

**Mount Waddington Health Network
Steering Committee Meeting
April 23, 2014
Regional District Office
Port McNeill
9:00 to 12:00
Teleconference: 1 877-577-7710 ID 1900067#**

M I N U T E S

1.0 Welcome & Introductions:

Alyson Hagen Johnson (chair)	Barb Park (coordinator)
Heidi Soltau	Debbie Huddlestan
Sandra Waarne	John Tidbury
Shirley Ackland (recorder)	Alison Mitchell
Wendy White (phone)	Val Elford
Gail Neely	Althea Vermaas
Kelly Amodeo	Tracy Hamilton (new Youth Mental Health rep)

Regrets:

2.0 Agenda Review

Like to add request for HN to write two letters:

- CCCU our concern of its decision to close the branches on Malcolm and Cormorant Islands and the effect on seniors (Adrian Leggan, President)
- Ministry of Health / VIHA – Brendan Carr to lobby for the honouring of the use of “Pink Slips” for island travelers to get to medical appointments in Port McNeill and Vancouver Island

Agenda Approved by – Debbie Huddlestan / John Tidbury CARRIED

3.0 Minutes of February 26, 2014

Approved as circulated by – Heidi Soltau / Debbie Huddlestan CARRIED

4.0 Correspondence

No correspondence in the file (Barb will circulate the HN binder – material from the HN coordinator meeting that Barb attended down island.)

5.0 Reports:

5.1 Executive Committee - No report this month

SEBLAC / Youth / Housing / Addictions Services Reports attached to agenda – received.

5.2 SEBLAC – Gail Neely

Alyson asked Gail what was planned for World Seniors' Day. (June 15) Nothing is set yet. It was put out at the last meeting for anyone from each community to come forward to ask for plans. The funding comes through the Community Response Network. (Julie Foster has applications)

Sandra reported that on Cormorant Island they will have a luncheon on June 15 and have a workshop on wills. Writing wills on reserve is much different and that is the topic they will discuss on June 15.

5.3 Youth – Alyson Hagen Johnson

Is there a new coordinator for the Youth emergency shelter/program? Alison said there was no coordinator yet and she wasn't sure if there was funding.

Sandra asked about the survey that Michelle identifies in her report – Sandra would like to see the results. Alyson reported that what was found was that youth were finding their own solutions to housing. According to the contract, there is to be a presentation to be given to the HN executive in a couple of weeks.

5.4 Housing & Homelessness – Althea Vermaas

NICCCS was not able to participate in the low barrier housing initiative at this time because of low capacity at that agency. The H&H committee would also like to review and revise its Terms of Reference as these terms no longer reflect the current committee and what it needs to move forward. The terms need to be presented to the larger committee and any changes should then be brought to the Steering committee for approval.

By May we should know if that proposal was funded so that the committee can meet to write a business plan and if an agency is able to step forward there will be a plan in place.

Sean Junglas said at the meeting that Lighthouse might be able to take the project on. If the \$5000 came through perhaps the project could come to the HN for matching funds. The difficulty is that the Salvation Army cannot take on a project unless people are dry/clean. Neither group can take on the writing of a business plan this is what the proposal was submitted to address.

Basically this proposal identifies enough money to hire a consultant to get the business plan done. Once the plan is in place then a service agency can take on the service – that is the next stage. If NICCCS were to take this on, then they would just hire a consultant and hold the contract. If that is the direction of the HN then NICCCS would take on the contract for the consultant and charge an administration fee for that service.

If we don't have something in place this fall, there will be people that will fall through the cracks. The Emergency Weather Shelter has filled this gap in the past year but that was one time funding. We will have to discuss at the meeting on May 15 how to proceed. The H&H committee hopes that the HN will support its initiative to hire a consultant to write the business plan for low barrier housing. The committee may also seek matching funds.

