Grey Bruce Ontario Health Team Planning Committee

Date: **Friday, August 28, 2020**
Time: **1030-1200 hours**
Place: **GoToMeeting**

Present: Gerry Glover - Co-Chair (BAKFHT), Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Phil Dodd (Keystone Bruce Grey), Brian Dokis (SOAHAC), Dave Ford (HFHT), Dr. Rachel Kieffer, Pamela Loughlean (Peninsula FHT), Clark MacFarlane (CMHAGB), Allan Madden (SEGCHC), Angela Newman (Chippewas of Nawash Unceded First Nation) Gary Sims (GBHS),
Guest(s): Lynn Hinds (Vice President Strategy, System Design and Integration, Ontario Health)**,**
Regrets: Sue Byers (Sauble FHT), Dr. Angela Cavanagh, Jennifer Cornell (Director Long Term Care – Grey County), Stephanie Dudgeon (BAKFHT), Dr. Alex Hodgson (Chapman House), Paul Hoban (OSFHT), Kevin McNab (Grey County EMS), Daryl Nancekivell (Vice President, Home and Community Care)**,** 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 1030 hours. Brian Dokis from Southwest Ontario Aboriginal Health Access Centre (SOAHAC) was introduced to the group as a new member and roundtable introductions were performed.	
2	**Land Acknowledgement**	D. Howes started the meeting by acknowledging the Indigenous Peoples whose traditional territory the group gathered on today. 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. The two First Nations communities in Grey/Bruce are: • Chippewas of Nawash Unceded First Nation, and • Saugeen First Nation 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	

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		individually; we all have a role to play in honouring the treaties, and contributing to reconciliation.	
3	**Approval of Agenda**	Moved and Seconded ***THAT the agenda be approved as presented.*** MOTION CARRIED	
4	**Approval of Minutes –August 11, 2020**	Moved and Seconded ***THAT the minutes from August 11, 2020 be approved as presented.*** MOTION CARRIED	
5	**New Business**		
5.1	Presentation: Overview of Full Application Document	A. Madden provided a presentation on the overview of the application document. The draft document provided is not hard and final. Conversations today can help to determine if the group is all on the same page. *Angela Newman entered the meeting* The presentation included the following information; (presentation attached) • Application timelines; • Application Theme; • Decision Making: The Current Healthcare System; • GB OHT Challenges; • Integrated System of Care – a Regional Hub; • Five Regional Integrated Systems of Care; • 1 to 4 year pledge; • 1st year GB OHT Structure; • 1st Year (Clinical) Goals – 3 months, 6 months, 12 months; and • Homecare Reform It was noted that A. Madden does have a 1 hour presentation that could be presented to boards.	 Application Review August 28, 2020.pdf
5.2	GB OHT Full Application Review Discussion	The group then discussed the draft application after receiving the presentation. A. Madden and G. Glover were thanked and appreciated for the work they have done	

	Topic	Discussion	Action
		to complete the draft. The following were the comments of the group in regards to the application; • Concerns were expressed on some mixing of governance and operations; • Concerns about breaking Grey-Bruce up into sub-regions. The group overall did not like the wording hub but did prefer "cluster". It was thought that hubs could be a pilot project for home care but some were reluctant to commit to this as a whole. A centralized intake for services was suggested while recognizing the geographic piece as well. Some preferences for a regional approach were expressed; • Application is built around homecare and more input is needed from other partners. A lot of the wording in the document does need to be around primary care, home care and CHC. In acute care, hospitals are located across all of these regions and are looked at as a whole; • It was thought that goals were aggressive for the first year. A 2-3 year time frame may be more realistic. Would like the goals to be positive and not a burden to reach. Training costs for some organizations would be very large and it us undetermined where this funding would come from; • Would like to see more of a plan for mental health; • Specialists are mentioned but more information is needed including primary care providers; • There is more COVID-19 information that can be provided by all hospitals and this can be beefed up. HDH needs to be added to this section; • A. Newman clarified that SOAHAC serves clients that may not be first nation clients. They also come on reserve to meet with clients. The goal set to have all care on reserve may be too large initially; • L. Hinds discussed that earlier on there was talk about wanting to limit the initial stages of the connections to regional programs. Some of the regional programs that are available are critical to meeting some of the goals set. More thought should be given to equity of access. These pieces are critical to stop a patient from visiting the ED. She questioned where the regional frail strategy would fit as well as how community agencies like mental health would work in multiple hubs if hubs are potentially operating differently. C. MacFarlane agreed that there would be some challenges with the hub concept. It may be workable but the logistics and conversations would need to occur;	

