

# Grey Bruce Ontario Health Team Planning Committee

**Date:** Tuesday, February 9, 2021

**Time:** 1300-1500 hours

**Place:** GoToMeeting

**Present:** Gerry Glover - Co-Chair (FHT), Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Dr. Angela Cavanagh (Physician Representative), Phil Dodd (Keystone Child, Youth & Family Services), Stephanie Dudgeon (BAFHT), Dave Ford (HFHT), Lauren Garner (SW Frail Senior Strategy), Alex Hector (Grey Bruce Hospice), Dr. Alex Hodgson (Chapman House and Physician Representative), Jennifer Kehoe (GB OHT Transformational Lead), Dr. Rachel Kieffer (Physician Representative), Pamela Loughlean (Peninsula FHT), Ray Lux (Bruce County –Paramedic Services), Clark MacFarlane (CMHAGB), Allan Madden (SEGCHC), Kevin McNab (Grey County – Paramedic Services), Kelly McIntyre Muddle (SW Frail Senior Strategy), Steve Schaus (Bruce County – Paramedic Services), Gary Sims (GBHS), Andy Underwood (Home and Community Supports Grey Bruce); Daryl Nancekivell (Vice President, South West LHIN Home and Community Care)

**Guest(s):** Taylor Holdsworth (SBGHC), Kathleen Roppel (South West LHIN Home and Community Care)

**Regrets:** Sue Byers (Sauble FHT), Jennifer Cornell (Director Long Term Care – Grey County), Brian Dokis (SOAHAC), Lynn Hinds (Vice President Strategy, System Design and Integration, Ontario Health), Paul Hoban (OSFHT), Cynthia Porter (Chippewas of Nawash Unceded First Nation Health Centre),

**Recorder:** V. Cumming

	Topic	Discussion	Action
1	Call to Order	Co-Chair called the meeting to order at 1300 hours.	
2	Land Acknowledgement	<p>Co-Chair 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"> <li>• Chippewas of Nawash Unceded First Nation, and</li> <li>• Saugeen First Nation</li> </ul> <p>Co-Chair 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</p>	

	Topic	Discussion	Action
		reconciliation.	
3	Approval of Agenda	Moved and Seconded <b><i>THAT the agenda be approved as presented.</i></b> MOTION CARRIED.	
4	Approval of the Minutes – January 12, 2021	Moved and Seconded <b><i>THAT the minutes from January 12, 2021 be approved as presented.</i></b> MOTION CARRIED.	
5	Business Arising from Previous Meetings		
5.1	Ministry Virtual Visit Jan 25 – summary	Co-Chair updated the group that the Ministry Virtual Visit on January 25 <sup>th</sup> was a successful visit. It was identified that there is still work to be completed in regards to patient engagement. The hope is to hear next steps in a few weeks.	
5.2	Year 1 Intervention/Projects <ul style="list-style-type: none"> <li>Defer until after Data Review Session</li> </ul>	This item is to be deferred until the data review session is complete. There is some data being reviewed later on the agenda with outstanding items to be received in two weeks' time.  It was suggested to have the hospital data staff meet to consolidate the data needed.	Transformation Lead will touch base with the hospital organizations to organize meeting of data staff.
5.3	Collaborative Decision-Making Arrangement (CDMA) Subcommittee Update	Co-Chair reported; <ul style="list-style-type: none"> <li>The subcommittee is comprised of Michael Barrett, Alex Hector, Paul Hoban, Dana Howes, Gerry Glover, Clark MacFarlane and Allan Madden. The subcommittee met on January 28, 2021 and February 1, 2021.</li> <li>The CDMA template options were reviewed and compared by the subcommittee. After thoughtful discussion by the CDMA Subcommittee they recommended that the GB OHT adopt the Ontario Health Team Collaboration Agreement (Collaboration Agreement) with modification to the dispute resolution section of the CDMA to reflect a sector approach to conflict/dispute resolution – 1 representative from each sector will vote. Ideally, with time, the agreement would evolve to a Framework Agreement and a network inventory would need to be completed to get there. This would determine that sectors have a Network that is meeting regularly to</li> </ul>	

