization of the Accident & Emergency Department and to partner with the health care providers and the health care system to implement solutions for delivering care that is safe, equitable, effective, efficient, timely and patient and family centered.
- II. Develop general health care policy (e.g. Visitor Policy) for Accident and Emergency and programs in conjunction with providers and appropriate public and government agencies.
- III. Promote the health of individuals and the general health of the community, with attention to at-risk populations such as infants and children, persons with disabilities, the elderly, and the poor and needy.
- IV. Make recommendations in designing educational resources useful to patients and families for making health care decisions.
- V. Represent the interests of the public in the health services in Accident and Emergency.
- VI. Develop a confidential advocacy service or process to resolve issues for patients who seek advice or support, and who have grievances or complaints.
- VII. Be the advocate for the patients and the health system in making recommendations for the delivery and improvement of health services.
- VIII. Monitor and evaluate the effectiveness of the delivery of health services in the Accident and Emergency Department from the patient's or family's point of view.
- IX. Collect, prepare and/or review reports or data from Accident and Emergency Department pertaining to the social determinants of health (where people work, play, live) or patient satisfaction.

- X. Prepare semi-annual reports on these findings that are submitted to the Executive Management Committee and forwarded to relevant institutional authorities.
- XI. Contribute to the education of current and future health care providers in the principles of patient and family centered care.
- XII. Collaborate with hospital leaders and staff on issues that may impact the safety of patients and/or families.
- XIII. Plan inspection or visitation of health care facilities to provide recommendations and to implement improvements.
- XIV. Offer input in planning new facilities and facility renovation.
- XV. Participate in a general workshop and seminar series to provide updates pertaining to national population health objectives, revisions to terms of service at the Accident and Emergency Department and Community Clinics, and report on best practices across The Bahamas by annual invitation of the Princess Margaret Hospital and/or the Public Hospitals Authority.





SUMMARY

The Patient and Family Advocacy Committee (PFAC) commenced meetings on the 14th April, 2018. Meetings were initially held bi-monthly, and then monthly. Refreshments for the meeting were provided by the Princess Margaret Hospital.

OVERALL AIM

The overall aim of this project is to improve the health care system in The Bahamas beginning with the Accident and Emergency Department at PMH and the Community Clinics at South Beach, Elizabeth Estates and Flamingo Gardens.

WHY

Complaints and challenges experienced by patients and families that access the public health care system, specifically at Accident & Emergency Department (PMH) and by extension the clinics

Annually, approximately 50,000 persons (Over 4000 persons per month) are provided care at the Accident and Emergency Department, with the number of admissions to PMH ranging from 14,000 – 17,000 a year.

Comparatively combined totals in Emergency Rooms in the United States of America are approximately 141,000+ / Year (*US. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics*).

Minister of Health, Dr. Duane Sands has committed to restructuring the health care system beginning with A&E and the Community Clinics

WHAT

The scope of the project encompassed testing a new Triage system where only urgent cases will be seen in A&E and non-urgent cases referred to Community Health Clinics (improve quality of care and wait times) as follows:

- Increasing operational hours and the physical and human resources in Community Clinics in order to meet the increased demands
- Forming an autonomous Patient and Family Advocacy Group for the Princess Margaret Hospital, utilizing the framework on integrated people-centered health services.

WHERE

Change was aimed at affecting the Accident and Emergency Services and the outlying clinics of South Beach, Elizabeth Estates and Flamingo Gardens.

HOW

This project was established to affect change in the Ministry of Health, Public Health Department, and the Public Hospitals Authority which combined resources to address these challenges.

Emphasis was placed on retraining and re-education of staff for improved customer service and quality of care.

Special input was sought by engaging and empowering people and communities by the formation of a Patient & Family Advocacy Committee, with the autonomy to address challenges in the health care system with health care leaders from their perspective.

OUTCOME

Improving the health care system in The Bahamas by promoting a future in which all citizens, residents, and visitors of The Bahamas have access to quality health services provided in a caring manner that responds to their health needs, respects their religious preferences, culture, and nationality/race; coordinated across the continuum of care that provides appropriate support and training for all carers in a sustainable, creative, supportive and enabling environment that brings together different stakeholders to continually undertake transformational change.

The facilitator for the Princess Margaret Hospital, Ms. Melvern Symonette developed a handbook on the PFAC, assisted by Mrs. Stephanie Lockhart, RN with special input by Dr. Anthony Hamilton, Chair. **(See Appendix A: PFAC Handbook)** Additionally, Ms. Symonette chaired the meetings until Election of Officers was held on the 16th June 2019. Elected officers included:

- ◆ **Chair: Dr. Anthony Hamilton**
- ◆ **Co-Chair: Mrs. Yolanda Johnson**
- ◆ **Treasurer: Mrs. Heidi Rolle**
- ◆ **Assistant Treasurer: Mrs. Cathy Gray**
- ◆ **Secretary: Mr. Jamal Brown**
- ◆ **Assistant Secretary: Mrs. Kay Farrington**
- ◆ **Public Relations Officer: Ms. Ronnique Ferguson**

Hospital Administrator at the Princess Margaret Hospital, Mrs. Mary Lightbourne-Walker visited the monthly meetings and provided support by way of documentation of an official letter of appointment. All members of the PFAC signed a Confidentiality Pledge of Non-disclosure in reference to any confidential information that they may become privy to.

Each week, a Hospital Department Head/Supervisor was invited to the PFAC meeting to share about their roles and responsibilities in the institution. After much discussion and recounting of narratives and experiences, a list of recommendations and suggestions for change and improvement within the health care system from the patient's and client's perspective was submitted to the hospital leadership team for their action. **(Appendix B: Report of Recommendations submitted to PMH Leadership)**

Consultant for the Ministry of Health, Mrs. Veta Brown, met with the PFAC, and suggested that the PFAC function as an arm of the PMH Foundation, an established philanthropic organization whose role includes fund raising for the Princess Margaret Hospital. It was decided by the Chair of the PMH Foundation that the Chair of the PFAC would sit in on the Foundations' monthly meeting and bring the Foundation up to date with the plans for the PFAC.

A courtesy call was made on the Minister of Health, Dr. Duane Sands on 14th January 2019 to obtain a clearer view of his vision for the PFAC.

Another courtesy call was made on the Acting Hospital Administrator, Mrs. Sonia Bastian-Rose to obtain an update on the progress of the collaboration between the PFAC and the Princess Margaret Hospital.

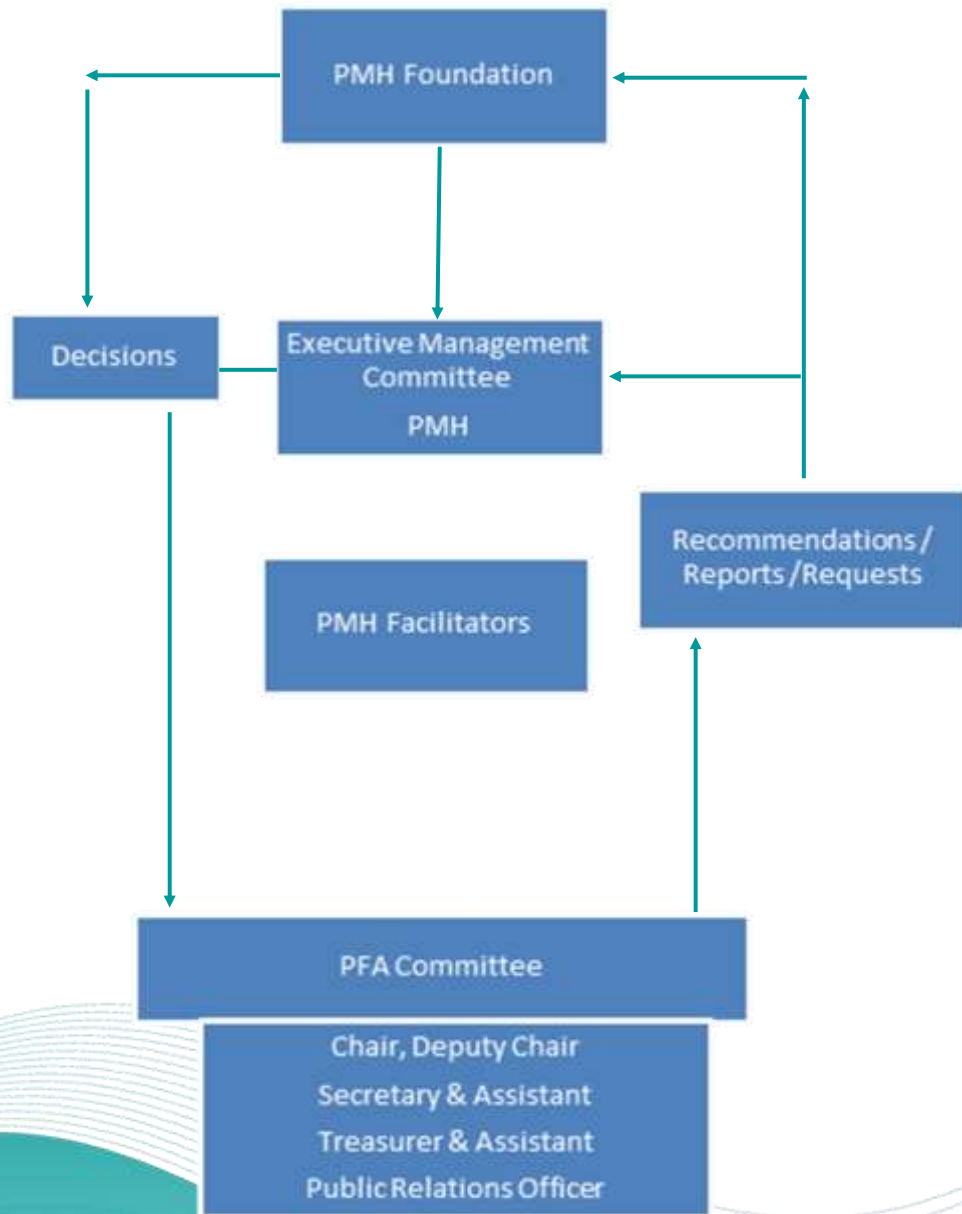
The Elizabeth Estates Community Committee (EECC) made representation and met with PFAC to discuss shared goals. The PFAC Chair also agreed to meet with the EECC at least once a month for collaboration of shared goals. **(See Appendix C: PFAC Meeting Minutes)**



