



Wednesday September 19, 2018

6:30 – 8:00 pm

Location: South West LHIN, 201 Queens Ave., 7th Floor Boardroom, London

In attendance

√	Gord Schacter	x	Laura Neumann	√	Alexa Attard	√	Bhooma Bhayana
√	Brenna Velker	√	Brooke Clark	√	Cathy Chupka	x	David Cavanaugh
√	Erin Meth	x	Frank Rubini	√	John Jordan	√	John McClelland
x	Naila Kassam	√	Nicole Seymour	√	Pamela Smith	√	Patricia Elepano
√	Rob Campbell	√	Stephen Wetmore	√	Vineet Nair		

Presenters:	Julie Campbell	Detective Constable Chris Auger	Lyndsay Orr
--------------------	----------------	---------------------------------	-------------

Minutes

Topic or Subject	Presenter	Minutes/Actions
Welcome and Introductions	Co-Chairs; Dr. Gord Schacter/ Dr. Laura Neumann	<p>Gord welcomed the participants and presenters and advised that Laura Neumann was on call and could not participate</p> <ul style="list-style-type: none"> This platform is a place where you can bring any issues for discussion
Update on the London Middlesex Sub-region	Dr. Gord Schacter	<ul style="list-style-type: none"> South West Antibiotic Stewardship <ul style="list-style-type: none"> lead by Dr. Louise Moist who is our LHIN Internal Medicine Clinical Lead. This project included participation from with two pharmacists in the community to create best practices for antibiotic stewardship they have developed an intravenous antibiotic referral form and the form is in draft and we would like volunteers to review the form ACTION: approach Gord if you have an interest in reviewing this form SW Digital Coalition <ul style="list-style-type: none"> is working with the Partnering for Quality (PFQ) team, most providers work with electronic forms in their EMR. Then new forms or updated forms need to be transferred to an electronic version we are trying to look at super users to convert these forms to electronic status, thus spreading the work out so that all sights are not creating the forms on their own. these created forms will be shared on the PCA website www.swpca.ca there will be a meeting out about this in the next couple of months and this will be working with the LHIN support teams approaching the hospitals who create forms and approach this group and be proactive look at forms that are a little more SW LHIN, then regional and provincial wide then to look at templates and flow sheets to create our own local it becomes more powerful Reporting a medically unfit driver

		<ul style="list-style-type: none"> ○ the new form is on the MTO site ○ it is now a two page form ○ the form appears that they had physician input ○ also available in EMR version on the SW PCA website. ● Mental Health Update <ul style="list-style-type: none"> ○ LHSC MH decided to change their referral process. LM PCA members provided feedback and LHSC will eliminate their e-referral system it and is now going through revisions and a new referral form will be made with EMR friendly formats ○ Some LHSC MH programs restrict access based on location patient resides. This is against LHIN and Ministry and CPSO policies and we are looking at having LHSC change that wording or policy ○ On the other hand LHSC feels they would be inundated with MH patients and this may create longer wait times ● London Spine Centre <ul style="list-style-type: none"> ○ is looking for focused practice physicians/sports medicine/physiatry to assist with patient wait times ● Update on MSK on hip/knee and spine referrals <ul style="list-style-type: none"> ○ I will pass around copies of the communication released today
<p>How can I refer for Medical Assistance in Dying (MAID)</p>	<p>Julie Campbell, MAID Navigator, South West LHIN</p>	<p>Julie introduced herself as the NP working in MAiD in the South West LHIN</p> <ul style="list-style-type: none"> ● the number of MAiDs is going up but will it take over definitely not ● generally terminal cancer patients and now we are seeing frailty patients ● we have seen clients between the ages of 22 to 105 ● most NPs are doing this from the side of their desk except for me ● we are the 2nd highest of all LHINs for MAiD requests and deaths ● this helps with the smooth pathways for patients and families ● we will support the physicians, the patients and their families ● LHSC has a MAiD navigator and in the rural communities it might be a social worker ● it is a mindset change to what we have been trained to do ● we have stats that we can share back with you ● if you want to learn more or if you have a group who wants to learn more please contact Julie.Campbell@lhins.on.ca and she will arrange to come to your location for a fuller presentation <ul style="list-style-type: none"> ○ Can you speculate why our LHIN is the 2nd highest? ○ in the 14 LHINs we have one of the more advanced systems ○ in ESC they would fall down if they did not have the one NP that they do have ○ the LHIN is having a board meeting on Sep 25th and a patient family member is coming to speak to the MAiD process for his family ○ Is there a MAiD NP in all of the LHINs? ○ no, I am the only one, and when I came to the LHIN I had already worked in MAiD for a year ○ there are assessors and providers and there has to be 2 assessments and one provider and the assessor can also participate in the MAiD as provider ○ we bring in assessor via OTN from all over Ontario ○ we are all starting at the beginning in this new learning ○ Are there changes in the directive? ○ it is being looked at

<p>How do I prevent opioid fraud and diversion in my practice?</p>	<p>Detective Constable Chris Auger, OPP</p>	<p>Chris introduced himself and that he is with the drug enforcement unit with the Ontario Provincial Police and this evening we will be talking about opioid and fentanyl</p> <ul style="list-style-type: none"> • 1200 people died last year by opioid overdose • when oxy got pushed down then fentanyl patches took a rise • If you think you have a fraudulent script contact me at chris.auger@opp.ca or (519) 494-1043 and, if you would like advice just call me • If I think someone is misusing, what do I do? • Document, document or a quick call to Crime Stoppers, just say I think someone might be trafficking, keep it generic, an anonymous report. • If you provide too many details and it goes to court, you will be called to testify. • Is there somewhere to get drugs tested for the actual content? • We use ionization scanners. • You can also do a urine toxicology. • If you have ClinicalConnect, you can get access to narcotic monitoring and it works.
<p>How can my patients get access to offloading devices for diabetic foot ulcers?</p>	<p>Lyndsay Orr, Clinical Lead, South West Regional Wound Care Program</p>	<ul style="list-style-type: none"> • In November, 2017 there was funding for Offloading devices for diabetic foot ulcers • increasing awareness in Primary Care providers • do a risk assessment, to prevent diabetic foot ulcer • Drop your socks campaign through SJHC • The high risk assessment will trigger South West LHIN flex clinic for eligibility for offloading • Total Contact Casting can be applied at the specialty sites <ul style="list-style-type: none"> ○ the referral forms will come out soon on EMR
	<p>Co-Chairs</p>	<p>Closing Remarks:</p> <ul style="list-style-type: none"> • the next meeting will be joint with South West Regional Cancer Program
<p>Upcoming LM PCA meetings</p>	<p>Wednesday, November 21, 2018; Windermere Manor, Transition to Fit Dinner Event (Register at www.Transition2FIT.eventbrite.ca)</p>	