

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

Meeting Location:
Skype

Date: Monday, November 9, 2020

Meeting Time: 1:00 p.m. – 4:00 p.m.

REQUIRED ATTENDEES

Present (✓) Regrets (R) Absent (A)

PATIENT EXPERIENCE ADVISORS							
✓	Shirley Renouf	✓	David Nadolski	✓	Siobhan Laskey	R	Ayush Ray
✓	Patrick Hickey	✓	Shirley Young	A	Roger Stoddard	✓	Wayne MacDonald
HORIZON STAFF							
✓	Margaret Melanson, VP Quality & Patient Centered Care	✓	Sonya Green-Hache, Regional Director, Volunteers Auxiliaries & Patient Engagement	R	Lauza Saulnier, Regional Director, Quality & Patient Safety Services	✓	Monica Landry, Executive Assistant to Margaret Melanson
A	Maura McKinnon, Chief Human Resources Officer	✓	Jeff Carter, Corporate Director, Support Services	✓	Jacquelin Gordon, Director of Nursing Professional Practice	✓	Dr. Timothy Christie, Director of Ethics
EX-OFFICIO							
R	Karen McGrath, President and CEO						
GUESTS							
✓	Cory Gallant, Senior Project Manager	A	Ashley Brioux, Process Improvement Facilitator	✓	Dr. John Dornan, Chief of Staff		

1.0 Call to Order

- 1.1 Welcome All
1:00 – 1:10
- Agenda was approved by consensus
 - Minutes from [October 2, 2020](#) and [October 7, 2020](#) Motioned by Dr. Christie and seconded by S. Young. Minutes approved as distributed.

2.0 Old Business

- 2.1 Update: Meeting with CEO W. Macdonald
1:10-1:20
- The Co-chairs recently met with Karen McGrath, President and CEO.
 - They discussed PFAC's involvement and participation on key committees noting Horizon's utilization of PFAC could be increased. It was agreed that PFAC was underutilized. The CEO would promote the utilization of PFAC with the Executive Leadership Team. Topics that PFAC could contribute to include; Surgical Wait Times, Official Languages, Emergency Department (ED) Wait Times and Reasons for Visiting the ED for Non-Emergency Related Issues, Horizon Annual Strategic Operational Plan Initiatives, and New Brunswick Health Council Acute Care Experience Survey Results.
 - In response to the Council's motion to have a patient experience advisor on a committee that is involved in the COVID-19 recovery plans, the CEO requested a PFAC PEA member be assigned to the Regional Emergency Operating Committee (REOC). PEA, David Nadolski, was selected to sit on

this committee.

- Due to the request from the Council to be more involved in Horizon initiatives that align with its Terms of Reference, the frequency of the PFAC meetings will become monthly. As per the Terms of Reference, the minimum number of meetings is four times a year. In addition to the proposal for monthly meetings, it was realized there could also be meetings called on short notice to address emerging issues and become involved in a timely manner.
- It was suggested to incorporate an end of year meeting to self-assess/evaluate/analyze all the different actions and initiatives contributed by PFAC throughout the year. Dr. Christie offered to assist in this process.

2.2 1:20-1:30	<p>Follow-up re: Terms of Reference and Council Membership</p> <ul style="list-style-type: none"> • There are six PEA members that have completed two years of their four-year term ending in December 2020. A formal email will be distributed to these PEAs to determine their intent to extend their term for the additional two years. Three PEA members have their four-year terms ending in March 2021. • An Expression of Interest was sent out last week to Horizon's PEAs regarding membership on the Patient and Family Advisory Council. The deadline for applications is Friday, November 13, 2020. 	S. Green-Hache
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3.0 New Business / Discussion

