



Alberta Health
Services
Greater Edmonton
Health Advisory Council

Minutes – Greater Edmonton Health Advisory Council

November 15, 2018/6 pm – 9 pm/ Boyle McCauley Health Centre – Community Boardroom - 10628 96 St, Edmonton, AB T5H 2J2

*Please note that these minutes will be adopted at the next Council meeting.

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

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
1. Approval of Agenda	Moved by Lawrence Tymko , that the agenda of Thursday, November 15, 2018 be approved. MOTION CARRIED.	
2. Approval of Minutes	Moved by Edith Baraniecki , that the minutes of Thursday, September 27, 2018 be approved. MOTION CARRIED.	
3. Presentations		
3.1. Boyle McCauley Health Centre <i>Cecillia Blasetti - Executive Director</i>	Cecillia Blasetti for Boyle McCauley Health Centre provide a history and update on the operations of this grassroots response to gaps in health service delivery. Moved to a population-based service delivery model for comprehensive and intensive patient needs (inclusive of mental health, stigma, racism, poverty, homelessness factors). They have 8 other off sites addressing difficult to serve/place persons. Strong linkage with Royal Alex for post-discharge and transitional planning.	
3.2. ARCH Project	Jennifer Brouwer and Dr. Kathryn Dong presented information about the Addiction Recovery and Community Health (ARCH) team. Highlights included:	

*Jennifer Brouwer –
Program Manager,
Inner City Health and
Wellness Program,
Royal Alexandra
Hospital*

*Dr. Kathryn Dong –
Director, Inner City
Health and Wellness
Program, Royal
Alexandra Hospital*

- Acknowledgment of drug use in hospital by those who are drug dependent;
- Identification that hospitals are risk environments for those who are drug dependent;
- Advocating for addiction treatment in hospital;
- Promotion of harm reduction approach in acute care;
- Description of the Inner City Health and Wellness Program, Managed Alcohol Program, Supervised Consumption Services;
- Discussion of Transitional Care and Injectable Opioid Agonist Treatment (iOAT); and,
- Emphasis on key community partnerships.

Questions from council were:

Q: Do you provide services to pediatric patients?

A: Currently we do not take in pediatric patients or any referrals outside of the Royal Alexandra Hospital (RAH). We are aware the Children’s Stollery has emerging issues of opioid use with young adults.

Q: How does the management staff deal with racism and stereotype issues with staff?

A: There is an annual symposium that is held to provide more knowledge. One on one conversations and the consultation piece have helped with understanding a patient’s background and possible negative vibes are replaced with compassion. Stigma still exists and will be an ongoing work in progress.

Q: Do you work with the chronic pain management team?

A: Referring physicians will have access to many resources/services if they feel assistance or consultation is needed. Prescription for chronic pain is up to the referring physician.

Q: How many patients from those you see have mental health issues or invisible disabilities? A suggestion was made by the GEHAC that ARCH build a partnership with the Mental Health Association.

A: Many patients are seen in an acute setting. Assessment can be challenging as the patient needs to be at his/her highest functioning level for the assessment. When a patient is discharged mental health resources are offered to them.

Q: What is the age group of patients you see?

A: Average age is mid-forties. We have seen patients as young as fifteen years old but it is uncommon to see anyone over the age of sixty.

Q: Are the patients that you see repeats?

A: Since we added the emergency team, from July to September we had 575 consults, and 513 were new patients.

