

Wednesday, April 13, 2022

Regional Wellness Council Meeting Minutes

#	Item	Details	Time	Responsibility
1.0	Call to Order	11:10 a.m.	4:10 p.m.	Chairperson
2.0	Reflection / Prayer	Led by Ms. Gloria Villebrun		
3.0	Attendance	<ul style="list-style-type: none"> ○ In Attendance: Governance <ul style="list-style-type: none"> ○ Chair – Ms. Phyllis Mawdsley ○ Mr. Don Webb ○ Ms. Linda Mabbitt ○ Ms. Gloria Villebrun(teleconference) ○ Mr. Lloyd Jones (teleconference) (after 1 p.m.): <ul style="list-style-type: none"> ○ Ms. Lorraine Tordiff ○ Ms. Lynda Martin Staff: <ul style="list-style-type: none"> ○ CEO NTHSSA – Ms. Kim Riles ○ COO – Ms. Sujata Ganguli ○ Senior Advisor – Ms. Sheena Wasiuta ○ Executive Assistant – Ms. Rohma Nawaz Guests <ul style="list-style-type: none"> ○ Dianna Korol (after 1pm) <ul style="list-style-type: none"> ○ Premier – Ms. Caroline Cochrane ○ Minister of Health – Ms. Julie Green ○ MLA Thebacha – Ms. Frieda Martselos ○ Pascal Erasmus ○ Elizabeth King 		Executive Assistant
4.0	Approval of the Agenda	<ul style="list-style-type: none"> ○ Agenda was approved as presented. 		
5.0	NWT Medical Travel: Escort Policy Review	<ul style="list-style-type: none"> ○ The Chair reviewed a presentation on this topic which was previously given at Leadership Council ○ Discussion took place regarding clear communication to clients regarding escort criteria and availability. CEO noted the there is an appeals policy to make medical travel escort more equitable. ○ Discussion took place regarding what the Health Centre should prioritize moving forward. It was suggested that letters be 		

		<p>kept on file for those that often require escorts. Response from staff is that the goal of the Integrated Care Team is to know the client well and ensure this information is consistently relayed.</p> <ul style="list-style-type: none"> o Member wondered about escorts for medical travel on compassionate grounds. Chair confirmed that this does not exist. NWT has one of the best medical travel policies overall compared to the rest of Canada. It was questioned as to the fairness of drawing comparisons between NWT and other provinces. 		
6.0	Code of Conduct Signing	<ul style="list-style-type: none"> o Members will connect with EA to sign the form. 		EA
7.0	Previous Meeting Minutes - Review and Approval	<ul style="list-style-type: none"> o Moved by: Ms. Gloria Villebrun o Seconded by: Ms. Linda Mabbitt o That the minutes from February 16, 2022 be approved as presented. 		Chairperson
8.0	Business Arising from the Previous Meeting Minutes	<ul style="list-style-type: none"> o COO advised that there will be a week at the end of April where there will be only one doctor in the ER. She noted that since a single physician cannot be on-call all week, we will be using a hybrid model where less urgent cases will be seen virtually via the med response system. EA confirmed April 17 – 25 as the period in question. o CEO confirmed that physician recruitment is currently a huge concern territorially. She advised that the market for physicians is very competitive although the territory is trying to recruit more family and ER doctors. There is a national workforce shortage resulting in more competition between provinces. It is worrisome on a global scale, and they are starting to see small ER departments announcing no coverage and periodic closures. She added that the territory is doing what they can to assure at least minimal coverage everywhere. o Member inquired if there was a reason for the shortage. CEO noted that besides competition from other jurisdictions, staff have left the NWT to be close to family and 		

