



Patient & Family Advisory Council

October 18, 2021 ~ 3:00pm - 5:00pm **Minutes**

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	Sept 20/21	Oct 18/21	Nov 15/21	Jan 17/22	Feb 28/22	Mar 21/22	April 25/22	May 16/22	June 20/22
Sue Tkachuk (Co-Chair)									
S. Monzavi-Bacon (Vice-Chair)									
Peggy Chapman	X	X							
H. Hamilton									
Linah Hegazi		X							
Jan Kasperski									
Brian Cooke									
Julia Boyd									
Martha Ronalds									
Mackenzie M.		Х							
Susan Lohin									
Debra Leah Hartman									
Angelo M.		Х							
Cheryl Williams (Executive-VP Operations & CNE)									
D. Pitt (Coordinator Patient Relations)		Х							
J. Loncke (Clinical Director & Chair Professional Advisory Cte)	X	Х							
E. Doherty (Clinical Director Critical Care & Nursing Professional Practice)	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)									
M. Joyner (Director, Quality Dept)									
V. Constantinescu (Patient Experience Consultant, Quality Dept)	X								
S. Mondoux (Quality Lead, Emergency Dept)	X								
J. Williams (Resource)									
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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	Торіс	Presenter				
1.0	INTRODUCTION					
1.1	 Call to Order The agenda for the October 18, 2021 meeting was approved. The minutes from the September 20th meeting were approved. 	C. Williams				
1.2	Land Acknowledgement • PFAC opened the meeting with the SJHH Land Acknowledgement.	C. Williams				
1.3	Introduction Welcomed guests: John Macnamara member of the SJHH Joint Board of Governors, newly recruited PFA's M. Walz, F. Hassim	C. Williams				
2.0	ANNOUNCEMENTS					
2.1	 Patient & Family Advisor Event St. Joe's is holding an event on Thursday December 2, 1:00-3:30pm via zoom. The topic is Diversity, Equity and Inclusion. We will have two key note speakers. All PFA's are invited to attend. An email with more event details will be sent following this meeting. 	V. Constantinescu				
3.0	PRESENTATIONS					
3.1	PFAC Terms of Reference (TOR) • Wording adjustments complete. TOR Approved.	V. Constantinescu				
3.2	Patient & Family Advisor Story:	B. Cooke				
	Brian Cooke, Patient & Family Advisor, provided a story on his experience as a kidney donor at the St. Joe's Renal Transplant clinic and the creation of the One Day Donor Clinic. The work accomplished for the One Day Donor clinic inspired Brian to become a volunteer and Patient & Family Advisor with St. Joe's. As a Patient and Family Advisor, sharing your feedback is vital and can lead to ongoing improvements and patient experience initiatives at St. Joe's. It's all about being open minded and working together.					
	You can read Brian's story by clicking on the link: https://www.stjoes.ca/our-stories/news?resourceID=33&articleView=individual&articleID=2223					
	Comment: It's great to hear that staff were receptive in listening to Brian's story and his ideas. Many Patient and Family members may be reluctant to identify an issue. St. Joe's has built a strong patient engagement network where Patient & Family Advisors feel supported and can express opinions, ideas and share experiences.					
3.3	 COVID-19 – Regional Updates: As of October 18th, there are 7 active COVID facility outbreaks in the city. Outbreaks are mainly seen in educational institutions. There is an outbreak at St. Joe's nephrology unit There are currently 178 active cases in Hamilton all predominately due to the Delta variant On average Hamilton has approximately 25 new cases per day, with a reproductive rate at 0.91 and percent positivity at 2.4% Provincially, there are 167 patients in ICU with COVID related critical illness The increase in cases would be considered a normal variation due to the Thanksgiving holiday The Province has accepted patients from Saskatchewan who are in Ontario ICU's The HNHB LHIN has the highest number of COVID positive patients than any other region 	C. Williams				
	 COVID-19 – St. Joe's Updates: As of October 18th, we are caring for 13 patients with COVID, 5 patients are in the ICU, 7 are in the COVID inpatient unit and 1 patient in Nephrology We are seeing an increase in numbers as we have accepted patient transfers as per our regional COVID model There is a workforce shortage across Canada in all sectors particularly in healthcare who are facing workload and staffing challenges especially in specialty areas 					





- We are launching the flu vaccine clinic program at the end of October
- St. Joe's is the first hospital in the province to pilot a dedicated COVID-19 Monoclonal Antibody Therapy Clinic in an outpatient setting for the Hamilton community. The pilot program provides treatment for outpatients with COVID who are at risk of progression to severe illness

Q: Do you feel that the staffing shortages have an impact on staff morale?

A: Due to staffing shortages, the workload has increased and the demands are higher. Staff are tired and feel disappointed when they are not able to provide "extra care" for patients, such as bringing an additional blanket etc. Staff are maintaining open communication and relaying any concerns to managers. Our healthcare workers are committed to care for our patient community during this stressful time and strive to meet the needs of the patient.