3.1 1:30-2:30	<p>COVID-19 Surgical Recovery Plan – Hips and Knees</p> <ul style="list-style-type: none"> • Dr. Dornan is a member of a government committee created to review and recommend solutions regarding Operating Room wait times, unused beds, and OR staff and physician shortages, etc. • He provided an overview of the surgical wait list situation across Horizon. The pre-COVID-19 wait list numbers were approximately 17,000 patients. During COVID, these numbers have decreased due to factors relating to the pandemic such as fear of catching COVID by going to their Family Doctor's office to be assessed, etc. • He described a new program for hip and knee replacements recently established at the St. Josephs Hospital in Saint John. Unused beds in this hospital were converted to surgical beds. This was completed in collaboration with the help of nursing staff, surgeons and anesthesiologists. S. Young noted she is appreciative of the innovative initiative with St. Joseph's Hospital to work on these wait times. • There has been a lot of discussion around different initiatives to increase the usage of OR Theatres. • A Wait List Management program is underway in the Moncton area. This focuses on the two main wait times: the T1 time; the wait for a Specialist and the T2 time; the wait for an available room. • The committee is looking at different ways for patients to have more information and options for example, having their surgery take place in a Horizon facility outside of the area they live due to a shorter wait list in that area. • The project to extend OR theatre hours into the evenings in the Moncton area has not been able to move forward due to a shortage of OR staff (nurses and anesthesiologists) and available surgical beds 	Dr. Dornan
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- An article in the Canadian Medical Association Journal was recently released regarding progress on day surgery for hips and knees. Dr. Dornan will bring this back to his team for consideration and discussion.

Action: W. MacDonald will forward the article link to M. Melanson to pass along to Dr. Dornan

- Following Dr. Dornan's presentation, Council members raised the following questions:
 - Sharing resources with hospitals in provinces within the Atlantic Bubble - It is noted that the sharing of resources does happen occasionally between the provinces and is very specialized i.e. IWK provides specialized children's services; transplantation occurs in Nova Scotia; NB Heart Centre and Trauma Centres provide care to PEI and Northern NS patients. Services outside of these specialized services have not been explored. Residents in NB prefer to have their services provided in the province if possible.
 - Optimal wait list times – There are national benchmarks for particular surgeries.
 - Access to surgical wait lists by primary care providers - Family doctors have access to data that is published for wait times per surgical group and area within NB. This information can be shared with patients. The provincial surgical committee would like to see this data be available to the public. Dr. Dornan discussed reasons why wait times for particular surgeons might be longer than others.
 - Comfort of traveling outside of the area you live to have surgery completed. Many of the PEAs agreed that if they had the option to get their surgery sooner but in a different location, they would take that option rather than wait a longer period. The timeliness of the surgery is most important. The average hospital stay is likely to be only 3-5 days.

It was noted there could be issues related to travelling to another area for their surgery. These issues included transportation, cost for accommodations, family partner presence, appropriate follow-up with additional travel, etc.

3.2 2:30-3:00	<p>Photo ID Title Request – Physician Privileging (attached)</p> <ul style="list-style-type: none"> • The Council reviewed the ID request related to Physician Privileging. • After discussion, the Council recommends the original submission of Physician Advisor. Another option to consider is Physician Facilitator. • The Council recommends only positions that have contact with patients and/or families come to them for review. • Action: S. Green-Haché will follow-up with Human Resources regarding the request from Council for them to review titles that have contact with patients and/or families. It is recommended the current form have this information included. 	S. Green-Hache
3.3 3:00-3:30	<p>Emergency Department (ER) Wait Time Project Status Update</p> <ul style="list-style-type: none"> • C. Gallant provided a presentation providing an overview of the ER Wait Time Project. This included the project's goals, history, work-to-date, milestones, identified root causes, approved initiatives, and next steps. • W. MacDonald asked whether the issue of patients that could be treated 	C. Gallant

elsewhere and the factors and reasons that contribute to this would be addressed. C. Gallant indicated it was outside the mandate of the project, but a recommendation may be made for this aspect to be considered as actions going forward

- The Council congratulated C. Gallant and A. Brioux on their work.

3.4 3:30-4:00	<p>Emergency Department Wait Time Project Report Update</p> <ul style="list-style-type: none"> • As a PEA member of this committee, D. Nadolski provided a summary of his involvement to date. The project began with The Moncton Hospital's ER wait times and with continued discussion it was decided to expand to all major hospital ERs. • Many similar issues were noted; staffing, space, scheduling, budget, and the demand for services. • Recent discussions have focused on ER COVID-19 issues, especially the inability of a patient having someone with them while in the ER. • He will be participating as a member of an ad-hoc Communications Working Group for the ER wait time project. PFAC supported D. Nadolski's involvement in this committee. 	D. Nadolski
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4.0	Adjournment	
4.1	Next Meeting: December 11,2020	All