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Spring  
2007

# CFAN

## Connector

THE CANADIAN FAMILY ADVISORY NETWORK  
BUILDING BRIDGES ACROSS THE NATION BY LINKING PEDIATRIC  
PATIENT & FAMILY ADVISORY GROUPS

### A New Year-Time for Strategic Planning & Goal Setting

Poet Edith Lovejoy Pierce stated, “We open the book. Its pages are blank. We are going to put words on them ourselves. The book is called opportunity and its first chapter is New Year’s Day.”

With the New Year mostly still before us it seems appropriate that we start this year on the theme of Strategic Planning. After meeting in Vancouver in October it became clear that the highlight of the CFAN session was hearing not only what has been happening with other FAC’s and groups around the country but what future goals and projects they are working on. It’s clear that knowing

what others are doing is inspirational!

There are a variety of models and approaches used in strategic planning, but simply put, strategic planning determines where an organization, group or council is going over the next year or more, how it’s going to get there and how it’ll know if it got there or not.

In this issue several FAC’s will share how they determine their goals and what their current goals are. We’ll also update you on some of the structural changes within CFAN and what goals were set for all of us as a network at the CFAN session in October.



One goal for CFAN will always remain the same however--the goal of learning from each other, sharing information and resources so that we will find mutual support to the betterment of our FAC’s.

*Frank, Susan, Robin, Diane, Lisa, & Sherri*



#### CFAN Steering Committee: Who Are We?

Frank Gavin, CFAN Co-Chair; Family Advisory Committee-The Hospital for Sick Children  
Susan Greig, CFAN Co-Chair; Partners in Care Family Liaison-BC Children’s Hospital  
Robin England, Patient and Family Centred Care Coordinator-IWK Health Centre  
Dianne Parr, Family Advisory Council-McMaster Children’s Hospital  
Lisa Rosati-White, Family Advisory Forum-Montreal Children’s Hospital  
Sherri Wuetherick, Chair, Family Liaison Council-Alberta Children’s Hospital



# CFAN News & Updates

## 2006 CFAN Workshop...A Success

We were delighted that twenty-five people participated in CFAN's full-day workshop on October 14<sup>th</sup> in Vancouver. Thanks to CAPHC and the Sickkids Foundation: All expressed their heartfelt thanks to CAPHC and the Sickkids Foundation for helping to make the day possible.

This was the largest group in the history of CAPHC and CFAN and it was great to see the energy and enthusiasm brought to the table. The participants represented ten family advisory bodies, two institutions (a hospital and a children's hospice) in the process of forming advisory bodies, and the Board of the Canadian Association of Paediatric Health Centres (CAPHC).

Each group had an opportunity to highlight its priorities, challenges, and achievements while circulating more comprehensive information on a common template and, in most cases, in other printed materials as well.

Some other highlights:

- Presentation, "Unlocking Success—Recruitment and Retention of the Generational Family Advisory Committee Member,"
- Making Our Advisory Bodies More Diverse and Inclusive
- Identifying and Clarifying the Roles of Staff and Volunteers on Advisory Bodies
- CFAN's Contribution to the Upcoming Symposium on Paediatricians in the 21<sup>st</sup> Century

From the comments received from the evaluation it became clear that future CFAN workshops need to be longer in length with more opportunity for information sharing. The evaluations brought forth a number of ideas for future topics including child & youth councils, family faculty programs & ideas for the implementation of family centred care.

## Changes within CFAN

During the CFAN Business Meeting several decisions that affect change with CFAN were made by the group attending. It has been agreed:

### Clarification of CFAN Membership:

CFAN members can be any family-based advisory group attached to a paediatric health centre or to another organization (a regional or community hospital, a regional health authority, a homecare agency, etc.) that provides healthcare services to children and/or youth. Each advisory body will be asked to indicate its desire to be or remain a member once a year and to participate in at least one of CFAN's activities (including the newsletter).

