South East Regional
Palliative Care
Network

Regional Palliative Care Network Steering Committee Minutes

Date: Thursday, December 14, 2017
Time: 9 am - 1:30 pm *Project teams were invited to stay until 12:30 pm
Location: Family and Children's Services of Frontenac, Lennox and Addington; 817 Division Street, Kingston, ON. Brookside 100 Room

Attendees: Michele Bellows (Phone), Joanne Billing, Brenda Carter, Helen Cluett, Laurie French, Natalie Kondor, Ron Lirette, Trish MacPherson, Alfred O'Rourke, Linda Price, Kerry Stewart, Lori Van Manen,

Invited Guests: Paula Blackstien-Hirsh, Lisa Callahan, Ruth Dimopoulos, Matt Dumas, Maggie George, Stephanie Giroux, Ingrid Harle, Paul Huras, Cynthia Johnston, Alicia McCallum, Peter McKenna, Wendy Parker, Allen Prowse, Janet Webb, Mary Woodman

Absent/Regrets: Anne Newman, Denise Reynolds

Agenda Item	Discussion	Action
1.0 Call to Order		
1.1 Welcome & Introductions	The meeting was called to order at 9:07 a.m. Joanne welcomed Steering Committee members and guests. A round table of introductions of CORE Steering Committee Members was held.	None
1.2 Approval of Agenda	Agenda approved as circulated.	None
1.2.1 Conflict of Interest Declaration	No members declared a conflict of interest.	None
2.0 RPCN Priority Team Update		
2.1 Opening Remarks – Setting of the Stage	Brenda provided opening remarks and acknowledged the milestone of reaching the first year of the existence of the RPCN. She congratulated members on all that has been achieved thus far through the RPCN, to name a few:	None

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	- Finalized a robust Terms Of Reference and secured additional steering committee representation to address identified gaps - Engaged diverse groups of stakeholders to determine priorities - Endorsed and applied a Quality Improvement (QI) approach to establishing priority teams and work plan development Secured LHIN leadership support and funding for priority initiatives and infrastructure to support the network activities. The approach – commitment to funding to support teams and projects. Brenda commended the hard work and dedication of Team Leads and Executive Sponsors in building their teams and establishing project charters. She acknowledged the value in investing early on not only in the 'what' will be accomplished, but 'the how' as we embark on this QI journey to improve palliative care. Next steps include the launch of the OPCN action plan and the launch of our corresponding RPCN work plan.	
2.2 LHIN CEO Remarks	Paul Huras, CEO, South East LHIN, thanked the co-chairs of the RPCN Steering Committee- Brenda Carter and Joanne Billing, as well as steering committee members, the secretariat, executive sponsors and team leads for their dedication and efforts thus far in helping to raise the profile of palliative care in South East. He remarked on the transformation of the committee as seen by the representation of patients, caregivers, and family members on the committee and priority teams and provided words of encouragement for the newly formed teams. Paul acknowledged LHIN-wide CEO input was provided on the OPCN Action Plan and that there was a lot of support for the direction the plan sets out over the next 3 years. He explained that the work of OPCN and the Regional Networks is not being done in isolation and referenced some of the transformative events that have occurred over the past few years, including – more recently, . Patients First, and Health Links, and emphasized the importance of linkage with other partners in the system to close gaps in palliative care. Looking ahead in the South East region, there will be a larger focus on culture, clinical leadership, and building better relationships to advance regional palliative care priorities. The South East LHIN	None

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	looks forward to receiving the RPCN work plan and will use this as a guide to evaluate alignment between proposed initiatives and identified RPCN priorities, as well as determine its ability to impact outcomes (and how this will be demonstrated through measurement).	
2.3 Priority Team Project Updates	Ruth introduced herself as QI coach and team lead for one of the projects. She acknowledged that teams were moving along as expected now that most were fully formed, and indicated that another QI learning session was being planned for February. Ruth described the protocol for team presentations and questions.	None
2.3.1 Residential Hospice	*See attached: Residential Hospice Priority Team Presentation_Dec 14, 2017 developed by Maggie George and Allen Prowse.* Maggie George, project lead for the Residential Hospice Priority Project, introduced Allen Prowse, the Executive Sponsor, and identified the other members of the team. The team's problem and aim statement, project scope, and tools to uncover main root causes and diagnostics were identified. The group plans to use an 18 question survey to capture patient and caregiver experience in addition to the VOICES survey Question: Will the survey be completed by providers to also include their level of satisfaction? Response: Yes, the survey will also include supportive staff, clinicians, PSW, etc. The team will also be meeting with two other hospice centres to speak to people from other communities. Question: Will the issues around competency be identified as a root cause against the standards or outside the standards? Response: Once the group meets with providers, they will have a better idea of the root causes. However, there is a standard on competency that will be assessed. Question: Are there small working groups? Response: Yes, the team splits up in small working group for specific tasks.	None

