

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

Meeting Location:  
Skype & Teleconference

Date: Friday, October 2, 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	✓	Ayush Ray (Leaving 3:30 pm)
✓	Patrick Hickey (leaving 2:00 pm)	✓	Shirley Young	A	Roger Stoddard	✓	Wayne MacDonald
A	Chi Metallic						
HORIZON STAFF							
R	Margaret Melanson, VP Quality & Patient Centered Care	✓	Sonya Green-Hache, Regional Director, Volunteers Auxiliaries & Patient Engagement	✓	Lauza Saulnier, Regional Director, Quality & Patient Safety Services	✓	Monica Landry, Executive Assistant to Margaret Melanson
✓	Maura McKinnon, Chief Human Resources Officer (joining 2:00 pm)	✓	Jeff Carter, Corporate Director, Capital Assets and Infrastructure	✓	Jacquelin Gordon, Director of Nursing Professional Practice	✓	Dr. Timothy Christie, Director of Ethics (leaving 2:00 pm)
EX-OFFICIO							
A	Karen McGrath, President and CEO						

### 1.0 Call to Order

#### 1.1 Welcome

(1:00-1:05)

- Motioned for approval of the agenda by S. Young and seconded by S. Laskey. Agenda approved as circulated.
- Motioned for approval of the [November 18, 2019](#) minutes by Dr. Christie and seconded by S. Young. Motioned for approval of the [July 20, 2020](#) minutes by S. Renouf and seconded by A. Ray. Minutes approved as circulated.

W. MacDonald

### 2.0 Old Business

#### 2.1 Update: Motion Submission to Task Force

(1:05-2:05)

- Sonya provided an update of the Task Force responses to the Patient Experience Advisors (PEAs) submitted motions to the Provincial Task Force.
- Motion #1:** Terminology – Requested that the terminology be differentiated between the “essential partner in care” and “visitor” while ensuring there is sufficient education/explanation on the differences of the two. This has been considered and the use of this terminology has been initiated within provincial memos.
- Motion #2:** Request to have PEAs on key COVID related committees – Horizon is reviewing the membership and will discuss with the CEO later this month.
- Motion #3:** Request to have accessibility to clergy services – Currently,

Sonya

within our Horizon facilities, there is access to clergy services. If we must return to orange and red phases, this will be monitored closely by the VPs (Margaret and Geri).

It is noted that this concept is being considered for Regional Health Authorities (RHA) and Long-Term Care (LTC) facilities as well.

**2.2**  
(2:05-  
2:20)

**Update: COVID-19**

S. Green-Hache

- Overall Horizon has managed well with no hospitalizations throughout the summer.
- L. Saulnier led the discussion regarding IPC updates. The IPC teams within Horizon and Vitalité are providing assistance with guidelines and support for the Adult Residential Facilities (ARF) and Long-term Care Facilities (LTC). Additionally, to-date there has been 35 audits in LTC facilities over the summer. A report has been submitted to Public Health and Social Development to indicate key areas that need to be addressed.
- The LTC/ARH audits consist of reviewing the standards of practice for these facilities with the use of a developed LTC audit tool.
  - What are the requirements?
  - What is the urgency of addressing issues?
  - Where do the recommendations go?
  - Who is responsible to correct the errors?
- This was presented to Department of Health (DoH). The Provincial Steering Committee will be responsible for implementation. This committee provides the Provincial Task Force with an update to ensure these items are addressed in a timely matter.
- A summary will be prepared for the Regional Emergency Operations Committee (REOC). It was requested that an executive summary of the REOC summary be presented at the next Patient and Family Advisory Council (PFAC) meeting for review.
- A note of clarification mentioned to the Council that LTC facilities are not under the RHAs umbrella
- S. Young noted that it would ease patients minds if they knew of the audits that are occurring to be reassured of the quality work that is happening behind the scenes
- Jeff Carter's Emergency Management Team led an after-action review/lessons learned exercise. They have provided recommendations for response actions to each phase. Items that required follow up were addressed in daily bulletins to staff. This quick turn around communication had great feedback from the organization. These communications are kept up-to-date on Horizon's intranet site to help staff stay informed.
- S. Laskey noted that from a patient's perspective it is great to hear that there is an audit process for IPC guidelines. Horizon's external communications were timely and well done.
- From the Clinical/Nursing perspective the front-line staff have been doing great with PPE training, being actively engaged, and willingness to participate. Agreed that the communications were well done, and the Nurses felt they were supported.

