



**MINUTES
MONTHLY BOARD MEETING
October 30th, 2007
Main Boardroom, Jan Stirling
Building**

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

1. CALL TO ORDER AND WELCOME

The meeting was called to order at 5:30 p.m. by the Chair Liz Wyman. The Chair welcomes everyone present.

2. OPENING PRAYER/REFLECTION

The Chair opened the meeting with the Lords Prayer.

3. CONSIDERATION OF AGENDA

3.1 Additions/Changes to the Agenda: None

3.2 Approval of Agenda

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

MOVED BY: Pawan Chugh

SECONDED BY: Kevin Mcleod

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 September 24th, 2007 be approved as presented.

MOVED BY: Karen Hamre

SECONDED BY: Kevin Mcleod

ALL IN AGREEMENT – CARRIED

6. BUSINESS ARISING

6.1 TB Report: Kay updates the Board that there are 11 active cases. Additional resources will be needed for the next 18 months for follow up and monitoring. The total estimated costs for the year will be approximately \$85,000.00. We have hired additional casual Nursing staff. We are working with Stanton and the Department regarding Tb management and protocols, as well as looking at the roles and gaps and communication. There has been a request for some physician training and additional hours funded. YHSSA will send a detailed breakdown of costs to the Department for all of the extra expenses being incurred in providing an expanded TB program, and team. There is some discussion on the issue. There has been media coverage on the outbreak. Kevin speaks to the ongoing need for a YHSSA communications person. There was an education session provided to the NGO's last week, this was well received.

7. NEW BUSINESS

7.1 Website Update: Margaret would like to know if the Board would like to have short Bios posted on the website. Margaret has researched the issue and this is a common practice amongst other Health Authorities. The Board agrees that this should be implemented. There is some discussion on the Board roles and responsibilities and the differences in community expectations on trustees between Yellowknife and Regional reps. **Action:** Administration will develop and send out a questionnaire to Board members for relevant information required to post each bio. **Action:** CEO will develop question/answer sheet with most frequently asked items to distribute to board members.

7.2 CEO Report: Kay updates the Board on activities since she started in September. She has been very busy getting to know everyone. The Consolidated Clinic has been a priority as well as looking at ways to increase access to primary care. Starting in January 2008 extended hours will be started at Frame Lake from 4-8pm Mon to Fri as well as some hours on Saturdays. Florence asks why the hours have been extended and will

this increase costs. Ruth responds that resources are being shifted from within and the purpose is due to the community growing and with the hours remaining the same people tend to use Emerg more after hours and on weekends. Florence speaks to resource Development impacts and the 3 Social Economic Agreements in place and how these can be utilized to help improve the Health and Wellbeing of members, as the increase in population can be partly attributed to development and this could be an impact that can be addressed through the agreements in place. Kay informs everyone that the Executive office has relocated to the Goga Cho building. Midwifery will be taking over the vacant CEO office in Jan Stirling. The Risk Management position has been staffed; the Chair states that this position was written into last years Strategic Plan. The scope of the role will be to review complaints and commendations and accessing risks, supporting the development and making the framework for policies and medical bylaws as well as developing performance indicators and preparing for accreditation. The Manager of Integrated services has been staffed indeterminately and the scope has been broadened to look at community partnerships internally. The position is focusing on strengthening service delivery through the enhancement of the ISDM. This will play a big role in the development of the consolidated clinic. Health Promotion staff are holding an 8 week workplace wellness initiative focusing on exercise and nutrition. In EMR the issue is network capacity issues. The current GNWT network is overloaded. Ewan speaks to the proposed projects and looking at getting a dedicated network for health, in the interim the option is to have a locally hosted network for running EMR in the Yellowknife region only until the network issues are resolved. This would mean that the clinics in Yellowknife would be able to share information but that would be the extent of the service. **ACTION:** To add this as an agenda item for future MLA meeting. Karen asks what the difference is between an EHR and EMR. Ewan explains that EMR is a charting tool, and a digital chart is used instead of a paper one. EHR is a composite of patient info collected over a large geographic area goal is to have this information Canada wide so that you could go into any medical center and your information would be available. The information would be a complete history of the patient from birth to death. EMR and EHR feed into each other. Kay continues that as part of her orientation she has toured all of the sites and attended an NGO meeting, as well as some AGM of community partners. She travelled into Lutsel K'e with SMT and met with the Chief and Council as well as toured the Health Center and Social Programs offices and Elders Program. There were discussions on local program delivery and how it can be improved, and a reporting template is being developed to send to Chief and Council on a regular basis, that captures program stat information. The Community Coordinator position is being reposted, also discussed was the option of setting up a contribution Agreement with the Band for funding for a Cultural Worker position. A similar meeting is planned in

November for Fort Resolution. In Hr there is a lot of time being spent on payroll issues. We are working with Corporate Hr to resolve these. A news letter was circulated to the board and staff with updates. A regular news and views will go out between Board meetings. Karen asks if anything is sent to NGO's. The Director of Social Programs keeps in touch with the NGO's on issues. The Foster Family celebration was very well attended, the staff did a wonderful job. There will be an SMT planning session to review current workplans and the Consolidated Clinic and impacts and what's required to move forward. There are regular meetings taking place with Stanton and the Department to review TB management, and this has sent up a good structure for communication with Stanton. Kay speaks to Privacy Legislation. There will be a Minister Tour briefing on November 8th followed by site visits.

7.3 Report from JLC: The Chair informs the Board that there has not been a meeting yet. The Strategic Plans for Stanton will be reviewed at the end of November.

8. CONSOLIDATED CLINIC UPDATE (Presentation): Kay makes a presentation (see attached) on the Consolidated Clinic. Discussion follows Karen asks about the Diabetes Program, Kay informs her that the program will remain at Stanton, with the Consolidated Clinic focusing on Chronic Disease Management as a whole and the total care plan required to help prevent hospital admissions. Karen asks about the options for a building and if a lease has been considered. Kay says yes it would be a building reconfigured to meet the needs of the clinic. The RFP would require standards and codes for building. There is some discussion on the estimated costs of the project. The Chair explains the process of moving forward to get the clinic into the Capital plan and funding committed. The focus is on planning for future needs not only what is required at this time. There is discussion on cultural needs and what will make people comfortable. There is also discussion on the types of programs and services that would be provided in the clinic alongside primary Care services such as Social programs. Ewan speaks to the current set up in Great Slave Clinic in terms of staffing and programs delivered. Karen is the rep for the working group and she will be working with the board to gather ideas and bring them to the table. Once the project is approved the focus will be on getting community feedback and ideas.

9. NEXT MEETING: The next Regular meeting is scheduled for November 27th.

10. ADJOURNMENT @ 8:10pm

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