

Oxford Sub-region Integration Table Minutes

Date: Wednesday, March 6, 2019 **Time:** 9:00 am to 12:00 pm

Location: South West LHIN Woodstock Office, Community Rooms East/West

Attendees

x	Anna Pearson, Patient, Family & Caregiver Partner	✓	Cynthia St. John, Public Health
✓	Deborah Wettlaufer, Long-Term Care	✓	Dr. Gerry Rowland, Primary Care Alliance Co-Chair
✓	Dr. Jitin Sondhi, Sub-region Clinical Lead	✓	Jennifer Row, Home & Community Care; <i>delegate: Bob Small</i>
x	Jim Jones, Patient, Family & Caregiver Partner	✓	Robin Kish for Julie Johnston, Community Support Services; <i>delegate: Sue Hillis</i>
✓	Karen Devolin, Patient, Family & Caregiver Partner	✓	Michelle Worsfold, Mental Health & Addictions; <i>delegate: Linda Sibley</i>
✓	Randy Peltz, Primary Care; delegate Sue Tobin	✓	Sandy Jansen, Hospital
✓	Lynn Hinds, Director, Planning and Integration, Oxford Sub-Region	✓	Rachael Griffin, Health System Planner
x	Lindsey Declercq, Performance & Evaluation Advisor	x	Alexa Attard, Sub-region Executive Assistant

Item	Topic/Subject and Actions
1	<p>Welcome / Approval of December minutes / Review March agenda</p> <ul style="list-style-type: none"> Minutes and Agenda approved Link to article mentioned by Karen: London Free Press
2	<p>Membership Changes</p> <ul style="list-style-type: none"> Michelle Worsfold is the SRIT's new Mental Health and Addictions sector representative. Julie Johnston, new Senior Manager with VON, will be representing the Community Support Services sector.
3	<p>Priorities/Driver Diagrams: feedback from members' engagement with their sectors:</p> <ul style="list-style-type: none"> Discussion by sector to capture feedback gathered at individual sector tables. <p><u>Access priority: Broaden access to inter-professional resources through collaboration and partnership</u></p> <ul style="list-style-type: none"> Oxford Community Health Centre (CHC) is ready with an Access to Team-Based Care proposal, should the Ministry release another call for applications Long-term Care (LTC) residents do not qualify for many programs – i.e., Adult Day Programs –because they would be “double dipping” resources Flags to identify that there is a Health Link Coordinated Care Plan (CCP) when patients enter Long-Term Care are not yet in place. <ul style="list-style-type: none"> ACTION: Sandy Jansen to check whether this is occurring at the hospital Oxford Health Link funding for 3rd year is pending the April budget. Oxford CHC will continue to fund 2 of 3 staff members in the interim. Youth Wellness Hub proposal is ready and can be used again. Rapid Access to Addiction Medicine (RAAM) clinic is new in Oxford, pending April budget Coordinated access exists for Mental Health and Addictions services in Oxford, including common consent and referral forms across providers. There is no local resource network in Woodstock to support collaboration across providers and sectors, esp. outside health care.

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	<ul style="list-style-type: none"> ○ ACTION: Randy will feel out readiness/willingness to do something similar in Oxford • Can we tap into hospital specialists/resources to bolster availability of virtual care? • Uptake of LENS and SPIRE by primary care for up-to-date notifications about patients in hospitals • Patient, Family and Caregiver members supported the use of technology to improve communications – need to remember, however, that elder caregivers can struggle with technology. <p><u>Communication priority: Create a shared understanding of current initiatives and available programs and resources to improve access and flow</u></p> <ul style="list-style-type: none"> • Woodstock General Hospital (WGH)’s Patient-oriented Discharge Summaries (PODS) are part of a quality improvement initiative to ensure patients are aware of important information on discharge • LTC Homes have discussed having links on websites to other providers in the area, also about keeping information on provider websites and the healthline updated • LTC Homes also focusing on maintaining good relationships with placement teams in the LHIN, and families and residents to ensure information about performance etc. is available • Would be beneficial to have a table to discuss and move work forward regarding the social determinants of health – there is an example in Eris St. Clair LHIN we might investigate. • Sandy mentioned that ongoing engagement with community groups (Optimists, Legion etc.) is part of her regular work to share and spread information <p><u>Transitions priority: Improve transitions for complex patients discharged from hospital through system partnerships and collaboration</u></p> <ul style="list-style-type: none"> • We will want to support patient and provider-facing data like MyChart • CHC will need notifications about patients who are discharged from hospital (no access to LENS) • Need to appreciate primary care workloads • PODS could also support this piece, particularly from the patient perspective • LTC Home access to Clinical Connect would greatly support transitions • Hospital access to CHRIS would also support transitions <p><u>Housing priority</u></p> <ul style="list-style-type: none"> • Peter Heyward from Southwestern Public Health discussed a Housing First collaborative • There is opportunity to focus on a specific piece of the continuum – i.e., transitional housing. • Item deferred to next agenda to discuss how this will fit with the SRIT’s work. <p>ACTION: LHIN staff will circulate updated driver diagrams for SRIT members to take back to their sectors, if they have not yet had the opportunity, to gather feedback.</p>
4	Break
5	<p>Patient and Family Advisory Committee update - Anna Pearson:</p> <ul style="list-style-type: none"> • The Patient and Family Advisory Committee has developed the following documents that outline the provincial goal, description of a strong culture of patient engagement, and priority areas of focus for the LHIN patient engagement approach: <ul style="list-style-type: none"> ○ Patient Engagement Plan, including vision for a strong culture of patient engagement ○ Communication Framework • Two working groups have been formed to focus on areas of importance to patients and families: <ul style="list-style-type: none"> ○ Improving the Patient Relations Process ○ Educate Patients, Families and Caregivers to become involved partners in their health care decisions and planning • Anna will continue to provide updates as more information is available

