



Minutes – Palliser Triangle Health Advisory Council

Monday May 28, 2018 12:00 p.m. – 3:00 p.m.

FCSS Community Centre, Oyen, AB

Council members present: Reg Radke (Chair), Dr. Sara Joan Armour, Ajit Atwal, Diane MacNaughton, Marjorie Moncrief, Paul Nederveen, Heather Norris, Dr. Ken Sauer, Stephanie Shaw

AHS: Katherine Chubbs, Linda Iwasiw, Andrea Jackson, Dr. Jack Regehr

Public: Seven

Regrets: Patricia Dietrich, Blake Pedersen (Vice Chair), Patty Rooks, Grant Walker, Gwen Wirth

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
1. Welcome & Introductions	Council Chair, Reg Radke, welcomed guests to Oyen and to the Palliser Triangle Health Advisory Council meeting. Debbie Kovitch, Interim CAO, Town of Oyen, welcomed attendees to the town and to the FCSS Community Centre. Debbie sends regrets from Mayor Doug Jones who was unable to attend.	
2. Approval of Agenda	Moved by Marjorie Moncrieff that the agenda for Monday May, 2018 be approved. MOTION CARRIED.	
3. Approval of Minutes	Moved by Ajit Atwal that the minutes of Monday March 26, 2018 be approved. MOTION CARRIED.	
4. Presentations		
4.1. Public Comments	Anne Berg, Oyen community member, shared feedback she has heard from people in and around Oyen. Anne identified where things are going well in the community as follows: meal service at the hospital and pharmacy are great; the community is proud of its long term care activities and recreation program, the lodge; physicians and locums; good dental and optometrist services; lab and X-ray have a good range of services; physiotherapy service; laundry is done on site.	

	<p>Primary concerns identified were: people in rural areas want to be included in communication earlier, and have input to decisions that impact their communities; more staff is needed in each of the departments at the hospital, including on weekends, as well as in home care and in long term care; concern about moving patients from long term care to facilities away from family; there aren't enough patient transportation resources; questions about who is making decisions re: assisted living facility? Locals advise attaching it to the lodge; there is uncertainty about the use of remote patient registration – more room for error; when ambulances are unable to find a location that has an impact on speed of response times. Having permanent staff in Oyen accompanied by rotating staff could be a solution; it would be more cost effective to have a clinic in Oyen because physicians aren't accepting new patients, so those who seek walk-in service end up going to the emergency department.</p> <p>Larae Pierson, community member from Special Area No. 2, advises Mayor Doug Jones requested her attendance at the HAC meeting today. She has connected with people in her community about assisted living and the common theme reported is the need for it, regardless of whether it is housed in the lodge or the hospital. She is collating feedback collected to place into a document and can share with the HAC when completed.</p> <p>Reg Radke added that council recognizes there are challenges in rural areas with respect to cost vs. service. Council will continue to share this messaging with AHS and will follow up as needed.</p>	<p>Coordinator to put forth concerns from resident to South Zone ZEL.</p> <p>Council will gather more information from Heather Norris about the assisted living process and consider a letter of support.</p>
<p>4.2. Oyen Health Foundation</p> <p>Bev Haag, Foundation Member</p>	<p>Bev Haag, Chair, Oyen and District Health Foundation, shared an overview of the work of the foundation indicating it was established in 1996 and currently has 11 members and one paid administrative assistant on its board. Its' mandate is to help enhance health services so when the need for non-core health equipment arises that AHS can't provide, the foundation can help.</p> <p>The foundation receives regular donations throughout the year, as well, through its Christmas mail out campaign, a bi-annual casino, farmer's market and more. Donations come from individuals as well as from service and community clubs, and some annual monies from AHS. Items purchased include hospital beds, oxygen concentrations, therapy bikes (twin tandem cycle) and much more. The foundation advises it requires a bigger budget in order to meet the demand.</p> <p>Bev advised Oyen would benefit from assisted living because currently there is a lot of strain on acute care. The foundation would also like to see AHS use local contractors instead of bringing in trades people from urban centres. Katherine Chubbs shared that jobs are competitive, there are restrictions and the Alberta Government determines the criteria. All contractors are welcome to put in bids for jobs but not everyone does. All tenders are posted on the government website.</p>	<p>Reg/council will follow up on process for tender, where the information can be found.</p>

