

Grey Bruce Ontario Health Team Planning Committee

Date: Tuesday, June 9, 2020

Time: 1300-1500 hours

Place: GoToMeeting

Present: Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Sue Byers (Sauble FHT), Jennifer Cornell (Director Long Term Care – Grey County), 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)

Guest(s): Lynn Hinds (Vice President Strategy, System Design and Integration, Ontario Health), Daryl Nancekivell (Vice President, Home and Community Care)

Regrets: Dr. Angela Cavanagh, Gerry Glover - Co-Chair (BAKFHT FHT), Andy Underwood (Home and Community Support),

Recorder: Victoria Cumming

	Topic	Discussion	Action
1	Call to Order	D. Howes called the meeting to order at 1305 hours.	
2	Land Acknowledgement	<p>D. Howes 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"> • Chippewas of Nawash Unceded First Nation, and • Saugeen First Nation <p>She 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>	

	Topic	Discussion	Action
3	Approval of Agenda	Moved and Seconded <i>THAT the agenda be approved as presented.</i> MOTION CARRIED	
4	Approval of Minutes – March 10, 2020	Moved and Seconded <i>THAT the minutes from March 10, 2020 be approved as presented.</i> MOTION CARRIED	
5	Business Arising from the Minutes		
5.1	Ontario Health Team Readiness Assessment Update	D. Howes updated the group that an email was received from the Ministry of Health in late March. The email was distributed to the group for information in March and stated that the self-assessment was received by the Ministry for consideration for a Full Application. The invitation is being postponed due to the need to respond to COVID-19. An update will be received when the group can move forward.	
5.2	Future Directions – Change Foundation <ul style="list-style-type: none"> • Symposium (Postponed) 	The Symposium originally scheduled for March was postponed. S. Dudgeon has no update to provide on the work of the Change Foundation as work is currently on hold.	
5.3	MD Engagement (Advisory Group)	Dr. R. Kieffer updated the group that MD Engagement has lost momentum and the survey to be emailed to the physician group is pending. She will follow up to see if this can be distributed soon.	<i>Dr. R. Kieffer follow up on MD survey to be distributed.</i>
5.4	GB OHT – Transformation Lead	<i>Job Description:</i> As an action item from the last meeting G. Sims brought forward a job description for the Transformation Lead. The document was provided in the agenda to the group. Next steps for this process are to put together a Hiring Subcommittee including members from cross sectors to complete the following actions; <ul style="list-style-type: none"> • Refinement of the job description, job posting, job advertising structure and interview structure with Rebecca Cummings to be brought back to the committee for final approval. 	<i>Volunteers for the Hiring Subcommittee were asked to provide a name to the Co-Chairs by Monday, June 15, 2020.</i>

	Topic	Discussion	Action
		It was suggested to add “reporting to the physician group of the OHT” to the job description.	
5.5	Home Care Model	<p>A. Madden provided a presentation to the group highlighting some financial estimates on the homecare proposal previously shared with the group. The overall concept was highlighted to the group.</p> <p>A costing model was reviewed with the group for the Grey Bruce Homecare Model along with historical SPO spending, opportunities for change and next steps. Next steps suggested include;</p> <ul style="list-style-type: none"> • Building the Grey Bruce Community Care Model into the OHT full application; • Seeking data from the LHIN; and • Recruitment of a CEO. <p>Discussion/Questions;</p> <ul style="list-style-type: none"> • Dr. R. Kieffer asked if the homemaker role be included. This would be an opportunity of change on how care is delivered. • D. Nancekivell clarified where the number in the estimate came from. They were based on utilization number. It was noted that the number are a little high for the South West. In terms of process it was noted that this model would need to be submitted with the full OHT application and would then be approved by the Ministry not the LHIN. • C. MacFarlane questioned if all staff will be consolidated under one entity? Yes, all staff will be incorporated under one entity. It was then suggested that costing be included for transition costs which will be a broader discussion for the group. • G. Sims expressed some concerns that it may be too early to submit this model with this application. All FHT’s need to be involved in the plan. He agrees with the plan but it is a green project to become actuality. There are pieces missing in regards to governance and accuracy of funding. The OHT has not hired its own lead yet. A. Madden was open to parking this until the OHT is further a long if needed but wanted to open people’s minds to change. D. Howes suggested a phased approach for the application as there 	 <p>OHT Homecare June 9, 2020.pptx</p>