### New CFAN Leadership Structure:

The decision was made to move from a single co-ordinator to two co-chairs. Frank Gavin and Susan Greig will fill those roles for the 2006-2007 year.

### Establishment of the 2006-2007 Steering Committee:

Frank Gavin, CFAN Co-Chair; Family Advisory Committee-The Hospital for Sick Children, Toronto  
Susan Greig, CFAN Co-Chair; Partners in Care Family Liaison-BC Children's Hospital, Vancouver  
Robin England, IWK Health Centre, Halifax  
Diane Parr, McMaster Children's Hospital, Hamilton  
Lisa Rosati-White, Family Advisory Forum-Montreal Children's Hospital, Montréal  
Sherri Wuetherick, Chair, Family Liaison Council-Alberta Children's Hospital, Calgary

### Vision, Priorities and Plans

The necessity of creating a vision, priorities and processes Sickkids Foundation has provided support for each of the last three years. It was suggested that CFAN articulate its vision, priorities, and plans—as well as its operating structure and processes—if it intends to attract ongoing sponsorship from a foundation. There was general agreement that we need to do this.

# Child Health in the 21<sup>st</sup> Century: The Role of the Paediatrician in the Inter-Professional Environment

by Frank Gavin

Many of you generously contributed stories and suggestions to the two presentations I made to the above-named gathering in November. The two-day event was sponsored by CAPHC, the Canadian Paediatric Society, Health Canada, the Paediatric Chairs of Canada, the Public Health Agency of Canada, and the Society of Obstetricians and Gynaecologists of Canada. It addressed big questions not only about the training and role of paediatricians but about how healthcare services to children and youth are being and should be provided.

Below are summaries of my two presentations that will be included with the summaries of the other presenters in the official proceedings of the event. (The PowerPoint's of all the presentations are on the CAPHC website: [www.caphc.org](http://www.caphc.org). For better or worse, I was probably the least PowerPoint dependent/proficient of all the presenters.) All the feedback I received was very positive, mostly, I think, because I was able to include the stories and, I hope, the voices of many of the parents, children, and youth who contributed. I'll have the full texts of my presentations available to anyone interested by late February.

Right now, the Steering Committee, on which I represent CFAN, is working on the recommendations of the symposium participants and on an action plan to see that the recommendations take some shape and have an effect.

## **Vulnerable Populations: The Family's Perspective – Frank Gavin**

*Co-Chair, Canadian Family Advisory Network*

The Canadian Family Advisory Network is made up of parent groups attached to paediatric health centres (acute and rehabilitation hospitals, regional health authorities, etc.) Qualitative research – which included surveying and talking with parents, individually and in groups, meeting with children's and youths' councils – resulted in a rich array of information on the experiences of families caring for children and youth with high care needs. These results are limited by the fact that input was received mostly from English-speaking, middle-class parents who are used to advocating for their children. The needs of less advantaged families should be more specifically attended to and addressed by organizations, governments, and professional care-providers. Still even our limited research and experience indicate that even very vulnerable and poorly resourced families are usually the single greatest resource both to their children and to healthcare providers. As well, nearly all families with children with life-altering conditions share a great deal: the need and desire to function as a family come what may and whatever the setting,

to inform and be informed, to do what they can and be helped to insure their children live full, even if relatively brief or circumscribed, lives. Families want all the physicians who care for their children to have excellent diagnostic skills, be familiar with current research and protocols, be aware of their limitations, and be ready and able to refer their child to someone more appropriate, when necessary. More particularly, they want physicians who 1) can *engage* them and their children and *be engaged* by them in the first crucial encounters, in the words they use, in their “relatability” to children and youth, etc. 2) can *partner* with children and families in leading and sometimes being led, in developing care plans with families and children, in demonstrating trust and transparency, in sharing information openly, in being open to complementary and alternative therapies, etc. and 3) *show* not just *empathy* (feeling with patients and families) but *imagination* (seeing the contours of the child's and the family's world from their perspective). Families want physicians who *have an idea* of what their lives and their children's lives are like.

