

NORTHWEST TERRITORIES
**Health and Social
Services Authority**

**Dehcho Regional Wellness Council Meeting
January 26, 2017
10:00am
Fort Providence, NT**

MINUTES

Council Members Present:

Ruby Simba, Chair
Hilda Sabourin
Hilda Tsetso
Raymond Michaud
Janna Deneron
Margaret Thom
Brenda Jumbo

Regrets:

None

Staff Participants:

Georgina Veldhorst, Chief Operating Officer
Wilson Dimsdale, Associate Chief Operating Officer
Jocelyn Tsetso, Executive Assistant
Amy Stipdonk, Manager Continuing Care Services
Rayleen Swansen, Manager Primary Care Services
Paul Gard, Director Finance and Administration
Dr. Ewan Afflect, Chief Medical Information Officer

Guest:

Jim Antoine, Chair of the NTHSSA Leadership Council

1.0 Meeting called to order

Meeting called to order at 10:10am.

Chair Ruby Simba reviewed the purpose and the process of the Regional Wellness Council's (RWC) including the following: the role of the RWC is to advise at the request of the Minister, Leadership Council and Northwest Territories Health and Social Services Authority (NTHSSA). The notice of the meeting, agenda and materials was circulated to the members and posted on Dehcho Region Website. The Council consists of 6 members and chair and as such a quorum was present.

Council members and staff were introduced. There is no provision for public deputation

or participation.

2.0 Reflection / Prayer

Prayer was offered by Margaret Thom.

3.0 Attendance (see above)

4.0 Approval of the Agenda

Addition of Agenda Item of Medical Travel proposed by Raymond Michaud.

Motion 001

Agenda approved with addition of agenda item 9.0 Medical Travel

Moved by: Hilda Sabourin

Seconded: Raymond Michaud

Motion carried.

5.0 Chairperson's Report

Ruby Simba reported on the December 5-6 Leadership Council meetings. The December 5th meeting was an orientation for Leadership Council members.

Since this was the first meeting of the Dehcho Region RWC, Ruby Simba provided an overview of the NTHSSA activities to date. The NTHSSA has been in operation since August 1, 2016. A RWC member orientation and development session including council members from all Regions was held in August. The NTHSSA hired a number of staff over the past 4 months and all the most senior positions have been filled.

6.0 E-Health Strategy/Electronic Medical Records

Ruby Simba introduced Dr. Ewan Affleck, Chief Medical Information Officer and family physician. Dr. Affleck has worked on implementing the E-Health Strategy for the last 15 years.

Dr. Ewan Affleck provided an overview of the E-Health and Electronic Medical Records (EMR) and included discussion throughout the presentation. The slide deck is attached.

The Dehcho Region specific implementation report was provided which included the following:

- EMR is currently being implemented in Fort Simpson and equipment is currently being installed at the health centre.
- Existing paper-based charts will be scanned into the electronic record.
- The Fort Simpson "Go-Live" date is scheduled for February 16, 2017
- Once implemented in Fort Simpson, the EMR will then be implemented in Sambaa K'e, Wrigley, Nahanni Butte and Jean Marie River.
- Once these communities are completed, planning will begin for Fort Providence and Fort Liard.
- Throughout the implementation there are processes in place to ensure that information and charts will be kept confidential.

The following questions were raised and addressed:

Q: Can the confidential information be hacked?

A: There are firewalls and extensive protective technology to protect the information.

Q: For patients brought to a clinic by ambulance, what level of access to information will ambulance volunteers have?

A: The EMR system has *Roles Based Access*. What this means is that staff will only have access to the information they need to do their job in serving the patient. Nurses, administrative assistants, and physicians will all have different levels of access according to the roles they play in taking care of the patient. Ambulance volunteers are not NTHSSA employees and thus will not have access to the EMR.

Q: Who enters the information?

A: Whoever sees the patient: physician, nurse, nurse practitioner or other provider.

Q: Will inconsistency of staffing have an effect? Or will this effect staffing?

