

Patient & Family Advisory Council

April 19, 2021 ~ 3:00pm - 4:30pm

Minutes

	Sept 21/20	Oct 19/20	Dec 15/20	Nov 16/20	Jan 18/21	Feb 22/21	Mar 15/21	April 19/21	May 17/21	June 21/21
Helene Hamilton (Co-Chair)										
Susan Tkachuk (Vice-Chair)										
Peggy Chapman			X							
Lana Yilmaz										
Michael Doughty										
Linah Hegazi										
Jan Kasperski										
Brian Cooke										
Julia Boyd										
Martha Ronalds										
Sahar Monzavi										
Mackenzie M. (LOA)										
Ali B.										
Susan Lohin										
Debra Leah Hartman										
Donna Johnson (Interim CNE)										
Cheryl Williams (Chief Nursing Executive)										
M. Farrell (President)	X	X	X	X	X	X	X			
D. Pitt (Coordinator Patient Relations)										
L. Volman (Director of Nursing Practice, MH & A)	X	X	X							
F. Wilson (Manager, Patient & Family Collaborative Support Services)		X								
B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry)							X			
E. O'Connell (Co-Chair, Nurse Management Council)							X			
M. Joyner (Director, Quality Dept)										
V. Constantinescu (Patient Experience Consultant, Quality Dept)										
S. Mondoux (Quality Lead, Emergency Dept)	X	X	X	X						
J. Williams (Resource)										

X = Regrets

 = Not a current member

Abbreviation List:

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

Item	Topic	Presenter
1.0	INTRODUCTION	
1.1	Call to Order <ul style="list-style-type: none"> The agenda for the April 19, 2021 meeting was approved. The minutes from the March 15th meeting were approved. 	H. Hamilton
1.2	Land Acknowledgement <ul style="list-style-type: none"> PFAC opened the meeting with the SJHH Land Acknowledgement. 	H. Hamilton
1.3	Introduction Welcomed guests: Lynn McNeil, Hamilton Joint Boards of Governors, Dr. Zain Chagla, Infectious Disease Expert & Physician	H. Hamilton
2.0	ANNOUNCEMENTS	
2.1	PFA EVENT Save the Date - Thursday June 3 2021 <ul style="list-style-type: none"> 	V. Constantinescu
3.0	PRESENTATIONS	
3.1	COVID-19 – Hospital Updates - Regional: <ul style="list-style-type: none"> As of April 16th, there are 40 active COVID facility outbreaks in the city. Outbreaks are seen in workplaces and supportive housing are predominately staff-based outbreaks of the COVID variant 163+ cases per 100,000 people per week contracted either by close contact or community acquired A 6-week stay at home order was implemented by the Province, as predictions indicate a rise of up to 2000 cases per day over the next few weeks COVID-19 – Hospital Updates – St. Joe's: <ul style="list-style-type: none"> As of April 19th, we are caring for 51 patients with COVID Critical care beds have been operating at close to 100 per cent capacity with increasing numbers of COVID patients who will transfer to us from other regions Additional surge planning is underway as COVID demand continue to increase across the Province All emergency and urgent surgeries will continue to move forward, including most cancer and transplant surgeries. We will continue to be operating between 55-65 per cent surgical capacity. Significant redeployment of staff to areas most heavily impacted by COVID Hospital unit changes to increase patient capacity <ul style="list-style-type: none"> Critical care capacity will increase to 34 beds Sleep Clinic activity is being paused with plans underway for an alternate location for urgent sleep studies. Head and Neck (7 beds) will transition to the Sleep Clinic Surgical Stepdown (SSD) will expand to 15 beds and 5 critical care beds will be available in Post Anesthetic Care Unit (PACU) which will increase critical care beds to 46 The COVID Unit has capacity for 45 patients Will increase COVID capacity to 65 by adding 20 COVID beds on CTU W CTU W will be a hybrid of 20 COVID and up to 20 non-COVID patients Transfer of COVID-19 patients <ul style="list-style-type: none"> Permits for hospitals to transfer patients without consent: <ul style="list-style-type: none"> When necessary to respond to a major surge event When the attending physician is satisfied that the patient will receive the care they require at that other site and that the transfer can be effected without compromising the patient's medical condition Where all of the other conditions specified within the order have been met 	C. Williams

