

Grey Bruce Ontario Health Team Planning Committee

Date: Tuesday, October 13, 2020

Time: 1300-1500 hours

Place: GoToMeeting

Present: Gerry Glover - Co-Chair (BAKFHT), Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Sue Byers (Sauble FHT), Phil Dodd (Keystone Bruce Grey), Jennifer Cornell (Director Long Term Care – Grey County), Stephanie Dudgeon (BAKFHT), Dave Ford (HFHT), Paul Hoban (OSFHT), Dr. Alex Hodgson (Chapman House), Dr. Rachel Kieffer, Rob Lee (GBHS- IT), Pamela Loughlean (Peninsula FHT), Clark MacFarlane (CMHAGB), Kevin McNab (Grey County - EMS), 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), Taylor Holdsworth (SBGHC)

Regrets: Dr. Angela Cavanagh, Brian Dokis (SOAHAC), Steve Schaus (Bruce County EMS), Andy Underwood (Home and Community Support),

Recorder: V. Cumming

	Topic	Discussion	Action
1	Call to Order	D. Howes called the meeting to order at 1302 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>	
3	Approval of Agenda	Moved and Seconded	

	Topic	Discussion	Action
		<i>THAT the agenda be approved as presented.</i> MOTION CARRIED.	
4	Approval of the Minutes – October 8, 2020	Moved and Seconded <i>THAT the minutes from October 8, 2020 be approved as presented.</i> MOTION CARRIED.	
5	Business Arising from Previous Meetings		
5.1	Terms of Reference – GB OHT Patient, Client, Family and Caregiver Advisory Committee	The GB OHT Patient, Client, Family and Caregiver Advisory Committee Terms of Reference were shared with the changes incorporated from earlier meetings. There was no further discussion or changes. Moved and Seconded <i>THAT the GB OHT Planning Committee approves the GB OHT Patient/Client/Family and Caregiver Advisory Committee terms of reference. The document will be left in draft form to be finalized by the future GB OHT Patient/Client/Family and Caregiver Advisory Committee.</i> MOTION CARRIED.	
5.2	Terms of Reference – GB OHT Planning Committee	The revised terms of reference was included in the agenda for the GB OHT Planning Committee. It was noted; <ul style="list-style-type: none"> • The Ministry of Health and Long Term Care language needs to be changed; • Discussed the GBHC reviewing and confirming members on the committee; • SPO representative – It was discussed and agreed to have D. Nancekivell represent until the engagement is complete. D. Nancekivell let the group know that he would be happy to support the group and could clarify his role with the SPOs with a memorandum of understanding. It was also noted that there is new legislation coming out that may be worth reviewing before making a decision on this; • Physician membership was discussed and the group would like to have two physician representatives on the committee as co-members; R. Lee left the meeting	

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		<ul style="list-style-type: none"> Digital Health Lead was discussed and it was suggested to have this as an ad hoc position. They will be a significant resource for the group going forward and meet at the larger tables as well. It was voiced that there are other digital leads that all may be a part of a subcommittee including all sectors. <p>Moved and Seconded THAT the Digital Health Representative will be invited as needed for subject matter expertise. MOTION CARRIED.</p> <p>It was also agreed that a digital subcommittee can be created to represent the work and this can be started. This conversation was tabled and will be put on the next agenda for discussion;</p> <p>K. McNabb entered the meeting.</p> <ul style="list-style-type: none"> The group discussed what the role of the GBIHC with the OHT Planning Committee. These conversations happened early on in the process and it was decided at that time that the planning committee would feed information back to the GBIHC. It is important to keep the GBIHC informed as a stakeholder group. It was suggested to have all of the language in the engagement sessions to remain open as this is a community initiative. It was thought that accountability needs to be worked into the terms of reference. It was also noted that the GBIHC is key in supporting the GB OHT Planning Committee with engagement in order to have a large reach in a short amount of time; The decision making model will be reviewed by the Collaborative Decision Making Subcommittee (Governance); The co-chair term was discussed and it was suggested that the election of a new chair will be tabled until the full application is submitted. <p>Moved and Seconded THAT the election of a new co-chair will be tabled until the full application is submitted. (January) MOTION CARRIED.</p>	<p><i>D. Howes and C. MacFarlane will incorporate comments into the terms of reference and bring back for review.</i></p>

