

# South East Regional Palliative Care Network

## Regional Palliative Care Network Steering Committee Minutes

**Date:** Tuesday March 19, 2019  
**Time:** 1:00pm – 4:30pm  
**Location:** South East LHIN Kingston, TJP Boardroom

**Attendees:** Joanne Billing, Brenda Carter, Hilary Blair, Megan Conboy, Natalie Kondor, Linda Price, Tracy Kent-Hillis, Laurie French, Kara Schneider, Helen Cluett, Janine Mels-Dyer, Denise Reynolds, Karen Moore (phone), Michele Bellows (phone)  
**Invited Guests:** Ruth Dimopoulous, Alicia McCullam, Janet Webb, Mary Woodman, Wendy Parker, Maggie George, Allen Prowse, Susan Himel  
**Regrets:** Alfred O'Rourke, Onalee Randall, Kerry Stewart  
**Recorder:** Tracy Laporte

Agenda Item	Discussion	Action
<b>1.0 Call to Order</b>		
<b>1.1 Welcome &amp; Introductions</b>	Brenda welcomed SC members and guests. Welcome to Kara Schneider (this is her first meeting attending in person).	
<b>1.2 Approval of Agenda</b>	Approval of March 19 <sup>th</sup> , 2019 meeting agenda as circulated. Denise moved; Linda seconded. All in favor.	
<b>1.3 Conflict of Interest Declaration</b>	Brenda provided members an opportunity to declare a conflict of interest.	
<b>2.0 RPCN Priority Team Updates</b>		
<b>2.1 Opening remarks</b>	<p>Brenda commended everyone for their hard work and dedication as we come to the end of the 2018-19 fiscal year.</p> <p><b>Key messages from OPCN (Brenda/Susan)</b>            As you know the Ontario Government has introduced legislation (Bill 74, The People's Health Care Act, 2019) that proposes changes to the Ontario health system. These proposed changes include integrating multiple provincial agencies into Ontario Health, and enabling the creation of local Ontario Health Teams that connect healthcare providers and services around patients and families. If passed, the Ontario government's proposed health system changes under Bill 74. The People's Health Care Act, 2019 will take time to come</p>	

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Agenda Item	Discussion	Action
	<p>into effect. OPCN is continuing as usual until they receive further direction. OPCNs ongoing work, guided by their three-year Action Plan, aligns with the proposed changes both provincial and locally with the proposed creation of Ontario Health Teams (OHTs). For example, the HSDF – an integrated model of community palliative care that was created to guide regional design, planning and delivery of team-based palliative care in the community – is an adaptable model that we believe will align with the Ontario government’s plans to establish locally integrated care under the leadership of the OHTs. OPCN will work with the Ministry of Health and Long Term Care to make HSDF and other OPCN products available to Ontario Health Teams.</p> <p><b>LHIN Updates (Joanne/Laurie)</b> As many may be aware, the 14 LHIN Boards of Directors have now been dismantled and replaced by a 12-person Ontario Health Agency Board. Laurie provided an update regarding the upcoming retirement of two managers from Home and Community Care. Laurie will update contacts later this week. May result in communication delays as a result of human resource shortage. Member asked about sharing the LHIN CEO’s Regional Systems of Integrated Care concept document. Joanne explained that the concept document was approved by the Board in December and confirmed the document can be shared.</p> <p><b>RPCN 2019-2020 Team Funding Update (Hilary)</b> Hilary shared the news that the Network budget for 2019-20 was approved by the LHIN Executive, including the funding for four team leads. We are thrilled that access to 24/7 Access project, Better Communication project and Coordination of Care project will continue, as well as project focused on competency and/or capacity.</p>	
<b>2.2 Patient Story</b>	Karen shared stories regarding three patients on behalf of the Hospice Residence team to keep the Network focused on the patient experience and perspective. The first story was about a patient that came from the hospital. She was able to hold her husband’s hand when she died, family members were present, they had access to a PSW 24 hours a day and even the family pet was welcome. She also described families that were able to participate in advance care planning, gardening, reflexology and reiki at the hospice. Patient length of stay does vary. One patient that came from hospital stayed for 101 days. It is important to discuss placement and ensure appropriate placements (ex. Hospice, LTC or home with correct supports).	
<b>2.3 Priority Team Projects Update</b>	<p><b>2.3.1 Access to 24/7 Care</b> Mary presented on behalf of the Access to 24/7 Care Priority Team. Mary noted that some of the outcome measures for the team will likely change as they advance with the Paramedic program. The final LEAP for Paramedics training session will be held next week, currently 133 of 144 Paramedics with Hastings-Quinte have been trained. Mary described several enablers to the project including the newly formed OPCN</p>	Mary to share communication document with Home and Community Care to distribute to staff regarding paramedic training