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6	<p>LHIN Updates:</p> <ul style="list-style-type: none"> • Mental Health and Addictions Investments <ul style="list-style-type: none"> ○ The Fall Economic Statement announced the expansion of Mental Health & Addictions (MHA) programs across the LHIN. ○ Oxford received funding for a Rapid Access to Addiction Medicine (RAAM) Clinic and supportive housing spaces through the Canadian Mental Health Association ○ Funding was one-time for 2018/19 and we will have further details about base funding following the April 11 budget announcement. • Indigenous Land Acknowledgement <ul style="list-style-type: none"> ○ One of the recommendations from the Truth and Reconciliation Commission (reconciliACTION recommendations) was to spread the use of Indigenous Land Acknowledgements to honour this long-standing tradition among Indigenous communities. ○ The group agreed that they would like to honour these recommendations but agreed that the Indigenous Health Committee should be consulted about how to ensure that this reflection remained meaningful.
7	<p>Health Links (HLs) Update - Randy Peltz:</p> <ul style="list-style-type: none"> • Deferred to next meeting.
8	<p>Sector Updates:</p> <p><u>Community Support Services (CSS):</u></p> <ul style="list-style-type: none"> • Central Intake for CSS in Oxford went live on January 30, 2019 • Referral forms are available for Primary Care Practitioners. <p><u>Hospital:</u></p> <ul style="list-style-type: none"> • High occupancy remains a challenge at regional hospitals – Oxford hospital governance group (senior leadership and Boards) may be reconvened to better manage this concern regionally • Alexandra Hospital Ingersoll will perform 100 additional cataract surgeries before March 31, 2019 • Physician recruitment remains an issue, especially emergency physicians - still very reliant on Health Force Ontario to support this. Specialized Registered Nurses are also difficult to access. <p><u>Long-Term Care (LTC):</u></p> <ul style="list-style-type: none"> • 55,000 letters have been sent to local MPPS through the letter-writing campaign via betterseniorscare.ca • Long-Term Care Homes have been preparing their Quality Improvement Plans for 2019/20, in which palliative care will be a focus <p><u>Mental Health and Addictions (MH&A):</u></p> <ul style="list-style-type: none"> • No update this month <p><u>Patient, Family Caregiver Partners (PFCP):</u></p> <ul style="list-style-type: none"> • Karen Devolin shared a story about the importance of Community Support Services and how they can help identify when clients are in need of medical intervention or require additional supports <p><u>Primary Care (PC):</u></p> <ul style="list-style-type: none"> • Recruitment is a problem regionally and provincially as physicians are drawn to other health systems – i.e., Australia, the Canadian prairies. • Gerry would like to update the group at a future meeting about how we can support young physicians to come to our communities. • Randy will present at the next meeting about the RAAM clinic – hope is to open in June, pending provincial funding.

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	<p><u>Primary Care Alliance (PCA):</u></p> <ul style="list-style-type: none"> • Last meeting was on February 28, 2019 • Topics included: <ul style="list-style-type: none"> ○ Musculoskeletal (MSK) Strategy roll out for centralized intake and assessment for low-back pain and hip/knee pain ○ Prescription to get Active – program where physicians prescribe activity for a patient, which allows the patient to access free sessions and introductory offers at local fitness facilities (i.e., GoodLife, YMCA) ○ New opioid focus on Academic Detailing <p><u>Public Health (PU):</u></p> <ul style="list-style-type: none"> • No update this month
9	Wrap Up / Next Meeting (April 3, 2019: Alexandra Hospital Ingersoll, Boardroom)