## **Children, Youth and Families with Multiple Complex Needs: The Family's Perspective – Frank Gavin**

*Co-Chair, Canadian Family Advisory Network*

The Canadian Family Advisory Network is made up of parent groups attached to paediatric health centres (acute and rehabilitation hospitals, regional health authorities, etc.) Qualitative research resulted in a rich array of information on the experiences of families caring for children and youth with complex needs. The point of *diagnosis* or *disclosure* of the child's condition is a crucial time since the quality of this encounter affects the rest of the therapeutic relationship. Families highlighted the importance of physicians using accurate, clear language, having supportive attitudes, and offering “realistic hope” and opportunities for further discussion and planning soon after the diagnosis / disclosure. Families also provided several examples of the devastation they felt when

physicians seemed to define their children in terms of their limitations or when physicians gradually but unmistakably showed less and less interest in their children with chronic conditions. One family recalled wishing their physician had accompanied them to the hospital's family resource centre after making the diagnosis while several wanted physicians who are both interested in and familiar with community resources and who might offer, at least once, to visit their home. Many found paediatricians reluctant to help connect them—or unaware of the potential value of the connections—with other families and help connect newly diagnosed children and youth with older or more experienced children and youth who might serve as mentors or models. Families highlighted the importance of

Continued on next page.....

getting the “*full-meal deal*” for their children: a coordinated, multi-disciplinary team where all services are connected and coordinated, and they identified some wonderful examples of such care. *Case management* was a common concern. Nearly all the parents who addressed the issue said that in reality the parent is the only case manager for a child with complex health needs and that what they want from paediatricians is medical expertise (of course), support, ready access to all information, and help

with navigation. Finally, families said they want paediatricians who help them *see and prepare for the future*, for the long series of large and small transitions as the child moves through childhood and adolescence and into adulthood. Increasingly, families are looking to paediatricians and others for help in preparing for the time when parents are no longer able or alive to take care of their children.

## Institute for Family Centered Care Conference Abstract Presentations

by Susan Greig

As many of you may already be aware, Frank and I submitted an abstract for the 2007 International Institute for Family Centered Care Conference to be held in Seattle, Washington, July 30, August 1<sup>st</sup>. The abstract is entitled “National Partnerships for Promoting Family Centred Care: The Canadian Family Advisory Network”. We are delighted that this topic has been selected for presentation. Unfortunately, Frank will not be able to join me at the conference; however several delegates from our BC Partners in Care Family Advisory will be attending.

invited to give this information through a poster. I have also adapted the presentation that I gave at the 2006 CAPHC conference on Generational Diverse FAC’s for this conference and it was also accepted for presentation.

Jeremy Daniels and Donna Tack, PiC Co-Chair also submitted the presentation on “Thanks for Asking—Family Initiated Reporting System” and their topic was also selected for presentation!

Heather Fowlie, PiC Co-Chair and I submitted the topic: BRAVO! Rewarding Family Centred Care which details the success of our Family Centred Care Awards and the monthly Bravo Star. Although not chosen for presentation we have been

I would appreciate knowing if any other individuals from our various CFAN groups are planning to attend or if you too have been selected to give a presentation. You can contact me at: [sgreig@cw.bc.ca](mailto:sgreig@cw.bc.ca)

## Child Health Summit

by Frank Gavin

I have been invited—on behalf of CFAN—to participate in a Child Health Summit in Ottawa on April 25<sup>th</sup> and 26<sup>th</sup>. The event is being organized and sponsored by The Canadian Medical Association, The Canadian Paediatric Society, and The College of Family Physicians of Canada.

of you who were in Vancouver will remember the presentation by Sir Albert Aynsley-Green, The Children Commissioner for England. (I’m happy to say that Sir Al will be at the summit.) It’ll be a working meeting with just 100 people invited to participate.

