

## Patient and Family Advisory Council

Monday August 17, 2020 ~ 3:00pm – 4:30pm

Zoom/Teleconference

### MINUTES

	Sept 16/19	Oct 21/19	Nov 18/19	Jan 20/20	Feb 17/20	Mar 16/20	April 20/20	May 4/20	May 20/20	June 10/20	July 2/20	July 20/20	Aug 17/20
Helene Hamilton (Co-Chair)		X										X	
Bernice King													
Jennifer Armstrong				X							X		X
Lana Yilmaz	X		X			X							
Susan Tkachuk													
Victoria Reiding	X												
Mackenzie Mawson				X		X	X						
Jane Ross											X		
Sarah Bayliss				X	X	X	X	X	X	X	X	X	X
Megan Miller				X	X	X	X	X	X	X	X	X	X
Anna DiTiberio													
Gloria Wade						X							
Brenda Wilkie				X									
Susan Lohin			X										
Debra Leah Hartman					X	X							
Donna Johnson (Interim CNE)										X			X
W. Doyle (Co-Chair) (CNE)			X		X	X	X	X			X	X	
M. Farrell (President)	X				X	X	X				X	X	X
D. Pitt (Coordinator Patient Relations)		X											X
L. Volman (Director of Nursing Practice, MH & A)											X	X	
F. Wilson (Manager, Patient & Family Collaborative Support Services)		X	X		X						X	X	X
B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry)											X	X	
A. Weatherston (Manager, Corporate Patient Flow)	X					X	X	X	X	X	X	X	X
M. Joyner (Director, Quality Department)	X												X
V. Constantinescu (Quality Consultant, Quality Department)													
S. Mondoux (Quality Lead, Emergency Department)						X	X	X	X	X	X	X	X
J. Williams (Resource)													

**X = Regrets**

 = Not a current member

 = No Meeting

**Guests:**

Cassandra Weatherston – Clinical Planning Specialist  
 Sonali Makawita – Senior Manager, Clinical Planning & Development  
 Patient & Family Advisor Community

