

**Regional Wellness Council (RWC) – Sahtu Region
Meeting MINUTES**

Thursday, March 28, 2019 | 9:00am – 4:00pm
Edward G. Hodgson Building, Norman Wells, NT

March 28, 2019		
#	Item	Notes
1.0	Call to Order by Chair.	9:10am
2.0	Reflection/Prayer	
	Prayer led by Irene Kodakin.	
3.0	Attendance	
	<p><u>Attendees:</u> Gina Dolphus – RWC Chair Sandy Whiteman – RWC Member Brenda T'Seleie Pierrot – RWC Member Irene Kodakin – RWC Member Alphonsine McNeely – RWC Member Glen Abernethy, Minister of Health and Social Services (HSS) Susan Laramee, Ministerial Special Advisor to Minister Glen Abernethy, Executive and Indigenous Affairs Melanie Murphy, Senior Advisor Governance, NTHSSA (via teleconference) Mireille Hamlyn – Chief Operating Officer (COO), NTHSSA – Sahtu Region Sharlene Rankin – Executive Assistant to COO (Recorder) Venessa Tobac – Community Member (Presenter)</p> <p><u>Regrets:</u> Theresa Etchinelle – RWC Member Andrea Modeste – RWC Member Fraser Lennie – Associate COO, NTHSSA – Sahtu Region</p>	
4.0	Chairperson's Report	Action
	<p>Please refer to document provided within meeting package.</p> <ul style="list-style-type: none"> ▪ RWC Chair reviewed <u>Cultural Competency Pilot Training Workshop</u> held in Yellowknife attended by Leadership Council members. ▪ Workshop reviewed importance of trust, respect, having culture reflected in care and incorporation of traditional knowledge. Discussion touched upon the effects of seven generations of residential school and racism. ▪ COO provided overview of system-wide training options being developed by the Department of HSS. ▪ The term cultural safety is interchangeable with cultural competency. 	<p>RWC Chair requested a summary presentation of cultural competency be provided to the RWC. COO to examine possibilities and if same presenter is available.</p> <p>RWC Chair requests a copy of report presented to Leadership</p>

	<ul style="list-style-type: none"> ▪ Council made a recommendation that RWC members should participate in cultural competency training with frontline staff to enable staff to hear the issues first hand from community members. ▪ <u>Chair Report to Leadership Council</u> to be updated with information from this meeting by Executive Assistant. ▪ <u>Date and location of next RWC Meeting</u>: tentatively set for week of June 3-7, 2019 in Colville Lake. COO to examine logistics and consult with leadership in Colville Lake to determine if they are available. ▪ Meeting dates for July and August to be determined. ▪ <u>RWC member terms</u>: two vacancies – Chair (tentative) and one member (Deline). Third member (Fort Good Hope) whose term is ending has applied for renewal. ▪ RWC requests more clarity, transparency and public promotion/communication regarding RWC membership application process and term renewal process. ▪ <u>Vice Chair</u>: decision tabled until after discussion with Minister of Health and Social Services. RWC requests clarification of role, training and commitment. 	<p>Council be circulated to RWC members.</p> <p>RWC Chair to bring forward request for more clarity, transparency and public promotion/communication regarding RWC membership application process and term renewal process.</p>
5.0	COO Regional Updates	Action
	<p><u>Accreditation:</u></p> <ul style="list-style-type: none"> • Refer to update distributed within meeting packages. • Survey is scheduled for mid-September 2019 in Sahtu Region. • The survey will test adherence to two standards: Long Term Care standards, and Remote and Isolated Health Care standards. • Sahtu Region’s performance will be measured against similar organizations across Canada in following these standards. • This is a quality assurance process focused on improving efficiency, safety and quality of care. <p>Discussion:</p> <ul style="list-style-type: none"> ▪ RWC member shared concern regarding Electronic Medical Records (EMR) and staff pulling the wrong prescription information when people have the same or very similar names. ▪ COO discussed the importance of NTHSSA staff using two “identifiers” when retrieving a patient’s EMR (e.g. date of birth and spelling of first and last name). This is an accreditation standard operating procedure (SOP). ▪ COO explained the role of the Clerk and why he/she may ask for the reason for an appointment. This request is not made to be intrusive but rather to help with efficiency in triaging the urgency and the nature of the appointment for the nurse/physician. 	

