

**Patient and Family Advisory Council**  
 Wednesday June 10, 2020 ~ 11:00am – 12:30pm  
 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
Helene Hamilton (Co-Chair)		X									
Bernice King											
Jennifer Armstrong				X							
Lana Yilmaz	X		X			X					
Susan Tkachuk											
Victoria Reiding	X										
Mackenzie Mawson				X		X	X				
Jane Ross											
Sarah Bayliss				X	X	X	X	X	X	X	
Megan Miller				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	
W. Doyle (Co-Chair) (CNE)			X		X	X	X	X			
M. Farrell (President)	X				X	X	X				
D. Pitt (Coordinator Patient Relations)		X									
L. Volman (Director of Nursing Practice, MH & Addiction)											
F. Wilson (Manager, Patient & Family Collaborative Support Services)		X	X		X						
B. Sunstrum (Knowledge Translation Specialist, Forensic Psychiatry)											
A. Weatherston (Manager, Corporate Patient Flow)	X					X	X	X	X	X	
M. Joyner (Director, Quality Department)	X										
V. Constantinescu (Quality Consultant, Quality Department)											
S. Mondoux (Quality Lead, Emergency Department)						X	X	X	X	X	
J. Williams (Resource)											

**X = Regrets**

 = Not a current member

 = No Meeting

**Guests:**

- N. Javanrouh – Manager, Medical Affairs & Patient Relations
- C. Weatherston – Clinical Planning Specialist
- E. Doherty – Director, Nursing Practice, Acute Care, Complex Care, Rehab 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
<b>1.0 Introduction</b>	H. Hamilton welcomed guests to the council. (See guest list above).
<b>Approval of Agenda</b>	<b>The agenda was approved.</b>
<b>Approval of Minutes</b>	<b>The minutes of the May 20th meeting were approved as amended.</b>
<b>2.0 Announcements &amp; Updates</b>	<ul style="list-style-type: none"> <li>• <b>Announcement:</b> <ul style="list-style-type: none"> <li>• A. DiTiberio spoke about two events that are being offered for free by the Ontario Caregiver Organization and Regional Geriatric Program of Toronto:               <ul style="list-style-type: none"> <li>• 1. Webinar – “Caring for a frail senior during COVID-19” will be broadcast on June 18<sup>th</sup> at 12pm</li> <li>• 2. SCALE Program (Supporting Caregiver Awareness, Learning and Empowerment). As a completely flexible program designed to meet your unique needs and schedule as a caregiver, the SCALE Program aims to empower you with practical information and skills to enhance self-awareness with a focus on your own needs and well-being. The program consists of: a series of six weekly webinars, online group coaching, one-on-one, individualized telephone counselling</li> </ul> </li> </ul> </li> <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 the months of May and June 10th:               <ul style="list-style-type: none"> <li>• Quality Steering Committee PFA Representative</li> <li>• Waiting room re-design</li> <li>• Survey – Keeping families informed</li> <li>• Mission Legacy Awards Selection Committee</li> <li>• Palliative Medicine – Physician Recruitment</li> <li>• Patient Digital Identity Authentication and Authorization Project</li> </ul> </li> </ul> </li> </ul>
<b>3.0 Patient and Family Co-Design Framework</b>	<p>H. Hamilton Patient &amp; Family Advisor and C. Weatherston, Clinical Planning Specialist, presented the Patient &amp; Family Co-Design Framework for St. Joseph’s Healthcare</p> <p><b><u>Presentation Highlights:</u></b></p> <ul style="list-style-type: none"> <li>• In the new strategic plan SJHH has committed to adopt a standard so that new clinical initiatives at SJHH are co-designed with patients and families</li> <li>• A working group was established to develop the SJHH Co-Design Framework and partnership principles which are:       <ul style="list-style-type: none"> <li>• Inclusive, Respectful, Outcome Focused, Participative</li> </ul> </li> <li>• Areas of focus for co-design:       <ul style="list-style-type: none"> <li>• Personal Health Care Decisions, Clinical Program and Service Design, Organizational Policy Strategy and Governance</li> </ul> </li> <li>• Next Steps include PFAC endorsement and will go to the Executive team for approval followed with implementation</li> <li>• <b>What is co-design?</b></li> <li>• An approach that supports staff, physicians, patients and families to work together in partnership to:       <ul style="list-style-type: none"> <li>• Design services that provide better care for patients and families</li> <li>• Develop care plan for an individual or care pathways</li> <li>• Find solutions to a quality care issue</li> </ul> </li> <li>• <b>Fundamental Elements of Co-Design Partnerships:</b> <ul style="list-style-type: none"> <li>• Partnerships will be sought from the first interaction to the last</li> <li>• There will be a clear and concise purpose</li> <li>• All partners will be supported to have the information they need</li> <li>• Respectful dialogues will occur with the understanding that...</li> </ul> </li> </ul>

