South East Regional
Palliative Care
Network

Regional Palliative Care Network Steering Committee Minutes

Date: 30, May, 2017
Time: 2-4 pm
Location: Regional Cancer Program at Kingston General Hospital, Burr Level 2, Surgical Conference Room (Paloschi)

Attendees: Brenda Carter, Helen Cluett, Jenn Goodwin, Natalie Kondor, Ron Lirette, Trish MacPherson, Anne Newman, Linda Price, Denise Reynolds, Kerry Stewart, Lori Van Manen
Invited Guests: Paula Blackstien-Hirsh
Absent/Regrets: Michele Bellows, Joanne Billing, Alfred O'Rourke

Agenda Item	Discussion	Action
1.0 Call to Order		
1.1 Welcome	Welcome from Brenda	none
1.2 Approval of Agenda	1.2 Agenda approved as is. In future, add "Network Communications" as a standing item to agenda to confirm what information we want to actively communicate, how, and to whom (broad or focused network distribution).	Lori to add "Network Communications" to agenda as standing item
1.2.1 Conflict of Interest Declaration	1.2.1 No members declared a conflict of interest	none
2.0 Consent Agenda		
2.1 Approval of meeting minutes	Ron moved; Linda seconded. All in favour of meeting minutes. Minutes from April 28th, 2017 approved.	none
3.0 Information Only Items		

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3.1 Co-Chair Updates 3.1.1 Provincial (Brenda)	Provincial update: • OPCN activities are focused on the development of their 3-year Action Plan; specific engagements with LHIN CEOs and RVPs-Cancer Programs to be held in near future, along with regional engagements with established governance bodies in July. • A copy of the South East RPCN Year-end report was provided in the agenda package which focused on the deliverables for the year, including getting the governance structure set up, establishing the RPCN steering committee and meeting schedule, outreach, etc.). Can expect a similar process for 17-18 deliverables for the Regional Network and we'll be in a strong position to line up with the regional priorities.	none
3.1.2 LHIN (Lori)	LHIN update: • Patients First implementation update: CCAC transition to the LHIN happened on May 17th; rather uneventful with the exception of some disruption with email migration. CCAC is now referred to as Home & Community Care, South East LHIN. LHIN's immediate focus is on activities to be carried out in the first 100 days. • Ministry of Health transitioning the ministry program management and funding responsibility of the Palliative and End-of-Life Care programs to the ministry's Home and Community Care Branch within the Health System Accountability and Performance Division. This change has no impact on current funding/reporting. • LHIN executive approved RPCN Terms of Reference with the addition of a phrase clarifying roles of LHIN and Steering Committee with respect to decision making • LHIN executive approved RPCN project themes, noting that approval does not constitute funding approval (this must be sought separately). The RPCN project teams are encouraged to align with existing systems/ project teams/working groups within the LHIN where possible (i.e. Health Links). • Visiting Hospice proposal will be reviewed at upcoming LHIN executive meeting for funding approval and associated terms	Brenda will confirm with OPCN secretariat what impact, if any, this shift in oversight will have on the regions. Lori to send out revised/final Terms of Reference document Share final FNIM/FLS reports when available- by email to steering committee

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	• Summary of engagement with First Nations, Inuit, and Metis (FNIM) in March is in draft form and will be shared when finalized. Both this report and the report arising from the Francophone Citizen's engagement (Réseau and French Language Services – FLS) will be shared & posted to the website when finalized.	members, and post to website
4.0 Matters Requiring Discussion		
4.1 RPCN SC Membership Update (Brenda)	• Cheryl no longer co-chair (is now Sub-Regional Director for Quinte). Joanne Billing is now VP for Home and Community, and is confirmed to be Paul's newly appointed delegate for the RPCN, resulting in vacancy on the steering committee. As it is the role of the steering committee to recommend a person to fill vacancies, Laurie French, Director, Special Programs, South East LHIN was nominated; Members supported this nomination. • The other vacancy is with Bob Webster who is no longer a LHIN Primary Care Clinical Co-Lead. A new clinical leadership structure is to be formed at the LHIN and clinical lead representation on the RPCN Steering Committee will be revisited. • Question regarding Indigenous representative on this steering committee raised. A skills-based matrix and competency framework was used to determine membership - did not exclude representation from vulnerable populations, including indigenous membership, though did not specifically identify this criterion as a requirement. Gap acknowledged; early committee self-evaluation to determine whether or not right balance of membership exists, and if not, to determine the best approach. Timing is an important consideration, recognizing that some work needs to happen first to build relationships and determine partnership opportunities; OPCN recognizing they also need to do this work.	Brenda to follow-up with Paul/Joanne to confirm Laurie's participation as RPCN member and discuss ongoing primary care representation once clinical leadership structure at the LHIN is solidified. Steering committee self-evaluation to include review of membership representation
4.2 Overview of Regional Data Profiles and Recommendation for Distribution (Trish, Natalie, Lori)	• Overview of some data slides from the OPCN on LHIN-wide regional profiles provided to: 1. highlight key findings outlining the current state, and 2. propose a recommendation for distribution of the data in a logical manner. An overview was also provided of the accompanying excel tool that allows regions to perform some	Targeted sharing of data (i.e. by sector, initiative, or sub-region specific) when 2015/16 data

