

Yellowknife Regional Wellness Council Meeting Agenda

Wednesday, April 16 , 2025

4:30 PM – 7:00PM

Location: Łiwegòtì Building Room 1026

Microsoft Teams: 1 867-675-1042 | Code: 556 666 457#

Video Conference ID: 112 499 025 5

Mission: Working with people to optimize wellbeing through the provision of collaborative and culturally appropriate health and social service

Vision: Healthy People, Healthy Families, Healthy Communities

Values: Collaboration Accountability Integrity Respect

Cultural safety: An outcome where Indigenous peoples feel safe and respected, free of racism and discrimination, when accessing health and social services.

Acknowledgment of Land: We acknowledge that we are in the Chief Drygeese territory.

From time immemorial, it has been the traditional land of the Yellowknives Dene

First Nation, and more recently, the homeland of the North Slave Métis.

We respect the histories, languages, and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

Members:

☒ Nancy Trotter, Chair

☐ Gloria Enzoe

☒ Nancy Cymbalisty

☐ Lindsay Debassige

☒ Gilbert Langsi

☒ Jennifer DryGeese

☒ Brandie Miersch

Employees:

☒ Jennifer Torode

☒ Shannon Ploughman

Guests:

☒ Nina Larson and Team

☒ Matthuschka Sheedy

#	Item	Time	Responsibility
1.0	Call to Order	4:30	Chairperson
2.0	Welcome & Introductions, (Reflection/Prayer)	4:31	TBD
3.0			
	3.1 Acknowledgement of traditional territory	4:33	Chairperson

Northwest Territories Health and Social Services
Authority

Box 1320, Yellowknife, NT
X1A 2L9
Yellowknife Region

Administration des services de santé et des
services sociaux des Territoires du Nord-Ouest

C.P. 1320, Yellowknife, NT
X1A 2L9
Région de Yellowknife

	3.2 Safety Overview	4:34	TBD
4.0	Guest Speakers		
	4.1 Primary Care Reform <ul style="list-style-type: none"> • Presentation Attached 	4:35	Desiree Munro/ Nina Larson
	4.2 Primary Care Primary Care After the Big Move- who is running primary care & who provides the care for you now. <ul style="list-style-type: none"> ▪ Operations Team We have a regional manager, a nurse in charge, a clinical administrative supervisor, a clinic administrative supervisor/scheduler- a new role to focus more on the scheduling, and a licensed practical nurse (LPN) lead – work on the floor & support the nursing care. Then the nursing charge could be looking at the entire clinic. ▪ Integrated Care Teams at Liwegoati We have amalgamated into four teams (we had 10 teams before)- Team Wolf, Team Caribou, Team Hawk and Team Muskox. The team names were chosen through an exercise that was led by the Community Culture & Innovation team. They produced names for the teams that resonated with the team members themselves. Before we called these four teams, Team A, Team B. Team C & Team D temporarily. You may still occasionally find a message left at your voicemail saying this is a call from primary care team A etc. ▪ Team Composition Each team is comprised of 2 FTE (full Term equivalent) physicians-some teams you might see 4 to 5 physicians named on there, but not all of them actually work full time in the clinic. Just think of it as a bunch of physicians equal to approximately 2 FTE physicians whenever we can manage, 1 nurse practitioner (NP), 1 community health nurse, 2 licensed practical nurses, 2 program assistants and 1 	5:20	Athena Wells/ Matthuschka Sheedy

	<p>holistic wellness advisor, shared by 2 teams. After moving from 10 to 4 teams, we are able to get a good core team!</p> <ul style="list-style-type: none"> ▪ Administrative Support at Liwegoati Liwegoati Clinic Ideally, we try to have 2 to 4 program assistants at the main reception, 3 program assistants at call centre- receive the calls coming in, 1 program assistant for scanning & linking room- lots of faxes to manage. They will rotate through those roles. We have an awful lot of challenges with administrative support. In addition, we still have a program at Downtown Primary Care Clinic. The main reception has 2 program assistants daytime & 1 program assistant who works evenings & Saturdays. They rotate through these roles. • The same day access- people come if they call in for the appointments happening that day. Sometimes we have a few appointments at the Liwegoati Clinic as well. • We have 2 LPNs support daytime & 1 LPN supports evening/Saturday because there are less people coming in during that time period. ▪ Diabetes Team We still have our Diabetes Team runs at Downtown Primary Care Clinic which currently consists of 1 LPN diabetes educator (she is trained & budgeted specifically to that role), 1 dietitian diabetes educator (that role is also funded, does not report to me, but is for our program, this position has been vacant for the last year & having a hard time recruiting), 1 NP part-time & 1 community health nurse part-time. The dietitian diabetes educator is still vacant. So we ensured, that there is always a NP or a community health nurse to support this team (They are not funded. They are part of our regular primary care but they have a special interest in diabetes) 		
--	---	--	--

