



## Minutes – Prairie Mountain Health Advisory Council

Thursday May 24, 2018; 5:30 – 8:30 p.m.

Southport Tower, Room 1002 10301 Southport Rd. SW, Calgary, AB

**Council members present:** Scott Mitchell (Chair), Sheena Taggart (Vice Chair), Steven Herbert, Anita Jenkins, Sandra Robertshaw, Francesca Simon, Sheena Taggart, Gloria Wilkinson

**AHS:** Lori Anderson, Brenda Huband, Andrea Jackson, Dr. Sid Viner

**Public:** 1

**Regrets:** Laureen Darr, Tyler Magwood, Lawrence Santiago, Michelle Wong

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
<b>1. Approval of Agenda</b>	Moved by Sheena Taggart that the agenda of Thursday May 24, 2018 be approved. <b>MOTION CARRIED.</b>	
<b>2. Approval of Minutes</b>	Moved by Gloria Wilkinson that the minutes of Wednesday March 21, 2018 be approved. <b>MOTION CARRIED.</b>	
<b>3. Public Comments</b>	Urchit Bhatiya attended the meeting today and shared the work he is involved in at the University of Calgary.	
<b>4. Presentations</b>		
<b>4.1 Indigenous Health Action Plan Group</b> Penny Morelyle, Co-	Harley Crowshoe, Provincial Director for Indigenous Health Programs, South, began with a prayer and acknowledgement of being on Treaty 7 and Metis Region 3 territory, a traditional meeting place and home for many Indigenous peoples including the Blackfoot people.	

<p>Chair Indigenous Health Action Planning Group</p> <p>Harley Crowshoe, Provincial Director, Indigenous Health Programs, South</p>	<p>Penny Moreyle, Co-Chair of the Indigenous Health Action Planning Group, AHS, advised our Indigenous peoples have strong traditional ways of life that have been passed down through generations but they are also a population who statistically bear a greater burden of disease, death and disability than that of the general population. As such, improving the health of Alberta’s Indigenous people is a priority of AHS with a focus on reducing the health disparity gap between Indigenous and non-Indigenous people. The Calgary Zone Indigenous Health Action Plan is committed to working in partnership with Indigenous communities to identify priorities and come up with a collaborative solution(s).</p> <p>The Government of Alberta has identified Indigenous Health as a priority and has embraced the calls to action within the Truth and Reconciliation Commission final report, a driving force behind AHS’ Indigenous Health Action Plan. Another driver is <a href="#">Jordan’s Principle</a>, which indicates that all First Nations children will receive the resources they need in order to ensure they have an equal chance to thrive. The results of the Truth and Reconciliation report demonstrated the pain Indigenous peoples endured in residential schools and beyond, all of which has added to the health outcomes of Indigenous peoples for generations.</p> <p>The work of the Indigenous Health Action Plan is provincial and builds on work that’s already been done. It sees an opportunity to learn and grow and determine where changes can be made, and it hopes there is opportunity to partner with Health Advisory Councils. It is interested in finding meaningful ways to partner with stakeholders to address how to build services that are culturally safe.</p> <p>Penny shared the Indigenous Health group has been working on an engagement process and building its plan around the holistic health model which is helpful in addressing trauma. The first phase is engagement to build trust. They want to be a better partner in care and to co-create with communities. The group is working internally and externally and hopes to keep momentum and have AHS leadership be the key in leading the process as they move forward.</p> <p>Internal consultation thus far has identified several themes – access to services, navigation, flexible programming, patient concerns process, traditional wellness, cultural competency, representation and recruitment and communication. The group will continue engagement efforts and building awareness. Penny asks members to consider what they can do personally and professionally to contribute to change.</p>	
<p><b>5. New Business</b></p>		