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	Question: Is there a degree of confidence that those involved in the working group agree and have common goals in regards to the standards? **Response:** Yes, the team is in agreement that a common approach regionally is required, recognizing that there may be a certain degree of flexibility on how the standard is met. **Question:** In order to achieve integrated and coordinated success, we expect integration of providers over time. Is there a current scope on future systems? **Response:** In some regions of the province, there are team huddles that discuss a coordinated approach and creating a standard that may assist in the solution. By identifying and analysing performance in relation to the standards, it may assist with identifying comparison within the model of care and challenges or opportunities that may arise.	
2.3.2 Competency	*See attached: Competency Building Priority Team Presentation_Dec 14, 2017 developed by Cynthia Johnston and Dr. Ingrid Harle.* Cynthia Johnston, the project lead of the Competency Priority Project, introduced Dr. Ingrid Harle as the Executive Sponsor and explained that team members are pending confirmation, She presented the team's problem and aim statements as well as the project scope (initially Primary Care providers), and identified main root cause tools and diagnostics. She emphasized that competency reflects more than just education. There have been challenges to obtain baseline data due to confidentiality restrictions. She requested that the Steering Committee assist with obtaining approval of the release of information from Pallium Canada, and from Queen's Palliative Medicine in order to establish baseline data. There was a comment on the definition of palliative care and whether this has been adjusted. The feedback was that the definition hasn't been adjusted; the scope has been set to focus on those anticipated to be in their last year of life. Ingrid added how it is important that palliative care does not mean end of life care because a lot more palliative care needs to be accomplished in the early stages.	Steering Committee members to assist in obtaining approval for release of information from Pallium Canada and Queens Palliative Medicine in order to establish baseline data.

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	Question: In regards to in-scope and out of scope, when do you think the team will be ready to connect the out of scope piece (competency beyond primary care)? **Response**: It is too large for a small group to prioritize. From a medical educator perspective, there are many current physicians whom have not had palliative care education in the undergraduate curriculum. **Question:** Have you considered clinical leads having the conversation with patients at an earlier stage and including the conversation with other potential services? **Response:** The approach has not yet been determined. The topic will be discussed during the first team meeting.	
2.3.3 Access to 24/7 Care	*See attached: Access to 24_7 Care Priority Team Presentation_Dec 14, 2017 developed by Mary Woodman and Wendy Parker.* Mary Woodman, the project lead of the Access to 24/7 Care Priority Project, introduced Wendy Parker as the Executive Sponsor and the other members of the team. The team has met three times; members were pulled from a previously existing Quinte Health Link working group who identified 5 main reasons why people requiring a palliative approach to care presented to emergency. She summarized a letter shared by a young couple moving through the palliative care system. The main word used to describe the experience was "frustration". **Question:** In regards to the aim statement, how will "optimized" be measured. **Response:** A format to measure "optimizing" has yet to be determined. The team will spend more time researching before suggesting a test or a change. Members discussed how it is important to hear example of patient stories.	Mary to share patient letter with Stephanie who will share with Steering Committee members, Team Leads and Executive Sponsors.
2.3.4 Better Communication	*See attached: Better Communication within the Circle of Care Priority Team Presentation_Dec 14, 2017 developed by Alicia McCullam and Dr. Janet Webb.*	

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	Alicia McCullam, the project lead of the Better Communication within the Circle of Care Priority Project, introduced Dr. Janet Webb as the Executive Sponsor. Other members of the team are from the established Rural Hastings Health Link Working Group that has been in existence for the past four years. She reviewed the problem statement, aim statement and project scope. The team will be completing experienced based design interviews, and surveys for providers. Survey and interview pilots will be tested in late December. Question: Communication is a reoccurring topic in multiple projects. How will the data and themes be integrated into the next steps? Response: Ruth and Team Leads are discussing how to share diagnostics and information. Team Lead Huddles are scheduled every two weeks as a touch point. Question: In regards to the aim statement, how will "relevant information" be measured? Response: Assessing caregivers' accessibility to information will be the main source of measurement. Survey results will assist with clarification. Question: Will only one patient advisor complete the survey? Response: No, the patient advisor will complete the pilot and provide feedback before it is shared with others. Question: Has the team looked into available systems for caregivers and families in order to communicate the information as it is important to review different methods of communication? Response: The team is looking at the whole system to create baseline data. Caregivers and families are included. The team will begin with reaching ten from each group and later will expand. There may be challenges based on technology. Question: As each team is working on individual surveys, has there been thought on collaborating into one larger survey? Response: The provincial survey is the Caregiver Voices Survey; however, there are challenges with the data. The smaller surveys are to pull specific outcome measures related directly to the	None