4. Old Business		
4.1. Review of Action Items from the minutes of September 27, 2018	<p>Maya Atallah provided an update about the following items:</p> <ul style="list-style-type: none"> • Maya Atallah to share board meeting dates with council members. Pending <p>Maya Atallah to set up a working group to review working documents and GEHAC business; Anahi Johnson, Fahim Hassan, Teresa O’Riordan and Sheila Raffray. Complete.</p>	<p>Maya Atallah will send out a survey for GEHAC to rank their top priorities.</p>
5. New Business		
5.1. Committee Updates	<p>Lawrence Tymko – Is the Co-chair of the new south Edmonton hospital patient and family advisory council (sixteen members). Their first meeting was held a week and a half ago. Their moto is Your Voice Matters. They will be engaging with the public to listen to those who have lived experiences in the health care system so that they can make reality based, informed advisory comments to leadership group regarding the design of the new hospital.</p> <p>Edith Baraniecki – She attended a meeting with Health Link 811. She heard updates on Health Care 101 and Connect Care.</p>	
5.2. Voices of the Community	<ul style="list-style-type: none"> - The ARCH program is not only helping vulnerable people but the community as a whole. There is a social return of investment. If patients get the right service at the right time, they will not be going through the health care system using other unnecessary services, therefore it frees up space for others. - When looking at recruitment of GEHAC, it was suggested we reach out to previous members for recommendations from their community. <p>A community member shared her concern with what she believes is an inequality of healthcare services being provided to Indigenous patients.</p>	
5.3. Edmonton Zone Executive Leadership Update Dr. David Zygun – <i>Zone Medical Director</i> Dr. Chris Sikora –	<p>Dr. David Zygun and Dr. Chris Sikora provided updates:</p> <ul style="list-style-type: none"> • They emphasized the importance of teams like ARCH and other harm reduction programs. It is good to have these services available to these RAH patients, and it is needed at other hospitals as well. The programs use the vision of patient first and equal health for all. There is a vision to create a learning centre of excellence so that every AHS site has capacity to appropriately respond to patients who have mental health, addiction and service barriers. <ul style="list-style-type: none"> ○ Acknowledged that health care are providers more compassionate around stigma, mental health and addictions due to the education staff are receiving. • A Centralized Drug Production & Distribution Project is moving forward. • They spoke about the difference between a physician’s employment with AHS and independent contractors and the services that are delivered. 	<p>Dr. David Zygun will follow up for information about wait times to see a neurology specialist.</p>

<p><i>Physician/Lead Medical Officer of Health – Edmonton Zone</i></p>	<ul style="list-style-type: none"> • They spoke to the 2018/19 Influenza Immunization Program and the importance of getting immunized. They provided the current immunizations rates and mentioned that the AHS website has all the information available in regards to immunization clinics and Frequently Asked Questions (FAQ). https://www.albertahealthservices.ca/influenza/influenza.aspx <p>Motion by Victor Do to have a letter of support drafted to give to AHS leadership and Board for sustainable funding for ARCH and expansion to other AHS sites. Carried.</p> <p>Questions from the council/community for AHS leadership: Q: A question that was brought up in the Fall Forum was, does AHS have a climate plan? Has AHS considered the impact of climate change on the health system? It seems that funding is only available for present disasters not nothing for long term preparedness. A: AHS has many provincial partners that help us look at long term trends (air quality, extreme weather). When building new sites, we look at ways that will be the most energy efficient with the least effects on the environment. AHS works with external partners to create simulations of natural disaster to ensure we are ready to respond. Q: Can you give more information about Covenant Health policy around Medical Assistance in Dying (MAID)? A: AHS and Covenant Health has many agreements in place despite them being individually operated and run. There are services that AHS operates inside a Covenant Health site but each organization has their own policies. Covenant Health will support persons in our care who seek more information regarding Medical Assistance in Dying but will not allow this to be administrated in a Covenant Health site. Q: Wait times are lengthy to see a Neurology specialist. Wait time is about 18 months. A: Dr. David Zygun will follow up for information about the wait times.</p>	<p>Victor to draft letter and submit to Teresa.</p>
<p>5.4. Report from the Chair - Teresa O’Riordan</p>	<p>Teresa O’Riordan provided the following updates:</p> <p><u>GEHAC membership</u></p> <ol style="list-style-type: none"> 1. Donna Smith has resigned due to personal circumstances. 2. Follow up conversations will be happening with Iqra Nazir and Fahim Rahman regarding their continued membership as remote access for meetings has not been satisfying nor supported meaningful participation. <p><u>Recruitment Strategies</u></p> <ol style="list-style-type: none"> 1. A request was put forward to GEHAC members regarding recruitment ideas. 	