- COO noted that the NTHSSA is working on streamlining care pathways for what can be a very complicated journey for some patients (e.g. cancer patients in Edmonton returning to NWT).
- COO reviewed complaints procedure with RWC. If a client is not receiving the care or answers that they need they should contact the COO and/or the Manager of Community Health Centres for assistance. Clinical guidelines are available.
- RWC member noted importance of promoting message of being proactive about own health and selfcare.
- RWC member noted need for interpreter services and information in Slavey.

Staffing Updates:

- Executive Assistant position – in process; currently screening candidates.
- Provided update regarding Community Social Services Worker (CSSW) positions.
- Mental Health and Addictions Counsellor positions are filled.
- Dental Hygienist position located in Norman Wells begins in April 1, 2019. This position will support prenatal women and school children; will perform community visits between scheduled dental team visits.
- Community Health Nursing recruitment is ongoing.
- Long Term Care Clerk has been hired. Licensed Practical Nurse recruitment is ongoing. Resident Care Aide positions are filled. Kitchen staff recruitment is ongoing.
- Finding affordable, available housing continues to be a challenge for all new staff across the region.
- Family Preservation Worker position – in process.
- COO reviewed Speech Language Pathologist, Dietitian and Rehabilitation positions supported through Inuvik Region.
- RWC members drew attention to concerns over perceived increases in diabetes numbers and need for regular visits by the Dietitian to each of the communities across the Sahtu.
- It was noted that Norman Wells has one of the highest rates of diabetes in the NWT.
- COO discussed diabetic assessments and advanced foot care certification. Access to Dietitian is available during regional visits, by telehealth and by phone.
- RWC recommendations:
 - Increased access to rehabilitation services (Occupational Therapy, Physical Therapy, Speech Language Pathologist) and Dietitian in all Sahtu communities.
 - More in-depth diabetes presentations/education in the communities regarding diabetes. "Straight-talk" on prevention/education.
 - Foot care options to be automatically offered to diabetic patients by NTHSSA

RWC Members to bring forward question of seeking second opinions in health services with Minister.

COO to update NTHSSA-Sahtu Region complaints poster and online information, including a toll-free number if available. Recirculate to RWC, community members and leadership.

RWC Members to bring forward question of access to rehabilitation services with Minister.

COO to follow-up with NTHSSA staff regarding diabetes education and provision of foot care services for diabetes patients.

	<p>staff (not by special request).</p> <p><u>Third Quarter Reporting:</u></p> <ul style="list-style-type: none"> COO provided update regarding streamlining within Child and Family Services processes. COO provided a summary of the Physician Services review which is currently underway. A meeting is scheduled with the Territorial Medical Director, Area Medical Director and COO to discuss consistency and stability of care for patients. E.g. access to one consistent physician to provide support for chronic and complex care patients. RWC members noted that the current locum physician model is not working. The earlier trial of the Community Based Physician Model with Area Medical Director was successful from a patient care point of view for the Norman Wells RWC member that participated. COO noted that improving physician services is a system wide priority. <p><u>NWT HSS System Priority Themes:</u></p> <ul style="list-style-type: none"> RWC members appreciated reviewing the system priority themes, as identified territorially by all RWCs and brought forward to the Leadership Council, and the linkages within the current NTHSSA operational plan. 	<p>RWC Members to bring forward issue of locum physician model with Minister. This model is not working. Patients need relationship-based, consistent care from one physician.</p> <p>COO to undertake patient survey of those that participated in the Community Based Physician Model trial in Norman Wells.</p> <p>COO to follow-up with RWC member regarding incident involving child dental coverage.</p>
8.0	Other Business	Action
	<p><i>The Council moves to place the meeting in camera at 11:03am:</i></p> <p>Motion #32-19 Moved by: Brenda T'Seleie Pierrot Seconded by: Sandy Whiteman All in Favour. Motion Carried.</p> <p><i>The Council moves to close in camera session at 1:00pm:</i></p> <p>Motion #33-19 Moved by: Irene Kodakin Seconded by: Brenda T'Seleie Pierrot All in Favour. Motion Carried.</p>	
6.0	RWC Member Observations and Comments	Action
	<p><u>Ministerial discussion review</u></p> <ul style="list-style-type: none"> Issue of Medical Travel to be reviewed with Minister. 	<p>COO to ensure medical travel processes are clear for escorts travelling in from another com-</p>

