

Patient and Family Advisory Council

Monday May 4, 2020 ~ 2:00pm – 3:00pm

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 18/20	June 15/20
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		
Megan Miller				X	X	X	X		
Anna DiTiberio									
Gloria Wade						X			
Brenda Wilkie				X					
Susan Lohin			X						
Debra Leah Hartman					X	X			
W. Doyle (Co-Chair) (CNE)			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		
M. Joyner (Director, Quality Department)	X								
V. Constantinescu (Quality Consultant, Quality Department)									
S. Mondoux (Quality Lead, Emergency Department)						X	X		
J. Williams (Resource)									

X = Regrets

 = Not a current member

 = No Meeting

Guests:

N. Javanrouh – Manager, Medical Affairs & Patient Relations
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	The agenda was approved.
Approval of Minutes	The minutes of the April 20th meeting were approved as amended.
Announcements & Updates	<p>Patient Experience Week</p> <ul style="list-style-type: none"> On behalf of St. Joe’s a message was sent to all staff commemorating Patient Experience Week <p>“There are not enough words to describe how grateful we all are for the dedication and passion that our patient and family advisors give us. Their partnership with St. Joe’s inspires us to be better and change as the world changes. They share their experiences, offer their time to guide us, and present their views as we work toward changes. Their perspectives influence the decisions we make. This is “Patient Experience Week” and we want to take a moment to acknowledge the many patient and family advisors who have partnered with us along the way. Thank-you for your contribution, kindness, compassion, and caring.”</p> <p>Patient Story</p> <ul style="list-style-type: none"> D. Pitt, Patient Relations Coordinator, provided a patient story. <p>A patient sent in a letter to the Patient Relations department regarding a staff person that is a part of his care team at the East Region Mental Health and Addiction Program. He wanted to recognized her as an empathetic, kind and caring person and that she is an exceptionally talented social worker. Patient Relations shared the letter with M. Farrell who sent it to the program for staff recognition at East Region.</p> <p>Q: What was the turning point in the patient’s life, why he found this program helpful and what made him decided to get help?</p> <p>A: ACTION: D. Pitt to follow up and a response will be provided at the next meeting</p> <p>ACTION: D. Pitt to verify with patient if a copy of the letter can be shared with the Patient & Family Advisor community</p>
1.0 COVID-19 & Hospital Preparation	<p>M. Joyner and L. Volman presented an update on COVID-19, hospital preparations and discussed the patient experience during the COVID-19 pandemic.</p> <p>Organizational Update</p> <ul style="list-style-type: none"> Currently at St. Joe’s we are caring for 10 inpatients who have COVID-19. Two patients are in the Intensive Care Unit, 6 patients are in General Internal Medicine and 2 patients are at West 5th There are 21 staff who have tested positive for COVID-19 COVID-19 results are available on MYDOVETALE <p>Q: Are patients given a mask when they are screened at hospital entrances?</p> <p>A: It is not mandatory for all patients to wear a mask when they come into the hospital however we have considered this as an option.</p> <p>Q: Do you know the number of staff who did not get COVID from the hospital? What happens when a patient screens positive?</p> <p>A: It is difficult to determine the number of staff who contracted COVID at the hospital and who contracted it in the community. All staff and physicians are asked the screening questions prior to coming into the hospital and they also have their temperature taken. If a staff person fails any of the screening questions, they are not able to come into the hospital, and are sent for a COVID test. Tests for staff and patients are completed in hospital and results are back within 24 hours. If a staff member is found to be positive for COVID, we would complete contact tracing to see who they may have been exposed to in the last 48 hours. Then based on the outcome of the contact tracing decisions would be made regarding who would need to be screened and who would need to be tested for COVID.</p>