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	<p>Paramedic Community of Practice, as well as some challenges and risks including RPPEO (base hospital) discussions.</p> <p><b>General Discussion:</b> Member asked how Care Coordinators would be informed about this training and project work. Mary is working on a communication plan and meeting with stakeholders. A communication document will be shared with Home and Community Care (HCC) leadership and others to distribute to staff. Members reiterate the importance of communication and awareness. Member will connect Mary and team with Quinte ER to present on the topic as well. Member commented on the number of barriers to effective 24/7 nursing and added that paramedics will be a strong enhancement to provide further support to our patients in the home. Member inquired what the sustainability and spread plan might look like for the education component of this project. Mary noted that two Advance Care Paramedics have received facilitator training in the region to ensure sustainability in Hastings-Quinte. There are 11 sites across the province looking at implementation of this program currently and a community of practice is forming to support system level change and knowledge exchange.</p> <p><b>2.3.2 Hospice Residence</b> Maggie presented on behalf of the Hospice Residence Priority Team. The team's change ideas, including admission PPS increase from 30% to 40%, resulted in an increased occupancy for HPE from a median of 37% to 79% and HHH from a median of 29% to 87%. On all caregiver measures, including timely admission, there was high satisfaction. Maggie also shared the team's impacts and recommendations relating to the HR caregiver satisfaction survey, compliance of HR with HPCO and MOHLTC standards, best practices for Infection, Prevention and Control (IPAC), raising awareness of HR, HR bed allocation planning document and competency of nursing staff.</p> <p><b>General Discussion:</b> Members want to make sure that all project information documents are accessible. Hilary reminded everyone that information, including the Analysis and Impact report, will be posted on SharePoint. Members questioned the recommendation to continue administering the project Caregiver Satisfaction Survey, as opposed to OPCN's Caregiver Voice survey, a big dot measure. This survey is currently being implemented by HCC; however, individuals who stay in HR are excluded from the surveyed population. Members agreed that further conversation on this topic was needed with input from OPCN. Members also noted that hospices are obligated to provide their own survey's to understand patient and family experience and to improve quality of care, one survey should augment the other. Members also discussed the importance of consistency in the assessments done to determine eligibility and admission to hospice. This is a joint process between HR and</p>	<p>and project.</p> <p>Hilary to ensure material is posted on SharePoint. Hilary to follow-up with OPCN on expectations related to implementation of Caregiver Voice survey in HR and to bring back to the group.</p>
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HCC which requires strong communication and education to be effective.

### **2.3.2 Better Communication**

Alicia presented on behalf of the Better Communication Priority Project. Feedback from primary care providers and the HCC palliative care coordinator regarding their experience with the integration project was very positive. There were also barriers to this sort of integration from the PCC perspective shared including geography and coverage which made it difficult at times for the PCC to be onsite. Alicia described the potential improvements in patient/caregiver experience with an embedded PCC in primary care. The checklist was not used this quarter. Janet shared that the team would like to expand the project scope and depth this upcoming year. The team will review the gap analysis previously completed to help identify further options.

### **General Discussion:**

Member noted that there are multiple areas of communication breakdown that we could focus on. HCC agreed that they need to dedicate the resource to make the PCC integration project happen fully. However, the many distractions and tasks within the CC role, as well as resources makes this challenging. It was noted that Brighton Quinte West Family Health Team already has an integrated PCC in place. Team to follow-up to discuss logistics of this. Other members offered suggestions for project focus including access CC within the hospital, care coordination role with Health Link system navigators and virtual integration of the PCC. Member noted that we need to focus on those who are high demand – expansion of this group through early identification to include the Health Link type patient should make this entire system more robust. Need to make sure that the primary care provider is included in the conversation. Member noted that this is not easy work, if it was, it would be done by now. The aim is for incremental change that will move us forward.

### **2.3.4 Coordination of Care**

Ruth presented on behalf of the Coordination of Care Priority Team. A demo of the Palliative EMR Toolbar (Telus PS Suite) from e-Health Centre of Excellence in Waterloo Wellington was shared. The tool assists clinicians to earlier identify patients who would benefit from a palliative approach to care and supports clinicians in assessing the palliative needs of the patient and offers a plan on the next steps. Ruth described the potential improvements in patient experience that will be associated with this tool. Ruth has been engaging with providers in LLG to generate and gauge interest in the toolkit to identify other potential pilot sites and plan for future spread. The SERPCN website updates are being finalized. The Steering Committee needs to consider if they support the inclusion of MAID resources and training on the SERPCN website. Ruth thanked the Steering Committee and the LHIN for their support and for securing funding for the projects in 2019-20.