	<p>Questions from Council:</p> <p>Q: Does AHS give the foundation a list of equipment to choose from? A: Yes, and the foundation makes its selection according to the greatest need.</p> <p>Q: Who would you like messaging to be shared with about the work the foundation? A: It would be great to see information shared about progress the foundation has made, in our local paper, for general public knowledge.</p> <p>Q: Does your foundation have money in reserves? A: Yes, we have money held in GICs. What we don't have are big projects to put that money towards. Oyen is central enough that lots of communities could use our services.</p> <p>Q: How much does the foundation raise in a year? A: \$20,000 active fundraising; \$50,000 with casinos. Most of our fundraising comes in through donations.</p> <p>A council member commented that in rural communities, our hospitals are often a significant employer. In order to keep these communities viable we need to hire local staff as often as possible and compliments to the foundation for its work on the palliative care room in Oyen. It is very well equipped.</p>	
5. Old Business		
5.1. Business Arising from the January 29, 2018 minutes	<p>Andrea Jackson, Advisory Council Coordinator provided the following update from the January 22, 2018 meeting:</p> <ul style="list-style-type: none"> • Katherine Chubbs will create a one-pager outlining options for palliative care services in the region. Complete. • Katherine Chubbs will enquire about EMS service plans. September presentation from EMS. • Katherine Chubbs will provide Andrea with hours of care information to share with council. Complete. • Council to invite EMS to future meeting to present/provide updates on service delivery. September. • Andrea Jackson to arrange tour of Masterpiece LTC facility for members. Complete. • Andrea will connect with Katherine for a copy of the mental health needs assessment. In progress. 	Andrea will schedule EMS presentation for September meeting.
6. New Business		
6.1. South Zone Executive	<p>Katherine Chubbs, Chief Zone Officer, provided the following update:</p> <p>Operational Plan – we are a year into the plan and making good headway. Within the next six months the zone will begin its next round of engagement of which the HAC will be included. To-date, the zone has spoken with</p>	

<p>Leadership Update</p> <p>Katherine Chubbs, Chief Zone Officer, South Zone</p> <p>Dr. Jack Regehr South Zone Medical Director</p> <p>Linda Iwasiw, Senior Operating Officer, Acute Care East (South Zone)</p>	<p>3,000 local residents to help determine priorities for health. Suggestions made include increasing home care and palliative care in the community, as well as patient flow and enhancing care in the community. The zone established a task force that includes senior leaders and frontline staff who meet every two weeks. As we are in a deficit we need to look at everything from a no-cost perspective. We are looking at process improvement to be efficient and effective and sustainable with no negative impact to patient care. Additional updates:</p> <ul style="list-style-type: none"> • Collaborative Care (CoACT) is now being rolled out to rural sites. This is an initiative that includes a patient’s family in their care. • We’re looking to increase the number of people who provide patient care, via patient advisors. We are also looking to create a patient and family mental health network, and an Indigenous listening group to help support Indigenous care. • The Mental Health needs assessment is complete but has not yet been distributed. There are eight priority areas within the assessment and the HAC will be consulted for its feedback in the coming months. • The zone is working on the development of a new model for chronic pain services. It’s currently in the pilot phase to determine how the service will be rolled out. • The zone is in the process of looking at implementation of Truth and Reconciliation recommendations from the province. • The results of recommendations for the organizational design project are expected next week and it looks as though the consultants have a strong understanding of where AHS is at. • In the next year every site will have a Quality Council whose role is to review site data to determine areas for process improvement. Anything deemed high risk then becomes a priority of focus. • The electronic health record (Connect Care) is on track and on budget. <p>Dr. Jack Regehr shared an overview about physician resource planning, including information about South Zone physician demographics and population, future trends, the medical affairs 2018/19 work plan and local recruitment needs. Dr. Regehr adds that Oyen is currently down one physician with a lead on a new candidate. In the South Zone we are looking for child psychiatrists, addictions, cardiologists, nephrology and kidney specialists.</p> <p>Linda Iwasiw added that all of south zone has been part of a replacement bed/stretchers program in acute and long term care sites in conjunction with foundations and funding from the province. These are good for patient comfort and for reducing staff injuries. The Zone also has monies to replace patient lifts as per a provincial initiative. The replacements will see ceiling lifts added in addition to sit-to-stand lifts and will be available in all sites.</p>	<p>Andrea will send members a link to information about CoACT.</p> <p>Andrea will share Dr. Regehr’s report with council via email.</p>
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	<p>Katherine added that patient flow is an area of focus because acute care beds are at a premium and often filled with people who should be receiving care elsewhere. There is a deficit of long term care beds in the zone as well as geriatric mental health and child and youth mental health beds. The decision to move patients is taken seriously and safety is a priority. Paul Nederveen suggested it doesn't seem efficient for all sites to require new beds. Katherine responded continuity of care is a pillar of the Collaborative Care model.</p> <p>Diane MacNaughton suggested that in general, public need a better understanding of the complexities of AHS. She will be enquiring about having someone from the zone present to the Community Assistance Network (CAN) in November about the organizations' structure and overall function.</p> <p>Marjorie Moncrieff suggested AHS connect with communities prior to making health-related decisions to alleviate rumours and misinformation. She wants to work with AHS, not against. Katherine responded it's not always feasible to do this as AHS needs to assess patient impact, first, as well as cost and whether or not there's a human resource impact, to which AHS needs to communicate with those parties first.</p>	
<p>6.2. Report from the Chair Reg Radke</p>	<p>Reg Radke provided members a copy of his roundtable report. Topics include highlights from the Rural Health Professions Action Plan (RhPAP) conference that took place in Brooks in April, information about the next Community Collaborative Network meeting, a Skills Day event that took place in Brooks on May 15 and fundraising campaign efforts from the Brooks & District Health Foundation.</p> <p>Reg added he tracks comments and action items from meetings to ensure a collaborative approach to follow through with the Advisory Council Coordinator. Finally, another opportunity for members to have their voices heard is to participate in surveys such as the recent diversity survey or the wait times survey by AHS. Reg encourages member participation in these opportunities.</p>	
<p>6.3. Work Plan Review & Approval</p>	<p>Council discussed the work plan and some expressed concern it is too robust for volunteers to take on. Others reiterated the plan looks like more work than it is, and that when broken down it won't require all members to participate in all activities. Andrea reminded council the outline of the plan is derived from the bylaws, which emphasizes the role of the HAC. What's new is the Board wants to hear about challenges from communities but there must be a mechanism in place to verify what members are bringing forth.</p> <p>Moved by Ken Sauer that the 2018/19 work plan draft be approved, with the agreement to make minor revisions to actions at a meeting in June. MOTION CARRIED.</p>	
<p>6.4. Annual Report</p>	<p>Moved by Ken Sauer that the 2017/18 annual report draft be approved. MOTION CARRIED.</p>	

