

MINUTES OF PROCEEDINGS

**NORTH EAST LOCAL HEALTH INTEGRATION NETWORK
North East LHIN Patient and Family Advisory Committee (PFAC)**

**Thursday, January 25, 2018
David Youmans Boardroom, North Bay**

PARTICIPANTS:

- Alan Elliott, Laird
- Alexandra Sirois, Sudbury (teleconference until 12:00 p.m.)
- Brenda Ledietz, Blind River
- Debbie Malo, Cochrane
- Jo-Anne McCool-Maki, Sudbury
- Marie Murphy Foran, Elliot Lake
- Patricia Griffiths, South River
- Rebecca Geauvreau, North Bay
- Rina Clark, Sault Ste. Marie
- Robert Porter, Sagamok Anishnawbek First Nation
- Ronald Gervais, Sturgeon Falls
- Susan Koppisch, Parry Sound
- Sylvie Fontaine, Hearst (teleconference until 12:00 p.m.)
- Vanessa Morris, Youth Advisor, Chelmsford

REGRETS

- Charlotte Lavictoire, New Liskeard
- Jennifer Vachon, Timmins
- Joey CheeChoo, Moose Factory
- Minnie Jeffries, Moose Factory

NE LHIN

- Kate Fyfe, VP, Performance and Accountability
- Cynthia Stables, Director of Communications and Patient Experience
- Dr. Paul Preston, VP Clinical
- Richard Joly, VP, Home and Community Care
- Terry Tilleczek, VP Strategy and System Planning
- Katerine Moyer, Communications Coordinator

GUEST

- David Wells, Senior Program Analyst, Patient, Caregiver and Public Engagement, Health Quality Ontario.
- Amy Lang, Director, Patient, Caregiver and Public Engagement, Health Quality Ontario

AGENDA ITEM	DISCUSSION	ACTION	RESPONSIBLE
Welcome	<p>Cynthia Stables, Director of Communications and Patient Experience welcomed members to the meeting.</p> <p>Cynthia welcomed Alan and Marie as the committee's new co-chairs. Alan and Marie agreed to rotate chairing each meeting with Alan chairing this meeting.</p>		
Review and Approval i) Agenda ii) Minutes	<p>Members reviewed the agenda and approved previous meeting minutes.</p> <p>Moved by Jo-Anne McCool-Maki Seconded by Rina Clark</p> <p><i>That the agenda be approved as circulated.</i></p> <p>Moved by Jo-Anne McCool-Maki Seconded by Patricia Griffiths</p> <p><i>That the minutes of October 30, 2017 be approved as circulated.</i></p>		

<p>Words of Welcome</p> <ul style="list-style-type: none"> - Jeremy Stevenson, CEO 	<p>Jeremy welcomed members of the committee and noted he is looking forward to working with the North East LHIN’s first-ever PFAC and this talented group of Patient Advisors. He underscored the importance of the group in helping the LHIN to further strengthen the Northeastern Ontario health care system and improve the patient experience for Northerners.</p> <p>Jeremy applauded members for their level of involvement in the LHIN within their short four months and encouraged members to continue to stay engaged and involved in LHIN work as their expertise and advice is pivotal to ensure that the NE LHIN is taking the steps needed to improve the health care system and make it easier to navigate.</p>		
<p>Introductions / Roundtable</p>	<p>Roundtable introductions were held and member’s spoke about initiatives they have been involved in since the last meeting and their thoughts on PFAC’s focus going forward. Comments from members included:</p> <ul style="list-style-type: none"> - Six members have become involved in NE LHIN work since the last meeting in areas that include: complaints process workgroup, Dementia Strategy, engaging with LHIN collaborative tables and the home and community care network in Algoma. - Members are interested in providing their thoughts and advice on solutions to the current PSW challenges in Northeastern Ontario. - Seniors’ care in rural areas needs to be strengthened. - Need to move towards more preventative health care rather than reactive health care. 		
<p>NE LHIN Update – System Transformation and PFAC Opportunities</p> <ul style="list-style-type: none"> - Cynthia Stables, Director, Communications and Patient Experience 	<p>Cynthia provided an update on healthcare system transformation underway and opportunities for PFAC involvement in NE LHIN work.</p> <p>Comments following the presentation included:</p> <ul style="list-style-type: none"> - Need to adopt social determinants of health in all LHIN work and clearly articulate what model is being applied. - Need to focus on creating healthy communities. - Patients First is about connecting the health service delivery system to the broader public health system. - As we advance our journey towards reconciliation, we need to constantly remind ourselves that it is about learning to appreciate other ways of looking at the world. 	<p>Members interested in the cultural competency training opportunity are asked to contact Cynthia.</p> <p>Confirm social determinants of health model LHIN is “following”</p> <p>Update members on the Northeastern Health Equity Plan scheduled to be released in Spring 2018.</p>	<p>PFAC members</p> <p>Terry</p> <p>Dr. Preston to bring to next meeting</p>

