

Regional Wellness Council Meeting Minutes

Wednesday, October 26, 2022

#	Item	Details	Responsibility
1.0	Call to Order	2:02 PM	Chairperson
2.0	Reflection / Prayer	Led by Council Member, Ms. Mary Pat Short	Mary Pat Short
3.0	Attendance	<p>In Attendance:</p> <p>Governance</p> <ul style="list-style-type: none"> ○ Acting Chair Council Member, Ms. Loraine Tordiff ○ Council Member, Mr. Lloyd Jones ○ Council Member, Ms. Dianna Korol ○ Council Member, Ms. Lynda Martin ○ Council Member, Ms. Mary Pat Short <p>Regrets:</p> <ul style="list-style-type: none"> ○ Chair, Ms. Phyllis Mawdsley ○ Council Member, Mr. Don Webb <p>Staff:</p> <ul style="list-style-type: none"> ○ COO, Ms. Sujata Ganguli ○ Executive Assistant, Ms. Candace Dion 	Executive Assistant
4.0	Approval of the Agenda	<ul style="list-style-type: none"> ○ Moved By: Ms. Mary Pat Short ○ Seconded By: Ms. Dianna Korol ○ That the agenda be accepted as presented. 	
5.0	Previous Meeting Minutes - Review and Approval	<p>Previous Meeting Minutes – Review and Approval</p> <ul style="list-style-type: none"> • September 21, 2022 • Moved by Ms. Lynda Martin • Seconded by Ms. Lorraine Tordiff 	Chairperson
6.0	Business Arising from the Previous Meeting Minutes	<ul style="list-style-type: none"> • The COO explained how she misunderstood the mail drop process and how we are to inform the community on which team they have been assigned. It will be going out to the community as a general communication. It is held up now because the communication is too long and complicated and needs to be simplified and brief. The COO asked if any Council Members would be willing to meet with her and the Regional Manager of Primary Care, Lindsay McKenzie, before our November Regional Wellness Council meeting to discuss the pros and cons of the various means we could approach this. The RM of Primary Care can 	<p>Council Members</p> <p>The COO to set up a meeting with the RM of Primary Care.</p>

		<p>better explain why they chose not to do it in the way the COO thought it was going to be done.</p> <ul style="list-style-type: none"> • There was discussion on how the general mail drop might create issues and confusion for our community. Not all community Council Members have a mailbox or come to the Health Centre and have records in Electronic Medical Records (EMR). • All Council Members have received a new copy of the Contact List. Council Member Lynda Martin indicated that the landline number listed for her is incorrect and should be removed. • Council Member asked if there were any updates from the NTHSSA Annual General Meeting. The COO was in attendance and shared the following information about the financial state of all three Health Authorities combined and the large deficit the organization is in. Questions were posed to the audience on reasons for the deficit and what could be done about it. • Follow up on the suggestion of a formal Vice Chair role. This could be an item to bring forward to Leadership Council. Council Members will consider if this should be put on the list for the Chair to bring forward. • The COO had been tasked with researching the dental services situation and bringing that information back to the council. She reported contacting the YK office and was told that the dentist still came to Fort Smith. He is scheduled to go on November 14th – 15th, and anyone interested in an appointment or with further questions should call the YK dental clinic. • A Council Member brought some statistics from the RCMP that indicate 104 calls regarding Mental Health services that the RCMP attended in the last year. The calls could last from anywhere, up to 4 hours to 3 days. A suggestion to help our community is to model what other provinces do, such as having a mental health worker, wellness worker or another specialized role with appropriate training to assist with these types of calls. Council Members asked the COO to reach out to Kristy Jones, the Director of Child and Family Services, and Leili Heidema, the Regional Manager of Mental Health & Addictions and 	<p>The Executive Assistant will update the changes list and recirculate it.</p> <p>The COO to find out if there are AGM meeting minutes for Council Members to review.</p> <p>COO to reach out to Kristy Jones</p>
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	<p>Leili Heidema, Regional</p>	<ul style="list-style-type: none"> • The RWC welcomed Leili Heidema, Regional Manager of Mental Health & Addictions, to 	

