

# Four Arrows Regional Health Authority Inc.



## ANNUAL REPORT

### "Forging Ahead"

MARCH 31, 2005 – APRIL 1, 2006

## Executive Director's Report: Andy Wood

It gives me great pleasure to present the Annual Report for the 2005-2006 fiscal year. For 2004-2005, we were fortunate to present our report at the Island Lake Tribal Council Special Assembly, which was a very interesting experience however this year we are hoping to present our annual report at a forum that will invite response and an opportunity for question and answer period on our program issues. This will provide our organization with valuable feedback on how our work and programs are viewed at the community level.

This year, we have chosen a theme for our annual report, which is "FORGING AHEAD". This theme came about as a result of a strategy planning and a P.A.T.H. re-visitation session that was held for all the organization's program staff. From this experience we are feeling confident that we have forged ahead from the initial P.A.T.H. planning session 1999, although there are still some goals and objectives that need to be re-examined and incorporated into the present work plans and strategies.

At this point, I would like to take this opportunity to offer some clarification on a statement that was presented with the 2004-2005 annual report. There was an indication given that the organization would be experiencing some year-end deficit situations in upcoming audits, which was not really the case. The organization did experience some interim cash flow difficulties and situations due to a number of reasons, however the bottom line is that again we are able to report a modest surplus year-end audit.

As in previous years, it has been a very busy and productive year. Our three main program areas, Public Health, Home and Community Care and Mental Health have been making in-roads in the communities and establishing lines of communications and working relationships with the local health authorities and community-based workers. One of our greatest challenges has been nursing recruitments for the communities' public health and home and community care programs. It is always difficult to recruit and retain nurses in an isolated working and living environment which lacks all weather road services and the only way in and out is by flying. This, of course, affects the cost of living and makes it additionally difficult to offer incentives to nurses and other professionals when recruiting.

Our organization has been very fortunate and blessed with high caliber staff, both on the Board and program levels, who have a high degree of commitment and dedication, first of all, to the Island Lake communities, which are, in most cases also their home communities and of course to their programs, roles and responsibilities. Four Arrows Regional Health Authority Inc. has always strived to hire the best possible people for the jobs at hand, as we feel that our communities and people deserve the best possible health services that we can obtain and provide for them. This is why our mandate and mission statement, reads, ***"as a regional organization created and governed by the Island Lake First Nations and working cooperatively with their community health services, we strive to improve health conditions and health services in the Island Lake region."***

## Public Health Coordinator: Grace McDougall

### Annual Report - Public Health Nursing Services

#### St. Theresa Point:

STP has had a First Nations & Inuit Health Branch employed Public Nurse performing the duties of Public Health for the past year. Immunization rates are improving as this is one of the programs that is being concentrated on. The other program that is being concentrated on is the STI's and the intervention to decrease the incidence of which is proving to be very difficult despite the awareness that is out there. At this time, Melissa Stoddart is thinking of transferring to the local health authority in August 2006 as she feels that it will be more beneficial to the community.

#### Wasagamack:

Wasagamack has been without a fulltime public health nurse since late August 2005. This has made a huge negative impact on the immunization rates in the community. Since the nurses were asked to leave the nursing station late last year, the temporary nurses have not been as diligent in keeping up with the immunizations. This has made the immunization rates plummet even further to the point of being an urgent public safety concern. At the beginning of the new year, Daryl Beck R.N., has been hired on as a casual Public Health nurse who will initially concentrate on bringing the immunization rates back up. The orientation was completed. From his visits he has stated that he enjoys working in Wasagamack. In the meantime, Jack Janzen, an immunization nurse has been requested to attend Wasagamack for one week to catch up on some immunizations and will attend if requested if his schedule permits.

