

**Dehcho
Regional Wellness Council Meeting
May 18, 2017
10:00am
Fort Liard, 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
Shireen Mansouri, Medical Director
Amy Stipdonk, Manager Continuing Care
Julia Tsetso, Dental Therapist
Emilie Mongrain, Mental Health and Addictions Councilor
Natasha Penney, Menatl Health and Addictions Councilor

Guest:

Jim Antoine, Chair of the NTHSSA Leadership Council

- 1.0 Call to Order - RWC Chairperson**
Meeting called to order at 10:07am.

- 2.0 Reflection / Prayer**
Offered my Ruby Simba

3.0 Attendance (see above)

4.0 Approval of the Agenda - RWC Chairperson

The agenda will include business arising from the previous minutes. Dr. Shireen Mansouri, Medical Director will be calling in for item 7.1 Primary Care. The Council will defer 6.0 until after the 7.1 Primary Care Services presentation.

Addition of item 5.0 Approval of Previous Minutes

Motion to approve: Hilda Tsetso

All in favour: all

Motion carried

5.0 Approval of the Previous Meeting

Motion to approve the Minutes Jan 26, 2017

Motion to approve: Raymond Michaud

Seconded by: Janna Deneron

Motion carried

6.0 Chairpersons Report - RWC Chairperson

Ruby Simba gave her report as Council Chair. Ruby attended the Leadership meeting in Hay River on March 6-7, 2017. The recommendation of medical travel that came from the last Regional Wellness Council (RWC) meeting was discussed and brought forward to the Leadership Council. As an advisory council there are no motions carried, these are taken as recommendations. Ruby had requested a response from Sue Cullen, CEO NTHSSA regarding the recommendation.

There are regulations specific to the medical travel recommendation brought forward. This is currently under review by Kevin Taylor, Executive Director – Corporate and Support Services. Raymond requested a copy of the motion/recommendation previous to this meeting, as there are issues with safety and the amount of time to travel out of the territory allowed in the per diems. Regulations of the process of policies are adhered to as an advisory council. Roles of the RWC do not include the administration of complaints from the clients/patients. The recommendation will be a standing item on the agenda for the RWC. Raymond requested a copy of the recommendation (Motion 002).

Ruby will be attending the next Leadership Council meeting July 12-14, 2017. The recommendation (Motion 002) will be brought forward as an agenda item.

6.0 deferred, bringing forward 7.1 Shireen Mansouri is calling in to review Primary Care

7.0 Council Members Report – RWC Members

Raymond Michaud – Fort Simpson

Motion 002 as a recommendation was reviewed previously.

Items have been reviewed in 7.1 Primary Care Services

Hilda Tsetso – Fort Simpson

Issues regarding waiting times for appointments and the added stress of wait times to see a practitioner have been brought up in the community. There has also been discussion of research to be conducted regarding tenants of the clusters and substance abuse. Renewal of the tenancy agreements for the clusters has been reviewed within the Liidlii Kue First Nation and Housing Authority.

There are community members with post-traumatic stress disorder (PTSD) coping by abusing alcohol. Education regarding the effects of PTSD should be available to community members, and effects of long term abuse of alcohol. An example is visual diagraphs of smoking effects are posted. Similar education should be provided on the effects of alcohol.

Workshops on suicide prevention and education are an item of discussion within the community.

Margaret Thom – Fort Providence

There needs to be communication from the NTHSSA – Dehcho regional office regarding issues brought and the status of the concerns brought forward to the council. Particular issues include medical travel safety, and landscaping with the Fort Providence Health Centre. What role does NTHSSA have with the Wellness Program funding with Sabrina Broadhead's department. The Fort Providence Chief has not received any communication for some time from the NTHSSA regarding coming events, etc.

Janna Deneron – Fort Liard

There needs to be communication with the community and how to approach the RWC members and what the roles are. Where are the decisions made regarding medical travel rates and escorts; issues have been brought up with elders and not having escorts coming for their medical travel. Community Wellness funding information needs to be available to the public including information on where the funds go, and who they are available to. Request for information on illegal substances, particularly with overdosing of fentanyl, needs to be available to the public.

Brenda Jumbo – Sambaa Ke

Community members shared their frustration with the barriers they find when trying to seek treatment for addictions. Education modules for community health workers should be made available.

Ruby Simba – Kakisa

The council has been put together to advise and advocate for patients to the Leadership council. The council puts forward the concerns and plans to take action toward the better care for residents of the region and territory. The purpose needs to be clear of how these issues are going to be addressed. A pattern has been found in the meetings that the same issues are brought up at the meetings, the council wants to report positive results to the patients of their communities. The ultimate reasons for the council is for better care and services, working together as an authority.