	Topic	Discussion	Action
5.3	Consultation Document (Full Application)	<p>A. Madden reported to the group that all revision have been included and this was sent out to the group for review. There are a few decision points to finalize and it was suggested to wait for the Transformational Lead to make these decisions as well as receive all feedback from the engagement sessions.</p> <p>The diagram in Appendix A was questioned as it was thought that this model had changed. It was clarified that the final structure will need to be agreed upon by the group and if not agreed the model can be removed.</p> <p>A. Madden let the group know that a lot of the data incorporated in the consultation document was received from the Ministry, LHIN and Public Health. Five (5) other applications were used as a resources as well. He suggested a working session down the road after the engagement sessions are complete to make some final decisions in the full application document.</p> <p><i>G. Sims left the meeting</i></p> <p>The group all agreed to pause on the document at this time until the engagement is complete.</p>	
5.4	SEGCHC Board Correspondence	<p>D. Howes let the group know that she has reached out to the Ministry for guidance around governance. A OHT Collaborative Decision Making Agreement was released in the summer to help OHT's who were having delays due to governance. Anne Corbett provided a governance presentation in the past to all members and boards. It may be time to bring her back to explain the differences of where we are in the process. There are also templates on the website portal for OHT's and this information will be circulated. The Governance Subcommittee can look at these documents.</p> <p>The Co-Chairs will reach out to the SEGCHC Board Chair to let her board know next steps.</p> <p>A Governance Subcommittee is to be scheduled.</p>	<i>A. Madden will schedule a Governance Subcommittee meeting.</i>
5.5	Service Provider Organizations (SPO) Engagement	<i>M. Barrett entered the meeting.</i>	

	Topic	Discussion	Action
		<p>The Home Care Subcommittee met and a slide deck was provided to the group for SPO engagement. D. Nancekivell thought the slide deck was a great starting point.</p> <p>S. Dudgeon is the presentation was too presumptuous with the engagement piece not yet completed. Language should be used that the model will be adjusted based on engagement feedback.</p> <p>Overall it was thought this was a great beginning to start a transparent conversation. The Engagement Committee will discuss SPO engagement further and adapt the slide deck draft.</p>	
6	Standing Committee Reports		
6.1	Engagement Subcommittee	<p>M. Barrett shared two slide decks that were put together. The Engagement Subcommittee members are M. Barrett, J. Cornell, S. Dudgeon, D. Howes and C. MacFarlane. The first deck was for the committee to confirm engagement stakeholder responsibilities and timelines and the seconded was for the GBIHC engagement session October 15th. The slide decks were reviewed by the group</p> <p>Engagement Stakeholder Responsibility was discussed. The goal will be to complete all engagement sessions by November 13th. Engagement is everyone’s responsibility as a whole. Engagement Stakeholder Leads were identified and confirmed.</p> <ul style="list-style-type: none"> • SPO Engagement – it was decided to complete this engagement before the application submission. A. Madden will be the lead on this. • Municipalities will be engaged by all organizations and Grey and Bruce County Councils will be completed by the Co-Chairs. • Physician Engagement – A session has been scheduled for November 2, 2020. A slide deck will be provided to the group from the Engagement Subcommittee. Physician Leads will be Dr. R. Kieffer, Dr. A. Cavanagh, Dr. Savariah and Dr. Vansalas. Dr. A. Hodgson also volunteered to assist this group. S. Dudgeon will help to organize the logistics with this group. • Patients/Clients/Families/Caregivers – The Engagement Subcommittee thought a survey would be the best route to take with this group. A lead has not been identified. S. Dudgeon and P. Dodd volunteered to be leads on this. • Indigenous Engagement will be continued by G. Glover and P. Loughlean. 	

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		<p>The group reviewed the GBIHC Engagement slide deck and it was noted;</p> <ul style="list-style-type: none"> • The Collaborative Decision Making Framework should be adjusted to include “consulted” for physicians and patients due to the engagement sessions taking place. • The group has a discussion about an OHT Board being the final decision maker at maturity. Not all were in agreement with this. These questions will come up and can’t always be answered as the model will evolve over time. It was thought that adding a slashed line may show that the road to maturity is a lot longer than appears on the diagram. • It was suggested to change the heading on the slides that have questions to “sample” questions to allow for revisions. The GBIHC will have great suggestions and feedback. <p><i>A. Hodgson has left the meeting.</i></p>	
6.2	Hiring Subcommittee	<p>G. Glover reported;</p> <ul style="list-style-type: none"> • The Hiring Subcommittee was able to complete the interview process and a unanimous recommendation was brought forward to the committee. Qualifications, salary grade, benefits and vacation were reviewed by the group. <p>Moved and Seconded <i>THAT the GB OHT Planning Committee approves moving forward with an offer to the candidate through R. Cummings.</i> MOTION CARRIED</p> <p><i>P. Dodd left the meeting.</i></p>	
6.3	Home Care Subcommittee	<p>The Home Care Subcommittee has nothing to report and the next meeting is booked for the second week in November. Data is being worked on and will hopefully be received by then.</p>	
7	New Business	<p>There was no new business.</p>	

	Topic	Discussion	Action
8	Round Table	There was no further discussion.	
9	Date of Next Meeting	The group decided to cancel the touch base meeting on October 15 th . The next meeting is scheduled for October 20, 2020 at 0800 hours	
10	Adjournment	The meeting adjourned at 1457 hours	