

# Grey Bruce Ontario Health Team Planning Committee

**Date:** Tuesday, January 12, 2021

**Time:** 1300-1500 hours

**Place:** GoToMeeting

**Present:** Gerry Glover - Co-Chair (KFHT), Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Sue Byers (Sauble FHT), Phil Dodd (Keystone Bruce Grey), Brian Dokis (SOAHAC), Stephanie Dudgeon (BAFHT), Dave Ford (HFHT), Alex Hector (Grey Bruce Hospice), Dr. Alex Hodgson (Chapman House, and physician rep), Jennifer Kehoe (GB OHT Transformational Lead), Pamela Loughlean (Peninsula FHT), Ray Lux (Bruce County –Paramedic Services), Clark MacFarlane (CMHAGB), Allan Madden (SEGCHC), Kevin McNab (Grey County – Paramedic Services), Steve Schaus (Bruce County – Paramedic Services), Gary Sims (GBHS),

**Guest(s):** Daryl Nancekivell (Vice President, South West LHIN Home and Community Care), Taylor Holdsworth (SBGHC)

**Regrets:** Dr. Angela Cavanagh (physician rep), 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 (physician rep), Cynthia Porter (Chippewas of Nawash Unceded First Nation Health Centre), Andy Underwood (Home and Community Supports GB)

**Recorder:** V. Cumming

	Topic	Discussion	Action
1	Call to Order	Meeting called to order at 1300 hours.	
2	Land Acknowledgement	<p>Meeting started 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>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	<p>Moved and Seconded  <b>THAT the agenda be approved as presented.</b>  MOTION CARRIED.</p> <p>An email was received earlier today from the Ministry of Health regarding the Full Application. They have requested a virtual “community” visit to have a conversation regarding the application. The request was the visit take place either the week of January 18 or January 25 with flexibility if needed due to COVID-19. It is under the team’s discretion on who participates in the visit. An email will be sent out to gauge who would be interested in participating in the virtual visit.</p>	
4	Approval of the Minutes – December 8, 2020	<p>Moved and Seconded  <b>THAT the minutes from December 8, 2020 be approved as presented.</b>  MOTION CARRIED.</p>	
5	Business Arising from Previous Meetings		
5.1	Year 1 Intervention/Projects	This item was deferred until after a data review session.	
5.2	<p>Work Plan</p> <ul style="list-style-type: none"> <li>Operational Work Plans to be completed by Subcommittees</li> <li>Phased approach to Year 1</li> </ul>	Reviewed a work plan document with the group that included a phased timeline for Year 1. The work plan outlines action steps, details and responsibility.	
5.3	Engagement Update	<ul style="list-style-type: none"> <li>A discussion occurred earlier this month with Lisa Thomson, MPP. She is pleased with the group’s progress but did express concern that not everyone is signed on. Huron-Perth OHT is in her riding so she does have some experience with OHT’s.</li> <li>Presentation was completed at the Town of Blue Mountains Council. To this point no OHT’s have reached out to their council. They brought forward that Jim Wilson is the MPP in their area and encourage the GB OHT to meet with him. The Council spent a lot of time on increasing access to Primary Care as it is a huge issue in their region. There are limited family physicians and nurse practitioners. They wanted to know how the GB OHT would fix this issue and there is not an answer for this at this time. They will be good</li> </ul>	<p><b>Consider reaching out to MPP Jim Wilson as per Town of Blue Mountains recommendation</b></p> <p><b>To ask Ontario OHT CoP how other OHTs engage regarding boundary communities</b></p>

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		<p>partners moving forward and are an engaged group. They will be sending forth a letter for the GB OHT Planning Committee to review and endorse related to internet access.</p> <ul style="list-style-type: none"> <li>• The group discussed boundary communities and how other OHT's can be engaged that have cross over patients. Topic to be brought forward to the Ontario OHT Community of Practice for discussion.</li> <li>• Presentations were also provided to the municipalities in Kincardine and Huron-Kinloss.</li> <li>• A delegation to the Indigenous Health Council will be scheduled in March.</li> </ul>	
5.4	Physician/NP Council Update	<ul style="list-style-type: none"> <li>• A meeting is scheduled for January 18<sup>th</sup> to review a terms of reference and formalize the physician/NP group. It will ensure physicians signing on agree with having representatives from all areas. This advisory group will elect/nominate who will attend the GB OHT Planning meetings.</li> <li>• Have not been successful in having Administrative support for the creation of agenda/minutes and scheduling. Owen Sound FHT has been providing some support at this time and the Transformation Lead will continue linking the group to resources or liaising with Provincial CoP if requested.</li> </ul>	
<b>6</b>	<b>New Business</b>		
6.1	COVID-19 Remote Patient Monitoring (RPM) Update	<ul style="list-style-type: none"> <li>• The COVID-19 Remote Patient Monitoring program is available in Grey-Bruce through Home and Community Care. The goal is to promote this program amongst partners. There has been more information added to the pamphlets including the patients that can be considered. Any probable cases, especially with high risk factors, should be considered and can be referred before a confirmed positive result is received.</li> <li>• An operational working group is being put together and it was asked that all organizations send a clinical lead to participate. As Ontario moves into surge and capacity issues this would be an important program to utilize.</li> </ul>	<b>Organizations to provide contact information for clinical leads for COVID-19 RPM Operational meeting</b>
6.2	Collaborative Decision-Making Arrangement (CDMA) – Overview	<p><b>Please note this item was discussed after Item 6.3 on the agenda;</b></p> <p>High level overview of the Collaborative Decision-Making Arrangement (CDMA) provided. A slide deck was presented to the group including;</p> <ul style="list-style-type: none"> <li>• Ministry Requirements <ul style="list-style-type: none"> <li>○ Checklist of minimum Ministry specifications;</li> <li>○ CDMA Attestation Form – the OHT must sign to attest to meeting</li> </ul> </li> </ul>	

