



Minutes - Oldman River Health Advisory Council

Tuesday January 15, 2019 12 to 3 pm

Melcor Centre, Room 1101, Lethbridge, Alberta

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

AHS: Katherine Chubbs, Andrea Jackson, Janine Sakatch, Grant Walker, Gwen Wirth

Public: Three

Regrets: Fred Bosma, Gerri Eagle Speaker, Georgette Fox, Sanowar Hossain, Dr. Barbara Lacey, Teri Myhre, Dr. Jack Regehr

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
Welcome and Introductions	Brad Gillespie welcomed attendees to the meeting and acknowledged the meeting being held on Treaty 7 Lands.	
1. Approval of Agenda	Moved by Lorraine Neal that the agenda for January 15, 2019 be approved. MOTION CARRIED.	
2. Approval of Minutes	Moved by Emma Hulit that the minutes for November 20, 2018 be approved. MOTION CARRIED.	
3. Presentations		
3.1. Public Comments	Julie Davis, Rural Health Professions Action Plan (RhPAP) Consultant, informs the Pincher Creek Attraction and Retention Committee is planning a rural healthcare careers exploration event on April 12, in Pincher Creek. The event exposes local area high school students to various rural health careers such as medicine, nursing, lab and allied health. In addition, five Southern Alberta Attraction and Retention Committees are hosting tables at the upcoming Transition-to-Practice event in Lethbridge on February 13. Lastly, Julie shares the Alberta Medical Association is addressing on-call scheduling in Milk River.	

<p>3.2. Public Health Dr. Vivien Suttorp, South Zone Lead Medical Officer of Health</p>	<p>Dr. Vivien Suttorp, South Zone Lead Medical Officer of Health, provided an overview of AHS' Public Health program. Dr. Suttorp describes public health as multidisciplinary; collaborative; inclusive across sectors and levels of government and organizations; inclusive of primary and early secondary prevention interventions and taking a population approach by promoting a healthier population and decreasing demand on the healthcare system. She adds, those delivering Public Health go beyond healthcare workers and include community leaders, teachers and school principals, employers, Indigenous communities and multicultural communities, non-governmental organizations et al.</p> <p>The core functions of Public Health are:</p> <ul style="list-style-type: none"> • Health protection – includes immunization programs, communicable disease control and environmental public health; • Health promotion – coordination with various stakeholders for health advocacy, healthy public policy or private sector practices, building partnerships and education; • Health surveillance – the ongoing collection, analysis and interpretation of data essential for the planning, implementation, and evaluation of public health practice. Surveillance occurs locally, provincially, nationally and internationally; • Health status assessment - monitoring population health status of various levels of community or specific sub-groups of interest by demographics, socioeconomic as well as health indicators; • Disease and injury prevention – to prevent specific health problems that may contribute to burden of disease (e.g. traffic safety, fall prevention, farm injuries); • Emergency disaster management – coordination of resources and planning to effectively deal with emergencies. • In addition, Public Health works with community partners to build capacity and educate the public. <p>Emma Hult queries what is communicated with rural municipalities about West Nile virus and subsequent mosquito control. Dr. Suttorp says West Nile is deemed a notifiable disease, not preventable. Public Health monitors temperatures to determine the likelihood of mosquitos breeding. The City of Lethbridge then releases proactive notifications in June with information on prevention. Brian Hammond adds rural municipalities are happy to spread the word on this type of messaging via their websites and within their local communities.</p> <p>Brian queries what AHS is doing to address immunization rates? Dr. Suttorp says AHS tracks these numbers but adds it needs to support individual choices and cannot mandate people to get immunized. In order to</p>	<p>Andrea to share Dr. Suttorp's email with Council.</p>
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	<p>improve access AHS offers evening and after-hours availability at some clinics, reminder phone calls and texts, and early education programs which have proven highly effective in reaching young children. Dr. Suttorp adds a different strategy is used when an outbreak occurs, which depends on the outbreak and its location.</p> <p>Lorraine Neal asks how Public Health addresses opposition to vaccinations. Dr. Suttorp says it works with community leaders and the education system to inform about protection and to determine where there are opportunities to partner on prevention education. Public Health cannot mandate immunizations.</p> <p>Wilma Mulder asks if all schools participate in immunization programming. Dr. Suttorp says Public Health doesn't have connections in all public schools but it does speak with school leaders to educate and offer immunizations when an outbreak is imminent or occurring. It does have a link in some private schools where it educates about immunization.</p> <p>Henry Heinen queries what resources are available for babies who are born addicted to opioids. Dr. Suttorp says there are programs to support moms pre and postnatally. Brad Gillespie asks what Public Health's role is in mandating fluoridation, to which Dr. Suttorp responds Public Health works with municipalities to educate about the risks and benefits but cannot mandate.</p>	
<p>3.3. Enhancing Care in the Community – Integrated Home Care Services – Karen Fritz, Director, Integrated Home Care</p>	<p>Karen Fritz, Director of Integrated Home Care, provided an overview of Enhancing Care in the Community (ECC) as it pertains to the South Zone. The goal of ECC is to ensure quality of care is consistent through the continued transformation to a community-based model, in order to further build upon a culture of patient-centred care. The four main areas of focus of ECC are to provide care closer to home, to work more closely together, to promote health and prevent disease and to sustain healthcare and achieve the AHS vision.</p> <p>Home Care service is an area of growth as care is shifted to the community so intake services will be available seven days a week, between 8:00 a.m. and 6:00 p.m., and expanded intake services for Allied Health will be available. Community Pharmacist orientation is in progress which supports transition of Home Parental Therapy from hospital to community, medication reviews, drug level monitoring and liaison between hospital and community pharmacists. We will also see an increase in hospice capacity as well as outreach of the Palliative Consultant team to the community, and increased counselling and psychosocial supports for families.</p> <p>Seniors Assess and Treat (SAT) highlights include hiring of nurse practitioners and Avoidable Hospitalization Bundle implementation at 5/8 DSL4 sites in the Southwest and one in the Southeast. This bundle includes</p>	<p>Karen Fritz to share home care figures with Andrea.</p>