Hilda Sabourin – Fort Providence

The RWC is continuing to learn the roles and responsibilities sitting on the council. While bringing forward some health issues, there is a broader aspect of the responsibilities from the health care providers and more insight to the services provided.

Community Wellness Funding is an issue, communication of the funding, allocation, application processes need to be communicated. The Community Wellness Planner is located at the Dehcho Regional Office, but is with another department.

8.0 Advice for Dehcho Region

8.1 Primary Care Services – Attachment

Primary care is the care given from a community health worker, nurse practitioner, physicians and nurses; the team of health care providers, not including homecare providers. The practitioners are trained and experienced within their own context, the community health nurse (CHN) works with the Nurse Practitioner (NP) and Physicians to provide care to patients and clients. The Dehcho Region is currently recruiting a full time physician and have not been successful in the last few years. Given that reality, what are the options for enhancing continuity of care and care givers to the Dehcho communities? With continuity comes a familiarity of the programs, clients and care providers.

Dr. Shireen Mansouri, Medical Director has dialed in to listen to the Council members to better address the issues that are brought forward from the communities.

Dehcho challenges of recruiting and retaining a physician and other areas. What are the issues and what are the facts. The Dehcho has been successful in recruiting locum physicians, finding a permanent has been an issue to recruit. Where are these issues, within the region and with the Practitioners?

Not enough challenges for the Physicians can include lack of scope of work (operating). Community challenges can be the size of the communities and the amenities. Size of communities affects the critical mass services and populations.

Challenges	What Works
There are not critical mass services due to smaller community populations	Kakisa residents are assessing services from Hay River
Positions are under occupied or on standby	Prefer to get continuity of care from Nurse Practitioner
Negative Roles or misunderstanding of roles with primary care	Community of Sambaa Ke has had success with a reoccurring Nurse Practitioner
There is not a lot of demand of services in the smaller communities	Opportunities are being reviewed of integration with traditional approaches for patient/client care
Difficulty getting diagnosis from physicians	
Patients are seeing different locum nurses and practitioners; they would	

<p>rather travel to larger communities to see the same practitioner.</p> <p>Not enough scheduled time for patients to see visiting locum practitioner</p> <p>Behaviours and attitudes of front line workers is an issue, not properly greeted. Patient care starts with the front line workers</p> <p>Appointment waiting times for scheduled appointments take longer than anticipated (Fort Simpson)</p> <p>EMR Training has been taking longer (Fort Simpson) Locations with the computers (Sambaa Ke)</p> <p>Issue with facility maintenance (Sambaa Ke)</p> <p>Clerk Interpreters are not present at the front desk (Fort Simpson)</p> <ul style="list-style-type: none"> • Hearing impairment • Be aware of the “yeah” response of Elder or client if not understanding or hearing clearly <p>There are a lot of barriers for someone that is looking for addiction treatment options (Sambaa Ke)</p> <p>There is a need for training modules for the community health workers</p> <p>Nurses on-call usually diagnose patients after hours and discourage from coming into the clinic (Fort Simpson)</p>	
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Hay River has dialysis services, as a separate entity there are issues with having patients going between their own Region and Hay River. Hay River also has the mammogram equipment, why are there scheduling issues with the Dehcho going to Hay River instead of going to Yellowknife for the service? The 8 patients within Hay River requiring the services are Memorandum of understanding for mammogram services for the Dehcho Region and Hay River are offered.

An advisory council is being reviewed for the whole Authority. A traditional healing centre for the Hospital is recognized as an item for the advisory council to review. Dr. Nicole Redverse and Besa Blondin are reviewing options for traditional healing approaches and locations for the Northwest Territories. Recommendations can be taken from the Advisory Regional Wellness Councils and brought forward to the Leadership Council. Jim Antoine will give updates as the Leadership Council Chair continues to review approaches to traditional healing within the Territories.

A recommendation made from the RWC to NTHSSA is that practitioners take cross cultural training and that it is included in their orientation. This will give practitioners a better idea of local medicines and resources while traditional healing approaches are reviewed.

Parking lot

Traditional Healing approaches and cross cultural training.

Having the Nurse Practitioners and reoccurring practitioners to the communities has had positive feedback.

Fort Simpson has locum physicians and nurse practitioners, continuity of care is being reviewed and agreements with physicians are being looked at for future care for the patients and clients. Currently, Dr. Christopher Downton has agreed to serve as a locum physician for Fort Simpson for 10 days per month until January 2017.