#### Garden Hill:

Garden Hill's public health is going as well as it can be without a public health nurse. The last public health nurse that was stationed there left in the early summer. Up to now, the Nursing Station nurses have been doing as much as they can but given their busy schedule with the treatment area this is very limited. The Public Health program now has a Public Health Coordinator who manages the program because of the large team membership, which includes 3 CHR's, child development worker, 2 family workers, the public health nurse, and the injury prevention worker. The immunization rates have also been decreasing because of the absence of a Public Health nurse. This also includes the intervention and prevention of STI's in the community.

Recently Garden Hill had recruited a nurse but at the last minute she changed her mind and decided to work elsewhere. This is very unfortunate because it has proven very difficult to recruit nurses who will actually work in a remote community. Garden Hill has been recruiting nurses on an ongoing basis but has had no luck in the area. They have been advertising in the Winnipeg Free Press, MedHunters online and in the nursing magazines.

To attempt to catch up on the immunizations, the Garden Hill Health Directorate has hired Jack Janzen, the immunization nurse on a contract basis for one week at a time as his schedule permits.

Red Sucker Lake:

In the agreement, it stated that Garden Hill public health nurses would be servicing Red Sucker Lake. This has not occurred since Garden Hill has been without nurses. In discussions with the nurse manager at FNIHB, it was agreed that the nursing station nurses will continue doing the immunizations until Garden Hill is able to hire nurses. As stated earlier, Garden Hill has been continuously recruiting for nurses nationwide with no success.

The final reports have been handed in to appropriate program managers at FNIHB, ie., ADI, CPNP, HIV/AIDS, Tobacco Control.

Thank you,

*Grace McDougall, R.N.*  
*Regional Public Health Coordinator*

## Health Consultations Report: Alex McDougall

This report is produced to provide the communities of Island Lake; Wasagamack First Nation, St. Theresa Point First Nation, Garden Hill First Nation, Red Sucker Lake First Nation and First Nation & Inuit Health Branch (FNIHB) with information on the activities of NEEWIN Health Care Inc. to meet its reporting requirements outlined in the **2005/06 Consolidated Contribution Agreement (MB0600030)** between Four Arrows Regional Health Authority and FNIHB. The activities reported here occurred in the period of July 2005 to March 31, 2006. Please refer to the Interim Program Activity Report (Quarterly Activity Report) attached for activities in period April – June 2005.

Neewin Health Care Inc. through the MOU has two primary objectives;

- ?? *To lead the negotiation process to result in the Board assuming governance responsibilities for the Island Lake Regional Renal Health Program;*
- ?? *To manage the process to result in the creation of a Regional Primary Health Care Centre to be located next to the proposed land-based airport on a road joining the communities of St. Theresa Point and Wasagamack.*

Working towards accomplishing these identified objectives the Board of Directors of Neewin Health Care Inc. had a total of 7 board meetings held in various locations. Five (5) of these were within this reporting period and the other 2 board meetings from the previous reporting period. NEEWIN Health Care Inc. with its partners has made a number of major steps towards accomplishing the overall objectives.

### Major Developments/Accomplishments:

Various issues and initiatives were discussed through out the year. With these discussions, Neewin Health Care Inc. has made a significant contribution to advance the primary objectives of the organization. These included the Dialysis Unit, its Lease & Tenant Agreement, Heli-pad, Dust Suppression, and Transportation. Other activities included securing the assistance of Jim Harrold for the development of our Master Service Plan.

More recently, the appointment of an INAC representative to participate in our meetings as Ex-officio was done. Neewin Health Care Inc. participates in the Renal Health Prevention Steering Committee comprised of many partners.

Of the issues discussed, here is a brief summary of their status ending March 31, 2006 and the recommended actions or next steps for each.

