MINUTES OF THE YUKON HEALTH AND SOCIAL SERVICES COUNCIL MEETING

WHITEHORSE

May 2 & 3, 2008

MINUTES OF THE YUKON HEALTH AND SOCIAL SERVICES COUNCIL MEETING

Windsor Boardroom at the Edgewater Hotel
May 2 & 3, 2008

MEMBERS PRESENT: Allen Lueck – Chair
Marie Cox
David Ravensdale
Cindy Gosselin
Jane McIntyre
Alexia McKinnon
Naresh Prasad
Darcy Tkachuk
Maxwell Rispin

REGRETS: James Allen
Penny Ferbey
Graham Lang
Amar Dhillon, Secretariat

SECRETARIAT: Yvonne Clarke, A/Secretariat

ALSO PRESENT:
Lisa Jacobs, Coordinator, Department of Justice
Deborah McNevin, Director, Strategic Planning, Justice
Brian Kitchen, Director of Policy, Health & Social Services
Joe MacGillivray, CEO, Whitehorse General Hospital
Cathy, daughter of a Resident at Copper Ridge Facility
Layra Beatty, President of Pharmacist Association

The Yukon Health and Social Services Council held its first meeting of 2008-09 on May 2-3, 2008. The meeting called to order at 9:15 a.m. on May 2, 2008.

FRIDAY, MAY 2, 2008

Approval of Agenda:

Motion: Moved by Maxwell Rispin, seconded by Naresh Prasad to approve the agenda as presented. Motion carried.

Approval of Minutes:

Motion: Moved by Maxwell Rispin, and seconded by Cindy Gosselin to approve the Minutes of January 18 & 19, 2008 meeting as presented. Motion carried.

Yukon Community Wellness Court:
[Lisa Jacobs and Deborah McNevin, Department of Justice]

Following introductions, Jacobs and McNevin provided two handouts that were distributed to the Council; a pamphlet *Ready to Make Changes* and a copy of the presentation on *Yukon Community Wellness Court.*

The Yukon Community Wellness Court (CWC) is a new court program in Whitehorse which is based on helping create a healthier life. It is an alternative approach model where predominant underlying criminogenic factors are identified. Clients are referred to the court if their criminal behaviour is related to addiction to alcohol or drug, mental health problems, and fetal alcohol spectrum disorder (FASD).

The primary objective of the program is to reduce recidivism, victimization, and harmful impacts of crime by influencing offender's future behaviour. As well, to ensure needs of victims are addressed through restorative justice approach, provide offenders with therapeutic alternative that is tailored to offender's specific needs and enhance the capacity of CWC stakeholders to achieve the above objectives.

The CWC process consists of referral, suitability assessment, wellness plan development, wellness journey, and sentencing. Early support is available when the criminal charges are laid.

A client can be referred to CWC by a lawyer, RCMP, government department, family, friend, or a community agency, as well as through Legal Aid.

A legal assessment based on established criteria has to be applied and the client must have no serious crimes of violence, crime against children or seniors, no profit motivated crimes (drug trafficking for profit), and no outstanding serious criminal charges. In this process of assessment a client must show personal motivation to address her/his problems. This assessment is carried out by Primary Case Manager (Probation Officer). Support is provided during suitability assessment stage to access to CWC physician, support worker, early intervention/stabilization from mental health nurses, addictions counselors, and connection

with First Nation for aboriginal ancestry.

If a client is deemed suitable, they are offered the opportunity to participate in the CWC, they must plead guilty to offence(s) and sign a waiver (drug testing), and they must abide by bail conditions. Only then they are formally admitted to CWC.

The wellness development plan includes thirty-day assessment period to gain more in-depth understanding of client's problems. An individualized wellness plan is developed based on issues such as addictions, mental health, FASD, and determinants of health are also included and the client is involved in the process.

The wellness plan focuses on determinants of health including substance abuse, mental and physical health, housing, financial wellbeing, education, literacy, employment, family, community support, leisure, recreation, spirituality, emotional well being (trauma), parenting, child care, and other areas as identified by the client.

The wellness team includes primary case manager (probation officer), CWC staff, other government and community treatment professionals and community service provider (i.e. FASSY, CAIRS) and support person(s) as identified by the client.

The treatment may include stabilization (physical and mental health); addictions treatment (counseling, group, residential); mental health services, consulting a psychiatrist; family, parenting, and domestic violence programs. Supports may include assistance with basic needs (food, clothing, shelter); literacy assessment, education, job readiness, and FASD support.

The CWC staff includes mental health nurse, addictions counselor (from H&SS), probation officer, support worker, forensic psychiatrist (contract), and a physician (contract).

A wellness plan is developed and filed with the court and client starts wellness journey based on the plan where client's family and community is engage as the client progresses. A case conference is convened as needed and a total time commitment is 12-18 months.