**Abbreviation List:**

PFAC = Patient and Family Advisory Council

PFA = Patient and Family Advisor

SJHH = St. Joseph's Healthcare Hamilton

SJHS = St. Joseph's Health System

Item	Discussion
1.0 Introduction	H. Hamilton welcomed guests to the council. (See guest list above).
Approval of Agenda	<b>The agenda was approved.</b>
Approval of Minutes	<b>The minutes of the July 20th meeting were approved as amended.</b>
Announcements	<ul style="list-style-type: none"> <li>• <b>Membership FAC &amp; PAC</b> <ul style="list-style-type: none"> <li>• Thank you to G. Wade and J. Armstrong, who have completed their term on PFAC. Your dedication and knowledge sharing is truly appreciated.</li> </ul> </li> <li>• <b>PFAC Vice Chair</b> <ul style="list-style-type: none"> <li>• Welcome, Susan Thachuk, new Vice Chair of PFAC as of September 2020</li> </ul> </li> </ul>
Standing Items	<ul style="list-style-type: none"> <li>• <b>Recent Project Assignments</b> <ul style="list-style-type: none"> <li>• V. Constantinescu provided an update on the PFAs assigned projects to date.</li> <li>• There were 6 project requests for Patient &amp; Family Advisor (PFA) participation between July 20<sup>th</sup> and August 14<sup>th</sup>:</li> </ul> </li> <li>• <b>Preparation for September 21, 2020 Meeting</b></li> <li>• A topic will be presented at the September PFAC meeting</li> <li>• PFA's brainstormed and formulated questions to ask the presenters on the topic:</li> <li>• <b>Equity, Diversity and Inclusion (EDI) Strategy Development:</b> <ul style="list-style-type: none"> <li>• Will staff receive training?</li> <li>• Is the EDI group planning to use the CFHI report about including the caregiver to help guide SJHH in future discussions?</li> <li>• Was a balanced harm reduction approach considered when EDI strategy was developed? Could you give us some examples?</li> <li>• How is Religious and Spiritual care for staff and patients incorporated in the EDI strategy?</li> </ul> </li> </ul>
2.0 COVID-19 Hospital Updates	<p>V. Constantinescu &amp; H. Hamilton presented an update on St. Joseph's Healthcare Covid-19 Hospital Update and on the Hospital Visiting Guidelines.</p> <p><b><u>Organizational Update</u></b></p> <ul style="list-style-type: none"> <li>• As of August 17<sup>th</sup>, we are caring for 2 inpatients who have COVID-19, both on Medicine unit.</li> </ul> <p><b><u>Visiting Guidelines</u></b></p> <ul style="list-style-type: none"> <li>• SJHH is reviewing Visiting Guidelines that were put into place in response to COVID-19. We are currently in Stage 3 of reintroducing visitors to our hospital following the Province. This will mean allowing two visitors per day in our inpatient areas, however only one visitor will be allowed at one time. Visitors can come in and out of the unit or hospital if needed but we ask that this is kept to a minimum. All other visitor restrictions and exceptions will remain in place at this time.</li> <li>• PFA's feedback and recommendations at the July 2020 meeting on the visiting guidelines and the following has been incorporate into the policy:</li> <li>• Caregiver vs. Visitor – language in our policy <ul style="list-style-type: none"> <li>• <b><i>Recommend</i></b> "Caregiver/Support Person Policy" (aligned with partners in care) – rather than using "visitor"</li> </ul> </li> <li>• <b><i>Recommendation</i></b> for Phases: <ul style="list-style-type: none"> <li>• Phase 3 – two identified Caregivers/Support Persons daily</li> <li>• Phase 2 – one identified Caregiver/Support Person daily</li> <li>• Phase 1 – one identified Caregiver/Support Person on alternating days <ul style="list-style-type: none"> <li>• Exceptions to continue (palliative, women in labour, mental health crisis, special care nursery)</li> <li>• Outpatients – requires more discussion</li> </ul> </li> </ul> </li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• Alternate forms of staying connected: <ul style="list-style-type: none"> <li>• <b>Recommend</b> continue with: <ul style="list-style-type: none"> <li>• Window visits - for family members/friends who are not designated Caregivers/Support People, special occasions?</li> <li>• Virtual visits – for family members friends who are not designated caregivers</li> <li>• Daily phone calls</li> <li>• Continue with ability to deliver items to units</li> </ul> </li> </ul> </li> </ul> <p><b>Q: Are caregivers/family members allowed to accompany patients admitted to the Psychiatric Emergency Services unit (PES)?</b></p> <p>A: At this time, we are continuing to restrict the number of people entering the hospital. In PES, exceptions to the policy is determined collaboratively by the team on an individual case by case basis. An example might be if a patient presents with acute suicide risk and is in crisis. Another example might be if we have very limited medical history and the patient is not able to present due to their cognitive status.</p> <p><b>ACTION:</b> V. Constantinescu to follow up regarding the number of visitors in PES within the last month.</p> <p><b>Q: Are caregivers allowed to visit a patient who is admitted for day surgery?</b></p> <p>A: Restrictions remain for visitors at outpatient clinics at St. Joe’s. Patients with an appointment at St. Joe’s clinics are asked to come alone, with exceptions made in consultation with the clinical team.</p> <p><b>Q: If there is a second wave, will we return to Stage 1 of the visitor guidelines?</b></p> <p>A: If there is a second wave the hospital will be more prepared by having the visiting guidelines policy in place. The intent of the guidelines is to ensure we do not disrupt visiting to the same extent as occurred previously in Stage 1 or Stage 2.</p> <p>The Patient &amp; Family Advisory Council and PFAs community approved and endorsed the Visitor Guidelines policy.</p>
<p><b>3.0 PFA Annual Evaluation</b></p>	<p>V. Constantinescu presented results from the Patient &amp; Family Advisors 2019 Annual Evaluation.</p> <p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>• The annual PFA evaluation is to capture Patient and Family Advisors’ experience and use the results to improve their experience and partnership. An electronic survey was sent to all PFAs (n=55) in December 2019 and 24 PFAs (44%) responded back. Patient and Family Advisors who responded back plan to continue in their role in 2020. More than 75% (18) of PFA’s also participate in more than one working group or committee.</li> </ul> <p>All questions responses were positive. In addition, PFAs shared the challenges in this role.</p> <p><b>Challenges in our role as PFA’s:</b></p> <ul style="list-style-type: none"> <li>• The process to becoming a registered volunteer</li> <li>• Trying to convince the staff about the need for change</li> <li>• Explaining our role to staff as often our role is not always understood</li> <li>• Ensuring that I am being true to the general views and perspective</li> <li>• Same initiatives take a long time until implemented</li> <li>• Finding a balance in participation</li> <li>• Knowing the name of the committee</li> </ul> <p><b>Based on feedback from PFA’s work will continue on the following areas:</b></p> <ul style="list-style-type: none"> <li>• Recruitment and Orientation</li> <li>• Awareness off PFAs Role</li> <li>• Enhance our partnership culture- (co-design)</li> <li>• Increase PFAs participation</li> <li>• PFAs Support and Development</li> <li>• Enhance communication ( PFAs role, project goals and objectives, orientation etc.)</li> </ul>