Item	Discussion
	<p><u>Long Term Care & Retirement Homes</u></p> <ul style="list-style-type: none"> • Highest priority for the Province • SJHH and HHS are providing support to designated Homes when needed • Daily assessment of Long Term Care Homes using red/yellow/green status checks. We connect with them and determine what they require for additional support • Developing a pool of staff who could be deployed when required (staff would volunteer to go) <p>Q: What discipline of staff could be needed to support Long Term Care homes?</p> <p>A: We are asking for volunteer workers from St. Joe's to be seconded to assist Long-Term Care facilities that may need additional support. This is in collaboration with Public Health and Hamilton Health Sciences. So far, eight physicians and 43 St. Joe's employees have volunteered, representing a number of roles, among them nurses, dietitians and kitchen staff.</p> <p>Each long-term care home is matched with a hospital partner; St. Joe's is matched with 27 facilities. A structured process has been put in place in the city to ensure support is provided when needed, based on prevention, identification, recovery and protection.</p> <p>Q: Do we ensure that staff who support LTC homes have the proper equipment required to stay safe?</p> <p>A: Public Health is responsible for assessing facilities for staffing, infection prevention and control and PPE, and communicates its findings to healthcare partners. Long-Term care facilities have seen days to obtain the necessary PPE required for staff. Long-Term Care and retirement homes have done an excellent job given the challenges they have been faced with and in the work they have done so far.</p> <p><u>Reopening Services</u></p> <ul style="list-style-type: none"> • As of March 19, 2020, in response to the MOH directive, SJHH significantly reduced its healthcare services across its entire clinical platform in order to create significant capacity to meet the future need of COVID-19 inducted healthcare services demand. • As the Province provides direction on reopening services, St. Joe's is developing an internal process to increase our operating room and outpatient services • Similar to the Province, we will have tiers or stages and at each tier we will be able to provide services to a greater number of patients • Moving to each Tier (Level 0 current state-Level 4 All elective surgery) will depend on: <ul style="list-style-type: none"> • Inpatient bed capacity • COVID-19 situation • Staffing (many staff isolated due to COVID-19 would reduce our staffing pool) • PPE -we are allocated to finite a number of N95 masks each week • <p>Patient & Family Advisor Feedback</p> <ul style="list-style-type: none"> • How far in advance will patients know if their surgery is scheduled or cancelled? • We should continue to offer virtual visits as much as possible • Please be clear about who can accompany me to my appointment • Elevators may cause a bottleneck, have clear signage to ensure proper physical distancing (number of people allowed per elevator) • **Need to promote the fact that the hospital is a safe place to come when you require care • After our PFAC members said it would be wise to get the message out to seniors that our hospitals are safe for them, our experts did a number of interviews, and we echoed these on social media messages. • The PFAC member said to reach seniors it would be good to focus on CHML, The Spectator and CHCH TV and Facebook. <p>Our emergency departments and Urgent Care centres are open and safe. We have measures in place to limit the spread of COVID-19.</p>

Item	Discussion
	<p>Q: Could there be a message on the ED Dashboard displaying wait times re: Emergency Rooms are safe? A: ACTION: M. Joyner to follow up with the appropriate department and a response will be provided at the next meeting.</p> <p>Q: How bad is the back log for surgeries? A: Recently, the Ontario government outlined its recovery plan to increase surgeries and procedures in hospitals. St. Joe’s is well underway in planning for how we will increase surgeries, procedures and outpatient clinical services. The intent is to create a measured, ethical, responsible increase in surgeries and procedures in a manner that recognizes the pandemic is not over, and ensures there is space for any potential surge in COVID patients. We need to have adequate supplies and physical distancing measures in place to ensure the continued safety of our patients, our healthcare workers, and our community.</p> <p>Q: Could consultations with patients and physicians take place off site, say at a hotel? A: Currently we not looking to use offsite facilities for outpatient visits or consultations. However, we could look at this option if it comes to that.</p> <p>Window Visits</p> <ul style="list-style-type: none"> • First Window Visit took place last week • Patients and Family can book time at the front of the hospital window for a “visit” • A phone or a device can be used to hear each other • Continue using telephone and iPads on inpatient units as much as possible • We are ensuring that safety procedures are followed, social distancing if families do not live together etc. • Hoping to offer Window Visits at west 5th as well <p>Personal Protective Equipment (PPE)</p> <p>Q: As I read on FB & Twitter, it seems that there is still not a stable supplier of the various components of PPE. Do we know how close the Province, Country is to being able to supply and sustain the gear for all hospitals, LTC and Homecare agencies? A: Currently we have an adequate supply of procedure masks, personal protective equipment (PPE) and gloves for staff. We are also conserving the use of N95 masks as we will need a supply on hand for when surgeries start up. Currently there is a shortage of hand sanitizer. We are asking all areas of the hospital to help accommodate a shortage of refills for wall-mounted hand sanitizer dispensers. While we are waiting for new supplies to arrive, we are putting measures in place to ensure that good hand hygiene practice is followed across all areas of the hospital.</p>
2.0 Open Discussion	<p>Q: Are iPads being used for discharge planning in order to involve the family/caregivers that are receiving patients? A: The Digital Solutions team are working on a solution for patients to have a zoom appointment scheduled so that their family can be present during their discharge. Currently we are having phone conversations with the family if needed.</p>
Date & Time of Next Meeting	<p>Wednesday May 20, 2020 11:00am - 12:00pm Teleconference/ZOOM</p>

