## Holland Bloorview | Kids Rehabilitation Hospital

## Family Advisory Committee Minutes

March 30, 2017 7:00-9:00

## Summary of Action Items:

Item No.	Item	Person	Discussion/Action/Timeline
1.0	Introduction & Approval of Minutes & Shout Outs	Co-Chairs/Lori Beesley	Minutes approved with no changes
2.0	Strengths- based care	Erin Burrell Jeanette Schoon Marilyn Ballantyne	<ul> <li>Foundational pillars of strengths based care.</li> <li>Strengths based care include: person and family centred care, health promotion and prevention, empowerment movement, collaborative practice.</li> <li>Rebalance in power</li> <li>recognize the person not the practitioner is in charge</li> <li>8 principals of strengths-based care: health and healing, collaborative partnership, learning, timing, readiness, uniqueness, person/environment integral, holism/embodiment self detertermination, subjective reality/ created meaning.</li> <li>Personal story about Michael, how strong he was, realized he was deemed so challenging to work with, realized that she needed to find a way to communicate with him. Even though he was non-verbal, the nurse was able to put strength based care into action. Enabled to realize why it was important to use strength based care. Recognized strengths, not challenges.</li> <li>Family meetings are used to meet with the whole team and establish goals and to put together treatment plans.</li> <li>Restructuring the way to do strength based care because parents were overwhelmed following most of the meetings.</li> <li>Our values evolved from 30 years ago. Client and family centred care. Health promotion and prevention. Realized how important client and family centred care was.</li> <li>Capitalize on family strength. Facilitate healing. Families want to be part of the team. Nurses were concerned,</li> </ul>

			<ul> <li>hoping that parents would see the benefits of strength based care.</li> <li>Feedback has been positive. From deficits to strength. Rely on the family team goal plan, to be understanding of what families want/need out of the goal setting plans.</li> <li>New awareness/understanding on how important this is going forward.</li> <li>How long has this been going on? 3-4 years ago. It was hard to go from a standpoint of deficits to family centred. Not everything will work for all families. Need to find the way that works for them.</li> </ul>
3.0	Strategic Planning	Julia Hanigsberg Potential Group	<ul> <li>Shaping the future for Holland Bloorview-</li> <li>Bring everyone up to speed on the strategy work that has engaged, children, youth, families, staff and key partners over the past 6 months</li> <li>Review the emerging strategy elements that came out of the strategy hives and pollination phase</li> <li>Challenge to be <b>Bold</b></li> <li>4 phases- 36 pollination groups, 8 strategy hives,</li> <li>Hive topics- expanding services, reorganizing care, pushing boundaries, capacity building, transitional age, accelerating mandate, supporting families.</li> <li>Refined vision (the most meaningful and healthiest futures for children, youth and families)</li> <li>Strategic enablers- Lead and model social change, Empower our people and teams to collaborative and strive for excellence, lead the world in partnering with kids, youth and families, mobilize peers and alumni fully in everything we do, improve access, quality, safety and capacity through innovation and technology</li> <li>Families are pushing the conversation. Patients saying they want to do something important, and having their voices heard is more important than anything. Client informed research, translated quickly into action, evidence from the outside is created, we need to translate everything we're doing in at Holland Bloorview like the concussion centre is doing.</li> <li>Personalized pathway, matching needs and collaboration.</li> </ul>

			<ul> <li>They're asked from the beginning. Important to ASK the children and families.</li> <li>What happens outside the door. ASD discussion was really important because there are such huge gaps. Education/community access/working on a kid's health alliance. Making things that don't exist right now.</li> <li>Diversity is part of disability. Revolutionary things that need to happen. Modeling change.</li> <li>Create an effortless experience.</li> <li>Possible hallmark initiatives: personalized health pathways, development of imaging specialty, build and intentional, focused program of capacity building in healthcare, education, workplaces and communities, prioritize teaching/knowledge/rapid transition, focus our research on topics that truly game-changing, position ourselves as an innovation hub, harness crowd-sourcing for service navigation challenges.</li> <li>Recognize the difference of where families are. There are different needs/wants for different families.</li> <li>Core guiding principles for implementation: highlight cross cutting focus areas. Engage families, youth leaders and staff as full partners and co-sponsors of implementation, build upon huge strength and existing initiatives, support, foster and "free up" local level innovation, leverage and nurture partnerships, keep an eye on critical success factors (areas of potential risk) regularly monitor and track performance at the SMT table, regular review and refinement (yearly reviews plus a 2020 robust refresh), "Many boats- one shining light"</li> <li>Next steps: we will be working with leaders and the task force to finalize the set of intended outcomes/areas of impact the final strategy document for approval (April)</li> <li>We will re-engage with staff and family leaders across the organization in conversations the strategy framework and what it means to them (April/May)</li> </ul>
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			<ul> <li>We will be creating a final strategy collateral materials (print/web in May)</li> <li>Official launch event June 6</li> </ul>
4.0 Sub-c - -	committee work Advancing hours of service - Care for the caregiver	All	Advancing the Hours of Service- April 1- 9-12 All family leaders are invited to attend session with staff/stakeholders/SMT

	program development		
5.0	Youth Advisory Committee	Cristina	N/a
6.0	Shout Outs	Joshua Shoshana	Louise Kublick ends 18 month interim director of client and family integrated care
7.0	Meeting Adjourned	All	