	<p>access to a community transition team, a transition team member or community response team, linkages to specialties, seniors' health nurse practitioner and collaborative practice.</p> <p>Emma asks if AHS can increase access to home care in lodges as opposed to patients going to long-term care after a point in time. Karen says in Milk River AHS can support patients up to supportive level three (SL3). Grant Walker adds there are no plans for supportive living four (SL4) in Milk River and AHS is doing all it can to support SL3 and keep people from long-term care.</p> <p>Brian asks who makes the decision to move a patient from one facility to another. Dr. Suttorp says it's a team approach with the patient, family, lodge, home care and case manager identifying needs of the patient and best fit. Grant Walker adds AHS uses an internationally recognized tool for such an assessment, to make these determinations. If a patient requires additional support it is made available where needed.</p>	
<p>4. Old Business</p> <p>4.1. Business arising from November 20, 2018</p> <p>Advisory Council Coordinator</p>	<p>Andrea Jackson provided an update of the following action items from the November 20, 2018 meeting:</p> <ul style="list-style-type: none"> • Grant Walker to provide report on home assist program in January. Complete via presentation by Karen Fritz, today. • Council to consider a presentation on Enhancing Care in the Community. Complete. • Katherine will enquire timeline of patient portal rollout. Complete. • Katherine will enquire numbers re: Safe Consumption Services. In progress. Andrea is waiting to hear from ARCHES. • 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 Executive Leadership Update</p> <p>Katherine Chubbs, Chief Zone Officer</p> <p>Grant Walker,</p>	<p>Katherine Chubbs, Chief Zone Officer, focused her update on the South Zone 2017-20 three-year plan update. Going through all 12 objectives of the plan, Katherine identified key actions and highlights to-date.</p> <p>Katherine adds that the opioid crisis remains a top priority for the Zone. It is actively working in partnership with the City of Lethbridge and liaising with community agencies. Zone staff are meeting with stakeholders in Cardston to discuss possible opportunities, and, are going to various sites to visit with staff to determine where help is needed, in order to reduce fatigue. The goal is to understand what's happening in communities to provide support as much as possible.</p>	<p>Andrea to share new organization chart with Council.</p> <p>Andrea to share Katherine's PPT with Council.</p>