	Topic	Discussion	Action
		<p>are a lot of steps to achieve along the way.</p> <ul style="list-style-type: none"> • M. Barrett likes the local control in the model and the ability to set your own course. There will be savings but the larger saving will be for better value/service. It was questioned how the SPO contracts could be ended and there will need to be more discussion around this. The central agency piece may be a good start but will need flexibility to transition down the road. It was also suggested to call the CEO position an Administrator position. There were no issues voiced around this suggested change. It was thought that endorsement from D. Nancekivell and the LHIN would be helpful to gain credibility for the application. • Dr. A. Hodgson thought this idea makes a lot of sense and can see how money can work to be reallocated to other services. • Dr. R. Kieffer suggested engaging physicians early on this via a virtual discussion. No one was in disagreement with this idea. The Facilitator along with A. Madden could be a part of these engagement discussions. • It was questioned who would be looking at this project from a provincial perspective. D. Nancekivell clarified that there is not someone specifically in this role anymore but Phil Graham would be the person to listen on this topic. • D. Ford thought “4 million dollars of savings” should be reworded to “4 million dollars of reinvestment into LTC”. • A. Madden let the group know that there is a meeting on June 19th to talk about PCOT funding and whether it can be better utilized. Information will be brought back to this group from this meeting. <p>Next Steps;</p> <ul style="list-style-type: none"> • <i>A. Madden to request information from the LHIN in regards to Grey Bruce’s portion of funding. This information will be requested to be received for our next meeting;</i> • <i>A Home Care Subcommittee will be established and multi sectorial volunteers were asked to submit their names by Monday, June 15, 2020.</i> • <i>A letter drafted by A. Madden to ask Ontario Health to not make new deals for LTC at this time. The letter will be circulated to the group to gain approval and will then be sent.</i> 	

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5.6	Indigenous Update	Engagement continues with the local indigenous community. There have been some leadership changes. There is interest in participation but not until leadership changes are finalized. The GB OHT will continue to inform and engage this group.	
5.7	Data Sharing Agreement	It was suggested to develop a data sharing agreement between organizations to support future work of the GB OHT. The group was agreeable to this and a draft will be distributed for review.	<i>G. Glover to draft an agreement and distribute to the group for review.</i>
6	New Business	No new business	
7	Round Table	<p>A. Madden SEGCHC has been open except the Chatsworth site. Usually have about 4000 interaction per month and this has stayed consistent with 90% of visits being virtual. 1200 meals have also been delivered to isolated seniors.</p> <p>L. Hinds Not a lot to report. There is work being completed on guidance document for planning for reopening. Looking forward to engagement and support on that.</p> <p>J. Cornell LTC remains under Ministry Directive #3. LTC is stable in our area and appreciation was expressed to partners around the table. Feeling some pressure on allowing visitors and that this may look like.</p> <p>C. MacFarlane CMHA has been operating with modified services. Outreach services have been going to the home. Have been seeing addiction and mental health clients as needed and currently developing reopening plans.</p> <p>M. Barrett All hospitals are starting to reintroduce services and this has gone smoothly. The process will be slow and there are challenges around keeping patients separated in waiting rooms. Regionally, there has been conversations around infection control and review is being completed on each sub region and what resources are in the regions. All appropriate partners will be engaged as needed and the hope and need is to work together towards a regional infection control program.</p>	

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		<p>It was questioned if funding has started to be collected. HDH is still working on a process for this at this time.</p> <p>P. Loughlean Primary care has carried on and processes have always been in place for virtual and phone consults due to heavy winters. Will be welcoming some staff back that were redeployed locally. The larger piece of meals for seniors has also been discovered.</p> <p>G. Sims Reintroduction of surgery has started. It was also noted that infection control programs were put into place after SARs. He recommended that a regional program would need to be built to last.</p> <p>S. Byers Virtual appointments have been put in place. Will be providing nursing to more inpatients this week working in teams. Working with the community for food donation drop offs.</p> <p>P. Dodd Keystone continues to provide services virtually less the resident program. The decision was made to keep the resident program open this summer as there is a need for this in the community.</p> <p>D. Ford Preliminary discussions are happening around reopening. The virtual care element will remain a core element. Suggested to utilize the GB OHT for coordination around reopening services.</p>	
8	Date of Next Meeting	The next meeting is scheduled for July 14, 2020 at 1300 hours	
9	Adjournment	The meeting adjourned at 1433 hours	