Patient and Family Advisory Council

Wednesday May 20, 2020 ~ 11:00am – 12:30pm

Zoom/Teleconference

MINUTES

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Lana Yilmaz	X		X			X			
Susan Tkachuk									
Victoria Reiding	X								
Mackenzie Mawson				X		X	X		
Jane Ross									
Sarah Bayliss				X	X	X	X		
Megan Miller				X	X	X	X		
Anna DiTiberio									
Gloria Wade						X			
Brenda Wilkie				X					
Susan Lohin			X						
Debra Leah Hartman					X	X			
W. Doyle (Co-Chair) (CNE)			X		X	X	X		
M. Farrell (President)	X				X	X	X		
D. Pitt (Coordinator Patient Relations)		X							
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Guests:

N. Javanrouh – Manager, Medical Affairs & Patient Relations

S. Zadaric-Seymour – Director, Volunteer Resources

Patient & Family Advisor Community

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Item	Discussion
1.0 Introduction	H. Hamilton welcomed guests to the council. (See guest list above).
Approval of Agenda	The agenda was approved.
Approval of Minutes	The minutes of the May 4th meeting were approved as amended.
Announcements & Updates	<ul style="list-style-type: none"> • Recent Project Assignments <ul style="list-style-type: none"> • V. Constantinescu provided an update on all active projects to date. • There were 4 project requests for Patient & Family Advisor (PFA) participation between the months of April and May: <ul style="list-style-type: none"> • Visitation Policy Updates • Reopening of Services – Surgical Program • Hiring Committee – Executive Vice President Finance & Director of Occupational Health & Safety • Developing Guidelines for patients receiving non-essential items
1.0 Volunteer Resources Update	<p>S. Zadaric-Seymour, Director Volunteer Resources, presented on the current initiatives by St. Joseph’s Healthcare Volunteers during the COVID-19 pandemic</p> <p><u>Virtual Help Desk - ZOOM</u></p> <ul style="list-style-type: none"> • Volunteers support patients who would like to use iPads to connect with their loved ones • Volunteers book virtual visits for patients using the ZOOM application. They also offer support to patients if they have questions about the application or require assistance with ZOOM • Currently, over 70 patient visits occur per week using ZOOM • The team has also provided training staff on how to use the ZOOM application • Hospital iPads were donated by St. Joseph’s Healthcare Foundation <p><u>Patient Friendly Visits</u></p> <ul style="list-style-type: none"> • Over the last 3 weeks specially trained CARE (Comfort, Assistance, Resources and Engagement), SAVE (Seniors activation through volunteer engagement) and Spiritual Care volunteers have been connecting with identified patients from West 5th and Charlton either via phone or virtual visits several times a week • Patients may be without friend or family support and would greatly benefit from a call <p><u>Community Donations Support</u></p> <ul style="list-style-type: none"> • Volunteer Resources have received numerous donations from St. Joseph’s Healthcare Foundation and from the community • Flowers, chocolate bars, soap, medical supplies are examples of items that have been donated to the hospital • We have also received food donations which have been distributed to hospital staff by the volunteers <p><u>OR Hoodie Initiative</u></p> <ul style="list-style-type: none"> • Over 25 volunteer sewers are creating surgical hoods being used by the OR staff during surgeries <p><u>Luminary Program</u></p> <ul style="list-style-type: none"> • Numerous volunteers are engaged in writing cards and messages of hope, painting pictures and drawings, knitting lap blankets, crochet hearts and pocket pals all of which are being distributed to patients at all three sites • A few of these items have been recently highlighted in St. Joe’s social media <p><u>Dovetale & Virtual Patient Care Support</u></p>

