



Minutes – Palliser Triangle Health Advisory Council

Monday September 24, 2018 12:00 p.m. – 3:00 p.m.

Medicine Hat Regional Hospital, Medicine Hat, AB

Council members present: Reg Radke (Chair), Blake Pedersen (Vice Chair), Dr. Sara Joan Armour, Ajit Atwal, Patricia Dietrich, Diane MacNaughton, Marjorie Moncrief, Paul Nederveen, Heather Norris, Patty Rooks, Dr. Ken Sauer

AHS: Andrea Jackson, Dr. Jack Regehr, Janine Sakatch, Grant Walker, Gwen Wirth

Public: 27

Regrets: Katherine Chubbs, Linda Iwasiw, Stephanie Shaw

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
1. Welcome & Introductions	Council Chair, Reg Radke, welcomed guests to Medicine Hat and to the Palliser Triangle Health Advisory Council meeting.	
2. Approval of Agenda	Moved by Patty Rooks that the agenda for Monday September 24, 2018 be approved. MOTION CARRIED.	
3. Approval of Minutes	Moved by Ajit Atwal that the minutes of Monday May 26, 2018 be approved. MOTION CARRIED.	
4. Presentations		
4.1. Public Presentation	<p>Blake Pedersen introduced Tanya Ellis, local resident, who shared her health journey with a cancer diagnosis.</p> <p>Prior to a cancer diagnosis in 2015 Tanya was a young, healthy female with no prior health problems. As symptoms began to appear she sought medical advice but says she was declined adequate examination because she was under the age of 40 and appeared otherwise healthy. Tanya shares her story in the hopes of identifying gaps in the healthcare system so improvements can be made, and to advocate for early detection. With respect to Colon Cancer, it is 100 per cent treatable if diagnosed early. Tanya recommends new standards for age of screening in Alberta, beginning with early screening at age 40 via colonoscopy.</p>	