		<p>are looking to reduce their workload.</p> <ul style="list-style-type: none"> ○ Member inquired if we advertise only in Canada, and if international recruitment is hindered by licensing. CEO advised that licensing is a barrier for foreign medical graduates. She advised that federally there is work underway to streamline this process. Member inquired about doctors without borders. CEO advised that they still require Canadian medical licensing. ○ Member inquired regarding the cost analysis for recruitment and retention of physicians. CEO advised that they have conducted some of this analysis, and a tangible example of this was that last summer locums were incentivized financially to extend their locums. There are retention bonuses as part of physician contracts. 		Chair
9.0	COO report	<ul style="list-style-type: none"> ○ COO noted at last meeting it was acknowledged that work needs to be done around Integrated Care Teams (ICT). She indicated that she has met with Kyla Kwakfi-Scott to do a year-in review of the entire set up, implementation and goals. Locum physicians and staff physicians will be also engaged in the process. ○ COO advised that staff are slowly recovering from the shock of losing Jordan Tourangeau. Interviews are planned for the RM, Operations position. ○ Chair inquired how the move from Pandemic to Endemic is being managed. COO advised that the NTHSSA is following a slow and careful reemergence approach. Patient screening and masking will still take place for now. CEO added that the number of hospitalizations due to covid are being monitored and there is concern regarding the recent uptick of cases. There is no federal funding this year for health system operations for provinces and territories. Measures such as vaccine boosters are still underway for example 4th shot for seniors and 1st vaccination for under 5- year-olds. Some covid services will remain in YK until end of June. The situation will be monitored month to month to determine plans. 		COO

		<ul style="list-style-type: none"> o COO stated that all NLSCH residents have had their second booster shot. COO confirmed that most staff are fully vaccinated and if not they test daily. o COO advised that the patient experience surveys are ongoing. 		
10.0	Chairpersons Report	<ul style="list-style-type: none"> o Chair advised that the Leadership Council had completed the Accreditation Governance Survey. o Attended the virtual finance meeting on the 14th regarding 3rd quarter variance where the NTHSSA budget was approved for the 2022/2023 year. o Chair noted that the Leadership Council had a presentation regarding MMIWG. She advised that the Territorial draft action plan to address discrimination is impressive. o Chair advised that a new alcohol strategy draft is underway. There are also a number of legislative changes going forward, including regarding tobacco and vapor products. Discussion regarding amending the pharmacy act. o Chair advised that comments can be made regarding the proposed changes to the Child and Family Services act until April 30th, 2022. 		Chair
11.0	Meeting with Minister and CEO – NTHSSA	<ul style="list-style-type: none"> o Premier, Minister, and MLA joined at 1:00 p.m. o Member noted concerns regarding medevac costs for Alberta residents and that residents are being billed directly. Can this process be changed so families don't receive the bill? o Member noted that when Alberta patients (Border Town) travel to YK for medical appointments, there is nowhere for them to go if they are not boarding overnight. o Member noted concerns regarding those that live on the Alberta side of the border, and interprovincial agreements that address the needs of that population regarding healthcare access and billing. Minister noted that she will get a better understanding of how the billing works for Alberta residents. CEO advised that they are not able to reciprocally bill the other provinces in these cases. She noted that 		All