		community to support a medical travel patient. Clear information to be provided to community members.
7.0	Presenter	Action
	<p>Minister of Health and Social Services and Ministerial Special Advisor joined meeting at 1:08pm.</p> <p>Discussion – (Minister’s opening comments):</p> <ul style="list-style-type: none"> ▪ Expressed gratitude for invitation to attend. Ensuring the voice of each RWC is heard across the territory is critical to the success of the NTHSSA. ▪ Provided an overview of Child and Family Services since the Office of the Auditor General Report in 2014 and the most recent report in 2018. ▪ Provided overview of <u>Building Stronger Families</u> implementation – key actions include: <ul style="list-style-type: none"> ▪ Less apprehensions and more support for families (keeping families together), including introduction of Family Preservation worker positions. ▪ Increased support for youth up to age 24. ▪ Working with Indigenous governments and engaging community partners. ▪ Providing tools to frontline workers and managers to improve documentation processes. ▪ New tools that provide real-time data territorially. ▪ Quality improvement strategy and cultural competency training. ▪ Minister plans to attend another meeting in Sahtu Region in May 2019. Federal Legislature is also coming to the Sahtu in May. ▪ Acknowledgement of poor health outcomes for indigenous residents, a lack of trust and systemic racism. ▪ Provided overview of <u>Cultural Safety Action Plan</u> which promotes care that is based on relationships, care that is respectful, and care that is culturally appropriate. ▪ Strengthening aftercare for those seeking addictions treatment. Making clients aware of options available. ▪ Provided overview of <u>Child and Youth Mental Wellness Action Plan</u> which includes Child and Youth Care Counsellors and provision year-round access to care. ▪ Acknowledged RWC member frustration as NTHSSA continues to evolve. Noted appreciation for continued recommendations. ▪ Please continue to inform on how the RWC can be better supported. E.g. identified gap of Vice Chair position. 	

Discussion – (General):

- Chair noted importance of RWC voice. Not all issues brought forward over the last two years have been acted upon. They are repeated over and over.
- Minister noted that a single model of care requires community voice to work. Also important for RWC to impart some knowledge to residents.
- Additional support to be provided to assist Leadership Council in their role; RWC to benefit from this.
- Still learning within this new model. Profound changes in last two and a half years. There have been some successes including improvements to chemotherapy services.
- Recommendation for RWC to keep pushing to ensure community voice is heard. Chair must also ensure that the RWC's recommendations are heard by the Leadership Council.

Discussion – (Reinstate Drug and Alcohol Workers):

- RWC brought forward need for more support for aftercare in addictions treatment; request to reinstate Drug and Alcohol workers in Sahtu Region.
- The Minister noted alignment of this concern with the existing Deline Sahtúgot'ı̄ne Nats'ejú Initiative (pilot program) wherein traditional healers will offer mental health and addictions support for individuals - specifically, pre-treatment, aftercare and follow-up community support.
- This pilot program has been in development for three years. Recommendation to build upon existing models elsewhere in Canada. Minister to reach out to Délı̄ne Got'ı̄ne Government and Department of Health and Social Services for an update.
- It is important to complete this work. The Minister eagerly awaits the full implementation of this pilot and examination of the results for possible expansion across the region and/or territory as a new resource for support.
- The Minister noted that requests for community-based support have also been expressed by other regions in the NWT. This topic will be addressed within the Mental Health Framework next steps: which include a Territorial Mental Wellness Action Plan, a Territorial Addictions Recovery Action Plan, and a Child and Youth Mental Health and Addictions Action Plan.
- Pilots may be initiated in other regions (e.g. Dehcho).
- Local Indigenous Governments are the most qualified to run "on the land" programs; NTHSSA staff can attend and support. As a single Authority, staff can be drawn from across the territory if there is not enough capacity within region.