Among the goals of the summit is one to “develop and release a Canadian Children’s Health Charter” and I gather there will be movement to create a Children’s Commissioner for Canada. Those

Once I receive further information, I’ll be sure to circulate it to all of you for your thoughts and suggestions.

## Other News

by Don Buchanan

"A group of parents at McMaster Children's Hospital have started a new support group for parents of children with Kawasaki Disease. Kawasaki Disease is an inflammatory disease that is the leading cause of acquired heart disease in children and young people. The parents have a web site at: <http://www.kdcanada.ca> and are interested in hearing from other parents across Canada who have a child with Kawasaki Disease."

Don Buchanan  
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McMaster Children's Hospital  
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# Committees-Strategic Planning & Goal Setting



## Alberta Children's Hospital Calgary, Alberta

*Family Liaison Council*

The Family Liaison Council (FLC) meets from September until June each year. On September 27, 2006 the new Alberta Children's Hospital opened. There was a lot of focus over the past few years on planning for the new hospital and the FLC was actively involved in that process in addition to being involved in other initiatives. Now that we are in our new building we are looking at opportunities where we can continue to add value.

The FLC has not set any formal goals this year. In the past our strategic planning has been more issue based than goal based. We have been addressing issues as they arise and are now looking at potential new areas where the FLC can become more involved. We have been in a bit of a transition period for the past few months and are now preparing to move forward. Our primary goal at this time is recruitment of new members. We are currently looking at some strategies to address this issue and

hope to implement them in the near future.

One of our primary initiatives this year has been involvement in the planning for the Family Centred Care Conference which will be held in Calgary from April 29 to May 1, 2007. The title of the conference is Meeting at the Intersection: Strengthening Child, Family and Professional Partnerships. The Family Liaison Council will be hosting a pre-conference workshop on April 29 from 3:00 – 5:00 which will feature a panel discussion of youth, families, and professionals. The Council will also be presenting at the conference on the Benefits of Health Care Professionals Engaging Family and/or Youth Advisory Councils.

Sherri Wuetherick  
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Alberta Children's Hospital  
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## BC Children's Hospital Vancouver, BC

*Family Advisory*



As Partners in Care has been in existence for over 15 years we have had many different ways of moving forward with strategic planning and goal setting. Perhaps the most consistent has been strategic planning sessions wherein several times over the years the committee has scheduled day long "retreats" to discuss planning and goals. The PiC Family Liaison position was in fact borne out of one of these sessions. Some of the other great initiatives coming from these sessions have been our Family Centred Care Awards and Family Issues newsletter.

Since my arrival in this position two years ago it has been my responsibility to establish long term planning and yearly goals

based on the committee's interests and issues that have arisen. Each year I have set forth a large list of possible goals and discussed this with the group at one of our committee meetings. The Administrative Team (consisting of myself, our two co-chairs and our PiC Administrative Assistant) determined the priority status of the goals the committee wanted to move forward with. Some of these were based on long-standing issues that needed to be dealt with while others reflect new and innovative ideas.

Continued on next page.....

### Major Goals Reached September 2005-June 2006

- Family Liaison Position Becomes Permanent
- Recruitment:
  - New PiC Recruitment Poster
  - New PiC Pamphlet with Recruitment Information
  - Bring a Friend Meeting Day
  - Creation of PiC Family Email Members
  - 11 New family members/2 New Staff Members
- Parent to Parent Line Review with Risk Management & New Guidelines Established
- Comment Card Box Review with Risk Management & New Guidelines Established
- New PiC pages on BCCH website set up
- Completion of Volunteer Vancouver Nomination & Subsequent WIN!!
- Proposals written to Auxiliary for Funding of PiC Initiatives
- Relaxation Sessions established during the daytime
- 2002-2005 Activities Report Compiled, Edited, Printed and Distributed
- Creation & Establishment of Bravo Star Award Program
  - New Posters
  - Email Notifications
  - Article in Teamworks (internal newsletter)
  - Communication Plan
- Family Liaison speaks at Dept. of Pediatrics Meeting
- Family Liaison attends Institute for Family Centred Care Intensive Training Seminar; 2005 CAPHC Conference; Heart Network Meeting.
- Three PiC members attend Pediatrics Ethics Day Conference
- Facilitator Training Course for program "Parents Coping with the Chronically Ill Child"