A similar agreement as to Fort Simpson is being reviewed as well for Fort Liard and Fort Providence. Having a continuous physician come for a period of time for each health centre would increase the familiarity of services to the patients/clients and with the practitioners.

Discussion of what works and what doesn't work is crucial for primary care. To offer care for patients, there needs to be steps in place to review and address the issues that do not work.

Dr. Shireen Mansouri has been in the NWT since 1995, working in Yellowknife, Nunavut, and other communities in the North. She has been appointment Medical Director for the Region.

Lunch

The meeting was adjourned for lunch at 12:06pm and resumed at 12:23pm

8.2 Suicide Prevention and Support

Natasha Penney and Emilie Mongrain are Mental Health and Addictions workers located in Fort Liard. There have been some traumatic events, 3 suicides within the Region and the death of an employee and MHA Regional Supervisor for NTHSSA. A particular group not seeking services are men aged younger than 45. The Regional Wellness council can meet and educate their respective communities with the resources available from NTHSSA. An issue is the process for applicants to treatment centres. Alcohol related incidents can be prevented.

Sources of support throughout the communities may be in place, but the awareness and the stigma of the subject of suicide may prevent discussions and outreach of support,

Education and sensitivity are to be considered with the treatment of community members when following-up after traumatic events. Trust building, self-care, PTSD education are some areas to be considered for educating members individuals and families affected.

Information on prevention, awareness and understanding should be present when addressing the issue of suicide. RWC members will bring forward feedback from the communities and this will be an item at the next RWC meeting.

9.0 Information and Education

9.1 Homecare Enhancement

Homecare enhancement was reviewed and brought as a standing item from the previous RWC meeting. The requested Homecare Enhancement funding comes from the federal government. There are programs that are strictly funded as homecare enhancement. Amy Stipdonk, Manager Continuing Care services provided an annual report that outlines the 9 Dehcho communities and services provided, current staffing by community, training, and challenges being addressed. Communities that do not have the programs available are being negotiated with the department. Preliminary discussions are happening regarding training for Community Health Workers.

There is an activity coordinator in the community of Fort Providence that may be retiring soon. A question was addressed regarding the position remaining, but the program may be revised. Another question rose regarding homecare enhancement communication within programs such as palliative care with the patients and family of the patients is important. Resources should be shared for the families of the patients in palliative care, can look at enhancing the capacity of funding.

Community resources should be taken into consideration for programing. There are people that can be resourced for traditional health initiatives.

9.2 Dental Services

Dental Services were discussed previously at the last RWC meeting. Amy Stipdonk and Julia Tsetso have provided information on the dental services provided to the Dehcho Communities. There are three dental services provided in the Dehcho Region: Dentist Services, Dental Therapy, and Dental Hygienist. Julia Tsetso is the Dental Therapist for the Dehcho Region. The scope of the therapist differs from the dentist and hygienist; more scope of practice than the hygienist, but less than the dentist. Dental therapy training is no longer available

in Canada. The scope of practice for the Dental Therapist includes Diagnostics, Prevention, and Restorations.

Some information regarding NIHB is provided, but is on a case by case basis. Health Promotion provides oral health education and prevention, but more specific information can be provided by outside sources.

9.3 Accreditation Canada Survey – September 2017

Georgina Veldhorst, Chief Operating Officer and Wilson Dimsdale, Associate Chief Operating Officer, provided an overview of the Accreditation Canada program (Attached) to inform the Council members on the evidence based standards for fostering ongoing quality improvement. NTHSSA Dehcho Region Bridging survey includes the following sets of standards:

- Remote/Isolated Health Services
- Infection Prevention and control Standards for Community-Based Organizations

9.4 Significant increase in Gonorrhoea rates in Dehcho Region

Georgina Veldhorst, COO provided an overview of the statistics of Gonorrhoea in the Dehcho (attached). The statistics report was provided by the Department of Health and Social Services. The Dehcho Region has the highest rate of gonorrhoea cases in the territory at 2.7 times the territorial rate.

10.0 Closing Reflections / Prayer

Jim Antoine was appointed the Leadership Council Chair for a 3 year period. Jim gave a brief overview on the Leadership roles and updates. Focus on the structure of the councils is currently under review and meet weekly for the teleconference meetings.

Jim discussed the re-evaluation of the roles in which the Quality and Risk Management (QRM) position held. Previously within the Dehcho, the QRM was the patient/client representative, this can be opposing to the roles as QRM.

Next meeting – Meetings have occurred in Fort Liard, Fort Simpson.

- RWC August 2017

Prayer offered by Jim Antoine

11.0 Adjournment - RWC Chairperson

Adjourned at 4:18pm