	Topic	Discussion	Action
		<p>the checklist requirements; and</p> <ul style="list-style-type: none"> <li>○ Examples of how OHTs are fulfilling the CDMA requirements.</li> <li>• CDMA <ul style="list-style-type: none"> <li>○ Collaborative Governance templates and options. There are 2 CDMA templates to choose from depending on decision-making structure; and</li> <li>○ Template Components.</li> </ul> </li> <li>• Fund Holder Indemnity Agreement <ul style="list-style-type: none"> <li>○ Details of OHT implementation funding;</li> <li>○ Objectives of funding;</li> <li>○ Process for implementation funding;</li> <li>○ Fund holder criteria and selecting a fund holder; and</li> <li>○ Fund holder and indemnity agreement components.</li> </ul> </li> <li>• Project Agreement <ul style="list-style-type: none"> <li>○ Components of project agreement.</li> </ul> </li> <li>• OHT Structures <ul style="list-style-type: none"> <li>○ Various OHT structure examples were shared from Huron Perth &amp; Area, Oxford and Area, Western, Mississauga;</li> <li>○ A draft Grey-Bruce OHT structure was shared to initiate discussion.</li> </ul> </li> </ul> <p>Resources were shared along with potential next steps/timeline for the group to complete the CDMA process.</p> <p>It was confirmed that the CDMA process needs to be completed before funds can flow to the OHT. The group thought it would be worth going through the process without the template instead of trying to fit into existing boxes. It was also agreed that the initial work should be done by the Governance Subcommittee with a name change to the “CDMA Subcommittee” requested. It was thought that identifying gaps is a great starting point but it is not practical for a large group to complete this work.</p> <p>Moved and Seconded  <b>THAT the Grey-Bruce Ontario Health Team Planning Committee rename the “Governance Subcommittee” to the “Collaborative Decision-Making Arrangement (CDMA) Subcommittee”.</b>  MOTION CARRIED</p>	<p><b><i>Collaborative Decision-Making Arrangement (CDMA) Subcommittee meeting to be scheduled.</i></b></p>

	Topic	Discussion	Action
6.3	Patient, Client, Family, Caregiver Engagement Review and Draft Strategy	<p>Review of a slide deck regarding Patient, Client, Family, and Caregiver Representations. The slide deck included the following;</p> <ul style="list-style-type: none"> <li>• Environmental Scan Summary: Cohort 1 OHTs, South West LHIN, Adjacent OHTs, Provincial OHT CoP and Patient, Caregiver Family Forum;</li> <li>• Resources and education links were provided;</li> <li>• Patient Representation outlined in the GB OHT Full Application;</li> <li>• Processes to be determined for recruitment, roles and orientation. It has been advised to discuss compensation early on in this process; and</li> <li>• Key questions were brought forward for consideration. <ul style="list-style-type: none"> <li>○ <i>Will recruitment go public or only include existing Patient, Family Advisory Committees (PFAC)?</i> The group thought the best option would be a combination of both. The advantage of putting this out to the public would be that applicants aren't necessarily associated with an organization. There is also a benefit of utilizing current PFAC members as they have existing knowledge and background of sectors. It was thought that a public posting could be done with the encouragement of current PFAC members to apply.</li> <li>○ <i>How many representatives per group?</i> The group agreed that the advisory group would be a larger group and that 2 per subcommittee group is a good guideline to follow.</li> <li>○ <i>Will patient partners be compensated?</i> Many OHTs are currently discussing this and it is important to determine this early on. It was thought that providing compensation warrants discussion and an interview process and may result in improved accountability. The group discussed covering strictly expenses or going above that. The same conversations are happening at the Physician's Council as well as they currently do not receive compensation for their time. The group agreed to have a subcommittee put together a recommendation to be brought back to the GB OHT Planning Committee including a comparison of what other OHTs are doing. It was also noted that a skills based matrix could be applied to the recruitment process.</li> <li>○ <i>Will subcommittee or entire planning committee review draft Patient Engagement Strategy (included in meeting package)?</i> It was</li> </ul> </li> </ul>	<p><b>Schedule Engagement Subcommittee meeting to</b></p>

	Topic	Discussion	Action
		determined that this would fall to a subcommittee. It was agreed that the current Engagement Subcommittee will take on the above work.	<i>review compensation and strategy.</i>
6.4	Facebook Update	Information about building a social media presence was presented. A social media outline was shared for Facebook including examples of communication posts. The group discussed comments and monitoring of the account. More conversation will continue to determine details around comments and monitoring the account.	<i>Defer until Communications support in place</i>
7	<b>In-Camera Session</b>	Moved and Seconded <b><i>That the meeting move to in-camera at 1457</i></b> Motion Carried  Moved and Seconded <b><i>That the meeting move out of in-camera at 1525</i></b> MOTION CARRIED	
8	<b>Round Table</b>	No further discussion.	
9	<b>Date of Next Meeting</b>	The next meeting will be on February 9, 2021 at 1300 hours.	
10	<b>Adjournment</b>	The meeting adjourned at 1525 hours	