	<ul style="list-style-type: none"> ▪ Other Programs located with Downtown Primary Care Clinic ▪ They are still operating at our downtown primary care clinic space, but do not actually belong to primary care itself. 2 psychiatrists work there, mental health counselors, outreach, Public Health STI has a little room they use, lactation consultant and wound care. ▪ Some challenges: After we moved out except for the same day access, who is supporting these programs? Now we only have 2 LPNs & 2 program assistants there, but they are still supporting all these other programs. We are aware of what support we can provide such as check in the clients. ▪ Work Plan There are 4-5 main things that we are working on. We have challenges for funding & staffing. <ul style="list-style-type: none"> ▪ Smoking Cessation Services We have adopted Ottawa Model for Smoking Cessation and improving access to smoking cessation services. We started with a smoking tobacco cessation clinic about 2-3 years ago. We keep working on it. ▪ Improve the ability for clients to call in Primary Care The pilot project, encrypted telephone system & technical services support are working together to figure out this problem. Hopefully to answer the high volume of phone calls ▪ Increase access to same day appointments NPs & Community Health Nurses might be able to take some time away from the Team at the Liwegoati Clinic without impacting their work there. Also, we have 2 physicians (one works from 8am to 5pm downtown same day appointments & another one works from noon to 9pm). ▪ Streamline management of clients with diabetes 		
--	---	--	--

	<p>The volume of referrals is becoming unmanageable! We are going to work over next year to reduce this load. Our diabetes team will provide more knowledge, education, & support to make sure the team physicians (who are used to the diabetes population being cared by the diabetes team) have the capacity & comfortable to provide diabetes care at the same level as diabetes team. The clients (according to the guidelines) can be discharged back to their regular providers. Then the team physicians can do the primary care & no need for diabetes team to follow up</p> <ul style="list-style-type: none"> ▪ Partner with Stanton ER to allocate same day appointments during grid-lock situations <p>To see if we can triage the clients at Stanton ER to the scheduled appointments the following day. This will reduce the pressure on ER & people call in. We have done this successfully 3 times in the last 4 months & able to completely reduce that backlog happening in ER. We are excited to work with the ER manager to formalize this process.</p> <p>Q & A</p> <ul style="list-style-type: none"> ○ A member of the public noted, there are 2 private clinics. You can book online & it is easy to access. We do not have to wait too long for the treatment, for example, removing the stitches. Wondering if people can be waiting online instead of waiting on the phone? ○ explained, these 2 clinics are not associated with primary care. They are independent clinics. Any records there such as prescriptions, requisitions do not transfer to primary care unless you request. But it is good to have an alternative in town & can be found in the government health website. 		
--	--	--	--

	<ul style="list-style-type: none"> ○ A member of the public asked if we are trying to reinvent something that is already invented with the telephone system. Manager shared, that they looked at the telephone system in Yukon health, but it is not encrypted. Also, we have a limited budget & need to change the computed based for telephone system which must go through our privacy assessment. So, you are right. We are not reinventing. We are looking at what are the things out there. It was being used in Yukon & should be fine, but it was not. ○ A member of the public asked about using emails rather than faxes to the doctors down South. explained, that they do secure file transfer (SFT). Email is not the accepted way according to our privacy assessment unless you use a SFT email. We have challenges, for example, some issues happened that sending prescriptions to pharmacies using STF instead of using faxes. Fax increases papers & there is concern about hackers when using emails. ○ A member of the public asked about the 2 private clinics of Dr. Ayoubi & Dr. Wong. I went to Dr. Wong. He said he could not complete the process because he did not have access to my file. Then I booked an appointment with Primary Care Clinic. Is there a way that we can get permission to send records to Dr. Wong? Also, my appointment visit record at his clinic does not go on my file in Primary Care Clinic. Answered, there is a release of health information process. The form is online, it can be used to request a release of your health record, which you can take to the private clinics. There is no way to link information between primary care clinic & the independent clinics. 		
--	--	--	--

