



Board Members: Drs Auger, Mather, Kennedy, Shamon, Williams, Mossman, Robert, McGarry, McKeough, Kristoff
Regrets:
Office: None

1	<p>Call to order and welcome</p>
	<p>Conflict of Interest</p>
2	<p>Dr Kristoff declared a conflict of interest in the discussion of the MD Financial Management Partnership and abstained from that vote.</p>
	<p>Opening Remarks</p> <p>On the Agenda, the three main priorities for today’s meeting are highlighted, (i) a proposal for the conference venue for 2021 and beyond, (ii) a partnership with MD Financial Management and (iii) Changes in the Long-Term Care Homes Act (LTCHA) regulations for accommodating High Priority Access Beds (HPAB). Events-In-Sync are at the AdvantAge Convention today. Ellen will join us for the first part of the meeting.</p> <p>As discussed at prior meetings, the format and venue for the annual conference will change in 2021. Fewer workshops are proposed for Friday. Consensus did not favour a keynote speaker on Friday afternoon. The future conference will end at noon on Sunday. Attached is a proposal for the future conferences at the Hilton Hotel in 2021 and 2022. Hilton Toronto is two blocks southwest from our current venue, at the corner of University and Richmond Streets.</p> <p>Attached is a four-page Proposed Long-Term Collaboration Agreement between MD Financial Management (MDFM) and OLTC. MDFM’s minimal commitment over three years is \$5,000 educational grant for the conference for the next three years. The main commitment of OLTC is that sponsorship is not offered to other financial organizations over this three-year period. Please review the commitments of both parties listed under section 3.</p>
3	<p>As a LTC Stakeholder, our input is requested for amendments to Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007 (LTCHA) with respect to High Acuity Priority Access Beds. The request comes from Mr. Brian Pollard, Assistant Deputy Minister, Long-Term Care Homes Division, Ministry of Health and Long-Term Care. The consultation period is for 30 days, starting on April 23, 2019 and ending on May 22, 2019. Refer to the summary of the proposed changes [i] that has a link to the draft regulation.</p> <p>The key elements of the changes are:</p> <ul style="list-style-type: none"> • A separate waiting list for HPAB. Examples would be non-assisted ventilation, bariatric, complicated wounds, and maybe others, like substance abuse. A separate waiting list for those requiring HPAB. “A person shall not be placed on the waiting list for a [HPAB] if the only reason that the person...is that the person demonstrates responsive behaviours” • Registered nurse in a supervising role for these patients. • “technology-based care” means care requiring any specialized medical device, instrument, apparatus, appliance, software application, implant or other article intended by the manufacturer to be used, alone or in combination, for the prevention, monitoring, treatment or alleviation of complex disease, disability, injury or disorder. • (Before I read the draft regulation, I assumed “technology-based” referred to the use of telemedicine and other virtual assistance.)