	<p>Dr. Ken Sauer stressed the importance of physicians being aware of the prevalence of Colon Cancer. Dr. Jack Regehr indicated Tanya’s story speaks to different healthcare systems (USA vs. Canada) and what their goals are.</p> <p>Pat Dietrich introduced Darlene Neigum, a local resident who spoke about the need for improved access to ultrasound screening as a means to illness prevention. Darlene shared her experience in Alberta, which led her to seek ultrasound screening in the USA and ultimately led to an early diagnosis she now seeks treatment for.</p> <p>Darlene expressed support for early screening to aide in prevention and early detection. She suggests ultrasound screening be available for everyone and not only via physician referral. She is concerned some physicians aren’t listening to patients when they indicate health problems, which may lead to late or misdiagnosis.</p> <p>Dr. Ken Sauer asked for information on standards and costs involved in obtaining ultrasounds. Dr. Regehr advised that AHS sets the standards of care. Wide screening such as this speaks to different goals of each healthcare systems (USA vs. Canada) and there are checks and balances to each. For example, after-care costs are different in each country. Dr. Regehr adds if physicians aren’t listening to patients or providing adequate follow-up with patients, AHS wants to know about it.</p> <p>A question was asked if access to private clinics is available to everyone, or if patients require a referral? Dr. Regehr advised Albertans can pay for private MRI, CT scans, ultrasounds, if they choose.</p> <p>Colleen Lewis, Elder Abuse Community Collaborator with Canadian Mental Health Association, shared information on a community development project that creates a coordinated community response to elder abuse. The three year project is supported with grant funds from the Government of Alberta, Ministry of Seniors and Housing, and is comprised of multiple service providers within the region.</p> <p>Dr. Ken Sauer asked if the project works with facilities. Colleen replied if staff don’t make a report, it does not get involved. Karen Danielson, executive director at THRIVE (Medicine Hat & Region Strategy to End Poverty & Increase Well Being), adds the project is intended to maximize services and outcomes. They also work with the City of Medicine Hat Seniors Services department. Colleen advised the grant is for awareness, prevention and to further the work of community support.</p> <p>Ajit Atwal queried AHS’ standard of care for facility owners? Reg Radke requested question be narrowed in scope. Pat Dietrich advised continuing care standards are very specific and has what’s called protection for persons in care.</p> <p>The final public presentation came from two Bow Island residents. They stated there aren’t enough frontline workers in long-term care at the Bow Island Health Centre, air quality is poor since the windows are sealed shut and the volunteer program is disorganized. Questions arose as to who is responsible for making decisions re:</p>	<p>Reg Radke will follow up with Ajit.</p>
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	<p>staffing and scheduling? As well, who made the decision to seal the windows shut?</p> <p>Sylvia Strom, Bow Island resident, stated there is much confusion of how to gain entrance to the hospital after 5 p.m. when the outside doors lock. There is added risk when emergency personnel are unfamiliar with the site and take patients to the wrong doors. Will someone be hired to sit at the desk and allow people in? Can the public gain access in the evenings to visit patients?</p> <p>Sylvia asked AHS to improve communication of what’s happening at its sites with staff and the public. She suggests AHS include Bow Island residents in conversations that pertain to its site and adds it would be helpful to know how funding is designated.</p> <p>Members vocalized the need to ensure all patients have equal access to health services. Reg Radke suggested Council take time to think about the situation in Bow Island and determine if it has further questions for AHS.</p>	<p>Andrea will follow up with AHS.</p> <p>Dr. Jack Regehr will take these questions and follow up with South Zone.</p>
<p>4.2. EMS Service Planning</p> <p>Tony Pasich, Associate Executive Director EMS South Zone</p> <p>Kevin Walcer, Manager EMS South Zone</p>	<p>Tony Pasich and Kevin Walcer provided an overview of EMS in the South Zone which includes information on system service delivery, Mobile Integrated Health (Community Paramedics), Medical First Response, Air Ambulance Utilization and Wellness and Diversity.</p> <p>Tony shared that EMS reports provincially and provides service via contractors through a hybrid service delivery model. Mobile Integrated Health is also a provincial program whose goal is to treat patients in their community as much as possible. Community Paramedics are supported with direct physician consultation over the phone so the patient can remain in their home if they feel comfortable to do so and there is no cost to the patient.</p> <p>Medical First Responders (MFR) such as fire departments and community volunteers provide service to patients before they arrive at hospitals. They are supported through training and some equipment and are a key partner of EMS.</p> <p>EMS air ambulance has obtained a new plane in Medicine Hat for paramedics. It is working with HALO Rescue helicopter service, awaiting final certifications from Transport Canada.</p> <p>Dr. Ken Sauer queried if all dispatch staff know locations. Tony said mapping systems have roads input, so they know where they are. Dispatch sends the closest ambulance available and is the second defense to technology.</p> <p>Patty Rooks queried services available in Foremost. Tony stated ambulance service there is comprised of four or five local community members and is supported by EMS. Though not full-time positions, they are paid to be on call and to respond. Foremost experiences about 70 events in a year.</p> <p>A member of the public queried how one can be assured they’re receiving the level of care they need, given there are different levels of paramedics. Tony replied South Zone has two Primary Care paramedics (EMT), the rest are Advanced Care paramedics. Each work in teams with EMTs and EMRs and are trained as first responders</p>	

	<p>to a variety of situations.</p> <p>A member of the public asked for clarification as to if the paramedic at the scene is required to take a patient to the hospital. Tony replied if the patient wants to go, EMS will take them. The patient is given the option. With respect to STARS air ambulance, EMS dispatch works with it and HALO to determine if they are needed to respond. We continually focus on the right resource for the situation. We make a well-informed decision and now follow up with call reviews to increase this level of service.</p> <p>A member of the public asked who dispatch is managed by, STARS or AHS? Tony replied all calls come in via AHS and are sent to STARS and AHS link centre. All helicopter response comes through STARS link.</p>	<p>Andrea will follow up with Tony re: list of who is signed up for MFR program.</p>
<p>5. Old Business</p>		
<p>5.1. Business Arising from the May 26, 2018 minutes</p>	<p>Andrea Jackson, Advisory Council Coordinator provided the following update from the May 26, 2018 meeting:</p> <ul style="list-style-type: none"> • Andrea will connect with Katherine for a copy of the mental health needs assessment. In progress. • Coordinator to put forth concerns from resident to South Zone ZEL as follow up. Complete. • Council will gather more information from Heather Norris about the assisted living process and consider a letter of support. Complete. • Reg/council will follow up on process for tender, where the information can be found. In progress. • Andrea will schedule EMS presentation for September meeting. Complete. • Katherine Chubbs to send hours of care. Complete. • Andrea will send members a link to information about CoACT. Complete. • Andrea will share Dr. Regehr’s report with council via email. Complete. • Andrea to connect with Katherine re: palliative care needs assessment. Complete. 	<p>Andrea to send response to Council from Katherine re: palliative care.</p>
<p>6. New Business</p>		
<p>6.1. South Zone Executive Leadership Update</p> <p>James Frey, Executive Associate,</p>	<p>James Frey, Executive Associate to the Chief Zone Officer, provided the following update:</p> <p>Organization design project – A business consultant is reviewing the organizational structure of South Zone to ensure leadership and frontline staff are in the right positions, according to skillset.</p> <p>Operational best practice – This is a provincial initiative that looks at best practice from a clinical patient care perspective and dovetails with the organization design project. We’ve found efficiencies through this work and will now review rural hospitals. Jobs will be aligned with profession/level. Heather Norris suggested connecting with communities prior to decision-making. Dr. Regehr replied when it comes to staffing we need to speak with staff first.</p>	

