

**Wednesday, September 21, 2022**

**Regional Wellness Council Meeting Minutes**

#	Item	Details	Time	Responsibility
1.0	Call to Order	3:02 PM Welcomed New Members Dianna Korol and Mary Pat Short to Council		Chairperson
2.0	Reflection/Prayer	Led by Lorraine Tordiff		Chairperson
3.0	Attendance	<ul style="list-style-type: none"> <li>○ In Attendance</li> <li>Governance               <ul style="list-style-type: none"> <li>○ Chair – Ms. Phyllis Mawdsley</li> <li>○ Member – Ms. Lorraine Tordiff</li> <li>○ Member – Mr. Lloyd Jones</li> <li>○ Member – Mr. Don Webb</li> <li>○ Member – Ms. Mary Pat Short</li> <li>○ Member – Ms. Dianna Korol</li> <li>○ Member – Ms. Lynda Martin</li> </ul> </li> <li>Staff:               <ul style="list-style-type: none"> <li>○ COO – Sujata Ganguli</li> <li>○ Executive Assistant – Candace Dion</li> </ul> </li> <li>Guest: Allen Stanzell, Senior Advisor Governance, is in attendance to provide Regional Wellness Council (RWC) orientation.</li> </ul>		Executive Assistant
4.0	Approval of the Agenda	<ul style="list-style-type: none"> <li>○ Moved By: Ms. Mary Pat Short</li> <li>○ Seconded By: Ms. Lorraine Tordiff</li> <li>○ That the agenda be accepted as presented.</li> </ul>		
5.0	Orientation of New RWC Members	<ul style="list-style-type: none"> <li>○ Members to update their RWC Handbooks with revised sections (1.0 Regional Wellness Council Handbook – Sep 2022: 8.0 RWC Roles and Responsibilities – Sep 2022)</li> <li>○ Allan reviewed Governance Roles and Responsibilities with RWC members. He recommended that all members review other parts of the Handbook, emphasizing the first 40 pages. The Chair stated that reviewing and signing the Code of Conduct is an annual requirement. A Council Member commented that the code of conduct clarified that their role is to provide feedback on concerns raised by the public, and the Chair will bring policy and territorial issues to the Leadership Council.</li> <li>○ Allan confirmed that under the new governance structure implemented in 2016, RWCs have an important advisory role.</li> <li>○ Hay River is currently a separate entity but will eventually become a part of the NTHSSA.</li> <li>○ A Council Member asked about the Social Services indicators and why they are not included in encounter statistics for the NTHSSA. This issue was raised at the last annual general meeting. Allen confirmed that the statistics only have encounters tracked in the EMR. Allen will inquire if the Social</li> </ul>		Allen Stanzell/Chair

		<p>Services stats are available elsewhere.</p> <ul style="list-style-type: none"> <li>○ A Council Member asked for clarification on issues related to medical travel, escorts, accommodations, rates etc. Since these are policy matters, they are items for the chair to bring to the Leadership Council. Ground ambulance transport is also a matter for Leadership Council discussion, as are recommendations for alcohol treatment centers.</li> <li>○ Members may bring local concerns to the Chair, who will bring them to the COO.</li> <li>○ Allan indicated that the Minister of Health will attend at least one yearly meeting.</li> <li>○ A Council Member asked whether the Quality Risk Management process is completed with social services departments, and the response was yes, social services statistics are compiled for the quarterly risk management scorecard reviews.</li> <li>○ The Executive Assistant (EA) is the main point of contact regarding organizing meetings and materials.</li> <li>○ Leadership Council (LC) meetings are quarterly; Allen will provide more recent LC meeting minutes to the members.</li> <li>○ Allen asked members to review the handbook and contact him with questions. Parts of the handbook are being updated and will be distributed when available. Members recommended dating each section for future reference.</li> </ul>		
6.0	Previous Meeting Minutes - Review and Approval	<ul style="list-style-type: none"> <li>○ Moved by Mrs. Lynda Martin,</li> <li>○ Seconded by Mr. Don Webb</li> <li>○ That the minutes from June 9, 2022, were accepted.</li> </ul>		Chairperson
7.0	Business Arising from the Previous Meeting Minutes	<p>The COO indicated that we have two new Community Wellness Workers. When asked, she clarified that NUKA is the name of an indigenous-owned primary care model. We are in the final stages of hiring the Senior Indigenous Patient Advocate.</p> <ul style="list-style-type: none"> <li>○ A Council Member asked what topics are discussed at the meetings with physicians. The COO gave examples of recent discussions, including needing a laptop in the trauma room, understanding the process for initiating Med Response, and how new physicians could benefit from learning about and exploring the community. Also, work is being done to update and expand the Physician Orientation Handbook.</li> <li>○ Communication with the community about their Primary Care Team is being launched. Some Members indicated that they had been given their team information when attending an appointment but not otherwise.</li> <li>○ Members indicated that concern around staff working remotely is still an issue. Specifically, there is a concern regarding the Regional Manager of Mental Health and Addictions (MH&amp;A) not being present in the building and the impact this has on client care. The COO indicated that this manager had been instructed to be present on-site but clarified that she does not carry a client load.</li> <li>○ Members expressed concern about the perceived conflict of interest since the Regional Manager of MH&amp;A offers psychology services privately. It is confusing for the community and relations from an ethical standpoint that there</li> </ul>		