Item	Discussion
	<ul style="list-style-type: none"> <li>• Patient is the expert on their health experience &amp; the information they have gained</li> <li>• Health Care Workers are an expert in their field, organization and obligations and have access to experts for areas outside their scope of knowledge</li> </ul> <p>• <b>Co-Design practical steps include:</b></p> <ul style="list-style-type: none"> <li>• Identify opportunity, and team</li> <li>• Understand the context from (Experiences, data, evidence)</li> <li>• Brainstorm ideas, design solutions together</li> <li>• Develop &amp; implement plan</li> <li>• Monitor, maintain and evaluate</li> </ul> <p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• A great deal of work has gone into this. I like the framework and it illustrates it well.</li> <li>• Fantastic initiative, great work!</li> <li>• Excited about this and the launch!</li> <li>• Strong supporter of the total engagement process, fantastic work!</li> </ul> <p><i>ACTION:</i> V. Constantinescu to email revised Co-Design Partnership presentation to Patient &amp; Family Advisors</p>
<p><b>4.0 Healthcare Buttons Initiative</b></p>	<p>E. Doherty, Director of Nursing Practice, Acute Care, Complex Care, Rehab, presented on the Healthcare Buttons Initiative</p> <p><b><u>Presentation Highlights:</u></b></p> <ul style="list-style-type: none"> <li>• Nurses and Allied Health Professionals recognize the impact their Personal Protective Equipment and masks have on patients</li> <li>• Conversations with patients can be more challenging when patients are not able to see the face of the staff person who is caring for them</li> <li>• A concept that Sick Kids and University Health Network have adopted is taking a staff photo and putting it on a large button</li> <li>• Staff can wear the button on their scrubs/gown to show patients what they look like behind the mask</li> <li>• The hospital is also emphasizing to staff to try and smile with your eyes</li> <li>• The button is not a replacement for the hospital ID badge, staff will continue to wear their badge along with the button</li> </ul> <p><b><u>Patient &amp; Family Advisor Feedback, Questions &amp; Comments:</u></b></p> <ul style="list-style-type: none"> <li>• Love the idea!</li> <li>• Could we add the role of the staff person on the button?</li> <li>• Staff could wear the button on the back of scrubs</li> <li>• The button should be bigger than the photo on the hospital ID Badge</li> <li>• New photos should be taken that show a staff person's personality and have a photo that is clear</li> <li>• Have unit posters of staff with photos of them wearing a mask and then without a mask so they are more recognizable</li> <li>• Use large font for any writing that may go on the button so that it is legible</li> </ul> <ul style="list-style-type: none"> <li>• Does the button need to be disinfected every time staff go into a patient room or if staff touch the button? – <i>ACTION:</i> E. Doherty will follow up with IPAC and provide an update at a future meeting.</li> </ul> <p><i>ACTION:</i> L. Volman &amp; E. Doherty will update the Council on this initiative at a future meeting.</p>
<p><b>5.0 COVID-19 &amp; Hospital Updates</b></p>	<p>M. Joyner and L. Volman presented an update on St. Joseph's Healthcare initiatives and strategies during the COVID-19 pandemic</p> <p><b><u>Organizational Update</u></b></p> <ul style="list-style-type: none"> <li>• Currently at St. Joe's we are caring for 19 inpatients who have COVID-19</li> </ul>