<p>Chief Zone Officer, South Zone</p> <p>Dr. Jack Regehr South Zone Medical Director</p>	<p>Patty Rooks enquired if locking ER doors in hospitals is common practice. Dr. Regehr responded for many, it is. Discussion ensued about communication. Members reiterated the desire to be informed sooner, than later. Dr. Regehr added the Zone wants to work with Council and is working on improvements to communication.</p> <p>Marjorie Moncrieff expressed frustration over the lack of communication re: recent changes in Bow Island. Dr. Regehr suggested she can help AHS communicate to the community.</p> <p>Blake Pedersen suggests using the situation in Bow Island as an example of best practice for communicating future changes. Dr. Regehr welcomes HAC input for how to take positive steps forward. Marjorie would like to see a group formed of local residents, as suggested in Oyen, whose role is to communicate with AHS. Tabled.</p> <p>Indigenous Cultural Competency – 20 per cent of staff in the South Zone are now trained as the Zone performed five Blanket Exercises across the region in September. The target is 50 per cent of staff. On-line external training will be provided as soon as it is available.</p> <p>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.</p>	<p>James Frey will connect with Katherine Chubbs re: communicating with the HAC in the future.</p>
<p>6.2. Report from the Chair Reg Radke</p>	<p>Reg Radke shared the following update:</p> <p>AHS 10th anniversary – AHS is planning engagement across the province to commemorate AHS’ 10 years of service. Reg suggested Medicine Hat would be a good location, and fall 2018 or February/March 2019 as optimal time. Council agreed. Blake Pedersen queried the HACs role to which Reg advised it’s a good opportunity to educate the community about AHS and about HACs, by networking and exposure to local groups. Paul Nederveen volunteered to lead subcommittee work to help plan the event.</p> <p>Reg joined the South Zone Indigenous Patient Navigator Model steering committee, an applied research project with local Indigenous communities. The project will establish an Indigenous Patient Navigator service for the South Zone and Reg would like to draft a letter of support for the project. Council agreed.</p>	<p>Janine Sakatch will share 10 anniversary feedback with AHS.</p> <p>Reg will draft a letter of support and share with Andrea Jackson and Council.</p>
<p>6.3. Work Plan Update</p>	<p>Reg Radke advised that Council is working on goals one and two. A calendar of events has been established so members can track events it participates in on behalf of, or in conjunction with the HAC. Use of the calendar is helpful because it allows us to plan months in advance and to stimulate action. Heather Norris added she is attending a Cannabis presentation in October and will represent Council.</p>	
<p>6.4. Advisory Council Coordinator</p>	<p>Andrea Jackson shared the following Advisory Council Coordinator update:</p> <ul style="list-style-type: none"> • Advisory Council brochure – Council reviewed the drafted document and provided feedback. • Advisory Council survey results – Council provided feedback. 	