		<p>is a possibility for Health Centre clients to be referred to the private business of a staff member. The COO responded that these are valid concerns but thought it was doubtful that this would happen since the Health Centre does not refer people to any private business for counselling. If referrals are required, this would be for territorial psychiatry services. At a future meeting, a presentation on the MH&amp;A service should help to clarify this matter and hopefully alleviate concerns.</p> <ul style="list-style-type: none"> <li>○ The COO indicated that a minimum of three physicians are needed at Fort Smith at a given time to allow for a 1 in-3 on-call schedule. Due to locum physician shortages, we often operate 1 in 2, which some physicians find too difficult. Sometimes we have five physicians working, yet we have had no difficulty getting OMAC to pay. This would suggest that the NWT Community Physician Resource Model is not being followed. Still, we recommend asking the Area Medical Director, Dr. Bing Guthrie, to present to the RWC the report and its implications. Members felt that understaffing of physicians would contribute to burnout.</li> <li>○ A Council Member brought up the absence of withdrawal care services as an indication of an overall reduction of services in Fort Smith. This service cannot be reintroduced without the ability to run specific lab tests locally. The COO indicated that she was told that some withdrawal services are still offered, and she will report back to the council on specifics.</li> <li>○ The COO will give a presentation on the NUKA model of care at a future meeting.</li> </ul>		
8.0	Code of Conduct review and signing	Under the direction of the Chair, the members read out the Code of Conduct. All members signified their acceptance by signing the document.		ALL
9.0	Contact List Update	<ul style="list-style-type: none"> <li>○ there was an agreement to share the contact list within the RWC once additional updates were made. The EA will make the amendments and redistribute the contact list.</li> </ul>		<b>Chair</b>

10.0	COO Report	<ul style="list-style-type: none"> <li>○ staffing levels have been an issue throughout the summer. In addition to summer vacations and increased travel due to lifted restrictions, many staff have been off due to COVID and isolation requirements. MH&amp;A, primary care and lab/DI have been tough hit. The Senior Indigenous Patient Advocate (SIPA) interviews have been completed, and hiring will happen soon. A new Child and Youth Care Counsellor (CYCC) is starting Jan 2023, which means we will have two of the three positions filled.</li> <li>○ In June, significant physician shortages further aggravated flight shortages and cancellations.</li> <li>○ Other significant events include the Covid outbreak at Northern Lights Special Care Home, which is under control now but remains under certain restrictions, including enhanced visitor screening.</li> <li>○ As mentioned, communications regarding the Integrated Care Teams (ICTs) have begun. A mail drop will indicate which team someone is on and how to contact them.</li> <li>○ Accreditation is a year out, with survey dates in Sept 2023. Staff are reviewing standard operating procedures and participating in practice surveys.</li> <li>○ We are entering the following year's budgeting period, so we are in the process of determining our current needs and shortfalls.</li> <li>○ Operationally, the urgent phone system replacement has been bumped by the Hay River flood needs and may be pushed into the new year.</li> <li>○ Members expressed concern about the ongoing difficulties that the community is facing in getting through to clinic staff by phone and gave numerous examples from their own experiences. Messages left on the answering system are not returned, and people do not know whom to call under various circumstances. Getting an appointment, even for a follow-up, and finding out about lab results is difficult. The COO responded that she understood people's frustration with the current state and that the health centre wants to improve. Besides technical challenges with the phone system, the shift to ICTs means that each team will have an assigned admin assistant responsible for fielding all calls for their team. If that person is away, the calls will be redirected to another team member. The booking of appointments in advance is challenging because we have been told by territorial EMR staff that we cannot open physician schedules unless we have a confirmed locum doctor available at that time. Members indicated that it would be preferable to know that they had an appointment booked well in advance with the understanding that it could be cancelled if there was no physician available than to be told that there were no appointments available. They would be put on a waitlist. Members also expressed concern about the lack of triaging of the waitlist and situations where they are asked to call back later only to be told there are still no appointments available. The COO will consider this</li> </ul>		
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		<p>feedback and continue to advocate for changes in the physician scheduling process.</p> <ul style="list-style-type: none"> <li>○ The COO asked for members’ assistance in directing specific issues and complaints with clinic access to her. People can call or e-mail her directly to provide feedback. A new VOIP phone system will allow for automated reminder phone calls and other appointment functions in other jurisdictions.</li> <li>○ ICTs allow for Community Health Nurses (CHNs) and other team members to work to scope; for example, CHNs can run drop-in sick clinics. A Council Member asked why this was not happening. The COO explained that the CHNs are new and need additional mentoring before taking on this role. The goal is to provide this mentoring so that they can work to scope.</li> </ul>		
11.0	Chairperson Report	<ul style="list-style-type: none"> <li>○ June 14<sup>th</sup> &amp; 15<sup>th</sup> attended the Leadership Council Strategic Planning Workshop in Yellowknife, where the Leadership Council developed a 3-year strategic plan with five priorities. The priorities focus on improvements in the areas of client experience, cultural safety, financial sustainability, communications, and human resources staffing</li> <li>○ June 16<sup>th</sup> &amp; 17<sup>th</sup>, attended the Leadership Council meetings. Some highlights are: <ul style="list-style-type: none"> <li>- Provided a Fort Smith Regional Wellness Council Report of June 10, 2022</li> <li>- Previewed a draft form of the NTHSSA 2022-2024 Operational Plan</li> <li>- RWC action item summary lists are recommended to be assigned for follow-up according to 1) regional operation issues to the COO for follow-up typically at RWC meetings, 2) territorial operational issues to the CEO for follow-up commonly through the regional chair at Leadership Council meetings, 3) policy and system issues to the Minister HSS for review normally through the regional chair at Leadership Council meetings</li> <li>- Response letter re ground ambulance and highway rescue services received by the Leadership Council from Minister Municipal and Community Affairs Shane Thompson indicating that MACA and the DHSS are working collaboratively to determine an approach that best suits the NWT and expects to provide clarity surrounding departmental mandates in late 2022</li> <li>- New COO staff hiring for Stanton Territorial Hospital is Jennifer Torode, and for the Deh Cho is Barb Chaulk. The new NTHSSA Medical Director is Claudia Kraft, and ED Child, Family and Community Wellness is Kristy Jones</li> </ul> </li> <li>○ On July 29<sup>th</sup>, as part of the Leadership Council Human Resource Committee, participated in CEO Kim Riles’s</li> </ul>		