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	<ul style="list-style-type: none"> <li>• 2 patients are in Intensive Care Unit and 17 patients are in the regular unit Clinical Teaching Unit Central- CTU C</li> <li>• There are 28 staff who have tested positive for COVID-19</li> </ul> <p><b>Visitor Restrictions</b></p> <ul style="list-style-type: none"> <li>• With feedback from Patient &amp; Family Advisors, staff and physicians, we have developed a slow staged approach to increase visitors at St. Joe's so when the time comes we will be ready to resume having visitors</li> <li>• <b>Visitor Restrictions – Stage 1 Recommendations:</b> <ul style="list-style-type: none"> <li>• Inpatient units – visiting by exception only</li> </ul>           Exclusions: patient approaching end of life, Special Care Nursery            The following were added to the exclusions criteria:           <ul style="list-style-type: none"> <li>• Patients for whom we cannot provide safe care or for whom treatment would not progress without a family member present (inpatient or outpatient).</li> <li>• <b>Emergency Department or Urgent Care Centre</b></li> <li>• A patient who is at imminent risk of dying may have a loved one present with them during their Emergency Department (ED) or Urgent Care Centre (UCC) stay</li> <li>• <b>Patients with cognitive or mobility difficulties</b> may be accompanied by one family member/caregiver during their UCC or ED stay</li> <li>• <b>Patients Requiring Serious Emergent/Unplanned surgery</b> – one family member/caregiver may attend/wait for a patient who is having serious emergency/unplanned surgery.</li> <li>• <b>Pregnant Patients going to L &amp; D or Triage</b> – women in active labour may be accompanied by one adult family member/caregiver. This includes the duration of their post-partum stay.</li> <li>• <b>Ambulatory Care Clinics (all sites)</b> – due to significant challenges maintaining safe physical distancing Ambulatory Care patients are not permitted to have a family member/caregiver accompany them except in circumstances when:               <ul style="list-style-type: none"> <li>• We cannot provide safe care without a family member present (cognitive and ambulatory assistance required).</li> </ul> </li> </ul> </li> <li>• <b>We are also exploring:</b> <ul style="list-style-type: none"> <li>• Outdoor visiting options</li> <li>• Creating guidelines/handouts/educational resources for patients, families/caregivers and visitors to support their need to be well-informed</li> <li>• Developing an appeals process</li> </ul> </li> <li>• <b>Visitor Restrictions Stage 2 Recommendations:</b> <ul style="list-style-type: none"> <li>• <b>Inpatients Units:</b> One essential family member may be identified by each inpatient as their designated family member/caregiver for the duration of their stay to visit on alternating days</li> <li>• Designated family member/caregiver must register by the patient's clinical unit and will be required to show ID at the screening stations</li> </ul> </li> <li>• <b>Visitor Restrictions Stage 3 Recommendations: Under development</b></li> </ul> <p><b>Q: Have you received any feedback from patients on the new visitor restrictions?</b>  A: We have received feedback from patients on the new visitor restrictions. Patient Relations have received inquiries regarding the new visitor policy. Managers have received some feedback from patients who are requesting that family members visit them during their hospital stay and are not able to at this time. We review each patient's situation on a case by case basis. We are aware how difficult this is for patients and we are continuing to find alternative ways for patients to stay in touch with their friends and families.</p> <p><b>Q: When a family member brings someone to the Emergency Department is there a room within the department where the family member can wait?</b>  A: We do not have a space for family members to wait in the Emergency Department. At this time, we are still restricting the number of people who can enter the hospital and our current no visitor policy is still in</p>

Item	Discussion
	<p>place. We continue to adhere to the social distancing guidelines, as the more people you are in contact with the greater the risk.</p> <p><b>Q: Is the hospital still giving out masks and if a patient or family member leaves the hospital briefly will they receive a new mask or keep the same one?</b></p> <p>A: Anyone entering the hospital from the community will be required to wear a hospital mask. The masks that are given to patients are level 1 surgical masks and we have an adequate supply to give to patients. Patients and family members who leave the hospital briefly, for example, to smoke, will keep the same mask upon re-entering the hospital. We emphasize to patients that the more you remove your mask, the more you are at risk.</p> <p><b><u>Therapeutic Passes</u></b></p> <ul style="list-style-type: none"> <li>• Clinical teams have recommended a phased re-introduction of therapeutic passes for our patients that aligned with our province guidelines and recommendations. Recommendations include: <ul style="list-style-type: none"> <li>• Ensuring patients maintain physical distancing</li> <li>• Screening when leaving for a pass and upon return</li> <li>• Providing patients with a mask</li> </ul> </li> </ul> <p><b><u>Therapeutic Passes – Acute care, Complex Care and Rehab</u></b></p> <p><b>Phase 1:</b></p> <ul style="list-style-type: none"> <li>• Going off ward accompanied by a staff member to facilitate window visits with family</li> <li>• Unaccompanied therapeutic passes (off-ward privileges) to go to lobby or to smoke</li> </ul> <p><b>Phase 2:</b></p> <ul style="list-style-type: none"> <li>• Day passes accompanied by staff member or family for purpose of external medical appointments, discharge planning, community activities, etc.</li> </ul> <p><b><u>Therapeutic Passes – Mental Health &amp; Addiction Program</u></b></p> <ul style="list-style-type: none"> <li>• <b>Phase 1:</b> Hospital and grounds accompanied by staff for those patients assessed to be safe and capable to participate in this activity.</li> <li>• <b>Phase 2:</b> Level 3 unaccompanied passes with a heightened level of monitoring by security and staff to support physical distancing and observe for issues related to non-compliance with screening and physical distancing.</li> <li>• <b>Phase 3:</b> Level 4 accompanied passes by staff who will support physical distancing while in the community.</li> <li>• <b>Phase 4:</b> Level 4 unaccompanied passes for community activities.</li> <li>• <b>Phase 5:</b> Pre-discharge overnight passes for those patients assessed to be safe and appropriate for this pass level</li> </ul> <p><b><u>Timing of Therapeutic Passes</u></b></p> <ul style="list-style-type: none"> <li>• Phase 1 commenced on <b>June 10th</b> and proceed based on provincial, municipal and hospital guidelines.</li> <li>• Movement to the next phase will be dependent on a continued decrease in the number of new COVID cases within Hamilton as well as the individual patient’s ability to adhere to physical distancing requirements.</li> <li>• Discussion with Infection Prevention and Control regarding process for return from Level 3 or 4 therapeutic pass, Unit Leave of Absence or overnight pass.</li> </ul> <p><b>Q: When a patient leaves on a therapeutic pass will they be tested for COVID-19 when they return to hospital?</b></p> <p>A: Patients who are leaving the hospital on a therapeutic pass will be screened. Staff will note their results in the chart. When the patient returns to hospital, they will not have to be re-screened. We do not test asymptomatic patients for COVID-19.</p> <p><i>ACTION:</i> L. Volman to provide an update on the Support of MHAP Residential Services at the next meeting.</p>

