



Minutes - Oldman River Health Advisory Council

Tuesday September 18, 2018 12:00 p.m. – 3:00 p.m.

Taber Health Centre, Room A 122, 4326 50 Ave. Taber, AB.

Council members present: Brad Gillespie (Chair), Lorraine Neal (Vice Chair), Fred Bosma, Dick Burnham, Clifford Elle, Brian Hammond, Henry Heinen, Emma Hulit, Dr. Barbara Lacey, Wilma Mulder, Lorraine Neal

AHS: James Frey, Andrea Jackson, Teri Myhre, Grant Walker, Gwen Wirth

Public: 5

Regrets: Katherine Chubbs, Gerri Eagle Speaker, Georgette Fox, Sanowar Hossain, Dr. Jack Regehr

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
Welcome and Introductions	Brad Gillespie welcomed attendees to the meeting and introduced the Chair and Vice Chair of the Palliser Triangle HAC.	
1. Approval of Agenda	Moved by Henry Heinen that the agenda for September 18, 2018 be approved. MOTION CARRIED.	
2. Approval of Minutes	Moved by Emma Hulit that the minutes for May 15, 2018 be approved. MOTION CARRIED.	
3. Presentations		
3.1. Public Comments	None	
3.2. Community Paramedic Services Dean Hartung,	Dean Hartung, Supervisor with EMS, provided an overview of EMS Mobile Integrated Healthcare. Highlights of the presentation include: <ul style="list-style-type: none"> Barriers to accessing healthcare – multiple comorbidities, elderly, no social support, complex needs, mental health, mobility, socioeconomics, cognitive ability, transportation, system navigation. Impact to EMS and Emergency Department. 	

<p>Supervisor, EMS</p>	<ul style="list-style-type: none"> • The opportunity for this program is access to non-emergent, hospital medical care anytime, anywhere. • With six units in the South Zone, Community Paramedicine supports acute episodic illness (one to five days). • EMS Community Response Teams are comprised of a single community paramedic supported by a direct physician consultation and is of no cost to the patient. • To access Community Paramedic services – services are requested via referral form by community healthcare staff or from a physician. • The Assess Treat and Refer (ATR) program provides Continuing Care and EMS staff with real-time solutions for non-emergent patients. Coverage is province-wide and connects patients with community health services when they opt out of transportation. The program interfaces with existing dispatch services. • 95 per cent of patients treated in-place improved; five per cent required an emergency department or acute care admission. <p>A members asked how this work fits in with home care and how it is evolving. Dean responded the program anticipated expansion but will require more funding to reach further into rural areas. This service is a benefit as it bridges the services home care can't provide.</p> <p>A member asked if the patient is responsible to pay for medications provided while in this care. Dean responded the program provides the first and second dose of a required medication, up to fourth dose. It cannot prescribe medications but will continue to provide care if a patient cannot afford the medication.</p>	
<p>4. Old Business 4.1. Business arising from March 20, 2018 Advisory Council Coordinator</p>	<p>Andrea Jackson provided an update of the following action items from the May 15, 2018 meeting:</p> <ul style="list-style-type: none"> • Invite EMS to a future meeting. Complete. • Invite Connect Care to present about the new system to a future meeting. To be determined. 	
<p>5. New Business</p>		
<p>5.1. South Zone</p>	<p>James Frey, Executive Associate - Chief Zone Officer, shared the following update on behalf of Katherine</p>	<p>Grant Walker will</p>