### Major Goals for September 2006-December 2007

- Annual Family Centred Care Awards (Held September 2006)
- Providing Volunteer Hairdressing/Grooming for in-patient families (Achieved Jan 2007)
- Recruitment:
  - the goal of having 300 email family members on our email list-proposed goal date, December 2007
- Creation of PiC Membership Guidelines and Policies-proposed goal date April 2007
- 2005-2006 Activities Report-proposed goal date February 2007
- Submission of Abstracts for presentation to IFCC Conference (December 2006)
- PiC Member attendance at IFCC Conference, CAPHC Conference-goal dates July and September 2007
- Re-establishment of Chinese Visitation Program-(support visits to families of Asian background in their own language) proposed goal date December 2007
- New PiC Orientation Binder and Orientation Sessions-proposed goal date April 2007
- Physician Committee Member-proposed goal date December 2007
- Working with Patient & Family Education Department to Redesign the PiC Family Issues Newsletter into Admissions Package-proposed goal date June 2007
- Creation of new PiC Logo (February 2007)

Contact:  
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BC Children's Hospital  
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## Children's Hospital of Western Ontario London, Ontario

Family Advisory Council

Each meeting the Family Advisory Council at CHWO uses an action plan tool to identify the progress and ever changing opportunities of its current projects and activities. The Liaison leads the group through each involvement under our identified Goals of Support-Educate and Advise. Together we discuss and update the actions required and the individuals responsible. The timelines are also updated and revised each meeting by its members.

The Goals of our FAC are as follows:

- ❖ Support: Family Buddies Program, Teddy Bear Picnic, Children and Youth Advisory Council, Child and Family Resource Centre, Advisory Council, CFAN, Children's Health Foundation, Inpatient Monthly Coffee Times
- ❖ Educate: Family Faculty, Family Guide,
- ❖ Advise: CHWO Model of Care, Family Centred Care Committee, Visitor Policy, Family Feedback Program, Interview Panels

Contact:  
Lisa Hawthornthwaite, Family Advisory Council Liaison  
Children's Hospital of Western Ontario/London Health Sciences Center  
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# Glenrose Rhab Hospital Edmonton, Alberta

*The Parents Advisory Council*



No submission at this time

**Contact:**

Ellen Carlisle-Manager of Social Work  
Glenrose Rehab Hospital  
[ECarlisl@cha.ab.ca](mailto:ECarlisl@cha.ab.ca) new group



## Hospital for Sick Children Toronto, Ontario

*Family Advisory Committee*

### Establishing Goals and Priorities for FAC at SickKids

In the late spring in each of the last two years we've undertaken a survey of members that has included a question about priorities. Here are the survey questions:

- What do you like best about FAC?
- What do you like least about FAC?
- What change would you most like to see in how FAC functions?
- How has your own interest in and commitment to FAC changed over the last year?
- In what way(s) would you like to become more involved next year?
- What should be FAC's main priorities next year? Please list in order of importance.

The responses to the survey have been illuminating and useful, but we've yet to find a way to translate the responses into a plan with clearly defined goals. We're now in the process of aligning what the FAC Executive gleaned from the survey responses with our mandate ("to support and enhance the highest quality of family-centred care at SickKids ... by acting in advisory, advocacy, consultative, and educational capacities") and the Hospital's own five strategic directions. No easy task. Certainly we'll continue to focus on improving our educational program that began over 15 years ago, on better integrating it with the hospital's many educational programs and activities, on developing a family buddies program similar to what an FAC about 250 kms to the southwest has begun, and on expanding and diversifying our membership.