- ?? **Dialysis Unit;** the Island Lake Regional Renal Health Program has 16 patients dialyzing; 12 are permanent patients and 4 are transient patients. These 4 transient patients are not the **“first on the list”** for repatriation but were chosen because they were from Garden Hill to minimize any transportation issues. We have 4 patients from Wasagamack First Nation,

- 7 patients from Garden Hill First Nation, (of the 7, 1 is from Red Sucker Lake residing in Garden Hill), and 5 from St. Theresa Point First Nation. Please refer to the Program Managers report for details on program and stats; otherwise the program is doing very well.
- ?? Through a joint initiative from MKO, Mb. Health and FNIHB, the Dialysis Unit was selected as a pilot site for tele-health and has installed the first of its kind in our region, satellite service to operate tele-health within the unit. As a next step, Neewin will advocate on behalf of the other communities in Island lake for there consideration in the next intake of community selections for installation.
- ?? The lack of appropriate landing areas for the Helicopter around or adjacent to the Dialysis Unit has been discussed at length citing concerns with liability issues. Although it was agreed that a Heli-pad was needed within the proximity of the Dialysis unit, Mb. Health and FNIHB are not willing to assume responsibility for cost and construction. It was recommended that this cost be shared between the two funding partners Mb. Health and FNIHB. It was further recommended that this Heli-pad be designed and constructed in compliance with Transport Canada regulations and that an appropriate site is selected by the Island Lake Regional Renal Health Program and the Community of Garden Hill.
- ?? During the summer months the Dialysis Unit is exposed to a large amount of dust. To minimize any potential damage to the sensitive equipment within the unit it was recommended that some form of dust suppression be applied along the community roads where the Dialysis Unit is located. Under the community infrastructure for Roads and Bridges, it was recommended that the community of Garden Hill First Nation within its capital allocation address this issue.
- ?? **Lease & Tenant Agreement;** the first draft of the lease agreement has been completed and has been distributed to Garden Hill Health Directorate, Northern Medical Unit and Mb. Health for their review and comments. Additionally, to be included in the agreement is the draft Operation & Maintenance budget of which as been submitted to Mb. Health. Neewin Health Care Inc. currently waits for a response to these documents for implementation or further amendments.
- ?? **Transportation;** The Regional Transportation Managers report has been submitted to NIHB and is included in the Annual report. Please refer to this report for details on program and stats.
- ?? Neewin Health Care Inc. has since learned that this program will not be renewed by NIHB citing low volume of patients. Further, the responsibility for transporting patients at the community level has been unilaterally offloaded to the respective communities for their administration without any additional funding. However, the water and helicopter transportation is being managed and administered by NIHB from Winnipeg and in spite of our efforts to have this portion remain with Neewin Health Care Inc. have been unsuccessful. As a general concern to this initiative and partnership with Canada, it has become evident that NIHB a department within FNIHB does not share our vision of

