



Patient and Family Advisor Orientation Handbook

— Your voice and experience matter. —



Our Voice. Our Vision.
This is Our BCBS.
#OurBCBS

A Message from the Brant Community Healthcare System

Welcome and thank you for joining the Brant Community Healthcare System Patient and Family Advisor team.

More and more, health organizations are beginning to engage patients and caregivers in the design and delivery of their health care. From the bedside to the boardroom, when patients and caregivers are engaged at the right times and in the right ways, it can have positive impacts on the quality of the health system.

Your role is vital to BCHS because your opinions, ideas and input will help influence change and have an impact on the care and services we provide to our patients and families.

A key goal of the BCHS Strategic Plan is to collaborate with patients and the community to develop an integrated patient and family focused health care system.

We value your commitment and appreciate your willingness to volunteer as a Patient and Family Advisor.



Land Acknowledgement

A Land Acknowledgement is a formal statement that recognizes the unique and enduring relationship that exists between Indigenous Peoples and their traditional territories.

To recognize the land is an expression of gratitude and appreciation to those whose territory you reside on, and a way of honouring the Indigenous people who have been living and working on the land from time immemorial.



Photo credit: Discover Brantford

[Please visit the BCHS website to read all three of our Land Acknowledgement statements.](#)



Introduction

Patient and Family Advisors (PFA) have an interest in making a positive difference at Brant Community Healthcare System (BCHS).

This guide will help you develop a good understanding of what it means to be a patient family advisor and how you will work together with BCHS employees. Our goal is to work collaboratively to ensure all members are fully engaged in a meaningful way.

BCHS Mission, Vision and Values

Our Mission

Working together to build a healthier community.

Our Vision

Exceptional Care – Exceptional People

Our Values

Compassion, **Accountability**, **Respect**, **Equity**

Strategic Goals

- Pillar #1: Advance Quality and Safety
- **Pillar #2: Partner to Transform Care**
- Pillar #3: Support and Empower People
- Pillar #4: Build Sustainability
- Pillar #5: Champion Health Equity



Our Voice. Our Vision.
This is Our BCHS.
#OurBCHS

Patient Declaration of Values

Respect and Dignity

Valuing the uniqueness of others and treating everyone with respect and dignity

Empathy and Compassion

Genuinely caring about others

Transparency

Clear communication and informed decision making

Accountability

Acceptance of full responsibility for tasks, actions, outcomes, and risks

Equity and Engagement

High quality individual care for all

Please see page 23 for complete version of Patient Declaration of Values

What is People-Centered Care?

People-centered care at BCHS is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.



People-centered care is working “with” patients and families, rather than just doing “to” or “for” them.

People-Centered Care is a true partnership on all levels where everyone around the table has a voice. PCC leads to better health outcomes, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources.

How do health care providers involve patients and families in people-centered care?

- Patients define their “family” and determine how they will participate in care and decision-making
- Engages patients and families to ensure their understanding and meaningful participation in their care
- Monitors and evaluates services and quality with input from patients and families
- Co-designs services with health care providers and patients
- Includes patient and family representative on advisory and planning groups
- Partners with patients in planning, assessing, and delivering care

Patient vs. People-Centered Care: What's the difference?

Health Standards Organization (HSO) and Accreditation Canada (AC) are shifting to People-Centered care which recognizes that patients are the experts of their lived experience, and health care providers are the experts in healthcare.

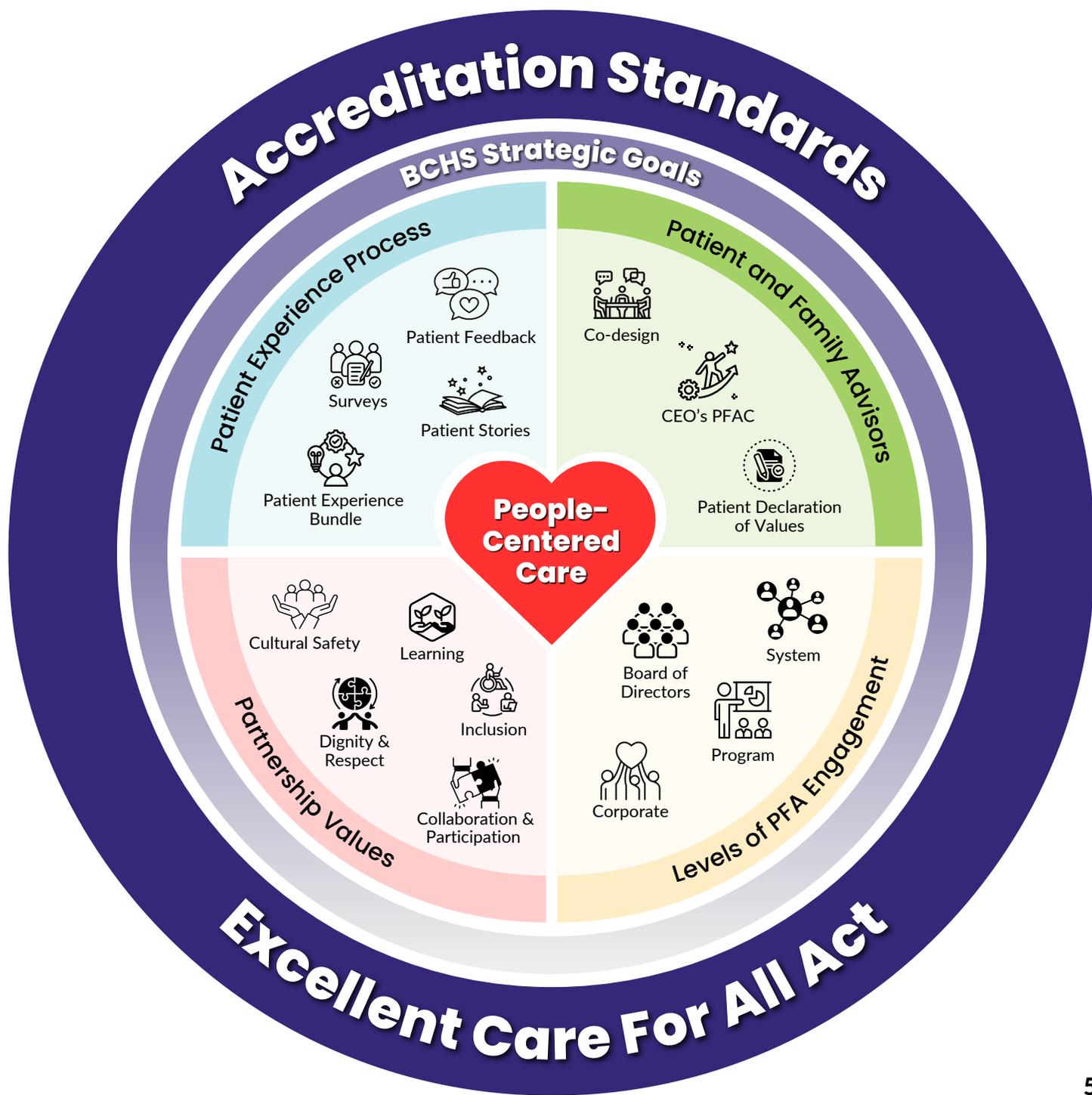
Lived experience expertise + Health care expertise = Safer and more inclusive care