Courtesy Call on the Minister of Health: From left: Mrs. Paula Bowleg, SBCC; Dr. Calae Phillipe MD; Dr. Anthony Hamilton, Chair, PFAC; Ms. Melvern Symonette, Facilitator, PFAC; The Honorable Dr. Duane Sands, Minister of Health, Dr. Pearl McMillan Chief Medical Officer, Ministry of Health; Pastor Bradick Cleare, Member PFAC



PFAC REPORTING STRUCTURE





VISITS/COURTESY CALLS HIGHLIGHTS



Ms. Melvern Symonette - Liaison Officer PFAC, Mrs. Yolanda Johnson - Vice Chair PFAC, Dr. Anthony Hamilton - Chair PFAC & Mrs. Sonia Bastian - Rose, Acting Hospital Administrator PMH



Ms. Mary Lightbourne-Walker, Hospital Administrator, frequently attended meetings



Assistant Director of Communications
Mrs. Thelma Rolle-Fernander



PMH Foundation Board



VISITS/COURTESY CALLS HIGHLIGHTS



Customer Service Committee Chair
Mrs. Aubynette Rolle

PHA/MOH CUSTOMER SERVICE TRAINING TEAM

From left front: Mrs. Kimberly Josey-McPhee; Mrs. Raquel Antonio; Ms. Melvern Symonette; Left Back: Ms. Moyia Taylor; Ms. Patricia Morley; Mrs. Persephone Munnings; Mrs. Stephanie Williams; Missing: Mrs. Aubynette Rolle, Committee Chair



PMH Risk Manager
Mrs. Pamela Bowe



Patient Relations Head of Department
Mrs. Kayla Ingraham



CONCLUSION & UPCOMING EVENTS

The executives of the Patient and Family Advocacy Committee (PFAC) and its support team in conjunction with the Office of the Minister of Health Dr. the Honourable Duane E. Sands and his support team are committed to the agreed PFAC Mandate. We anticipate with great expectation that real improvement will be experienced by all stakeholders of our national health care system and within the Accident and Emergency Department (PMH).

The members of PFAC are committed to the manifestation of an improved delivery of national health care services and compliance to both national and international health care standards. The need for full accountability of PFAC to the government and the citizens of The Commonwealth of The Bahamas is a critical and recognized national priority. In acceptance of the detailed mandate of PFAC, the committee acknowledges that true accountability by users and providers of our national health care system is the joint responsibility of all stakeholders.

It is the intention of PFAC to expand the sub-committees to improve the reach of stakeholders, ensuring accountability for a results-oriented environment at The Princess Margaret Hospital and within the national health care system. This is envisioned to be accomplished through the following initiatives: a formalized professional relationship; formulation of a system to generate quarterly internal and annual reports; systematic review of both local and internal audit reports; establishment of PFAC identification badges; engagement of consistent interface opportunities between PFAC and all mandate related units and departments of Princess Margaret Hospital, and quarterly interface session with the leadership of the various national health care system entities for best practices compliance.

The collective membership of PFAC is indeed privileged to have been afforded the opportunity to be of service to the citizenry of The Commonwealth of The Bahamas and the users and providers of national health care services of the Accident and Emergency Department of the Princess Margaret Hospital.



APPENDICES

- ◆ Appendix A: PFAC Handbook
- ◆ Appendix B: Report of Recommendations submitted to PMH Leadership
- ◆ Appendix C: PFAC Meeting Minutes



APPENDIX A: PFAC HANDBOOK

Public Hospitals Authority

PRINCESS MARGARET HOSPITAL

PATIENT & FAMILY ADVOCACY COMMITTEE

HANDBOOK



Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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ACKNOWLEDGEMENTS

This Handbook for the Patient and Family Advocacy Committee was developed by Ms. Melvern E. Symonette, MSN, RNM, CPHQ, *Quality Manager at the Princess Margaret Hospital*, assisted by Ms. Stephanie Williams, *Registered Nurse at the Princess Margaret Hospital*, with special input by Dr. Anthony Hamilton, *Chair of the Patient and Family Advocacy Committee* at the Princess Margaret Hospital.

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WHAT IS THE PATIENT AND FAMILY ADVOCACY COMMITTEE

- The Patient and Family Advocacy Committee (PFAC) partners patients and families with members of the healthcare team to provide guidance on how to improve the patient and family experience.
- As part of this PFAC process, patients and families are invited to serve on hospital committees to ensure that the patient's / family, point of view, perspective, and experience are not only heard, but also integrated into the service and quality improvements that are engineered to ensure high-quality, patient-centered care.
- Through their unique perspectives, they give input on issues that impact care, ensuring that the next patient or family member's journey is easier.

PURPOSE OF THE PATIENT AND FAMILY ADVOCACY COMMITTEE

- The purpose of the Patient and Family Advocacy Committee is to develop a partnership between patients, caregivers, and healthcare professionals; dedicated to advancing comprehensive and compassionate patient- and family-centered health care, to the communities we serve.

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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MISSION OF THE PATIENT AND FAMILY ADVOCACY COMMITTEE

- The Mission of the Patient and Family Advocacy Committee is to partner with the healthcare institution to achieve quality healthcare where patient and family involvement is welcomed, and where the elements of ACCOUNTABILITY, LOVE, and ACKNOWLEDGMENT are demonstrated NATIONALLY. (ALAN).

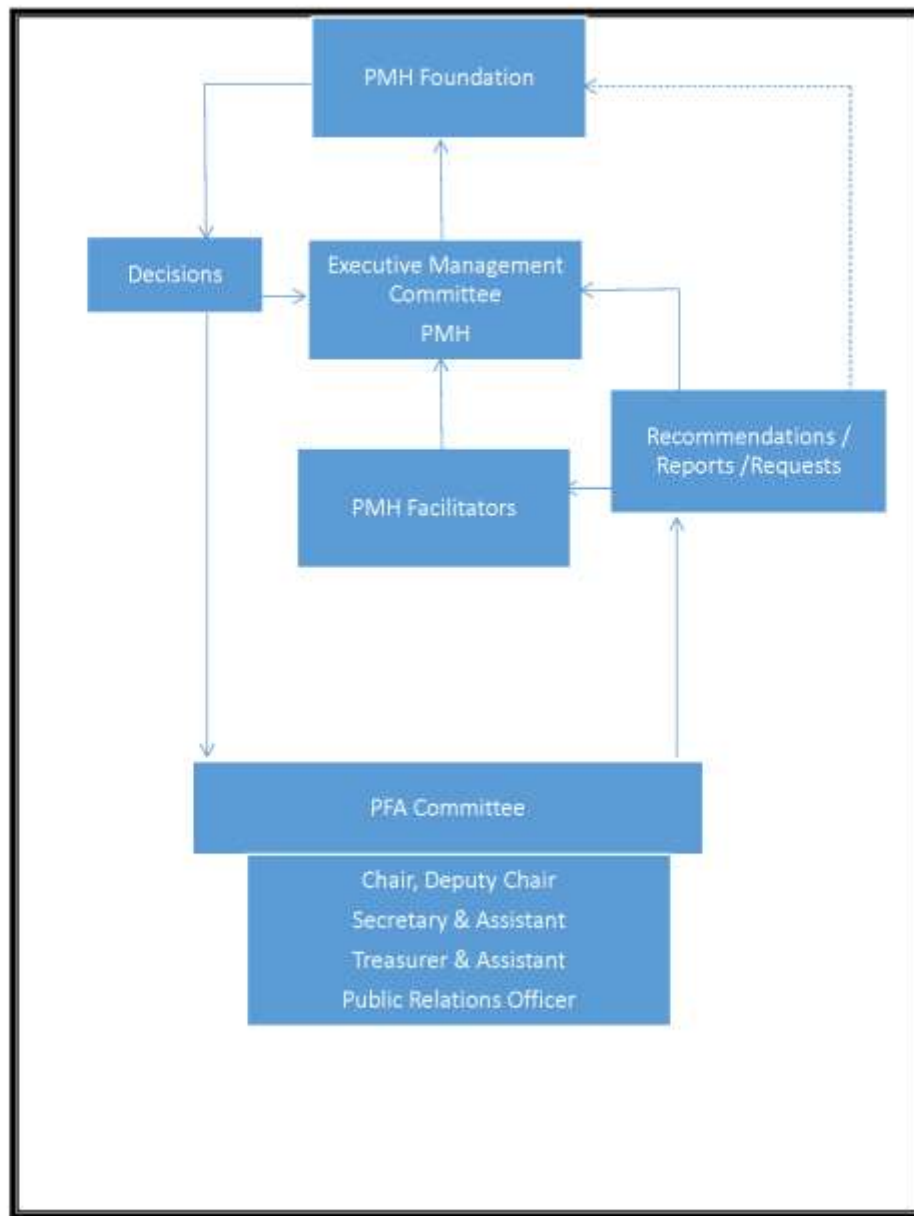
VISION OF THE PATIENT AND FAMILY ADVOCACY COMMITTEE

- A future in which all citizens, residents, and visitors of the Bahamas have access to consistent quality healthcare services; Care that is provided in a caring manner that responds to their life course needs, Respects their social preferences, culture, nationality/race; Coordinated across the continuum of care, Provides appropriate support and training for all carers in a sustainable, creative, supportive, and enabling environment; That brings together different stakeholders to continually undertake transformational change.

“Adapted from Who’s Vision for people centered health services 2016-2026”

PATIENT & FAMILY ADVOCACY COMMITTEE

ORGANIZATIONAL CHART



Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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THE IMPORTANCE OF THE PARTNERSHIP

- This partnership will allow the Healthcare organization to learn from the consumer’s point of view and experience and to integrate their ideas into service delivery, and quality improvement efforts.
- The partnership redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings.
- This unique perspective from patients and families can positively impact care and assist with engineering a more customer centered or patient and family-centered approach to the work of healthcare organizations.
- In patient- and family-centered care, patients and families define their “family” and determine how they will participate in care and decision-making.
- Patient- and family-centered care leads to better health outcomes, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources.