Q: Are we prepared to take on the increase in pediatric admissions observed in the region?

A: We are not seeing an increase in the number of pediatric admissions for COVID however there has been an increase in RSV cases. Regional hospitals are preparing in anticipation should volumes increase.

Q: What initiatives has the hospital implemented to alleviate the staff shortage? Is St. Joe's affiliated with academic nursing programs in Hamilton?

A: We are experiencing staffing shortages in healthcare across Ontario. At. St. Joe's, we are identifying areas that may require staffing contingency plans and determining how we can best support them with recruitment and other strategies to minimize staffing disruption as much as possible.

We are connecting with deans and leads of schools to recruit students in all healthcare disciplines across the Province. A career fair is planned for the week of October 25th. We are also trying to determine how we can assist nursing students with advanced certificate programs which will allow them to work in specialty areas of the hospital, for example, in Surgery or in the ICU.

Q: When will volunteers return to the hospital?

A: A small number of volunteers have returned to the hospital. The Director of Volunteer Resources is considering what the volunteer's role might be as it will be different now with pandemic. We also want to determine if volunteers feel ready to come back and that the hospital is prepared to have additional people on site. We want to ensure our volunteers feel welcome and are able to provide patients with those extra's, such as a cup of water, a blanket, and feel safe doing so. Our volunteers are a great benefit to patients in helping them through their recovery.

3.3 Advancing the caregiver support person role:

- A Caregiver Support person is considered essential to the safety and well-being of a patient while they are in the hospital and can assist in the transition from care setting to home
- Provide physical, psychological and emotional support, as deemed important by the patient
- Integrate, welcome and engage caregiver/support person (essential care partners) as part of care teams beyond COVID and visitation
- Opportunity at St. Joe's to expand and advance these efforts by formalizing the role as part of the care team

Q: Can you have more than one person be your caregiver support person?

A: Yes, a patient is able to have more than one caregiver support person. It would be based on the circumstances with the patient. We would need to determine the role of the caregiver support person and the maximum number of caregivers per patient.

Q: Prior to COVID, were there policies and procedures in place to identify a Power of Attorney (POA) and what is the difference between a POA and caregiver support person?

M. Joyner/V. Constantinescu





A: A Power of Attorney is the legal authoritarian to make decisions for another person who is unable to make them independently. A caregiver support person is someone who is considered essential to the safety and well-being of a patient while they are in the hospital. The hospital has policies and procedures in place for the POA however, we are in the process of developing a policy for the caregiver support person. Over the last five years, open family presence policies had become common in hospitals. This change demonstrated a commitment to creating environments supportive of patient and family partnership in care, and an appreciation of the partnership role of family caregivers. Given the patient/family partnership work completed to date at St. Joe's along with the learnings during the pandemic there is emerging evidence about the importance of the caregiver/support person in the patient journey.

Breakout Sessions:

 PFAC members split into two breakout sessions to brainstorm on the caregiver support person role

Question 1: Advice on the name of the role: keep current name of "Caregiver/Support Person" or move to "Essential Care Partner"?

- Essential Caregiver/Support Person
- Unanimously voted for Essential Care Partners

Question 2: What would you like to see included in this role?

- Access to care team (including nurses/physicians)
- Included in Rounds
- Inviting and empowering to participate in care
- Be part of the care team and participate in patient care
- Have access to my Dovetale with patient consent
- Be the designated person to communicate with the Care Team
- Help the team with the care plan

Question 3: If you were in this role, what is one thing that would help make it a success?

- Identify caregivers/support people who require additional support/education
- Pick up POA from long-term care to identify in ED for e.g. Expectations in critical care situation (ensure clarity of essential care person is different from Substitute Decision Maker (SDM))
- May need consent form
- Boundaries Will there be times when it would not be a good idea to have an essential caregiver present
- Ensuring that the role is well defined to avoid potential conflict with the POA role if different person
- If there are multiple essential care partners ensure that they alternate and have a point person who communicates with the rest
- Develop a list with what an essential care partner could do and check selected activities for each patient
- Provide education related to the task/activities that the Essential Care Partners will do

3.4 Patient Experience Data Workshop

V. Constantinescu

Patient Experience Data working group is presenting a workshop to support PFA's on how to
interpret and utilize data for improvement and identify what PFA's need to know or have in order
to contribute meaningful input.

Q: Will there be a limit to how many people can attend each session?

A: Yes, you will have to sign up as there will be no more than ten patient and family advisors per session.





4.0	STANDING ITEMS	
	Project Assignments An update on all active projects to date was presented There were 3 project requests for Patient & Family Advisor (PFA) participation between the months September 10 2021 to October 10 2021.	V. Constantinescu
5.0	CONCLUDING ITEMS	
5.1	Date of Next Meeting - Held Virtually via ZOOM	
	Monday, November 15, 2021 3:00pm – 5:00pm	