A: Efficient services should attract and improve recruitment and retention of staff.

7.0 Introduction of NTHSSA-Dehcho Management staff

Georgina Veldhorst introduced the Dehcho Region Management staff present in Fort Providence to the Council Members. The Management staff introduced included the following:

- Rayleen Swansen, Manager Primary Care,
- Amy Stipdonk, Manager Continuing Care Services,
- Paul Gard, Director of Finance and Administration.

Lunch

The meeting was adjourned for lunch at 12:06pm and resumed at 1:03pm

8.0 Education about Programs/Services in Dehcho Region

Georgina Veldhorst, COO provided an overview of the Dehcho Region as summarized in the Dehcho Health and Social Services Authority Annual Report 2015-16 (Attached) to inform the Council members on the programs and services provided in the Dehcho Region. In additions to those services outlined in the report, the Council was informed that Primary Care Services were initiated in Hay River Reserve in November, 2016.

The following questions were raised and addressed:

Q: Concerns were raised at a recent constituency meeting on who is responsible for Kakisa. There is no Community Health Representative in Kakisa. A proposal has been sent to Fort Simpson to hire a Community Health Worker.

A: Residents can go where they choose for care, Fort Providence or Hay River. At present, one of the Mental Health positions in Fort Providence is vacant, that position should be visiting Kakisa. the Community Health Representative is completing modules, role includes booking appointments for Nurse and MHA Counselor and home visits.

There is no ambulance in Fort Providence, only in Hay River. Hay River is a separate entity, but there is sharing of services. With the EMR (which is up and functioning in Hay River), records can be accessed regardless where the resident chooses to get their care, Hay River, Fort Providence, or Kakisa.

Q: Why was the fentanyl issue not addressed?

A: Fentanyl has recently emerged as an issue spreading across the country. There has been a lot activity to ensure that communities have the capacity to deal with this issue as it emerges. Fentanyl overdose antidote kits now are available in all communities and all health centres. Kits were sent out to Dehcho Region's smaller communities in early January. Workers in the smaller communities have been educated by the Nurse Practitioners. There is a 2-3 minute clip on YouTube video tutorial "return of the heat" on giving the antidote, which may be of interest to the Council members.

Q: How do we receive dental hygienist services in Kakisa.

A: NTHSSA – Dehcho Region's Dental therapist is currently on Maternity Leave. In the meantime, Dehcho Region has a Dental Hygienist that works out of the elementary schools. In addition, there are contracted Dentists Services in the Dehcho Region. Fort Providence gets its Dentist services from the Hay River Dental Clinic.

Q: Why are all dental hygienist services focused on Fort Simpson.

A: Staff will provide an overview of Dental Services at the next RWC meeting to more fully inform the Council of dental services in Dehcho Region.

Q: There were several questions related to seniors' housing. Is there initiative to expand the seniors housing options? Elders do not want to move into the new facility in Fort Liard-- Who decides who gets homecare services?

A: Seniors housing is not within the mandate of NTHSSA although providing supports to seniors in housing is within our mandate. The health care and social service needs of seniors are being reviewed but no concrete plans are in place to date. Currently there are homecare supports available in Fort Liard, Fort Providence, and Fort Simpson. At present, there is no capacity for homecare services for the smaller communities.

Q: There were several questions related to the role of Council members in engaging with their communities, collecting input and bringing formation back.

A: When representing Health and Social Services and carrying out your role effectively on the Council, you also have to collect information and report back to communities. When you hear concerns, these should be brought forward to the COO as soon as possible.

9.0 Medical Travel

Raymond Michaud raised a concern for Dehcho residents who choose to drive to Edmonton for Medical travel and presented the following information.

When residents of the Dehcho choose to drive rather than flying they are given one day to travel which the RWC members consider unsafe. To illustrate the challenge, the drive from Fort Simpson to Edmonton is 1440 Kilometers and takes approximately 15 hours. The issue at hand is that driving for 15 hours in one day has significant safety risks.