	<ul style="list-style-type: none"> - It was noted that the NE LHIN is accountable to patients and families and that PFAC can help the LHIN ensure they are on the right track to ensure that priorities setting is in line with patient needs. - PFAC members were invited to help create Patient Stories which will paint the picture of future patient care the North East. Members were asked to advise Sacha Novack of their desire to participate. - Many health service providers have patient advisory committees in place. It's important for PFAC to connect with them and ensure priorities are aligned. 	<p>Members who are interested in participating in Patient Stories are asked to contact Sacha Novack (sacha.novack@lhins.on.ca)</p>	<p>PFAC members</p>
<p>One Client, One Plan</p> <ul style="list-style-type: none"> - Sherry Frizzell, Director, Home and Community Care - Marie Leon, Executive Director, Independence Centre and Network (ICAN) 	<p>Sherry and Marie provided an overview of the One Client – One plan (OCOP) project. It was noted that the goal of OCOP is to have every client tell their story once.</p> <p>Discussion following the presentation included:</p> <ul style="list-style-type: none"> - The OCOP project will bring together 70 home and community care providers at a workshop in March called “Betty’s Journey”. It will centre on Betty’s experience (whose story represents that of several clients) and how they can improve the journey of clients like Betty by working together as one sector. The workshop will focus on developing a work plan that centres on process improvements that include reducing the number of assessments clients currently undergo as they access home and community services from different providers. - It was noted that PFAC members will be invited to the workshop to offer feedback and advice to ensure they are moving in the right direction towards improving Betty’s journey. - It was mentioned that the objectives of OCOP were based on many years of NE LHIN engagement outcomes. More engagements will be held throughout the year to ensure the project remains on track and reflects the current needs of patients. 	<p>Send invitation to “Betty’s Journey – Workshop” to PFAC members.</p>	<p>Cynthia</p>
<p>Quality work within the NE LHIN</p> <ul style="list-style-type: none"> - Dr. Paul Preston, VP, Clinical 	<p>Dr. Preston provided an overview of quality and equity in healthcare in Northeastern Ontario. It was mentioned that a Northern Equity Plan is being developed and members will be updated and engaged once the plan is finalized.</p> <p>Dr. Preston spoke to two handouts and outlined the key drivers and importance for the NE LHIN to work through an equity lens.</p>		

