

Elgin Sub-Region Integration Table MINUTES

Date: April 11, 2019 **Time:** 1:15 pm to 4:00 pm

Location: South West LHIN St. Thomas Office, East Elgin Room, 1063 Talbot Street, St. Thomas

Our Priorities:

#1: Enable patients to access the appropriate level of care to meet their care needs along the spectrum of home and community care, supportive housing, assisted living, hospital, and long-term care

#2: Enable providers and patients to better understand how to access mental health and addiction services and how to ensure continued and appropriate support where the patient presents

Attendees

x	Abe Harms, Mennonite Community	✓	Andy Kroeker, Interim Primary Care
✓	Cindy Payne, Home & Community Care	✓	Dr. Kellie Scott, Sub-Region Clinical Lead
✓	Dr. Joyce Lock, Public Health	x	Elizabeth Sebestyen, Social Services
x	Dr. Melissa Tenbergen, Elgin Primary Care Alliance Co-Chair	x	Judith Desjardins, Patient, Family, Caregiver Partner
✓	Julie Johnston Community Support Services	x	Mary Stewart, Hospital
✓	Linda Sibley, Mental Health & Addictions	x	Mike Lang, Patient, Family, Caregiver Partner
x	Michele Harris, Long-Term Care	✓	Amber Alpaugh-Bishop, Director, Planning and Integration, Elgin
✓	Shirley Biro, Patient, Family, Caregiver Partner	x	Lindsey Declercq, Performance & Evaluation Advisor
✓	Jana Fear, Health System Planner	✓	Jennifer Machan, Interim Executive Assistant
Guest Speaker(s):			

Item	Topic/Subject and Actions
1	<p>Opened meeting with Indigenous Land Acknowledgement (Andy Kroeker)</p> <ul style="list-style-type: none"> • Will rotate through each committee member in the reading of the acknowledgement each month.
2	<p>Discuss a Patient Story that reinforces the need for focus on our two priorities (Dr. Kellie Scott)</p> <ul style="list-style-type: none"> • Patient #1: Follow up from a patient in his 70s who has been back and forth between group homes, lives with schizophrenia, has a history of alcohol abuse and social issues <ul style="list-style-type: none"> ○ Patient was eventually moved from the group home to a long term care facility.

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	<ul style="list-style-type: none"> ○ Was later readmitted to hospital for a broken hip was then sent to mental health for psychiatric treatment. ○ While in hospital, the group home had a fire and, as a result, the patient stayed in hospital as there was nowhere else for him to go. The hospital felt this was in his best interest until a stable residence could be found. ○ A bed became available in a long term care facility. However, the hospital had discharged the patient to a nursing home in Munsee without notifying the long term care facility. As a result, a LTC bed remained empty for a time when it could have been offered to someone else. ● Patient #2: Also early 70s, lives with bipolar disorder, no tertiary support <ul style="list-style-type: none"> ○ Went to hospital with angina, was referred to LHSC for angiogram. ○ The patient saw K. Scott for follow up and indicated that he could not get to his appointment in London due to transportation issues. He had recently had a heart attack and lost his license. ○ K. Scott called LHSC cardiology to have him rescheduled, then called VON central intake. Central intake took all of his information over the phone and was able to arrange transportation to his appointment. ○ At the appointment, it was determined the patient needed a triple bypass and he was immediately scheduled for surgery. ○ The downside was when the patient was discharged after surgery, he was given a big envelope with discharge instructions, prescriptions, etc. When he went for his follow-up appointment with K. Scott, it was determined that he had not followed any discharge instructions and had not taken any of the medication since surgery. ○ K. Scott called the pharmacy immediately to have his medications updated and filled and also wrote a letter to the Cardiac Surgeon advising him that the patient did not follow the discharge instructions or fill prescriptions. K. Scott suggested in a letter that prescriptions be called in before patient leaves hospital, and to reiterate the importance of taking these medications post-surgery and to highlight the “One number” for accessing community support services.
3	<p>Approval of the April Agenda and March Minutes (All)</p> <ul style="list-style-type: none"> ● April agenda was approved. ● March minutes were approved with no revisions.
4	<p>Falls Prevention (Joyce Lock)</p> <ul style="list-style-type: none"> ● K. Scott and J. Lock met with the LHIN Quality and Performance Accountability Team. The group determined there is currently no governance/oversight in place and no one is driving this initiative. ACTION: Steven Carswell (LHIN Director of Quality) is going to look into who is funding/accountable for the work. ● The LHIN now has a key paramedic lead (Rick Tremblay) who should be involved this work. ACTION: A meeting is scheduled in June to determine governance. J. Lock will bring an update to this group following the meeting.

