**MEETING MINUTES**

**Central Regional Hospice Palliative Care Program (RHPCP) Council**

**Date:** Wed, Aug 7 2013  
**Time:** 5:30-7:30pm  
**Location:** CCAC, Richmond Location, Room 3

**Chair:** Joyce Bailey  
**Present:** Joyce Bailey, Don Cousens, Lisa Levin, Carol Edward, Lynne Penton, Rhona Abraham, Dr. Adam Rapoport. Frank Taylor  
**Regrets:** Yvonne Ashford, Dr. Natasha Zajc, Sarah Etheridge  
**Recorder:** Lynn Harrett  
**Ex-Officio:** Patricia Mosnia, Director of RHPCP, Carol Edward, Central LHIN  
**Guest:** Dr. Alisha Kassam  
**Copies to:** Members and Portal

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<th>No.</th>
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<th>Discussion/Decisions</th>
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| 1.  | Review and Approval of Minutes  
Additions to Agenda | Chair thanked people for their attendance during this summertime meeting.  
Agenda approved as circulated with the addition of a request from Don Cousens for an update on a specific issue in Central.  
Minutes approved as circulated. | Approval of Agenda moved by Frank Taylor and seconded by Rhona Abraham | | |
| 2.  | Presentation – Pediatric Advanced care Team, The | See attached presentation by Dr. Rapoport and Dr. Kassam on the Pediatric Advanced Care Team:  
• Name change to the Pediatric Advanced Care | | | |
| Hospital for Sick Children | Team from Palliative Care and Bereavement Services has helped build a comfort level with health care providers and family to support increased referrals  
- Philosophy between adult and child palliative treatment is the same. However, the profile for pediatric palliative care varies from the adult population with the recognition that in the case of children, there is less certainty as to the designation of palliative. This is caused in part by the nature of life limiting illness in children. In adult palliative care, cancer is the predominant life-limiting illness, but in pediatrics, only 22% of cases are cancer-related. Most common diseases are genetic, metabolic, and neurologic; which all tend to be unique/rare in nature. Thus, pediatric palliative doctors have to deal with uncertainty and plan for all outcomes. Other differences include the elevated level of primary care physician involvement present in pediatrics.  
- There is no clear delineation between active treatment and palliative care treatment, but both are part of the continuum of care.  
- The challenge is offering palliative care to children across a wide geography and without sufficient volumes to have dedicated staffing  
- Emily House: open to Ontario Residents, for pediatric residential hospice.  
- Recent physician polls found that physicians want real-time support from pediatric palliative care (PPC) experts.  
- Desired model:  
  - Build PPC hubs within various communities, and work with community providers.  
  - Palliative care needs to be the |
responsibility of all healthcare personnel.  
  - Need to look at visiting hospice services for children in Central.

Other:
- Proposed addition to future meetings: 20mins of guest lecture
- Dr. Kassam has expressed an interest in joining the RHPCP Council, and Dr. Rappaport has suggested that she sits on the Council as his designate.

| 3. | Values / Pillar Discussion | As a follow up to the last meeting whereby the mission and vision were finalized, Patricia presented the Values within four headings – Person (Patient)/Family Focused /Collaborative, Quality, Sustainable. There is consensus that a brief description of the ‘pillars’ of values is needed. There was agreement that there is a need to add Accountable under Sustainable and shift the order of words for Person (Patient)/Family Focused. Key words are captured, and there is agreement to move forward. It was decided to remove the pillars and keep as just values. | Approval of the Values as updated at the meeting. Moved by Lisa Levin and seconded by Lynne Penton. Unanimously approved. Patricia to create a Mission/Vision/Values document and will be posted on website once new one is launched. | Patricia Mosnia | Sept 2013 |
| 4. | Value Stream Event results | The Value Stream Analysis event was attended by 55 participants, with broad representation of healthcare backgrounds. Included were a strong physician presence, and two helpful caregiver stories which grounded the presentation. The Value Stream focused on the pathways of patients with a cancer diagnosis or a congestive heart failure diagnosis (CHF). CHF proved to be more challenging to map | Communication plan to be reviewed and ensure strategies are in place to incorporate sectors. | Patricia Mosnia | Sept 2013 |
out. Patricia walked through the future state map (see pre-read) with discussion focused on the link between palliative care and Health Links. Follow up survey and reflections on the VSA were reviewed. Concern was voiced over lack of response from certain sectors such as retirement homes and community health centers in the survey and the event. The potential need to create a communications plan geared towards encouraging buy-in from these sectors was identified.