People-Centered Care Framework



[Accreditation Canada](#) and the [Excellent Care of All Act](#) stipulate the importance of including the patient & family voice in decision making.

Volunteering to be a Patient and Family Advisor is YOUR opportunity to contribute to People-Centered Care by sharing your personal experience.



What is a Patient and Family Advisor?

Patient and Family Advisors are members of our community who have had lived experience as a patient, family member or caregiver, and who would like to offer their unique perspective to influence positive change at the hospital.

Patient and Family Advisors are champions of people-centered care.

- Advisors bring expertise about what it is like to be a patient or family member at BCHS
- Advisors ensure that the voices of patients and families are heard, considered and included.
- Advisors work in partnership with staff and physicians to create a truly patient and family centered care experience through input into policies, programs and practices which affect patient care and services.

This is a volunteer position that will influence hospital decisions and provide a balanced approach to the development of hospital initiatives, programs, services, and policies.

PFA's work in partnership with hospital administration and senior management to co-create a Patient and Family Centered Care experience through the planning, delivery and evaluation of health care.

Why is it important for hospitals to have patient and family advisors?

PFAs have first-hand knowledge and insights about how the local health care system can satisfy patient and family needs and improve health outcomes. With a deep understanding gained through personal experience, PFAs look at things through a unique lens which can assist the hospital in adjusting or enhancing services.

When patients and families are involved, they can help drive changes to health care services which help boost patient experience and satisfaction often resulting in cost savings. Patient participation has significant impacts on patient safety, harm reduction, reducing wait time and the job satisfaction of health care providers.

Roles and Responsibilities

PATIENT AND FAMILY ADVISOR

- Believes patient and family perspective is important
- Develops an understanding of the organization and provides suggestions on how we can improve our services
- Provides the patient and family perspective during engagement activities
- Seizes learning opportunities
- Feels comfortable asking questions to the BCHS employee leads

BCHS EMPLOYEE LEAD

- Believes the patient and family perspective is important
- Participates in engagement activity with both advisor and leader, defining a beginning and end to the work
- Gets to know the advisor
- Ensures the patient and family advisor receives an orientation to the work
- Acts as primary contact person for the advisor during engagement activities
- Evaluates the success and challenges of the engagement



REPORTING CONFLICT OF INTERESTS

It is your responsibility to disclose any conflicts of interest that may arise during your involvement as a PFA. This includes, but is not limited to, soliciting of professional services or business promotion.



What Does a PFA Do?

- Partner with staff to ensure that we are providing the best possible experience for patients and families
- Participate in group discussions, focus groups, patient advisor panels, program councils, committees, and task forces by providing a patient/family perspective
- Partner with staff to co-design programming and services based on your feelings and experiences
- Share your patient/family experience and ideas about improvements to the health care system
- Provide input based on your personal experiences regarding policies, programs and practices that shape patient care and services at BCHS
- Understand and support people-centered care, and our commitment to cultural safety, including [Truth and Reconciliation Calls To Action](#).
- Support the BCHS commitment to improving access, equity, diversity, inclusion, and belonging within the organization.
- Co-design new ideas with staff to improve standards of care
- Give input on specific projects that may affect patient care. This includes sharing personal stories (see *The Power of Storytelling* on page 11), participating in meetings, focus groups and surveys and reviewing patient/family materials.
- Have a positive outlook and a sense of humor
- Be passionate and eager to contribute
- Attend all meetings that you've committed to



How Can I Get Involved?

