



Alberta Health
Services
Greater Edmonton
Health Advisory Council

Minutes – Greater Edmonton Health Advisory Council

May 24th 2018/6 pm – 9 pm/ Our Parents’ Home – 11th Floor - 10112 119 St NW, Edmonton, AB

Council Members: Teresa O’Riordan (Chair), Edith Baraniecki, Iqra Nazir, Anahi Johnson, J. Lawrence Tymko, Sheila Raffray.
Alberta Health Services: Maya Atallah, Deb Gordon, Jasmine Hasselback, Dr. David Zygun.
Public: Two.
Regrets: Fahim Hassan, Alexander Kuznetsov, Ryan Payne, Fahim Rahman. Sharon Brintnell, Victor Do, Shirley Munro.

| <i>Agenda Item</i> | <i>Discussion</i> | <i>Action</i> |
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| 1. Council Quorum | <p>As per the Health Advisory Council Bylaw, Article 9, Section 9.4:</p> <ul style="list-style-type: none"> “A quorum shall consist of 50 percent plus one (1) of the members then in office. A resolution may be passed, or action taken on any matter, only where a duly constituted meeting has been called and a quorum is present at the time the resolution is put forward. In the event that a quorum is not present, the meeting may proceed; however, any action or resolution shall be deferred to the next meeting where a quorum is present” <p>Council Chair noted that council quorum was not established. Council has agreed to continue with an informal meeting.</p> | |
| 2. Review of Agenda | <p>As the required quorum was not achieved at this meeting, see Bylaw Article 9, Section 9.4, the agenda cannot be approved. A review of the agenda for revisions and edits took place</p> | |
| 3. Review of Minutes | <p>As the required quorum was not achieved at this meeting, see Bylaw Article 9, Section 9.4, the minutes cannot be approved. A review of the minutes for revisions and edits took place.</p> | <p>Minutes to be presented from the January 2018 and March 2018 meeting for approval at next council meeting on September 27, 2018</p> |

| | | when quorum is achieved |
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| 4. Presentations | | |
| 4.1. Enhancing Care in the Community Anita Murphy <i>Director, Home Living Edmonton Zone, Continuing Care, AHS</i> Lorie Anne Little <i>Director, Facility & Supportive Living, AHS</i> | <p>Anita and Lorie presented the following Enhancing Care in the Community – Continuing Care:</p> <ul style="list-style-type: none"> - There have been enhancements to continuing care services in the community, such as increased hours and additional staff available. - Client stories and outcomes since enhancements to care in the community are helping AHS to understand impacts and hear from Albertans. - Priorities are: destination home (aimed at getting people discharged from an acute care setting and back home as soon as possible), case management, equity of services (suburban/rural and urban), self-managed care, caregiver support/respite, complex day program spaces and virtual hospital. - There are new long term care capacities in the Edmonton Zone at Extencicare Eaux Claires and Benevolence Care Centre and supportive living at Rosedale Heritage Valley. <p>Questions the council had on the presentation: Q: Is there any way to expedite the process of getting homecare? A: The Case Manager plays a very big role in getting homecare in place. We are aiming for assessments to be done between 24-72 hours based on triage information. Improving our service time and the service response of our agencies are one of the outcomes we are focusing on with ECC. Q: How do you deal with Elder Abuse? A: Training is available to all staff to enable them to recognize and manage an abusive situation. An Elder Abuse team is also consulted when a case is identified. Q: What are the two most challenging medical conditions you deal with? A: Chronic obstructive pulmonary disease (COPD) is the most frequent reason that a Home Care client visits an Emergency Department. However, there are multiple factors and often clients with multiple conditions.</p> | |
| 4.2. Capital Care Norwood Re-Development Project Update | <p>Dean Olmstead presented the following on the Capital Care Norwood Re-Development Project:</p> <ul style="list-style-type: none"> - Project highlights/benefits. - Site and main building layout - Proposed landscape - How it will impact the community. | |