- repatriation. This will make our efforts in returning patients who have relocated to Winnipeg for medical reasons back to their home communities very difficult if there is no flexibility or EXCEPTIONS given by NIHB.
- ?? ***Airport & Road Project***; with the environmental license acquired, survey complete and all outstanding land issues resolved. As an effort to expedite this project, Manitoba with the communities has done major construction work on the right way for the connecting road between the two communities of Wasagamack and St. Theresa Point. The clearing and grubbing portion to winter road specifications has been completed from Wasagamack to St. Theresa Point with the intention of using it as a winter road while work continues on further develop of the all weather road between the two communities. Branching off this road system is the new winter road to Norway House which is also being considered for further development.
- ?? ***Master Service Plan***; the proposal titled *"Island Lake Regional Primary Health Care Centre"* previously distributed to both levels of government raised concerns which required further analysis and research. This prompted the recommendation to develop of a Master Service Plan, and was further recommended that Jim Harrold, an independent consulting firm be brought in to assist with this development. As a result, a three phase plan was prepared by Jim Harrold, and reviewed by the board. Pending funding allocation, it was recommended that Neewin Health Care Inc. hire Mr. Harrold to develop a Master Service Plan that will address those concerns raised by the ADM, Ian Potter and any other concerns that may arise.
- ?? ***INAC Representation***; following a visit by Mary Blais, Regional Director General for Indian & Northern Affairs Canada with Reg Alcock to Garden Hill, an opportunity arose where Neewin Health Care questioned the lack of participation from INAC in this partnership. From this inquiry, a meeting was arranged with INAC to discuss various issues that included; immediate housing requirements for our dialysis patients, travel costs, and INAC representation. As a result, a representative from INAC has been appointed to the board as an ex-officio member. A process as also been identified for those family members not covered by NIHB in the repatriation process to apply for assistance at their respective communities through its Income Assistance Program for assistance with travel cost. Housing and/or renovation proposals were submitted by 2 of the 4 communities to address their immediate housing needs of which I believe was scraped and replaced with an ILTC Regional Housing Proposal through a joint submission by The Province of Manitoba, Manitoba Hydro and AMC.
- ?? ***Renal Health Prevention Steering Committee***; Neewin Health Care Inc. is participating in this committee which is comprised of many partners from various organizations involved in the health field. Its' purpose is *"to provide direction and oversight in the planning of a sustainable and portable renal disease prevention and renal health promotion model for the Renal Health Promotion Initiative in the communities of the Island Lake Region in Manitoba"*. Its' developed a concept paper and a Media Matrix which gives many possibilities for developing a tool that can be utilized for education and awareness campaigns in Renal prevention & Promotion strategies for the communities of Island Lake.

## Challenges:

Many hours has been put into drafting the Operation and Maintenance budget, the Lease & Tenant Agreements for the Dialysis and Residential Units. Finalizing this has proven to be difficult as funding and agreement reviews and amendments continue to slow the process. The fact that Neewin does not have the resources to obtain its own legal council further hinders this process. To protect the organization, its board and staff, I recommend that legal council be secured for this purpose and work with a group to consist of representatives Neewin Health Care, Mb. Health and Garden Hill to complete and finalization the funding and lease agreements.

I believe we have had a very successful year with our Transportation program. There were no major problems and any minors issues encountered were handled appropriately by our Transportation Manager with the assistance of the community(s) and the Renal Health Manager.

However, with the recent unilateral action taken by NIHB not to renew our Transportation Agreement and offload this responsibility to the communities without additional funding will certainly put added demands to an already exhausted program is a concern. Neewin Health Care and the communities were not consulted about its goals and objectives in the area of regional transportation by NIHB. Although support has been minimal, any attempts to streamline their transportation policy to reinforce and support Neewins Vision of repatriation are non-existent. It would be beneficial to Neewin Health and NIHB to meet and discuss this difference of opinion and possibly arrive at an acceptable resolution. It's the overall goal of Neewin Health Care Inc. to continue creating greater autonomy in Self-Governance through the development and establishment of services and programs and its bases on this goal that I recommend that this decision be reconsidered by FNIHB/NIHB.

To conclude my report, Neewin Health Care Inc. has engaged and secured the services of Robert W. Weighell, C.G.A for its audit requirements for fiscal year 2005/06. At this time the audit has not been completed and will forward asap to FNIHB upon completion.

If there are any questions or concerns regarding this report, please contact me directly at 457-9575, fax 457-9758, or email; neewin@mts.net.

Thank you,

*Alex McDougall  
Executive Director  
NEEWIN Health Care Inc.*

## Healing and Wellness Program: Robert Miller/Frances Ravinsky

### 1 MENTAL HEALTH THERAPY PROGRAM

Our proposal to transfer responsibility for mental health therapy services from FNIHB was completed September 30, 2005. Subsequent negotiations led to Four Arrows taking over this program in January, 2006. Between October 2005 and January 2006, Four Arrows Healing and Wellness staff met with representatives from all four Health Authorities to establish Selection Criteria, Terms of Reference, interview questions and protocols, etc. We also selected the Hiring Committee, consisting of representatives from each Health Authority, representatives from Four Arrows, and our external consultant, Pam Jackson.