Item	Discussion
	<ul style="list-style-type: none"> • We have partnered with Digital Solutions and the Kidney Urinary Program to have volunteers assist all new patients with set up and navigation support for those new to MyDovetale virtual visits <p>Q: What protocols are in place to keep donations arriving from the community sanitary? A: The items that we have received so far from the community have been put in Ziploc bags when they arrive to the hospital. We have reached out to the Infection Prevention and Control (IPAC) team to ensure we are following all proper protocols to keep donations clean and infection free.</p> <p>ACTION: S. Zadaric-Seymour to follow up with the appropriate department and a response will be provided at the next meeting.</p> <p>Q: Are all St. Joe’s volunteers able to participate with the patient phone call initiative? A: Currently, we are limiting patient calls being conducted by volunteers who have received the specialized training. The training provides information on how to initiate conversations and how to converse with patients who have symptoms of delirium or dementia. The patients who receive a phone call are identified by unit staff. We ensure we receive patient/care giver permission prior to calling the patient.</p> <p>Q: Are patients informed ahead of time that they will be receiving a phone call from volunteers? A: Patients are provided with a date and time when they are to receive the phone call from our volunteers. All calls are pre-arranged with unit staff in order to ensure that the patient has access to a phone.</p> <p>Q: Do you have to have an iPad to use ZOOM for virtual visits and are the volunteers trained on using ZOOM? A: The ZOOM application can be installed on any apple or android device. A small group of volunteers have been trained on using ZOOM. They are looking at ways they can providing this training online to new and existing volunteers. We want to ensure that we are ready to expand the virtual visits initiative if needed.</p>
<p>2.0 COVID-19 Hospital Update</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><u>Organizational Update</u></p> <ul style="list-style-type: none"> • Currently at St. Joe’s we are caring for 35 inpatients who have COVID-19. Our numbers have increased substantially due to patients being admitted to hospital from the Roselyn Retirement Home • There are 22 staff who have tested positive for COVID-19 <p><u>Reintroduction of Surgical & Ambulatory Services</u></p> <ul style="list-style-type: none"> • Similar to the Province, we have tiers or stages and at each tier we will be able to provide services to a greater number of patients • We are monitoring a number of elements on a weekly basis in order to maintain the 85% occupancy of inpatient beds • Proposed moving to Tier 1 for Ambulatory Services which includes in person patient clinical visits • Moving to each Tier (Level 1 current state-Level 4 All elective surgery) will depend on: <ul style="list-style-type: none"> • Inpatient bed capacity • COVID-19 situation • Staffing (many staff isolated due to COVID-19 would reduce our staffing pool) • PPE -we are allocated to finite a number of N95 masks each week • Ensuring there is adequate programing in the community to discharge patients • Availability of Medications • Ability of Laboratory & Diagnostic Imaging services to also ramp-up • Housekeeping is looking at ways to revise their cleaning strategies while we are reintroducing services in the COVID-19 environment