<p>Health Quality Ontario – Transitions of Care from Hospital to Home, working towards establishing provincial quality standards</p> <ul style="list-style-type: none"> - David Wells, Senior Program Analyst, Patient, Caregiver and Public Engagement, Health Quality Ontario. - Amy Lang, Director, Patient, Caregiver and Public Engagement, Health Quality Ontario 	<p>An engagement session was held with Health Quality Ontario (HQQ) where members provided their thoughts on how to improve the transition from hospital to home as part of HQO’s work to develop and establish a provincial quality standard.</p> <p>It was noted that transition from hospital to home can be difficult for patients and their families and poor transitions can lead to complications. HQO asked members the following question and a brainstorming session ensued.</p> <p>When leaving the hospital for home, some things that affected the experience were...</p> <ul style="list-style-type: none"> - Various healthcare professionals were involved during the hospital stay which created confusion and patient was left with limited information as to who to follow-up care upon discharge. - It was noted that hospital staff need to know how the patient ended up in the hospital and if they are being discharged home to a safe environment. - Many First Nation communities are limited by the Non-Insured Health Benefits (NIHB) Program and some may choose not to do follow-up care upon discharge. - Being discharged late in the day and having to drive a long distance to go home. - Need to ensure that the local pharmacy has the necessary medication upon discharge. - Need to ensure that patients are prepared to go home and have the supports needed as well as what to expect regarding their follow-up care. - Would be good to have someone do a follow-up call with the patient one day after being discharged to ensure they are well supported. - Need to ensure that home and community care services will be in place once the patient arrives home and that the providers are talking to another and have everything confirmed BEFORE the patient is discharged. - Knowing what to expect right away and ensure family members are equipped with everything needed before the patient goes home. - Ensure the discharge instructions are providing the correct information and that if someone needs to reach a health care professional that they will be available to answer the patients’ questions. 	<p>Invite HQO to the next PFAC meeting to provide an update.</p>	<p>Cynthia</p>
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<p>Funding and Allocations by LHIN and NE LHIN Annual Business Plan Key Deliverables</p> <ul style="list-style-type: none"> - Kate Fyfe, VP, Performance and Accountability 	<p>Kate provided an update of funding and allocations within the NE LHIN as well as key deliverables in the NE LHIN’s Annual Business Plan. Comments following her presentation included:</p> <ul style="list-style-type: none"> - It was noted that LHIN boundaries are for planning purposes and do not affect where a patient can receive the care they need. - It was mentioned that when it comes to NIHB, patients don’t have a choice of where to receive care. - The concept of self-directed care was discussed as an option for families who want the option to coordinate their home and community care services. - Need to look at what programs and services have worked in the past and look at ways to replicate. 		
<p>Protecting Privacy</p> <ul style="list-style-type: none"> - Natalie Ferguson, Manager, Privacy and Health Records 	<p>Natalie provided an overview of the PFAC Confidentiality Agreement. Specific items were clarified as follows:</p> <ul style="list-style-type: none"> - Confidential information includes patient stories discussed, LHIN policies and procedures or other LHIN-specific information discussed or distributed (e.g. meeting package materials) but it does not include information that is already made publically available. Members were asked to never assume information is already public and to check with LHIN personnel before disclosing it. - Reasonable precautions to prevent unauthorized disclosure or distribution of confidential information is a joint responsibility of all PFAC members. These precautions include transporting meeting materials in a sealed bag, never leaving those materials in an unlocked car, storing the meeting materials in a secure place within the home environment where friends and family will not have access to them, vigilant email management to ensure that PFAC-related emails are not accessible to family members who may share an email account with them, taking care when speaking to each other outside of the meeting to ensure that no one is able to overhear, and proudly discussing involvement with the PFAC but doing so in general and de-identified ways. - The consequences of not taking the duty of confidentiality to heart include an erosion of trust among the members of PFAC and, as a result of that, a possible negative impact on achieving the objectives of the committee. 	<p>Members with privacy questions or concerns were invited to contact Natalie directly any time. (Natalie.ferguson@lhins.on.ca)</p>	<p>PFAC members</p>

<p>Roundtable and Next Steps</p> <ul style="list-style-type: none"> - What worked well - What could be improved - Next Steps 	<p>Comments from members during the roundtable portion of the meeting included:</p> <ul style="list-style-type: none"> - The PFAC membership was well chosen and reflects many patient, family and caregiver perspectives. - The meeting topics and discussions were very informative. - Need to ensure NE LHIN PFAC work is aligned with the Ministry’s Patient and Family Advisory Council. - It was suggested to create a sub-committee to establish priorities. The following members came forward to be part of the sub-committee. Debbie Malo, Jo-Anne McCool-Maki, Robert Porter, Rebecca Geauvreau, Marie Murphy-Foran and Alan Elliott. - Being able to hear patient stories from the group is eye opening to what the realities are in Northeastern Ontario compared to the rest of the province. - Encouraged at the enthusiasm of the committee and looking forward to becoming more involved in the many initiatives underway. - Looking forward to working with Jeremy. - It was mentioned that peer support programs are very effective. - Cynthia encouraged members to communicate with the LHIN at any time if they have ideas or comments. 	<p>Create a collaborative space to share documents with members.</p> <p>Hold subcommittee meeting to draft PFAC priorities and workplan. Share with group prior to spring meeting.</p>	<p>Katerine</p> <p>Cynthia</p>
<p>Closing Remarks and Evaluation</p>	<p>Members were encouraged to fill out the evaluation form and provide their thoughts on what worked well and what could be improved as well as suggestions for the next meeting date and location.</p> <p>The meeting was adjourned at 3:15 p.m.</p>		

