

# Grey Bruce Ontario Health Team Planning Committee

**Date:** Tuesday, July 14, 2020

**Time:** 1300-1500 hours

**Place:** GoToMeeting

**Present:** Gerry Glover - Co-Chair (BAKFHT), Dana Howes - Co-Chair (HDH), Phil Dodd (Keystone Bruce Grey), Stephanie Dudgeon (BAKFHT), Dave Ford (HFHT), Paul Hoban (OSFHT), Dr. Alex Hodgson (Chapman House), Dr. Rachel Kieffer, Pamela Loughlean (Peninsula FHT), Clark MacFarlane (CMHAGB), Allan Madden (SEGCHC), Gary Sims (GBHS), Angela Stanley (SBGHC), Andy Underwood (Home and Community Support),

**Guest(s):** Daryl Nancekivell (Vice President, Home and Community Care)

**Regrets:** Michael Barrett (SBGHC), Sue Byers (Sauble FHT), Dr. Angela Cavanagh, Jennifer Cornell (Director Long Term Care – Grey County), Lynn Hinds (Vice President Strategy, System Design and Integration, Ontario Health)

**Recorder:** Victoria Cumming

	Topic	Discussion	Action
1	Call to Order	G. Glover called the meeting to order at 1300 hours.	
2	Land Acknowledgement	<p>G. Glover started the meeting by acknowledging the Indigenous Peoples whose traditional territory the group gathered on today.</p> <p>This place where we come together is within the ancestral, traditional and territory of Anishinaabeg, including the Saugeen Ojibwe Nation, and the Metis. She acknowledged the long history of First Nations, Inuit and Metis Peoples in Ontario and asked to show respect to them today.</p> <p>The two First Nations communities in Grey/Bruce are:</p> <ul style="list-style-type: none"> <li>• Chippewas of Nawash Unceded First Nation, and</li> <li>• Saugeen First Nation</li> </ul> <p>He also acknowledged the many longstanding treaty relationships between Indigenous Nations and Canada recognizing that all levels of government in Canada have responsibility to honour the Nation-to-Nation relationship, and that individually; we all have a role to play in honouring the treaties, and contributing to reconciliation.</p>	

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3	Approval of Agenda	Moved and Seconded <b><i>THAT the agenda be approved as presented.</i></b> MOTION CARRIED	
4	Approval of Minutes – June 9, 2020	Moved and Seconded <b><i>THAT the minutes from June 9, 2020 be approved as presented.</i></b> MOTION CARRIED	
5	Business Arising from the Minutes		
5.1	Future Directions – Change Foundation <ul style="list-style-type: none"> <li>Symposium (Postponed)</li> </ul>	<p>G. Glover gave a brief background on the work that has been completed with the Change Foundation and the work that has been put on hold due to COVID-19. The group was asked if there were any concerns continuing on with the Change Foundation.</p> <p>The group discussed that it may be more appropriate to have the Grey Bruce OHT Coordinator (Transformational Lead) be the one that works directly with the Change Foundation in the future once they are hired. The group agreed to hold on the Change Foundation until the Transformational Lead is hired.</p>	<b>G. Glover to communicate to the Change Foundation next steps and thank them for their help so far.</b>
5.2	MD Engagement (Advisory Group)	<p>Dr. Rachel Kieffer explained to the group that a survey was sent out to the physician group asking what their top three priorities for OHT would be. There were 59 respondents for the survey. The survey results were circulated via email prior to this meeting for review.</p> <p>In summary;</p> <ul style="list-style-type: none"> <li>The top priorities indicated by the physicians were home care services and mental health &amp; addictions. This lines up nicely with where the GB OHT is heading; and</li> <li>The most suggested idea for system improvement was to pay personal support workers a better/fair wage, employment benefits and other incentives to make it a desirable job.</li> </ul> <p>The physicians have asked A. Madden to provide a presentation on the proposed Home Care model to the entire physician group. This presentation would be out of Hanover with Zoom available to all communities. An invitation will be sent out for</p>	 Physician Survey Responses for Grey-

	Topic	Discussion	Action
		<p>this soon.</p> <p>There is hope to have an engagement session around mental health as well to help build relationships and have all work better together. There are some issues with gaining permission to send patient information to CMHA and this could be discussed. These physician engagement sessions give the opportunity to spin off into a physician advisory group for the OHT.</p> <p>Overall, the group was happy to see the response rate and confirmation that the GB OHT has selected focuses that are on the same page as the physicians opinions/concerns.</p>	
5.3	Hiring Subcommittee Update	D. Howes updated that members have been determined for the Hiring Committee and they include Clark MacFarlane, Gerry Glover, Pam Loughlean and Andy Underwood. These names have been sent to Rebecca Cummings and she will work with this group to finalize the job description for the Transformational Lead.	
5.4	Home Care Model Subcommittee Update	<p>A. Madden updated the group that data has been requested via D. Nancekivell and the data is hoped to be received by next week. A meeting is booked next week with members Alan Madden, Paul Hoban, Dr. Alex Hodgson, Mike Barrett and Dana Howes.</p> <p>The first meeting will be an opportunity to have preliminary discussions if the data is not received on time. Dr. A. Hodgson did provide a presentation on Palliative Care that can be reviewed as well.</p> <p>D. Nancekivell confirmed that the data should be ready by next week and will encourage it to be completed in time for the meeting scheduled.</p>	
5.5	Indigenous Update	<p>G. Glover updated;</p> <ul style="list-style-type: none"> <li>• Saugeen First Nation continues to be actively engaged. Their election cycle is drawing near and movement forward should be able to occur after leaders are elected assuming all things remain stable.</li> <li>• The Co-Chairs and P. Loughlean participated in a call earlier today with Angela Newman, the Health Manager for Chippewas of Nawash Unceded First Nation. A positive conversation ensued. Angela is keen and has</li> </ul>	

