

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

Meeting Location:
Skype & Teleconference

Date: Wednesday, May 6, 2020

Meeting Time: 1:00 p.m. – 2:00 p.m.

REQUIRED ATTENDEES

PATIENT EXPERIENCE ADVISORS

Present (✓) Regrets (R) Absent (A)

R	Shirley Renouf	✓	David Nadolski	✓	Siobhan Laskey
✓	Patrick Hickey	R	Chi Metallic	R	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 and Margaret provided a warm welcome to the committee. A brief update was provided on the meetings purpose.

All

2.0 New Business / Discussion

2.1 Review Current COVID-19 Family Presence Restrictions

Margaret/Wayne

- Margaret began by reviewing the step-by-step processes put in place by Horizon for patient visitation; this includes, the criteria for an allowed visitor and the exceptions.
- Sonya explained the initiatives in place to work around these restrictions; such as the following:
 - The Well Wishes program: A program created for friends and family to stay connected to their loved ones by submitting a message via a horizon email account and having the volunteer department deliver the messages. To-date there has been over 700 distributed messages.
 - Electronic resources: iPads were approved for use to FaceTime and call with family members. The Volunteer Department has offered their services to help setup iPads for patients. Bell Aliant has also provided free phone hook-ups for patients during this time.
 - Drop-off of patient items: A process has been established to allow certain foods and personal items distributed to inpatients after completing screening and sanitization protocols.

2.2 **Discuss Recovery Plan to Increase Family Presence**

Margaret/Wayne

Phase orange (May 11, 2020)

- Starting Monday, May 11, 2020, government will be implementing phase orange of the recovery plan. This entails reintroducing some elective surgeries (defined by category – most urgent cases: levels 1 & 2), clinic appointments (with limitations), and broadening visitation for certain inpatients inclusive to the alternate level of care patients for a maximum of (2) visitors at a time during the hours of 8AM through 8PM.
- Every visitor and outpatient will be screened upon arrival and will be instructed to wear a surgical mask provided by the screeners if social distancing cannot be maintained. Visitors and outpatients can wear their own masks including cloth masks. Patients are directed to attend their appointments alone unless a support person is required. Patients will be asked to visit a Surge Assessment Centre (SAC) 3 days prior to their scheduled appointment to ensure a COVID negative test result and will be required to self-isolate until their appointment takes place.
- Each unit will need to control physical distancing measures

PEA feedback/concerns:

Wayne – Concerns with the amount of people coming in and out of the hospitals with broadening visitation to any (2) visitors at a time per patient. This will make it difficult to maintain the 6-foot distance in most units including units with smaller rooms. This could take away from nurse's patient-care time if they are required to police these restrictions. It could potentially lead to gatherings of people waiting in hallways to visit their loved ones. We should consider having (2) chosen visitors per patient and only one at a time that can visit during the 8AM-8PM allotted time opposed to any (2) visitors. This will reduce the amount of people travelling through the facilities.

Siobhan – Mutual agreeance in the concerns around the number of visitors being allowed to enter the facilities. Our current practices in New Brunswick involve only one other family in our 'bubble' does this follow the same guidelines?

Regarding Sonya's update on electronics; it would be beneficial to post a list of facilities on social media that are able to provide these electronic capabilities such as FaceTime.

Action: Sonya will follow up with the communications department to discuss promoting the availability of tablets to assist with patients communicating with their family and friends

It is important to communicate to the public the potential of reinstating precautions in light of an increase of COVID positive cases in our province.

Shirley – In agreeance with the above-mentioned concerns and the request of only allowing (2) chosen visitors per day opposed to any (2) visitors at a time. Communications to the public will be very important in being clear and concise. It is unlikely that staff will be able to police the (2) visitors at a time while ensuring visitors maintain the 6-foot distance.

The communications to the public should reiterate the responsibility of self-

monitoring and to not present themselves if they show any symptom.

Ayush – An idea to consider would be implementing time frames for visitation. Implementing designate visitation times for each patient and their visitors to avoid large gatherings. Use a floor clerk position to help coordinate schedules.

Patrick – Another idea would be defining a list of (4) chosen visitors per patient to help minimize the amount of different people entering the facilities. In agreeance with the idea of communicating to the public the potential to reimplement restrictions if COVID cases arise. It is noted that the implementation of phase orange is on track to begin on Monday unless any sudden change in cases before then.

David – In agreeance with the above-mentioned concerns around allowing too many different visitors into the facilities. Implementation of visiting time limits could be beneficial. Waiting areas and hallways could become flooded with visitors due to the 6-foot restrictions on units and in rooms. Staff still need to carry out their duties in the room which could become difficult. Contact tracing will be a difficult task if we are allowing any (2) visitors in per room every day, this could be avoided by having a selected (2) visitors per patient. Something to consider reviewing is the rehab units as their most beneficial time for their patient care include socializing and lunch time. A potential way of minimizing visitor traffic is to divide visiting days by surnames.
Action: Margaret will bring the idea of dividing visitation days by surname to the attention of the working group for this project

Wayne provided an overall overview of the committee's feedback. The committee agrees on the following:

- Patient allotted (2) specific visitors
- Implement timed visits in shared rooms/units/etc.
- Ensuring there is a process to police these directives in all units of wearing masks, maintaining social distancing, and only having the (2) visitors per patient.

3.0 Adjournment

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| 3.1 | Next Meeting | All |
| | <ul style="list-style-type: none"> • The committee will meet again in two weeks for an update via Skype | |