

South East Regional Palliative Care Network

Regional Palliative Care Network Steering Committee Minutes

Date/Time: Tuesday May 14 2019 – 1pm-4:30pm
Location: South East LHIN, Kingston Office (1471 John Counter Blvd., Suite 200)

Attendees: Joanne Billing, Hilary Blair, Helen Cluett, Janine Mels-Dyer, Karen Moore, Alfred O'Rourke, Linda Price, Kerry Stewart, Megan Conboy
Invited Guests: Schuyler Webster, Susan Himel
Absent/Regrets: Michele Bellows, Brenda Carter, Laurie French, Tracy Kent-Hillis, Natalie Kondor, Denise Reynolds, Kara Schneider
Recorder: Misty Peters

Agenda Item	Discussion	Action
1.0 Call to Order		
1.1 Welcome & Introductions	Joanne welcomed Steering Committee members and invited guests to the meeting. Quorum discussed and determined that Terms of Reference should be reviewed and updated to clarify the make-up of the 51% membership.	Review TOR to clarify 51% membership.
1.2 Approval of Agenda	Approval of May 14 th , 2019 meeting agenda as circulated. Janine moved; Linda seconded. All in favor.	
1.3 Conflict of interest declaration	No conflict of interest declared.	
2.0 Consent Agenda		
2.1 Approval of meeting minutes March 19, 2019	Approval of March 19 th , 2019 meeting minutes. All in favor.	Hilary to post minutes on the website.
2.2 RPCN Activity Calendar 2019-2020	Information distributed in meeting package.	
2.3 RPCN Work Plan Final Submission 2019-2020		
2.4 Quality Improvement Coach 2018-19 Q4 Report		
2.5 OPCN Submission to the Premier’s Council		
3.0 Information Only Items		

South East Regional Palliative Care Network

Agenda Item	Discussion	Action
3.1 Patient Story	Helen shared a story about a patient who was not doing well at home with IV antibiotics. Patient was sent for a CT and determined she had a substantial infection that required a difficult surgery. Family conference was called to discuss options and decision was made to transfer to hospice, declining surgical intervention. MAID was discussed with patient, but declined. Patient died 2 weeks after admission to hospice residence. Demonstrates the resilience and capacity to accommodate wishes of the patient in a complex end-of-life situation. Example highlights key decisions that were made that validated the patient's values and wishes.	
3.2 Co-Chair Verbal Updates <ul style="list-style-type: none"> • OPCN • LHIN and MAID 	<p>OPCN Update</p> <ul style="list-style-type: none"> • OPCN is optimistic that the government recognizes the importance of palliative care and the valuable work being done across the province. OPCN is continuing to support partners during this health system transformation in order to reach our collective goals. Feedback on the OPCN submission to the Premier's Council has not been received as of yet. Susan will follow up on the status of this submission. <p>LHIN and MAID update</p> <ul style="list-style-type: none"> • Joanne provided members an update on the LHIN budget for the current fiscal year, noting significant savings were to be found and submitted to the Ontario Health Board and the Ministry for approval. • Hundreds of Ontario Health Team (OHT) applications are expected by the submission deadline of May 15th. Applications will be reviewed and matches will be invited to begin full application for OHT. Several discussions taking place regarding the potential OHT structure in our LHIN. The OHT Guidance document suggests that at maturity, every area will be covered by an OHT and OHT's will offer a full and coordinated continuum of services, including palliative care. • MAID – L. French will provide an update on the Regional Coordination Service in July 	<p>Susan to follow up on feedback of the OPCN submission to the Premier's Council.</p> <p>Laurie to provide MAID Regional Coordination update in July.</p>
3.3 Multidisciplinary Clinical Co-Lead and Lead Update <ul style="list-style-type: none"> • LEAP Course Offerings • Network Assistant and QI Consultant Recruitment Update 	<ul style="list-style-type: none"> • Currently organizing a LEAP Core course in June in Kingston. There has been particular interest among community nursing agencies and palliative care nurses at Providence Care Hospital. The team is working to secure course facilitators. • Initial discussions have taken place with the Perth and Smiths Falls District Hospital regarding a potential LEAP Core course in Perth this fall if there is enough interest (min 10, max 25 participants). Network has funding for two more courses, location to be determined (based on interested groups). 	