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	<p><b>Re-Introduction of Learners</b></p> <ul style="list-style-type: none"> <li>• Due to the COVID-19 pandemic, learner placements were temporarily paused at St. Joe’s. This included clinical, non-clinical, placements including undergraduate, graduate and post graduate students. Exceptions were made for post graduate medical residents, clinical fellow and research fellows who were essential to continue their work</li> <li>• We have been working with our academic partners and HHS to draft a plan on how we can re-introduce learners from healthcare disciplines at St. Joe’s</li> <li>• As of June 8<sup>th</sup>, a small group of clinical learners will be gradually re-introduced for the summer semester. We have prioritized learners who are a t risk for not graduating due to insufficient number of clinical hours</li> <li>• We will closely monitor this over the summer prior to the re-introduction of a larger group of learners in the fall</li> </ul>
<p><b>6.0 Q&amp;A and Open Discussion</b></p>	<p><b>Q: As patients need to remain inside West 5<sup>th</sup> campus at this time, have you seen less illicit drugs circulating around the hospital and is the drug dog initiative in place at West 5th?</b>  A: As clients have not had passes and visitors have not been permitted on site we have not seen much evidence of substance use. For this reason, the drug detecting dog pilot was put on hold, however as passes "ramp up" we will initiate this pilot.</p> <p><b>Q: What protocols are in place to keep donations arriving from the community sanitary?</b>  A: Presently, the letters, drawing, crafts donated, are left on the counter for 4 days and then delivered to the team. Lap blankets are being washed on the unit Rehab &amp; Complex Care. These methods will be replaced with Ultraviolet Sterilization, once we receive the UV machine.</p> <p><b>Q: Have you received any feedback from patients and families on the virtual visit initiative?</b>  A: Units have been using virtual visits a lot, most of them very successful and helpful to keep patients connected with families and friends. There are some exceptions with some of our patients who are not comfortable using technologies. For these patients, letters, phones, drawings, window visits are more helpful than the use of virtual visits.</p> <p><b>Q: Can you provide an update on the re-opening of Outpatient clinics (Fontbonne, Diagnostic Imaging etc.)?</b>  A: Clinics in Fontbonne: All team with ambulatory clinics are working through a process to ensure that they will be able to maintain physical distancing. This might involve “restaurant” buzzers, asking patients to wait outside and texting when it is their turn, ensuring there are clear markings on the floor so everyone is reminded to physically distance.  All clinics and CT/MRI will be contacting patients when their appointments have been rescheduled.  More details will be presented to our next PFAC meeting</p> <p><b>Q: Is St. Joe’s still doing any phone follow ups or surveys to people who are discharged during the COVID 19?</b>  A: We’ve been carrying out the surveys for patients and families like before the COVID 19</p>
<p><b>Date &amp; Time of Next Meeting</b></p>	<p>Thursday July 2, 2020  10:00am - 11:00pm  Teleconference/ZOOM</p>