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	individual improvement project. There is also provincial data that can be shared with all teams on utilization of palliative care related services.	
2.3.5 Coordination of Care	*See attached: Coordination of Care Priority Team Presentation_Dec 14, 2017 developed by Ruth Dimopoulos and Peter McKenna.* Ruth Dimopoulos, the project lead of the Coordination of Care Priority Project, introduced Peter McKenna as the Executive Sponsor and the other members of the team. She presented the teams' problem and aim statement as well as the project scope. There have been challenges with finding meeting times; however, the team has successfully met twice. Through use of tools and diagnostics, the main root causes were identified. A number of issues have been also been identified including boarder challenge with the Champlain LHIN. Measures will be operationalized by interviews, surveys and including an audit tool. Members discussed the difficulties with identifying key locations and parameters with the preferred location of death. Locations can also change depending on the caregiver or patient perspective. It is challenging to properly code and collect the information. Better education and setting expectations can help create a better understanding when selecting a preferred place of death. **Question:** Will the team be completing further patient stories? If so, perhaps the Coordination of Care team can partner up with the Better Communication team. **Response:** Yes, patient stories are rich source of data. The two teams already plan to work together and have interviews lined up for next month.	None
2.4 RPCN Work Plan 2016-2020	**2.4.1 Driver Diagram** Paula revealed how the projects fit together and collectively impact on big dot measures. She noted how changes are not expected until the end of 2018. The members reviewed the process to develop the change ideas. Other projects are being done within the region and how they are captured within the driver diagram and overall work plan needs to be considered.	Members to identify any additional initiatives in the region that will have an impact on the big

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		dot measures and/or the outcomes of interest for priority teams that the steering committee and teams should be aware of and send to Stephanie to compile.
	2.4.2 Regional Deliverables 17/18 and 18/19 The alignment between the OPCN Action Plan Deliverables and the regional work plan priorities was described: out of the 21 actions tagged to our region in the OPCN Action Plan, the priority projects are aligning with 17-18 actions. Teams are to review their alignment with the Action Plan and to forward any feedback to Lori. Gaps that are not currently being addressed were highlighted. Further discussion will occur in at the next RPCN Steering Committee meeting to address the remaining gaps and to review the committee oversight of the regional plan. Final annual regional work plan for 2018-19 is due Mar 31st.	Final OPCN Action Plan to be shared with teams; teams to review alignment Regional Work Plan added to January agenda for further discussion.
2.5 Network Communication- Lisa Callahan	**5.2.1 OPCN Action Plan* Launch** The Ministry has endorsed the Action Plan which is currently being translated and prepared for posting on the OPCN website by mid-December. The successful implementation of the Action Plan will require the Regional Palliative Care Network (RPCN) leaders to influence and lead change through partnership with stakeholders. Steering committee member Denise Reynolds shares her thoughts and experiences as a caregiver in the OPCN Action plan. Links to the OPCN plan will be shared in the December Bulletin.	None

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	2.5.2 RPCN Website and Work Plan Launch Lisa reported the RPCN Website and Work Plan launch is simultaneously being released with the OPCN Action Plan. There are a few more updates, but members are encouraged visit the draft website. Working group portal pages and progress reports will be available on the website demonstrating the continuous work and transparency of the priority teams. Information shared on the site will continue to be shared with regional stakeholders via the RPCN Bulletin. **2.5.3 SharePoint** Members were reminded of the need expressed to have a way to share documents between teams, given the multi-organizational team composition and the challenges in working on and sharing documents between sectors and organizations. A Regional Palliative Care Network SharePoint Site was developed and will be launched within the next few weeks. Stephanie was acknowledged for her attention to detail in setting up SharePoint and Ruth for her input on structure and content. Priority projects and the Steering Committee members will have access to the site in January following an invitation to access the site using a password. Online Go To Meeting webinars will be arranged to teach users how to navigate the site. The file folder structure will be discussed at the January meeting and recommendations to changes will be sought	SC members to visit draft RPCN Website. Stephanie to send invitation for members to access SharePoint. Stephanie to set dates for navigation seminars. SharePoint added to January agenda
3.0 Consent Agenda		
2.1 Approval of meeting minutes	Minutes from October 31 were approved.	Post October meeting minutes to website.
4.0 Matters Requiring Discussion		
4.1 RPCN Work Plan Debrief Brenda Carter	Brenda asked members for their first impressions of the RPCN Work Plan. Discussion ensued on the following: • Problem and aim statements are currently broad for each Priority Team. Next steps are to bring forward key issues to help create and narrow change ideas to focus on deliverables. Teams need to set realistic goals and to utilize the QI process.	

