

South East Regional Palliative Care Network

Regional Palliative Care Network Steering Committee Minutes

Date: September 17, 2019
Time: 1pm-4:30pm
Location: South East LHIN, Kingston, TJP Boardroom or Teleconference: 1-877-385-4099

Attendees: Brenda Carter, Janine Mels-Dryer, Alfred O'Rourke, Laurie French, Michele Bellows, Alicia McCullam, Onalee Randell, Ruth Dimopolulos, Wendy Parker, Megan Jaquith, Dana Summers, Megan Conboy, Susan Himel, Kara Schneider, Mike Slatter

Absent/Regrets: Tracy Kent-Hillis, Hilary Blair, Janet Webb, Mary Woodman, Colin Wilson, Linda Price, Denise Reynolds, Kerry Stewart

Agenda Item	Discussion	Action
1.0 CALL TO ORDER		
1.1 Welcome & Introductions	Brenda welcomed members and guests.	
1.2 Approval of Agenda	Approved with no additions.	
1.3 Conflict of Interest Declaration	None declared.	
2.0 RPCN PRIORITY TEAM UPDATES		
2.1 Opening Remarks – Setting the stage - Co chair update - LHIN update	Brenda: <ul style="list-style-type: none"> • Attended the OPCN Executive Oversight meeting in Toronto last week. Susan Fitzpatrick, Interim CEO of Ontario Health, attended the meeting. OPCN presented the provincial/regional work and structure, including the progress made since organized under the umbrella of Ontario Health. There was nothing said that would imply an uncertainty with regards to the future of OPCN in recognition of the work done, but also on the work that still needs to happen provincially to continue to strengthen and build high-quality, integrated palliative care. • There was a stock take as to where are we going, how do we understand what this year and next need to look like. Discussions on staying focused at the regional and provincial level around things that have already identified. Commitment to work 	

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	<p>plan and keeping the regional network strong in contributing to provincial direction and action.</p> <p>Laurie:</p> <ul style="list-style-type: none"> Continue to work with partners on a variety of projects, no OHT applications proceeding to the next level in this first round within the South East. The work that is happening needs to continue to look after our patients within the function of the LHIN. Palliative care teams have integrated to local managers (geographically), palliative care staff associated with those areas building capacity to raise the bar among the general caseloads (starting with the managers) as many patients stay with their known Care Coordinator, working to provide quality palliative care to all patients. H&CC is also moving ahead with integrating Care Coordinators with primary care. The ministry has been clear regardless of OHTs, the integration of care coordination with primary care is to continue. Understanding how palliative care fits into this is a key point. Specific Palliative Care projects within H&CC that we are starting this year is the link to Long Term Care Homes and the QIPS, and initiating conversations with indigenous patients and understanding the needs of our programs in those communities. Expansion of the Caregiver Voices survey to include caregivers of patients who passed away in hospice residences is moving ahead (received approval) and the additional cost has been assumed by the LHIN. 	
2.2 Patient Story	<ul style="list-style-type: none"> Megan and Natalie shared a story which speaks to resource allocation, home care, timing of palliative care unit admissions and family's abilities to keep patients at home. The story was regarding an 82 year old woman with a g-tube, esophageal cancer not confirmed to be metastatic and history of rheumatoid arthritis. The story walked us through her transitions from home, to a retirement home and then to the palliative care unit. The challenges with care and coordination were described. 	
2.3 Priority Team Project Updates 2.3.1 Early identification 2.3.2 Access to 24/7 Care	2.3.1 <ul style="list-style-type: none"> Kelly Ostrander (South East LHIN) has joined the project team. Kelly has a connection to the H&CC collaborative QIP. Project charter has remained the same. 	

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2.3.3 Better Communication	<p>Now that data is provided and additional support is available at RCHS, decisions can start to be made about targets for measures on the charter.</p> <ul style="list-style-type: none"> • The group has done ongoing mapping and is completing the work flow in the tool kit. Want to ensure there isn't duplication but make sure there is communication and sharing of information. • Another discussion is the assessment and what comprises holistic and comprehensive assessment – we have our checklist / and what tools are there. Discussion on a possible regional standard tool (H&CC, palliative, transition, assessment) • When taking this to providers, need to be reminded of what they use and what they find helpful. Some of this is new to them and they like it but its known that the toolkit itself, with the resources in the toolkit will probably be adjusted and tailored according to specific organizations (may require more customization at local level) <p>2.3.2</p> <ul style="list-style-type: none"> • Currently working with Prince Edward County Family Health Team to identify patients. Work to expand project to Belleville, Trenton and Hastings County currently on hold. Eventually looking to include Retirement homes, LTC facilities and orphan patients as well. • Population groups: Cancer and some chronic diseases (no pediatric at this point) • Weekly Rounds to identify patients (within PEC), seeing 1-2 patients added each week. Patients are identified through the practice, criteria are a PPS of 50% or less (a couple patients were 60%). Enrolled 25 patients and currently have nine patients still on the list (average age being 75). Through the rounds, providers are able to collaborate and provide more coordinated care for patients by identifying and ensuring particular tools are in place. • Family dynamics can become an issue i.e.: received a call and inquired with family if a DNR was in place, they said no. However, paperwork from home care stated the patient had a signed DNR. • Provincial government announced there are changes to EMS policy to allow transfer to alternate destinations. Unclear on what this means at the moment, waiting to see how this will roll out. New codes have been created in the call report for 	