GOALS OF PFAC

1. The goal of the Patient and Family Advocacy Committee is to raise awareness of the proper utilization of the Accident and Emergency Department and to partner with the healthcare providers and the healthcare system to implement solutions for delivering care that is safe, equitable, effective, efficient, timely and patient and family centered.
2. The development of general health care policy (e.g. Visitor Policy) for Accident and Emergency and programs in conjunction with providers and appropriate public and government agencies;
3. The promotion of the health of individuals and the general health of the community, with particular attention to at-risk populations such as infants and children, persons with disabilities, the elderly, and the poor and needy;
4. To make recommendations in designing educational resources useful to patients and families for making healthcare decisions.
5. The representation of the interests of the public in the health services in Accident Emergency
 - a. The development of a confidential advocacy service/process to resolve issues for patients who seek advice/support, and who have grievances/complaints;
 - b. To be the go-between the patients and the health system in making recommendations for the delivery and improvement of health services;

6. Monitoring and evaluating the effectiveness of the delivery of health services in Accident and Emergency Department from the patient's/families point view;
7. Collection, preparation and/or review of reports/data from Accident and Emergency Department pertaining to the social determinants of health(where people work, play, live) or patient satisfaction;
8. Preparation of semi-annual reports on these findings that are submitted to the Executive Management Committee and forwarded to relevant institutional authorities;
9. To contribute to the education of current and future health care providers in the principles of patient-and family-centered care.
- 10.To collaborate with hospital leaders and staff on issues that may impact the safety of patients-families.
- 11.Planned inspection / visitation of health care facilities to provide recommendations and to implement improvements.
- 12.To offer input in planning new facilities and facility renovation
- 13.At least annually, the Hospital/Health Authority may invite the Patient and Family Advocacy and Community Health Committees to participate in a general workshop and seminar series to provide updates pertaining to national population health objectives, revisions to terms of service at the Accident and Emergency Department and Community clinics, and report on best practices across The Bahamas.

PATIENT AND FAMILY ADVOCACY COMMITTEE GUIDING PRINCIPLES:

- Patient and family-centered care applies to patients of all ages.
- PFACs may be established in any healthcare setting.
- Family is defined in its broadest scope; anyone who is close to the patient and provides support is considered as family.
- Adhering to Patient and Family-Centered Care Guiding Principles. These Principles are:

1. Dignity and Respect.

- Health care practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.

2. Information Sharing.

- Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful.
- Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.

3. Participation.

- Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

4. Collaboration.

- Patients, families, health care practitioners, and health care leaders collaborate in policy and program development, implementation and evaluation; in facility design; and in professional education, as well as in the delivery of care.

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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5. Empowerment

- “A process through which people gain greater control over decisions and actions affecting their health” and should be seen as both an individual and community process. (WHO, 2009).

6. Non-discriminatory Practices

- Discrimination violates the most fundamental Human Rights and affects both users of Health Services and health workers, based on issues including ethnicity, sexual orientation, harmful gender stereotypes, asylum and migration status, criminal records, and other prejudices and practices.
- It undermines investments in health systems, deters people from accessing and seeking health services, divides, dis-empowers, and deprives people of their basic dignity. (Campbell J., Hirschall G., Magar V., WHO, 2017).

7. Confidentiality

- Addressing the concerns with leadership and staff around confidentiality compliances will be necessary to ensure PFAC’s can function as partners within the organization.
- Education is the key to supporting and informing advisors and staff on protecting the individual privacy of patients.

MEMBERSHIP

Committee Executive Members

1. Chair person
2. Deputy Chairperson
3. Secretary
4. Assistant Secretary
5. Treasurer
6. Assistant Treasurer
7. Public Relations Officer

A. Terms of Membership

- Executive Members may serve a minimum of 1-2 year term.
- The Patient and Family Advocacy Committee members are expected to meet at a minimum of six times annually, and at least once per quarter, to discuss recommended improvements, review proposed projects, policies or procedures that impact patients and families and, talk about future options.
- Minutes of meetings should be sent to the relevant Hospital authorities within two weeks of the completion of a meeting.
- Committee Members should:
 - Attend meetings or notify a staff member in advance if unable to meet.
 - Engage thoughtfully and constructively around the issues and ideas discussed during each session.
 - Be respectful of the unique background and perspective of each individual member.
 - Rather than focusing on what is not working, individuals should be proactive in driving improvement and bring creative.
 - Practice confidentiality

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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B. Specific Roles and Duties

1. Committee Chairman / Co-Chairman

- The Chairman / Co-Chairmen will be responsible for:
 - Providing leadership for the Committee Members, along with assistance from Appointed Hospital Representative,
 - Setting Committee Meeting Agendas,
 - Chairing and Conducting Meetings,
 - Coordinating between Committee members and staff.
 - Approving Guest visits / Input
 - Approving Projects by committee consensus
 - Approving New Membership
 - Quarterly Reports to Hospital Leadership

2. Secretary & Assistant

- A **Secretary** and Assistant Secretary provides:
 - Clerical support to the Institution's Facilitators as part of a team or individually.
 - Liaise with facilitators re: meeting times, date, venue, and keep other committee members updated.
 - They may be given **responsibility** for specific tasks/projects.

3. Treasurer and Assistant

- The Treasurer and Assistant Treasurer is responsible for:
 - Financial accounting re: Fundraising Projects
 - Accurate financial Records and Reports

4. Public Relations Officer

- The Public Relations Officer should be familiar with the Hospital complaints process and responsible for:
 - Public Relations
 - Establishing connections with a Family Island Liaison to represent other Island residents' viewpoints
 - Making the Committee aware of complaints/challenges on social media or brought by the General public to the PFAC.
 - Liaising with PMH Public Relations Officer on special projects

5. Committee Decisions

- Decisions of the committee should be made by general consensus via a Democratic process.

6. Committee Liaison / Hospital Representative

- The Committee Liaison will be responsible for the logistics of the Committee meetings.
 - Examples include reserving meeting space, parking and meals.
- The Liaison will also assist the Chair/Co-Chair with setting Committee meeting agendas, conducting meetings, coordinating between Committee members and staff, and providing leadership for the Committee members.
- The Liaison will handle the application process, and orientation process. The Liaison will also assist with recruitment of new Committee members.

7. Guest

- Guests should have prior consent by the Chair and Committee Liaison and are welcomed on an 'as needed' basis.

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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PATIENT AND FAMILY ADVOCACY COMMITTEE INSTITUTIONAL FACILITATORS

1. Works closely with the Executive Management Committee to develop the plan and timeline to initiate the PFAC and get the 'right' people on the committee.
2. Knowledgeable about Facilitation Skills.
3. Coordinates the distribution of Research.
4. Provides a readiness assessment to staff.
5. Creates a business case/charter for the formation of the planning committee and PFAC.
6. Facilitates committee meetings.
7. Coordinates the recruitment, interview, selection, and orientation process for PFAC members.
8. Assist the co-chairs of the PFAC in planning and facilitation of the monthly meetings.
9. Coordinates the meeting rooms.
10. Orders food for meetings.
11. Sends correspondence (i.e. agenda, meeting minutes, etc.)

STEERING COMMITTEE MEMBERS

(Composed of Institutional leaders and The PMH Foundation)

- **PMH Executive Management Committee Members,**
- **Public Relations Officer**
- **PMH Foundation Committee Members**
 - Provide guidance and review recommendations from the PFAC.
 - Attend scheduled steering committee meetings.

BENEFITS OF A PATIENT AND FAMILY ADVOCACY COMMITTEE

1. For the Healthcare Organizations:

- Provide an effective mechanism for receiving and responding to patient and family input.
- Result in more efficient planning to ensure that services really meet consumer needs and priorities.
- Lead to increased understanding and cooperation between patients, families and staff.
- Promote respectful, effective partnerships between patients, families and clinicians.
- Transform the culture toward patient-centered care.
- Develop programs and policies that are relevant to patient's and families' needs.
- Strengthen community relations.
- Recognize that collaboration with their providers through patient-centered care leads to better self-management of chronic conditions and improved adherence to medication regimens.

2. For Patients and Families:

- Gain a better understanding of the healthcare system.
- Appreciate being listened to and having their opinions valued.
- Become advocates for the patient and family-centered healthcare in their community.
- Understand how to become an active participant in their own healthcare.
- Develop close relationships with other members on the Committee.
- Provide an opportunity to learn new skills (facilitating groups, listening skills, telling their story).

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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NEW MEMBERSHIP RECRUITMENT.

- **Qualities and Skills of Patient and Family Advocacy Committee Members (Seek individuals and families who are able to:**
 - Be an effective communicator
 - Share insights and information about their experiences in our facility/s in ways that others can learn from them.
 - See beyond their personal experiences.
 - Show concern for more than one issue or agenda.
 - Listen well.
 - Respect the perspectives of others.
 - Speak comfortably in a group with candor.
 - Able to commit to monthly meetings
 - Provide ideas to improve the patient and family healthcare experience

- **Eligibility**
 - Patients, family members, and staff from our Public Healthcare System are eligible to become members of the Group/Committee.
 - Members should be committed to building a partnership to understand the needs of the constituents they represent and to implement programs and policies to address health care challenges within Public Health Care System, regardless of location.

- **Questions to Ask:**
 1. Tell me a little bit about the services you have used at the hospital.
 2. Tell me about a positive experience you have had at the hospital.
 3. What are some suggestions you have for improvements?
 4. How would you describe someone who uses good listening skills?

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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5. Why do you think it would be important for a hospital to have a Patient and Family Advocacy Committee?
6. How have you handled a situation in the past when someone's background or values were different than yours?
7. Why would you like to be involved in planning a Patient and Family Advocacy Committee?
8. What does "good customer service" mean to you and your family when you use the hospital?

ORIENTATION FOR NEW MEMBERS

PFAC Orientation Agenda

1. Welcome and Introductions

2. Housekeeping:
 - Bathrooms
 - Meeting place and time
 - Parking
 - Meals
 - Who to call-contact sheet (employees/others)

3. Review information in binder
 - Review of Organizational Chart/Roles
 - Discussion of Patient and Family-Centered Care
 - What is a PFAC (what it isn't)?
 - Communicating effectively – techniques for getting your message across
 - Telling your story so people listen
 - How to ask tough questions
 - What to do when you don't agree
 - Listening to and learning from other's viewpoint
 - Thinking beyond you own experience

3. Tour of Accident & Emergency Department- (first phase).

4. Open discussion about what a PFAC could be / do for this hospital

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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SUSTAINING THE PATIENT AND FAMILY ADVOCACY COMMITTEE

Tips for sustaining a healthy PFAC are:

1. Set priorities and focus efforts on meaningful collaborative projects.
2. Devote time to planning and evaluation of Committee efforts.
3. Maintain continued engagement and support of hospital leadership.
4. Create a balance between new members and committed members with longevity of service.
5. Ask for the opinions of patients and families during discussions, encouraging their Participation and validating their role as committee members.
6. Ensure that the Committee is representative of the patients served.
7. Invest in building the talents of the members.
8. Set and achieve measurable goals.
9. Track accomplishments and provide positive feedback.
10. Assign Committee members to other Hospital Committees.
11. Consider having a "patient and family leave policy" when illness demands might interfere with Committee meetings.
12. Create a variety of ways for patients and families to participate in the consideration of issues (e.g. conference calls, written review of materials).
13. Develop a support network through participation with the PMH Foundation and other Philanthropic Organizations.
14. Empower open communication;
15. Avoid the temptation to defend current processes.