There are opportunities to participate depending on your interests and availability. Participation may be in person or virtual.

	When/why to use it	Example
Committees, Working Groups, and Task Forces	<ul style="list-style-type: none">• When our organization has a need to draw from various patient and caregiver perspectives for a single project that requires ongoing commitment• To integrate patient and caregiver voices in high impact decision-making processes regarding care delivery	<ul style="list-style-type: none">• Please see page 22 for complete list of committees.

	When/why to use it	Example
Group and Panel Discussions	<ul style="list-style-type: none">• To gather multiple perspectives on an issue, when there aren't enough resources to have individual conversations• To discuss and make decisions on a range of issues that affect patients and caregivers broadly• To enable patients and caregivers to hear and build upon each other's ideas	<ul style="list-style-type: none">• Holding a focus group to generate ideas on how to improve programs• PFA sitting on the Black History Month panel to discuss equity in care

	When/why to use it	Example
Storytelling	<ul style="list-style-type: none">• When patients, caregivers and health care staff are interested – and comfortable – to draw from lived experiences to address a topic or issue• To build empathy around an issue, and best visualize a range of health care experiences	<ul style="list-style-type: none">• Opening board meetings and team huddles with a patient or caregiver story, followed by a discussion on what follow-up actions can be taken in response to the story• Sharing monthly patient stories with the Board and the Leadership Team

How Can I Get Involved?

	When/why to use it	Example
Experience Based Co-Design	<ul style="list-style-type: none"> To partner with patients and caregivers to design programming and services based on their feelings and experiences 	<ul style="list-style-type: none"> Family member of a patient co-designing with staff a mental health family support group Supporting patient and caregiver advisors to co-design surveys and partner in data collection and analysis

	When/why to use it	Example
Program Level Councils	<ul style="list-style-type: none"> When there are department specific decisions to be made within the organization To identify long-term priority areas for patient safety and quality improvement initiatives To discuss and make decisions on a range of issues that affect patients and caregivers on that specific unit 	<ul style="list-style-type: none"> Quality Councils represent each department within the Organization. Examples include the Emergency Department, Stoke Unit, and Mental Health Inpatient Services See a complete list of Program Councils on page 22.

	When/why to use it	Example
CEO Patient Family Advisory Council (PFAC)	<ul style="list-style-type: none"> When there are high-priority, long-term planning and decision making at the organizational level When significant relationship building between a health care organization and its patients and caregivers is needed To identify long-term priority areas for patient safety and quality improvement initiatives To provide strategic direction and feedback on the organization's priorities and planning 	<ul style="list-style-type: none"> CEO Patient and Family Advisory (PFAC). Patient and Family Advisors provide input on Organizational initiative and projects Review the annual Quality Improvement Plan Provide input on the Organizations commitment to Equity, Diversity, Inclusion and Belonging Review the Organizations Survey process

How Can I Get Involved?

	When/why to use it	Example
Senior Level Hiring Interview Panels	<ul style="list-style-type: none"> Partner with Patient and Family Advisor in the hiring of senior level positions within the Organization to ensure that we are maintaining People-Centered Care Goals 	<ul style="list-style-type: none"> Participating in the CEO hiring process and interviews Participate in Director hiring interview panels

	When/why to use it	Example
Senior Level Opportunities	<ul style="list-style-type: none"> Senior level opportunities are available for experienced PFAs through an application and interview process 	<ul style="list-style-type: none"> PFA representative on the Hospital Board of Directors PFA representative on the Medical Advisory Council (MAC)

	When/why to use it	Example
Accreditation	<ul style="list-style-type: none"> Accreditation Canada expects Organizations to demonstrate a commitment to People-Centered Care Accreditation Canada is interested in hearing directly from the Patient and Family Advisors on how we are doing from their perspective, and how the PFA voice is involved with quality and safety initiatives 	<ul style="list-style-type: none"> Participate on Accreditation interview panels, discussion groups and support Accreditation tracer training for staff

Monthly Coffee House

Join us for tea, coffee, and good conversation!



- PFAs are invited to have lunch, coffee/tea, and good conversation with other PFAs within our organization at our Monthly Coffee House.
- To provide monthly sharing on PFA initiatives in order to offer support and hear feedback.
- Provide an opportunity for PFAs to meet each other and socialize for coffee and tea to stimulate interesting conversation, ideas and feedback.

How Can I Be a Successful PFA?



- Be respectful of others and their opinions
- Support equity, diversity, and inclusion, and understand that BCHS is a culturally safe organization
- Be comfortable speaking in a group and working with others
- Use your personal experience constructively
- See past your own experience
- Focus on the big picture
- Pass no judgement
- Have a positive attitude
- Excellent listening skills.
- Support BCHS in our efforts to provide exceptional patient care.
- Please be patient as change doesn't happen quickly. It's a process.
- Be able to work collaboratively with other families and health care providers
- Keep all patient and organizational information private and confidential
- Use positive communication and listening skills.
- Have a desire to find solutions and help provide change that will enhance your role.
- A passion for enhancing the health care experience of patients, families and caregivers.
- Able to share thoughts and opinions in a group setting.

Believe you can make a positive difference for others by sharing your patient and family health care experiences.



Prepare in Advance for Meetings

Attending meetings is a major part of the PFA role. We have listed some common terms that will be used during the meetings you attend. Please note, each group will have its own norms and culture. You're encouraged to connect with the committee chair if you have questions.

