



Minutes – Palliser Triangle Health Advisory Council

Monday May 27, 2019; 12:00-3:00 p.m.

Oyen Seniors Lodge, Conference Room, 310 2 St., Oyen, AB

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

AHS: Linda Iwasiw, Andrea Jackson, Gwen Wirth, Colin Zieber

Public: Nine

Regrets: Katherine Chubbs, Dr. Jack Regehr, Patty Rooks, Stephanie Shaw

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
1. Welcome & Introductions	Council Chair, Reg Radke, welcomed guests to Oyen and to the Palliser Triangle Health Advisory Council meeting. Mayor Doug Jones welcomes participants to Oyen and to the Oyen Seniors Lodge.	
2. Approval of Agenda	Moved by Paul Nederveen that the agenda for Monday May 27, 2019 be approved. MOTION CARRIED.	
3. Approval of Minutes	Moved by Dr. Ken Sauer that the minutes of Monday January 28, 2019 be approved. MOTION CARRIED.	
4. Presentations		
4.1. Public Presentation	Rural Home Care Service Sherri Bamber, Home Care Case Manager, provided a summary of home care services available in the community. These include recreation services as well as physiotherapy, occupational therapy (OT), as well as	

<p>Rural Home Care Services Sherri Bamber, Oyen Home Care Case Manager</p>	<p>supportive living options to keep patients in the community until a bed opens in long term care (LTC). Sherri also spoke of the scope of work of healthcare aides adding they do not do housekeeping, laundry or yard work.</p> <p>A ‘living options’ service helps guide clients in choosing how and where they want to live. The service is provided for those who require an additional amount of support and cannot be fully independent. Some may require maintenance and others are at higher risk of needing additional care so require long term support.</p> <p>Oyen has access to Nurse Practitioners from Brooks, as well, is part of the Palliser Primary Care Network (PCN). Sherri adds the PCN primarily works on a diabetes program in Oyen, but will provide additional support as-needed.</p>	
<p>Big Country Health Care Foundation Ann Berg and Jolene Turner</p>	<p>One concern in rural home care is the accessibility to needed resources. For example, OT comes to the site once every two weeks but it is felt there is need for more. Another concern is the levels of care as most don’t want to go to LTC but Oyen doesn’t have a level of in-between care.</p>	
<p>Community Concerns Ann Berg, Concerned Citizens</p>	<p>Big Country Health Foundation</p> <p>Ann Berg, of the Big Country Health Care Foundation, provided an update on the work of the Foundation in the last year. A highlight is the two modes of transportation now available to LTC patients. One is an Orion bike and the other is a duet bike, which is a combined wheelchair and bicycle. The duet bike is good for helping with depression and combatting social isolation.</p> <p>Jolene Turner, from the Acadia Foundation, stated ambulances are sometimes unable to find their way to people who are in rural areas. The community often designates a local resident to wait at the highway or main road to bring them in when they are lost. It’s important attendants are adequately trained to read maps.</p> <p>Jolene shared morale at the hospital is diminishing and trained, knowledgeable staff are leaving as a result. Improved communication from leadership at the site would help. She added she would like to see AHS use more local contractors when hiring for renovations.</p> <p>Community Concerns</p> <p>Ann Berg shares many concerns from a year ago remain today. When asking where community can go with its concerns she was advised to connect with local HAC representative, Heather Norris, unless a concern pertains to an individual circumstance to which the patient or family is to report to AHS Patient Relations Department. Some of the concerns raised:</p> <ul style="list-style-type: none"> • Need for assisted living in Oyen 	

	<ul style="list-style-type: none"> • Low morale, due in part to scheduling changes and not enough staff to cover shifts. Suggestion to train more local staff as opposed to bringing people in from the city • Communication with management is lacking • Public is unaware of the scope of practice of EMTs and paramedics and that they work in a rotation • Need for better communication about how patient registration occurs • The lift can't go through to the bathroom. <p>Colin Zieber, Acting Senior Operating Officer, advises AHS has committed resources to getting feedback from its staff. One mechanism is the People Survey which is currently taking place and looks at AHS' culture, whether people feel supported and safe and if innovation is occurring. Linda Iwasiw, Senior Operating Officer, adds AHS has internal supports and expertise at sites where it hears about concerns, to work through some of the issues.</p>	
<p>4.2. Addiction and Mental Health Assessment Thomas Mountain, Director, Addiction and Mental Health, South Zone</p>	<p>Thomas Mountain, Director, Addiction and Mental Health, South Zone, provided an overview of the Addiction and Mental Health Needs Assessment that was completed in 2018. He began with an overview of how Health Promotion is embedded across the continuum:</p> <ul style="list-style-type: none"> • Tier 1 – universal prevention and targeted prevention • Tier 2 – Indicated prevention • Tier 3, 4, 5 – Treatment. <p>Thomas shared the variety of ways in which a patient can receive services from prevention and information, to hospital-based services, live-in treatment, specialized services, physicians, justice services and community services (counseling, outreach, therapy):</p> <ul style="list-style-type: none"> • Children and Adolescents – community-based services, acute care bed planning, collaborative partners, school-based interventions, technology • Complex Needs – community-based services, residential beds • Geriatric Services – community-based services, acute care bed planning. <p>In year three of the Operational Plan, the Zone will focus on: child and adolescent bed mapping; primary care integration; opioid dependency treatment; police and crisis team; patient advisory council; enhanced geriatric services; complex needs services and child and adolescent services.</p>	
<p>5. Old Business</p>		
<p>5.1. Business Arising from</p>	<p>The following is a status update of action items from the January 28 HAC meeting in Medicine Hat:</p> <ul style="list-style-type: none"> • Andrea will connect with Katherine for a copy of the mental health needs assessment. Complete. 	