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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SUGGESTED PROJECTS FOR PFAC

- ✓ Developing visible “way finding” Signage for Hospital. (In progress)
- Ideas to improve the patient-family experience
- Reviewing / establishing the A&E Visitor policy
- Reviewing publicly reported measures.
- Communication of wait time/delays in Accident and Emergency or other waiting rooms.
- Refurbishment of Princess Margaret Hospital Cafeteria

ELECTION OF OFFICERS

1. Nomination Procedure

- Candidates for the Chairman or Co-Chair, Secretary, Treasurer, Public Relations Officer, and Assistant positions shall be nominated from any active Committee member.

2. Election Procedure

- Officers will be elected by the affirmative vote of majority of persons present at the meeting.

3. Term

- Terms should be no more than 2 years before elections are held.
- Persons can serve up to a maximum of 2 – 3 terms.

REFERENCES

Adapted from Advancing the Practice of Patient- and Family-Centered Care in Hospitals,
available at ipfcc.org/pdf/getting_started.pdf

Patient and Family Advocacy Committee - Princess Margaret Hospital, (2018).

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APPENDIX B: RECOMMENDATIONS SUBMITTED TO PMH LEADERSHIP

STRATEGIC WORK PLAN # 1: PATIENT & FAMILY ADVOCACY COMMITTEE:
URGENT / EMERGENT CARE PROJECT
JUNE – DECEMBER 2018

NO	PROBLEM/CHALLENGE	OVERALL OBJECTIVE	PERFORMANCE MEASURES	RESPONSIBILITIES / STAKEHOLDERS	COMMENTS
1	ADMINISTRATIVE ASSURANCE				
1.1	– Need evidence of Hospital Leadership support and buy-in.	– To recommend leadership buy in by issuing appointment letters	– PFAC Members – Receipt of appointment letters. – HA visit with PFAC Group	– Hospital Leaders	– Letters received from Hospital Administrator May 2018
2	INFRASTRUCTURE IMPROVEMENTS / PHYSICAL ENVIRONMENT ENHANCEMENT				
2.1	– Uncomfortable / unsafe chairs in A/E	– To recommend purchase of new chairs to Increase comfort and Safety in seating in A/E	– Purchase of New chairs	– Hospital Leaders	– Chairs purchased and installed. Oct 2018
2.2	– Not sufficient wheelchairs for patients when they come to hospital.	– To recommend purchase of additional wheelchairs to accommodate all patients in need	– Ask Hospital Leaders to do a Gap analysis of how many WC PMH has and how many is needed based on the population served.	– Hospital Leaders – PMH Foundation	– (PMH Foundation - Potential Source of funding)

1


NO	PROBLEM/CHALLENGE	OVERALL OBJECTIVE	PERFORMANCE MEASURES	RESPONSIBILITIES / STAKEHOLDERS	COMMENTS
2.3	– Bathrooms & some other areas not wheelchair accessible	– To recommend wheelchair accessible areas everywhere	– To recommend to Act. HA that these changes are included in the infrastructure improvements	– Hospital Leaders	
2.4	– Uneven surface on outside driveway	– To recommend repair of uneven surfaces		– Hospital Leaders	
2.5	– A/E Bathroom state of disrepair (lock not working - hole in wall)	– To recommend A/E Bathroom repair		– Hospital Leaders	
3	ATMOSPHERE & CULTURAL ENHANCEMENT				
3.1	– Staff are not welcoming & accommodating	– To recommend Customer Service Training for staff with these elements	– To recommend that all staff participate in Customer Service Training annually – Improve patient / staff communications	– Hospital Leaders	– Staff should be held accountable for inappropriate work behaviors
3.2	– Staff lacking empathy & compassion in some areas			– Hospital Leaders	
3.3	– Client Feedback strategies needed	– To recommend collecting feedback from patients/ clients consistently by multiple options.	– To recommend monthly / quarterly Reports based on percentage of client's interactions / feedback	– Hospital Leaders	– Can utilize feedback cards, face book, What's app; digital survey software; (hand held / mobile devices)
4	STAFF SHORTAGE / PERSONNEL ENHANCEMENT				
4.1	– Lack of Physicians in Clinic	– To recommend increased Medical staff in clinic	– (2-3) hr Maximum wait time in clinic	– Hospital Leaders	– Encourage dispute resolution with Physician staff association

2

NO	PROBLEM/CHALLENGE	OVERALL OBJECTIVE	PERFORMANCE MEASURES	RESPONSIBILITIES / STAKEHOLDERS	COMMENTS
4.2	<ul style="list-style-type: none"> - Lack of persons for Registration (Only 2 computers occupied) 	<ul style="list-style-type: none"> - To recommend increased Registration staff in Business Office / or online registration option 	<ul style="list-style-type: none"> - 30-45 min maximum wait time for registration 	<ul style="list-style-type: none"> - Hospital Leaders 	<ul style="list-style-type: none"> - Budget for Hire of additional Customer Service Representatives
4.3	<ul style="list-style-type: none"> - Staff leaving post unattended (Security in A/E;) - (Nurses at Triage station- A/E), 	<ul style="list-style-type: none"> - To recommend increased Nursing and security staff to avoid these important areas being unattended. - Track and trend whenever buzzer is pushed for data analysis 	<ul style="list-style-type: none"> - These Areas should always have staff present - Implement an alert system i.e. bell / buzzer 	<ul style="list-style-type: none"> - Hospital Leaders 	<ul style="list-style-type: none"> - Encourage dispute resolution with Nurses Union - Improve oversight and monitoring by supervisor
5 HOSPITAL OPERATIONAL SYSTEMS ENHANCEMENT					
5.1	<ul style="list-style-type: none"> - Some Security Not screening visitors properly 	<ul style="list-style-type: none"> - To recommend new Training for Security Department to improve safety 	<ul style="list-style-type: none"> - Implement monitoring system for security staff 	<ul style="list-style-type: none"> - Hospital Leaders 	<ul style="list-style-type: none"> - Implement cameras
5.2	<ul style="list-style-type: none"> - Complaints Process Not clear 	<ul style="list-style-type: none"> - To recommend improved communication of complaints process for all visitors with anonymity & professionalism 	<ul style="list-style-type: none"> - Persons or signage should be available throughout hospital with complaints process clearly outlined 	<ul style="list-style-type: none"> - Hospital Leaders 	<ul style="list-style-type: none"> - Can utilize Posters; PSA; talk shows etc. - Inform all patients or their rights with PSA's

3

NO	PROBLEM/CHALLENGE	OVERALL OBJECTIVE	PERFORMANCE MEASURES	RESPONSIBILITIES / STAKEHOLDERS	COMMENTS
5.2	– Unmonitored Registration System	– To recommend supervisors monitor the Registration process	– Visible supervisors to assist with complaints	– Hospital Leaders	– Consistent presence at registration windows
5.3	– Prolonged wait times in A/E & some clinics > 7-8 hrs (Orthopedic Clinic & Specialty Clinic)	– To recommend reduced wait times	– To recommend implementing an appointment system – To recommend digital registration to track patients from triage to discharge	– Hospital Leaders	– Manpower Audit (increase if necessary) – Extend hours if necessary – Increase options with new equipment – Separate inpatient & outpatients in clinics
5.4	– Areas not being cleaned properly (Bathrooms filthy)	– To recommend improved sanitation	– All areas clean and tidied daily or more often as needed – House-keeping supervisors should be visible and available	– Hospital Leaders	– Public Space Housekeeping inspectors hourly patrols
5.5	– Low staff moral	– Improve staff moral	– Award staff for patient commendations – Publish results for hardworking staff who go out of their way	– Hospital Leaders	– Regulars staff recognition awards – Proper remuneration comparable to other countries

Key: Resolved = 

4



APPENDIX C: PFAC MEETING MINUTES

**Appendix C
PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY GROUP / COMMITTEE**

1st Meeting Agenda & Minutes

Meeting Date	14 APRIL , 2018	Meeting Location	Conference Room Corporate Office, Building A
Facilitators	Ms. Stephanie Williams / Ms. Melvern. Symonette		
Recording Secretary		Meeting Time	10 – 11:30 am
Aim	— To Improve Healthcare services in the Bahamas (A/E & Clinics)		
Meeting Objectives	<ol style="list-style-type: none"> 1. To Form a patient Advocacy Group for PMH Urgent Care Project 2. Introduction & Orientation of Attendees 		
Invited Attendees:	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner ✓ Mrs. Rochelle Johnson ✓ Mr. Nathan Rolle ✓ Ms. Ronnique Ferguson ✓ Mrs. Kay Pratt-Farrington ✓ Mr. Bradick Cleare ✓ Mr. Jamal Brown ✓ Dr. Anthony Hamilton ✓ Mrs. Antionette Symonette ✓ Mrs. Yolanda Ferguson-Johnson ✓ Mr. Karajahya Forbes ✓ Ms Heidi Rolle 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	Volunteer
2	Introduction of Attendees (ice Breaker)	5 min	Ms. P. Morley
3	Welcome and Occasion	9 min	Ms. M Symonette
4	PFAG Presentation Terms of Reference	30 min	Ms. S. Williams
5	Questions, Discussion Feedback/families experience's with Healthcare system	30 min	Committee Members
6	Distribution of Patient & Family Advocacy Group Package:	5 min	Facilitators
7	Wrap up and the way Forward i.e. Set Next Meeting time/ Agenda	10 min	Dr. C. Phillipe / P. Munnings

The first Meeting for the Patient and Family Advocacy Group for Princess Margaret Hospital commenced meeting on April 13, 2018 at the Corporate Offices of the Public Hospitals Authority. This meeting was in fulfillment of the objective of the Urgent Care Committee and Subcommittee on Communication, Education Training i.e.

Convene select patient advocacy groups to provide input for the training of staff and approaches to the delivery of clinical programs at AED and the Community Clinics.

Former patients or relatives of patients and clients at the Princess Margaret Hospital were recruited through invitation via Social Media, and by direct invitation after experiencing some challenges at our Healthcare institution. Additionally, a list of persons was contacted who were former patients and had agreed to participate in any future study / activity. No specific criteria were given to participate.