- **Agenda:** a document listing the date and time of the meeting and items that will be discussed.
- **Meeting Minutes:** these are notes about the meeting discussion, action items and next steps. As a member of a group, you are expected to review the minutes from the previous meeting before attending the next meeting. Please notify the note taker should corrections be required.
- **Chairperson:** the person who is in charge of running the meeting. This may be the same individual for each meeting or the group may designate a different chair for each meeting.

Getting Ready for Your First Meeting

Before your first meeting, please ensure you have the following items:

- Paper/notebook, pens and documents you received before the meeting including the agenda, minutes and discussion topics. You may wish to use a binder to organize all documents and papers.



Orientation and Support

- The volunteer coordinator will provide hospital orientation and support to the PFAs.
- PFAs will be connected to the lead of any committee, councils or working groups they have agreed to serve.
- All new PFAs will be paired with a current PFA member who will act as their mentor and support person.
- Availability of accessible meeting rooms or virtual meeting links.
- **For more information contact the Patient Engagement Coordinator at patientfamilyadvisors@bchsys.org or at 519-751-5544 extension 2177.**

Don't Be Discouraged – This work can be slow

Advisory committees often work at a slow pace which can be frustrating for PFAs and members of the community who may expect quick results and turn-around times.

Change in health care takes time and it may be a considerable length of time before committee members begin to see the impact of their efforts.

Your role as a PFA is important and is a longer-term investment of effort. Please be patient and continue to raise timely and important themes for your committees to consider.

Getting Involved in Quality Improvement

Providing safe, high-quality care for our patients is a top priority for Brant Community Healthcare System.

The goals and action plans set for the year ahead to ensure each and every patient and their families have a good experience while receiving care.



[View our Quality Improvement Plan](#)

The Power of Story Telling

The best way a PFA can begin their role is to share their personal and family stories about health care experiences. These personal stories provide important context and will help BCHS employees develop a better understanding of the patient and family perspective. From you, we can learn and appreciate how it feels to be a patient or family member receiving care from BCHS and make improvements, adjustments and changes as needed.

Story telling is a powerful tool which helps create real conversations from a grassroots level and helps bring constructive change to health care planning and delivery. **When asked to share your story, here are some questions to ask yourself:**

- What am I willing to share/not to share?
- Do I have my family's permission to speak about our experience?
- What is the main point of the story – what do I want people to take away after hearing my story?
- Is my health care experience a negative one that is still bothering me? If so, am I able to share the experience in a constructive way?

When you share your story, think carefully about the one main message you want to get across to your audience. Remember to speak from your heart, be real, be respectful and present negative experiences in a constructive way.

When ready to tell your story, here are some helpful hints to keep in mind:

- Know your audience and prepare your story with them in mind
- Rehearse ahead of time
- Balance positive experiences with opportunities for improvement
- Use your own style and make eye-contact with the audience
- Prepare in advance for questions from your audience. If you don't know the answer, be honest and tell them.



Other Advice for Compelling Storytelling:

- Keep it short. Two minutes is the ideal length for keeping people's attention.
- Keep it simple. Your story should be built around a single message that is clear and easy to understand.
- Use the present tense. This allows your audience to experience as if they are part of the story.
- Build in visual images. This will help people store and retain these images, giving a story lasting qualities.
- Repeat or reinforce a key phrase or concept. This will help your audience be clear about your message.

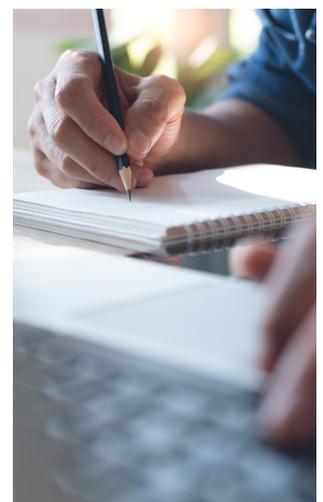
Responsibilities and Accountability of a Patient and Family Advisor Are:

- PFAs are accountable to the Quality and Risk Department and supported by the Patient Engagement Coordinator and Volunteer Services.
- When PFAs join a council or committee, they will be connected with an appropriate lead for that council or committee. It is the responsibility of the leads to connect with PFAs to discuss expectations and time commitments. Review of responsibilities will be discussed between the lead and the PFA to determine the skills and interests of the person.
- **If you have any feedback or concerns regarding your role as a PFA**, please speak with the Patient Engagement Coordinator.
- **If you have concerns regarding a volunteer role not as a PFA**, please speak with the Volunteer Coordinator
- **Organizational feedback** needs to follow the reporting structure on the next page (unless it is feedback specific to the committee or council that you sit on, then you can bring that to your committee or council lead).



PFAs are:

- Expected to uphold all BCHS policies and procedures, including but not limited to: Code of Conduct, Privacy and Confidentiality, Scent Free Environment, Infection Control, etc.
- Responsible to review materials provided before each meeting to be adequately prepared.
- Responsible for attending their committee and council meetings.
- Not to discuss confidential information outside Council/committee meetings.