Item	Discussion
	<p>Q: As we slowly start the reopening of hospital services, we are looking for your opinion and ideas on how we could do this safely?</p> <p><u>Patient & Family Advisor Feedback & Comments</u></p> <ul style="list-style-type: none"> • It will be interesting to see how many patients are not afraid to come into the hospital for care • Elevators need to function at full service. If an elevator was out of service, this could be problematic to have visitors and patients waiting outside of the elevator and still try to maintain social distancing • Stairwells could be used as an alternative to the elevators however it may be more challenging to keep social distancing • Ensure adequate cleaning of stairway, railings and doors • Fear of the public – many people don't follow social distancing protocols and stand too close to you • Put up posters outside of the clinics indicating social distancing guidelines • Tape an "X" on chairs in waiting rooms so patients will sit on every other chair • Ensure hospital has an adequate supply of hand sanitizer <p>Q: What would the clinic experience look like, say for example, the Fracture Clinic?</p> <p>A: As we slowly ramp up to tier 1, we should not expect to see too many patients in waiting rooms at this time. We are considering a few options to keep patients safe such as Plexi glass dividers between chairs and possibly have visitors wait in the lobby with a type of buzzer that will tell them when they are able to come into the clinic.</p> <p><u>Patient & Family Advisor Feedback & Comments</u></p> <ul style="list-style-type: none"> • Patients could provide their cell phone number when registering and staff could call the patient when they are ready to be seen. This could help to reduce the number of patients in the waiting room • Plexi glass would need to be cleaned often • Changing clinic hours – we could have clinics open from 7am to 7pm • Add more visuals, green to go and red to stop, add tape or arrows on the floor like at grocery stores • Prioritize patients who only need to be physically seen at the hospital and use more virtual visits for other appointment where possible <p><u>Patient Flow & Surge Planning; Changes to Patient Care Units</u></p> <p><u>Medical Step Down Unit</u></p> <p><u>CTU Central</u></p> <p><u>9 & 10 Tower</u></p> <ul style="list-style-type: none"> • 2 medical units • CTU Central - contains COVID and COVID warm in-patients • CTU West – contains medical patients due to outbreak on surgical unit • Emptied critical care unit • Moved Medical Step Down Patients to ICU space • Surgical Unit continues to care for Medical Patients • MHAP patients moved back to 10 Tower • 9 Tower remains empty for influx of patients <p>Q: What is the rationale to not move patients back to 9 Tower at this time and when will those patients be moved back to 9 Tower?</p> <p>A: Keeping 9 Tower empty at this time will allow for an influx of admitted patients if the need may arise. We are currently evaluating the situation as to when Mental Health and Addiction patients will move back to 9 Tower. We don't have a specific date set, it will depend on clinical needs of patients and it is a balance between all of our programs.</p>