Eleven (11) persons from diverse backgrounds attended the first meeting and pledged their support for forming the first ever Patient & Family Advocacy Group. Namely:

1. Ms. Rochelle Johnson
2. Ms. Ronnique Ferguson
3. Mrs. Kay Pratt-Farrington
4. Mr. Bradick Cleare
5. Mr. Jamal Brown
6. Dr. Anthony Hamilton
7. Mrs. Antionette Symonette
8. Mrs. Yolanda Johnson
9. Mrs. Doreen Peters (Resigned due to Health Issues).
10. Mr. Karahjahya Forbes
11. Mrs. Heidi Rolle

All participants received an orientation Packet with: (See Attached)

1. Agenda for the meeting
2. Draft Terms of Reference / Responsibilities for the Group
3. Patient Rights and Responsibility Document
4. Framework on Integrated People-centered Health Services Document.
5. Ms. Stephanie Williams Presented the Terms of Reference for the PFA Group. (See Attached).

6. Ms. Melvern Symonette presented to the group the following information:

OVERALL AIM:

- To improve the healthcare System in the Bahamas beginning with A/E & the Community Clinics, South beach, and Flamingo Gardens.

EMERGENCY & URGENT CARE SUBCOMMITTEE EDUCATION & TRAINING MANDATE:

1. Convene a select Patient Advocacy Group to provide input for the training of staff and approaches to the delivery of Clinical Programs at AED and the Community Clinics.

WHY

1. Complaints & Challenges presently being experienced by patients & families that access our health care system specifically at Accident & Emergency Department and by extension the clinics.
2. Annually A/E sees approximately 50,000 persons a year (Over 4000 persons/month).
3. Number of admissions to PMH ranging from 14,000 – 17,000 a year.
4. Comparatively Combined Totals in USA ERs are approximately 141,000+ / Year (US. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics).
5. Minister of Health Dr. Duane Sands has committed to Restructuring the Health care system beginning with A/E and the Community Clinics
6. Last snapshot survey at PMH A/E Department 2017 showed: (Symonette, 2017)
 - Registration Process Fair – Poor 30%
 - Facility cleanliness Fair – Poor 48%
 - Communication Fair – Poor 53%
 - Timelines Less than 8 hours to be seen 48%
More than 8 hours to be seen 52%

Comments:

- Accident & Emergency can be improved in all areas.
- Improve the waiting time. Triage is not confidential.
- Staff needs more empathy and concern for patients.
- Beds are not screened for examination.
- The Nurse fell asleep while I was talking to her.
- Unclear communication practices.
- Bathroom is filthy; not working; floor wet. Wall needs to be repaired; door cannot lock. Mops are dirty, Ward is smelly and there was urine on the floor.
- Nurses are nonchalant. Talk too much about their personal lives.
- A/E is overcrowded.
- Needs to be better organized.
- More doctors are needed.
- Need a senior citizen line.
- I only saw foreigners.
- Only one blood pressure machine is working.
- The doctor has a (20) Quota patient rule.
- A/E is short staffed. I waited for over (2) hours to have my medication treatment given.
- The doctor did not examine me properly.
- Staff in Registration Department are rude.
- No advocates seen.

WHAT

- Testing a new Triage system where only urgent cases will be seen in A/E and non-urgent cases referred to Community Health Clinics (improve quality of care & Wait times).
- Increasing Operational Hours, and the Physical & Human Resources in Community clinics in order to meet the increased demands.
- Forming an autonomous Patient and Family Advocacy Group for Princess Margaret Hospital utilizing the frame work on integrated people-centered health Services.

WHERE

- Accident & Emergency Services and the outlying Clinics
- South Beach Clinic
- Elizabeth Estates Clinic

HOW

- Ministry of Health, Public Health Department, & Public Hospitals Authority has combined to address these challenges.
- Five (5) sub- committees have been formed with assigned roles
 - Communications & Training Subcommittee;
 - IT Subcommittee;
 - Clinical Management Subcommittee;
 - Infrastructure Subcommittee;
 - Human Resources Subcommittee;
- Objective study for (2) months observing 5000 persons who visit A/E to acquire scientific data to support change.
- Retraining and Education of staff for improved Customer Service & Quality Care.
- Engaging and empowering people & communities by the Formation of a Patient & Family Advocacy Group with the autonomy to address challenges in the healthcare system with healthcare leaders from their perspective.

WHEN

- **Projected Timelines:**
 1. Commenced Project
 2. Staff Sensitization
 3. Staff Re-Training & Education
 4. Public Education Campaign aiming to support a public who knows how, when, and where to access the appropriate care.
 5. Infrastructure enhancements, Improved process flows, Revenue enhancement, Transitioning patients / clients successfully through our system and Clinic Upgrades (Human and Material Resource)
- March 1 -2018
- April 19- 2018 (completion date)
- After study completion
- Immediate
- December 23 2018 completion Date.

Outcome:

- Improving the health care system in The Bahamas

Vision

- A future in which all Citizens, Residents, and Visitors of The Bahamas have access to quality health services that are provided in caring manner that responds to their life course needs, respects their social preferences, culture, nationality/race; coordinated across the continuum of care, and that provides appropriate support and training for all carers in a sustainable, creative, supportive, and enabling environment that brings together different stakeholders to continually undertake transformational change.

Group Feedback 14-4-2018

1. Requested official correspondence / letter from Hospital Leadership appointing / requesting person to serve as a part of the Patient & Family Advocacy Group
2. To sign a pledge of confidentiality
3. Evaluation of progress periodically
4. Vision / Mission / Expected Outcomes Clearly defined
5. Next Meeting scheduled for April 29 10am at PHA Corporate Headquarters. Agenda items:
 - Election of Officers including chair / co-chair
 - Signing Confidentiality Agreement
 - Review / update / Approve Terms of Reference
 - Next meeting time / agenda

Group Complaints / Experiences

1. We would like to speak with Hospital Leadership. The change we need to see must start with leadership. How are we going to influence leadership to change their attitude?
2. Staff training is needed for A&E and DPH clinics staff.
3. Lack of communication between staff and patients.
4. Concern about transportation for patients being sent from A&E to the clinic(s) for treatment.
5. Extended waiting time for porters.
6. Uncomfortable/un sanitized seats in A&E waiting area.
7. Screening for nurses; it has to be where it is no longer a job or a government job. Expose them (nurses) in advance to what the job is all about before they commit to nursing. Preparation of new nurses is of concern.
 - Nurses have always trained nurses there must have been a group of nurses who was inadequately trained and was not able to transfer the proper training.
8. Staff morale is really low. Passion must be passed on.
9. A patient who had just had a baby was discharged but was told that her baby will not be released until she paid \$150.00. Reason given for this was that the patient had the baby on the public maternity ward, identified herself as a public patient at delivery at PMH but had some private prenatal care.
10. Concern and want to be assured that they (the members of the Advocacy group) will not receive adverse treatment because of their membership.
11. We want there to be **REWARDS AND CONSEQUENCES** as part of this new change process. i.e. Touch the money; letters on file.
12. Request the participation of the Client Feedback Department/PMH to be a part of this process.

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

2nd Meeting Agenda & Minutes

Date	April 28 th , 2018	Location	Conference Room Corporate Office, Building A
Facilitators	Ms. Stephanie Williams/Ms. Melvern. Symonette		
Secretary		Meeting Time	10:00am -11:30 am
Aim	To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics.		
Objectives	<ol style="list-style-type: none"> 3. To provide updates on progress of the Patient Advocacy Committee 4. To review the revised Terms of Reference 5. Capture patients/families experiences 		
Invited Attendees:	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner ✓ Mrs. Rochelle Johnson ✓ Mr. Nathan Rolle ✓ Ms. Ronnique Ferguson ✓ Mrs. Kay Pratt-Farrington ✗ Mr. Bradick Cleare (Apologies) ✓ Mr. Jamal Brown ✓ Dr. Anthony Hamilton ✓ Mrs. Antionette Symonette ✓ Mrs. Yolanda Johnson ✓ Mr. Karajahya Forbes ✓ Ms Heidi Rolle ✓ Ms. Shirley Taylor 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	Committee Volunteer
2	Welcome & review of last meeting	3 min	Ms. M. Symonette
3	Remarks & update on Advocacy Program	30 min	Mrs. Veta Brown, Consultant MOH
4	Questions, Discussion and Feedback	30 min	All
5	Review of revised Terms of Reference	10 min	Dr. C. Phillipe
6	Filming & sharing of patient/families experience's within the Healthcare system	14 min	Committee Members
7	Signing of Confidentiality Agreement	1 min	Ms. P. Munnings
8	Wrap up and the way Forward	1 min	Ms. S. Williams

Minutes for the Meeting 28th April, 2018

- The Meeting was opened with a prayer by Mrs. Yolanda Johnson
- Ms. Melvern Symonette did the Welcome and review of the last Meeting 14th April, 2018. Asked all persons to document their full address in order to facilitate addressing Letters of Appointment to PFAG committee by the Hospital Administrator, Ms. M.E. Lightbourne-Walker.

Introduction and welcome of (3) New Members

1. Corey Rolle –

- Discussed his story – Mother admitted to FMII found her SOB.
- Discussed the lack of creative ideas for allocated space in the parking lot.

2. Shirley Taylor –

- Expressed her interest to help, because of her experience accompanying her mother to Hospital frequently and expressed her concern about the long waiting time

3. Mr. Kishon Turner – Flight Paramedic –

- Has provided input for improvements before but same not accepted.

- Mrs. Veta Brown Consultant in charge of the Urgent Care Project, was introduced and asked to update us on the status of the project and allay concerns about repercussions for serving on the committee.
 - a. She highlighted that everyone present was important to this process of change.
 - b. She shared her story with another healthcare system (PMH is NOT the Only one experiencing challenges).
 - c. She also addressed some of the concerns of the participants
 - d. The issue of Change, not just the Infrastructure but the need for behavior and attitude change in the process of the change.
 - e. The Yellow Birds role was discussed and a suggestion to invite them to be a representative for the committee.
 - f. She envisions the PFAG functioning as an arm of the Patient foundation so that when funds are donated, they can be allocated by the PFAG Committee. (To further discuss and advise PFAG Committee of feasibility).

- Prayer for the Refreshments – Mr. Jamal Brown

- Dr. C. Phillippe: Review of Terms of Reference with the adjustments

- a. The members of the group was given an opportunity to review and discuss/ and revise the terms of reference:
- b. Purpose was accepted
- c. The Vision was changed to the Mission after discussion on the way it should be worded.
- d. Questions – Is there and International Benchmark for the Project? What are the names of the 6 working groups involved in the project?