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5	<p>Elgin SRIT Evaluation Results</p> <ul style="list-style-type: none"> • Discuss what changes we should make based on Elgin SRIT evaluation results. • The table acknowledged the survey results and agreed that it would be helpful to prioritize a few workplan activities to focus on.
6	<p>Work Plan</p> <ul style="list-style-type: none"> • Review and discuss items that are bolded as priority work to move forward <p>Note: Please use the following link to access the most recent version of the work plan on Google Sheets: https://docs.google.com/spreadsheets/d/1D2mpsjsx1f5sJWi0uYL92MuHKbX5dNuvfUV9qCIB2k/edit?usp=sharing</p> <p>Work plan Discussion Items:</p> <ul style="list-style-type: none"> • Every organization participating in Coordinated Care Planning (CCPing) must have an “Access Point” person/contact – e.g., CMHA provides a phone number or email address for contact person. <ul style="list-style-type: none"> ○ Connor Cleary will attend the May SRIT meeting to discuss “Access Points”. <p>ACTION: Ask C. Cleary to identify what information she has and what is missing in order for the SRIT members to help fill in the gaps (within a month of the May SRIT meeting).</p> • Promoting resources for caregivers <ul style="list-style-type: none"> ○ K. Scott provide a list of Patient/Family support groups. ○ How do we reach the caregivers? The support is there but hard to reach out. How do we advertise the support to caregivers? ○ S. Biro noted that a collective interview with the patient, providers, and caregivers is helpful to ensure that caregivers have the resources and information they need to support the patient. This initial conversation should start at discharge. ○ Although Twitter, Facebook, and websites are useful methods for distributing information to caregivers, there are some caregivers that do not have access to the internet. ○ It was noted that the general public may not know what the term “caregiver” means. <p>ACTION: A. Alpaugh-Bishop to connect with Paul Cavanagh to seek advice about best media to share information with the public.</p> <p>ACTION: Work with Dan Brennan, LHIN Director of Communications to distribute caregiver support information out (e.g., write an article for the Times journal, share a human story and provide examples of services they were able to access, and identify the different types of support available). To support this work, M. Tenbergen and K. Scott can identify a patient to share a story about their personal journey (with the possibility of weaving in South West Self-management).</p> <p>ACTION: A. Alpaugh-Bishop to identify who to connect with from the Patient and Family Advisory Council (PFAC).</p> • We are awaiting a list of residential care homes with details about physical environment (e.g., accessible or not) and services from the network. • Confirmed that the SRIT would like to know how many people are registered and using Clinical Connect in Elgin.

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	<ul style="list-style-type: none"> Noted that the Person-Oriented Discharge Summary (PODS) is designed to be shared with the patient/family; noted that we should consider translation as part of this work (Francophone and Low German Speaking population).
7	<p>Understand the progress of Priority #2 / Status of the Elgin Mental Health and Addictions Network</p> <ul style="list-style-type: none"> The Elgin Mental Health and Addictions Network continues to be engaged; have had several presentations as this table has been rebuilding; are working toward implementing actions from their work plan.
8	<p>List of Elgin Committees</p> <ul style="list-style-type: none"> Received minimal responses to the prioritized list request. <p>ACTION: Send committee list back to SRIT members to prioritize their connections with various tables and bring back for discussion at May meeting.</p> <ul style="list-style-type: none"> We need to determine what strong connections look like between committees.
9	<p>System Transformation</p> <p><i>Based on emailed updates, is there anything that this table would like to discuss/action?</i></p> <ul style="list-style-type: none"> Ontario Health Team – Ministry information and process: http://health.gov.on.ca/en/pro/programs/connectedcare/oht/default.aspx Elgin Health Services Council (HSC) initially discussed Ontario Health Teams (OHT) at March 20/19 meeting. Rebecca Sutcliffe attended from the LHIN (Noted that St. Thomas Elgin General Hospital (STEGH) was not in attendance at this meeting) Andy Kroeker and Judith Wiley met with Robert Biron (CEO, St. Thomas Elgin General Hospital) twice since Mar 20/19, most recently after release of OHT materials All organizations from SRIT and HSC whose organizations are based in Elgin have been invited to a meeting in two weeks to decide: a) if there is desire to form an Elgin (OHT) and b) if yes, when would Elgin aim to submit Reps from Mennonite Community Services and Oneida are invited to this initial meeting SRIT supports that we keep moving forward with our work
10	<p>Review/discuss questions about these update/consent agenda items:</p> <ul style="list-style-type: none"> Forum for Service Providers of Low German Speaking Population <ul style="list-style-type: none"> May 6, 2019 at 8am, May 10, 2019 at 8am. For more information and to register, please visit: This forum will bring together community partners in the Erie St Clair Region who work with stroke survivors and their caregivers, to learn best practices, network, share resources and become inspired! https://www.eventbrite.ca/e/forum-for-service-providers-of-low-german-speaking-population-registration-56259231877 Making Connections in Community Stroke Care <ul style="list-style-type: none"> May 30, 2019 – St Mary's Golf & Country Club, St. Mary's Ontario. Register at: http://www.swostroke.ca/event/forum-south-west-community-stroke-forum/