**Actions:**

- Would like a formal thank-you distributed to all departments on behalf of the Council (S. Young)
- Add agenda item LTC/RHA Audit Executive Summary to next agenda

3.0 New Business / Discussion		
<b>3.1</b> (2:20-2:30)	<b>Approval of ID Titles (attached)</b> <ul style="list-style-type: none"> <li>• The requested ID title change of Contract Physician Advisor to Medical Affairs was presented to the Council</li> <li>• Medical Affairs has been approved by consensus. However, it was noted that Medical Affairs is a very broad title and does not distinguish what the staff members position is. Although the proposed title was accepted, Additional recommendations to consider brought forward are as follows; Medical Advisor and Physician Advisor.</li> </ul>	Sonya
<b>3.2</b> (2:30-3:00)	<b>Report on Mental Disorder Symptoms Among Nurses in Canada by CFNU</b> <ul style="list-style-type: none"> <li>• Maura discussed the report on Mental Disorder Symptoms Among Nurses in Canada by CFNU</li> <li>• Three concepts/concerns that was noted in addition to the others identified were – physical assault, death of a patient that they’ve worked hard to save and a death of patient that reminded them of a family member</li> <li>• Maura presented the workplace violence prevention committee’s work on this project. This entails creating many Required Organizational Practices (ROP’s) and Policies. A Workplace Violence committee was created to ensure alignment with Horizon’s initiative and values</li> <li>• Horizon has two reporting systems where incidents are reported. Statistics were presented of incidents reported from 2019 and 2020</li> <li>• There has been an increase of staff reporting incidents, this is great news for Horizon.</li> <li>• There are Balance Scorecard yearly measurement and targets to be met. The targets are established by Horizon.</li> <li>• The Workplace Violence sub-committees are doing a lot of work on the side such as; standardized training on mechanical restraints, risk hazard assessments of high volume reported incident areas to determine if it is unit specific or facility specific, specialized education, key performance indicators, communications plans, etc.</li> <li>• Topic of Mental Health/Wellness – New Homewood Health Employee and Family Assistance Program (EFAP) for Horizon employees has been established recently. The EFAP Resources are free and can also be used for staff’s dependent family members.</li> <li>• Maura presented additional resources and services offered for staff within Horizon facilities and within our community.</li> <li>• Reviewed flow charts, algorithms, and new posters in place for staff information/reference</li> <li>• The Cleveland mandatory clinic training for staff is an ongoing initiative in place to be launched soon</li> <li>• The struggle presented with these incidents is getting the staff to take advantage of these resources. A culture change would be beneficial in</li> </ul>	Maura

---

	<p>regard to getting our staff to realize that these mental struggles are not part of the job</p> <ul style="list-style-type: none"> <li>• Suggestion to use the video screens in our ER's to place this non-violence information and posters on</li> <li>• A provincial campaign is coming out within this next year regarding the violence prevention</li> <li>• The <i>Bravo!</i> program released to the public in 2018 has seen an amazing outcome of submissions from patients to our staff</li> </ul>	
<b>3.3</b> (3:00-4:00)	<p><b>Review Terms of Reference</b> (<a href="#">attached</a>)</p> <ul style="list-style-type: none"> <li>• W. MacDonald led the discussion around the revisions to the draft Terms of Reference (TOR). Edits and revisions made by the Council can be found in the attachment.</li> </ul>	Sonya and Wayne
<b>4.0</b>	<b>Adjournment</b>	
<b>4.1</b>	<p><b>Next Meeting:</b> A second meeting will be scheduled in the next week or two to complete the TOR revisions</p>	All