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| <p>Dean Olmstead Senior Director, Capital Management (Edmonton Zone), Capital Management</p> | <p>Questions the council had on the presentation: Q: Has any of the indigenous culture been incorporated into the proposed landscape design? A: Yes Q: What will happen to the current Dental Services that exist at the Glenrose? A: Dental services will be expanding and moving into the new facility. Q: Why does AHS infrastructure seem so scattered and random? A: AHS uses the opportunities it gets to expand. AHS builds on what it has as well as looks into long term planning when starting the build of a new site i.e. Southwest Hospital.</p> | |
| <p>5. Old Business</p> | | |
| <p>5.1. Review of Action Items from the minutes of March 15, 2018</p> | <p>Maya Atallah provided an update about the following items:</p> <ul style="list-style-type: none"> - Deb Gordon will connect with Fahim Hassan to provide some information for international students in regards to how to access health services. Complete - Voting online for January and March meeting minutes – Complete | |
| <p>6. New Business</p> | | |
| <p>6.1. Voices of the Community</p> | <p>Community members shared concerns about:</p> <ul style="list-style-type: none"> - Edmonton Mental Health resources are not consistent to resources in Calgary; (Dialectical Behavioral Therapy Program) DPT. - Services and care available for chronic pain patients. - The length of wait times to see specialists. - Why patients may seek going to a specialist who has a private practice. | |
| <p>6.2. Council Member Round Table</p> | <p>J. Lawrence Tymko – Lawrence expressed concern with the wait times for hip surgery, shared it is currently two years. Edith Baraniecki – Edith shared comments from the community that the free parking at the Sherwood Park Hospital is really appreciated. Edith attended the Complex High Needs Populations Strategic Senior Leadership Forum on May 23, 2018. The forum’s aim was to solve long-standing gaps and barriers within the system; with a focus on improving the lives of some of our most vulnerable community members. On May 22nd, she was asked to participate in one of four focus groups that conducted a survey about wait times in different areas. Anahi Johnson – Anahi attended a meeting that was held by Friends of Medicare in the private clinics. Rebecca Graff-Mcrae, a researcher from Parkland Institutes presented on Alberta's private membership clinics through her report called Blurred Lines: Private Membership Clinics and Public Health Care. Anahi shared the conclusions and recommendations of Rebecca’s report with the council.</p> | <p>Deb Gordon will provide a link to the council of AHS quarterly performance measures for wait times.</p> |

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| | <p>Iqra Nazir – On April 25, 2018 Iqra was joined by Fahim Hassan, Fahim Rahman and Sheila at the Homeless Connect event at the Shaw Conference Centre. They spoke to numerous individuals and heard some health concerns with respect to the homeless and low income community. They gave out bottled water, granola bars, socks, deodorant, and feminine hygiene products. Iqra shared a health care story that was shared with her during the event about a women and her post heart surgery child that had to go to the ER.</p> <p>Sheila Raffray – Sheila shared her involvement with the Homeless Connect event. She shared the positive experience her family member has been experiencing with the AHS transition team and all the preparations and help the have been getting as her niece moves to London.</p> | |
| <p>6.3. Edmonton Zone Executive Leadership Update</p> <p><i>Deb Gordon, Vice President & Chief Operations Officer (Northern AB)</i></p> | <p>Deb Gordon provided updates on the highlights listed below:</p> <ul style="list-style-type: none"> - Connect Care - Epic CEO and AHS CEO have had conversations around the implementation of Connect Care. Dr. Verna Yiu understands the staff may be feeling some pressure and is working with the Epic team and their previous consumers to find a good way to allow staff time to attend learning sessions without compromising workflow. - Town of Airdrie is the first Canadian community to sign up for the Blue Zone Project. The Blue Zone Project teamed up with National Geographic to find the world’s longest-lived people and study them. We then assembled a team of medical researchers, anthropologists, demographers, and epidemiologists to search for evidence-based common denominators among all places and found nine. - Netherlands are closing continuing care facilities. Elder care is being integrated into multiple dwelling and communities. Institutionalized long-term care has been eliminated and people are happier and healthier. Similar to the Netherlands; AHS, when discussing enhancing care in the community, hopes to decrease the dependences of continuing care facilities. When looking at successes of the Netherlands model, it is clear that public discussions are necessary in order to have community support on the decisions being made and we currently do not have these conversations. When looking at successes of the Netherlands model, it is clear that public discussions are necessary in order to have community support on the decisions being made and we currently do not have these conversations. - A documentary story on an Albertan man named Greg Price has been released. The film tells the story of Greg’s healthcare journey which lead to his death prematurely after being failed multiple times by health authorities. This is a great move in that it identifies urban and rural issues as well as the importance of the continuity of care. | <p>Maya Atallah will provide a link for information on Greg’s Story to GEHAC members.</p> |

