

Grey Bruce Ontario Health Team Planning Committee

Date: Tuesday, December 8, 2020

Time: 1300-1500 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), Stephanie Dudgeon (BAKFHT), Dave Ford (HFHT), Alex Hector (SEGCHC), Dr. Alex Hodgson (Chapman House), Jennifer Kehoe (GB OHT Transformational Lead), Dr. Rachel Kieffer, Pamela Loughlean (Peninsula FHT), Clark MacFarlane (CMHAGB), Kevin McNab (Grey County - EMS), Cynthia Porter (Chippewas of Nawash Health Centre), Gary Sims (GBHS), Andy Underwood (Home and Community Support),

Guest(s): Daryl Nancekivell (Vice President, Home and Community Care), 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), Rob Lee (GBHS- IT), Steve Schaus (Bruce County – EMS),

Recorder: V. 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"> • Chippewas of Nawash Unceded First Nation, and • Saugeen First Nation <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>	

	Topic	Discussion	Action
3	Approval of Agenda	Moved and Seconded <i>THAT the agenda be approved as presented.</i> MOTION CARRIED.	
4	Approval of the Minutes – December 3, 2020	Moved and Seconded <i>THAT the minutes from December 3, 2020 be approved as presented.</i> MOTION CARRIED.	
5	Business Arising from Previous Meetings		
5.1	OHT Full Application Update	<p>J. Kehoe reported to the group that 9 sign backs were received at the time of this meeting. Most of the commentary received around the application has been in regards to the supplementary form and the information to be included.</p> <p><i>D. Ford entered the meeting.</i></p> <p>It was questioned if any FHTs were not going to provide a signature. It was noted that only the Owen Sound FHT has reported they won't be signing at this time.</p> <p>J. Kehoe let the group know there has been some feedback received for grammar changes and numbering not changing the content of the application. It was asked if it would be appropriate to make these changes. The group agreed that any changes not affecting content could be made.</p> <p><i>Dr. Alex Hodgson entered the meeting</i></p> <p>It was noted that the final deadline for sign backs to be received is December 9, 2020.</p> <p>The South East Grey Community Health Centre (SEGCHC) and Public Health Correspondence included in the agenda was reviewed and discussed by the group. There have been meetings occurring regionally about governance and home care arranged by the SEGCHC. The Co-Chairs have sent out a letter clarifying the GB OHT Planning Committee's position on governance and home care to the physician group. Dr. R. Kieffer let the group know that the letter received was very much appreciated and was used during the physician meeting that occurred December 7th as guidance</p>	

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		<p>for the discussions. Some physicians were appeased by the message but there are still some that are of a different mindset. It was helpful to reassure the physician group overall.</p> <p>D. Howes explained to the group that she would like to respond to the letters letting the organizations know they have been received and providing a path forward. A letter writing campaign is certainly not the goal of the response. C. MacFarlane suggested there is some opportunity to do some level setting and inviting people into the conversation. Allison Costello the director in charge of OHT's was suggested. There currently is no officially designated OHT in the province yet and there are many more steps for this group. Hopefully a neutral voice would be able to lay ground work and demonstrate we are all on the same page.</p> <p>There is a meeting between the Co-Chairs and the SEGCHC on Thursday to discuss bringing A. Madden back to the table after the submission of the full application. Dr. R. Kieffer has reached out to some contacts to invite the clinical lead for the SEGCHC to the physician engagement table as well.</p> <p>A. Hector let the group know that there will be some organizations not signing on but hoped this wouldn't exclude them in designing the future. This will help those who are not ready at this time to become ready to sign on in the future.</p> <p>M. Barrett expressed the need for a work plan including the governance and decision making steps. An organization like Borden Ladner Gervais is a great resource. Patient involvement is needed at the table at this time as well. This group should be focusing on what it needs to do to improve patient care in Grey-Bruce.</p>	
5.2	<p>Terms of Reference</p> <ul style="list-style-type: none"> Guiding principles, roles and responsibilities, requests for additional members, attendance/delegate 	<p>The group discussed the process for adding new members. Some of the group were cautious about adding profit organizations to the group with a vote. It was decided to see what other OHT groups are doing. There are a lot of similarities around the OHTs but membership does seem to differ from OHT to OHT.</p> <p>With questions arising the group decided to move to Item 6.1 Work Plan Review.</p>	