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	<b>General Discussion:</b> Members agreed that further discussion is needed regarding the inclusion of MAID on the RPCN website. The website is live, however some areas of the site are still under construction and additional pages continue to be added. Members expressed the importance of the website as a critical resource for clients and families. Member also gave very positive feedback from a patient caregiver perspective with respect to the toolbar.	Tracy to add website content review and MAID discussion to next agenda.
<b>BREAK (Project Teams Leave at break)</b>		
<b>Consent Agenda</b>		
<b>3.1 Approval of Jan 29, 2019 minutes</b>	Approval of January 29, 2019 meeting minutes as circulated. Linda moved; Janine seconded; all in favor.	Tracy to post minutes to the website.
<b>3.2 Approval of Feb 12, 2019 minutes</b>	Approval of February 12, 2019 meeting minutes as circulated. Linda moved; Janine seconded; all in favor.	Tracy to post minutes to the website.
<b>3.3 LHIN approved 2019-20 RPCN Budget</b>	Information distributed in meeting package. Member questioned what FTE was approved for the Quality Improvement Consultant. Hilary noted that a certain FTE was not approved, funding for the position was approved and FTE will depend on who is selected for the position.	
<b>3.4 Palliative Care Staff Competency Standards</b>	Information distributed in meeting package.	
<b>3.5 MAID Update</b>	Information distributed in meeting package.	
<b>4.0 Matters Requiring Discussion</b>		
<b>4.1 RPCN Priority Project Debrief</b>	Ruth reviewed the Quarterly Initiative Tracking Form and discussed project next steps.  <b>Paramedic Project:</b> Member questioned whether we should be concerned about the policy/legislation comment Mary made during her presentation. There is a worry of erosion of knowledge if there are long-standing barriers to implementation. The potential is fantastic, but we need to understand the bigger landscape, who else is working on this in the province and how will the barriers be addressed. Ruth/Hilary note that OPCN is bringing partners together; there was a provincial meeting on March 8 <sup>th</sup> for round table sharing of palliative care paramedic projects, both Mike and Mary attended. Member questioned the sustainability and spread plan for this project; will more LHIN funding be needed to spread beyond Hastings-Quinte? Hilary noted that many across the province are exploring this model and will be completing evaluations. There may be potential to seek funding from other sources if initiative has a successful evaluation. Member also noted in other regions they have regional on-call palliative care physician for providers to call. Member questioned whether a program like this exists in our region and if it could support the paramedics providing palliative	

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	<p>care. Natalie mentioned that we have a regional on-call physician available 24/7 with Queen's Palliative Medicine. They are only available to other physicians and nurses who have questions relating to diagnosis and/or treatment and are not specific to patient "X". Patients cannot call this physician directly.</p> <p><b>Hospice Residence:</b> Member questioned the approval process and implications for recommendations brought forward by the Hospice Residence team. Member suggested that further discussion take place at the Team Lead and HCC Huddle and be brought back to the Steering Committee for discussion. Members further questioned the ongoing use of the hospice residence satisfaction survey designed as a measure for the project vs. use of the Caregiver Voice survey, an OPCN big dot measure. Brenda suggests that we not worry about this until we hear provincially about this big dot measure. Member is impressed occupancy went from 30% to 80%, but questions why it was not at 100%. Joanne explained that hospices are not 100% funded; they've gone from under-occupied to over-occupied, partly due to the change of PPS at admission. More training for assessors and more conversations between hospice residences and HCC are needed to ensure appropriate admissions are made. Member agrees, possibly expanding training may help with this.</p> <p><b>Better Communication:</b> Member noted that the Better Communication team needs further support in scoping their project for 2019-20. Ruth and Hilary are meeting with Alicia in coming weeks to discuss project scope further.</p>	Discuss hospice residence team recommendations at Huddle. Bring back to Steering Committee.
<b>4.2 Review Steering Committee Core Documents</b>	<p><b>RPCN SC Meeting Activity Calendar 2019-2020</b> Hilary reviewed the updated RPCN SC Meeting Activity Calendar 2019-20 and seeks endorsement. Very minor updates since last shared; have now included patient story at the beginning of each meeting and highlighted where decisions will need to be made - ENDORCED.</p> <p><b>Updated Terms of Reference/Vision</b> Hilary reviewed updated Terms of Reference including vision. Document was condensed down further, as requested. Main piece that requires further discussion is the vision. Hilary noted that the group can hold off on this discussion and approval until the next meeting for the sake of time. Brenda added that we can keep bringing this back to the group, but eventually we need to agree they are good enough for approval. Recommends taking a few minutes at the next meeting to review and discuss further.</p>	<p>Tracy to distribute activity calendar.</p> <p>Tracy to put Network Vision at the top of the agenda for the next meeting.</p>
<b>5.0 Wrap Up</b>		
5.1	<p>Next Core Steering Committee Meeting:</p> <ul style="list-style-type: none"> <li>➤ Tuesday May 14, 2019, 1:00pm-4:30pm</li> </ul>	