The key element is intensive supervision. It includes frequent appearances in CWC in the presence of a designated Judge and treatment staff is present, sanctions and reward system is based on regular attendance, sobriety, general progress, where as sanctions are put on for being dishonest about drug use, missing appointments, non-participation. Close monitoring of the client is done by the primary case manager, a probation officer.

The program can not cure but teach people how to moderate their behaviour and continually look for ways to help support the client. The completion of sentencing consists of discharge planning in advance of sentencing date and at the completion of wellness plan. The judge sentences client based on progress/participation in wellness journey and sentencing hearing can include circle sentencing and other First Nations justice models, as well as clients who do well may avoid incarceration (expect community dispositions to be the norm).

The wellness court started in July 2007. Thirty-nine (39) clients entered CWC since June 4, 2007 - currently 13 in CWC process and 5 in wellness journey. Addiction is a common problem and for more than half have multiple problems. Half of the clients are First Nations

and out of 13, two are women.

Developments that are in progress are graduation system, addictions treatment day program, additional service providers being sought to meet the needs identified in wellness plans, and looking to increase partnership with First Nations. The program is treatment focused and discharge planning is in place. This is a pilot project for two years and is only offered for now in Whitehorse. There will be a formal evaluation of the program in July 2009.

Updates of H&SS & Federal, Provincial, Territorial:
[Brian Kitchen, Director of Policy H&SS]

Yukon Wait Times: Brian Kitchen presented a background paper on Yukon Wait Times Initiatives that are in place through federal funding. The main piece of the health agenda is the wait time reduction and access to services.

At the first Ministers' meeting in September 2004, First Ministers agreed to evidence-based benchmarks for medically acceptable wait times starting with cancer, heart disease, diagnostic imaging procedures, joint replacements, and sight restoration will be established by December 31, 2005 through a process to be develop by Federal, Provincial and Territorial Ministers of Health and multi-year targets to achieve and establish priority benchmarks by each jurisdiction by December 2007.

In December 2005, provincial/territorial governments announced the following evidence-based benchmarks: Radiation therapy to treat cancer within four weeks of patients being ready to be treated; hip fracture fixation within 48 hours, hip and knee replacements within 26 weeks, surgery to remove cataracts within 16 weeks for patients who are at high risk, breast cancer screening for women aged 50-69 every two years, and cervical cancer screening aged 18-69 every three years after two normal tests.

Three benchmarks are being established for cardiac bypass surgery reflecting how urgently care is required: level 1 patients within 2 weeks, level 2 patients within 6 weeks, and level 3 patients within 26 weeks. These benchmarks do not apply to emergency procedures. Patients requiring emergency care will continue to be seen as soon as possible.

An agreement signed between Minister Cathers and Clement in March 2007 that ensured access by the Yukon to the Wait Time Guarantee Trust Fund, and the discussions leading up to that agreement identified that:

- the Yukon government is committed to work towards establishing a mammography wait time guarantee, by February 2010;
- as a small jurisdiction, the government of Yukon is only able to provide a limited range of services within the territory, Yukon can take measures to improve access and reduce wait times. The Yukon, during the discussions leading up to the agreement, identified two such measures that are of priority interest to examine and pursue to the extent possible within the funding provided:
    - the possible limited expansion of our medical travel coverage to allow travel to cities outside of Whitehorse/Vancouver/Calgary/Edmonton for hip and knee replacement surgery if wait times in those cities are too long; and

    - the possible expansion of services/procedures available locally in the Yukon, to remove the barrier that travel out-of-territory poses for many people.
- in consideration of these commitments by the Yukon government, Canada will provide $4.5 million over three years for the Yukon in the Patient Wait Times Guarantee Trust Fund, as well as Yukon is eligible to benefit from the $400 million investment in Canada Health Infoway and from the pilot project fund created by Health Canada.

In September 2007, the following were identified by H&SS as areas of work to develop to support reducing wait times in key areas for Yukon residents: mammography; develop Yukon wait times targets for hip and knee replacement surgery, cardiac care and cancer care; and the potential expansion of locally-available services.

In January 2008, the federal Minister of Health approved a $1.4M proposal submitted by the Yukon under the Patient Wait Times Guarantee Pilot Project Fund, to test out recourse to service locations in Alberta and BC other than Calgary, Edmonton and Vancouver for specified services. The pilot project is currently anticipated to be ready for offer recourse options for appropriate cases late in 2008, and it will run to March 31, 2010.

The intent of Health and Social Services is to proceed in a manner that makes sense and is acceptable to physicians and specialists providing services in the Yukon.

Pulmonary Function Testing: Another handout is passed on information related to pulmonary function testing. The average number of travel to see respiratory medical specialist is 53 from 2004 to 2008. Twenty-six (26) are identified that reason for travel was for pulmonary function. The medical travel information does not include services not paid for by the Yukon medical travel program, e.g., FNs and WCB.