	<ul style="list-style-type: none"> ○ A member of the public asked about the money situation for payment at the private clinics? ○ Manager explained if you get seen by the independent clinics, they bill to health care card whereas our physicians are salaried. ○ Question, when people go to the private clinic & get billed to the health authority. Then it is just adding more like weighing your budget down? Manager said, "No, it is not billing us. It does not affect us." ○ Question, if someone has a test in Dr. Wong's clinic, what happens to the result? Manager, you must ask him to forward the result to your doctor. So, they are aware of it. <p>Surveys</p> <ul style="list-style-type: none"> ▪ We are currently carrying out a survey on Client Satisfaction: After Visit Feedback. We get a general idea of how people feel after their appointments. The first report in March had only 27 people (a very small size) answered the survey. (But they just collected a large number yesterday). 30% of the respondents indicated the care they received was excellent, 41% was good & 26% was fair- the feedback was really encouraging! Hopefully we will get a feedback report every month. ▪ The metrics that we are currently collecting-total appointments attended, third next available appointment by provider. ▪ Additional new proposed are same day appointments booked / requested and first-next available appointment. ▪ 2023-2025 Primary Care Data- you can see a gradual increase in people attending walk in appointments vs the 		
--	--	--	--

	<p>requested appointments over last 2 years.</p> <p>Q & A</p> <ul style="list-style-type: none"> ○ A member of the public asked about the system that dentists use which is automated to send you a reminder. Is it too expensive? It is just saying appointment! Manager said it is expensive because we get information from our electronic medical record system which would need a third provider to go in there to make these phone calls. ○ Jennife Torode said we have advocated for it. The request for the new electronic health records is going to tender soon which will be built in privacy. ○ Someone asked about the role of a holistic Wellness Advisor ? Manager explained they provide lifestyle change support. If someone is struggling something at that moment & need navigation to get through it. It is not for long term mental health counseling. They might touch base with you 2 or 3 times & provide some resources. If you need more intense counseling, they will help you get set up for that. It likes a crisis worker. People can be seen right away during clinic visit if the advisor is available or via booking. 		
	Break		
5.0	Agenda and Minutes	6:05	
	5.1 Review and approval of Previous Meeting Minutes <ul style="list-style-type: none"> • February 19, 2025 - deferred 		Chairperson

	<p>5.2 Approval of Agenda Moved: Jennifer DryGeese Seconded: Gilbert Langsi All in favour</p> <p>5.3 Declaration of Conflict of Interest</p> <ul style="list-style-type: none"> No conflict declared 		
	Business Arising		
6.0	<p>6.1 RWC activity plan update</p> <ul style="list-style-type: none"> Activity Plan Update We had scheduled our next meeting on May 21st in Fort Resolution. We are going on Doctor's Charter on May 28th. So, the next meeting will be on May 28th, time? The meeting will take place in the early afternoon. Integrated Primary Care YK Regional Meeting Council member reported, there is a lot of work to do. We all came together to determine our mission and approved an Aims statement. The committee is moving forward in a good and productive way. We meet every 3 weeks. 	5:40	Chairperson
7.0	<p>Chairperson Report</p> <ul style="list-style-type: none"> Report Attached The chair high-lighted the meeting with the Public Administrator and all the chairs on March 7th 	5:50	Chairperson
8.0	<p>Yellowknife Region COO Report</p> <ul style="list-style-type: none"> Report attached I have been in this role a year. We have gone through incredible things together such as substantial changes, lots of staffing shortages, accreditation, move through brand new people in different roles & me, then Athena Wells came on board this year. I saw great strengths & a move toward unity across programs. Getting Primary Care feedback for the services that we provide via surveys. Hopefully to help us to improve our services We have heard about Smoking Cessation 	6:10	YK Region COO

	<ul style="list-style-type: none"> ▪ Public Health Public health has their staffing issues. We are working hard on that. They are amazing & have been able to maintain their services. Also, they do a couple of clinics to support the outbreak as well. ▪ Mental Health Mental health has big changes too. They experienced a change where their funding was taken away & given to another whole department (school system) a year ago. Then their staffing numbers went down significantly. But we need to do for our community & youth. Now we have the limited number of people to do that. What does the service look like? Especially since that funding was taken & given to schools to develop their own systems & some people go work with them. Not every school decided that was the option. Different schools have their own plans. Trusting that the schools & the other resources will meet the demand of that services. Also, we are working on our Adult Services and how do we improve the school of care as well. Hope the manager, Adrienne might come & do a presentation on those changes! ▪ The First Nations & Inuit Home and Community Care funding Every 5 years we have to put in a proposal. It is the whole Territories in this proposal. <ul style="list-style-type: none"> ▪ We are advocating for people to have the ability to age gracefully at home & have the support in their communities. ▪ We have been working hard to fill long-term care beds. ▪ Home Care Home care is extremely excited to have a medical social worker who is a huge important part of the team. He is wonderful & hope he maybe able to come & talk to us here. ▪ Some Operational & Policy Changes 		
--	--	--	--