<p><b>5.1 Council Open Discussion</b></p>	<p><b>Sandra Robertshaw</b> recently viewed <a href="#">Greg's Story</a>, about Greg Price's journey through the healthcare system, and recommends council view the video. Dr. Sid Viner agreed the video is quite powerful and helps those in the healthcare system gain an appreciation of where there are some gaps in the system. Dr. Viner advises the family requests to be at public showings of the video to engage in discussion afterwards.</p> <p>Sandra expressed concern about members not attending HAC meetings and/or fulfilling subcommittee commitments. Scott responded that we are processing this. It was decided to place Scott on the Primary Care Council.</p> <p><b>Steven Herbert</b> shared feedback he had from a recent survey he participated in about wait times. Dr. Viner provided some context about wait times in that the standard of practice for the referral process and the time it takes to hear back from the physicians' office as notification of receipt of your information. Patient should hear within 7 days and has the right to call their office if they haven't heard.</p>	<p>Andrea will connect with Scott and Sheena to determine if/when to schedule the Price family for a presentation.</p> <p>Andrea to contact members about subcommittee work.</p>
<p><b>5.2 Draft Engagement Plan Review</b> Lori Anderson, Senior Operating Officer, South Health Campus</p>	<p>Lori Anderson has created a draft framework of the HAC and Calgary Zone Engagement Cycle and Planning Process, for council's consideration. Lori suggests starting the process in the fall, starting slow and making continuous improvements as we learn and grow. She asked members to take some time with the plan, consider how it works for the HAC and to provide feedback at a later date.</p> <p>Engagement &amp; Consultation - members of the HAC would begin by consulting within their communities in the fall, collating and theming information gathered and bringing it forward to AHS. It will work with the zone to determine if further engagement is required. This work will be collaborative and ongoing.</p> <p>Planning – findings from information gathered will be prioritized and applied to the Calgary Zone Operational Plan, and HAC work plan, as relevant. The HAC will share significant findings with appropriate AHS groups(s) for awareness and follow up as required.</p> <p>Implementation – this is where we will apply what's been learned. It could mean creating a new strategy or revising something that's already in process; it's very contextual.</p> <p>Reporting &amp; Accountability – reporting to the HAC and zone leadership will include status updates, metrics, presentations and briefings. The HAC will also report back to stakeholders as follow up to engagement and consultation. Lori wants to ensure the work is intentional. Looking at a way to apply what HACs are hearing to what we do on an annual, daily basis.</p>	<p>Members to provide feedback about engagement cycle with Andrea by June 7, who will collate and share with Lori.</p>

	<p>Environmental Scan – this is the result of observations/feedback HAC members have gathered from communities re: health and healthcare. There would be an annual review of challenges, successes and opportunities in the zone, updates on AHS provincial and zone priorities and a review of provincially mandated strategies and initiatives.</p> <p><b>Anita Jenkins</b>– this process provides structure to the HAC, which may make it easier to get traction and to conduct follow up.</p> <p><b>Scott Mitchell</b> – we want work that has magnitude and body. This document is fluid, the process will help us to be more aligned with the zone and the actions within are doable. This process gives us the ability to mine good data and feel confident as we move forward.</p> <p><b>Francesca Simon</b> – there is fluidity to this process. We will need to define how we target the engagement. How do we create the spark for these types of conversation? Lori responded that some work will be led by the HAC, some will be led by AHS. It will be important to manage expectations. Lori sees the HAC owning the work, with AHS in a collaborative and supportive role, as relevant and appropriate. She adds we will need to start small, stay focused and keep it simple. Francesca adds that providing an education component to some forms of engagement will be an important component.</p> <p><b>Sandra Robertshaw</b> – emphasizes the importance of moving from talking to action/doing. Sandra likes public fairs as an opportunity to connect with people. Sandra is curious what the outcome of the consultations will be, what are the questions to ask and how will we go about it? Lori responded the details will be ironed out in the months to come and engagement processes will be relevant to the need. We could do focus groups, perhaps focused questions as well as an open mic at a public forum-style event. Dr. Viner adds that we often struggle with the ‘how’ but we know it’s important to hear what is and isn’t working well in health services.</p> <p><b>Sheena Taggart</b> – we’ll need to work out a plan that identifies what we want to know before we go out and engage our communities. By identifying what it is we plan to do, this will help communities understand the capacity of the HAC.</p>	
<p><b>5.3 Calgary Zone Executive</b></p>	<p>Dr. Sid Viner, Zone Medical Director, shared the following update:</p> <ul style="list-style-type: none"> <li>• A lot of our focus is on the delivery of core services and there is constant pressure to deliver these services in ways that are timely, effective and efficient. There is also increasing need to focus on</li> </ul>	

