

South East Regional Palliative Care Network

Regional Palliative Care Network Steering Committee Minutes

Date: August 13, 2019
Time: 1:00pm - 4:30pm
Location: South East LHIN, Kingston, TJP Boardroom or Teleconference: 877-385-4099

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

Invited Guests: Schuyler Webster

Absent/Regrets: Michelle Bellows, Kara Schneider

Agenda Item	Discussion	Action
1.0 CALL TO ORDER		
1.1 Welcome & Introductions	Laurie welcomed Steering Committee members.	
1.2 Approval of Agenda	Approved.	
1.3 Approval of Consent Agenda	Approved with no additions.	
1.4 Conflict of Interest Declaration	None declared.	
2.0 CONSENT AGENDA		
2.1 Approval of meeting minutes from June 18 2019	Approval of June 18th, 2019 meeting minutes as circulated. Janine moved; Alfred seconded. All in favor.	Tracy to post minutes on RPCN website.
2.2 MAID Statistics Update – 2019-20 Q1	<ul style="list-style-type: none"> Regional referral service - H&CC has taken a lead to initiate two Communities of Practice (CoP) in the South East – one is for primary care providers and the other is related to access around support and information associated with MAID CoP focused on access is on hold as per ministry direction at this time. H&CC has developed a central intake line and internal process including data collection that meets all provincial 	

South East Regional Palliative Care Network

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	requirements of a regional referral service. All system and patient caregiver partners in the South East can access, however, unfortunately this isn't much help until we can advertise it.	
3.0 INFORMATION ONLY ITEMS		
3.1 Patient Story	<ul style="list-style-type: none"> • Patient story is from palliative care unit at Providence Care. Difficult family discussions around continuing or stopping treatment. Family accepted patient's decision to stop treatment. Family cared for patient at home until patient fell and subsequently went to Providence Care. Family/caregivers felt relief and burden of worry lifted when their loved one went to Providence Care. Family member explained that at the patient's memorial they participated in butterfly release, in memory of their loved one. 	
3.2 Co-Chair Verbal Updates <ul style="list-style-type: none"> • OPCN • LHIN/MAID 	<ul style="list-style-type: none"> • OPCN has received budget cuts and are subject to the same restraints as the LHIN with respect to recruiting new staff to fill vacant positions. OPCN has been working to gather data on teams providing palliative care in the province through their Team Identification and Readiness Self-Assessment survey that was distributed via the RPCNs. Currently in our region we have had 10 teams respond to the OPCN survey and have heard concerns from other teams with respect to completing the tool. OPCN has reviewed feedback from RPCNs and are rewording their request to answer partner's questions and concerns with hopes of increasing response rate across the province. • KPMG have been hired by Ontario Health as the organization that will support the transitional work, each of the 14 LHINs has a transition lead. Carol Ravnaas is the lead for the South East, working with KPMG. It is very preliminary at this point. H&CC will continue to serve patients as they always have. Shortages around personal support workers continue and some shortages around nurses. This is an Ontario issue that is seen across the province. The structure of the developing Ontario Health Teams will drive what that transition looks like for H&CC. 	
4.0 MATTERS REQUIRING DISCUSSION		
4.1 RPCN Vision	<ul style="list-style-type: none"> • Feedback was reviewed and final vision was approved based on group discussion: "Every person with a life limiting illness will receive timely high quality seamless palliative care that respects their choices." 	

South East Regional Palliative Care Network

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4.2 Hospice Residence Working Group	<ul style="list-style-type: none"> Feedback from discussion at last meeting was incorporated into this new version of the project completion report including impacted stakeholders. The recommendations in the closure report are based on the team's final report, as well as engagement with the hospices and H&CC. Laurie, Brenda and Hilary discussed project completion process and have determined that the report should be shared with LHIN Executive for their endorsement and should then be communicated back to the impacted stakeholders by Brenda and Paul Huras, as they are jointly accountable for the RPCN. Member raised question regarding a sustainable occupancy rate in hospice. This is not something the Network decides, but rather the hospices and H&CC would work together to monitor and ensure. 	
4.3.1 Palliative Care & Ontario Health Team Discussions	<ul style="list-style-type: none"> Champlain has drafted a document to describe how they would like to see palliative care services delivered in the Ontario Health Team structure. South East RPCN to consider drafting something similar. Want to think about the following: <ul style="list-style-type: none"> ➤ Key components we should be advocating for (e.g. central intake, 24/7 access and designated care coordinator), what is working well now and current limitations Tracy provided an update regarding the Rural Kingston & FLA submission. Both the Kingston and Napanee OHT submissions have been classified as "in development". Recent call with the Ministry has suggested that these teams are not moving forward as quickly as originally expected; the emphasis currently is being put on the 31 teams that have been invited for full application. There was also indication that population data that would be provided mid- to late-fall might influence their year one priority populations. When completing the OHT application, it was made clear by the partners that palliative care was one of their three priorities. 	Hilary, Megan and Natalie to draft OHT document.
4.3.2 Update on FNIMul Engagement & Request for Additional funding support	<ul style="list-style-type: none"> Hilary provided background on this work. Schuyler Webster hired in January 2019 to support engagement with local Indigenous communities to gather additional patient journey stories, as per recommendations in Dr. Brennan's Report (2018). The aim of gathering the stories is to identify what within the system is and is not working well and understand how we can continue to work towards improved access and quality of care for Indigenous communities. Schuyler provided update a verbal on his progress. He has looked into international and national literature, as well as provincial mandates to inform his project work. There have 	

South East Regional Palliative Care Network

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	<p>been four families interviewed to-date, eleven individual's total. All families interviewed so far have been off-territory. Confidentiality and cultural safety policy and protocols were developed. Inquiring about additional resources from the RPCN to complete interviews at Mohawks Bay of Quinte, with on-reserve individuals. Skylar will send Hilary an interim report by end of week and Hilary will share with the Committee when received for consideration of additional funds.</p>	<p>Hilary to share Schuyler's interim report with Committee when received.</p>
<p>4.4 Update on the Regional Community Palliative Care Collaborative</p>	<ul style="list-style-type: none"> Group has expanded to include front line providers from across the region. The group has met three times to date and has brainstormed key issues affecting how palliative and end-of-life care is provided/ received in the region. The group identified many current challenges and narrowed their focused on four priorities based on existing work happening in the region and the group's scope. The priorities identified for possible working groups included: caregiver assessment tools, education for primary care and collaborative partners, as well as communication between nurses and care coordinators. Next meeting: September 23, 2019. 	
<p>4.5 Update on the Kingston Palliative Care Partnership</p>	<ul style="list-style-type: none"> Partnership started to meet Fall 2018. The purpose of this group is to support palliative care providers in Kingston to achieve an integrated, standardized approach for the delivery of palliative care in the Kingston sub-region. Group has had preliminary discussions on how palliative care could be coordinated locally in an Ontario Health Team, as well as discussed organizational plans for the palliative care indicator on the 2019-20 Quality Improvement Plans. The partnership is looking to invite and include patient advisors in their work in the near future. 	
<p>5.0 WRAP UP</p>		
<p>5.1 Next Steering Committee Meeting</p>	<ul style="list-style-type: none"> Tuesday September 17th 2019, 1pm-4:30pm Providence Care Hospital Board Room 	