

WATERLOO WELLINGTON DUFFERIN HOSPICE PALLIATIVE CARE NETWORK COUNCIL

Minutes

DATE	16-May-07 9:00am to 12:00pm		CHAIR	Kim Voelker		RECORDER	Cynthia Just	
MEMBERS	Connie Dwyer	Lisaard House	Brent Charette	Hospice Wellington				
	Maureen Riedler	Hospice Dufferin	Terri Dean	St. Joseph's Health Care Guelph				
	Donna Ward	Grand River Regional Hospital	Susan Smith	Client Services Manager- WWCCAC				
	Cathy Joy	St. Mary's General Hospital	Susan Robertson	Grand River Regional Hospital				
	Lynda Nielson	Bayshore Home Health	Carol Riddell	Headwaters Health Care Centre				
	Ann Bartlett	Cambridge Memorial Hospital	Sandra Hett	St. Mary's General Hospital				
	Leisa Faulkner	Guelph General Hospital	Irena Borg	Hospice Waterloo				
	Kim Voelker	Director of WWCCAC (Chair)	Marsha Wolowich	Pain & Symptom Management Program of Wellington-Dufferin				
			Andrea Martin	Director Hospice Palliative Care Network				
GUESTS	Sharon Livingstone Presenter –Conestoga College							
REGRETS	Jane Hatton-Bauer Grand River Regional Cancer Centre		Dr. Deb Robinson GGH Hospitalist					
	Kathy Tschirhart St. Joseph's Health Center							
	Dr. Peter Spadafora HPC Physician							

ITEM		COMMENTS	RESPONSIBILITY & FOLLOW-UP
1.0	Welcome & Introductions	Welcomed and Introductions.	
2.0	Approval of Agenda	Approved order of items changed 5.12 to be at the beginning of meeting due to presenter's availability	
3.0	Approval of Minutes	Page 3- Patient and family edit to read "approved" instead of "?" Approved with the above edit.	

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	<p>examples of larger councils, Mental Health, Seniors, French Language, Multi-cultural-round table and develop system for Waterloo Wellington- Dufferin is not included in this project – looking into something</p> <ul style="list-style-type: none"> • Community at large invited to discuss community interest group – the LHIN will direct the community of interest group to implement IHSP, invited to apply and selection process – LHIN to take responsibility for communication for COI's and councils • Also developing a robust website that will have this information and ability of COI's to talk to each other and see what is going on • Co-sponsors have been approached and are being asked to sign a letter of agreement – Hospice Palliative Care COI to be co-sponsored by GRRCC & WWCCAC. • COI's will be responsible for making local recommendations of change to the Health Care system • Identify that there is a core team – subject experts that may be on team but will be called in for advice • Discussion and questions followed • The LHIN is driving the development of the COI's and work that HPC council has done is doing to be incorporated • This group is responsible for planning and implementation • Look at organization to see which language, Multi-cultural-round table and develop system for Waterloo Wellington, Dufferin is not included in this project • Working groups will be transitioned where 	<p>Backgrounder & COI model diagram attached</p> <p>Follow-up needed</p>

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	<p>applicable to project teams</p> <ul style="list-style-type: none"> • There will be a Council of Chairs that will meet to discuss areas that overlap opportunities for integration <p>Membership to HPC COI discussed suggested that areas are covered – fill in with organizations, geographical (rural vs. urban), Pediatrics & Senior representation should be considered</p> <ul style="list-style-type: none"> • Kim suggested creating a list for the WWLHIN identifying the present perspectives i.e. Paediatrics, Community Health Centres, etc. • Marsha suggested the AIDS Society rep. may be considered which is presently not on the list • It was asked- what will happen regarding the responsibilities within this council- membership will be significant duplication • Kim stated that this is very important to discuss- COI development the approved agenda was set aside today as there is passion around this table about the next steps for palliative care system. There are years of service, good will and interest to have this proposed structure work. • LHIN and co-sponsors are COI members- not yet determined if they are counted in the core membership • Looking for decision makers/influencer of change. It was asked if they are going to have a consumer. Kim said that is hard on the consumer- they have narrow focus – derail the broader process- need to manage in a broader spectrum – marrying the two together. Will discuss with the LHIN. • It was asked how to get the Network Director get a seat at the table- The Network Director 	<p>Follow-Up Needed</p> <p>Follow-Up Needed</p> <p>Follow-Up Needed</p>

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	<p>role is ongoing. The role with the COI's will need to be discussed with the LHIN.</p> <ul style="list-style-type: none"> • Membership should be broad-application allows the process of allowing new people to apply. • The following list of membership/perspectives was agreed upon, • FHT • Community Health • Long Term Home Representative • CCAC • Community Support Services • Cancer Care • Primary Regulated Health Care, 2 • Residential Hospice • Academic University/Colleges 1 • Content Knowledge Experts 2 • Family Support Workers 2 • Psycho-Social Care • Spiritual-Pastor Care 1 • Hospital Palliative Care Physician • Continuing Care <p>Interpretation of the membership needs to be clarified – so that the people will understand Term for membership suggested to be 2 year terms as there may be some difficulty to achieve all the objectives in one year and it is hard to have membership change mid-stream</p> <p>Objectives reviewed</p> <ul style="list-style-type: none"> • It was asked regarding connection with provincial work –initiatives – need to 	<p>Andrea, Kim & Susan R. to follow-up with WWLHIN</p>

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		<p>acknowledge – come in under mandate</p> <ul style="list-style-type: none"> • Suggestion that the CHPCA National standards, Norms of Practice and Model of Care be included in the overall objectives of the HPC COI • Kim said that this group made big headway today • This is a big change and think it as a positive • Everyone will be kept up to date –hopefully more will be known by the fall <p>An email is to be sent to Council members as soon as new information is available.</p>	
5.0	BUSINESS ARISING		
5.1	APP Update		Deferred
5.2	STANDING ITEMS		
5.3	Director's Report		Deferred
5.4	Provincial Palliative Care Integration Project Update		Deferred
5.5	Report from Committees	Committee Reports attached	
5.6	Research/Data/IT/Outcome Measures		Report Attached
5.7	Advocacy, Communication, Marketing, & Fund Development		Report Attached
5.8	Education		Report Attached

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ITEM		COMMENTS	RESPONSIBILITY & FOLLOW-UP
5.9	Patient and Family		Report Attached
5.10	NEW BUSINESS		
5.11	Policy Sections 4		Deferred
5.12	Logic Model Presentation		See Above
5.13	LHIN Comm. Of Interest Groups		See Above
5.14	Provincial Network Update	<ul style="list-style-type: none"> • Provincial Network working on templates and generic budgets, job descriptions, and strategic planning • Generic budget and job description can be used as a resource material for local networks 	Deferred- Generic budget director job description attached
6.0	ADJOURN	12:00 pm	
7.0	NEXT MEETING	BOOKED: Wednesday September 19 th , 2007 9:00 am – 12:00 noon WW CCAC – Guelph Office	