One activity that helps us get an overview of our activities and identify both our achievements and our problem areas is the preparation of our annual report, which is posted on our

website and which is very much a group effort.

We're now in a period of transition and growth:

- In November Jill Adolphe, who was at the CFAN workshop in Vancouver, was elected co-chair. Our carry-over co-chair, Sydney Cameron, was also in Vancouver. Anna Brooks is our new vice-chair. Valerie McDonald completed her term as co-chair and is now one of our seven associate members.
- This month yet another former patient—there are now four—will join FAC. In March we'll likely have 19 active members.
- Most of our recent efforts have focused on extending our representation on various hospital committees—patient safety, inter-professional patient care, pandemic planning, emergency department, etc.—improving our presentations for our education program, and trying to get a "family buddies" program started.

Sometime in 2007 we'll need to revise our bylaws and find a better way to orient new members, but in the meantime there are many more pressing matters.

**Contact:**

Frank Gavin  
Parent Representative & Past Chair  
Family Advisory Committee  
The Hospital for Sick Children  
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# IWK Health Centre Halifax, Nova Scotia

*New Patient & Family Advisory Bodies*



The IWK Health Centre recently unveiled its new strategic plan for the next five years.

'Helping families be healthy and get the best care' is one of its five key directions and goals, and within this lays a firm, measurable commitment to the advancement of our patient/family-centred care practices.

From this plan we are already focusing on the development of our current advisory bodies at the Health Centre – including our **Emergency Family Advisory Committee (EFAC)**. But we are also supporting the development of our two newest advisory bodies: the **IWK Youth Advisory Council** and the **4South Partners in Care Committee**.

### **IWK Youth Advisory Council:**

As an update to our **Redevelopment Youth Advisory Committee (YAC!)** project, the six month pilot of an online youth advisory body was a success at both reaching youth and fostering youth input in the revamping of our Children's Hospital, so we are now developing an official centre-wide **Youth Advisory Council**. The planning team consists of 4 youth advisors and 8 inter-professional staff from across the three programs at the IWK who have been champions when it comes to actively involving youth in their care. The team started work January 8<sup>th</sup> and plan to start recruitment in March. The IWK YAC will be based at the IWK, be youth-centred and youth-led, and have an online/telehealth component so youth who cannot make regular meetings for

whatever reason – i.e. Maritime location, mobility issues, infection control issues, etc can still participate in projects that interest them.

### **4South Partners in Care Committee:**

This new advisory body is based out of our 4South Inpatient Mental Health Unit, which is a part of our Mental Health and Addictions Program for children and youth. The **4South Partners in Care Committee** started its planning phase in late November with a dedicated planning team of 4South leadership and staff – including Patient Advocate, with family and youth input. Ready to recruit by the end of this month or early March, the 4South PIC Committee is designed to work initially on fostering collaboration between families and staff by working in partnership on a series of short-term but impact-ful projects for the unit, i.e. area signage, a new family information booklet, development of family faculty education sessions for staff, etc.

### **Contact update:**

Robin England, Patient and Family Centred Care Coordinator for the IWK Health Centre, is scheduled to take maternity leave mid-March until early January 2008. During this time a replacement will be taking her place to maintain these and other important patient and family centred care endeavors within our new strategic plan at the Health Centre. This new contact information will be forwarded to the Network shortly.



## McMaster Children's Hospital Hamilton, Ontario

*Family Advisory Council*

The McMaster Children's Hospital Family Advisory Council is now out of its infancy stage and moved into the toddler years. The Council was formed in the spring of 2005 under the leadership of Don Buchanan of McMaster Children's Hospital. At our first meeting in September, we reviewed our Terms of Reference and confirmed continuation of some of the projects we started last year and discussed new initiatives. These are as follows:

- Partnering with the Early Autism Initiative and Autism Ontario to design and develop information packages for newly diagnosed children and families.
- Provide input into the design of the Family Lounge. The Family Lounge will provide a quiet, comfortable spot where parents and family members can gather and relax together.