	Topic	Discussion	Action
		<p>report to the OHT.</p> <p>Examples of what other OHT's are doing was reviewed and discussed as well among the CDMA Sub-Committee members. The collaboration agreement is where the GB OHT is today as there has not been strong sector representation in the past. A robust system will need to be in place before moving to the framework model. It is the right approach for today recognizing the OHT and CDMA will evolve over time.</p> <p>It was noted that if the CDMA is done correctly, other organizations that didn't sign on may do so. This will be a good path forward.</p> <p>The decision was made based on the information provided and it will be an evolving process. The group should be open to learning as we go and the goal is to create a structure that will serve patients to the best of our ability.</p> <p>Moved and Seconded  <b><i>THAT the Grey-Bruce Ontario Health Team Planning Committee accepts the CDMA Subcommittee recommendation to utilize the Ontario Health Team Collaboration Agreement as follows;</i></b> <ul style="list-style-type: none"> <li>• <b><i>With modifications to the dispute resolution section of the CDMA to reflect a sector approach to conflict/dispute resolution – 1 representative from each sector will vote.</i></b></li> <li>• <b><i>Ideally, and with time, the agreement will evolve to a Framework Agreement.</i></b></li> </ul> <p>MOTION CARRIED</p> </p>	
5.4	<p>Engagement Subcommittee Update</p> <ul style="list-style-type: none"> <li>• Patient, Family Caregiver Strategy and Compensation</li> </ul>	<p>Engagement Sub-Committee Chair reported;</p> <ul style="list-style-type: none"> <li>• The Engagement Subcommittee met on January 27, 2021. The group looked at the Patient, Client, Family and Caregiver Advisory Committee (PCFCAC) Terms of Reference and the Patient Engagement Strategy. These items will help get patients involved and engaged.</li> <li>• The draft PCFCAC Terms of Reference put together last October was used for the basis of the discussion. A few items were added and it was agreed that the general direction of the TOR would be to provide diversity. The selection process of membership was discussed and the GB OHT Planning Committee would have final approval of membership. Groups will be reached out to</li> </ul>	

	Topic	Discussion	Action
		<p>that don't come forward either by population, sector or geography. Some sectors may be well orientated but will need to be orientate to health care in general and the OHT. There has been ongoing discussion around compensation for members. The subcommittee thought expenses could be reimbursed but not their time. There is information in the patient engagement strategy around recruitment and feedback will be asked for around the approach. Documents will be finalized and circulated to the GB OHT Planning Committee for review.</p>	
5.5	Physician/NP Council Update	<p>Physician Representative reported;</p> <ul style="list-style-type: none"> <li>• The Physician/NP Council has been meeting regularly every few weeks. They are working with the Ontario Medical Association (OMA) to gain a wider outreach and build a contact list.</li> <li>• The terms of reference for the group is being worked on and they discussed using alternatives to provide flexibility with physician attendance at the OHT table.</li> <li>• A letter, adapted from Huron Perth with permission, will be put together with information around the COVID-19 vaccine. The group would like to circulate this to show support of the vaccination program. Would like to put on OHT letterhead. Request for Transformation Lead assistance.</li> <li>• Next meeting will be February 18, 2021 at 7pm.</li> </ul> <p>Physician Representative let the group know that the council discussed geographical representation. Data was reviewed including Family physicians, NP's and Specialist mapped out to determine geography. This information can be shared with the group.</p> <p>The GB OHT Planning Committee discussed delegate representation and thought that the current terms of reference allows for this. The delegate would need to be up to date with current information. Terms were also discussed as an option.</p> <p>The physicians were recognized by the GB OHT Planning Committee for their hard work and time spent organizing this group.</p>	
5.6	Social Media Update – pause setting up a Grey Bruce OHT Facebook	Initiating a Grey Bruce OHT Facebook account will be paused until communications support is in place to maintain and track comments.	

	Topic	Discussion	Action
	account until Communications support in place	<p>It was noted that the main method of communication is the website at this time. The level of interest in the OHT is going to increase every day and it should be discussed how this will be managed sooner rather than later.</p> <p>There is currently a sign up for distribution of communications through the website. All were encouraged to continue engaging their Board and Patient Advisory groups with regular standing updates.</p>	
5.7	Transformation Lead Updates	<p>Reviewed work plan, outlining what has been completed and next steps. Provided updates on webinars, meetings, and website updates.</p>  <p>Transformation Lead Updates Feb 9:</p> <p>Additional information on the COVID-19 Remote Patient Monitoring (RPM) operational meeting shared by planning committee members in attendance: Ontario Health West COVID-19 RPM Lead Clinician to develop draft escalation pathways for Grey Bruce review. Communications will be updated based on feedback from operational meeting.</p>	
<b>6</b>	<b>New Business</b>		
6.1	Data Review & Inventory of MHA & Frail Seniors Initiatives in Grey Bruce	<p>A slide deck containing a data review and initiatives inventory was shared. The high level overview included;</p> <ul style="list-style-type: none"> <li>• Patient Declaration of Values for Ontario</li> <li>• Overview (GB OHT First Year Priority Populations and Performance Measures and First Year Targets)</li> <li>• Quadruple Aim Balanced Scorecard</li> <li>• HSPN: Overall Improvement Indicators (MH&amp;A, Older Adults, End of Life, Cost, Key Take-Aways)</li> <li>• HSPN: Performance Feedback</li> <li>• Home and Community Care Modernization</li> <li>• Data Review (Data Sources, Performance Measures Data, Survey Data, Frail Seniors Data, MH&amp;A Data)</li> <li>• Inventory of Interventions (Frail Seniors Initiatives &amp; MH&amp;A)</li> </ul>	