<p>Manager of Mental Health & Addictions, discusses the MH&A Department.</p>	<p>discuss her department and the services offered.</p> <ul style="list-style-type: none"> • The MH&A Department employs one Administrative Staff who supports 50% Community Counselling and 50% Rehab Department. This person answers the primary mental health telephone line, which is 867-872-6310 and is responsible for scheduling/cancelling clients and other admin work. • The department has two master’s level Mental Health Counsellors. They do adult, family, and couples’ work. They support any MH issue, such as trauma, PTSD, depression, and anxiety. They are generalists so they can help with various topics. • There are two Wellness Workers who are addiction experts and provide one-on-one addiction support. They will arrange to send someone treatment. The government has contracts with several treatment facilities in Alberta, British Columbia and elsewhere. They are the first point of contact and work with the client to apply to the facility. They also work with Medical Travel to get that client to the treatment. They organize events such as National Addictions Awareness Week (NAAW) which is coming up at the end of November. They also run the Matrix Program, the NTHSSA’s Outpatient Addiction Treatment Program, which has had varied success over the years. Our Mental Health Counsellors run workshops like the App for Intervention Training (ASIT). • Two Child and Youth Community Counsellor roles are intended to support schools, one position at JBT and one at PWK. The CYCC Program has been operating for one year. A third position has been changed to the Wellness Worker role in response to feedback that students need different types of support. This role will provide overall wellness strategies. • In summary, the team comprises four Council Members at the Health Centre, the admin and Leili, and three in education. One of the educational roles has not been filled, and one position right now is supporting both schools. Our wellness workers support PWK until the new position can be filled. 	
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		<ul style="list-style-type: none"> • Council Members have heard good things about the Wellness Workers. Council Members ask if there is any potential for evening support for the team for the Phoenix program at the rec center. The youth need help without stigma. • There is an additional role of Adult Services Case Manager who reports to the Territorial Manager who oversees Adult Services. She supports community Council Members by providing food vouchers and taxi vouchers to get to and from the grocery stores. She also supports individuals who travel down south for facilities other than addictions. The position has been taken to load off the wellness workers, and there is a benefit to having this position separate from the team. Council Members asked for clarification on what appears to be a duplication of income support provided through Education and Cultural Employment (ECE). Leili indicated that the adult case worker conducts an intake process which includes a review of all sources of income. • A Council Member reiterated the RCMP data on mental health-related calls and asked if there is a social worker or mental health worker on-call during the day to support this need. Workers are not technically on-call during the day, but we offer same-day service for walk-ins. There is no waitlist to access mental health. Mental health services are not 24/7, but workers are on-call on weekends/holidays from 8 am – 4 pm. Child & Family Services is on-call 24 hours a day for child protection issues. Is it an option to have a 24-hour mental health worker who answers after-hours calls? The Regional Manager of MH&A explained that there would need to be a separate position to support evenings and overnight. If existing staff took this on, it would significantly limit the availability of daytime scheduled appointments. The COO pointed out that Fort Smith is the only region that offers any degree of after-hours mental health on-call. The Regional Manager of MH&A and the COO will discuss this gap further. • There was a question related to the status of Trail Cross. The COO would like to bring Kristy Jones, Territorial Manager of Social Services, to 	<p>The COO/Regional Manager of MH&A to address the 24/7 Mental Health System on-call gap.</p> <p>Council Members to brainstorm questions to bring forward to Kristy.</p>
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		a subsequent RWC meeting to answer the Council Members' questions regarding this topic.	
7.0	The COO Report	<ul style="list-style-type: none"> ○ In terms of staffing updates, our locum physician and nursing levels have been reasonable over the last little while. There have been some dips, and there have been some periods where we've had more than adequate coverage. Except for a few weeks in November/December, we are well covered into January and the critical Christmas period. ○ We had our first locum Nurse Practitioner in a few years a few weeks ago. It went well, and she plans to return in the New Year. She has given an excellent review to another NP who plans to come here. ○ Long-Term Care (LTC) update: The COO and Manager of Continuing Care met with the Territorial Director of Continuing Care around the Home Care Enhancement Program. She and her staff will do a needs assessment with current clients to determine what kind of enhancement we should consider, for example: expanding hours into the evenings, weekends, in-home IV treatment, stoma care, etc. The research person would like to join one of the RWC meetings and gather the Council Member's opinions. Question from a Council Member about the Meals on Wheels program -is it still functioning? Yes, but not on weekends and run by homecare staff. The NTHSSA program no longer uses volunteers, and this is something the council could advocate for. ○ The COO met with local Indigenous leadership and has another meeting scheduled for November; this will hopefully be a regular occurrence. The issues raised are remarkably like those raised in the RWC meetings. ○ Dental service mentioned above. ○ Question asked by Council Member to the COO. Do you track your quality risk management response? Is that data available? Yes, but do not share it more widely. There are Quality boards posted in the departments regarding med errors, falls, infections, handwashing, etc. Each program area has information on indicators for that dept. A suggestion was to upload this information to ourNTHSSA site under Fort Smith Region. 	<p>Council Members to advocate for 24/7 Mental Health workers.</p> <p>The COO will investigate that topic.</p>
8.0	Chairperson Report	<ul style="list-style-type: none"> ○ No report to give. ○ Don Webb will be the Chair at our next RWC meeting. 	