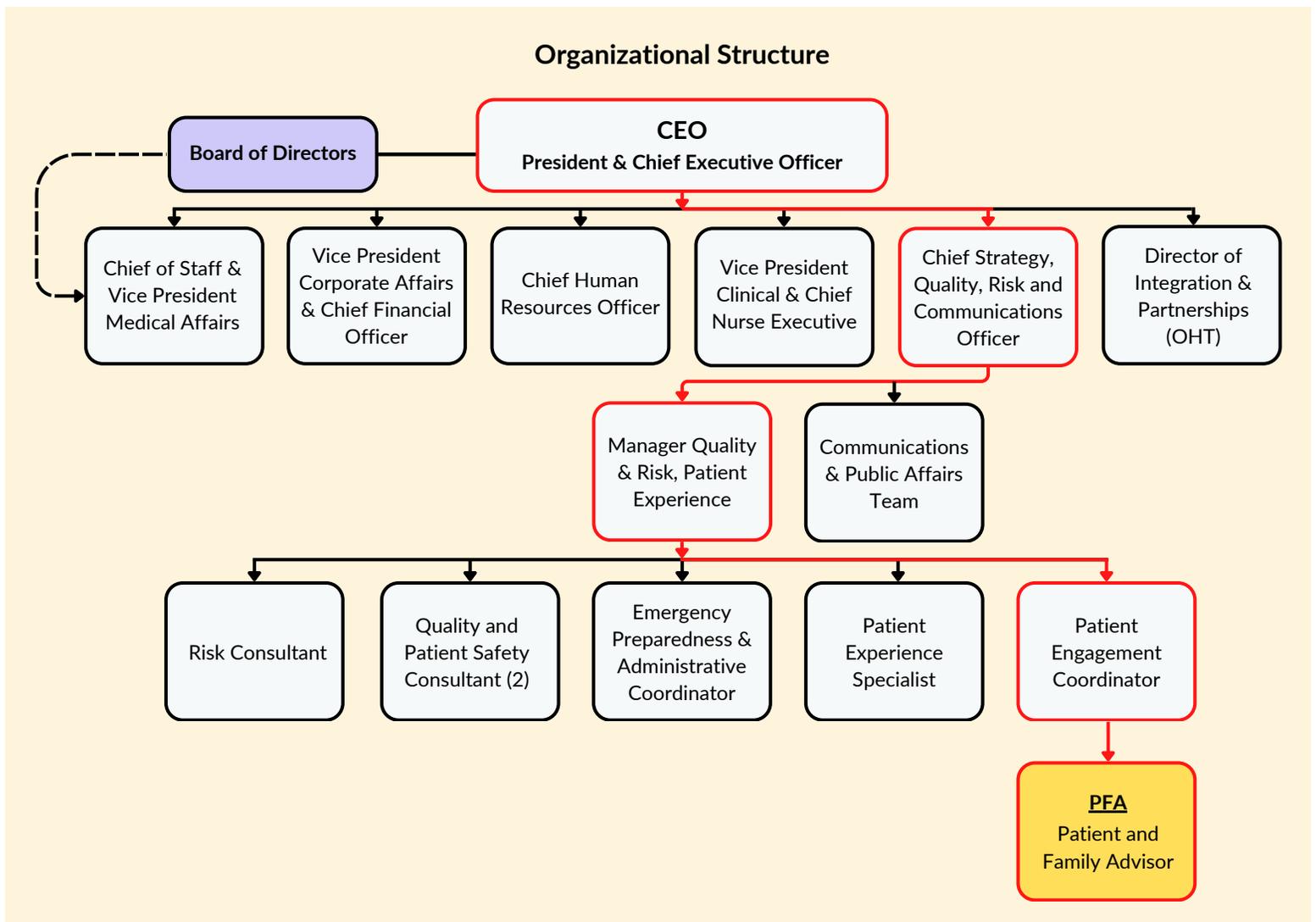
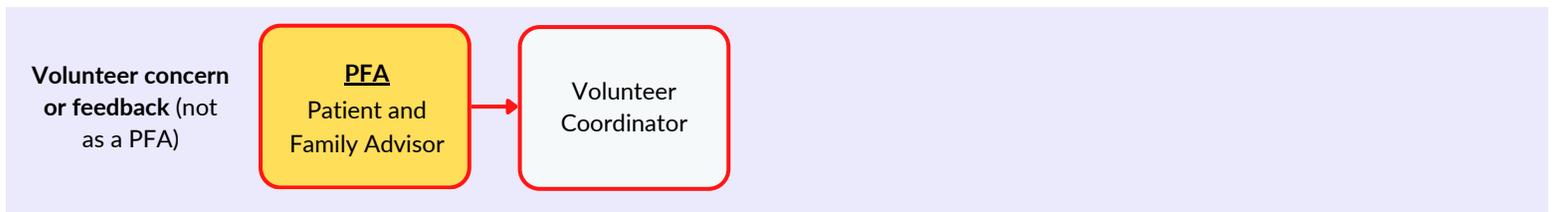


***Advisors on the CEO Patient and Family Advisory Council (PFAC) will attend all monthly meetings. If you cannot attend you must inform the council of your absence.**

Accountability Reporting Structure

Knowing who to report or direct your questions, comments, or concerns to is an important part in ensuring your voice as a PFA is heard. **You report directly to the Patient Engagement Coordinator.**

This simplified organizational chart illustrates how your work is tied to the organizational reporting structure. As you begin to participate in working groups, committees, councils, etc., you will also have the opportunity to engage with a number of different stakeholders across the organization.



What You Can Expect as a PFA

- Availability of accessible meeting rooms or virtual meeting links
- Advisors will be full members of their committees
- You will receive a rewarding experience and make a positive difference in how local health care is delivered at BCHS
- With so many complicated health terms there will be short terms and abbreviations. These terms are clearly defined/explained in our list of common acronyms.