	Topic	Discussion	Action
		<ul style="list-style-type: none"> <li>• Next Steps (Recommendation 1 &amp; 2 for GB OHT Consideration)</li> </ul> <p>The group discussed the recommendations brought forward. It was explained that one recommendation would be to leverage the groups that meet regularly on these initiatives and the other would be that subcommittees are established.</p> <p>The group discussed the Frail Seniors working group. It was thought that this group was more southern based. The SW Frail Seniors Strategy representative provided information on the sub-regional implementation team. The Grey Bruce sub-regional SW Frail Senior Strategy Design and Implementation Team is a group made up of providers in Grey-Bruce. They are hoping to become involved as there is a lot of alignment. Membership was highlighted and it was noted that there are no physicians on the design and implementation group although there are some associated. Membership can be added as needed.</p> <p>The group discussed some of the pros and cons with each recommendation.</p> <p><i>M. Barrett and R. Lux left the meeting.</i>  <i>R. Lux left a round table item in the chat box before signing off</i>  <i>K. Roppel entered the meeting</i></p> <p>It was questioned if a terms reference will guide these committees. The Ministry has provided a project agreement that talked to agreements between organizations around projects. There is a template that can be made available.</p>  <p>rb19_4_blg-templat e-project-agreemen</p> <p>The group decided to table the discussion until the meeting to make a decision to allow adequate time for review of the material presented.</p> <p>It was asked that for a decision to be made the material should be received a week ahead of time and if the material is received in short order it could be table for the</p>	

	Topic	Discussion	Action
		<p>decision to be made at the next meeting. This would be a good standard practice.</p> <p><i>C. MacFarlane left the meeting.</i></p>	
6.2	High Intensity Supports at Home	<p>Hospice@Home presentation was provided by the South West LHIN guest. The presentation included;</p> <ul style="list-style-type: none"> <li>• High Intensity Supports at Home Funding</li> <li>• Challenges</li> <li>• eShift</li> <li>• Hospice@Home – Overview and Eligibility</li> <li>• Beds and Bed Board</li> </ul> <p>It was questioned if there was any engagement from the palliative collaboration or hospice around this initiative. Unfortunately the timeline to submit the initiative for funding limited the amount of engagement that could be completed.</p> <p>It was questioned when the responsibility for a project like this would be expected from the OHT and shift from LHIN personnel. The group was unsure on this answer but it was thought that the Ministry would give notification if duties were reassigned. All are aware of the quick turnaround requests for funding from the Ministry. The COVID-19 RPM program was used as an examples as some OHT's took on this project while other chose not to.</p> <p><i>K. Roppel and S. Schaus left the meeting</i></p>	
6.3	Subcommittee Membership	<p>This discussion will be deferred to the next meeting to allow more time for discussion. The discussion will be about the need to broaden subcommittee membership to distribute the work load and to discuss if membership can be broadened beyond planning committee.</p>	
6.4	Voting & Onboarding New Members	<p>Deferred.</p>	
7	<b>Round Table</b>	<p>It was noted in the chat box that Bruce County Paramedic Services have started the Community Paramedicine program and are looking to expand provided more funding is received. Primarily they are supporting Wiarton and Lion's Head although patients in other areas of Bruce County too.</p>	

	<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
8	<b>Date of Next Meeting</b>	The next meeting will be on February 23, 2021 at 1300 hours.  Meetings will now occur the 2 <sup>nd</sup> /4 <sup>th</sup> Tuesday of the month.	
9	<b>Adjournment</b>	The meeting adjourned at 1500 hours	