	<p>Q: Will we reach a point where we cannot accept any more patient transfers? A: A Provincial Command Table reviews patient capacity on a daily basis and make decisions where they can best balance patients within the healthcare system. All beds are being used across the Province to try and support the demand.</p> <p>Q: Will patients who are admitted for surgery be vaccinated? A: We do not vaccinate patients who are coming in for surgery however, for everybody coming in for surgery they are screened for COVID.</p> <p>Q: If a patient from another region is admitted to St. Joe's with COVID would they be cared for at St. Joe's or would they be transferred to a hospital or field hospital closer to where they live? A: All out of region patients admitted to St. Joe's are treated. Once the patient is stable we would move them to our acute ward or if their symptoms worsen they would be transferred to ICU. A majority of the regional field hospitals are not operational and are not set up for patient care.</p> <p>Q: Is there a risk of moving the most vulnerable patients who are not able to advocate for themselves? Is there protection for patients? A: During surges when the demand for critical care threatens to overwhelm a hospital, hospitals will be allowed to transfer patients without obtaining their consent or, when the patient is incapable, their substitute decision maker's consent. The physician caring for the patient must ensure they will receive the care they require at the other site, and that the transfer won't compromise the patient's condition. After the surge, the other hospital would be required to make reasonable efforts to transfer the patient back to the original site, or to another suitable location, with the proper consent. Non-consenting transfers will only be done in extreme circumstances.</p>	
3.2	<p>Vaccine Presentation – St. Joe's:</p> <ul style="list-style-type: none"> • There are 4 vaccines approved in Canada, Moderna, Pfizer-BioNTech, AstraZeneca, Johnson and Johnson. Moderna & Pfizer are mRNA Vaccines were AstraZeneca and Johnson & Johnson are Viral Vector vaccines • mRNA vaccines provide instructions to your cells for how to make a coronavirus protein. This protein will trigger an immune response that will help to protect you against COVID • Viral vector vaccines use a non-harmful virus that was made to produce coronavirus proteins in your body without causing disease. This protein will trigger an immune response that will help protect against COVID • The first identified variants seen are the UK variant (B.1.1.7), the South Africa variant (B.1.351) and the Brazil variant (P.1.). These new variants are concerning as they seem to make the virus more infectious, allowing it to spread more easily • Effectiveness of each vaccines varies. Studies done in Israel show that the Pfizer & Moderna vaccines are about 80% effective in terms of prevention and there is data coming out indicating that they are approximately 90% effective after the second dose to the UK & Brazil variants. More research is needed to determine the effectiveness of the vaccine on the South African variant • The risk of hospitalization from COVID was greatly reduced by 94% after a single dose of Pfizer and/or the AstraZeneca vaccine seen in the elderly population • With the roll out of vaccines in healthcare, a study shows that healthcare workers who receive the vaccine show a 30% reduction of spreading COVID to members of their household • Currently, we do not have enough data to know the long-term efficacy or safety in individuals who have received both doses of the vaccine <p>Q: Are people able to choose which brand of vaccine they would like? A: At this time, you are not able to choose which brand of vaccine you will be receiving. Knowing what is going on in the community, it is better to get any of the vaccines available to help lower the spread of COVID. The AstraZeneca vaccine is offered by the pharmacy because it can be easily stored in normal refrigerator temperatures vs Moderna and Pfizer which need to be stored in sub zero temperatures.</p>	Z. Chagla

Q: If you have allergies to most vaccines are you still able get the COVID vaccine?

A: If you have had severe reactions to vaccines in the past it is best to speak to your family physician or allergist before you receive any vaccine. The COVID vaccine does not have a lot of components in it that would cause a severe allergic reaction.

Q: Is there a specific population that should get an early dose of the 2nd vaccine?

A: Researchers have looked at the antibody levels in people who have received the first dose of the vaccine. Lower levels antibodies have been seen in people with cancers and who have had an organ transplant, therefore it is recommended that those groups receive the second dose of the vaccine within 21 days.

Q: If you represented the Province, how would you have handled the COVID Pandemic?

A: Over the last few months, we shouldn't have underestimated what the variants could do. We had hope that vaccines would have prevented further spread of COVID but no matter how quickly we vaccinated people it didn't prevent the spread from occurring. I am not sure if there is a recipe that would get you out of the COVID pandemic easier or faster.

Q: How many vaccines should Ontario do to get the numbers down?

A: We are still learning how many people have to be vaccinated against COVID before most people can be considered protected. Population immunity makes it hard for the disease to spread from person to person. By getting the vaccine will help keep you from becoming seriously ill even if you do get COVID. As we see the variant circulating in the community, it is important to get as many people vaccinated as soon as possible.

Q: Do you believe that with what is circulating in the media regarding the AstraZeneca vaccine, there is now stigma and has people scared people to get it?

A: The incident of a blood clot disorder occurring in someone without the vaccine is somewhere between 1 in 1,000,000 and 1 in 100,000 after vaccination. When you start taking that into account compared to the risk of death from COVID in someone that's young is about 2 in 10,000 you are starting to get into that same magnitude of risk of natural COVID and complications as compared to the vaccine and its complications. We face risks in our everyday lives, and many of us are capable of making informed and educated decisions and do what we can to protect ourselves and others.

Q: If someone is already taking blood thinners would that help counteract the blood clots that may be caused by the AstraZeneca vaccine?

A: If you are on a blood thinner medication for another reason, the AstraZeneca vaccine shouldn't cause you harm. Clinicians are aware of the blood clot issue and should watch out (within day 4 to day 20 post vaccination) any bleeding, bruising, headache, chest or abdominal pain. If anyone is experiencing these symptoms after receiving a COVI vaccine they should go to hospital.

Q: How long would a person's natural immunity last if they had COVID compared to someone who has had the COVID vaccine?

A: After a person acquires a virus, the immune system retains a memory of it. Immune cells and proteins that circulate in the body can recognize and kill the pathogen if it's encountered again, protecting against disease and reducing illness severity. Antibodies, which are proteins that circulate in the blood and recognize foreign substances like viruses, and neutralize them. People who recover from COVID and those who have had the 1st dose of the vaccine, have a higher level of antibodies. Looking at the data, about 70-80% of people keep their natural immunity to COVID.

Q: Why are we getting the 2nd dose weeks after the manufacturer's guidelines of 42 days?

A: We are spacing the dose based on the research data coming out of the UK. The vaccine is still effective over time and we have seen that waiting up to 80 days between doses offer the same level of protection compared to those who were vaccinated after 42 days.

3.3	Share Your Experience PFA's Engaging for Impact Conference - J. Kasperski, H.Hamilton, S. Lohin, N.Schreiner, D. Hartman <i>DEFERRED</i>	<i>PFA's</i>
4.0	STANDING ITEMS	
	Project Assignments <i>DEFERRED</i>	<i>V. Constantinescu</i>
5.0	CONCLUDING ITEMS	
5.1	Date of Next Meeting - Held Virtually via ZOOM Monday, May 17, 2021 3:00pm – 4:30pm	