A List of Common Health Care Acronyms:

AC	Accreditation Canada	MAC	Medical Advisory Council
AE	Adverse Event	MDR	Medical Device Reprocessing
ALC	Alternate Level of Care	MIP	Medical Integrated Unit
ALOS	Average Length of Stay	MoHLTC	Ministry of Health & Long-Term Care
CCAC	Community Care Access Centre	MOH	Ministry of Health
CCC	Complex Continuing Care	MRP	Most Responsible Physician
CCO	Cancer Care Ontario	OHA	Ontario Hospital Association
CCU	Critical Care Unit (or ICU Intensive Care Unit)	OHT	Ontario Health Teams
CHC	Community Health Centre	ONA	Ontario Nurses Association
CIHI	Canadian Institute for Health Information	OR	Operating Room
CMHA	Canadian Mental Health Association	OT	Occupational Therapy
CPSI	Canadian Patient Safety Institute	PACU	Post-Anaesthetic Care Unit
CPSO	College of Family Physician and Surgeons of Ontario	PFA	Patient Family Advisor
CQI	Continuous Quality Improvement	PFAC	Patient Family Advisory Council ("As needed")
DEC	Diabetes Education Centre	PRN	Personal Support Worker
DI	Diagnostic Imaging	PSW	Personal Support Worker
ECFAA	Excellent Care for all Act	PT	Physiotherapy
ED	Emergency Department	QCB	Quality Council of the Board
ER	Emergency Room	QI	Quality Improvement
EHR	Electronic Health Record	QIP	Quality Improvement Plan
FBC	Family Birthing Centre	SIMS	Safety Incident Management System
FIPPA	Freedom of Information & Protection of Privacy Act	RN	Registered Nurse
GP	General Practitioner	RNAO	Registered Nurses Association of Ontario
HIM	Health Information Management	ROP	Required Organizational Practice
HNHB	Hamilton Niagara Haldimand Brant	ROI	Release of Information
LHIN	Local Health Integration Network	RPN	Registered Practical Nurse
HR	Human Resources	RPNAO	Registered Practical Nurses Association of Ontario
IPAC	Infection Prevention and Control	SBAR	Situation, Background, Assessment, Recommendation
ICU	Intensive Care Unit	SW	Social Worker
ISU	Integrated Stroke Unit	TOA	Transfer of Accountability
LTC	Long Term Care	TOR	Terms of Reference



[Click here for a comprehensive list of Ontario Health Care Acronyms](#)

Other Organizational Resources to Support Patients and Families



[Online Orientation Portal for Patient and Family Advisors](#)



[Patient Experience Office](#)

The BCHS Patient Experience office is available to help support patients, their family and the community when they have complaints, compliments, or questions about their experience at BCHS.

We have a process to investigate, resolve and record any concerns that we receive and make improvements based upon this feedback.



For more information:

519-751-5544 ext. 2395

patientexperience@bchsys.org

www.bchsys.org/patientexperience



[Ethics Consultation](#)

BCHS has a Clinical Ethics Consultation Team (CECT).

This service is available to patients, families, and the healthcare team to help navigate patient care conflicts and support your decision making.



For more information:

ethicsconsultation@bchsys.org

www.bchsys.org/ethics



[Health Information Management](#)

The Privacy and Freedom of Information Office is responsible for ensuring and protecting the privacy of your personal health information and is available to answer your questions.

You may also register for access to your health record at **ConnectMyHealth** <https://info.connectmyhealth.ca/register> and receive timely and free updates to your health information.



For more information:

www.bchsys.org/healthinformationmanagement



[Indigenous Health Services](#)

In an effort to improve quality of care, foster inclusivity, and promote a culturally safe environment at BCHS, the Department of Hospital Based Medicine has introduced the physician-led implementation of a Division of Indigenous Medicine.

We work collaboratively with leadership, staff, and physicians to improve the Indigenous patient experience at BCHS and advance the ideals of cultural safety therein.



For more information:

www.bchsys.org/IndigenousHealth

Maps & Service Directory

Brantford General Hospital

A Wing

Level 2

Chapel/Pastoral Care
CCAC Office

Level 1

Tim Hortons
Gifts Plus Gift Shop
Business Cashier
Volunteer Association
BCHS Foundation
SC Johnson Dialysis Clinic

Main

Release of Information
Infection Control
Engineering & Maintenance

B Wing

Level 8

Medical D

Level 7

Medical A

Level 6

Medical B

Level 5

Surgical

Level 4

Paediatrics

Level 3

Family Birthing Centre

Level 2

Inpatient Rehab

Level 1

Emergency Department
Switchboard
Security
Patient Relations

Main

Environmental Services

H Wing

Level 2

Administration Office

Level 1

Communications
Medical Affairs

C Wing

Level 7

Palliative/Complex
Care

Level 6

Laboratory

Level 5

Medical Cardiology

Level 4

Medically Complex

Level 3

Family Birthing Centre
Special Care Nursery

Level 2

Integrated Stroke Unit

Level 1

Emergency Department

Main

Nutrition Services

D Wing

Level 5

Critical Care

Level 2

Therapy Services

Level 1

Diagnostic Imaging (MRI,
Fluoroscopy, X-Ray, CT
Scan, Nuclear Medicine,
Ultrasound,
Mammography, OBSP)
Cardiac Diagnostics

