

Grey Bruce Sub-region Integration Table MINUTES

Date: Tuesday, November 6, 2018 **Time:** 1 pm - 4 pm

Location: Owen Sound LHIN Office, 1415 1st Ave. W., Owen Sound, Georgian Room North & South

Attendees

x	Andy Underwood, Community Support Services	√	Barbara West Bartley, Patient, Family & Caregiver Partner
√	Bob Small, Home and Community Care	√	Clark MacFarlane, Mental Health & Addictions
√	Debbie Taylor, Health Link Project Lead GB	x	Dr. Elyse Savaria, Primary Care Alliance Co-lead
√	Dr. Ian Arra, Public Health	√	Dr. Keith Dyke, Sub-region Clinical Lead
√	Elaine White, Patient, Family & Caregiver Partner	√	Gerry Glover, Primary Care
√	Joe Antone, Indigenous Lead	√	Katrina Wilson, Hospital
√	Krista McMullen, Performance & Evaluation Advisor	√	Tracee Givens, Long Term Care
√	Rose Peacock, Health System Planner GB	√	Samantha Colwell-Castles, Director, Planning and Integration, GB
		√	Alexa Attard, Executive Assistant, GB/HP/Oxford

Item	Topic/Subject and Actions
1	<p>Welcome and Introductions Samantha introduced Joe Antone, Indigenous Lead and Krista McMullen, Performance & Evaluation Advisor</p>
2	<p>Approval of November Agenda and October Minutes</p> <ul style="list-style-type: none"> • November Agenda approved • October Minutes approved
3	<p>Development of a Health and Social Services Committees Communication Matrix</p> <ul style="list-style-type: none"> • Sam/Rose are developing an inventory of Health and Social Service Committees in Grey Bruce and gathering their Terms of Reference. Aim would be to look at opportunities to align committees with similar mandates to reduce duplication of effort <p>ACTIONS:</p> <ul style="list-style-type: none"> • Sam will bring together the Chairs of the Grey Bruce Integrated Health Coalition, Health Link Steering Committee, the Drug and Alcohol Strategy Group • Gerry happy to distribute list for feedback to the Family Health Team Executive Directors • Rose will tidy up list and bring a communication strategy to the next meeting • Rose will talk to the Chairs of these groups and re-look at this going forward
4	<p>Standing Items:</p> <p>Health System Renewal Advisory Committee (HSRAC) Update</p> <ul style="list-style-type: none"> • Group has not met since last meeting <p>Patient Family Advisory Committee (PFAC) Update</p> <ul style="list-style-type: none"> • Last meeting was in October • Discussed including Patient, Family, Caregiver partners as part of the education of health service provider patient relations staff • Barb has been trying to connect with patient relations staff at Grey Bruce Health Services • Attached is a briefing note with a Patient Engagement Plan update BN_SRIT_PFAC_PatientEngagementPlanUpdate.pdf

Item	Topic/Subject and Actions
	<ul style="list-style-type: none"> Barb I have tried to connect with the Patient Relations person in GBHS but there has been the whole back and forth and not getting ahead because we are not connecting Table members saw merit in having a Patient Family Caregiver partner involved with the SRITs COPD work (discussed later in agenda) <p>ACTION: Sam will facilitate a dialogue going between Barb and the patient relations staff at Grey Bruce Health Services</p> <p>Primary Care Alliance (PCA) Update</p> <ul style="list-style-type: none"> last meeting was in conjunction with SW Regional Cancer Program next meeting will be December
5	<p>SRIT Term of reference</p> <ul style="list-style-type: none"> Terms of Reference have been revised to reflect the evolution of the committee LHIN senior leadership will be reviewing and endorsing in the near future <p>ACTION: Please review and if there are things that concern you in the language, please let Rose know</p>
6	<p>Primary Care Consultation Update</p> <ul style="list-style-type: none"> Gerry and Sam have been meeting with the Family Health Team executive directors to begin developing a better understanding of how we can work together Discussions including supporting patients with COPD and challenges around mental health and addiction Next steps: <ul style="list-style-type: none"> a working group will be established and will include all of the Family Health Team executive directors, Bob Small, Joe Antone and Samantha Colwell to how we can share resources across the Family Health Teams <p>COPD specific</p> <ul style="list-style-type: none"> ProResp (respiratory equipment supplier) is a LHIN service provider and may be another organization to consider as part of the working group Also consider EMS and public health as part of the working group Need to ensure we aligning not duplicating models like the Brockton Family Health Team model that are already underway <p>Mental health and addictions specific</p> <ul style="list-style-type: none"> Discussed gaps in services for youths and identified some hot spots, LHIN has mental health and addictions nurses attached to school boards, so will looking at engaging education system through this link CMHA can provide training for staff at schools through the Assist program <p>ACTION: Clark, will send CMHA's Youth Addictions manager contact information to Sam to support the dialogue, Joan is the manager and I can send her details to Samantha</p> <p>ACTION: Clark and Sam to connect offline to discuss the Assist program</p> <p>ACTION: Consider including the child psychiatrist in Owen Sound and, Dr. Dick in Walkerton, a pediatrician that works with people with Eating disorders</p>
7	<p>Indigenous Voice Update - Joe Antone</p> <ul style="list-style-type: none"> Joe's visit to the Saugeen First Nations was discussed at the SRIT table. Hot spots for improving cultural safety, access, equity, service quality and delivery to Indigenous peoples within GB Healthcare organizations were discussed at the SRIT table. Further discussion as to next steps to address these issues at the hot spot organizations to take place.
8	<p>Primary Care Recruitment Strategy Update</p> <ul style="list-style-type: none"> Sam, Keith and Rose are working with Jane Tillmann from Health Force Ontario to develop a primary care summit for Grey Bruce Summit will bring partners together to learn about challenges in bringing physicians to Grey Bruce and how to work collectively to implement solutions.
9	<p>Hospital Sector Update</p> <ul style="list-style-type: none"> Grey Bruce hospitals along with partner hospitals in North Simcoe Muskoka are in a major refresh of the Cerner computer system to ensure stability Access and flow and support for mental health patients continues to challenge Grey Bruce hospital