Review & Approval		
6.5. Advisory Council Coordinator Report Andrea Jackson	<p>Andrea Jackson shared the following Advisory Council Coordinator update:</p> <ul style="list-style-type: none"> • Advisory Council Satisfaction Survey – Community engagement is completing a thorough evaluation of responses, then preparing a survey report for each council as well as an overall report. It will also engage with members to identify how they would feel most satisfied in their roles and develop a strategy that addresses gaps and opportunities identified. The goal is to improve satisfaction by five per cent by March 31, 2019. • Work Plan Approval – final drafts are complete and ready for approval by council today; • Annual Reports – final drafts are complete and ready for approval by council today; • Advisory Council Fall Forum – the forum is scheduled for October 26/27 in Edmonton. The steering committee has met and planning is underway; • Promotion of Tools – we are considering the use of a one-pager vs. brochure about each HAC and are asking for member input. See sample in meeting package and provide feedback to Andrea; • Budget – Reg Radke attended the RhPAP conference in Brooks in April. Registration fees came to \$241.61. Council used \$176.82 for its public forum in Brooks on April 18 leaving the balance at \$4,581.57. 	
6.6. Council Roundtable & Good News Stories	<p>Paul Nederveen shared an update from the Palliser Friends of Medicare (FOM): in April the group met with the executive director of THRIVE and discussed the possibility of hosting an information session to bring broader awareness to the community of the social determinants of health. The group also co-hosted an information session in April whereby they discussed the release of a report by the Parkland Institute on concerns about private clinics. Finally, FOM has expressed its concern about the provision of palliative care as Carmel Hospice is reportedly operating near capacity.</p> <p>Diane MacNaughton requests council approval to have a Health Advisory Council information table at volunteer night at The Esplanade Arts & Heritage Centre in Medicine Hat on June 12.</p> <p>Moved by Ken Sauer to approve spending \$20.00 from council’s community engagement budget for a table at Volunteer Night in Medicine Hat on June 12. MOTION CARRIED.</p> <p>Ajit Atwal shared that occupancy is increasing in the palliative care unit at St. Joseph’s Home in Medicine Hat. Ajit asked if a needs assessment is planned to which Katherine suggested she will have a response to this at a later time.</p>	Andrea to connect with Katherine re: palliative care

	<p>Marjorie Moncrieff advised that a fourth physician begins work in Bow Island next week. She added an encouraging statement made by a physician at a recent University graduation reiterated that hospitals can be an example of wellness that our communities can be proud of.</p> <p>Heather Norris shared the seniors health task force is a group of municipal people and she’s learned there’s money available through seniors housing. AHS has committed to staffing it. Oyen is 5 on list of priorities for seniors housing. Proposal needs to be in, in June. 100,000 grant went in to feasibility study. This will be a pilot for rural areas.</p> <p>Ken Sauer recently participated in a survey about emergency room wait times with AHS Community Engagement. Ken also expressed concern about noise and vibration from the helicopter landing at Medicine Hat Regional Hospital and potential impact to the surgical unit. Linda Iwasiw stated the AHS has checked in with multiple sources including staff inside the building, and no concerns have been brought forth.</p> <p>Sara Joan Armour expressed interest in learning about the utilization of artificial intelligence and the use of robotics in medicine, and if or how AHS may be incorporating it in the future.</p> <p>Reg Radke attended the RhPAP conference in Brooks in April and found it to be a valuable conference. There was a strong focus on attraction and retention committees.</p>	needs assessment.
7. Next Meeting	Date: Monday, September 24, 2018, 12:00 p.m. to 3:00 p.m. Location: Medicine Hat Regional Hospital 666 5 St. SW, Medicine Hat, AB	
8. Meeting Evaluation & Adjournment	Moved by Heather Norris to adjourn the meeting at 3:20 p.m.	