South East Regional Palliative Care Network

Agenda Item	Discussion	Action
	<ul style="list-style-type: none"> Network Assistant and Quality Improvement (QI) Consultant positions have been posted. However, hiring process has been put on hold due to the current environment. Gaining QI support for RPCN priority projects through LHIN Quality Team and Health Quality Ontario to bridge this gap. 	
4.0 Matters Requiring Discussion		
4.1 RPCN Vision <ul style="list-style-type: none"> Consider as a group the following questions to inform thinking on network vision: Why are we doing this work? What would success look like? 	<p>Potential RPCN Visions previously proposed:</p> <ol style="list-style-type: none"> 1. Exceptional hospice palliative care 2. Guiding the development of exceptional hospice palliative care in Southeastern Ontario 3. Seamless hospice palliative care 4. Quality hospice palliative care when and where you need it <ul style="list-style-type: none"> Member expressed that the proposed visions were organization-based and encouraged the group to create a vision that was patient-focused. I.e. "Every dying person will have or can expect... the opportunity to be supported by seamless hospice palliative care." Members also highlighted the importance of care that respects the patient's choices through-out their journey, also emphasizing the importance of collaborative decision-making, as highlighted in the patient story shared earlier. Members to review new draft vision independently and provide feedback. 	<p>Hilary to send new draft vision to members for review. Discuss further as a group in July.</p>
4.2 Health Services Delivery Framework/CAPACITI <ul style="list-style-type: none"> Review model and recommendations in final version of the Delivery Framework released by OPCN on April 29, 2019. Discuss first phase of implementation and additional resources that have been released: <ul style="list-style-type: none"> Tools to support Earlier Identification for Palliative Care Ontario Palliative Care Competency Framework 	<ul style="list-style-type: none"> Final version of the Delivery Framework released on Apr. 29th after an 18 month effort by OPCN and its partners. The Delivery Framework describes a model of care to enable adults with a life-limiting illness who are living at home or in community settings, and their family/caregivers, to remain at home as long as possible. Five recommendations have to been prioritized as a starting point including early identification, designated care coordinator, 24/7 access to an inter-disciplinary palliative care team, access to culturally safe emotional, psychological and spiritual care, as well as practical and social supports. The inter-disciplinary palliative care team includes a core team (physician or nurse practitioner and a designated care coordinator), other extended services (ex. personal support, community services, etc.) and has an established connection with palliative care specialist(s). First step towards implementation is Team Identification, a provincial scan to 	<p>Hilary to connect member with OPCN to share feedback regarding the Delivery Framework.</p>

South East Regional Palliative Care Network

Agenda Item	Discussion	Action
<ul style="list-style-type: none"> Goals of Care Resources 	<p>understand who is providing palliative care to their patients and a Readiness Self-Assessment to identify primary care teams interested in participating in the first phase of CAPACITI (Community Access to Palliative Care via Inter-professional Teams Intervention). CAPACITI is a 10 step training program to operationalize an early palliative care approach within primary care teams.</p> <ul style="list-style-type: none"> Member expressed some concern with OPCN's approach to implementation. Hilary to connect member with OPCN to share feedback. 	
<p>4.3 Work Plan Update</p> <ul style="list-style-type: none"> Review Progress of the regional action items A-G in 2019-20 Work Plan <ul style="list-style-type: none"> A. Enhancing Patient & Caregiver Engagement B. Aligning the Planning Across the Province (including FNIM, Francophones, Vulnerably Housed) C. Enabling Early Identification D. Establishing Palliative Models of Care E. Identifying and Connecting Providers F. Building Provider Competencies G. Measuring and Reporting our Progress 	<ul style="list-style-type: none"> Review of website layout and changes implemented as a result of engagement with caregivers and providers (ex. additional resources, map feature, education calendar, etc.). Member highlighted an additional feature that would be beneficial for patients and families to be included on the website: the number of palliative care beds in the region, a map of where the beds are located and how to access those beds. Kerry provided an update on the partnership between Hospice Kingston, Compassionate Communities Kingston and South Frontenac Community Services focused on Public Awareness of Advance Care Planning and Goals of Care. Two feedback presentations have been completed in Kingston and South Frontenac. The group is utilizing a train the trainer model, which is expected to build community capacity. The sessions have been offered by a group of very engaged community volunteers. The complexity of the role of the substitute decision maker (SDM) was highlighted and it was suggested this be an area for future consideration if offering additional education sessions. Priority populations: New engagement with Francophones has been put on hold during this transition period. Hilary highlighted the work of Dr. Meredith Mackenzie over the last year with vulnerably housed populations. Members are encouraged to review the findings/recommendations in Dr. Mackenzie's final report. Hilary is meeting with Dr. Mackenzie and Mike Bell in the coming weeks to discuss the results and next steps with the proposed recommendations. All three priority projects (Earlier Identification, 24/7 Access and Better Communication) align with the Health Services Delivery Framework recommendations. The Palliative Care Collaborative group is being re-established with a regional presence. The aim of this collaborative is to provide a forum for discussion and communication between partners and stakeholders. OPCN Regular Reporting products: Hilary has been working with the Decision Support 	

South East Regional Palliative Care Network

Agenda Item	Discussion	Action
	Unit at the LHIN to create a user-friendly dashboard. Hope to share draft in June.	
BREAK		
5.0 Other		
5.1 Patient Journey Stories <ul style="list-style-type: none"> Schuyler Webster (Indigenous Engagement Consultant) to share an update on his work gathering Indigenous patient journey stories as per recommendations from T. Brennan report. 	S. Webster was welcomed by the group and provided some background on his career and an update on his current work: <ul style="list-style-type: none"> There has been a high degree of interest in engagement in the community, families are eager to share their stories. Eleven individuals have participated in interviews to date. All participants described communication and information-sharing challenges between the families and service providers. It was also found that patients and caregivers were not identified or informed early about the resources and supports they may need. Interviews suggest that cultural resources and spiritual supports need to be engaged earlier in the process. There is a need among providers to recognize that there are culturally different practices and family decision-making dynamics may be different. The importance of a gathering place, larger spaces to accommodate families, was highlighted as well. Schuyler described the success of Indigenous models of care in other places that are built around the culture, the families and the way communication occurs. When strategies are implemented and allow for the cultural pathway to be built, it is generally well received. The final report will be available in the coming months. 	
6.0 Wrap Up		
6.1 Next Steering Committee Meeting: <ul style="list-style-type: none"> June 18, 2019 Congratulations and Farewell Joanne 		