	<ul style="list-style-type: none"> ❖ Hearing Aids About funding. ❖ Occupational Therapy They have some supply chain issues with equipment & are working to improve it. Sutherland's Drugs has agreed to start carrying those splints. The referrals will be sent to this Drugs store. ❖ Physiotherapy They are struggling a little with virtual care & working hard to improve their access to it. ❖ Volunteers Many people asked for us to get our own volunteer services running in NTHSSA. Now we have the volunteer standard operating procedure to finalize the policy. Question, will it include the hospital? It includes long term care & Extended Care Unit (ECU). We are getting there. We hope that the work we do within will branch out. We will advertise a volunteer coordination when everything is ready ❖ Global Workforce Survey Our NTHSSA did a global workforce survey. We have done every couple of years & we completed it. A big push to see which region could get the most people responding to it. The most important is more information to get, the better to truly understand issues. We should be receiving it in April. Then we can create the plans to improve. <p>A Few Successes</p> <ul style="list-style-type: none"> ▪ Rehab Department An improvement in relationship between our physicians & NPs and our rehab department Provide more information to patients how 		
--	---	--	--

	<p>to strengthen their mobilities & improve their lives.</p> <ul style="list-style-type: none"> ▪ Recreational Program in Long Term Care. Everyday there are 2-3 pretty small things going on. ▪ The Intergenerational Programming This programming is amazing with schools as well as home based. Provide the opportunities for the youth girls to learn about their issues. ▪ Gardening We can do it together. We can also add in the traditional ways of learning some medicinal plants how to grow & harvest them. ▪ Recreational Program I gave you some testimonials from the residents that were part of recreational program how they are feeling about those works. ▪ Caregivers We also spent some time honoring the caregivers in our community that have people in home care. We will know there are lots of people who are caring for others. How much hard work that can be? ▪ Lutselk'e & Fort Resolution Develop the fascinating relationship with Lutselk'e & Fort Resolution by meeting with their leadership. It brings everyone together, speak vote issues & needs and planning it. You will get a question that someone needs more information about how the system works. Or how many different processes are involved? Medical travel seems to be what should have. But it exists outside of the NTHSSA. It is not actually our program. We continuously have to interact with it. Our program assistants participate in helping people navigate, but not our policies. So it is part of the 		
--	--	--	--

	<p>difficulty to work across these lines.</p> <ul style="list-style-type: none"> ▪ Closing I like to let you recognize this is a new year. I am very excited to continue to work with this committee. I feel like the voices on this committee are strong advocates for the community. I look forward to having the new members to join in. <p>Q & A</p> <ul style="list-style-type: none"> ▪ Member shared about the virtual physiotherapy. I participated for 6 weeks in a physiotherapy program virtually through Alberta. They are quite helpful. So, I think it can work virtually. ▪ Member said the measles is increasing in Alberta as well as across the country, almost outbreak in Ontario. Wondering what kind of preparation here? Jennifer Torode said there is a strategy coming out to communicate this & bring people update their measles. My team are working over EMR records to look at whether people are due for their MMRs. ▪ Member talked about volunteering & hope it expands to the hospital & get them on board too because we do need volunteers in entire agency! Jennifer Torode said she is going to do everything she can. They both want to encourage the community volunteer hours to get kids interested in the possibility of health care- that is part of this overall plan! 		
--	---	--	--

9.0	New Business <ul style="list-style-type: none"> Future meetings travel assignment, to be discussed after the May meeting. 		
10.0	Roundtable Updates - Community activities, questions, and concerns – no further comments	6:30	Chairperson
11.0	RWC Report to Public Administrator (PA) - Items to take forward to the PA – items to come from the meeting in Fort Resolution.	6:40	Chairperson
12.0	Closing Reflections / Prayer	6:59	Gilbert Langsi
13.0	Motion to Adjourn Moved by Nancey Cymbalisty Second: Jennifer DryGeese All in favour	7:00	Chairperson

Next Meeting – April 16, 2025

	ACTION ITEMS	OWNER	ASSIGNED	DUE	Completed
1.					
2.					
3.					