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		identified some areas she would like to capitalize on. She has been sent information on the GB OHT and the submitted readiness assessment. She has also been invited to participate in upcoming meetings.	
5.6	Data Sharing Agreement	<p>The Data Sharing Agreement has now been received and will be sent out after reviewed to the group for review/signature. If there are any concerns please reach out.</p> <p>It was questioned what law firm was utilized to develop the agreement. The agreement was developed using SMG Law Firm LLP out of London, Ontario.</p>	
<b>6</b>	<b>New Business</b>		
6.1	Co-Chair Call with Ontario Health Update	<p>D. Howes updated the group that the Co-Chairs had a call with Ontario Health on July 2, 2020. This was a check in phone call to assess the ability for the GB OHT to move to the next phase.</p> <p>An update in regards to next steps will be received by Ontario Health by the end of July. The conversation was overall positive but the impression from the call was that GB OHT does not yet have the green light to move to full application. It was explained that the letter received was to be interpreted differently. It will soon be heard if this group can move to full application or will be put in discovery. The phone call was a great opportunity to inform them of the work being started by the GB OHT.</p>	
6.2	Co-Chair Call with SEGCHC Board (re: letter received)	<p>D. Howes updated the group that a letter was received from the South East Grey Community Health Centre (SEGCHC) Board expressing some concerns and asking for more information. A meeting was set up with the SEGCHC Board and Co-Chairs. The letter and meeting notes were included in the agenda package for information.</p> <p>Overall, the SEGCHC Board was looking for more information on how the GB OHT will involve vulnerable communities and patients in decisions and planning. Governance was also a topic discussed. In regards to governance it was thought that a community based governance model would be beneficial and it was suggested that Board members should be the ones to talk about a governance model.</p>	

	Topic	Discussion	Action
		<p>The GB OHT Planning Committee discussed governance and the suggestions from the SEGCHC Board members.</p> <ul style="list-style-type: none"> <li>• D. Howes agreed with taking the governance to the directors to help this group focus on the work that will benefit the patients;</li> <li>• Dr. R. Kieffer agreed that governance is important and that this group’s opinion is important to consider. Overall, it was thought that this would hold this group back and moving forward is important.</li> <li>• G. Sims agreed with this concept of governance. There isn’t a clear mandate for OHT’s and it would be difficult to create a sophisticated structure from a group so large. It is better to focus at the task at hand. It takes time and governance will develop as the group progresses through the process.</li> <li>• G. Glover thought that there has been good work come from the Governance Subcommittee but there is a need to wait for the Transformation Lead to start and move from there.</li> <li>• C. MacFarlane thought it was important to keep the conversation going but also important to work on the concrete work. This will help build relationships and help patients. He agreed with taking this conversation out of this level and moving it to a board level. Some good work has been done with the Governance Subcommittee and the group has landed on a stepped approach where governance matches where the group is in the application process.</li> </ul> <p>Overall, the group agreed to not make any changes to governance at this time and this will be readdressed when the Transformational Lead is brought on. The group would like to build on the work that has started and on relationships to move things forward.</p>	
7	Round Table	<p><b>Dr. A. Hodgson</b> The Hospice Palliative Care Table meets next week but the main focus will be on ramping up services.</p> <p><b>A. Underwood</b> Working to relaunch services and described where they are with the process for this.</p> <p><b>P. Dodd</b> Keystone is moving forward with face to face in office spaces. August 4<sup>th</sup> will be the</p>	

	Topic	Discussion	Action
		<p>start date for this.</p> <p><b>A. Madden</b> Keystone and CMHA have moved in to the same location with SEGCHC on July 1<sup>st</sup>. A one stop of services has been created.</p> <p><b>A. Stanley</b> Resumption of services is happening with increased surgical care. Looking at process to open up to more visitors etc.</p> <p><b>P. Loughlean</b> With the large amount of tourists in the area they have been efficient with keeping doors closed. Controlled door entry will continue for 3-4 weeks. Challenges continue to be internet and brown outs causing phone lines to go down.</p> <p><b>C. MacFarlane</b> Working on reopening and have been seeing more clients in person. It has been challenging to move service delivery model forward and a project manager is being hired to help with moving forward central intake and alignment of services. This will dovetail with the OHT work. A successful virtual fundraiser has also occurred.</p> <p><b>D. Ford</b> Mostly still performing virtual care. Most staff remain working from home and starting to do an overview of return to work.</p> <p><b>D. Howes</b> Continue to ramp up surgical services and maintaining 15% bed capacity for possible future surge. The COVID-19 Assessment Centre has gotten busier and is no longer open on the weekend. Most of the volume is asymptomatic requiring testing to visit LTC or for certain surgical program. Some partners will be returning to the building soon.</p>	
8	<b>Date of Next Meeting</b>	The next meeting is scheduled for August 11, 2020 at 1300 hours	
9	<b>Adjournment</b>	The meeting adjourned at 1357 hours	