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	<p>identifying palliative care patients. Ministry of Health stated on a recent call they are 100% behind palliative care approach for paramedics and that it is a priority.</p> <p>2.3.3</p> <ul style="list-style-type: none"> • Priority focus for Q1 (re-scoped the project for this fiscal) and redefined test of change, revised project charter and submitted applications for the CAPACITI project. • Alicia described tests of change. Firstly, requesting to test a nursing team model with one service provider organization (test on small scale). Team model to include 1 primary nurse and 2 secondary nurses per patient, all from the same organization. Looking to test with Bayshore because they are linked to hospice. Would like to test with PSWs but there is an issue with capacity. Within this model, looking to test utilization of H&CC transitions folder (not being utilized right now or people don't know where to find in home); the palliative care coordinator will oversee the use of this. 10 new patients from September to February (6 months). Patients who are on the SRC 95 caseload. If not many patients on SRC 95 within that time frame, then will open it up to include SRC 94 caseload. Also looking to test SBAR communication tool and improve awareness and education on the use of this tool. • Second test of change described is the use of the Page Me App. The app is believed to be a secure communication between care coordinator/nurses/provider. Not meant for orders or urgent matters. Platform to text and have a quick exchange of communication. Testing will be within a small scale pilot with Central Hastings Family Health Team (FHT) providers, progress has been slower with this change idea. Will share with other providers once successes are discovered. • Final change idea was the CAPACITI project. Gateway CHC and Central Hastings FHT are participating in wave 1. This is a yearlong quality improvement to increase capacity within primary care. Number of monthly modules focused on engaging caregivers, identification of patients early on, conversations with patients and caregivers, identifying members of the care team and getting specialists involved. • The project starts January 2020 with the first introductory webinar in October 2019. 	
3.0 CONSENT AGENDA		
3.1 Approval of August 13 2019 Meeting Minutes	<ul style="list-style-type: none"> • Approved. 	

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4.0 MATTERS REQUIRING DISCUSSION		
4.1 Ontario Health Team <ul style="list-style-type: none"> - Review draft that has been developed based on Champlain's document & committee discussion at last meeting 	<ul style="list-style-type: none"> • We have reached out to the Clinical leads for Central East LHIN to confirm if they are working on a similar OHT document and are still waiting for a response back. In Champlain's document, some information is applied broadly and some is specific to resources and enablers in their region. The question of what are we going to do with the document and how it will be used still applies. OPCN sent communications out to all OHTs in September to inform them of their work and the support available locally from the regional networks. RPCN Leadership to proceed with drafting a document for the South East and communicate with Central East and Champlain towards aligned documents. 	
4.2 Palliative Care & LTC <ul style="list-style-type: none"> - Discuss support for LTC home's and their 2019-20 quality improvement plan 	<ul style="list-style-type: none"> • Attended quarterly LTC meeting that involved representation from H&CC and LTC homes. A large number of the homes have chosen to move ahead with the early identification indicator on their 2019-20 QIP. To try and provide some support, a presentation was made which described the OPCN preferred tools for identification, assessment and planning, as highlighted in their report released in April. There was little uptake on offered supports to their teams – Alfred will take back to that group. 	
4.3 Update on Indigenous Engagement <ul style="list-style-type: none"> - Discuss current status of S. Webster's work 	<ul style="list-style-type: none"> • Schuyler provided verbal update at the August meeting. RPCN has not yet received an interim report, but continue discussions with Schuyler and are hopeful we will have access to the information from the completed interviews soon. We will need to develop a plan and move forward in next month or two. 	
5.0 WRAP UP		
5.1 Next Steering Committee Meeting	<ul style="list-style-type: none"> • Next Core Steering Committee Meeting: <ul style="list-style-type: none"> ➤ Tuesday, October 15th 2019, 1pm-4:30pm ➤ South East LHIN – Kingston Office ➤ TJP Boardroom (second floor) 	