The BC/Alberta billing system shows physician services provided out of territory to Yukon residents. The average number of people from 2006 to 2008 is 49.5 while a total cost identified is $2610 or $50 per person.

Some observations:

- cost savings in medical travel by having tests provided in the Yukon are difficult to predict as many of the patients may still need to see the medical specialists, even if tests are completed in the Yukon;
- sometimes the testing will be identified as needed by the specialist during the visit (and completed while outside) and sometimes it is identified by the specialists ahead of time and the results are available at the time of the visit;
- often these patients are going outside for other medical concerns also of which the pulmonary testing may only be one aspect;
- medical travel costs may or may not be saved and there would be no cost saving in situations where the test is identified as needed and performed during the outside visit;
- services are started in the Yukon based on assessed need for services, ability to deliver the service effectively in the Yukon, a cost/benefit analysis, services being identified by the YMA as needed (physician's), services being identified by the hospital as needed;
- generally, if services are provided locally, more people will take advantage of them and more physicians will order them causing the volume to increase; and
- medical travel can be a barrier to some patients to getting tests completed due to the

complications and time associated with going outside for testing.

Health Care Review: Finance Minister and H&SS Minister have appointed a committee to review funding and sustainability of the territory's health care system. Yukon population is changing- aging. The Yukon government recognizes that there is a need to increase fiscal capacity with the health care system. An informed set of recommendations will help guide us through the next 10 years.

The committee will be chaired by former H&SS and Finance Deputy Minister (DM) Bruce McLennan. Steering committee members are H&SS DM Stuart Whitley, Finance DM David Hrycan, Yukon Hospital Corp. Chair Craig Tuton and the former director of the Whitehorse General Hospital Yukon First Nations Health Program, Donna Hogan.

The review will lead to recommendations consistent with the principles of the Canada Health Act. The Review of Health Care Programs, Funding & Sustainability *Terms of Reference (TOR*) is also handed for Council members.

The role of the department is to provide the committee with up-to-date information on statistics on spending, trends, facts, ideas, cost-sustainability and legislative items. The cost that the hospital charges are set by the provinces and this is part of the review - to look at those levers that can impact the health system.

Introduction with new CEO, Vision, Staffing at WGH:
[Joe MacGillivray, CEO, Whitehorse General Hospital]

Priorities and challenges of the hospital started six months ago in October 1, 2007. The negotiation between union and hospital is settled with PSAC. The board of trustees consists of 14 new members, half of them have been there for a year or less. The board has been working on process of its own governance guide and is currently working on their own strategic plan. The board has started with new fresh plan and will take the business forward this summer.

Nursing review (looking at operating cost-effective): There are a total of 120 nursing positions in the hospital - 31 casuals, 29 full-time, 45 part-time and 15 term. There are 8 vacant positions - 2 maternity nurses, 1 ICU, and 2 OR nurses. It takes 9 months of training to become specialty nurse. There are three general nurses currently working from within the corporation that are sent to training to become specialty nurses to fill the vacant positions. Most of the nurses (average age is 43) employed in the hospital are long standing dedicated staff. Part of the review is to look at the patient and nurse ratio and recruitment and retention.

WGH is in negotiations currently with the union regarding classification system – it just completed an analysis of other jurisdictions. Currently, a nurse's basic hourly wage is starting at $40.04 plus additional premiums, plus a top up if you are a nurse responsible for a unit.

The hospital had gone through accreditation process and has good marks on this accreditation.

CEO is willing to come back for follow-up on this subject. Council would like to invite him again in 4-6 months.

Services at Copper Ridge

[Daughter of a Resident at Copper Ridge Facility]

The daughter, of a patient with dementia at Copper Ridge Place, is very pleased and thankful of her experience at the facility. The staff is skilled, amazing and taught her a lot. The Copper Ridge facility has a very nice home-like environment. Her mother thinks she is at her own home.

What could improve is if there would be some kind of a safe kitchen that Residents who have dementia can use. Currently the kitchen is off limits for the Residents. The daughter felt that there is no connection to what they do at their own home as they are not connected with their kitchen, stove and so on. She believes that these residents can still follow through the process of how it was at home for them. She would like to see a mini-kitchen for these elders to use.

The special care unit has a U-shape unit. It would have been more helpful, from her point of view, to have a circuit instead of a U-shape unit. The nurses and staff would have less redirecting for Residents who have dementia. The circle is good for exercise and independence. Residents who have dementia stop and get confused when they hit the barrier - end of U.

Visitors should not be allowed to visit the residents who have dementia as it is so confusing for them. Only people allowed to communicate with the residents with dementia should be who have training and or experience in dealing with dementia.

The food is good however it is delivered on a cart and often is not hot when it reaches the residents. Her mother is confused as she thinks she is at home yet the food is delivered like that of a hospital.