<p>Executive Leadership Update James Frey, Executive Associate – Chief Zone Officer</p> <p>Grant Walker, Senior Operating Officer, Community Programs</p> <p>Teri Myhre, Senior Operating Officer, Acute Care West</p>	<p>Chubbs, Chief Zone Officer:</p> <ul style="list-style-type: none"> • This week marks Reconciliation Week in Lethbridge and Katherine attended some of the events in the city yesterday. The Indigenous Health program has a display at Chinook Regional Hospital. • Cultural Competency – 100 additional staff were trained in Cultural Competency as South Zone performed five Blanket Exercises at locations across the Zone, in September. • Connect Care – work is progressing as planned and South Zone implementation is expected in 2021. The first live implementation will be in 2019 in Edmonton Zone. • Patient and Family Advisors – the Zone is seeking patient and family advisors to sit on each Zone committee, to help it achieve some of its priorities. • Grant application - South Zone has applied for a PRIHS grant (Partnership for Research and Innovation in the Health System) for an applied research project with local Indigenous communities. The project will establish an Indigenous Patient navigator service for the Zone. South Zone is one of nine successful applicants to make it to the final stage of the application process. If selected, implementation begins in April 2019, for three years. <p>Grant Walker, Senior Operating Officer, provided the following update:</p> <ul style="list-style-type: none"> • Milk River renovation project – the cost of the project has increased so completion will now occur in two phases. Funding is in place as is a detailed plan and schedule; completion is expected by end of March 2019. • Continuing Care Capacity – the Zone is advocating for increased capacity and is looking for opportunity in existing facilities. It’s also advocating for a new facility in the Lethbridge area. The Zone is utilizing current beds, home care and the community paramedic program to care for people in their home. • Crowsnest Pass Lodge – Alberta Seniors and Housing is replacing the current lodge with a new seniors housing complex. The complex will provide various levels of care in the community including the addition of level four dementia. It’s expected to be in operation within two years. • Chinook Regional Hospital (CRH) – The Zone has received funding through continuing care capacity for restorative beds at the hospital. Funding include a rehab focus. • Medical Detox – eight beds are opening at CRH in the renovated space, for inpatient medical detox services. These are considered community beds within a facility, not acute beds. It will be open in early November. <p>Lorraine Neal expressed concern about the Opioid crisis and wonders how much the Zone is coordinating its efforts with the City of Lethbridge. James Frey responded the Zone was part of the original committee to establish Supervised Consumption Services, along with the City. A new steering committee is being</p>	<p>enquire the number of beds for geriatric or dementia patients at CRH, and the mix of beds and the type.</p>
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	<p>established that will take a multipronged approach to the crisis, and both the director of Addiction and Mental Health and the Medical Officer of Health will be a part of it. AHS is making another presentation to City Council on October 1 to outline all efforts underway.</p> <p>Henry Heinen queried with marijuana becoming legal in October, what will be in place for people to smoke outside at AHS facilities? Teri Myhre, Senior Operating Officer responded AHS provides a safe, ventilated space for users who are prescribed marijuana. There is no other space designated.</p> <p>Emma Hult queried if the Supervised Consumption Services (SCS) coalition is aware people don't feel safe in downtown Lethbridge, as a result of consumption. She also emphasized the importance of educating public on efforts being made. Emma suggested statistics of how SCS are helping improve the crisis would be helpful. Gwen shared that local downtown businesses are on the coalition and are aware of the aggressive nature of some people. She invited members to register for City engagement sessions.</p> <p>Lorraine Neal wondered what is in place to deal with babies born to Opioid addicts. Teri Myhre responded babies are born to mothers who have used a variety of substances. They're assessed on an individual basis as to mom's ability to care for the baby. Some are apprehended, some are not. We have a neo natal program that helps the babies through withdrawal. Grant Walker added the Families First Steps program focuses on vulnerable family situations; supports, mentoring.</p>	<p>Andrea will seek a response on the benefit to SCS.</p>
<p>5.2. Report from Council Chair, Brad Gillespie</p>	<p>Brad Gillespie shared information from the Council of Chairs meeting in June. It was a strategy session and an opportunity to discuss what Councils are doing, how they're doing it and how they'll move forward. There was discussion of the role of Councils, AHS and the Board, as well as on what's working well and Council key accomplishments. Brad advised the AHS Board is interested in seeing tangible outcomes from Councils.</p> <p>Brad spoke about the role of Council as that of conduit and navigator to AHS leadership. Councils exist to inform AHS of the community's perspective on health services, not as decisions makers as they are not administrative in nature.</p> <p>Chairs discussed raising the profile of HACs and the need to ensure Municipal leaders are aware of and included in Council-related events. Also discussed, the desire for better two-way communication with AHS and the desire to be included in discussions prior to final decisions being made. Cliff Elle added he is often unsure where feedback goes when shared with AHS. He would like to see AHS ask the HAC for its input in a more organized way. He questions if the HAC is being underutilized.</p>	<p>Brad will send Council of Chair minutes to members.</p>

