Grey Bruce Sub-region Integration Table
MINUTES

Date: Tuesday, August 7, 2018 **Time:** 1 pm - 4 pm
Location: Owen Sound LHIN Office, 1415 1st Ave W, Owen Sound, Georgian Room North & South

Attendees

√	Jo-Anne Cook, *Delegate* for Andy Underwood, Community Support Services	√	Barbara West Bartley, Patient, Family & Caregiver Partner
√	Bob Small, Home & Community Care	√	Dr. Elyse Savaria, Primary Care Alliance Co-lead
√	Dr. Ian Arra, Public Health	x	Dr. Keith Dyke, Sub-region Clinical Lead
√	Gerry Glover, Primary Care	√	Ian Reich, Home & Community Care
√	Katrina Wilson, Hospital	√	Sarah Cowley, Interim Mental Health & Addictions
x	Tracee Givens, Interim Long Term Care	x	Vacant, Indigenous Lead
x	Vacant, Patient, Family & Caregiver Partner	x	Vacant, Patient, Family & Caregiver Partner
√	Rose Peacock, Health System Planner GB	√	Samantha Colwell, Interim Director, Planning and Integration, GB
		√	Alexa Attard, Executive Assistant, GB/HP/Oxford

Item	Topic or Subject	Action(s)
1	**Welcome**	
2	**Approval of August Agenda and July Minutes** • agenda and minutes approved	
3	**Standing Items:** HSRAC Update • No update PFAC Update • PFAC gave a presentation to the South West LHIN Board in June • Barb will be an observer at the next Board meeting • Next meeting will be in September and PFAC will celebrate its first year accomplishments PCA Update • Held a July meeting • Primarily information sharing meeting	Further clarification from Elyse as to what meeting was held in July?
4	IHSP engagement – follow up and next steps • Members received a summary document from the engagement conducted by Optimus at the last SRIT meeting. This document is NOT for sharing at this time but for members to review	**ACTION:** members to review the contents and to bring back any concerns to the September meeting
5	Round table/sector updates Hospital: • Respirator canisters to be used in the event of a nuclear accident were provided to hospitals some years ago and are now out of date. They need	

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	replacing but ministry will not be funding. Hospitals trying to determine next steps. Will be looking to Bruce Nuclear for background and advice. • Katrina has arranged a meeting on September 4th with Bill Walker MPP and Grey Bruce hospitals CEOs and CNEs to discuss mental health pressure in Grey Bruce sub-region. It was suggested that hospital Chiefs of Staff also attend. Dr. Dyke should be included as he is the physician for Bruce Power. GB LHIN staff member(s) will also attend Public Health • Grey Bruce opioid deaths are very low relative to provincial rates. Not sure if this may be related to education campaigns and successful naloxone kit distribution • Project to send immunization records from primary care directly to public health on hold for now as new government is reviewing programs and services Mental Health and Addictions • New integrated organization, CMHA Grey Bruce will become official on September 1st • New ED, Clarke McPherson, is now working out of the present CMHA LHIN Home and Community Care • HCC case load re-design for community care coordinators is nearing completion. The goal is to have care coordinators linked to specific groups of physicians wherever possible. Some coordinators will still have geography specific caseloads due to the rurality of Grey Bruce • Goal is to launch new design in September. May be delayed if province still completing its review of programs and services	No actions for SRIT **ACTION:** Elyse and Rose will ensure Keith Dyke is aware
6	Creation of SRIT work plan – facilitated discussion to review draft driver diagrams and improvement ideas Mental Health and Addictions: Discussion highlights • Ensure addictions is not lost in change ideas • *Timely Access secondary driver*- increase list of services to include Schedule 1 pediatric and adult beds, psychiatric services and emergency care • Timely access includes "One Number" • need to look at other central intake/one-number models • *Promote Bounce Back* (BB): SRIT members have the capacity as a group to support (it is a physician referral program for mild to moderate depression) • Big White Wall (BWW), a virtual support group program is also a program SRIT could promote • *Create a communication strategy*: need to figure out how to streamline the information to ensure the client has the right access to Mental Health services • Family, caregiver support for new patients to Mental Health • PH role: promote mental healthiness, in schools, education around mental wellbeing, early detection • Ad transitions of care • CMHA has done process mapping for mental health.	**ACTION:** Alexa to send the link for the summary report of the KPMG report on the South West LHIN website **ACTION:** for a future meeting ask CSS lead agency to provide an overview of their one number, central intake and learned experience **ACTION:** LHIN staff will follow up with Dr. Dyke regarding One Number for MH&A and bring back to the group. **ACTION**: GB Sub-region Clinical Lead to provide table with brief overview of BB and BWW **ACTION:** once established, ask new CMHA to share process mapping **ACTION:** revise driver diagram and work plan according to conversation
7	**Break**	

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8	Continue creation of SRIT work plan <u>COPD: Discussion Highlights</u> • Health management groups, Public Health, Primary Care • is the role of this table the monitoring oversite role • Public Health to provide the information to those at risk • Need to engage appropriate people/organizations to ensure that plans are culturally appropriate for indigenous and francophone individuals and also other culturally diverse • Need to better understand Brockton FHT pilot and if there are opportunities for spread • engage with SOAHAC through a member of the Indigenous Committee and that we don't make decisions around culturally safe strategies but that they also lead the work • Gaps in Pulmonary Rehab Programs continues to be an issue • Promoting self-management programs needs to be added • a coordinated approach to smoking cessation is needed. This would include all sectors. Do pharmacies need to be part of this approach	**ACTION:** Gerry Glover to connect with ED at Brockton FHT to attend a meeting to speak to the pilot and the tools. Gerry will reach out to the broader primary care community in Grey Bruce and ask if they are involved in any pilots and project around COPD **ACTION:** PCA to look into what pulmonary programs are out there in Grey Bruce **ACTION:** LHIN staff to connect with Rachel LaBonte for an overview of the physician orientation. **ACTION:** revise driver diagram and work plan according to conversation **ACTION:** LHIN to invite South West Self-Management Team to the SRIT (November meeting) to present on prevention and self-management opportunities for COPD patients
9	Summary of discussion and next steps	
10	Today's Meeting Highlights • Sector representatives provided brief verbal updates on work underway in their sectors as it relates to sub-region work • Majority of meeting focused on reviewing driver diagrams for the Grey Bruce SRIT priorities and identifying which change ideas can be moved forward and/or support by the SRIT. • The identified change ideas are being incorporated into a draft work plan for review at September meeting.	
11	Adjournment - 3:46 pm	