5.5 **Addictions Services & W4W** – Shirley Ackland

Waiting to see if any funds will be coming through from the proposal we submitted. We have not been able to connect with G&N to talk about W4W but just this last month we had a senior with mobility issues access the wheelchair lift van from W4W. This was the first time the lift van had been accessed in Port McNeill. This person was taken from Port McNeill to a doctor's appointment in CR – she was given a flat rate "suggested" (\$120) she should contribute in the envelope behind the seat. She was delighted with the service the gentleman came to her home the night prior to her pick up to determine her needs, and was picked up promptly the next day along with her companion. Once she had been to her doctor's appointment, the W4W driver stopped at Walmart and suggested the senior and her companion could do some shopping before they left for Port McNeill. The senior shopped for about 45 minutes and reported upon return to the van the driver was unhappy, pacing, looking at his watch – stating he had to drive to Port McNeill and get back to Courtenay before it was too late at night. We are researching the possibility of providing the W4W service that starts in the North Island. We would use the VTN and schedule trips from this region that would allow all communities in the North Island access to trips to medical appointments out of region. The W4W suggestion was to send a Home support person with the W4W van to support this senior. This was not a good use of the home support worker. Interestingly, the conversation on the trip down in the W4W van was how important the lift van was for Comox. That is why it can't come up to the North Island on a regular basis. We now have seniors reporting that they are considering moving to Comox as they have no way to access medical appointments down island. Their son can't keep taking time from work to take parents to medical appointments.

At Fort Rupert, the band has monies that they give W4W to provide the transportation and they also give the patient some funds for spending, W4W also takes the extra cash that the band gives its member – so W4W gets more than the regular fee for transport.

(Double dipping?)

We will gather anecdotal information about people's experience with W4W. Barb will create a survey and distribute it throughout the region. We hope to be able to work with Island Health to provide a W4W type service for our citizens in Mount Waddington. Getting feedback from a survey would be very helpful to moving forward in our proposal for a W4W service.

5.6 **Island Health Report** – Alison Mitchell

Our new nurse started in Sointula April 14. Reminder that Family Place in Port Hardy is now being run by Dean Wilson – more of a social work lead. Good partnership. Discovery Youth will remain in the building. Just finished accreditation. Overall Island Health did really well. Better than last time around. Within the four medical sites, Port Alice is the best staffed right now. Currently we are having difficulty recruiting. Cormorant Island using agency nurses. In Port McNeill two retirements coming and a maternity leave. PH there are three maternity leaves upcoming. Lots of overtime to keep the sites open. Still only two doctors in Port McNeill. Dr. Lyn is leaving Port Hardy in June so that will bring the physician count down to

three in Port Hardy. New nurse practitioner starting in Port McNeill next week. Next Local Working Group meeting we need to get communities on board with recruitment. We have gone to agencies – but had no luck. We can't just keep upping the ante. As communities we can take this on and get it resolved. What can the communities offer to attract nurses and doctors to the area? Perhaps the doctors in the area can be encouraged to connect with doctors that they know. In terms of physio – it would be great if any of the doctors knew someone who might come to the area. We do have a lead on a physio that may come to the area in October on a placement. In the meantime we are trying to get our contract services to put out an RP to see if we can hire a private physio in the communities. Hospitals are staying open but we are teetering on another possible crisis in the making. We are planning as much as we can. Ultrasound position has had lots of applicants but perhaps not a fit yet.

Dr Jeff Baselt physician in Campbell River has been involved in the hospital project. Dr Kirsten Duckett will start coming up in May she is an ob/gyn replacing Dr Hartman who has retired. GP physician obstetrical group in CR we have been working with but need to make use of the Port McNeill hospital for low risk obstetrics. What we have been using up to now is the ob/gyn not necessary for each pregnancy so now a patient can see the obstetrical group instead of tying up an ob/gyn when it is not necessary. If we don't start seeing more deliveries in PMc then the service will stop. There is some pressure being put on the ultrasound techs in CR that they should be able to travel to the North Island to do ultrasounds until the position is filled on a permanent basis.

Psychiatry is the other big piece we have been working on with telehealth mainly. Observation room in Port McNeill. A few different scenarios that have come up – few issues – so we have security now in Port McNeill. Tonight we are doing a test run – not telehealth per say – it is Jabber, like Skype – a group of psychiatrists in Victoria are getting together to try this out so if we have a patient that is certified under the mental health act and they want to get a consult within 24 hours there will be a consult with psychiatrists.

Tele psychiatry is working really well. It is really for the non-urgent cases. The ones that are on the list that when an urgent call has to be seen the other cases are bumped. There is no one on the wait list right now.

Geriatrician is interested in doing telehealth consults for seniors. Issue now is that once we identify a service that could use telehealth we are then told by telehealth that there needs to be a nurse on our end. So that takes a nurse out of the mix for the services we need to support telehealth. Trying to create a seniors' health team. Support staff here from home and community care. These things are moving along. Still want to tackle meals on wheels. Issue that has been looming in the area. Dr. Avery retiring and he was the only methadone physician in the area. Hope that there is a contingency plan that evolves. Dr. Clelland lives in Fanny Bay and has methadone clinics in CR and Qualicum. It is important that one or some of the doctors in this area need to have a methadone licence.