- e. Some members signed the confidentiality agreement.
 - f. A suggestion to create a WhatsApp group for the between meeting communications and meeting reminders. ((Ms. Ronnique Ferguson will action same).
- The meeting was adjourned at 12:50 pm and New Meeting date scheduled for 26th May, 2018. Agenda to complete Review of Terms Of Reference for the PFAG Committee and signing of Confidentiality Pledge.

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

Meeting Agenda & Minutes 26/05/2018

Date	May 26 th , 2018	Location	Class Room 2 Corporate Office, Building A
Facilitators	Ms. Stephanie Williams/Ms. Melvern. Symonette		
Secretary		Meeting Time	10:00am -12:00 pm
Aim	<ul style="list-style-type: none"> To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics. 		
Objectives	6. To provide updates on progress of the Patient & Family Advocacy Committee <ul style="list-style-type: none"> Appointment letter; PMH Foundation Feedback; Steering Committee 7. To review the revised Terms of Reference 8. To Gain perspective on the Challenges of A/E Operations "Behind the Scenes". 9. To begin work plan based on Patients/families experiences/recommendations.		
Attendees	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner ✓ Ms. Ronnique Ferguson ✓ Mr. Bradick Cleare ✓ Mr. Jamahl Brown ✓ Dr. Anthony Hamilton ✓ Mrs. Yolanda Johnson ✓ Ms. Heidi Rolle ✓ Mrs. Cathy Gray 		
Apologies	<ul style="list-style-type: none"> ✗ Ms. Shirley Taylor (Apologies) ✗ Mrs. Rochelle Johnson (Apologies) ✗ Mr. Nathan Rolle ✗ Mrs. Kay Pratt-Farrington ✗ Mr. Karajhya Forbes (Apologies) ✗ Ms. Antionette Symonette 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	— Committee Volunteer
2	Updates of Progress thus far	5 min	— Ms. M. Symonette
3	Signing of Confidentiality Agreement	3 min	— Ms. M. Symonette
4	Challenges of A/E Operations	20 min	— Nurse Phillipa Smith
5	Questions, Discussion and Feedback	15 min	— All
*	Feedback From PMH Hospital Administrator		↓ Mrs. Mary Walker
*	Dialogue with PMH PR Assist. Director		↓ Mrs. Thelma Fernander-Rolle
6	Review of Revised Terms of Reference	10 min	— Ms. Symonette / Ms. Williams
7	Begin Draft Work-plan	1hr	— Committee Members
8	Wrap up and the way Forward	1 min	— Ms. S. Williams

*** Additions**

Minutes for the PFA Committee Meeting Held 26th May, 2018

- The Meeting was opened promptly at 10am with a prayer by Mrs. Stephanie Williams.
- Ms. Melvern Symonette did the Welcome and gave Updates Re: of the PMH Foundation Meeting, Steering Committee, and the status of Elections.
 - We are still not able to hold elections until it is determined how the committee will align with the PMH Foundation. Our Consultant was not able to attend the last meeting hence the delay.
 - The Next Meeting for the PMH Foundation was scheduled for June 12th 2018 at 6:00pm.
 - The Reporting structure for the Over-all Steering Committee was disseminated for review by all persons so that the PFA Committee could see where they fit in to the overall structure.
- Apologies from several Committee Members due to various commitments. (i.e. Travel / Death)
- Welcome and Introduction of (1) New Member
 - **Mrs. Cathy Gray:** Joined the team to assist with changing the Healthcare system.
- No further additions / deletions made to the terms of Reference.
- All persons who had not already done so signed the Confidentiality Agreement.
- Mrs. Mary L. Walker, Hospital Administrator, was introduced and asked to update us on the status of A/E and to address queries and concerns by the PFA Committee Members. She highlighted:
 - a. Structural Changes in the Accident and Emergency Department
 - b. Discussed the changes will result in the inconvenience of clients and the staff.
 - c. Replacement of the elevator in the Medical Area and the plans for patient placement during this process.
 - d. The status of Customer Service Training.
 - e. Staffing Issues.
 - f. That everyone present was important to this process of change.
- g. Mrs. Mary Walker gave the members of the Committee and opportunity to ask questions.
 - I. Request for previous Audit Reports to measure the efficiency and effectiveness of Committee Work Plans.
 - II. Mrs. Walker agreed to provide Quality Reports to assist with this process.
 - III. A Request was made about the process of how the recommended changes would take effect?
 - IV. She indicated that all plans/ recommendations would be discussed with the EMC and it would be prioritized based on the needs of the institution.
- Appointment Letters for all persons on the PFA Committee was signed by the Hospital Administrator and distributed to persons in attendance.
- Mrs. Thelma Rolle – Provided an update of the Communication Department Role.

- A committee member mentioned that this New Patient & Family Advocacy Committee will anticipate change to reflect an Attitude of Accountability, Love and Acknowledgement Nationally. (ALAN)
- We viewed a draft of the Strategic Work Plan in reference to transformation of the Accident & Emergency Department at PMH. Persons were asked to utilize the given format to state / document concerns and recommendations.
 - I. Outline of same to be forwarded to Committee Members for their input.
- The meeting was adjourned at 12:00 pm and New Meeting date scheduled for 16th June, 2018.
 - Agenda:
 - To hold elections to elect a Chair, Co-Chair, Secretary and assistant, Treasurer and Assistant.
 - To begin a draft of work plan in the format provided.

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

Agenda & Meeting Minutes June 16 2018

Date	June 16 th , 2018	Location	Class Room 2 Corporate Office, Building A
Facilitators	Ms. Stephanie Williams/Ms. Melvern. Symonette		
Secretary		Meeting Time	10:00am -12:00 am
Aim	<ul style="list-style-type: none"> To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics. 		
Objectives	10. To update the committee on the Meeting with the PMH Foundation. 11. To elect persons for the post of Chair, Deputy, Secretary and assistant, Treasurer and Assistant, and Public Relations Officer. 12. To decide the way forward with new Executive Team. 13. To continue work plan based on Patients/families experiences:		
Invited Attendees:	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner (Apologies) <ul style="list-style-type: none"> ✗ Mrs. Rochelle Johnson ✗ Mr. Nathan Rolle ✓ Ms. Ronnique Ferguson <ul style="list-style-type: none"> ✗ Mrs. Kay Pratt-Farrington ✗ Mr. Bradick Cleare (Apologies) ✓ Mr. Jamahl Brown ✓ Dr. Anthony Hamilton ✓ Ms. Antionette Symonette ✓ Mrs. Yolanda Johnson ✓ Mr. Karajahya Forbes <ul style="list-style-type: none"> ✗ Ms. Heidi Rolle (Apologies) ✓ Ms. Shirley Taylor ✓ Mrs. Cathy Gray 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	— Committee Volunteer
2	Update on Meeting with PMH Foundation.	9 min	— Ms. M. Symonette
3	Questions, Discussion and Feedback	10 min	— All
4	Hold Election of Officers for the Post of Chair, Deputy, Secretary and Assistant, Treasurer and Assistant, and Public Relations Officer.	30–45 min	— Ms. Symonette / Ms. Williams
5	Determine the way Forward with the New Executive Team.	15 min	— New Elected Chair / Facilitators
6	Continue Work plan	30 min	— New Elected Chair / Facilitators

Minutes for the PFA Committee Meeting Held 16th June, 2018

- The Meeting was opened promptly at 10:05am with a prayer by Mrs. Yolanda Johnson.
- Apologies from several Committee Members due to various commitments. (I.e. Mr. Bradick Cleare, Mr. Kishon Taylor, Ms. Heidi Rolle).
 - Absent: **Ms. Rochelle Johnson, Mrs. Kay Pratt Farrington, and Mr. Nathan Rolle.**
- Ms. Melvern Symonette did the Updates Re: Meeting with PMH Foundation.
 - 10 minute Power-point presentation shared with PMH Foundation Committee Members.
 - The objective of the presentation was to inform and educate the PMH Foundation Committee on the role of the PFAC at the Princess Margaret Hospital, and to Propose that the PFAG function as an arm of that Committee.
 - The Feedback garnered from the PMH Foundation was that it was a feasible proposal, and that the entire Membership would review the proposal and look at a possible partnership at a subsequent meeting.
 - The PFAC would forward the necessary supporting documents for their review, discussion, and feedback.
- PFAC Appointment Letters given to relevant individuals. (Mr. Karajahya Forbes, Mrs. Antionette Symonette, Mrs. Cathy Gray).
- Election of Officers was held by Ms. Melvern Symonette, assisted by Mrs. Stephanie Williams, for the Post of Chair, Deputy Chair, Secretary, Assistant Secretary, Treasurer, Assistant Treasurer, and Public Relations Officer. Results are as follows:
 - Chair Elect: Dr. Anthony Hamilton
 - Deputy Chair Elect: Mrs. Yolanda Johnson
 - Secretary Elect: Mr. Jamal Brown
 - Assistant Secretary Elect: Post deferred to next scheduled Meeting
 - Treasurer Elect: Post deferred to next scheduled Meeting
 - Assistant Treasurer Elect: Mrs. Cathy Gray
 - Public Relations Officer Elect: Ms. Ronnique Ferguson
- It was unanimously decided and agreed that Mr. Karajahya Forbes Understudy the Chair's Role.
- After consultation with the new Executive Team, it was determined to continue to work on the PFAC's Strategic Work Plan.
- The meeting was adjourned at 12:05 pm and New Meeting date scheduled for 14th July, 2018.
 - Agenda: To be decided by New Chair in collaboration with the Institution's Facilitators.