Community member, Venessa Tobac, joined meeting at 2:03pm.

Discussion – (Family Preservation Workers):

- Discussion of Child and Family Services support over next three years and the role of Family Preservation Workers (e.g. taking children to park, shopping, cleaning, allowing time for counselling).
- RWC noted request to hire local people to fill these positions.
- Minister related that this model is still to be solidified, costed, training requirements reviewed and then hopefully hiring in late 2019-20. To be part of new funding application to Financial Management Board by June 2019.

Discussion – (Medical Travel):

- RWC raised questions surrounding who sets the policies and rates for Medical Travel? Are regional/community consultations taking place?
- Escorts who assist those undergoing extended care (e.g. cancer treatment) can require an escort to be away from home for two or three weeks. It is a burden on that person's family and financially (e.g. time off work, childcare).
- Daily compensation of \$18 for food is inadequate for the NWT which has some of the highest food costs in the country.
- Minister noted that frustration with Medical Travel was raised three or four years ago.
- Changes occurred in the appeals mechanism based on medical necessity.
- A rate increase can be asked at Financial Management Board but this request will be competing against all other requests put forward territorially to that Board.
- Other jurisdictions in Canada do not provide any support. NWT covers accommodation, airfare and per diems. This issue has been raised previously. A cross-jurisdictional review is required.
- Ultimately, the aim is to reduce the amount of Medical Travel and use telehealth and other options more frequently. Streamline the system and its use based on medical necessity.

Presentation by community member:

- Community member discussed systemic racism within health services, lack of response for complaints process across the system, lack of confidentiality/privacy, and parental separation from young children during Medical Travel process.
- Need safety plans in place for mothers to allow them to protect and care for their children or take time from work to receive care, rather than involve Social Services.
- Need more communication regarding supports and options are available to patients.

- Minister acknowledged community members frustration.
- Discussion of appeal mechanism available to patients, complaints process and role of quality assurance. The appeals mechanism needs to be more highly promoted to residents. Reviewed need for consent to release information for investigation of issues.
- New ombudsman began role April 1, 2019.
- Community member expressed thanks for allowing her to express her concerns.
- Minister discussed importance of cultural safety and need to widely advertise Quality Assurance mechanism to investigate issues. The issues raised are broad and need to be examined at a territorial level: Child and Family Services, medical travel, racism, communication, confidentially.
- RWC is encouraged to act as a conduit for concerns.
- Minister provided further review of the Cultural Safety Action Plan 2018-2020 and the need to rebuild trust in health system through open communication, fostering understanding and cultural safety.

Discussion – (Second opinion):

- Is the Medical Travel appeals process aligned with requests for a second opinion?
- Minister related that Medical Travel originates from medical referrals and approval of escorts is based on norms and averages. Appeals process can be used to challenge it.
- Travel or access to obtain a second opinion is not paid for by the GNWT.
- If a patient wishes to obtain a second opinion, they would be required to pay out of pocket. A patient may be eligible for reimbursement on a case-by-case basis if a different outcome is found.
- It is important to keep practitioners informed. Patients have a right to a second opinion.
- The appeals process only applies to Medical Travel decisions.
- Complaints should go through the complaints process and quality assurance.
- If a complaint involves a physician or nurse, the issue can be brought forward to licensing body.
- Community members are encouraged to use quality assurance mechanisms to resolve issues. NTHSSA and Department of HSS can only respond to official complaints, not those posted on social media.