<p>January 28, 2019</p>	<ul style="list-style-type: none"> • Karen will email Andrea data from THRIVE, to share with Council. Complete. • Dr. Regehr will inquire if psychiatry in Brooks is accepting new patients. Complete. • Andrea to send 2019/20 meeting dates to Council and Zone leads. Complete. • Andrea to collate written roundtable reports; share with Zone leads and members. Complete. • Andrea to follow up with Zone leadership about translation services. Complete. • Council will consider a Connect Care presentation in six months (May 2019). To do. 	
<p>6. New Business</p>		
<p>6.1. South Zone Executive Leadership Update</p> <p>Colin Zieber, Acting Senior Operating Officer, South Zone</p> <p>Linda Iwasiw, Senior Operating Officer, South Zone</p>	<p>Colin Zieber, Acting Senior Operating Officer, provided the following update:</p> <ul style="list-style-type: none"> • The operational plan continues to focus on addiction and mental health. The Zone is working with Indigenous communities, patients and families. • The Partnership for Research and Innovation in the Health System (PRHIS) is a research project that is underway. The focus is to innovate Indigenous patient navigation in the health system throughout the Zone. An invitation to participate in stakeholder engagement will be out soon. • A reminder National Indigenous Health Week is June 17-21; the Zone will have activities planned. • AHS does not operate Supervised Consumption Services, rather, it strategically supports harm reduction work through the organizations that do. AHS does provide a unique short-term and longer term detox facility in Medicine Hat that is all under one roof. • AHS has launched its annual ‘people survey,’ where staff, volunteers and physicians can provide feedback that will help strengthen patient safety culture at AHS. <p>Linda Iwasiw, Senior Operating Officer, shared the following update:</p> <ul style="list-style-type: none"> • Announcements will be made soon re: staffing changes via Medical Affairs organizational design. • Budget - AHS awaits direction from the Minister of Health. A review is underway by a government panel and it’s likely we’ll know more in the fall. Surpluses in the South Zone will help in the meantime. • AHS is in year three of its three-year Operational Plan. We continue to work through the Addiction and Mental Health plan and anticipate more robust consultation and review in the next iteration. • AHS has partnered with local Indigenous Elders to determine the needs of Indigenous communities, to support those living both on and off reserve. • In Dr. Auld’s absence, Linda says AHS has identified 23 physician recruitment needs underway in the east end of the Zone. This includes family physicians and specialists, with some in Medicine Hat and others rural. CancerCare is actively recruiting for an Oncologist as the one in Medicine Hat is leaving. 	<p>Andrea to reconnect with Colin re: home care questions from November</p>

	<p>Onsite Oncology support will continue, as will Telemedicine, but in some cases travel to larger centres will be required.</p> <ul style="list-style-type: none"> • Dr. Ken Sauer commented on the desire for more AHS management in Medicine Hat. Linda responded AHS is focusing on programs and services across the South Zone geographic area, not specific distribution. As well, there are different tiers of leadership at each site. Colin Zieber adds the Zone is working on developing new leaders, which will help broaden leadership across the Zone. 	
<p>6.2. Report from the Chair Reg Radke</p>	<p>Highlights from Reg Radke’s report from the Chair include:</p> <ul style="list-style-type: none"> • Reg attended and participated in the Community Conversation, with fellow Council members, on February 25, in Medicine Hat • Reg will attend the PRIHS South Zone Indigenous Patient Navigator Model committee meeting in Lethbridge on June 17 • Reg attended the Council of Chairs meeting in Edmonton on February 21. Summary notes from the meeting were shared with Council March 10 	
<p>6.3. Advisory Council Coordinator Report Andrea Jackson</p>	<p>Andrea Jackson shared the following Advisory Council Coordinator update:</p> <ul style="list-style-type: none"> • Welcome to new members! • Council survey results – Council will share feedback with Andrea by May 31. • Top Concerns – Reg will collate feedback from Council and send to Andrea by May 31. • Recruitment - please continue to spread the word to those in your networks. • Council member profiles – let Andrea know if you would like to submit your profile as part of AHS’ boosting of awareness of Council. 	
<p>6.4. Work Plan Approval</p>	<p>Moved by Dr. Ken Sauer that the 2019-20 annual work plan be approved. Motion carried.</p>	
<p>6.5. Annual Work Plan Approval</p>	<p>Moved by Marjorie Moncrieff that the 2018-19 annual report be approved. Motion carried.</p>	
<p>6.6. Council Roundtable & Good News Stories</p>	<p>Ajit Atwal advises the Executive Director of Community Foundation of Medicine Hat and Southeastern Alberta (CFSEA) would like to present to the HAC to explain who they are and their roles and responsibilities. Ajit adds, when connecting with people at the Medicine Hat Spring Home and Garden Show in March, one person</p>	<p>Andrea will enquire teleconference access, per Ajit.</p>