Main

Ambulatory Care
Oncology Clinic
Fracture/Orthopaedic
Clinic
Patient Registration
Tim Hortons 2

Lower Level 1

Operating Rooms
Day Surgery
Post Anesthetic Care

Lower Level 2

Stores/Receiving
Medical Device
Reprocessing
Mail Room

E Wing

Level 5

Financial Services

Level 4

Human Resources

Level 3

Quality & Risk
Organizational
Development

Level 2

Information Technology

Level 1

Outpatient Mental
Health
Mental Health &
Addictions

Main

Pre-op Clinic
Women's Health Clinic
Mohawk Classrooms 1&2
Diabetes Education

Lower Level 1

Inpatient Mental Health
Morrison Auditorium

Lower Level 2

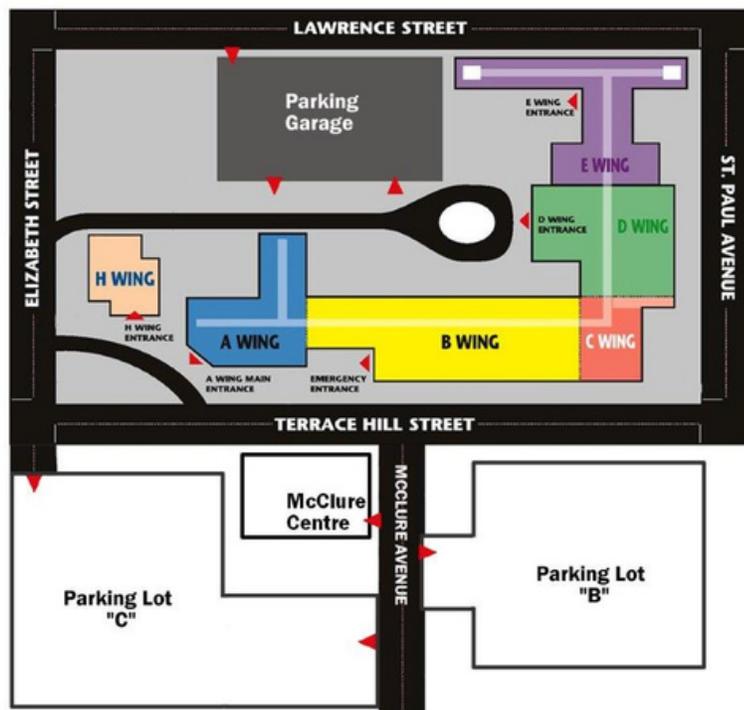
Psychiatrist Offices

Lower Level 3

Boardroom
Purchasing
Pro Resp.

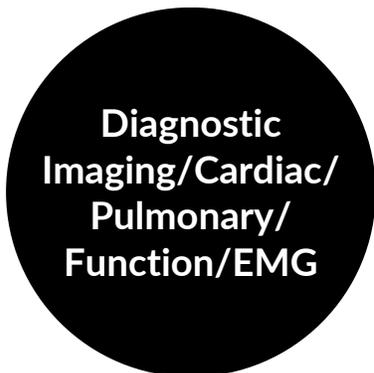
Lower Level 4

Redevelopment



Staff Uniform Colour Guide

At BCHS, many of our staff wear different uniforms and the colours are different depending on the department. See below.



Codes

Medical Codes

Code	Stage 1	Stage 2
Blue	Cardiac arrest requiring Code Team response	2nd Code Blue occurring
Blue Pediatric	A single cardiac arrest of a patient within the hospital who is older than 28 days but less than 18 years and requiring a Code Team response	Multiple Code Blue patients occurring within the hospital
Navy	Medical emergency requiring Code Team response	2nd Code Navy occurring
OB	Patient delivering imminently outside of Labour and Delivery on hospital property or close to hospital property	There are multiple Code OB patients
Pink	Neonatal emergency requiring Code Team response	2nd Code Pink occurring
Transfusion	A single patient requiring an immediate and Massive Hemorrhage Protocol (MHP)	There are multiple Code Transfusion patients occurring within the hospital

Emergency Codes

Code	Stage 1	Stage 2
Amber	Child missing or abducted within the site	Child missing or abducted in the community
Aqua	Significant flooding, leak or water damage	Flooding, leak or water damage impacting staff and patient safety and patient care
Beige	ICT system severely impaired; workaround available	ICT system down impacting staff and patient safety and patient care
Black – Bomb Threat	Non-specific bomb threat received	Specific bomb threat received
Black – CBRNE	Not applicable	CBRNE or unknown agent intentionally released inside hospital
Black – Suspicious Package	Suspicious package assessment suggests concern	Package looks like a bomb
Black – Suspicious Vehicle	Suspicious vehicle assessment suggests concern	Vehicle looks like a bomb
Brown	Hazardous spill requiring decontamination by external resources	Contaminated or injured person; rescue decontamination required by Fire Department
DECON	Contaminated patient presents; staff can safely decontaminate	Contaminated patient presents requiring decontamination by Fire Department
Green	Horizontal or vertical evacuation	Full building evacuation
Grey – Elevator Failure	Failure of elevators affecting patient safety	Entrapment
Grey – External Air Exclusion	External contaminated air affecting non-clinical areas	External contaminated air impacting staff and patient safety and patient care
Grey – Internal Noxious Odour/Gas Leak	Internal noxious odour/gas leak affecting non-clinical areas	Internal noxious odour/gas leak impacting staff and patient safety and patient care
Grey – Medical Gas Failure	Medical gas failure affecting non-clinical areas	Medical gas failure affecting vented patients and clinical areas
Grey – Utility Failure	Unplanned utility interruption affecting non-clinical areas	Unplanned utility interruption affecting entire site(s)
Lavender	The purpose of Code Lavender is to provide immediate emotional support to staff and physicians when a traumatic event takes place. Code Lavender supports individuals who are experiencing an episode of high or emotional distress. This is a silent code.	
Maroon	Weather severely impacting community	Weather severely impacting the hospital; Tornado Warning issued or sighted in the area
Orange	Event-caused Mass Casualty Incident; hospital is able to operate within current capabilities	Event-caused Mass Casualty Incident requiring additional resources beyond the On-Call system
Purple	Not applicable	Hostage taking on-site
Red	Fire alarm sounded; no signs of smoke or fire	Fire alarm sounded; signs of smoke and fire
Silver	External – Lockout: person with a weapon in the community with possible threat of coming on-site	Internal – Lockdown: Person with a weapon on-site with the intent to cause harm
White	Staff feel threatened and require Security response	Violence requiring immediate emergency Police response
Yellow	At-risk adult missing within the hospital	At-risk adult has left the building and is missing within the community

