

Grey Bruce Ontario Health Team Planning Committee

Date: Tuesday, February 23, 2021

Time: 1300-1500 hours

Place: GoToMeeting

Present: Gerry Glover - Co-Chair (KFHT), Dana Howes - Co-Chair (HDH), Michael Barrett (SBGHC), Dr. Angela Cavanagh (Physician Representative), Phil Dodd (Keystone Child, Youth & Family Services), Dave Ford (HFHT), Alex Hector (Grey Bruce Hospice), Dr. Alex Hodgson (Chapman House and Physician Representative), Jennifer Kehoe (GB OHT Transformational Lead), Dr. Rachel Kieffer (Physician Representative), Ray Lux (Bruce County –Paramedic Services), Clark MacFarlane (CMHAGB), Daryl Nancekivell (Vice President, Home and Community Care), Steve Schaus (Bruce County – Paramedic Services), Gary Sims (GBHS), Andy Underwood (Home and Community Supports Grey Bruce), Kevin McNab (Grey County – Paramedic Services),

Guest(s): Taylor Holdsworth (SBGHC), Naomi Vodden (GBHS)

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

Recorder: V. Cumming

| | Topic | Discussion | Action |
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| 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"> • Chippewas of Nawash Unceded First Nation, and • Saugeen First Nation <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 reconciliation.</p> | |

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| 3 | Approval of Agenda | Moved and Seconded <i>THAT the agenda be approved as amended to move item 5.6 to the first item on the agenda.</i> MOTION CARRIED. | |
| 5.6 | Home Care Modernization Update | <p>This item was approved by the committee to be discussed first on the agenda.</p> <p>The Home and Community Care representative shared information from a webcast that occurred around homecare modernization. 14 home care organizations will separate from the SW LHIN and be renamed. Similar timing of April 1, 2021 has been set as last year before the pandemic. Timeline about policies and legislation will be put in place for the fall. The focus continues to be COVID-19 response.</p> <p>It was questioned how this change will help patients receive more home care and if there is a plan in place for health human resources. It was explained that things seemed to be remaining status quo. There have been strategies put together around nursing. The challenge in terms of homecare is the rural nature and recruitment and retention of health human resources. The demand continues to outweigh the supply.</p> <p>The group discussed if there are any parts of the province doing home care modernization currently. In the west region there is no change happening other than year 1 discussion within working groups. There is talk about what home care could look like but there has been no action.</p> <p>It was questioned how new initiatives that have been put in place (transitional care beds, Hospice@Home) fit into the long term outlook. There are end dates set to these contracts. The transitional care beds have been consistently full. The Hospice@Home is an existing model. It organizes volumes of care and allows to hire more staff. Contract will come up for discussion as well.</p> | |
| 4 | Approval of the Minutes – February 9, 2021 | Moved and Seconded <i>THAT the minutes from February 9, 2021 be approved as presented.</i> MOTION CARRIED. | |

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| 5 | Business Arising from Previous Meetings | | |
| 5.1 | Year 1 Interventions/Projects <ul style="list-style-type: none"> • Discussion: <ul style="list-style-type: none"> ○ Data Review & Inventory of MHA & Frail Seniors Initiatives in Grey Bruce ○ Options for Year 1 Priority Population Initiatives/Projects Planning • Decision Point: <ul style="list-style-type: none"> ○ Option Selection | <p>It was updated that the hospital data specialist have met to make sure all data is pulled from the same source etc. There is one more report to be completed and this information will be brought back to the next meeting.</p> <p>The recommendation of two options was brought forward at the last meeting. It was suggested to pause in order to complete the Collaborative Decision Making Arrangement (CDMA) before moving forward with the work of the subcommittee groups. It was clarified that implementation funding will not be received until the CDMA is complete. The CDMA would help with the visionary aspect of understanding if the group is working towards its vision or not. The group talked through the pros and cons. Not all were in agreement with completing the CDMA first before beginning subcommittee work that would help improve patient care.</p> <p>The CDMA Sub-Committee has been meeting and there is a work plan in place to complete the template. The draft template would be brought back to the GB OHT Planning Committee for approval. The Sub-Committee has been able to have a majority consensus thus far with decisions being made. The Sub-Committee has decided to utilize the collaboration template and there are some blanks that need to be filled in. Working on the CDMA won't prevent collaborations to provide patient care outside of the process. Projects could continue but may not be considered GB OHT projects without the funding and CDMA in place.</p> <p>Moved and Seconded <i>THAT the Grey-Bruce Ontario Health Team (GB OHT) Planning Committee agrees that the completion of the Collaborative Decision Making Arrangement (CDMA) will be the priority for the group moving forward and that it be used in making decisions around what Year 1 priorities will be.</i></p> <p><i>This does not exclude partners from collaborating and participating in projects that could become future Year 1 priorities.</i></p> <p><i>On or before the second meeting in June a draft CDMA will be brought forward to the GB OHT Planning Committee.</i></p> <p>MOTION CARRIED</p> | |