commented Indigenous patients and their families can meet with doctors via teleconference but their experience is that non-Indigenous people cannot; query why this may be.

Sara Joan Armour recommends more facilities be designated smoke-free (e.g. library). Sara adds people in Medicine Hat remain divided about Supervised Consumption Services, and wish for more consultation.

Diane MacNaughton says there aren't enough staff to meet client needs at Mental Health Outreach in Medicine Hat. There aren't as many staff available to get clients to appointments so some have to take other modes of transportation that are not ideal. She adds wait times for accessing mental health services remains an ongoing concern. Lastly, SARC launched its Alberta One Line for Sexual Violence, for callers to connect via phone or text and speak with someone about their experience. The number is 1.866.403.8000.

Blake Pedersen shared the events and workshops he's attended, including Identifying and Treating Opioid Use Disorder (OUD) in Primary Care, put on by the Palliser Primary Care Network; Introduction to Transgender Health Care, put on by the Palliser PCN and his continued work with THRIVE and the Medicine Hat Community Housing Society. He identifies Supervised Consumption Services as a top issue as the debate in the community for and against continues to escalate.

Reg Radke shares a recent concern involving a private healthcare facility in Brooks, to which he's consulted with AHS Zone leadership. Good news in Brooks is the addition of five new palliative care beds at the Brooks Health Centre. Reg adds those in rural communities would benefit from consultations with specialists being done via teleconference, where possible. This would alleviate the time and cost of taking a day off work to travel to Calgary for an hour appointment. Finally, Reg shared information about a pilot transportation project between Brooks and Medicine Hat, which is a collaborative project between the City of Brooks and County of Newell.

Dr. Ken Sauer says his work in the community has been focused on promoting prevention and staying active.

Ron Wickson advised that with a change in government the Bassano Project has regrouped to move forward. As well, Brooks will hold another mental health conference as the response from last year was positive. Lastly, Ron recommends AHS disseminate good data about immunizations as that may encourage more people to act.

Lorrie Clizbe identifies improving access to the right level of care for mental health services as a top concern in her community.

Heather Norris says Oyen welcomed a new doctor to the community, bringing it up to three. Heather adds the wait list to see physiotherapy in Oyen remains an ongoing issue. She suggests increasing staff from 2-3 days.

	<p>Pat Dietrich says she’s not heard much about the Recovery Centre in Medicine Hat. She queries if it’s effective. She also queries if the Chronic Pain clinic at the hospital is taking new patients and if not, what alternate options are available. Andrea will enquire. Finally, Pat suggests there may be need for additional adult day program spaces. This, based on feedback that some who have attended the adult day program were told to leave and see a community program, which is not suited to everyone.</p> <p>Marjorie Moncrieff suggests information about immunization clinics be released a few weeks to a month prior to clinics opening; the HAC can distribute posters to help spread the word. Marjorie asked about immunization rates in the region. Gwen Wirth, Communications Director, responded pharmacies and lodges are not included in the statistics AHS releases because AHS doesn’t have this information (privacy). AHS encourages staff to share information and her team will share clinic information with Towns and City’s so they can post on their website. Finally, Marjorie queries if Council is interested in a presentation on the new Ronald MacDonald House. Council is interested but will table the presentation until renovations are complete.</p> <p>Andrea Ames, new member, concurs that much of what others are hearing about health services, she also hears in her community. She hopes to help her community understand resources available.</p> <p>Paul Nederveen shares an issue he heard about while manning the table at the Spring and Garden Trade Show was the importance of spiritual care in the hospital. The perception is the service is not widely available for the general population. A question came from a recent Friends of Medicare event - if senior’s who have been prescribed cannabis for chronic pain are moved to long-term care, will they still have access? Colin Zieber responded that sites negotiate this upon admission and that people need to connect with them directly.</p>	<p>Andrea will enquire about status of Recovery Centre and Chronic Pain Clinic.</p>
<p>7. Next Meeting</p>	<p>Date: Monday, September 23, 2019 Time: 12:00 p.m. to 3:00 p.m. Location: Brooks Health Centre 440 3 St. E., Brooks, AB</p>	
<p>8. Meeting Evaluation & Adjournment</p>	<p>Moved by Lorrie Clizbe to adjourn the meeting at 3:20 p.m.</p>	

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