	Topic	Discussion	Action
5.3	Follow-up Items:	<p><i>A. Hodgson left the meeting.</i></p> <p>a) Amish and Mennonite Cultural Competency J. Kehoe has reached out to Huron Perth Public Health and they have paused with the cultural competency work. Grey-Bruce Public Health has provided a slide deck with information that can be shared with Committee. Members to reach out to Public Health for permission to share slide deck beyond committee.</p> <p>b) Network Maps/Definition J. Kehoe is looking into network maps and definition and what to include. More information will be brought back in the future.</p> <p>c) Survey comments by sector J. Kehoe explained that there have been some requests to share comments from the engagement survey by sector for planning committee members. It was agreed to send this information to planning committee members only. Sector specific comments will go to sector representatives on committee.</p> <p>d) Patient/Client/Family/Caregiver Advisory Representation The group needs to discuss representation from patients/clients/families/caregivers. There are two main ways to involve by having an advisory committee and having representatives sit on the planning committee. The group deferred due to time allotment and will discuss at a future time.</p> <p>The group then moved to Item 6.2.</p>	
6	New Business		
6.1	Work Plan Review	<p>J. Kehoe reviewed a draft work plan with the group including;</p> <ul style="list-style-type: none"> • Infrastructure – leadership, advisory groups, subcommittees, guiding principles; <ul style="list-style-type: none"> ○ Clarity was asked for around leadership and advisory roles. The advisory groups would be committees that have a member or members sit on the leadership committee. Details will need to be flushed out for this. <p><i>B. Dokis left the meeting.</i></p>	

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		<ul style="list-style-type: none"> • Membership – this will contain a listing of the planning committee and subcommittee members. Some thought committees shouldn't be set up just for the sake of setting them up and more focus is needed on the deliverables; • Work Plan Overview – items were populated agreed to in the full application and placed in this overview; • Full Workplan; • Partnership Map – this looks at the two populations of focus and how each organization will agree to these goals. These are the concrete actions the group will accomplish. This information needs to be developed. • Risks/Mitigation; • Quadruple Aim; and • Performance Measures – these were inputted from the full application. <p><i>S. Dudgeon left the meeting.</i></p> <p>The group had a discussion around homecare and creating a solution for homecare. It was discussed that a plan is needed before a solution is made. Engagement with SPOs, clients and other partners will be needed to create a plan and talk about the end goal. Homecare is not the quick win that this group is looking for at this time. More data is needed before homecare can be tackled. A patchwork solution won't get the group to where they want to be on a sustainable basis.</p> <p>It was thought it would be nice to have a short term and long term plan for the OHT. Homecare being in the long term care. It was noted that there are already wins happening between organizations that can be captured and doesn't necessarily all have to be brand new items. Some of these projects could be leaned on while the OHT works towards the long term plan items. Current projects being worked on included;</p> <ul style="list-style-type: none"> • MH Crisis Beds; • Police/Hospital/Partnership Transitions; • RAAM Clinics; • Hospice/Palliative Care Education; • Geriatrician Hired for Area; 	

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		<ul style="list-style-type: none"> • 22 Transitional Beds (moving ALC LTC patients out of hospital); • High utilization of nursing virtual care (room to grow); • Implementation of Hospice at Home Beds; and • MHART Program <p><i>G. Sims left the meeting</i></p> <p>It was thought a specific meeting is needed to develop the partnership map deliverables. Each organization can identify three things to accomplish (short term or long term) to be discussed at the meeting and ranked by partners. It was also voiced that organizations should look at how to work together in a different kind of way following set guiding principles. The quadruple aim could be referenced for these guidelines. All were encouraged to look at this from a Grey-Bruce lens rather than by organization.</p> <p>The group then moved to Item 5.3 on the agenda.</p>	
6.2	Request for Further Engagement Information <ul style="list-style-type: none"> • Physician Engagement Survey, Engagement Respondents etc. 	A request has been received to know which boards have replied with engagement feedback and the group discussed releasing this information. There was concerns from the requested of only having 8 board contribute. The 8 boards are the ones that provided formal responses. Some board gave more informal feedback through there planning meeting representative. The group thought the information could be release stating that informal responses were provided directly through planning committee members.	
6.3	Admin Support Request from Physician/NP Group	A request was made around Administrative support for the physician/NP group. Owen Sound FHT is helping with minutes but there is a need for help communicating and collating emails etc. There was no organization that volunteered at this time. Will reach out to all members by email. Transformation Lead let the physician know she can support with information requests for this group. The group also noted that it needs to be discussed how these advisory groups will be supported in the future.	
7	Round Table	Confirmed that the draft work plan will be sent to the group for review. Organizations will send three priorities to be reviewed by the whole group using a priority setting exercise. These priorities should impact the five indicators in the full application.	

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		<p><i>D. Ford</i> Reiterated that work need to be done on getting patient members to the table. A process will be brought back at a future meeting to work through.</p>	
8	Date of Next Meeting	The next meeting will be on December 10, 2020 at 0800 hours.	
9	Adjournment	The meeting adjourned at 1457 hours	