



MINUTES
MONTHLY BOARD MEETING
January 15th, 2008
Main Boardroom, Jan Stirling
Building

PRESENT: Liz Wyman, Chair
Kay Lewis, CEO
Andy Wong
Karen Hamre
Pawan Chugh
Leone Erasmus (Via
teleconference)
Rachel Abel , EA (Recorder)

Regrets: Florence Catholique
Robert Sayine
Kevin Mcleod

1. CALL TO ORDER AND WELCOME

The meeting was called to order at 5:40 p.m. by the Chair Liz Wyman. The Chair welcomes everyone present.

2. OPENING PRAYER/REFLECTION

CEO Kay Lewis opened the meeting with a Prayer.

3. CONSIDERATION OF AGENDA

3.1 Additions/Changes to the Agenda: A request is made for the presentation to be postponed until a full quorum.

3.2 Approval of Agenda

MOTION: That the Yellowknife Health and Social Services Board accepts the Agenda as amended.

MOVED BY: Andy Wong

SECONDED BY: Pawan Chugh

ALL IN AGREEMENT – CARRIED

3.3 Disclosure of Conflict of Interest

None noted.

4. NOTICE OF TRUSTEE LIABILITY

Kay Lewis, CEO reported that all obligations are current and there are no outstanding items. There is one lawsuit still outstanding.

5. MINUTES

Approval of Minutes:

MOTION: That the Minutes of the Board Meeting held on November 27th 2007 be approved as amended. Action: to report quarterly Strategic Plan update after every financial report, with the report circulated ahead of time. Item 6.2 reword noted passage to say “one primary case manager moving the case forward”.

MOVED BY: Pawan Chugh
SECONDED BY: Andy Wong
ALL IN AGREEMENT – CARRIED

6. BUSINESS ARISING

- The Chair updated the Board that a letter was sent to the Royal Alex on the concerns raised at the previous meeting. The letter to the Minister is in draft for the renovations to TTC as we are waiting for information from Public Works.

7. NEW BUSINESS

7.1 Presentation: STHA Aboriginal Wellness Program: The Chair welcomed guests Donna Zaozirny, Steve Jackson and Sandra Lockhart. (Please see minutes binder for copy of presentation). The Board is looking at the cultural component that would be part of the makeup for a new clinic. An overview was provided on the background and program on aboriginal wellness at STHA. The Board was informed that the Minister mandated in 2005 for all Authorities to have an Aboriginal component in program and service delivery. There are many Aboriginal programs across Canada but rarely in an acute setting. STHA is also looking at other provinces such as Capital Health in Edmonton, Whitehorse and Meno-Ya-Win in Sioux Lookout, and what they are providing. There will be some major steps forward in the next 6-8 months. The purpose of the STHA program is to integrate aboriginal spirituality and healing practices as there are 65% Aboriginal people inclusive of Dene Inuit and Metis as In-Patients at any given time. The objective is to provide appropriate choices and a welcoming supportive environment. Through the Health Boards there has been an Elders Advisory Council established as there is a very diverse population of different groups to be represented. There is an open seat for a YHSSA rep. The Elders Council is there to guide and provide advice on how aboriginal services can be integrated into the programs. The recommendation should come from the Board and the rep is appointed by STHA CEO. The Elders Council will meet 4 times per year plus an AGA. There has been 2 meetings so far including a two day workshop that

looked at the needs and the programs and how the council can work with the AWP. **ACTION:** The Board to choose and forward 3 Elders names to STHA for a seat on the Elders Council. The Chair asked for 3 Board members to head a sub committee to select names based upon the program TOR.

There are also language and cultural services. STHA is legally obligated to provide language services. It is a 24 hour service staffed by as and when indeterminate relief workers. For foreign language services Cantalk telephone interpretation is available. This is the same provider that services Telecare. Cantalk is also used when an Aboriginal Interpreter is not available on site. . All interpreters are taking medical terminology courses. Interpreters provide not just the language but aid in decreasing “cultural barriers” for Aboriginal patients who can’t speak English.

For Food Services STHA abides by Federal policy on how foods can be brought in. Caribou, Whitefish and Arctic Char are all available and the dietician is involved in trying to meet the needs of patients as there is a limitation to how the foods can be cooked and how people are used to eating them. The Elders were cooked for and provided feedback.

There has been a request to have a liaison person who would visit patients and provide the feedback loop on the effectiveness of the program. With a multicultural population the issue of addressing the many languages and cultures through one position is being looked at. Elders on Extended care and medicine do want someone to visit them. There will also be cross cultural educational modules for staff.

The Elders Council raised the issue of communication on the programs and services available in the hospital. A handbook is going to be created on these services that can be used by the patient as well as STHA staff and other regional Authorities. The handbook can be used by Health Centers to enable patients to be prepared before their admission date for the services they may wish to access from the Aboriginal Wellness Program.

Prayer ceremonies are also being looked at and the way that is traditionally practiced, and what are the options for accommodating people within the policy and safety restrictions in the Hospital. An example being the use of smudging which is allowed but only in certain areas due to fire alarm procedures. Accessing Traditional Healers falls under FNIHB, the intent is not for STHA to be the provider of traditional healing services, it is a personal choice between the client and physician and for the client to follow traditional processes and approach the elders in their community in support of that choice or for recommendations of a healer. In the future the program will be looking at the use of traditional medicines and setting

up policies and procedures to make sure that there isn't an adverse interaction with medications taken on a regular basis but some traditional medicines may be available to use. There will also be ongoing surveys conducted to measure the effectiveness of the program. Questions/Comments: The Board is happy to hear that this program is taking place at the hospital; the education component would be good to look at for YHSSA.

7.2 CEO Report: Kay provided her monthly report (Please see minutes binder for copy of report) Action: Kay will follow up on issue raised by a Board member regarding the proposed programming in Dettah. **Action:** HR issues to be added to MLA Agenda.

7.3 Report from JLC: There have not been any meetings since the last one reported upon.

8. **CONSOLIDATED CLINIC UPDATE:** YHSSA has been asked to prepare an updated submission for FMBS with additional information on operational expenditures, staffing requirements and ongoing maintenance costs. Discussion followed on the issue. **Action:** Kay will provide the Board with a summary of key points regarding this issue.
9. **NEXT MEETING:** The next Regular meeting is scheduled for February 26th 2008. The MLA meeting is to be scheduled before the Feb Board meeting. The Health Promotion presentation will be postponed until the March meeting as the next quarter financial reports are being presented in February.
10. **ADJOURNMENT @ 8:20pm**

MOTION: That this meeting of the Yellowknife Health and Social Services Board be adjourned.

MOVED BY: Andy Wong
SECONDED BY: Karen Hamre

ALL IN AGREEMENT- CARRIED

Rachel Abel
Recording Secretary

Elizabeth Wyman
Board Chair