

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

Meeting Location:
Skype & Teleconference

Date: Tuesday, June 16, 2020

Meeting Time: 10:00 a.m. – 12:00 p.m.

REQUIRED ATTENDEES

PATIENT EXPERIENCE ADVISORS

Present (✓) Regrets (R) Absent (A)

✓	Shirley Renouf	✓	David Nadolski	✓	Siobhan Laskey
✓	Patrick Hickey	A	Chi Metallic	A	Roger Stoddard
✓	Ayush Ray	✓	Wayne MacDonald	✓	Shirley Young
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.
EX-OFFICIO					
SPECIAL GUESTS					

1.0 Call to Order

- 1.1 Welcome Wayne
- Wayne provided a welcome to the council and reviewed the agenda items up for discussion

2.0 New Business / Discussion

- 2.1 COVID-19 Response Update ([attached](#)) Margaret
- Margaret presented to the council a PowerPoint on the COVID-19 update. The PowerPoint reviewed our risk factors on patient quality/safety and described the specifics of the steps Horizon has taken to protect the patients, staff and members of the public. Several new initiatives were introduced such as the health information app, debit/credit for contactless payment options, negative pressure rooms, active screening department for staff and physicians screening, amongst others.
 - Margaret presented comparison graphs for cases of COVID per month to-date, surgery rates between 2019 vs. 2020 by facility, and occupancy rates per month by region.
 - An overview was provided on Horizon's IPC guidance. Dr. Dow was appointed as; regional infectious disease medical director, co-chair of ID/IPC committee and to the NB pandemic task force. The committee met daily to provide clear concise IPC directives for Horizon.
 - Examples were displayed of the Daily Dashboards used to monitor statistics related to COVID cases.

- Reviewed the current phase yellow restrictions and wave two preparation by referencing Horizon’s COVID-19 projected forecasting.
- Questions/Feedback from the council:
 - Clarified that screening questions have changed to include whether someone has recently travelled to or from Campbelltown.
 - Noted that ALC patients were moved quickly from our facilities to Nursing Homes. Not many concerns with patients on moving.
 - Would like to consider ID/IPC committee membership include a PFAC member as some of the decisions would impact patients. It was noted that PEA’s were present on some local EOC meetings and agreed that there should be more PEA input.
 - What is the impact of phase two occurring during Flu season in the Fall? Horizon’s preparation for phase two consist of monitoring what is occurring nationally and have discussed the revamping of restrictions again. A comparison of previous bed occupancy rates during flu season in preparation of wave two could be beneficial for preparation.
 - What is the elective surgery back log processes that are in place? Horizon has ramped up to 90% capacity to catch up. Additionally, we are modifying the summer slow down in OR’s, utilizing smaller facilities and ambulatory clinics to increase capacity for more surgeries.
 - Statistics on back log of therapeutics; prioritizing patient cases and maintained a virtual connection to avoid a large back log. Overall saw 25% reduction.
Diagnostics/Lab; saw a 40% reduction. Due to the need to maintaining physical distancing they have been using alternate larger facilities to allow increased volumes.
 - Any expected changes coming for Nursing Homes due to the severity of the pandemic towards the older population? Raised many discussions amongst Social Development, Government and Health Authorities. This has initiated stronger liaisons between the LTC facilities and our Health Authorities. PEA’s would be great advocates to initiate changes to the oversight of these Nursing Homes.

2.2 Next Steps – Family Presence ([attached](#))

Sonya/Margaret

- Sonya provided an overview of the attached document circulated in the package. This document was shared from CFHI, a group both Margaret and Sonya meet with occasionally.
- This document was created to look at ways to reintegrate family presence. The group will reflect on the themes and considerations outlined within the document and determine whether it is beneficial to implement these initiatives within Horizon.
- **Theme #1:** Embed family caregivers as “essential partners” within acute care setting
 - Interchangeable use between Essential Partner in Care and Essential Family Caregiver. Perhaps look at a preface for “essential family caregiver” to be defined by the patient for those

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- who would not consider a blood relative their main essential caregiver.
- A significant increase of staff education and public education will be needed
 - Keep the discussion simple not to lose people in a paragraph, for example “A family caregiver opposed to a visitor”
 - Keeping in line with what is being communicated across the country
- **Theme #2:** Ensure specifically identified patient populations are supported by family caregivers
 - The populations identified within the document are agreed by consensus with the following additions:
 - Support is needed for the Deaf audience
 - Support for elderly patients obtaining diagnosis
 - Support for elderly patients who may have obtained injuries/diagnosis that do not allow them to take in information i.e. dementia
 - **Theme #3:** Balancing of harm and benefit
 - Regular communication needed between the families and healthcare team
 - Ensuring discharge conferences/phone calls are made for those taking care of the released patients.
 - Alzheimer/Dementia patient’s families were often those who helped bath, shave, fed, etc. Who will be doing these tasks now? Who is responsible to initiate these communications with the families?
 - In certain phases of the pandemic, families were getting cut off from communication when they were not allowed to enter our facilities to aide in bringing their family members/patients to their appointments, emergency room, etc.
 - **Theme #4:** Establish an Appeals Process in Ethical Decision-Making Framework
 - Currently, there are no organized appeal processes within Horizon.
 - The council agrees with this recommendation and should follow a consistent approach with national implementations
 - **Theme #5:** Ensure Clear Communication re: Visitor restriction
 - Such as theme #1 it will be important to relay very clear messaging around the definition between visitor and family caregiver
 - Determining the process for exceptions in advance; for example, a patient diagnosed with dementia; who will determine the essential family caregiver? Additionally, Spiritual & Religious care providers may be considered essential dependent on the patients views and culture
 - **Theme #6:** Increase the Evidence Base to guide Future Directives re: Restrictive Visiting Policies
 - Research shows the impact of physical and emotional health when it comes to visitation during a hospital stay. It will be important to follow best practices to support our patients during
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	<p>this time</p> <ul style="list-style-type: none"> CFHI will be conducting a meeting at the end of this month to review the documents and have further discussions. We would like to have the finalized document endorsed by the PFAC to help push for these changes within the chief medical officer's office to consider. 	
2.3	<p>ID Title Review and Approval</p> <ul style="list-style-type: none"> <u>Privileging Advisor</u>: This title references a medical office staff, formally titled Executive Assistant. The committee agrees they would like to request clarification on the roles purpose in relation to the title. <u>Physician Recruitment</u>: Council approved by consensus with the edit of changing Recruitment to Recruiter. <u>Visiting Scholar</u>: Approved by consensus 	Sonya
2.4	<p>New Members</p> <ul style="list-style-type: none"> Wayne, Sonya and Margaret will propose a methodology to the council on recruiting additional members to the Patient and Family Advisory Council by the end of summer. 	Margaret
2.5	<p>Meeting Logistics Moving Forward</p> <ul style="list-style-type: none"> Proposed to have face-to-face at least once a year as it is seen as beneficial and is important for new members as well Council agrees that Skype has been a convenient alternate method for our meeting discussions 	Margaret
3.0 Adjournment		
3.1	<p>Next Meeting</p> <ul style="list-style-type: none"> We will look at having a brief meeting in the summer depending on CFHI deadline and updates for their document to discuss next steps. There is continued uncertainty for COVID progression; we may meet more frequently depending on what develops in the coming months. The chairs will determine the next meeting date based on the events that take place. 	All