



### Patient & Family Advisory Council

March 21, 2022 ~ 3:00pm - 4:00pm **Minutes** 

77
77/07 alinc

X = Regrets

= Not a current member

#### **Abbreviation List:**

<u>PFAC</u> = Patient and Family Advisory Council <u>PFA</u> = Patient and Family Advisor <u>SJHH</u> = St. Joseph's Healthcare Hamilton





		Caring
Item	Topic	Presenter
1.0	INTRODUCTION	
1.1	Call to Order	S. Thachuk
	The agenda for the March 21, 2022 meeting was approved.	
	The minutes from the February 28 <sup>th</sup> meeting were approved.	
1.2	Land Acknowledgement	S. Thachuk
	PFAC opened the meeting with the SJHH Land Acknowledgement.	
1.3	Introduction Welcomed guests: Peter Szota, Mike Cusano members of the SJHH Joint Board of Governors, newly recruited PFA, N. Christensen SJHH Directors: Amanda Weatherston, Yolanda Berghegen, Deanna Burnet, Mary Puntillo	S. Thachuk
2.0	ANNOUNCEMENTS	
3.0	PRESENTATIONS	
3.1	SJHH System Recovery Goals – Monitor & Respond to COVID, Restore & Sustain Clinical Services, Optimize the Health System      Next steps:	M. Joyner/V. Constantinescu
	<ul> <li>discussion and present to PFAC for further thoughts and feedback</li> <li>PFAC split into two focus groups to discuss the following questions:</li> </ul>	
	<ol> <li>After a long and challenging 2 years with COVID 19, how might our staff be feeling right now?</li> <li>Worried about another wave of COVID, being redeployed again</li> <li>Lasting (thoroughly) fatigued/exhausted, Couldn't catch a breath</li> <li>Home life was also stressful – no place/time to take a break</li> <li>No time to celebrate/rest/be congratulated</li> <li>Disrespected, Under-appreciated</li> <li>Enforcing rules – divided responses</li> <li>Some bonuses felt to not be fair, Pay freezes</li> <li>Focus has been on nursing, need to recognize that this has been difficult on everyone</li> <li>What does Healthcare wellness look like?</li> <li>People having more good days than bad days</li> <li>People are comfortable, confident and have skills and energy to do their job, staff feel happy to be there</li> <li>Enough people on a shift to get work done, attendance rates are within normal rate (same with attrition)</li> <li>Improved work-life balance, feeling of stability</li> <li>Do we need to reassess normal?</li> <li>Support for mental health, specifically PTSD</li> <li>Ability to provide compassionate care</li> <li>Being mindful of each other (colleagues, patients)</li> </ol>	
	<ul> <li>Deficit of healthcare workers is covered/eliminated</li> <li>3. How might Patient and Family Advisors be involved in supporting healthcare wellness/recovery?</li> <li>Support staff, wellness training, stress reduction</li> <li>Opportunities for staff to debrief about the past 2-years</li> <li>Have a campaign – include messaging using multi-media</li> <li>Town Hall, screen savers, photos, videos, go on site</li> <li>Thank-you pin from PFAC to staff with a note – to all staff</li> <li>For 2 years, the PFA has been observing the work of SJHH and is really proud of all of the work that has been done</li> </ul>	





		Caring
	Food? Have a party	
	<ul> <li>Thank you messages that are provided in different approaches:</li> </ul>	
	<ul> <li>In person Thank you letter, provided to staff</li> </ul>	
	<ul> <li>Thank you messages to be posted at the staff entrance including in a form of art</li> </ul>	
	<ul> <li>Coming to units and express gratitude and thank you messages</li> </ul>	
	<ul> <li>Telling good stories</li> </ul>	
	Reaching out to Nursing Homes	
	Helping with small task on the units as allowed by IPAC and unit request/needs	
	Calling families for patients who can not have visitors	
	Providing orientation to admitted patients (volunteer department)	
	Helping with ordering meals, etc. (volunteer services)	
	If permitted supporting other small task (volunteer services)	
	in permitted supporting other small task (volunteer services)	
3.2	COVID – Regional Updates:	M. Joyner
i	<ul> <li>As of March 18th, there are 6 active COVID facility outbreaks in the city. Outbreaks are</li> </ul>	
	mainly seen in Long Term Care/Retirement Homes	
	There are currently 149 active cases in Hamilton	
	• On average Hamilton has approximately 74 new cases per 7 day average, with a reproductive	
	rate at 1.84 and percent positivity at 15.6%	
	COVID – St. Joe's Updates:	
	<ul> <li>As of March 18<sup>th</sup>, we are caring for 19 patients with COVID, 5 patients at the Charlton</li> </ul>	
	Campus, 13 patients at the West 5 <sup>th</sup> Campus and 1 patient at St. Joseph's Villa	
	<ul> <li>There is one outbreak at the West 5<sup>th</sup> Campus in the Harbour North 1 unit</li> </ul>	
	Caregiver/Support Person Visiting Guidelines:	
	Effective Tuesday, March 15, we increased the number of visitors from two (2) essential care	
	providers to four (4), with two (2) at the beside at one time. One ambulatory accompaniment	
	will also be allowed per patient at that time. The current visitor guidelines are:	
	• Inpatient Visitors:	
	Up to four (4) caregivers/support people to visit for each inpatient, only two (2) at	
	the bedside at one time, with the exception of families of an End of Life patient,	
	which will be determined by the clinical team. Visitors under the age of 16 must be	
	accompanied by an adult and be able to wear a mask at all times	
	Emergency Department/Urgent Care/Psychiatry Emergency Services:  (4)	
	One (1) accompaniment is allowed for all patients. More than one (1)  Accompanies and in only allowed in order vertice aircreaments are accompanies and by the	
	accompaniment is only allowed in extenuating circumstances as requested by the	
	clinical team  Outpatient Assembaniment: One (1) assembaniment is allowed for all patients	
	<ul> <li>Outpatient Accompaniment: One (1) accompaniment is allowed for all patients</li> </ul>	
	Next Steps	
	<ul> <li>Continuing to decrease the restrictions, but making sure that our patients and staff are safe</li> </ul>	
3.2	Co-Design Entertainment Model:	R. Steele/C.
		Andreatta
	Purpose:	
	• Engaging in a review of the needs of our patients, families, clinicians, and the organization, as	
	well as the entertainment solution options available. Once a recommendation was made	
	work is being done to determine how best to equitably implement a new solution	
	Overview:	
	St. Joe's is at the end of our contract with the company that currently provides patient	
	bedside TV rentals at the Charlton Campus and cable coverage to non-rental TVs at the	
	Charlton & West 5th Campuses	
	<ul> <li>Patient rentals have decreased over the last 5 years as many of our patients are turning to</li> </ul>	
	alternative entertainment options, such as using personal devices	





