

South East Regional Palliative Care Network

Regional Palliative Care Network Steering Committee Minutes

Date: November 5th, 2019
Time: 10:00 am – 12:00 pm
Location: South East LHIN, Kingston, TJP Boardroom or Teleconference: 1-877-385-4099

Attendees: Linda Price, Natalie Kondor, Megan Conboy, Hilary Blair, Brenda Carter, Laurie French, Kerry Stewart, Alfred O'Rourke, Tracy Kent-Hillis, Janine Mels-Dyer, Susan Himel, Tracy Laporte

Absent/Regrets: Kara Schneider, Michelle Bellows

Agenda Item	Discussion	Action
1.0 CALL TO ORDER		
1.1 Welcome & Introductions	Laurie welcomed members.	
1.2 Approval of Agenda	Approved with no additions.	
1.3 Approval of Consent Agenda	Approved.	
1.4 Conflict of Interest Declaration	None declared.	
2.0 CONSENT AGENDA		
2.1 Approval of meeting minutes from September 17, 2019	Approved.	Tracy to post on RPCN website.
3.0 INFORMATION ONLY ITEMS		
3.1 Patient Story	<ul style="list-style-type: none"> Patient came to emergency because they didn't know where else to go for help and were upset as they felt providers were not listening to their concerns or addressing their needs. Palliative Care Nurse working at the hospital in another role that day contacted the palliative care team. After discussions a number of things were put into place involving the family physician, emergency doctor and HCC. They were able to get palliative care supports in place so the patient could go home as desired. 	

South East Regional Palliative Care Network

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3.2 Co-Chair Verbal Updates <ul style="list-style-type: none"> • OPCN • LHIN and MAID 	<ul style="list-style-type: none"> • OPCN is reviewing the 3-year Action Plan to identify priorities for the 2020-21 fiscal year. A new Action Plan will not be developed, rather the previous plan will be repackaged for a 4th year to reflect the current environment and progress to date. • The transfer date of CCO and the LHINs into Ontario Health will happen by March 31, 2020. Nothing has changed on a day-to-day basis at LHIN, still providing care and continuing with operations. Laurie reiterates that focus has been on better monitoring of work being done: <ul style="list-style-type: none"> ➤ Put in place was special conditions in Service Provider contracts around palliative care education. There is now two quarters of data on how they are doing with meeting those standards. Of the seven agencies, four or five are completely meeting, a couple are almost meeting and one is not meeting. Working with them to raise the bar and leverage the education programs provided by HCC for nursing and PSW providers. • With respect to the delivery of MAID, the South East is still the highest per capita. Internal tracking suggests that half are with HCC and half are with hospitals or community without HCC. HCC is also responsible for provincially tracking preferred place of death and so far end-of-life patients are around 80% for dying in their preferred place. Results are not as high with chronic patients, around 70%. We are the third LHIN to register with the regional MAID referral service. 	
3.3 OPCN Action Plan Progress Report October 2018-August 2019	<ul style="list-style-type: none"> • Hilary shared the report developed by the OPCN on both provincial and regional progress related to the Action Plan. Two of the projects from South East were highlighted including the EMS project and the RPCN Website updating work. 	
3.4 Steering Committee Recruitment Update	<ul style="list-style-type: none"> • We currently have a number of vacancies on the Steering Committee. An Expression of Interest was shared and there has been a large interest and response. Review panel of co-chairs, Network Lead and a current committee member have reviewed the applications and telephone interviews have been set up. New members will be invited to the quarterly meeting in December. 	
4.0 MATTERS REQUIRING DISCUSSION		
4.1 Ontario Health Teams	<ul style="list-style-type: none"> • Hilary reviewed draft document that has been developed as a communication tool for OHTs on palliative care. The current document has five sections which include the RPCN vision, a definition of palliative care, data to support why palliative care is important, 	

South East Regional Palliative Care Network

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	<p>details on what palliative care delivery might look like within an OHT and key support resources. Members agreed the document was strong and ready for sharing when appropriate. Kerry to provide input on how to share with the Kingston OHT Steering Committee at a later date.</p> <ul style="list-style-type: none"> Brenda states when the LHINs transition to Ontario Health there will be a corresponding establishment of the five regions in Ontario. The eastern region will include Champlain, South East and Central East. There is an opportunity to be proactive in terms of collaboration with neighbouring RPCNs. 	
<p>4.2 RPCN Work Plan 4.2.1 Overview 4.2.2 Community Advance Care Planning Sessions 4.2.3 Indigenous Engagement & Interim Report</p>	<p>RPCN Work Plan:</p> <ul style="list-style-type: none"> Submitted full progress report to OPCN end of October (Posted on SharePoint). Hilary also provided Committee with a condensed version of the Work Plan and reviewed which items were on track, at risk or on hold. <p>Community Advance Care Planning (ACP) Sessions:</p> <ul style="list-style-type: none"> Kerry provided update on behalf of this working group. They recently held their second train the trainer session; 9 new potential presenters including retired educators, physicians and lawyers to name a few. So far, the group has completed five community based presentations including at the Kingston Senior's Centre. Working with faith organizations to begin has proven to be successful as they have a community that is identifiable and supportive of each other. Have completed two presentations to the Jewish Community. Next goal is to target professional populations to do with life planning (lawyers, estate planners, grief counsellors, etc.) Have developed a reading list of books around topics of death, trauma and grief. Books available at Kingston library. Looking at how to provide additional resource supports to schools around best practice in supporting students, staff and the community when there is loss and grief. <p>Indigenous Engagement/Interim Report:</p> <ul style="list-style-type: none"> Hilary provided an overview on the previous engagement done by T. Brennan including approach and results, in addition to the recent engagement completed by S. Webster. S. Webster conducted one-on-one interviews with families to gather additional patient stories, as recommended by T. Brennan. Four households participated, all of which 	

South East Regional Palliative Care Network

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	<p>were off reserve. Interviews on reserve have not been completed to date. RPCN received Interim Report from S. Webster in October. Network Lead to work with FNIM Lead Planner at the LHIN and HCC to move this engagement forward further.</p> <ul style="list-style-type: none"> Promoting uptake of San'yas Indigenous Cultural Safety Training among all providers, significant uptake among HCC staff. 	
4.3 RPCN 2019/20 Budget Review	<ul style="list-style-type: none"> Currently have a surplus in our 2019-20 budget as a number of Network positions were not filled due to current environment and available internal resources at the LHIN. Need to reallocate funding to be spent before the end of the fiscal year. Hilary shared a number of opportunities that would benefit from funding including education for community providers, LTCH providers, hospital ED staff and caregivers. There was also a desire to provide additional funding to support the Community ACP working group. Members to share additional thoughts with Hilary via email. Hilary will finalize proposal and send back to the group. 	Hilary to share finalized briefing note with group.
4.4 Update on the Regional Community Palliative Care Collaborative	<ul style="list-style-type: none"> Deferred. 	
4.5 Post-Meeting Evaluation	<ul style="list-style-type: none"> Deferred. Annual self-evaluation will be sent out to RPCN members in December for completion. 	
5.0 WRAP UP		
5.1 Next Steering Committee Meeting	<ul style="list-style-type: none"> Tuesday, December 17th 2019 at 1:00 pm - 4:30 pm Providence Care Hospital Board Room 	