<p>9.0</p>	<p>Action Items Review</p>	<ul style="list-style-type: none"> ○ Discussion to revamp the action items list – clean up old items, prioritize booking of older presentations, etc. Add columns for established goals, tracking our progress, actions required to achieve this goal, and assessing our progress. Separate the items into regional and territorial initiatives. Once an action item is completed, we should move it over to a completed document to keep track of the supports. ○ A territorial Medical Travel Coordination committee has been established to address the medical travel issues. ○ Where are the Missions Statements posted? One is located on the front, not very prominent. The Health Centre will receive new plaques from territorial operations but no updates yet. Update under the progress column that we will get new signage by 2023 ○ Ground Ambulance and Highway Rescue. Who are we scheduling a presentation with - Allen had mentioned looking into this at the last meeting. ○ Integrated Care Teams (ICT): It was clarified that the COO would give the NUKA presentation. It would be beneficial to have a community presentation on ICTs. ○ Homecare enhancement: The COO will prioritize this item as well. ○ Code of conduct was signed and completed last RWC meeting, on Sept 21. This can be added to the completed selection. ○ Should the Chair advocate for the official position of Vice Chair, or are we satisfied with appointing a rotating Chair for RWC for each meeting? The official position is required for sending an alternative to the Leadership Council Meetings if Phyllis is away. ○ The COO would like to restate the physician recruitment and retention item so it is more actionable. For example, invite the Area Medical Director to a discussion on resource allocation. 	<p>The COO and Council Member Lorraine will work on reorganizing this list. The COO will draft and present it to the council. Sujata to call Lorraine.</p> <p>The COO will find out from Allen, who is presenting for Ground Ambulance. Mental Health Presentation can be marked completed on the action item list.</p> <p>The COO will reach out to Lisa Rainer for the presenter.</p> <p>Clarification on Extended Health Benefits (EHB).</p>
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10.0	RWC Council Member Observation and Comments	<ul style="list-style-type: none"> ○ The medical travel timeliness issue was raised. We need local improvement to address the issues arising and close the loop. ○ The Health Centre is doing its best and receiving good feedback for all its hard work. For example, we are doing very well with our syphilis management. ○ The Labor Market Supplement has just been announced. For our region, is it \$6,000 for hard-to-recruit front-line workers, including RNs, LPNs, and hopefully CLXTs? 	
11.0	Decision Items & Recommendations to the NTHSSA Leadership Council	<ul style="list-style-type: none"> ○ The COO and Council Member Lorraine will meet and discuss this further. 	
15.0	Adjournment	<ul style="list-style-type: none"> ○ Moved by Ms. Dianna Korol ○ Meeting adjourned at 4:26 p.m. 	