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	<ul style="list-style-type: none"> • The London Middlesex Health Link is offering a FREE half-day 'How to Participate in/Lead Coordinated' training session <ul style="list-style-type: none"> ○ Register here: https://www.eventbrite.ca/e/how-to-participate-inlead-coordinated-care-planning-tickets-59167888748 • Oxford Elgin Hospice Palliative Care Outreach Team Spring Forum 2019: How People Die...coming together for a rich, practical, case based, small group discussion about how people die in a supportive, compassionate, and caring community (Forum Flyer previously circulated to the group) <ul style="list-style-type: none"> ○ Register at: https://www.eventbrite.com/e/spring-education-forum-tickets-55769239296 • Kane Day 2019 <ul style="list-style-type: none"> ○ R. S. Kane is pleased to announce our 21st annual R. S. Kane "Take Heart" Bereavement Seminar to be held on Friday May 3rd, 2019 at The Peoples Church.
11	<p>Anything relevant to share?</p> <ul style="list-style-type: none"> • Share opportunities/challenges/successes from sectors that are relevant for this table/related to our priorities. <i>Anything from sector tables that should come to this group?</i> • Hepatitis C Virus Treatment Update (Joyce Lock) <ul style="list-style-type: none"> ○ There has been an issue with maintaining connections with patients to receive oral medication as they need to be in care for 8 weeks. There was a suggestion to investigate if the medications could be accessed by patients at the pharmacy instead of at the hospital clinic
12	<p>Wrap-up, Meeting Highlights & Next Steps</p> <ul style="list-style-type: none"> • What from this meeting should carry forward to sector meetings this month? <p>Potential Future Agenda Items:</p> <ul style="list-style-type: none"> • Health Links Sub-region Transition Plan (Connor Cleary – <i>confirmed for May</i>) • Connecting people with social services resources (Elizabeth Sebestyen – <i>confirmed for May</i>) • Community Paramedicine • System Navigation Online Resources – 211, Connex, www.thehealthline.ca • Housing for people living with chronic care needs • Indigenous Health presentation • Mennonite Community presentation (Abe Harms) • Frail Seniors Event follow-up (Amber Alpaugh-Bishop)
<p>Next Meeting Dates:</p> <ul style="list-style-type: none"> • May 9, 2019 1:15-4:00 pm – St. Thomas LHIN Office • June 13, 2019 1:15-4:00 pm – St. Thomas LHIN Office • July 11, 2019 1:15-4:00 pm – St. Thomas LHIN Office <p>Indigenous Land Acknowledgement Reading Schedule:</p>	

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	<p>May/19 – Cindy Payne. June/19 – Dr. Kellie Scott, July/19 – Dr. Joyce Lock, Aug/19 – Elizabeth Sebestyen, Sept/19 – Dr. Melissa Tenbergen, Oct/19 – Judith Desjardins, Nov19 – Julie Johnson, Dec/19 Linda Sibley</p>
	<p>Patient Story Sharing Schedule:</p>
	<p>Apr/19 – Dr. Kellie Scott, May/19 – Elizabeth Sebestyen, Jun/19 – Julie Johnston, July/19 – Judith Desjardins, Aug/19 – Linda Sibley, Sept/19 – Mary Stewart, Oct/19 – Michele Harris, Nov/19 – Mike Lang, Dec/19 – Shirley Biro</p>