Discussion – (RWC Vice Chair):

- Discussion of Vice Chair commitment by Minister.
- Vice Chair will allow Sahtu Region to maintain their voice at a territorial level, in case of loss of Chair or he/she is unable to attend specific meetings. It will help maintain

	<p>continuity.</p> <ul style="list-style-type: none"> ▪ Recommendation for RWC Chair to send request to Leadership Council Chair to allow for shadowing at next meeting in May. <p>The Council moves to place the meeting in camera at 3:21pm: Motion #34-19 Moved by: Irene Kodakin Seconded by: Alphonsine McNeely All in Favour. Motion Carried.</p> <p>The Council moves to close in camera session at 3:50pm: Motion #35-19 Moved by: Irene Kodakin Seconded by: Alphonsine McNeely All in Favour. Motion Carried.</p>	<p>RWC Chair to contact the Leadership Council Chair regarding request for funding to support one-time Vice-Chair orientation and job shadowing at next Leadership Council meeting in May.</p>
Break 3:50pm-4:00pm		
	<p>Discussion – (Rehabilitation Services/Speech Language Pathologist/Dietitian):</p> <ul style="list-style-type: none"> ▪ COO provided summary of request by community member advocating for a Speech Language Pathologist (SLP) position to be located in Norman Wells to service the Sahtu Region. ▪ Minister related that Dehcho has made similar request. Outreach from Beaufort Delta to increase in spring 2019. ▪ Discussion of recruitment challenges; SLPs prefer to function in collaborative role as part of a rehabilitation team. Additional outreach is possible through telehealth and one-on-one meetings. Perhaps other hands-on local facilitators could be trained to provide services but not assessments. Expanded services may be possible but no additional funding allocations within Sahtu Region in immediate future. ▪ Minister welcomes collaboration with other funding bodies, such as Jordan’s Principle which was used by the family to obtain additional support. ▪ Minister recommends escalating request for Dietitian for Sahtu Region to Leadership Council including business case/data regarding prevalence of diabetes. ▪ Minister asked RWC if locally trained person might be more beneficial, promoting traditional/country foods than a dietitian. More visits by the dietitian from Inuvik? ▪ RWC noted that most importantly, diabetes information needs to get out to all commu- 	<p>COO to provide diabetes statistics to RWC for submission of business case to Leadership Council for Sahtu Dietitian position.</p>

	<ul style="list-style-type: none"> nities; ongoing support and follow-up actions for all age groups. ▪ Minister related that within the territorial Home Care Review, examination of a Paid Family Caregiver program is underway. ▪ General discussion regarding Home Care and quality assurance measures. 	
6.0	Roundtable of feedback and information from each RWC member	Action
	<p>Discussion (Norman Wells Member):</p> <ul style="list-style-type: none"> ▪ Discussion of Long Term Care (LTC) facility concerns (increased access to facility at reception afterhours, increased dementia training for Resident Care Aides). ▪ Discussion of Medical Travel concerns (lack of communication regarding paperwork, return flights not being booked, unprepared for appointments, unaware of reason for travel). ▪ In some cases, clients are only receiving travel from the Clerk. There is no discussion with a nurse or physician. ▪ Discussion of financial abuse of elders (“Where is my pension cheque going?”). Need to encourage more family members to get involved. Can something be put in place? ▪ Discussion of roles of Public Guardian (e.g. client has no family) and Public Trustee (Department of Justice). ▪ NWT Seniors Society and Alzheimer’s Society in Yellowknife have good information that can be shared with community members. ▪ All LTC staff have been trained in Supportive Pathways. Additional dementia training options are being examined. <p>Discussion (Vice Chair): The Council moves to nominate Sandy Whiteman as Sahtu RWC Vice Chair for a one-year term:</p> <p>Motion #36-19 Moved by: Irene Kodakin Seconded by: Alphonsine McNeely All in Favour. Motion Carried.</p> <ul style="list-style-type: none"> ▪ Tour of Long-Term Care facility to be scheduled tomorrow morning for Minister. 	
9.0	Closing Reflections/Prayer	Action
	<ul style="list-style-type: none"> ▪ Led by Brenda T’Seleie Pierrot. Dedication to Melvin Blondin. 	
	Adjournment	Action
	<ul style="list-style-type: none"> ▪ The Council moves to adjourn meeting. 	

	▪ <i>Moved by Alphonsine McNeely.</i>	
	Adjourned: 4:44pm	