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

AGENDA & MEETING MINUTES

Date	July 14 th , 2018	Location	Class Room 2 Corporate Office, Building A
Chair	Dr. Anthony Hamilton		
Secretary	Mr. Jamal Brown	Meeting Time	10:00am -12:00 am
Aim	<ul style="list-style-type: none"> To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics. 		
Objectives	14. To update the committee Partnership with the PMH Foundation. 15. To elect persons for the post of Assistant Secretary, and Treasurer. 16. To discuss some challenges in the A/E Work environment. 17. To continue work plan based on Patients/families experiences:		
Invited Attendees:	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner ✓ Mrs. Rochelle Johnson ✓ Ms. Ronnique Ferguson ✓ Mrs. Kay Pratt-Farrington ✓ Mr. Bradick Cleare ✓ Mr. Jamal Brown ✓ Dr. Anthony Hamilton ✓ Ms. Antionette Symonette ✓ Mrs. Yolanda Johnson ✓ Mr. Karajahya Forbes ✓ Ms. Heidi Rolle ✓ Ms. Shirley Taylor ✓ Mrs. Cathy Gray 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	— Committee Volunteer
2	Update on Partnership with PMH Foundation.	4 min	— Ms. M. Symonette
4	Hold Election of Officers for the Post of Assistant Secretary, and Treasurer.	10 min	— Committee Chair
3	A/E Staff / System Challenges	30-45 min	— A/E Representative
6	Continue Work plan	60 min	— New Elected Chair / Facilitators

Minutes for the PFA Committee Meeting Held 14th July, 2018

- The Meeting was opened promptly at 10:15am with a prayer by Mr. Bradick Cleare.
- Apologies from several Committee Members due to various commitments. (i.e.).
 - Absent: **Mrs. Yolanda Johnson, Mr. Karajahya Forbes, Ms. Rochelle Johnson, Mr. Kishon Turner.**
- CONDOLENCES Given to Mrs. Kay Pratt Farrington on the loss of a family member.
- List of persons in charge of PMH Departments and various areas to be provided for PFAC to address some challenges.
- **Ms. Melvern Symonette did the Updates Re: Meeting with PMH Foundation Meeting.**
 - 10 minute Power-point presentation shared with PMH Foundation Committee Members.
 - The objective of the presentation was to inform and educate the PMH Foundation Committee on the role of the PFAC at the Princess Margaret Hospital, and to Propose that the PFAG function as an arm of that Committee.
 - The Feedback garnered from the PMH Foundation was that it was a feasible proposal, and that the entire Membership would review the proposal and look at a possible partnership at a subsequent meeting.
 - The supporting documents was forwarded for their review, discussion, and feedback.
 - A Handbook was drafted for the group. Still awaiting feedback and approval before distribution to PFAC Members.
- PFAC Appointment Letters given to relevant individuals. (Mrs. Kay Pratt Farrington).
- Election of Officers was held by Chair Dr. Anthony Hamilton, for the Post of Assistant Secretary, and Treasurer. Results are as follows:
 - Assistant Secretary Elect: Mrs. Kay Pratt - Farrington
 - Treasurer Elect: Mrs. Heidi Rolle
- **ISSUES TO BE ADDRESSED BY THE PFAC IN THE IMMEDIATE SHORT TERM:**
 - a. Lack of sufficient Handicap spaces. (Security had a handicapped patient's car towed because of where they were parked. The Handicapped spot was already full but there was physical challenges. They must be sensitized during training to make critical decisions).
 - b. A patient complained that a baby appointment with a consultant was not kept and the patient was asked to return for 3 consecutive days. **More information to be collected to address same.**
 - c. Security was asleep when the **buzzer went off** and the visitor was not searched. 12 MN – 8AM shift at A/E. Security processes must be tightened in lieu of societal issues with gang prevalence.
- The meeting was adjourned at 12:00- pm and New Meeting date scheduled for 18/8/2018.
- Agenda: To be decided by New Chair in collaboration with the Institution's Facilitators

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

AGENDA & MEETING MINUTES

Date	August 18 th , 2018	Location	Class Room 2 Corporate Office, Building A
Chair	Dr. Anthony Hamilton		
Secretary	Mr. Jamal Brown	Meeting Time	10:00am -12:00 am
Aim	<ul style="list-style-type: none"> To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics. 		
Objectives	18. To update the committee Partnership with the PMH Foundation. 19. To discuss the process of complaints management at PMH. (Risk & Patient Ref) 20. To continue work plan based on Patients/families experiences.		
Invited Attendees:	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner ✓ Mrs. Rochelle Johnson ✓ Ms. Ronnique Ferguson ✓ Mrs. Kay Pratt-Farrington ✓ Mr. Bradick Cleare ✓ Mr. Jamal Brown ✓ Dr. Anthony Hamilton ✓ Ms. Antionette Symonette ✓ Mrs. Yolanda Johnson ✓ Mr. Karajhya Forbes (apologies) ✓ Ms. Heidi Rolle ✓ Ms. Shirley Taylor ✓ Mrs. Cathy Gray 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	— Committee Volunteer
2	Update on Partnership with PMH Foundation.	5 min	— Ms. M. Symonette
3	Complaints Process	30 min	— Risk Manager
4	Role of Patient Relations Department	20 min	— Patient Relations Manager
	BREAK	10 min	— All
5	Continue Work plan	50 min	— New Elected Chair / Facilitators
6	Wrap up and way forward	1 min	— Chair

Minutes for the PFA Committee Meeting Held 18th August, 2018

- The Meeting was opened promptly at 10:05am with a prayer by Mrs. Heidi Rolle.
- Apologies from several Committee Members due to various commitments. (I.e.). Kishon Turner, Karajahya Forbes, Mr. Bradick Cleare, Mrs. Cathy Gray.
 - Absent: Antionette Symonette, Shirley Taylor
- Mrs. Newbold gave an update on the Patient Relations Department at PMH and entertained questions post her presentations. She agreed to forward a copy of her presentation.
- Ms. Melvern Symonette asked Mrs. Thelma Rolle to give the Updates Re: Meeting with PMH Foundation.
 - The PFAC will function as an arm of the PMH Foundation
 - The Chair, Dr. Hamilton, will represent the PFAC on the Foundation Board General Committee who will meet once per quarter.
 - The Foundation has invited another member from PFAC to serve on their Fund Raising Committee.
 - The Foundation is asking for an update on the PFAC's Service Improvement Project Plans.
 - The Foundation would like to see the PFAC's immediate and specific goals documented in the Handbook.
 - Mrs. Fernander Rolle will forward official letter of invite from the PMH Foundation Board ASAP, and a Report.
- Risk Management Speaker from PMH will be rescheduled.
- The PFAC will work on a Letter head for the group with Mrs. Fernander / Rolle. (PR – Ms. Ronnique Ferguson).
- Mrs. Symonette agreed to print and make copies of work-plan for the next meeting.
- The meeting was adjourned at 12:05 pm and New Meeting date scheduled for September 15th-, 2018.
 - Agenda: To be decided by New Chair in collaboration with the Institution's Facilitators.

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

AGENDA & MEETING MINUTES

Date	September 15 th , 2018	Location	Class Room 2 Corporate Office, Building A
Chair	Dr. Anthony Hamilton		
Secretary	Mr. Jamal Brown	Meeting Time	10:00am -12:00 am
Aim	<ul style="list-style-type: none"> To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics. 		
Objectives	21. To update the committee Partnership with the PMH Foundation. 22. To discuss the process of complaints management at PMH. (Risk) 23. To continue work plan based on Patients/families experiences.		
Invited Attendees:	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner ✓ Mrs. Rochelle Johnson ✓ Ms. Ronnique Ferguson ✓ Mrs. Kay Pratt-Farrington ✓ Mr. Bradick Cleare ✓ Mr. Jamal Brown ✓ Dr. Anthony Hamilton ✓ Ms. Antionette Symonette ✓ Mrs. Yolanda Johnson ✓ Mr. Karajalya Forbes ✓ Ms. Heidi Rolle ✓ Ms. Shirley Taylor ✓ Mrs. Cathy Gray 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	— Committee Volunteer
2	Review of Previous Minutes/ Action Items	5 min	— Secretary Mr. Jamal Brown
3	Distribution of PFAC Handbook / Work-plans	3 min	— Ms. M. Symonette
4	Update on Partnership with PMH Foundation.	10min	— Chair, Dr. A. Hamilton
5	Overview of Complaints Process at PMH	30 min	— Risk Manager
6	BREAK	15 min	— All
7	Discuss PFAC future plans: i.e. — Meeting the EMC of PMH; — Tour of A/E facilities; — Choosing a PMH Special Project/s.	20min	— Chair
8	Review of Work-plan	30min	— All
9	Wrap up and Way forward	1 min	— Chair

Minutes for the PFA Committee Meeting Held 15th September, 2018

- The Meeting was opened promptly at 9:35am with a prayer by Mrs. Pamela Jones
- Apologies from several Committee Members due to various commitments. (I.e.), Mr. Bradick Cleare,
 - Absent: Karajahya Forbes.
 - Kay Pratt Farrington
- Mrs. Pamela Jones gave an update on the complaint process at PMH and entertained questions post her presentations. Points of her presentation included.
 - Patient relations being the persons who are suppose to ally with the nurses and doctors to let the family and patient know what is going on in terms of update.
 - Client feed back which is managed by Mrs Kayla Ingraham.
 - Pamela's contact at 1-242-376-7261.
 - Complaints are collected Daily..
 - Customer service being the key issue that we have major problems with.
 - Patricia Laing A&E patient relations, everyone can contact at 1-242-424-5635 because every human being need someone to talk to.
 - Making special accommodations to stop the language barrier, assisting those who speak foreign languages so that we can offer better service.
 - There is a penalty for every complaint, where there is crime there is sanction.
 - When a complaint is made, both the witness and the person making the complaint will be questioned.
- The PFAC will work on a Letter head for the group with Mrs. Fernander / Rolle. (PR – Ms. Ronnique Ferguson).
- Mrs. Symonette agreed to distribute copies of work-plan for the next meeting.
- The meeting was adjourned at 12:05 pm and New Meeting date scheduled for Saturday October 20th at 10am, 2018.
 - Agenda: To be decided by New Chair in collaboration with the Institution's Facilitators.