Item	Topic/Subject and Actions
	<ul style="list-style-type: none"> Chiefs of staff are concerned that physicians can't refer directly to the new pediatric psychiatrist, rather they need to go through Keystone Child, Youth and Family Services. A meeting has been scheduled with Keystone to get a better understanding of referral processes; Bob and a care coordinator will join the next Chief of staff meeting scheduled with Keystone Hospital looking for a status update on the Behavioural Supports Unit application by Lee Manor. Sam reported that the application is still in the Ministry's approval process one of the CEOs is asking that I raise the issue on the BSO support
10	<p>Mental Health and Addictions (MH&A) Update</p> <ul style="list-style-type: none"> CMHA has hired a consultant to create strategic plan. Work will include engaging community partners Will be exploring different service delivery models Integration is still underway bringing together payroll, policies, IT systems, service delivery models etc.
11	<p>Long-Term Care Home (LTCH) Update</p> <ul style="list-style-type: none"> Sam and Tracee have been working to engage the LTCHs to identify of priorities within LTCHs. They will be meeting with the homes at the next LTC network meeting in mid-November Homes have received a base increase in their BSO funding Ministry has adjusted fall prevention programs to help avoid unnecessary transfers to hospitals <ul style="list-style-type: none"> Sam and I have connected taking this to GB and identifying our priorities, I have reached out to half of the homes to allow them to do some thinking and our network meeting is scheduled for Nov 16th
12	<p>Community Support Services (CSS) Update</p> <ul style="list-style-type: none"> Andy will send some updates through for the minutes
13	<p>Home and Community Care (HCC) update</p> <ul style="list-style-type: none"> HCC review - <i>Defer to next meeting</i> PSW shortages/next steps - <i>Defer to next meeting</i> <ul style="list-style-type: none"> HCC has seen a large increase in number of clients with complex needs; implementing a triaging model to ensure care gets to those most in need. Most primary care providers have care coordinated aligned to their practice
14	<p>Public Health (PH) Update</p> <ul style="list-style-type: none"> Continue to advocate for a consistent approach to Amish and Mennonite Self Pay. Public Health is advocating for a 50% discount for hospital services An advisory will be going out to Primary Care identifying the risk of cannabis edibles for children. They can be deadly to children
15	<p>Health Links (HLs)</p> <ul style="list-style-type: none"> Next Steps for the SRIT <ul style="list-style-type: none"> Need to begin reviewing HL dashboard to support the transfer of HL responsibility to the SRIT SRIT needs to begin exploring how members will work to support creation of Coordinated Care Plans (CCPs) once SRIT takes on HL responsibilities
16	<p>Summary of discussion and next steps Today's Meeting Highlights</p> <ul style="list-style-type: none"> SRIT supports the continued engagement of primary care providers in the development of a COPD strategy for Grey Bruce SRIT supported a closer relationship between of Patient, Family and Caregiver Partners and the patient relations offices of hospitals SRIT is beginning to take steps needed to be prepared to oversee coordinate care planning in Grey Bruce
17	<p>Adjournment - 3:10 pm</p>