

ALC/Home & Community Care Work Group Meeting Minutes

Date: Tuesday March 11, 2025

Time: 8:00am

Location: Microsoft Teams

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| **Item** | **Agenda** | **Lead** |
| 1.0 | Welcome and Agenda Review | **Sherry** |
| 2.0 | Approval of Minutes- February 11, 2025 – approved by consensus | **Sherry** |
| 3.0 | Focus Community Scorecard and Update   * ALC and ED data target review   Amanda shared the focus community scorecard    Scorecard Analysis:   * BCHS Successes * Open ALC cases have decreased by 2 cases since January 31st (target achieved) * Open ALC average wait times for all discharge destinations decreased from 43 days in January to 41 days in February. * Reduction in 90th percentile PIA from Dec to Jan (0.3hrs) * BCHS Opportunities * ALC throughput has decreased from 1.07 in January to 0.88 in February * 90th percentile AOT was 115 min in January * 90th percentile PIA was 7.3 in January * Avg. patients waiting for an inpatient bed at 8am is 5.6 above target * NGH Successes * Open ALC average wait times for all discharge destinations decreased from 94 days in December to 82 days in January/February * 90th percentile PIA is within target (3.8hrs) * NGH Opportunities * Open ALC cases have increased by 6 cases since January 31st * ALC throughput has decreased from 0.70 in January to 0.53 in February * 90th percentile AOT was 53 minutes * Avg. patients waiting for an inpatient bed at 8am is 4.5 above target * Home First Readiness Assessment: Cross-Sectoral Analysis (West Region/HNHB Sub-Region)     Questions/Comments:   * The palliative assessment is on everyone’s to do list. * There is a recommendation to have a common palliative care assessment tool across the OHT, but it is not prescriptive. It is up to the partners to decide. * Dr. McNeil commented that outside of the Palliative Performance Scale (PSS), which is used for cancer patients, there is no standardized tool.   ***Action: Amanda will find out if there is a recommended tool from Ontario Health.*** | **Amanda** |
| 4.0 | Workplan Updates:  Frailty Screener   * The frailty screener work group came together and is working on a draft. Waiting for feedback fro group members. * The work group also discussed a pilot for the frailty screener at BGH and NGH, in community with VON and in primary care. It will be a small pilot to start. * The work group will be meeting again within the next two weeks. * We want to continue with the frailty screener as a project for the next fiscal year for the OHT project charter. We will select a number of patients being screened and follow up with them again to see whether the pathway is working. Looking for approval from this group to put this in the OHT project charter as it will comprise part of the work of this committee. No opposition from this group. * Discussion around PWLE representation. We used to have someone on this committee but don’t anymore.   ***Action: Jennifer can contact Nicki Straza and let her know we need a PWLE for ALC/H&CC WG, and also someone for Frailty Screener working group***  Complex Case Resolution Table   * Unfortunately had to cancel last month’s meeting because we didn’t have any cases. * We have developed a form to be filled out. * Let Jennifer know a week in advance if you have a case you would like to discuss. * Paula commented a lot of the complex issues seem to be extreme and due to the lack of community resources, there seems to be no solution, however still open to bringing cases to this table. | **All** |
| 5.0 | Community Support Services Update   * Working on a plan for what next year’s workplan will look like. Home readiness, palliative screening will be a part of the workplan moving forward. Will share when there is a more formal plan. | **Sherry** |
| 5.0 | Home and Community Care Update   * Defer | **Cheryl** |
| 6.0 | Hospital to Home Update   * We are three months in and it is going quite well. * Have had success with decreasing the length of stay and preventing ALC. * Have has a coordinator involved from the beginning which has helped to set the tone and pace. * Hoping this becomes part of base funding so we can continue. | **Elke** |
| 7.0 | Digital Health Update  Referral Pathways   * Have been investigating our current state for referral processes. Jennifer and Kim have met with community support services to learn about gaps. * The goal is to identify change management plan, support communication and referral pathways to support care plans for when the province announces the eReferral platform.     Connect My Health   * We are hearing that CMH will be supported provincially until November 2026. Have been ramping up work to increase knowledge and awareness of CMH.   811   * 811 is a central hub for navigating health services that the province has invested heavily in. The province is now giving ownership to OHTs to populate health 811 with local information. Will be reaching out for input.   Discussion around housing the frailty index and scorecard on the BBNOHT website. We now have a password protected section for BBNOHT partners in addition to the public facing website.  Kim offered to provide Connect My Health registration assistance to anyone interested. | **Kim** |
| 6.0 | Closing/Additional Items  Community Integrated Resource team   * In home geriatric visiting/ assessment. Team has a physician, nurse, OT and refers to Alzheimer’s Society, Community Paramedics, LEGHO. This program keeps frail elderly people out of hospital. * Looking to get digital enhancements for this program (hypercare, remote access). * No opposition from this group to continuing this project. | **Sherry** |

Next meeting: April 8th, 2025

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| **Name** | **Organization** | **03/11/25** |
| Ben Deignan | BBNOHT |  |
| Bernie McNeil | Primary Care | P |
| Cathy Kelly | HCCSS |  |
| Cheryl Cullimore | HCCSS |  |
| Christina Gilman | PWLE |  |
| Christine Kirkpatrick | Ontario Health at Home, Director | R |
| Cindy Capstick | VON, HNHB |  |
| Elke Hilgendag | BCHS clinical director |  |
| Glen Cunnane | Paramedic Brant |  |
| Jarrod Williamson | Red Cross |  |
| Jennifer Miller | BBNOHT | P |
| Kim Mullins | NGH |  |
| Lisa Clarkson | John Noble Home |  |
| Lori Santilli | ARTC |  |
| Lynda Kohler | GRCHC Executive Director |  |
| Mary Burnett | Alzheimer’s Society |  |
| Nina Okopien | Alzheimer’s Society |  |
| Paula Duarte | Director of 4B and Holmes House - NGH | P |
| Rose Abrey | Nurse | P |
| Roxanne Pierrsens-Silva | Norfolk FHT |  |
| Sarah Page | Paramedic Norfolk |  |
| Sheila McCarthy | H&CC |  |
| Sherry Kerr | Chair & Executive Sponsor, PSS | P |
| Janine Reimer |  | P |
| Michelle Lewis | ALZDA |  |
| Hansika Gunaratne | Red Cross | P |
| Lisa Reeder | VP Clinical Services - BCHS |  |
| Leslie Stephenson | March of Dimes |  |
| Sofina Dsouza | Interim Director for Brant – Ontario Health at Home | R |
| Lori Leighton | Ontario Health at Home | P |
| Amanda McKee | OH West | P |
| Amanda Sonnenberg |  | P |
| Kelly Cimek | OH West | R |
| Logan Plumstead |  | P |
| Kim Meier | BBNOHT – Digital Health Lead | P |
| Sarah Revelle |  | P |
| Sarah Jorgenson |  | P |
| Lori Stephenson |  | P |