		<p>this is a unique instance given proximity to Fort Smith and will be looking into it.</p> <ul style="list-style-type: none"> ○ Member brought up concerns regarding the adequacy of rates for meals and accommodation during medical travel. It was noted that these do not meet Canadian National Standard. Minister indicated that the \$18 rate was set according to the cost of 3 meals at Stanton some time ago. This issue was also brought up in the Beaufort Delta. She will take this back with her; however new rates will not be as high as the GNWT staff rates. ○ Members raised concerns around the future viability of the Fort Smith Health Centre and that it is not reduced to a nursing station. It is important for the community that ER capacity is not reduced, forcing more patients to go to go to Yellowknife. Fort Smith recruitment should be supported, and support services provided for physicians. ○ Concerns were expressed by members regarding the loss of lab services and having to waiting more than 24 hours for results. It was noted that a shortage of staff means that results aren't often communicated immediately. Why are certain lab services were shut down when we have trained staff locally? ○ Members noted that they wish for increased capacity to have certain tests for example treadmill stress tests. ○ MLA noted that the Health Centre is a very integral part of the community. There is a large senior population, and it is very difficult to get an appointment. Patients often do not have calls returned and there are concerns about the lack of professional conduct at reception. Communication is lacking although the quality of staff is incredible. Strong leadership and a cultural understanding of the community is needed to ensure things are done properly. She has concerns that staff are allowed to work from home throughout the pandemic, and the on-going mental health crisis. ○ Member felt that the Medical Travel 		
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		<p>department should not override doctor's recommendation to have an escort.</p> <ul style="list-style-type: none"> ○ Members noted concerns regarding some patients getting preferred treatment, including those from out of the community. ○ Member noted that there are delays in obtaining medication from the community pharmacy in a timely manner and had concerns about the stocking of life-saving medications, for example a specific antibiotic. COO stated that the complete acute care formulary is stocked on site at the Health Centre and there should be no delay in obtaining required meds for emergency and in-patient purposes. ○ Members noted that locums were always paid well, and it is often a better arrangement than for those that agree to become permanent physicians. ○ Minister Julie Green noted that she is not aware of any plans to reduce the Fort Smith Health Centre to a nursing station. She advised that it is very challenging to find staff, and that locums and permanent physician pay is comparable. An increase for locums in the summer months was recently approved as it is especially difficult to find staff. Lab bench machines have been replaced with Point of Care testing which can do most tests needed. ○ Member noted that the three or four tests that cannot be conducted in Fort Smith anymore seem to be critical tests. COO advised that liver enzymes and acetaminophen levels can no longer be done locally however we can do white blood cell tests. ○ Member had heard we could not conduct an alcohol content test or CT scan. COO clarifies that we never had the ability to conduct CT scans locally. She would like to understand what tests people feel are lacking. CEO noted that there may be some lack of awareness regarding tests that were previously done locally versus sent out. There are about four tests that no longer happen here. COO noted that there may be a misunderstanding that replacing the large 		
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		<p>bench machines with Point of Care testing has reduced quality. Minister Green noted that this may be a good opportunity to clarify this to the public.</p> <ul style="list-style-type: none"> ○ Member thought that the capacity to test blood was gone as was urinalysis. CEO stated that ability to do urinalysis will return shortly. ○ Member raised concerns regarding the difficulty to attract a nurse practitioner and wondered if the local training program could return. ○ CEO advised that NPs are the highest vacancy system-wide at 38%. The NP program was discontinued in Aurora College in 2016 as there was an oversupply of NP's. Work is happening around this with the Aurora College renewal. Minister Green noted the recognition that one of the challenges is that people want to live in larger communities, and don't appreciate the value of living in and being part of a small community. ○ CEO advised that we now have a medical residency program which accepts two people a year. This is a cornerstone to rebuilding the local staff complement, and an opportunity for people to work in other communities. ○ Member noted that it costs much more to fly from Fort Smith than Yellowknife, and consideration should be given to this regarding staff. ○ COO noted that housing is a big concern across the territory including Fort Smith, where there have been many instances of staff accepting job offers but changing their minds when they can't find housing. ○ Minister Green noted that this is an issue, and highlighted that ultimately a solution must be determined, modular homes for example. ○ Premier Cochrane noted that there is the funding coming from the Federal Government to help support Indigenous Governments to build housing, and they are being encouraged to apply. Minister noted that there are some solutions, but they 		
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		<p>would not want to prioritize people from outside the community for government-provided housing.</p> <ul style="list-style-type: none"> ○ It was noted that two RWC members will be leaving this year. There was discussion that it is difficult to recruit new members given the new structure. Because of the advisory role, members feel like their feedback goes nowhere. ○ The chair noted that she brings issues to LC meetings, but there is no evidence that suggestions go anywhere, and no feedback or resolution has been returned. ○ There was a suggestion that vice chairs should be able to attend LC meeting when chair cannot. There was general dissatisfaction noted with the roles in advisory boards and their limited capacity. ○ Minister Green noted that she has heard and received this feedback previously, and it needs to be addressed. she has spoken with the Leadership Council to develop a strategic plan and are looking for 3 key priorities. The council can be more effective and thus being a part of it would be more gratifying. ○ She stated that there are limited funds. The NWT spends \$45M a year on Medical Travel and there is still much unhappiness. She would like to hear RWC feedback on how this can be improved. ○ Minister noted that she will write a letter to the Chair addressing the inquiries raised. Member would like this response to include if there was ever any plan to make Fort Smith a nursing station, and if yes to have that information be part of the letter and have the MLA cc'd. 		
12.0	RWC Member Observations and Comments	<ul style="list-style-type: none"> ○ Deferred 		
13.0	Decision Items and Recommendations to the NTHSSA Leadership	<ul style="list-style-type: none"> ○ Deferred 		

	Council			
14.0	Action Items for Review	<ul style="list-style-type: none"> ○ Deferred 		
15.0	Adjournment	<ul style="list-style-type: none"> ○ Moved by: Ms. Linda Mabbitt ○ Seconded by: Ms. Lynda Martin ○ Meeting adjourned 	2:45 p.m.	