	<ul style="list-style-type: none"> Interdisciplinary reassessments will be done every three months. <p>One of the services for colleagues in LTC, a product of Centres for Learning, Research and Innovation, is the GeriMedRisk. GeriMedRisk is an interdisciplinary telemedicine consultation and education service for doctors, nurse practitioners and pharmacists in Ontario. Using telephone and eConsult, clinicians receive a coordinated response to questions regarding optimizing medications, mental health and comorbidities in older adult patients from a team of geriatric specialists and pharmacists. GerMedRisk has a monthly webinar. Today's webinar is on lithium.</p> <p>I attach the Terms of Office for your review and any corrections if needed. At the AGM in October, Drs. Cooper, Kennedy, Kristof and Williams all stood for another three-year term. New directors were Drs. Collins and Shamon, filling in one vacancy and the addition of one more Board member.</p> <table border="0"> <tr> <td>2019</td> <td>2020</td> <td>2021</td> </tr> <tr> <td>Julie Auger</td> <td>Phil McGarry</td> <td>Rob Cooper</td> </tr> <tr> <td>Fred Mather</td> <td>Kerstin Mossman</td> <td>Louis Kennedy</td> </tr> <tr> <td>Sandy Shamon</td> <td>Ben Robert</td> <td>Lorand Kristof</td> </tr> <tr> <td>Nancy McKeough</td> <td>Rhonda Collins</td> <td>Evelyn Williams</td> </tr> </table> <p>Please confirm the accuracy of the above and consider your intentions this. Board recruitment can begin now, including consideration of Executive positions.</p>	2019	2020	2021	Julie Auger	Phil McGarry	Rob Cooper	Fred Mather	Kerstin Mossman	Louis Kennedy	Sandy Shamon	Ben Robert	Lorand Kristof	Nancy McKeough	Rhonda Collins	Evelyn Williams
2019	2020	2021														
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6	<p>Approval of Minutes of April 2, 2019 Motion: To approve the minutes as presented from April 2, 2019. 1st Dr Robert 2nd Dr Shamon All in favour. Motion carried.</p>															
5	<p>Business Arising None discussed</p>															
6	<p>Report from Executive Meeting April 16, 2019 No report given</p>															
7	<p>Conference Venue 2021 and 2022</p> <ol style="list-style-type: none"> Conference format- changes proposed could include fewer workshops on the Friday as well as ending at 12:00pm on Sunday. Proposal from the Hilton Hotel. Ellen reported on 3 site visits 1) Hilton, 2) Hyatt Regency, 3) Chelsea. Ellen was impressed at the space at the Hilton and the proposal provided by them. The Hyatt's ballroom has many pillars that would obstruct views, the Chelsea would have workable space, but the hotel needs a refresh. <p>It was moved by Dr Williams and seconded by Dr Mossman that a contract be negotiated by Events in Sync with the Hilton for the 2021/22 Conferences. This motion was carried unanimously.</p>															
8	<p>Treasurer's Report Nothing new to report</p>															
9	<p>Conference Committee Report A brief summary was given by Dr Mather. He expects confirmation of a full agenda by the end of the week.</p>															
10	<p>MD Financial Management Partnership The partnership represents a 3 year \$5,000/year commitment. Discussion ensued, benefits such as enhanced membership services we highlighted and overall it was perceived as a favorable partnership. A Motion that we accept the proposal was moved by Dr Robert and seconded by Dr McGarry. The motion passed unanimously with Dr Kristoff abstaining from the vote due to previously disclosed COI.</p>															
11	<p>Change in LTCHA (2007) Regulation 79/10 for accommodating High Priority Access Beds Dr. Mather recapped the suggested changes to 79/10 to allow separate wait lists for High Priority Access Beds that would include resident populations such as Bariatric, Non Invasive Ventilation (BiPap), Complex wounds etc. but would not include responsive behaviours and also have an RN in a supervising role to care for these residents.</p>															

	<p>Discussion ensued. Dr Robert expressed that his experience at the Perley Veteran’s Home is that there needs to be a reassessment process to determine who needs the beds the most, not simply who was wait listed first. He also expressed a need to have a mechanism or priority to be moved out of such beds into general population beds when the need is no longer required. He recommended that such list not be applied to flow through type beds such as Assess and Restore beds or Convalescent Care beds.</p> <p>Physician billing issues for higher intensity work is also not addressed in the current proposal- this should apply to OHIP codes as well as on call stipends (HOC) Dr Mather is to draft a letter to Brian Pollard at MOH that he will share with the Board for input prior to sending it to Mr. Pollard.</p>
12	<p>CLRI report – GeriMedRisk webinars Brief report given by Dr Robert</p> <p>Here is the report for the Professional Advisory Committee for the CLRI - meeting attended on April 29th in Waterloo at the RIA. The following were discussed - the agenda was full and the visit was good. Main issues for us is the very short discussion about EOL certifications, additional training, etc. Also, the ongoing and pending labour issues (not enough retention). Perhaps some of their newsletter items could be incorporated into ours.</p> <p>Terms of reference – is the advisory group providing what the CLRI is looking for? Looking for collaboration opportunities. Items discussed – HR looming crisis for PSWs and other staff</p> <p>Knowledge translation issues – website, push emails and other approaches with new updates of the various projects Visit of the RIA (Research in Aging) – research in approaches with PSWs and RPNs curricula and living classroom, food tasting and disguising, GeriMedRisk, Quorum was discussed – 75% with appointed delegates, or their alternates. Terms of reference were reviewed – the minutes will now be public.</p> <p>CLRI newsletter Ongoing education for PSWs was discussed and RPN – engagement, etc. Also, certification for EOL communication, complex and LTC care, leadership, etc. Discussion (very short) about MDs, and NPs getting additional training for LTC. Long discussion regarding the lack of data surrounding PSWs – drop-out rate, low interest, etc. Apparently OLTCA is looking into more data about this</p>
13	<p>Review of Board Terms Reviewed by Dr Mather, terms as stated in his opening remarks. Some Board terms clarified. Those with terms ending in 2019 are being asked to consider if they will continue with the Board to allow for early and ongoing recruitment of officers. He suggests that we consider approaching individuals who demonstrate an interest in taking on Executive positions on the Board.</p>
14	<p>Other Business None</p>
15	<p>Future Meetings The following is a list of Board of Directors meetings:</p> <ol style="list-style-type: none"> 1. Tuesday, June 4, 7:30 – 8:30 AM 2. Summer meeting to be determined 3. Friday, September 20, full day meeting
16	<p>Adjournment</p>