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	• The Driver Diagram is the main source to resolve any issues in regards to projects aim and vision. However, the diagram remains a tentative guide and will continue to be adjusted. Members agreed to add the Driver Diagram as a consent item on the committee agenda. • The Steering Committee's responsibility is to remain at a governance level by highlighting areas of improvement and influencing change. Recommendations are to be discussed at the committee level. Any recommendations and quarterly reporting will then be presented to the LHIN. • Team Leads will continue to meet monthly in Team Lead Huddles and will address any information overlap or potential to work collaboratively. • Continue quarterly check-ins with the projects teams. Team Leads and Executive Sponsors will report team developments using an agreed upon scorecard template, and report data and their use of QI tools to the Steering Committee. Change ideas need to be identified by next quarterly committee meeting in March 2018. • The common definition of palliative care used by OPCN will be the common definition referred to by priority teams. The agreed upon trajectory of palliative care and scope within the last year of life is a clear expectation of priority teams to define. It is recognized that some teams will scope their focus to the last few months of life, however, for the purpose of early identification, the RPCN steering committee endorses an approach that aims to identify those who could benefit from a palliative care approach who are anticipated to have a prognosis of less than a year to live.	Driver Diagram added as a standing agenda item. Continue Team Lead Monthly Huddles. Priority Project Reports to be added to committee meetings quarterly. Change ideas added to next quarterly meeting agenda. Projects to add definition of Palliative Care to Aim Statements.
Paula Blackstien-Hirsh	**4.1.1 Scorecard Template** An example of a Scorecard Template was presented. The outcome measures identified by the teams are to be added once the baseline is determined. By the next meeting, the Steering Committee should see the baseline values and targets. Paula sent a quarterly review initiative tracking form. The plan is to update this over time and use it as a guide for tracking progress on deliverables quarterly.	Lori to adjust project title to "Access to 24/7 Care".

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4.2 IDEAS Application Submission – Approval	Members were thanked for providing feedback to the IDEAS application shared prior to the meeting. The members approved the endorsement of the IDEAS Application with no changes and the application will be submitted by the lead by December 18, 2017. The team will be encouraged to consider inclusion of primary care perspectives in their implementation plan earlier in their project team as opposed to the end, knowing that this will enable spread at a later stage. Include primary care as a focus.	Inform the lead that the application has been approved for submission and provide suggestion re: primary care (Lori). Lead will proceed with submitting the IDEAS application by December 18, 2017.
4.3 RPCN Steering Committee Evaluation	4.3.1 Survey Results RPCN Steering Committee Evaluation survey results that were shared prior to the meeting were reviewed in general. Members discussed highlights and opportunities for improvement. *Highlights:* • For the most part, the results reflect positive experience with the committee structure and processes, with the acknowledgement that it is early days and the committee is evolving over time • Desire to ensure the committee stays at a governance level • Suggestion that the values be kept top of mind - perhaps through some visual • Desire to keep the committee focused on tangible outcomes and deliverables • Key area for improvement is allowing for sufficient discussion at meetings Members agreed to utilize the consent agenda to focus on required discussions, to continue to maintain conversations at a governance level and to establish a timeline to share meeting materials. 4.3.2 Terms of Reference Differed to next meeting.	Add agenda items to consent agenda. Meeting materials to be shared on SharePoint. Add Terms of Reference to January agenda

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	4.3.3 Meetings – Dates, Frequency, Length Lori reviewed how it was previously discussed to move forward to quarterly meetings and reflects the current Terms of Reference. She questioned if it is still the desired approach. Differed to next meeting for a more detailed conversation.	Add Meeting dates, frequency and length to January agenda.
6.0. Wrap-up		
6.1	Next Meeting: Tuesday, Jan 30th 2018, 2-4 pm The meeting was adjourned at 2:00pm.	Send out meeting agenda for January 30, 2018.