<p>Senior Operating Officer, Community Programs</p>	<p>The organizational redesign is complete and staff have been reallocated to break down silos and develop what's known as the South Zone culture.</p> <p>Public participant said she is pleased with AHS' efforts at efficiency and that information provided today has given her a clearer understanding of AHS' structures and intent re: levels of supportive living.</p> <p>Public participant shared a story of accessing Medical Assistance in Dying (MAID) service and says the service was superb.</p>	
<p>5.2. Report from Council Chair, Brad Gillespie</p>	<p>Brad Gillespie provided the following Chair's update:</p> <ul style="list-style-type: none"> • Council of Charis met in Edmonton in December. Brad encouraged members to read the meeting summary that was included in meeting packages. He adds clarity of rolls and identity of Advisory Councils is increasingly starting to connect for members. • A new Provincial Advisory Council (PAC) has been confirmed - the Sexual Orientation, Gender Identity and Gender Expression (SOGIE) PAC is recruiting members and will begin meeting in March. • Advisory Council recruitment drive is underway. All 12 HACs are recruiting new members, as are the Addiction and Mental Health and Cancer PAC. Members are encouraged to spread the word. 	
<p>5.3. Advisory Council Coordinator Update Andrea Jackson</p>	<p>Andrea Jackson provided the following update:</p> <ul style="list-style-type: none"> • Recruitment campaign – recruitment for new members to Advisory Councils takes place January 14 - February 1, 2019. With a number of terms expiring in the months ahead we are looking to fill vacancies. Coordinator provided recruitment tools for members to share with their communities. • Annual satisfaction survey - the survey will be sent to members January 21, and is intended to measure satisfaction with the role in order to make adjustments as needed. • Top 5-10 – Council reviewed and revised the list from fall 2018. The list is a compilation of top 'issues' members hear within their communities that is shared with AHS' Community Engagement Committee of the Board. • Meeting dates – Council approved its 2019/20 meeting schedule. • Budget – Balance remains \$4,284.44. No new spending since April 2018. 	<p>Andrea to send 2019/20 meeting dates to Council and Zone leads.</p>
<p>5.4. 2018/19 Work Plan Update</p>	<p>Council met in December and discussed actions it will take; primarily, reaching out to local groups to present about the HAC. Andrea shared a PowerPoint template with Council, for use when speaking to local organizations.</p>	

<p>5.5. Council Roundtable and Good News Stories</p>	<p>Emma Hulit expressed gratitude for public health staff who speak various languages as it helps non-English speaking patients connect with the health system. Emma shared the community in Milk River has raised \$33,000 of \$50,000 for a portable ultrasound machine. Use of this equipment will drastically reduce the need for travel to Lethbridge. Emma also shared concern about the number of hours the physician in Milk River is working at the risk of getting fatigued. Katherine will connect with Dr. Jack Regehr to discuss further.</p> <p>Henry Heinen queries the state of the Zone’s budget. Katherine says South Zone has been successful in eliminating structural deficit and now has a surplus. It now has an opportunity to reinvest into more surgeries, as well, to propose monies for seniors programming, addiction and mental health, emergency and wait times.</p> <p>Dick Burnham shares the Rural Health Professions Action Plan (RhPAP) committee in Pincher Creek recently held an appreciation day for local healthcare workers. Awareness about the committee is increasing and more activities are planned. Grant Walker added he’s connected with human resources to identify gaps in recruitment, which will help inform the committee. Dick adds the Royal Canadian legion began a medical equipment lease program for the Pincher Creek area, further reducing travel to Lethbridge for equipment.</p> <p>Cliff Elle sits on the Connect Care Patient & Family Advisory Committee and shares the patient portal will be available next fall, province wide. It will become fully operational over time. He adds healthcare workers have been open and receptive to feedback from advisers, perpetuating patient-centred care.</p> <p>Brian Hammond advises AHS to increase efforts to educate the public on the services it has available, and where. He says unless someone is actively using health services, they are often not aware of what all is available. Katherine says through efficiencies AHS has been able to introduce a number of new programs.</p>	
<p>6. Next Meeting</p>	<p>Date: Tuesday, March 19, 2019 Time: 12:00 p.m. – 3:00 p.m. Location: Pincher Creek Health Centre, 1222 Bev McLachlin Dr., Multipurpose Room, Pincher Creek, AB.</p>	
<p>7. Meeting Evaluation and Adjournment</p>	<p>Moved by Henry Heinen that the meeting be adjourned at 3:15 p.m.</p>	