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	of their own regional data analysis using a selected set of stratifications at the provincial and LHIN level.
	• Data was based on Fiscal Year 2014/15 End of Life cohort (OPCN captured data pertaining to last year of life and last 30 days of life) *using the following data sources: Discharge Abstract Database (DAD), National Ambulatory Care Reporting System (NACRS), OHIP, CCAC coding and Continuing Care Reporting System (CCRS)*; a revised slide deck will be sent to regions in Q2 with more recent data from 2015/16 data. Data consisted of information on palliative care services for patients, hospitalization use by patients, and sector-specific information. Important findings include:
	   ○ South East had the third lowest (43%) of patients dying in hospital (acute, emergency), and the third highest proportion of deaths at home (24%)
	   ○ Only 15% of patients received palliative home care within the last 30 days of life – second lowest in Ontario to North West LHIN.
	   ○ While not LHIN specific, the time at which patients are identified as needing palliative care services was closer to death for patients with neither cancer nor dementia (i.e. the 'Other Condition' classification) with only 8% of individuals identified over a year before death.
	• A number of data caveats exist: 'End-of-life' care through home care services is likely to be underreported due to inconsistent coding practices; for patients flagged as needing palliative services, the data does not reveal *when* in the patients' journey this flag occurred
	• Data may help to inform regional capacity planning (service volumes, FTEs, dollars, etc.) and help to prioritize recommended future investments/monitoring for effectiveness. Importance of accurate and standardized coding practices to provide a true picture of current state is recognized, pointing to a possible role for education.
	• Approval received on recommended targeted distribution of data profiles after Q2 data in.
		becomes available through OPCN.
		
		Include data sources in meeting minutes (Lori).
		
		Clarify if OPCN is benchmarking interprovincially to determine a national approach (Lori).

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4.3 South East RPCN Work Plan – QI Workshop; QI Project Working Groups (Paula, Lori, Brenda)	• Paula provided an overview of the scientific thinking behind taking a quality improvement (QI) approach and the planning underway for a workshop(s) to enable team leads, executive sponsors and key content holders to develop project charters, articulate the problem they wish to address and an aim statement. Further training will be provided to teams on the use of QI diagnostic tools, and linking change ideas to root cause. Outcomes of the workshop(s) will be shared with the Steering Committee. • Testing will occur in teams, with process and outcome measures that can be monitored by the steering committee. Goal is not to fix the system in 18 months but to support an incremental QI approach to strengthen the culture; adopt a standardized approach to improvement, and ensure scoping and prioritization to increase probability of success. • Much discussion ensued about the identification of executive sponsors and team leads, and the fact that one barrier identified to securing a team lead role was the lack of resources offered to enable clear time commitment for identified leads to undertake the role given the level of commitment (1 day/ week) and the responsibilities involved. It was suggested that before further outreach occurs, this barrier be communicated to LHIN executive and available LHIN resources sought to ensure successful team formation and participation. • Where policy barriers are encountered within teams, these barriers will be made known to steering committee, and in turn, the steering committee will advocate for policy changes to the most responsible body (i.e. OPCN, LHIN). • Project teams to identify at least one outcome that has direct impact/improvement for patients/families; Experience-Based design methodology to be taught and encouraged. • Scope - only 5 projects identified in the first 18 months; after this –opportunities for spread and/or taking on new projects will be explored.	Present information to LHIN executive on existing barriers, proposed approach, and identified resources needed to support RPCN project team- formation & enable progression on the RPCN work plan.
4.4 A focus on Residential Hospice 4.4.1 Education on Residential Hospice (Ron)	Deferred	Add item to next meeting's agenda (Lori)

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4.4.2 Residential Hospice Guide (South West) (Lori)		
5.0 Other		
5.1 Other	No items added.	none
6.0. Wrap-up		
6.1 Next Meeting	Next Meeting is Jun 27th, 2017 from 2-4 pm	none