When a resident is flown to Edmonton, the cost at a minimum is \$1500 (if and escort is required, 3000). When a resident chooses to drive, the cost incurred to the GNWT is \$735. At present, this is all that is reimbursed. Adding an allowance for an overnight

stay would significantly decrease this risk and decrease the stress associated with long distance driving for the residents of the Dehcho. To add an allowance for overnight accommodation of \$50 and meals of \$18 (double if escort is required) would still result in significant cost savings for the GNWT.

Motion 002

Dehcho RWC recommends to the Leadership council the following for consideration for action: Approval of Medical travel in the Dehcho region of one day is presently unrealistic and unsafe and should immediately be changed to a minimum of 2 days/1 night to drive to Edmonton and to include actual cost of overnighing in transit.

Moved by: Raymond Michaud

Seconded: Margaret Thom

Motion carried.

10.0 Client/Family/Community Centered Care – Enhancing resident experience of services

Georgina Veldhorst summarized the history of the Esther Story and how the Sahtu HSSA Board developed it. The Esther Story is a metaphor or a composite of the Sahtu Region client. The idea is that the metaphor or composite is a tool for management and service providers to consider in the process of decision making—to ask the question “How will this impact the communities we serve?” Georgina then facilitated a discussion with the Council members. The following table summarizes the discussion under each of the questions asked.

Esther Story Discussion
How is the Dehcho Esther Similar or different to the Sahtu Esther?
<ul style="list-style-type: none"> - Diabetes is an issue in both regions - Addictions issues in both regions with alcohol and gambling addictions - Family’s misuse of finances <ul style="list-style-type: none"> o taking advantage of elder’s income - Family’s distrust of Health and Social Services providers - Issues with mental health for both region’s Esther’s families - Elders need support/activities - Issues with parents heavily relying on grandparents for child care - Ineffective communication of the programs available - Perception of favoritism getting access to service because of who you’re related to/certain families - Inconsistency of staffing and retaining staff - Afraid to ask/don’t want to be a burden/don’t want to keep asking when nothing happens - NTHSSA staff don’t take time to ask what people are really dealing with, not getting to the real source of the problem - Residential school – dealing with trauma through alcohol - Concerns about perception of being seen going into HSS buildings - Confidentiality concerns with NTHSSA
What about our services does not work well for a Dehcho Esther?

<ul style="list-style-type: none"> - Attitudes and behaviours of services providers <ul style="list-style-type: none"> o First questions are: have you been drinking or are you hung over o Dismissing concern, falsely attributed to alcohol consumption <ul style="list-style-type: none"> ▪ Assumptions of consuming alcohol o Distrust by providers of residents o Disrespecting voice/tone/approach - Not acknowledging individual patient, focused on paper rather than person - Scolding/reprimanding approach - Ignoring calls/people - Always asked “do you smoke/drink?”
<p>What are the mindsets that health and social services providers bring to their work that does not work for a Dehcho Esther?</p>
<ul style="list-style-type: none"> - Start with ruling out alcohol rather than starting with the complaint/signs and symptoms - Treatment based on how a person looks and perception - Some providers are seen as not actually caring for patients, just a job for a paycheck

Development of the Esther story is a NTHSSA process and thus the contribution of the Dehcho RWC will not only be used within the Dehcho Region but also shared with the larger NTHSSA. The goal is to refine the existing Esther Story and/or develop one or more metaphors to use as “touch points” during the process of considering options and decision making.

11.0 Decision Items and Recommendations to the NTHSSA Leadership Council

Upcoming meetings of the NTHSSA Leadership Council

- Budget consideration and approval for submission to the Department of Health and Social Services, February 13, 2017
- Regular meeting, March 6-7, 2017 in Hay River.

Recommendations to the Leadership Council

- Medical Travel issue

12.0 Closing Reflections / Prayer

13.0 Adjournment

Motion 003

Motion to adjourn: Raymond Michaud

Motion carried