	<p><u>Fall Forum</u></p> <p>1. The Steering Committee for the Fall Forum will be meeting November 16th to debrief.</p> <p><u>Attendance at Events</u></p> <ol style="list-style-type: none"> 1. University of Alberta Hospital Identity project 2. Funding announcement of Kipnes Urology Centre 3. Funding Announcement of the University of Alberta Hospital Neuro Clinic 	
<p>5.5. Advisory Council Coordinator Update, Maya Atallah Advisory Council Coordinator</p>	<p>Maya Atallah shared the information sheet about Community Conversations. The group discussed the priorities for the Greater Edmonton HAC work plan.</p>	<p>Maya Atallah to share board meeting dates with council members.</p>
<p>5.6. Council Member Round Table</p>	<p>Alexander Kuznetsov – He shared that a challenge with attending the Fall Forum is child care. He suggested having some kind of child care services at the forum, even if it a cost to the members. He mentioned he is concerned with second-hand smoke from Cannabis and the smell in condo residences. There should be a neighbor rule of when / where to use Cannabis. Dr. David Zygun and Dr. Chris Sikora commented that it’s been a challenge since cannabis legalization. More public education and communication is needed. Emergency visits prior to legalization were 50 000 visits per month where 20 to 80 of those were cannabis related. It will be interesting so see what the new stats are.</p> <p>Anahi Johnson – The Driving Evaluation and Treatment Service (DETS) at the Glenrose Hospital is a program that provides driving assessments, counselling, and training for people 16 years and older that have a disability or health conditions that may affect their ability to drive. Services also include: teaching clients new driving techniques; helping clients choose adaptations for their vehicles; on-road training in an adapted or custom-modified car and on-road training in a wheelchair accessible van. There is currently a two to three month waiting period to be seen. This is delaying some people from getting back to work because they depend on driving as their only means of transportation. Anahi suggested having DETS do a presentation for GEHAC.</p> <p>Fahim Hassan – He shared that it seems as if food habits are tied closely to an individual’s lifestyle. Where a person is living and what cultural background they have is also reflective on their food habits. i.e. using public transportation to commute to a nearby grocery store, the difficulty of</p>	

	<p>using this method of transportation as well as the prices and options of stores around you will impact your food choices.</p> <p>Sheila Raffray – She has observed in her legal experiences that mental health needs to be taken more seriously and when it comes to child placement should be viewed with the same importance as physical health.</p> <p>Edith Baraniecki – She attended the Immunotherapy: Game Changing Research in Alberta that was hosted by Alberta Cancer Foundation and BioCanRx at the Cross Cancer Institute on October 24, 2018. Immunotherapy is a new type of cancer treatment that boosts the body's natural defenses to fight cancer. She is impressed to see the emerging research that is being done. Edith suggested that the Cross Cancer be a site to hold one of the 2019/2020 GEHAC meetings in.</p> <p>Sharon Brintnell – She shared that mental health services for students (post-secondary) is essential year-round, but especially during exam time. There is increased anxiety around exam time and being able to respond quickly to mental health cases and prevent the annual suicides and break downs that are being seen in post-secondary institutions. University of Alberta is lucky to have a hospital close by for staff to be able to walk them to the emergency but other institutes are not so lucky.</p> <p>Victor Do – He shared that since being placed in a rural health center, he is impressed with the holistic approach when treating patients. He realizes it is not always a realistic thing due to the different timelines of other physicians and health care services, but really supports the idea.</p>	
<p>6. Next Meeting</p>	<p>Date: Thursday, January 17, 2018 Time: 6:00 p.m. to 9:00 p.m. Location: Mazankowski Alberta Heart Institute 11220 83 Ave NW, Edmonton, AB T6G 2J2</p>	
<p>7. Meeting Evaluation and Adjournment</p>	<p>Moved by Lawrence Tymko to adjourn the meeting at 9:15 pm.</p>	

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