Alison said there needs to be physicians that agree to take it on. Methadone maintenance is not a VIHA supported program. We do need to hire physicians that would agree to take it on. One of the things we had thought of was to get Jane to come up once per month to take on the methadone clinic. Is that something that the Addictions Committee would take on?

New building in Port Hardy – groundbreaking ceremony on Friday, April 25 at 2 p.m.

Working on in integrated primary health care. This building is phase one of the plan. Start

integrating the staff. Start to have patients assessed to see if they need to see a physician or whether they can see another member of the health team. Starting single point access, going to one form, one care plan. Client-centred care model. Service model is the other work that is going on following the Nuka model. Next round of community consultation will be in May and June.

Sandra asked if there is a North Island hospital planning group. Alison said that there a couple of groups working. Staff will be taken through the PH site and asked for input into how the rooms are organized. Alison will find out if there is a group that she can work on as a representative for Cormorant Island.

The only group was a political group that included the MLA and the meetings were Fridays in the late afternoon. MW has never been able to participate in that committee.

5.7 Coordinator's Report – Barb Park

I have started to draft the communication strategy. Essentially I want to disperse information and give communities a chance to engage and learn about the health network. Want to begin liaising with community. Community based outreach kind of stuff. Interviewing people for the column in the newspaper.

I have costed out what it would be to get our particular website up and running. (\$400 per year)

Inserts into the NI Gazette are not very pricey if we ever want to do something for an upcoming event. Once I have your approval I will start the newsletter. It won't be costly we can send it out as a PDF – but putting together the newsletter will take time. I don't recommend we start redesigning or restarting a new website. That is a brief overview of what the communications strategy contains. Sent a first draft of the column for the newspaper – it is basically an overview of the health network. Hope to be providing a quarterly financial for April / May / June. Barb will be working with Chris to set down the codes for the various budget lines. I have been sitting with the sub committees. Between Althea and I we will work to get a good distribution out for the upcoming H&H meeting. On May 30 we will be meeting with Leslie to hear about her last items and reporting on what has been achieved with Food Security.

Alyson and I attended the April 03 HN coordinators meeting at Kingfisher Resort. Mini presentations on where each network was at. Small group breakout sessions to hear and support each other in next steps. Lots of respect for this health network as it was the first. Barb asked if we wanted to meet with the board of Island Health or have a forum in the fall. The board usually meets in the North Island in the first week of October. Alyson suggested we have a forum in September and take items from the forum forward to the board meeting.

Motion to Accept All Reports (5.2 – 5.7) – Gail Neely/ Sandra Waarne

CARRIED

6.0 Matters Arising from Previous Agendas

Possible Forum Topic - Access to Service should be the subject of our next forum – suggested Sandra. Access to the health care and services we don't have or need here and how best to get our community members connected to the care they need. How do we get

our services? If we are going to have primary healthcare – we need to talk about what that looks like. Sandra Waarne would like to be the MWHN representative on the CR Hospital Committee. Access to all services in Mount Waddington – services like MCFD and the RCMP – Services that First Nations offer etc. We will add this to the May agenda for further discussion.

Accommodation for those who are out of community in a medical emergency is another area we need to have conversation about. Jot down the names of people who we might want to share information about access to services.

Invoice for \$93.50 – MWHN share of Health Network meeting costs
Motion to pay the \$93.50 invoice –Althea Vermaas/ Debbie Huddlestan CARRIED

Travel Assistance Changes – Pink slips to help island residents who need to travel to a physician’s appointment. This is no longer being honoured unless you are travelling for a specialist’s appointment. This is a hardship particularly for seniors as it is very costly for ferry travel for doctor’s appointments or to pick up drugs at a pharmacy.

Representation of new CR Hospital Committee – Sandra Waarne wants to represent Cormorant Island and the MWHN on the committee.

7.0 New Business

Motion that Barb and Alyson write two letters to express our concerns about:

- CCCU and its decision to close the branches on Malcolm and Cormorant Islands and the effect on seniors (Adrian Leggan, President)
- Ministry of Health / VIHA – Brendan Carr identify hardships for island residents/seniors that can no longer use “Pink Slips” to get to medical appointments in Port McNeill and Vancouver Island. Debbie Huddlestan / Sandra Waarne CARRIED

8.0 The next HN Steering committee meeting is scheduled for **9 a.m. on Wednesday, May 28.**
Meeting Adjourned at 12:10 p.m.

S Ackland
(Recorder)

(HN Coordinator)