	Dr. Barb Lacey says it would be helpful to understand more clearly what the Board wants of HACs and for there to be more of a two-way relationship. Brian Hammond added he has trouble separating advice and advocacy, and he feels the importance of advocacy is understated.	
5.3. Advisory Council Coordinator Update Andrea Jackson,	Andrea Jackson provided the following update: <ul style="list-style-type: none"> • Advisory Council brochure – Council reviewed the drafted document and approved content. • Advisory Council survey results – Council provided feedback that will go towards an action plan to increase member satisfaction. • Top 5-10 issues – Council shared input to reflect current community perspective. • Committee participation – Council confirmed committees they are a part of on a zone, provincial or community level, as a representative of the HAC. • Advisory Council member profiles – As part of the Community Engagement communications plan, we are looking to create member profiles. Lorraine, Wilma and Brad expressed interest. • We Are AHS – No volunteers at this time. • Sharing information with PACs – Opioid crisis; marijuana use at AHS facilities; fear in Lethbridge. • Advisory Council Fall Forum – The forum is October 26/27 in Edmonton. • Social Media Champion – New representatives are Brad Gillespie and Wilma Mulder. • Budget – Balance remains \$4,284.44. No new spending since April 2018. 	Share opioid info with AMH PAC.
5.4. 2018/19 Work Plan Update	Council agreed to meet in October to determine how it will move the plan forward and how members will take action.	Brad and Andrea will select a date in October to meet.
5.5. Council Roundtable and Good News Stories	<p>Emma Hulit said Milk River is looking forward to having two flex beds in the near future. The town is losing a physician at the end of November and recruitment is taking place to find a replacement. A new foundation has been organized called the Border Community Wellness Foundation. The group has charitable foundation status and is not part of AHS.</p> <p>Henry Heinen shared that money was given to the Green Acres Foundation to conduct a feasibility study for renovating the Picture Butte Seniors Complex. The study is complete as are design plans; they now await the new budget to see what will be approved.</p> <p>Brian Hammond expressed satisfaction in the conversation today. The extra hour today was useful, interesting and encouraging and he sees evidence of the system moving forward in a positive manner. Brian adds the town of Pincher Creek can learn from the Zone.</p>	Wilma will send Andrea the request for feedback for the Surgical SCN, who will distribute to the HAC.

	<p>Dr. Barbara Lacey shared a good news story from a recent experience with the health system. She has had involvement with the home care program who were diligent in ensuring she follow through with a variety of services. Their positive encouragement gave her the incentive to continue moving forward.</p> <p>Dick Burnham shared the town of Pincher Creek recently set up an attraction and retention committee. It met for the first time last night and has the support of Town council and the MD. The local legion has organized a medical equipment rental service where it leases equipment out to people at no cost.</p> <p>Wilma Mulder says that as part of her role on the Surgical Advisory SCN she will be requesting feedback from the HAC about ideas for reducing wait times. A conference is scheduled for the beginning of November and she would like to share ideas for solutions at that time.</p> <p>Cliff Elle shared a personal good news story of someone who recently found relief from chronic, massive headaches, through their healthcare provider. After a lengthy battle the solution has been greatly appreciated by the patient and their family as regular activities can finally resume.</p>	
<p>6. Next Meeting</p>	<p>Date: Tuesday, November 20, 2018 Time: 12:00 p.m. – 3:00 p.m. Location: Lethbridge Centre, 200 4 Ave. South, Room 1101, Lethbridge, AB.</p>	
<p>7. Meeting Evaluation and Adjournment</p>	<p>Moved by Henry Heinen that the meeting be adjourned at 3:00 p.m.</p>	