		<p>performance evaluation. The evaluation was positive, with established goals met.</p> <ul style="list-style-type: none"> <li>○ On August 24<sup>th</sup>, participated in the Leadership Council Finance meeting with the OAG regarding the NTHSSA 2021/22-year-end financial statement. OAG noted many improvements that have been implemented in the NTHSSA system.</li> <li>○ Annual general meeting is on Sept 29<sup>th</sup> @ 7 PM – COO and Chair will attend. There was a question about the possibility of streaming the meeting on the Town YouTube channel. Allan will investigate this possibility, but the meeting will be streamed on the NTHSSA YouTube channel. Anyone with access can join from home, but if needed, we can arrange to have it streamed in the HC Board Room. Members are to let the EA know by Monday.</li> </ul>		
12.0	Action Items Review	<ul style="list-style-type: none"> <li>○ Chair and EA will continue to refine the list.</li> <li>○ The concerns regarding the coordination of medical travel are territory-wide. Nothing much more can be done locally, but the territorial group is aware.</li> <li>○ Presentations for future meetings are the NUKA model (Sujata), Mental Health and Addictions services, Physician services and allocation (Bing Guthrie, Area Medical Director), and Territorial Cancer Navigator. The Council agreed that these would be suitable for Oct and Nov meetings.</li> <li>○ As the Chair will be away, Lorraine Tordiff will chair the October 26 meeting, and Don Webb will chair the Nov meeting, date TBD. All agreed to a request to start the next meeting at 2 pm.</li> <li>○ The question of a vice chair for the RWC was raised. Allan responded that while there was no formal provision for this, we could do so if it was helpful for the local council. Members indicated that a formal vice-chair role could be an item to bring forward to Leadership Council.</li> </ul>		
13.0	RWC Member Observations and Comments	<ul style="list-style-type: none"> <li>○ Regarding ambulance service from the Town’s perspective, there has been an increase in medivacs due to a decrease in appointment care</li> <li>○ Past practice was for a Mental Health Wellness Worker to accompany RCMP officers to de-escalate in certain situations. The program should investigate reestablishing that practice. Perhaps the RCMP could provide some data to the COO to demonstrate the frequency.</li> <li>○ A suggestion was made to reestablish the Interagency Committee. The COO indicated that there had been some outreach on our part to make that happen.</li> <li>○ The community’s frustration concerning the lack of responsiveness from the clinic was reiterated, and council members hope that improvements will happen soon.</li> <li>○ There was some discussion on the availability of dental services in Fort Smith, as it seems that Dr. Kobaisy is no longer working here. Hay River does not have a hygienist either. Members wondered if it would be possible to bring in dental services as we do the eye team. The COO has been tasked with researching the dental services situation and bringing</li> </ul>		

		<p>information back to the council.</p> <ul style="list-style-type: none"> <li>○ Members recognized the work of staff during COVID.</li> </ul>		
14.0	Decision Items and Recommendations to the NTHSSA Leadership Council	<ul style="list-style-type: none"> <li>○ No new items to bring forward</li> </ul>		
15.0	Adjournment	<ul style="list-style-type: none"> <li>○ Moved b: Mr. Don Webb</li> <li>○ Seconded by: Ms. Lorraine Tordiff.</li> <li>○ Meeting adjourned at 6:08 p.m.</li> </ul>	6:08 p.m.	