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		P. Loughlean left the meeting. • There is limited word counts in the application but there are some mental health projects that can be added that have been previously discussed including work being done with the police and central intake; • Specialty services are heavily focused on home care and mental health. A lot of the services provided by GBHS are regional as GBHS is operating in every hub. Trying to participate in multiple hub meetings or following different rules in different hubs would not be a preference; • Engagement was brought forward and the lack of patient and family engagement was noted. A patient and family committee is needed at this level and members can be drawn out from existing local committees; • Children's mental health service are being aligned with primary care services and trying to embed as best as possible. There are specialized pieces and it is something that needs to be stretched as widely as possible with limited resources; • Next steps after the application is submitted were discussed. It was questioned if there will be accountabilities that will be signed off based on this application. It was expressed that the group should give themselves room in the application and talk about intent; • Primary care being the "medical home" was also terminology that was liked by the group; • Some concern was expressed in regards to the pledges made. The group may be told what to do by the province and may not be able to uphold this; • Would like more input added to the draft for hospitals, long term care and mental health. EMR and connections between lab and pharmacy can be added for hospitals; and • The idea of home care and primary care joining up was liked. The group then discussed the timeline and some members were concerned in completing the proper engagement before the September 18th deadline. It was also questioned how this will be presented at the board level. Some thought of the full application as more of a paper exercise with the real work and engagement happening after submission. Others felt the need for the engagement to be	

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		completed before submitting the full application. There was also concern that more input is needed from other partners of the Grey Bruce Integrated Health Coalition, Indigenous communities, patients and families along with the boards of individual organizations. With the draft application there would be a plan to complete this engagement in the first three months with an engagement plan put in place. The group discussed delaying the timeline for submission in order to have proper engagement with partners. Delaying could create a stronger document in the end. Firm project management needs to happen. The group then discussed if a GB OHT Facilitator has been hired. It was updated that applicants have been identified and interviews will be set up soon. The group encouraged the Hiring Subcommittee to move forward as quickly as possible. The group would also like to keep moving forward regardless of this position not being hired yet. A. Madden let the group know he will take the comments from today and incorporate into the draft including expanding the mental health section. He also let the group know that he would be happy to book some Patient and Family Advisory Meetings and take the application to the GBIHC in advance of the facilitator coming on. He would also be happy to work with L. Hinds to develop a proposal for home care to bring back to the committee as well. The group would like to inquire to the Ministry about the deadline and possible extension. There is a Q&A Session set up for August 31, 2020 and the invite has been distributed to the group. It was suggested and agreed that providing a timeline/plan to the Ministry would be beneficial. The timeline will be developed and presented to the group at the next meeting. A. Madden confirmed the groups that engagement was needed for five separate groups including patient, family, caregiver (physicians), GBIHC, Public. This would be 7 sessions scheduled over the next 2-3 weeks. Will bring feedback from these sessions back to the group. This could be the roadmap that could be shared with the Ministry. M. Barrett let the group know that he will contribute some changes to the application to A. Madden from the hospital perspective. It was also thought that G.	***G. Glover, D. Howes and A. Madden to develop a timeline to be reviewed September 1.***

	Topic	Discussion	Action
		Sims may want to add more information from the specialist perspective.	
5.3	Regular Meeting to Review Application	These meetings have been set up and will be regular until the application is complete. All agreed to go forward with these regular meetings.	
6	**Round Table**	***M. Barrett*** Suggested reaching out to J. Cornell in regards to long term care.	
7	**Date of Next Meeting**	The next meeting is scheduled for September 1, 2020 at 0800 hours	
9	**Adjournment**	The meeting adjourned at 1219 hours	