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| | | <p><i>D. Nancekivell left the meeting.</i></p> <p>The Grey Bruce Frail Senior Design and Implementation Group provided a slide deck to clarify questions discussed at the previous meeting. Clarification was provided on how the group is organized and operates along with membership.</p> <p>The group discussed working with the group moving forward and it was agreed to do so. The GB OHT Planning Committee would like to leverage items they are working on and build on that.</p> <p>The group discussed the possibility of working with other groups vs. creating new subgroups. It was noted that mental health and addictions do have a network table and a drug and alcohol structure of groups as well. The group thought it was a good idea to leverage these groups but there would need to be clarity of what the working relationship would be. This may tie into the CDMA.</p> | |
| 5.2 | Collaborative Decision-Making Arrangement (CDMA) Subcommittee Update | An update was provided under Item 5.2. | |
| 5.3 | Engagement Sub-Committee Update | Engagement Sub-Committee Chair reported that there is a meeting on February 24 th and there is a package ready to review. The package includes patient/client/family/caregiver terms of reference, strategy for recruitment and orientation process. A full report will be given at the next meeting. | |
| 5.4 | Physician/NP Council Update | <p>Physician Representative reported;</p> <ul style="list-style-type: none"> • The Physician/NP Council continues to meet and is working with the Ontario Medical Association to put together a terms of reference for the group. Within the council there will be 7 positions that will make up a governance sub-committee. • Work is being done to determine geographical representations. The hope is to have 4 people attend the GB OHT Planning Committee meetings with staggered terms. • A draft letter was included in the agenda supporting the COVID-19 vaccine. There were no changes suggested and the group was in agreement with sending out this letter on GB OHT letterhead. | |

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| | | <p>It was questioned what the attendance at this meeting has been. It has been variable with different people attending. Approximately 30 people have attended each meeting but it is not the same people. Dr. Savaria and Dr. Hodgson have a presentation planned for the specialists who have been underrepresented thus far to grow this group. It was noted that the people attending this meeting have represented the area well geographically.</p> <p>Overall the physicians/NP's who attend the meeting are engaged but there is a wide range of perceptions in the group as a whole. Once the physicians/NP's see work coming from the GB OHT then there may be more buy in.</p> | |
| 5.5 | <p>Social Media Update</p> <ul style="list-style-type: none"> Exploring a Grey Bruce Facebook page paused until Communications support in place. Keeping on agenda as placeholder | Deferred | |
| 5.7 | Transformational Lead Updates | <p>Reviewed work plan outlining what has been completed and next steps. Provided updates on webinars and meetings attended. These included;</p> <ul style="list-style-type: none"> South Georgian Bay OHT Project Manager meeting (Feb 10) Ministry OHT Virtual Engagement Series (Feb 11) Implications of COVID-19 and other external influences impacting local poverty reduction efforts, hosted by Tamarack (Feb 17) Provincial OHT Community of Practice (Feb 18) GBIHC (Feb 18) | |
| 6 | New Business | | |
| 6.1 | Budget Update & 2021/2022 OHT Contributions | <p>The budget was reviewed with the group and the process for 2021/22 was discussed. Once all invoices are received it will be determined if there is a surplus and this can be removed from 2021/22 allocation. The group liked the idea of moving the surplus forward but requested it be assigned a percentage rather than a dollar value. Final totals will be sent out before March 31, 2021 to the group.</p> <p><i>N. Vodden left the meeting.</i></p> | |

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| 7 | Round Table | <p><i>Dr. R. Kieffer</i> Informed the group that she will be stepping down from the planning committee. Dr. Savaria will be joining and will be briefed on the current events of the group.</p> <p><i>K. McNab</i> Grey County Paramedic Services was approved for LTC funding. He will be reaching out to set up some discussions around this funding.</p> | |
| 8 | Date of Next Meeting | The next meeting will be on March 9, 2021 at 1300 hours. | |
| 9 | Adjournment | The meeting adjourned at 1438 hours | |