- Develop a brochure to share with hospital employees and families explaining Family Centered Care.
- Following the lead of BC Children's Hospital, introduce a Profiling Excellence in Family Centered Care award. The awards committee is just setting up criteria for nominations.
- Begun discussions with McMaster Children's Hospital and McMaster University (which are housed on the same property), to be involved in the Family Faculty Program.

Contact:

Dianne Parr  
Chair, Family Advisory Council  
McMaster Children's Hospital  
[Dianne.parr@hwdsb.on.ca](mailto:Dianne.parr@hwdsb.on.ca)

# Montreal Children's Hospital Montreal, PQ

Family Advisory Forum



The FAF membership is comprised of volunteer parents, McGill University Health Centre (MUHC) adult staff present as parents, and MCH staff such as: Public Relations, Ombudsman, Quality and Risk Management, Pastoral Services, Nursing, and Administrative support.

Our strategic planning objectives for 2007 involve the following:

- **Recruitment:** An ongoing initiative...  
Action: A recruitment kiosk with parents, pamphlets and refreshments was set-up in a busy, open area of the hospital. Plans are to organize these periodically.  
Action: Members were asked to give addresses and contact names of at least 5 establishments for mailing for potential recruits.  
Action: 'Bring a friend' to an FAF monthly meeting.
- **Hand Washing Campaign:** Done in collaboration with the administration, and is a work in progress.  
Action: Placement of sanitization products and baby wipes with pictorials at entrances/exits and populated areas of the hospital.
- **Parent Satisfaction Surveys:**  
Action: The FAF is made aware of question/responses from parents through surveys issued to parents at time of discharge by Quality and Risk Management, and seeks to help resolve some issues.
- **Parking Rates:**  
Action: Seeking with the Dept of Parking Services to reduce hospital grounds parking rates and possibly seek alternative parking spots near the hospital at reduced rates for MCH low-income families.  
Action: Establish fixed method of payment for long-term regular parking users.

- **Transition of care from pediatric to adult:**  
Action: Ensure FAF representation on all committee discussions with the administration on this issue.

- **MCH website:**  
Action: Review website for 'parent/user friendliness'.

- **Awards to staff who exemplify Family-Centered care:**  
Action: Based on the 'BC Children's hospital' format, and possibly incorporate this award given by the FAF within the annual MCH Awards of Excellence.

- **Installation of children's-sized toilets to improve washroom cleanliness**  
Action: Ensure FAF representation and input on planning committees to have such child-friendly measures put in place for our new children's hospital slated to open within a few years.

#### Future Projects:

- Action: Establishment of a central appointment booking center to increase convenience for parents.
- Action: Encourage hospital to bolster its security to monitor the movement of people in the hospital and prevent child abductions.

#### Contact:

Lisa Rosati-White  
FAF Parent Member  
Montreal Children's Hospital  
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## Prince George Regional Hospital Prince George, BC

On January 11, 2007 Prince George Regional Hospital's Paediatric facilities leapt into the 21st century, following the grand opening of the hospital's new Paeds unit. The 1800 square meter area is double the size of the previous unit. As a result of tremendous efforts on behalf of leaders, staff, and parent volunteers the new unit is a remarkable representation of family centered care...

The unit offers private patient rooms with space for parents (including beds suitable for both parents to sleep comfortably, a private bathroom, wardrobe, fridge, phone and tv), fibre optic

lights above all the patients beds, a new paediatric intensive care unit, a dedicated palliative/long term care room, an expanded Paediatric ambulatory care facility, dedicated isolation rooms for infectious patients, a spacious and enticing playroom for the younger patients, as well as a "Youth Lounge" for the older kids, and a "Quiet Room" for those parents who need a place to retreat to.