- Opportunity to review available entertainment options considering both the future use of hospital TVs, digital tools, and devices at St. Joe's
- Patient and Family Advisors were involved throughout the Patient Entertainment project
- One-hour focus groups were conducted, seeking feedback and insight from staff and PFA's on how patients engage with entertainment, the entertainment system needs of patients, families and staff, as well as potential solutions
- Recommendation from this review was for SJHH to procure a managed solution with an
  entertainment vendor through the RFP Process. The solution is provided and managed by the
  vendor, who is responsible for installing, customizing, and supporting the solution

#### Co-Design Objectives:

- Gain patient and family perspective on the current state of Patient Entertainment and learn more about how they engage with entertainment at St. Joe's
- Gain patient and family perspective on patient entertainment rentals, content and functionality, and the factors that should be considered when determining when Patient Entertainment should be available for free
- Develop guiding principles to determine who should be charged and who should have patient entertainment costs covered by the hospital to allow for an equitable and cost neutral strategy for Patient Entertainment.

#### Next steps:

 Feedback from session has been collated, themed, and used to refine guiding principles and recommendation. Guiding principles and recommendations will be tested against historical and (future estimations where available) to ensure they align with SJHH's cost-neutral goal.
 Recommendations to be brought forward to Executive Leadership Team

#### Feedback from S. Lohin, PFA who participated in the project:

• We have felt included and a part of the solution right from day one. Even during COVID, demos and meetings were held via zoom. The group was very organized and we tried to think of what our patients and families would want as an entertainment system. We felt that we were a part of the team and a part of the hospital. I loved being a part of this project and thanks to Robert and the team in making us feel welcome and included.

#### Q: When do you have to make the final decision about the entertainment system?

A: We are hopeful that SJHH will procure a managed solution with an entertainment vendor through the RFP process which will be completed over the next 2-3 months and the entertainment system installed by the end of 2022.

### Q: Does the entertainment system offer different languages for patients who's native language is not english?

A: Yes the entertainment system offers content and educational programs, health programs in approximately 20-25 different languages. The TV content is subtitle based. Most devices can also be plugged into the system as well.

## Q: Can the entertainment system be installed on a wall or on a mechanical arm vs siting on the bedside table?

A: We are looking to have the entertainment system wall or ceiling mounted.

# Q: Is it possible to have the entertainment system both television based and web based and will it have google translate to assist patients and families?

A: The entertainment system will be both internet based and tv based. You will be able to access Netflix, order meals, hold zoom calls with physicians and/or your family. There is a translate option where a translator will participate during a zoom call to assist patients and families who native language is not english.





	<ul> <li>Q: Will there be a disruption in the entertainment services during implementation?</li> <li>A: We will start the implementation by installing the system in a few patient rooms at a time, in one unit as to not disrupt services for our patients. We will be able to provide more information once we are ready to install the entertainment system.</li> <li>Q: Can SJHH WiFi be able to handle the entertainment system in addition to everything else?</li> <li>A: Many infrastructure upgrades were completed when we went live with Dovetale therefore the</li> </ul>	
	network will not be impacted during the installation. Vendors sometimes bring in their own cable and network capabilities which will allow the etertainment system to be on a separate network from the rest of the hospital.	
4.0	STANDING ITEMS	
	<ul> <li>Project Assignments</li> <li>An update on all active projects to date was presented</li> <li>There were 14 project requests for Patient &amp; Family Advisor (PFA) participation between the months December 10 2021 to February 10 2022.</li> </ul>	V. Constantinescu
5.0	CONCLUDING ITEMS	
5.1	Date of Next Meeting - Held Virtually via ZOOM Monday, April 25, 2022 3:00pm – 5:00pm	