Program Councils

Emergency Department Council

Critical Care Council

MIP Program Council

Cardiology Council

Oncology Quality Council

Endoscopy Council

Mental Health & Addictions Quality Council

Mental Health & Addictions Youth Advisory Council

Integrated Stroke Council

Operating Room/Surgical Council

Post-Acute Council

Family Birthing Council

Pediatric and NICU Council

Palliative Care Council

Committees

Emergency Department, Medicine & Critical Care

- Critical Care Program Council
- MIP Program Council
- C5 Program Council
- Patient Flow Steering Committee
- Dialysis Steering Committee
- Respiratory Interventions Committee
- Code Blue Committee
- TGLN Organ & Tissue Donation Committee
- Medication Safety Committee
- Medication Utilization Committee
- Medication Reconciliation Committee Meeting

Operating Room, Surgical, Paediatrics, Family Birthing Centre

- Skin & Wound Committee
- Oncology Quality Council
- Endoscopy Committee

Human Resources

- ONA Hospital Association
- SEIU Labour Management
- Joint Health & Safety Committee
- Risk Assessment (working group)
- AODA-Accessibility Committee
- COVID Safety Committee
- Time and Attendance Management - the Steering Committee and the Program Team (Execution Committee)*
- Struder - Accountability Team (working group - which is the exec team)*
- Indigenous Cultural Safety Committee

Other

- Medical Advisory Committee
- Senior Executive Team
- Operations Forum
- Corporate Operations Forum

Mental Health, Rehab, Complex Care, Transitional

- MHA Quality Council
- Rehab, Complex and Transitional Council
- Stroke Council
- ALC (Alternative Level of Care)
- Suicide Working Group

Finance, Decision Support, Facilities, Laboratory & Diagnostic Imaging

- Budget Committee
- Capital Committee
- Fiscal Advisory Committee
- ICT Steering Committee
- Decision Support Committee
- Master Planning
- Logistics
- Construction Safety Risk Group
- Space Allocation Committee
- Trillium Gift of Life
- Transfusion Committee
- Point of Care Committee
- DI: Quality Assurance (Physicians)
- DI Quality
- Radiation Safety Committee (Nuclear Medicine)

Quality & Risk

- Critical Incident Review Committee
- Quality & Patient Safety Committee
- Emergency Management Program Committee
- Early Loss Working Group
- RL6 Working Group
- Falls Prevention Working Group

Board Committees

- Board
- Executive Committee
- Audit Committee
- Governance Committee
- Resources Committee
- Quality Committee
- Joint Governance Committee

WHAT YOU CAN EXPECT AS A PATIENT

As a patient, I can expect the following from my hospital:

- Respect** A right to health care services that meet my diverse and unique needs and are provided in a way that respects my individual identity, beliefs, history, culture and ability.
- Quality** A health care experience that is delivered with empathy, kindness and compassion.
- Accountability** Staff, physicians and volunteers to take responsibility for their actions and work with me to make progress towards my health goals.
- Information/
Transparency** Clinical staff and physicians to communicate information clearly so that I can make informed decisions about my care.
- Involvement** I, along with my designated family and caregivers, be recognized and respected as part of the health care team, be fully informed about my condition and have the right to collaborate and make decisions in my care.
- Access** Fair and equal access to Patient Centered Care without any prejudice or biases of any kind.

If I am an Indigenous patient, I expect fair and equal access to quality and culturally safe health care including traditional and indigenous-led health services. I expect that my voice matters and that I am welcomed to provide feedback on how culturally safe and equitable care is experienced by Indigenous patients.

WHAT WE CAN EXPECT FROM YOU AS A PATIENT

As a patient, I am responsible to:

Respect staff, volunteers, visitors, other patients and hospital property and respect that there is a zero tolerance for violence and abusive behaviour.

Provide health information that includes an accurate medical and health history.

Participate in health care decisions.

Talk to hospital staff and physicians about any concerns or questions I have about my treatment and care.

Be accountable and follow the agreed upon treatment plan. This includes understanding the possible consequences when care is refused.

Advise friends and families to be up to date on the current visitor policy and not to visit if they, or their children, are feeling sick.



Contact

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www.bchsys.org