As a volunteer myself for many years on this project before becoming The Family Centered Care Coordinator, I quickly became familiar with the immense amount of "blood, sweat,

and tears" it takes to accomplish a task of this feat. Many, many people were responsible for this unit, but it really mustn't go unnoticed the parents and their children whose visions, wishes and dreams played such an integral role in the end result of this remarkable and outstanding unit. These parents I am referring to started out as a very small "family advisory" group that has grown to 15+ members--soon to become an official council of PGRH. One of those special parents is Jean Linden whose son, Nathan, has a very rare (terminal) mucopolysaccharide illness. Their experiences are extensive, and they have certainly learned to appreciate how important family centered care is when caring for your child in hospital. Fitting, Nathan and his family were chosen to "cut the banner" at our grand opening. It was a high

moment in their journey...one they will never forget! It was a true testament to the direction and changes we continue to strive for in the Paediatric Unit at PGRH.

This project is part of larger \$12.5 million renovation of Maternal Child Services. Single room Maternity and NICU units will follow in May of this year.

Tannis Sigfusson  
Family Centered Care Coordinator  
Maternal Child Health Services  
Prince George Regional Hospital, British Columbia  
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## Rouge Valley Health System Toronto, Ontario



In the last year, Rouge Valley has been busy implementing several projects around Family Centered Care. We now have an open visiting hour policy for all units in the hospital. Family and friends are encouraged to visit, care and be actively involved as a member of the health care team. I have accepted a newly created position in the Woman's and Children's Program, A Family Centered Care and Quality Coordinator. Within the Women's and Children's Program, we are currently:

- Running a Family Centered Care Pilot Project. This project will examine the change in Family Centered Care practices in Diagnostic Imaging, Paediatrics and Emergency departments following an educational program on FCC.
- Completing a Patient Safety Survey by Staff to identify possible problems and concerns around patient safety, suggestions for improvements.

- Conducting a Pilot Project for the new Visitation policy – Find out how it is working, how it has improved patient and family satisfaction, barriers incurred and suggestions to overcome these barriers.

Our goal for this year is to get our Community and Family Advisory Group up and running. We are planning a focus group for late spring to help us plan for our new Regional Birthing and Newborn Centre. As this is all new to our program and me. I look forward to gaining from the wealth of knowledge and experience from all of you.

Contact:  
Gail FitzPatrick  
Family Centered Care and Quality Coordinator  
Rouge Valley Health System  
[gfitzpatrick@rougevalley.ca](mailto:gfitzpatrick@rougevalley.ca)

# Upcoming Conferences

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## April 29-May 1, 2007

Family Centred Care Conference  
Meeting at the Intersection: Strengthening Child, Family and  
Professional Partnerships  
Hyatt Regency, Calgary, Alberta

<http://www.sacyhn.ca/pages/fccbackground.html>

The Family Liaison Council will be hosting a pre-conference  
workshop on April 29 from 3-5pm. There will be a panel  
discussion consisting of youth, families and professionals.

Contact: [swuetherick@shaw.ca](mailto:swuetherick@shaw.ca)

## May 3-4, 2007

Advanced Practitioners Forum: Family Centred Care in Hospital  
Settings

Lucile Packard Children's Hospital at Stanford  
Palo Alto, California

Contact: Karen Wayman, PhD

[kwayman@lpch.org](mailto:kwayman@lpch.org)

## July 30-August 1, 2007-02-26

3<sup>rd</sup> International Conference on Patient-and Family-Centred Care-  
Partnerships for Enhancing Quality and Safety

Sheraton Seattle

Seattle, Washington

<http://www.familycenteredcare.org/>

## October 14-17, 2007

CAPHC-Canadian Association for Pediatric Health Centres  
Hilton Montreal Bonaventure, Montreal, Quebec

<http://www.caphc.org/>