5. Project Plan - Review of Strategies and Objectives

Health Links will play a role in the future state of palliative care. Health Links is an area that needs clarification, as the specifics of how they will affect the future state of palliative care in Central is currently unclear to many healthcare professionals.

Carol Edward provided a brief description of Health Links: it is for complex healthcare system users. It aims to improve communication, and creates one care plan which links anyone that might play a role in the care of the individual (such as hospital/primary care/EMS/CCAC). It was suggested that we request a speaker to talk about Health Links at an upcoming meeting.

Council members should refrain from sharing draft documents until after the September meeting. Carol asked that a DRAFT watermark be added to the documents.

Lynne Penton highlighted the need to look at existing resources/research in order to refrain from duplicating efforts done in other organizations/geographies.

Patricia Mosnia indicated that we need to reevaluate

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<td>Carol Edward to suggest a Health Links guest speaker. A draft watermark to be placed on the documents to avoid confusion. Council members to review future state process map, project timelines, project resources, and strategic plan document in preparation for discussion at Sept meeting.</td>
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<td>6.</td>
<td>Council Membership, Working Groups, Resources</td>
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<td>When looking at the working groups and resources Patricia Mosnia discussed a suggestion from Lynne Harrett that an option is to form a physician advisory group, in order to support physician involvement vs individual working group involvement. Lynne Penton felt that establishing timelines for commitment promotes participation in working groups. There may be overlap in the need for individuals between multiple working groups. Patricia suggested that we start by surveying people to assess their 1) category of interest, and 2) level of interest.</td>
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<td>Patricia to send out expression of interest form out in Aug.</td>
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7. Accountability – Update
Deliverables and timelines reviewed. There has been a request to meet with the LHIN to get direction for the upcoming Sept 30 deliverable on setting up service provider agreements.
Meeting with LHIN to be confirmed.
Carol Edward
Aug 2013

8. Financial Update – Q1
Patricia Mosnia provided a brief summary of April-June expenses. Current budget surplus will likely be negated by the inclusion of the VSA event costs in July. No questions.

9. Updates from Committee Members
Updates will be provided at the next meeting in the interest of time.

10. Communication Plan
Patricia Mosnia stated that the planning/creation of the website will begin shortly.
Newsletter will be sent out in August on the VSA.
Patricia will send out newsletter, and ask for volunteers simultaneously.
Patricia Mosnia
By the end of next week

11. Addition to Agenda: Hill House Hospice
Donald Cousens attained a Hill House Hospice brochure from Southlake Regional Hospital. The brochure had a sticker which stated that Southlake is not affiliated with Hill House Hospice. Suggests Patricia and Carol inquire further.
Report findings at next meeting.
Patricia and Carol

12. Planning for next meeting:
The council agreed that the next meeting will be longer: 4pm-7:30pm. Carol Edward suggested that we refrain from adding a guest speaker to the next meeting in the interest of time and push Health Links to the following meeting. An additional tentative meeting was suggested in order to accommodate the heavy workload in September.
Next Meetings:
Sept 11, 2013 (4:00pm-7:30pm), plus a tentative meeting added Sept 18 (5:30-7:30pm) if required.
Oct 2, 2013 (5:30-7:30pm),
Nov 6, 2013 (5:30-7:30pm),
Dec 4, 2013 (5:30-7:30pm)