Item	Discussion
<p><b>4.0 Achievements – PFAC &amp; FAC/PAC</b></p>	<p>V. Constantinescu presented on the Patient &amp; Family Advisory Council 2018/2019 achievements.</p> <p><b><u>Presentation Highlights:</u></b>  In 2018/19, the Patient and Family Advisory Council continued to advance the delivery of patient and family centered care at SJHH by engaging in the following activities and accomplishments:</p> <ul style="list-style-type: none"> <li>• Strategic planning</li> <li>• Co design activities with Patients and Families</li> <li>• Celebrating our achievement and learning about patient and family partnership at 2 events: Raising the Bar June 2019 and My Voice Matters November 2019</li> <li>• Accreditation 2019</li> <li>• Integrated comprehensive care program – expansion and development</li> <li>• Quality improvement plans</li> <li>• Participation in 51 projects and working groups and 25 standing committees, participation on interview panels for the hiring of directors, executives and chiefs in different areas across the hospital.</li> </ul> <p><b>Promoting and Supporting Patient and Family Partnership</b>  A number of themes continue to emerge from feedback received from patients and families. Below is a sample of projects associated with these themes that were supported through the Patient and Family Advisory Council listed below:</p> <ul style="list-style-type: none"> <li>• Communication boards</li> <li>• After Visit Summary</li> <li>• MyDovetale</li> <li>• What matters to me</li> <li>• Enhance family involvement in care planning</li> </ul>
<p><b>5.0 Ramp up/down of Surgical and Ambulatory Services</b></p>	<p>C. Weatherston &amp; S. Makawita presented the corporate ramp up/down of surgical ambulatory services framework.</p> <p><b><u>Presentation Highlights:</u></b></p> <ul style="list-style-type: none"> <li>• Due to the unpredictability of COVID-19 all healthcare organizations were provincially mandated to ramp down on surgical and ambulatory services. The deferral of services caused by the ramp down has resulted in large backlogs in patients waiting for surgical, diagnostic imaging and ambulatory services, among others. As we look forward to and plan for a future potential second wave of COVID-19, it is therefore necessary to use the learnings we have obtained from the pandemic to create a ‘Corporate Surgical and Ambulatory Service Ramp Up/Down Framework’.</li> <li>• As we begin to develop this framework, we are seeking the PFAC’s feedback on: <ul style="list-style-type: none"> <li>• Key Principles &amp; Guidelines</li> <li>• Metrics/indicators</li> <li>• Questions we would like you to consider when reviewing the subsequent material:</li> <li>• Are there any gaps/are we missing any factors specific to the patient’s experience that we have not included as yet?</li> </ul> </li> </ul> <p>These key principles &amp; guidelines are considered when developing action plans or making decisions related to ramp up/down of services:</p> <ul style="list-style-type: none"> <li>• Ethical Framework development</li> <li>• Access to care</li> <li>• mitigating risk</li> <li>• patient centered</li> <li>• data driven</li> <li>• financial aspects</li> <li>• Responsiveness/maximizing quality of care and health system benefits</li> </ul>

Item	Discussion
	<p><b>Q: What capacity are the SJHH operating rooms OR's working at presently?</b>  A: We are now at 75% of normal volume which is on average 45 to 65 cases daily. We are gradually increasing volumes as scheduled.</p> <p><b>Q: Most of the metrics you are following are related to COVID-19. Are you continuing to monitor hospital metrics?</b>  A: The hospital continues to monitor numerous metrics aside from the identified in the framework. The indicators identified in the framework are important to understanding when hospital operations may be impacted due to rising COVID-19 cases in the community and hospital.</p> <p><b>Comment:</b> You should also monitor impacts of ramping down services to observe if there is potentially a negative impact to patients from less in-person/on-site access. For example, to monitor the number of cases attending ED for hip fracture because the appropriate clinic has reduced in-person services.</p> <p><b>Q: What learnings from wave 1 were used to develop the framework?</b>  A: The framework was developed using learnings from the first wave of COVID-19. Most of the indicators selected were discussed throughout wave 1 because they could potentially impact services, staff and patients. For example, we faced challenges in regular supply of Personal Protective Equipment (PPE) which impacts the amount of care we can provide; thus, this has been identified as an indicator.</p> <p><b>Comment:</b> It would be of benefit in hearing from surgical clinics regarding a patient's wait time for surgery. It seems patients are finding out about this more through media rather than directly from the clinic. A small amount of communication makes the world of difference.</p> <p><b>Action:</b> C. Weatherston to follow up on the ramp up communication with SJHH outpatient clinics and ensure announcements have been made to all patients. Feedback from PFA's will be incorporated into the framework.</p>
<p><b>Date &amp; Time of Next Meeting</b></p>	<p>Monday September 21, 2020  3:00pm – 5:00pm  Teleconference/ZOOM</p>