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

AGENDA & MEETING MINUTES – October 20th 2018

Date	October 20 th , 2018	Location	PHA Building
Chair	Dr. Anthony Hamilton		
Secretary	Mr. Jamal Brown	Meeting Time	10:00 am -12:00 am
Aim	<ul style="list-style-type: none"> To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics. 		
Objectives	<ol style="list-style-type: none"> To update the committee Partnership with the PMH Foundation. To continue work plan based on Patients/families experiences. 		
Invited Attendees:	<ul style="list-style-type: none"> Mr. Kishon Turner Mrs. Rochelle Johnson Ms. Ronnique Ferguson Mrs. Kay Pratt-Farrington Mr. Bradick Cleare Mr. Jamal Brown Dr. Anthony Hamilton Ms. Antionette Symonette Mrs. Yolanda Johnson Mr. Karajhya Forbes Ms. Heidi Rolle Ms. Shirley Taylor Mrs. Cathy Gray 		

ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	— Committee Volunteer
2	Review of Previous Minutes/ Action Items	5 min	— Secretary Mr. Jamal Brown
3	Update on Partnership with PMH Foundation.	10min	— Chair, Dr. A. Hamilton
4	BREAK	15 min	— All
5	Discuss PFAC future plans: i.e. — Meeting the EMC of PMH; — Tour of A/E facilities; — Choosing a PMH Special Project/s.	30min	— Chair
6	Distribution of PFAC Work-plans	4 min	— Ms. M. Symonette
7	Review of Work-plan	40min	— All
8	Decisions on the way forward i.e. letters/ issues etc	10min	— All
8	Wrap up and Way forward	1 min	— Chair

Minutes for the PFA Committee Meeting Held 20th September, 2018

1. After greetings from Dr. Anthony Hamilton, The Meeting began promptly at 10:45am with a prayer by Mrs. Shirley Taylor.
2. Apologies from several Committee Members due to various commitments. (I.e.) Absent: Karajahya Forbes.
3. Secretary Jamal N. Brown read over the minutes and after a few minor corrections were made Mrs. Shirley Taylor made the first notion to accept the minute followed by Mrs. Yolanda Ferguson with the second notion to accept the minutes.
4. Dr. A Hamilton commented on Risk Manager Pamela Jone's presentation by saying "Pamela did an amazing job in presenting". He also encouraged everyone in the group to take responsibility.
5. Yolanda mentions how the complaints are getting worse and wants to see action, she shared a personal experience in regards to a friend who died and asked " Are we seeing any action?". After Yolanda was done sharing a heartfelt situation that she herself witnessed happened to a friend; A. Hamilton mentioned again how taking responsibility is important, he mentions that note taking is important, be committed and do your part. Ms Melvern Symonette empathized with a lot of the situations that was shared.
6. "We recognize that the system is broken" says Ms Symonette, and a solution is the forming of this group. This group being the PFAC has documented and created a strategic work plan that is almost finalized. Impacts of this group have already been shown with the hospital. The goal is to re-sensitize line - staff that has been desensitized.
7. Nurse Munnings says that she is delighted that everyone is still here and apart of the group, however to answer Yolanda's question is a difficult task. Nurse Munnings however did give some level of assurance by saying " Change takes time, planning is 80 to 90% of your program, every comment that you all have made is being taken under consideration". There is a customer service team where the training includes teaching self-care, and looking at holistic views. By getting the health care providers to better care for themselves then they will better care for patients.
8. Mr. Kishon Turner shared an EMS issue on how the average EMS time to reach your home is 40 minutes. Reflecting on what Mr. Turner shares Jamal N. Brown shares a personal experience whereas the direct lines and indirect lines to reach the paramedics were not picking up when he was faced with a life and death situation. Mr. Brown said that " if we truly care for the people who we say we love dearly, then we should learn how to save their lives in emergency situations, learning CPR, first aid, and BLS is very important for all of us".
9. Rochelle mentioned what people can do to save lives.
10. Ms. Symonette comments "we are doing great things, lets be patient; it takes time; and we are striking the iron whiles its hot, whiles we have the Ministers attention".
11. As a short break started a well anticipated video started to play, a video of several committee members sharing Patients' Rights.
12. After the break Ms. Symonette says that she will invite Mrs. Jessica Cartwright the Sr. Deputy Administrator at the next meeting.
13. The next meeting date was gestured by secretary, agreed by the members and set for the 17th November 2018. Dr. Anthony Hamilton Closed the meeting at 12:27pm

**PRINCESS MARGARET HOSPITAL
PATIENT AND FAMILY ADVOCACY COMMITTEE**

AGENDA & MEETING MINUTES

Date	November 17 th , 2018	Location	Class Room 2 Corporate Office, Building A
Chair	Dr. Anthony Hamilton		
Secretary	Mr. Jamal Brown	Meeting Time	10:00am -12:00 am
Aim	<ul style="list-style-type: none"> To improve healthcare services in the Bahamas with particular focus in the Accident & Emergency at Princess Margaret Hospital, South Beach and Elizabeth Estates Clinics. 		
Objectives	24. To update the committee Partnership with the PMH Foundation. 25. To discuss the process of complaints management at PMH. (Risk) 26. To continue work plan based on Patients/families experiences.		
Invited Attendees:	<ul style="list-style-type: none"> ✓ Mr. Kishon Turner ✓ Mrs. Rochelle Johnson ✓ Ms. Ronnique Ferguson ✓ Mrs. Kay Pratt-Farrington ✓ Mr. Bradick Cleare ✓ Mr. Jamal Brown ✓ Dr. Anthony Hamilton ✓ Ms. Antionette Symonette ✓ Mrs. Yolanda Johnson ✓ Mr. Karajhya Forbes ✓ Ms. Heidi Rolle ✓ Ms. Shirley Taylor ✓ Mrs. Cathy Gray 		
ITEM	EVENT	TIME	PERSON RESPONSIBLE
1	Opening Prayer	1 min	— Committee Volunteer
2	Review of Previous Minutes/ Action Items	5 min	— Secretary Mr. Jamal Brown
3	Review of Work-plan # 1.	30 min	— Chair, Dr. A. Hamilton
4	Discuss PFAC future plans: i.e. — Meeting the EMC of PMH; — Meeting with other community groups (SBHC; EEC) — Tour of A/E facilities; — Choosing a PMH Special Project/s.	45 min	— Chair
5	BREAK	15 min	— All
6	End of year social – next Meeting	15 min	— All
7	Wrap up and Way forward	3 min	— Chair

MINUTES
PFAC Meeting
17th November 2018

Present:	Apologies:	Absent:
Mrs. Rochelle Johnson Ms. Ronnique Ferguson Dr. Anthony Hamilton Ms. Antionette Symonette Ms. Heidi Rolle Ms. Shirley Taylor Mrs. Cathy Gray	Mrs. Kay Pratt-Fernander Mr. Bradick Cleare Mr. Jamal Brown Mrs. Yolanda Johnson	Mr. Kishon Turner Mr. Karajahya Forbes

1. Dr. Hamilton welcomed those in attendance followed by Ms. Shirley Taylor who opened in prayer
2. Minutes were read by Shirley Taylor. There were a few minor typos which were pointed out –
 - o Ms. S. Taylor made the first motion followed by Mr. A. Hamilton with the second. –
 - o Minutes were accepted.
3. Ms. Symonette stated that the Deputy Hospital Administrator was unable to attend today’s meeting but will be able to attend hopefully in the coming New Year.
4. Ms. Symonette spoke of the Work-plan and made of summary of submission.
 - She listed the five main subject headings which recommendations were made, and she read over some of the key factors in the meeting. The

ACCOMPLISHMENTS

- Hospital Leadership is on board (Managing Director of PHA and the Minister of Health.
- Comfortable/unsafe chairs were replaced in October

RECOMMENDATIONS

1. Recommendations were made for the purchase of additional wheelchairs – foundation potential source.
2. **Physical Environment enhancement** - Bathrooms were not accessible to wheelchairs and is in a state of dis-repair. Everywhere should be made wheelchair accessible.
3. Uneven surface of A&E
4. **Customer service** – Staff is not welcoming and accommodating.
 - o A need to have clear feedback mechanism available to everyone.
 - o Suggested that they have clear consistent feedback from patients and clients.
 - o Feedback methods such as Facebook, Whatsapp, digital survey software and hand-held (mobile) devices were also recommended.
 - o Regular customer service training for staff on an annual basis was also recommended.
 - o Staff should be held accountable for inappropriate behavior
 - o All concerns would also be submitted to the person responsible for Customer Service Training.
5. **Personal Enhancement In Clinics**
6. Security officers not at their station and Nurses leaving the Triage station unattended.

- It was recommended that they increase nursing and security staff so that areas would never be unattended.
 - Recommended a bell or buzzer system so persons would be aware when there is someone is at the counter.
7. Encouraged *speed resolution with the Physicians Staff Association.
8. Lack of persons at stations for Registration –
- Recommended that online registration be made available.
9. Wait time at clinics are too long.
- A maximum of 2 hours was recommended.
 - Suggested that wait time for registration should be only 30 – 45 minutes.
10. Hiring of additional Customer Service Representatives was also recommended.
11. The Registration system needs to be monitored.
- It was recommended that Supervisors rotate those areas on a regular basis in order to get patients statements.
12. It was recommended that the wait time at Clinics be reduced.
13. Recommended improved sanitation of bathrooms and all public spaces and have inspectors to make hourly patrols.
14. Staff morale is at a low, so it was recommended that they award staff if the patient commended the staff; and publish results for hardworking staff that go out of their way. Regular recognition awards were suggested.
15. A copy of the Work-plan was bonded and would be submitted to the Ministry of Health, Hospital leadership and PHA leadership on the following Monday.
16. In the drafted letter a request to tour the hospital as a group was made.
17. We also would like to meet with the other community groups to make plans for a way forward.
18. We are awaiting a response with a date and time to make a Courtesy call letting him know how the group is going.

LOGO

- Ms. Symonette acknowledged Ms. Ronnique Ferguson who designed the letterhead. Ms. Ferguson gave a brief descriptive summary of the Logo.
 - The foundation used the color Teal.
 - The Hands depicts “Caring Hands”
 - The silhouette is actually all people, the able and disabled etc. No Discrimination.
 - Meeting was adjourned at 12:15 pm.

PFAC MEETING MINUTES

February 16th, 2019

Prayer: @10:38am by Yolanda Johnson Co-chair

Present: Dr. Hamilton – Chair, Mrs. Morley, Ms. C. Gray, Ms. R. Johnson, A. Symonette

1. No update since Courtesy call on Minister of Health from Mrs. Fernander –Rolle. Dr. Hamilton or PR Ms. Ferguson will attempt to reach her this week.
2. Dr. McMillan has not been reached as yet to tie-in PFAC with HQ on Meeting St
3. Dr. Hamilton made reference to the preamble of our constitution which outlines the rights and benefits of citizens most of which they are not aware. There is a Master health plan that should be made available to everyone.

PFAC's concerns include:

- Lack of timely responses; poor communication & feedback. Requesting at least a quarterly update of progress or happenings. Resolution of challenges in the Complaints office also protocols for doing so
- Employee Assistance : debriefing, counseling etc, preparation of healthcare providers, special needs assistance
- Small wins strategies: commendations, incentives, recognition , intervention & correction, SOAR awards, PEP awards
- PFAC reps need to be added to PMH/PHA communication media

Next meeting scheduled for March 16th, 2019. Plans are to review strategic plan. Dr. Hamilton will be requesting a presentation/update from Patient Rep and Complaints Depts.



ACKNOWLEDGEMENTS

Report Prepared by:
Ms. Melvern E. Symonette
Facilitator
April 2018 – April 2019

Dr. Anthony Hamilton, Committee Chair
& PFAC Members

Booklet Design & Layout
PHA Corporate Communications Dept.

Booklet Printing
PMH Communications



**PATIENT AND FAMILY
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