Evaluation Summary

1) How well did the meeting meet your expectations?	Response Rate	Total responses
Excellent	5	9
Good	4	9
Neutral		
Fair		
Poor		

2) How did you find the presentation methods for this meeting?	Response Rate	Total responses
Excellent	6	9
Good	3	9
Neutral		
Fair		
Poor		

3) Considering today's discussion, how would you rate the quality of what you've learned?	Response Rate	Total responses
Excellent	7	9
Good	2	9
Neutral		
Fair		
Poor		

4) Please rate the following on a scale of 1 (strongly disagree) to 5 (strongly agree).	1	2	3	4	5
Objective of the meeting was clear to me.			1	4	4
Topics were relevant.				1	8
Allotted times were appropriate.			2	3	3
There was a good balance of open discussion, new idea generation and information exchange.				4	5
I was able to express my views freely.				1	8
The meeting was engaging, productive and fun.				3	6

5) I found the meeting:	Yes	No	Some what
a) Provided me with a better understanding of Northeastern Ontario's Health Care System.	9		
b) Provided me with a better understanding of the NE LHIN.	9		
c) Provided me with a better understanding of my role as a NE LHIN Patient Advisor.	6		3
d) Was delivered clearly and in the information was well presented.	9		

6) Which topics did you find most useful?

- Dr. Preston's information is always thought provoking X2
- Visual representation of the LHIN's demographics in Kate's presentation
- The NE LHIN funding and allocations X2
- All of the topics were very engaging and informative.
- Really appreciate all of the discussions, Jeremy's frankness and the Health Quality Ontario engagement – Really enjoying.
- They're all very useful, but we didn't have enough time to discuss it.
- One Client One Plan x4

7) In the information exchanges provided today, are there any particular areas of the NE LHIN work that you would like to be involved in? Please be as specific as you can.

- I would like to attend the "One" Workshop in March, also would like to engage with Dr. Preston in the discussions about recent funding for mental health, engage in discussion about PSW (Jo-Anne McCool-Maki)
- Home Care/ PSW discussions, transitions from hospital to home (Rebecca Geauvreau)
- Home and Community Care – PSW, One Client One Plan (Debbie Malo)
- Home and Community Care – in process (Brenda Lediett)
- Housing and Homeless – native services (Alan Elliott)
- PSW worker, participate in Betty's Story mapping exercise, PFAC, Health Quality Ontario information was great (Marie Murphy Foran)
- LTC Facilities issues and challenges – PSW, and Betty's Story

8) Do you have any thoughts at this time on how the NE LHIN can further improve the patient experience in Northeastern Ontario?

- Keep engaging with consumers of health care... we're on the right track (JoAnne McCool Maki)
- To continue to share ideas and experiences, to continue to participate in extended committees (Debbi Malo)
- Bettering the physicians- Specialists communication and especially post treatment to ease hospital to home transition (Vanessa Morris)
- Interested to discuss upcoming consultations for LHIN's work plan and role of PFAC (Service plan)
Best part of the day was meeting Jeremy – he is a breath of fresh air (Marie Murphy Foran)
- Patient issues, stories – what they are feeling

9) When/where would you like to hold the next PFAC Meeting?

- Sault Ste. Marie – late April/early May
- Doesn't matter
- Sault Ste. Marie - April
- Open to suggestions
- North Bay – very easy (HWY 11) and shortest time to travel – safer (not Hwy 144)
- Sault Ste. Marie
- No preference
- Sudbury – end of March/early April (x2)

10) Are there any other comments you would like to make that you may not have had captured today?

- Need a library archive of info – Drop box, background info
- Community specific – LHIN presence in Communities
- Where is feedback archived?
- Really enjoyed!
- What can I do to help? (Vanessa Morris)
- Enjoyable Day, Very good to have Sr. Management involved, Appreciate and need their involvement.
- The presentation by Kate was great; easy to understand.
- Placemats are exceptional, well put together.
- Do not forget to look at the old programs that the time was wrong.
- Review Kate's questions at next meeting.
- It seems the PFAC members are presented on projects going on within the NE LHIN. My question is are we there to approve add/delete on these projects? Not sure what the PFAC role is. What have we accomplished today? Listen to Betty's story- great project.