Item	Discussion
	<p>Q: For the patients who did not move back to Charlton, are they placed in a “double up” arrangement?</p> <p>A: Yes, we do have some patients who are at double occupancy in 10 Tower and at West 5th. At West 5th the rooms are fairly large and can easily accommodate two beds while maintaining a six-foot distance between them. There are approximately four rooms that have two patients per room at West 5th. Patient rooms on 10 Tower have always included some that are double-occupancy.</p> <p>Q: Is the doubling-up scenario being considered more of a permanent solution in 9 Tower for the long-term?</p> <p>A: We are keeping the doubling-up scenario for now. We need to determine how many patients need to be admitted while maintaining physical distancing restrictions. This will continue as long as we are providing care during the COVID-19 pandemic and also to ensure we keep 9 Tower open. This is mandated by the Province, who has said that we need to have 35 empty beds open at all times. By allowing this physical space to be open we will be prepared for another wave.</p> <p><u>Screening at Entrances</u></p> <ul style="list-style-type: none"> • Screening questions are asked for all Staff, Physicians, Patients/Families which consist of: <ul style="list-style-type: none"> • Do you have a fever of 37.8 degrees or higher • Do you have a new onset cough or worsening cough or difficulty breathing? • DO you have one or more of the following: <ul style="list-style-type: none"> • Sore throat, hoarse voice, difficulty swallowing • Headache, runny nose, nasal congestion, sneezing • Nausea, vomiting, diarrhea, abdominal pain • Muscle aches, chills, unexplained fatigue/malaise • Loss of sense of smell or taste or both • Conjunctivitis (pink eye) • Have you been in contact with someone with probably or confirmed COVID 19? • In those 65 years and older are you experiencing any of the following: <ul style="list-style-type: none"> • Delirium, acute cognitive decline, unexplained or increased number of falls, worsening of chronic conditions <p>Q: Visitors and patients coming into the hospital are now required to wear masks while in the hospital. Will they be supplied a mask when they arrive, or will they be encouraged to bring their own? Does their own meet the standard of the hospital, and does the hospital have enough in supply not to put our staff in jeopardy?</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. Universal masking is important to protect everyone who might carry COVID-19 but who are asymptomatic. If a patient is wearing their own mask they will need to remove it and wear a hospital mask. We want to ensure everyone is wearing a brand-new mask while in hospital.</p> <p>Q: If staff wear gowns should we consider nametags that can be worn outside of the gown to identify the staff person?</p> <p>A: Staff who provide care in patient isolation rooms and in the Emergency Department are required to wear a gown. In order to maintain proper infection prevention and control practices, we would need to determine if staff are able to wear a nametag on the outside of their gown.</p> <p>ACTION: M. Joyner to follow up with the appropriate department and a response will be provided at the next meeting.</p> <p><u>Preparing to change Visitor Restrictions</u></p> <ul style="list-style-type: none"> • Current Visitor Restrictions are no visitors except patients who are end of life and women in labour, parents of infants in the Special Care Nursery • Anticipate that this could phase up/down depending on COVID 19 status • We will want to consider HHS approach

Item	Discussion
	<p>Q: At some point, visitor restrictions will be removed and/or phased out. We are looking for your opinion and ideas on how we could do this?</p> <p><u>Patient & Family Advisor Feedback</u></p> <ul style="list-style-type: none"> • Unit could keep a schedule with preferred visiting times and each visitor is required to sign up ahead of their visit • Limit the number of visitors per patient • Unit could keep a visitor priority list so they are aware which visitors are allowed to see the patient • Visitors could check in at the unit’s nursing station prior to visiting the patient • Ensure we are providing education to patients about current visitor restrictions guidelines
<p>2.0 Open Discussion</p>	<p>Q: Have you received any feedback from patients and families on the virtual visit initiative? A: As the Volunteer Resources department is supporting this service, we will reach out to the team and see if they have received any feedback on the virtual visit initiative from patients and families. As many patients have their own devices, we would only be able to obtain feedback from those who have used a hospital iPad.</p> <p>ACTION: V. Constantinescu to follow up with the appropriate department and a response will be provided at the next meeting.</p> <p>Q: As patients need to remain inside West 5th 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? ACTION: L. Volman to follow up with the appropriate department and a response will be provided at the next meeting.</p> <p>Q: In the case of the Roselyn Retirement Home COVID-19 outbreak, how did you determine which patients went to which hospital and who made the decision? A: The Roselyn Retirement Home outbreak was the first experience for St. Joe’s of that magnitude. A collaborative decision between the hospital, the LHIN, HHS and other organizations was made and it was decided that there was going to be an equal distribution of patients. St. Joe’s admitted 27 patients and HHS admitted 25 patients. It was a thoughtful decision that was necessary based on the circumstances at the time to ensure care was able to continue for all patients.</p> <p>Q: What specific mental health resources are available in the community besides COAST? A: Throughout the pandemic, we have been able to maintain approximately 85% of our ambulatory services. Many of the services provided done virtually however, we do continue to see patients face to face depending on the situation. All of our mental health and outpatient services are still available and we are still connecting with patients. The COAST program has temporarily paused their in-person services however they still see patients for virtual appointments.</p>
<p>Date & Time of Next Meeting</p>	<p>Wednesday June 10, 2020 11:00am - 12:30pm Teleconference/ZOOM</p>