Pharmacist- Prescription Drugs:

[Laura Beattie, President of Pharmacist Association]

Laura Beattie handed out a copy of a detailed recommendation and short term fixes to the Council members. Laura pointed out that there is a lack of consistency between drug plans (Pharmacare, Chronic, Social Services) as to what is covered, for what length of time and for whom.

The primary recommendation is for YTG to move to an on-line, real time adjudication system for processing prescriptions, including a prescription profile, as well as an on-line health record (HER). Her secondary recommendation is for H&SS to review coverage for various medications and products, including eligibility for each plan (particularly chronic and social services), and streamline the formulary, reducing wasted time for patients, physicians and pharmacies.

Saturday, 3 May 2008

Council Business:

Discussions of presentation and comments:

Council Members:

- Alexia McKinnon announced her resignation- she is moving out of the territory
- Advertisement on upcoming meetings for Council members in paper (Yukon News) showed people's unlisted phone numbers - concern for some members
- Jane McIntyre would like to get her copy of the Minutes through fax - her fax number is 393-6363
- Majority of the Council members want to see that this Council makes more Recommendations to the Minister
- Sub-committees: discussion was held whether the Council will form sub-committees
- Amar will continue to send notices to Council members regarding meetings

Action Items:

- Recommended that co-chair be appointed from within the current Council members- if someone in the Council is willing/interested to be a co-chair that member will let the Chair know
- Council needs 3 new members now- try to appoint two more council members from Watson Lake and Dawson and preferably First Nation
- Council would like to give info for the Minister to help him find 3 council members for appointment- Council Chair to have informal discussion with the Minister on the subject
- Chair to write a letter to Brian Kitchen to research on more efficient health care- answer may be carried thru via email prior to the next Council meeting- Council would like to see Brian Kitchen to list and put together all programs available for people

Gaps in the service:

- Beds/waiting lists/staffing issues- No long term care facility planning
- So many services/but not sure/needs some kind of navigator
- Discussions about how these people from the community access services- a person from community should be able to access service/info/call from an office in Whitehorse

- Support groups needed i.e. Alzheimer's, Mental Health
- Follow-up on Senior's contact office/coordinator/advocacy- needs a client-base support group; most seniors don't know what services they have out there
- Effective use of resources i.e. Doctor's visit/specialist- would like to invite a physician to come to talk to the next council meeting- investigate the issue first before any recommendation can be made
- Overlapping of NGOs services/funding/support- coordination of services- lots of organization are doing/offering the same service
- Info way leads to Pharmaceutical- key stakeholders hasn't been consulted (this statement is according to the President of the Pharmacist Association)
- Chair to bring to Minister's attention the subject of incorporating Best Practices in the health care field (hospital).

***Things to Consider*:**

1. Conduct review of how accessible senior services are in the Yukon considering many users diminished capacity to identify or even be aware of those services.

2. Prepare a plan to address projected short, medium and long term senior's facility resource demands and challenges.

3. Senior Services: Look into whether streamlining services and checking for overlapping grants be made.

4. Brian Kitchen was questioned about the computer systems for Doctor's and Pharmacies. He advised the Pharmacy Prescription system was being addressed, while the INFOWY system was way off in the future. When asked why it was taking so much time, he replied that there were funds available and it was the lack of political will to get it operational- that was the holdup.

***Concepts for Recommendations*:**

1. Ask the Minister to encourage physicians to prescribe chronic condition drugs to seniors for a year instead of three months.
2. Review the broader legislative issue regarding unfair spousal pharmacare benefits.
3. *"to be eligible for these programs a senior must be registered with Yukon Health Care Insurance Plan and be 65 years of age or 60 and married to a living Yukon resident who is at least 65".*

4. Halfway house for women.

5. YTG to move to an on-line, real time adjudication system for processing prescriptions, including a prescription profile, as well as an on-line health record.

6. Dave Ravensdale to make a recommendation on issue of mental health- will be sent to Council members for review.

Proposed agenda items for the next meeting:

1. Two presenters from Senior's Age Society- one from the Yukon College Senior's Residence.
2. Physician's perspective- effective use of resources i.e. Doctor's visit/specialist/etc. Darcy will contact Dr. Kaegi.
3. Brian Kitchen- research: efficient health care; council just looking at inefficiencies
4. Dorothy Drummond- senior citizen, Council to invite her to the next meeting
5. Amar to write a thank you letter to Laura B thanking her for taking these issues to the Council- add on letter "hope that you will prepare a formal presentation to the government."
6. Lori Duncan, Director FN Health Services (CYFN) to be invited
7. Public Health Fund- healthy lifestyle ideas within Education/Health the goal is to improve quality of life in the Yukon - perhaps a follow-up meeting on this subject.

Next meeting: June 6 & 7th

Meeting adjourned.