

# Grey Bruce Ontario Health Team Planning Committee

**Date:** Thursday, November 26, 2020

**Time:** 0800-0900 hours



**Place:** GoToMeeting

**Present:** Gerry Glover - Co-Chair (KFHT), Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Phil Dodd (Keystone Bruce Grey), Brian Dokis (SOAHAC), Stephanie Dudgeon (BAFHT), Dave Ford (HFHT), Alex Hector (SEGCHC), Dr. Alex Hodgson (Chapman House), Jennifer Kehoe (GB OHT Transformational Lead), Clark MacFarlane (CMHAGB), Kevin McNab (Grey County - EMS),

**Guest(s):** Taylor Holdsworth (SBGHC)

**Regrets:** 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), Paul Hoban (OSFHT), Dr. Rachel Kieffer, Pamela Loughlean (Peninsula FHT), Daryl Nancekivell (Vice President, Home and Community Care), Steve Schaus (Bruce County EMS), Gary Sims (GBHS), Andy Underwood (Home and Community Support),

**Recorder:** Victoria Cumming

	Topic	Discussion	Action
1	Call to Order	D. Howes called the meeting to order at 0802 hours.	
2	<b>Full Application Document Review</b>  OHT_Full_Application_Revise  OHT Full Application - Supplement	<p>The full application document sent out via email was asked to be reviewed by the group. Feedback was asked for and some feedback has been received over email including additions of some extra pieces of how organizations have collaborated around COVID-19. The following was noted;</p> <ul style="list-style-type: none"> <li>ICES data was not previously used. There was no access to this data originally when the readiness assessment was completed and was shared by the Ministry in the summer. It was thought that boards and the community relate to the county boundaries more than the ICES data. The group would like the Grey-Bruce population data added back in along with the ICES data. It was mentioning which data will be referred to for the remaining of the document would be helpful as this was confusing to some.</li> </ul> <p><i>R. Lee and G. Glover entered the meeting</i></p> <ul style="list-style-type: none"> <li>The group discuss ICS training and that this would need to be planned from a fiscal perspective before mandating for all. Planning Committee members support the concept and the need for ICS training and would like to ensure all health care professionals receive training based on resources available. It</li> </ul>	

	Topic	Discussion	Action
		<p>was noted that the ICS training is now a provincial program and some changes may occur with this program in the future.</p> <ul style="list-style-type: none"> <li>• It was asked if blank space could be removed where the charts are inserted along with fixing the pixilation of some of the charts. R. Lee can assist with this.</li> <li>• The previous document told a story about Grey-Bruce – background and history. This would be great for boards to read up front. Would like to have the key characteristics from the original with the chart data to support it.</li> <li>• There is a lot of acronyms used – can these be spelled out when used for the first time if word count allows.</li> <li>• Suggested having charts as an addendum. It is being determined if this is a possibility. If it is a possibility it was thought that the performance measures should remain in the document.</li> </ul> <p><i>M. Barrett left the meeting</i></p> <ul style="list-style-type: none"> <li>• Section 1.2 – add frail seniors instead of seniors and include the actual amount of survey instead of over 1000.</li> <li>• Section 1.3 – <i>Indigenous Population</i> – Does all detail needed to be included. B. Dokis is reviewing this section and will provide feedback. This is to be trimmed down and negative connotation removed. <i>Anabaptist</i> - remove reference to specific facilities used.</li> <li>• Section 2.1 – Paramedic Services to be added to the membership</li> <li>• Section 3.2 – Can more be included in this section. Virtual care will continue along with alliances gained from managing the pandemic. There is also an enhanced relationship with Public Health that will be continued. It was also thought to add IPAC statement on Grey-Bruce level highlighting the committee work established and work being done in LTC not previously done.</li> </ul> <p><i>C. MacFarlane entered the meeting</i></p> <ul style="list-style-type: none"> <li>• Section 4.1 – 5 metrics to be added agreed upon in previous meeting.</li> <li>• Section 4.2 – R. Lee has reviewed this piece and clarified language. The only piece added was the asset inventory as a deliverable. It was noted that the</li> </ul>	

	Topic	Discussion	Action
		<p>data sharing agreement is not being finalized and the language should be adjusted to exploring. R. Lee to update this in his feedback.</p> <ul style="list-style-type: none"> <li>• Section 4.3 – The wording around mandating ICS to be softened as discussed earlier. An Indigenous consultant was previously discussed between B. Dokis and the Chiefs to have a consultant gain engagement from the Indigenous communities to assist with development and delivery. The wording suggestion was “The GB OHT will work toward an Indigenous relationship and recognizes that further work is needed and are committed towards that process of being supportive allies with the Indigenous communities”.</li> <li>• Section 4.3.3 - Health equity assessment was clarified and what this involves to ensure equity and that there are no unintended impacts of decisions made.</li> <li>• The Mennonite competency frameworks were questioned if the group will be developing or utilizing Public Health’s work on this. There may be no need to reference as the group was unsure if they exist. J. Kehoe will reach out to see where they are in the process.</li> <li>• Section 4.4 – remove 10 as the representatives and change to seeking representatives.</li> <li>• Suggested to add numbered goals to the performance measures. These need to be attainable. Could look at hospital QIP information to determine.</li> </ul> <p><i>S. Dudgeon and R. Lee left the meeting</i></p> <p>Next Steps; All feedback should be sent to J. Kehoe for today at noon. Will finalize the document by end of day Friday for Boards. A draft slide deck and briefing note will be sent out as well. It was suggested to include what is Ontario Health, OHT and what does that mean for Grey-Bruce. The full application does not tell how the OHT will accomplish its work. Explanation of time line and steps would be helpful to level set.</p>	
9	<b>Date of Next Meeting</b>	The next meeting is scheduled for November 27, 2020 at 0800 hours	
10	<b>Adjournment</b>	The meeting adjourned at 0917 hours	