<p><b>Leadership Update</b> Lori Anderson, Senior Operating Officer, South Health Campus Brenda Huband, VP and Chief Operations Officer (Southern AB)</p> <p>Dr. Sid Viner, Zone Medical Director</p>	<p>patient flow. We know we need to look at ways in which we deliver these and other services in order to maintain costs.</p> <ul style="list-style-type: none"> <li>As innovation continues and evolves AHS is always trying to determine what will provide value and should be brought into the system. AHS does health technology assessments where it supports research and innovation. For example, hip replacement services have improved to where the patient is out of the hospital within 3-4 days as opposed to a week. Aortic valve replacements now have patients out of the hospital after two days. Innovation is excellent but also expensive so we have to analyze the tradeoffs.</li> <li>Another focus is on quality, safety and health outcomes. AHS continues to weigh what is most appropriate in terms of the right tests and treatments, and needs to consider if it mitigating risks.</li> <li>The Quality, Safety and Outcomes Improvement (QSO) Executive Committee, a provincial group, completed its strategic initiatives report this month, which outlines 12 priorities and strategic initiatives. Dr. Viner will share with Andrea to share with council.</li> </ul> <p>As part of National Indigenous Peoples Day council is invited to South Health Campus on Thursday June 21 to see the Stardale Girls Make Believer performance group at two o'clock. The group puts on a performance that focuses on the young, female, urban Indigenous experience, spoken from the collective experience of the performers.</p>	<p>Dr. Viner will send Andrea Quality, Safety and Outcomes Improvement Executive Strategic Initiatives.</p> <p>Lori will send Andrea the invitation to see the Stardale Girls perform on June 21 at SHC.</p>
<p><b>5.4 Report from the Chair</b> Scott Mitchell</p>	<p>Scott enquired with members their thoughts on the revised agenda. By and large members are in favour. He added the engagement planning cycle is a pilot and will be a developing work in progress.</p>	
<p><b>5.5 Advisory Council Coordinator Update</b> Andrea Jackson</p>	<p>Andrea Jackson shared the following Advisory Council Coordinator update:</p> <ul style="list-style-type: none"> <li><b>Advisory Council Satisfaction Survey</b> – 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.</li> <li><b>Work Plan Approval</b> – final drafts are complete and ready for approval by council today;</li> <li><b>Annual Reports</b> – final drafts are complete and ready for approval by council today;</li> <li><b>Advisory Council Fall Forum</b> – the forum is scheduled for October 26/27 in Edmonton. The steering committee has met and planning is well underway; members are being asked for input ;</li> </ul>	

<p><b>5.5.1. Business Arising from March 21, 2018 Meeting</b></p> <p><b>5.5.2. Work Plan Review and Annual Report Approval</b></p> <p><b>5.5.3. Budget</b></p>	<ul style="list-style-type: none"> <li>• <b>Promotion of Tools</b> – 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.</li> </ul> <p>Andrea to submit the names of Scott Mitchell and Sheena Taggart to the AHS Board. <b>COMPLETE.</b></p> <p>Moved by Gloria Wilkinson that the 2018/19 work plan draft be approved. <b>MOTION CARRIED.</b></p> <p>Moved by Gloria Wilkinson that the 2017/18 annual report be approved as amended. <b>MOTION CARRIED.</b></p> <p>Sheena Taggart attended the RhPAP conference in Brooks in April. Registration fees, accommodations, travel and meals came to: \$598.22 leaving the balance at \$4,401.78.</p>	
<p><b>5.6 Next working meeting</b></p>	<p>Council chose to cancel its June 21 working session and will tentatively plan to meet August 16.</p>	<p>Andrea will work with Scott to determine an August working session.</p>
<p><b>6. Next Meeting</b></p>	<p>Date: Wednesday September 19, 2018  Time: 5:30 p.m. – 8:30 p.m.  Location: Southport Tower, Room 1002, Calgary, AB</p>	
<p><b>7. Meeting Evaluation and Adjournment</b></p>	<p>Moved by Francesca Simon that the meeting be adjourned at 8:40 p.m.</p>	