

Co-Chair: Ms. Margaret Melanson
V.P. Quality & Patient Centred Care
Co-Chair: Dr. Wayne MacDonald

Meeting Location:
Skype & Teleconference

Date: Monday, July 20, 2020

Meeting Time: 11:00 a.m. – 12:00 p.m.

REQUIRED ATTENDEES

Patient experience advisors

Present (✓) Regrets (R) Absent (A)

✓	Shirley Renouf	✓	David Nadolski	✓	Siobhan Laskey
✓	Patrick Hickey	✓	Shirley Young	A	Roger Stoddard
✓	Ayush Ray	✓	Wayne MacDonald		
HORIZON STAFF					
✓	Margaret Melanson, VP Quality & Patient Centred Care	✓	Sonya Green-Hache, Regional Director, Volunteers Auxiliaries & Patient Engagement	✓	Monica Landry, Executive Assistant to Margaret Melanson.

1.0 Call to Order

1.1 Welcome

All

- Margaret provided introductions and explained CFHI's mandate and their initiatives with family presence over the last couple of years. The CFHI document circulated was created with the opportunity to review and revisit everything that took place during the pandemic.
- Margaret provided a brief review of each section of the CFHI document and let the group provide their feedback and thoughts.

2.0 New Business / Discussion

2.1 Discuss CFHI Report (attached)

All

- The group provided feedback/questions/concerns;
- It was noted that there has been no discussion to include PEA's on the relevant committees yet. The CFHI document has been sent to Dr. Jennifer Russell in hopes that it will be raised for discussion at the Task Force. Margaret and Wayne would like to take an opportunity to meet with Dr. Hendriks and Dr. Dornan in the coming weeks to discuss the CFHI document.
 - Wayne
In agreeance with the outlined topics in the document and feels that section 4 demonstrates the critical needs of these vulnerable populations
 - Shirley Y.
Overall a great document. Agrees with Wayne regarding

section 4 as it is crucial and needs to get through to the IPC committee for implementation as this vulnerable population needs essential caregivers at their side. Approves the idea of treating the essential care giver as a staff member with the proper education.

- Patrick
Differentiating a visitor and an essential family care giver to the public should be easy to distinguish and agrees we should be doing so. Agreed the essential caregiver should be treated like a staff member. Suggested implementing a mini orientation program to provide them with the proper PPE/IPC education
- Ayush
In addition to treating the essential care givers like staff and providing orientation educations, we should consider adding special circumstances to the orientation materials such as midwifery, etc.
- David
Disagrees with the implementation of orientation and to include special circumstances as the patient decides who their essential care giver is and can decide if they want the midwife to be their essential care giver. Keeping it simple is the best way to go. The essential family caregiver gets priority visits if a visitor were to show up during the same hours.
- Siobhan
Agree with consistency in language and terminology between visitor and family care giver. The gatekeepers will need to be heavily educated for this as they will be the ones dealing with these situations at hand. Suggested to change the terminology to essential care giver opposed to essential family care giver as there are many cases were patients will not have family around. Ensure to define the role of the essential caregiver so that the public understands what the specifics of the role is. It was noted that spiritual and pastoral care has no representation within the document. The professional care givers should be considered as part of the team.
- Shirley Y.
The overall safety of the patient may be better with one essential caregiver opposed to the many staff members entering and leaving the patients room on any given day. Horizon should consider name tags opposed for the essential care givers opposed to the stickers

- Siobhan
Introduced motion: This Council recommends "Better together: re-integration of family caregivers as essential partners in care in a time of COVID-19" (Canadian Foundation for Healthcare Improvement 2020) to Horizon Health, for consideration, particularly endorsing its positions and recommendations, especially section 5.3 (page 12)
- Shirley Y.
Second the motion
All members of the council in favour. The motion was carried.
- Wayne
Introduced motion: Patient Experience Advisors are required to participate in the decisions and discussions around family presence. Up to three Patient Experience Advisors, with one being a member of PFAC, participate in decisions and discussions related to family presence.
- Siobhan
Second the motion
All members of the council in favour. The motion was carried.
- Siobhan
Introduced an amended third motion: In meeting with its holistic approach to care, Horizon consider including spiritual and religious care professionals as essential members of the health care team, providing them access to patients who request and are in need of their services during the COVID-19 response.
- Shirley Y.
Second the motion
All members of the council in favour. The motion was carried.

3.0 Adjournment

3.1 Next Meeting

All

- Margaret and Sonya will create a document to include the motions and will submit for approval to the council at large by Wednesday of this week
- Once approved, this will be sent to Horizon EOC and The Task Force attached with the CFHI Better Together document

Adjournment: 12:30 p.m.

Minutes submitted by: *Monica Landry*