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| | <ul style="list-style-type: none"> - Lab Services is being calling Lab Co. until a name is decided on. AHS is currently interviewing for the CEO position. Permanent board members are being pursued and work on capital project processing well. - Pharmacy Capital project is processing well. Mass production of compounds will be safely done in the new site and disturbed to the hospitals. - New Southwest Edmonton hospital is processing well. AHS is working with the infrastructure consultations to identify what kind of needs the community has and how will the facility fit in with the whole zone. <p>Questions for Deb Gordon:</p> <p>Q: Has Alberta Health Services looked at an individual’s economic state when evaluating and ruling out causes for mental health? Ontario is currently running a Basic Income pilot project which will be looking to help people living on low incomes better meet their basic needs, while looking at what other aspects in their life is improved. Mental health will be one of the seven things they will be looking at.</p> <p>A: Currently we do not, which is another reason we wish to have more public discussions. AHS alone cannot run a pilot like this, there needs to be partnerships involved.</p> <p>Q: Will my family physician have access to this Connect care?</p> <p>A: There is no legislation that will make AHS physician use Connect Care. EpicCare Link is a tool that is available to community providers to use essentially linking Connect Care to the community provider. For more information click here.</p> <p>Q: What is different with Bill 30 and <i>Occupational Health and Safety Act</i>, and <i>Worker’s Compensation Act</i>?</p> <p>A: Changes will come into force on June 1, 2018. The bill will empower individual workers to respond to workplace hazards either physical or emotional. The changes will enhance compensation and benefits for injured workers and their families. Workers will be able to recognize what they are allowed to refuse, which was not originally identified under the old bill.</p> | <p>Lawrence Tymko will be writing a letter on behalf of the council expressing the public concern with multiple health care systems existing in the healthcare world.</p> <p>Southwest Edmonton Hospital committee will be reaching out to GEHAC to request a rep to form an interim patient and family advisory council.</p> |
| <p>6.4. Report from the Chair - Teresa O’Riordan</p> | <p>Teresa O’Riordan provided the following input:</p> <ul style="list-style-type: none"> - She is concerned that HAC identity is not known in the community. - There are mental health positions available however there is not much back fill for these positions when an individual leaves or goes on vacation. The positions are left vacant. | |

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| | <ul style="list-style-type: none"> - She shared a personal experience with Convents Health. She had a disappointing experience where she felt the self-management policy was not well practiced. | |
| 7. Advisory Council Coordinator Update, Maya Atallah Maya Atallah Advisory Council Coordinator | Maya Atallah provided a full report. Following are the highlights: <ul style="list-style-type: none"> - Advisory Council Satisfaction Survey next steps. - Advisory Council's Fall Forum Planning Updates. - Requested from council members to provide some questions on what governance and what operations questions they may have for Alberta Health Services by mid- June. - Spoke about promotional tools and presented a one page summary of what Health Advisory Council is opposed to a brochure format what was previously used. | |
| 8. Date of Next Meeting | Date: Thursday, September 27, 2018 Time: 6:00 p.m. to 9:00 p.m. Location: Royal Alexandra Hospital, Edmonton, AB 10240 Kingsway NW, Edmonton, AB T5H 3V9 | |
| 9. Meeting Evaluation and Adjournment | Moved by Lawrence Tymko to adjourn the meeting at 9:15 pm. | |