<p>Report Andrea Jackson</p>	<ul style="list-style-type: none"> • Top 5-10 issues – Council will share input via email to reflect current community perspective. • Committee participation – Council confirmed committees they are a part of. • Advisory Council member profiles – Pat Dietrech volunteered to be profiled. • We Are AHS – Patty Rooks put her name forward to participate. • Sharing information with PACs – share input from Cancer public members. • Advisory Council Fall Forum – The forum is October 26/27 in Edmonton. • Social Media Champion – A webinar is scheduled for October 10th. Diane MacNaughton is HAC rep. • Budget – Reg Radke attended the RhPAP conference in Brooks in April. Registration fees came to \$241.61. Council used \$176.82 for its public forum in Brooks on April 18 leaving the balance at \$4,581.57. 	<p>Put names forth for profiles and We are AHS</p> <p>Share information from public about Cancer experiences.</p>
<p>6.5. Council Roundtable & Good News Stories</p>	<p>Paul Nederveen queried what support or resources are available to seniors and people with mental health needs who access the emergency department? Paul also shared the Friends of Medicare is considering hosting an information session on the medicinal use of Cannabis. He requested an AHS resource person for the session. Paul recommended Medicine Hat Regional Hospital provide a designated smoking area on site, similar to what’s provided in palliative care in Strathmore.</p> <p>Ajit Atwal shared a personal experience with the emergency department where he described care as quick and overall quite positive. Covenant Health recently celebrated its 10th anniversary and the event was a big success. Ajit added sentiments from Friends of Medicare are similar to the HAC in that it too would like for AHS to communicate or consult with public prior to final decisions being made.</p> <p>Marjorie Moncrieff advises people in the community of Bow Island are approaching her about their concerns as well as going to MLAs. Dr. Sauer said he has heard from community about their concerns. Gwen Wirth indicated AHS will connect with the community of Bow Island in the near future to discuss further. Marjorie added Medicine Hat College is holding a skills day in Bow Island tomorrow with nursing and paramedic students.</p> <p>Heather Norris represented the HAC at the Activity Fair in Oyen on September 12. The Fair is considering partnering with the Farmer’s Market in 2019 to increase the number of participants. Heather was able to collect feedback at the booth.</p> <p>Dr. Ken Sauer shared a scenario where patients are transported from service elevators at the Diagnostic Imaging lab, past the public to an ambulance. Dr. Sauer asked AHS to review this pathway to ensure more privacy. Dr. Sauer also queried what can be done to decrease incident rates of infections in hospitals.</p> <p>Sara Joan Armour recently attended an information session on Supervised Consumption Services, and on Fetal Alcohol Spectrum Disorder. Sara added the Global Health Security Initiative is presenting on the ‘mass casual incidents of fentanyl.’ If interested in the symposium, please connect with Sara. In closing, Sara queried if AHS</p>	<p>Andrea will share query with Linda Iwasiw for a response.</p> <p>Gwen will enquire a presenter on medicinal use of Cannabis, for Paul.</p> <p>Andrea will share Heather’s feedback with AHS.</p> <p>Andrea will seek a response to Dr. Sauer’s infection query, from AHS.</p> <p>Andrea will connect with</p>

	<p>could supply free condoms in every public washroom, as a method of disease prevention?</p> <p>Pat Dietrich shared a kudos to the ER department in Medicine Hat as a recent experience saw her witness every staff member introduce themselves by name and department, and their role in patient care. They reinforced the wait times and why they were there. Care was excellent.</p> <p>Pat expressed disappointment with the South Zone Palliative Care section of AHS' website. She says information is limited and where a phone number is available it requires a long distance call and after-hours calls are not answered. Pat would also like to know more about access to specialists via Telehealth (e.g. rheumatology and lupus).</p> <p>Blake Pedersen recently attended the Medicine Hat Regional Hospital grand opening. He was also present at the Council of Chairs meeting in June and at the Oldman River HAC meeting in September. Blake has been selected as a Community Member for the Palliser Primary Care Network board.</p> <p>Reg Radke would like approval from Council to use funds from the HAC Community Engagement budget to attend the Rural Mental Health Conference in Brooks, in November. Many members were not present for the request so Reg will seek a vote via email.</p>	<p>public health re: condoms in public washrooms.</p> <p>Gwen will enquire about resources on website re: palliative care.</p> <p>Andrea will enquire about opportunities for Telehealth.</p>
<p>6.6. Meeting date/time survey results & discussion</p>	<p>Due to time this item was tabled to a later date. Reg acknowledged the need to ensure follow-through from queries made at Council meetings, which is being captured in a tracking document. Blake added when doing roundtable, Council needs to determine when to action an items vs. when an item is intended as information sharing. He thinks Council would benefit from a clear process of how, what and when to connect with AHS when issues arise.</p>	
<p>7. Next Meeting</p>	<p>Date: Monday, November 19, 2018 Time: 12:00 p.m. to 3:00 p.m. Location: Seven Persons Community Hall 426 Drinnan Street, Seven Persons, AB</p>	
<p>8. Meeting Evaluation & Adjournment</p>	<p>Moved by Paul Nederveen to adjourn the meeting at 4:05 p.m.</p>	