By March 2006, our three therapy positions were filled and assigned to communities as follows: Valerie Taylor (Red Sucker Lake and Wasagamack), Corrine Warkentin (St. Theresa Point and Wasagamack) and Lionel Mason (Garden Hill and St. Theresa Point). Frances Ravinsky is the Program Coordinator.

As a follow-up to the hiring process, Four Arrows hosted a regional meeting for health, school, family services and other front line workers at Island Lake Lodge on March 23rd and 24<sup>th</sup> to give people an opportunity to meet the new therapy team (including consultant Pam Jackson) and talk about how the program can best respond to the needs in Island Lake. The meeting generated a lot of fruitful dialogue and a lot of heart-felt stories.

At this time, the program is in full operation. Therapists are in the Island Lake communities bi-weekly for 4-5 day periods, generally delivering mental health services to 2 communities per visit. Responsibilities include individual counselling; group/circle work; and the delivery of skill transfer opportunities.

### 2 HEALING & WELLNESS THROUGH STORYTELLING AND THE CREATIVE ARTS

**2.1 Creativity Gathering at Old Post:** The highlight for this fiscal year was the 3-day *"Celebrating Our Creativity"* gathering at Old Post, July 20 to 22, 2005. Twelve artists from the four communities were selected by community resource workers. The gathering was a great success; about 70 people from all four communities and all ages took part. We believe that the event created a lot of awareness of the arts as a resource for healing and wellness, and was a clear demonstration that these resources are already present in our communities. In addition to Four Arrows programs, community-based resource workers are beginning to incorporate arts-based activities into their healing and wellness practices. (See Section 4 below).

**2.2 Parent-Child Mother Goose Training Workshop:** In 2005/06 Four Arrows introduced a new program for parents of pre-school children to staff from Island Lake's daycares, HeadStart, health and other programs. The Parent-Child Mother Goose training workshops teach parents and workers how to use simple rhymes, songs and games to create bonds of shared pleasure between parents (or workers) and young children. The first 2-day

training workshop was held in Winnipeg in December 2005, led by Ruth Danziger, art therapist and Mother-Goose trainer from Toronto.

The Parent-Child Mother Goose workshops received financial support from the FASD Prevention program of FNIHB.

- 2.3 Women's Crafts Circles:** Four Arrows' 2005/06 FASD Prevention project included initiating crafts circles with young mothers and mothers-to-be. Valerie Taylor has been involved in starting women's craft circles in Red Sucker Lake and Wasagamack.
- 2.4 Photography and Theatre:** During the year, Healing and Wellness team member Robert Miller came to Island Lake once or twice a month to lead hands-on workshops in theatre skills and photography. Both of these are tools for creative expression about ourselves, our relationships, our communities and our world. Children are particularly gifted in capturing vivid images about their surroundings using digital cameras. Wasagamack and Red Sucker Lake have started photography clubs and hosted introductory theatre workshops. At the introductory level, theatre workshops rely heavily on games, play and imagination to give participants (children, youth and adults) a taste of the "magic of theatre".
- 2.5 Inter-generational Fiddling Program (rescheduled):** A proposal for a 2005 summer program to teach fiddling to students of all ages in Wasagamack was postponed when the Winnipeg-based fiddler withdrew from the project. A suggestion from Wasagamack resource workers that Billy Taylor, fiddler from St. Theresa Point, be invited to be the teacher resulted in plans to deliver the project in the summer of 2006.
- 2.6 Youth-and-the-Arts: A Community Crime Prevention Project:** In December 2005 Four Arrows prepared an application to the National Crime Prevention Centre to employ an artist/youth worker in each Island Lake as a way of reducing the involvement of our youth in crime. This application was approved for two years of funding, to commence in September 2006.

### **3 FASD PREVENTION**

Four Arrows' 2005/06 Fetal Alcohol Spectrum Disorder (FASD) Prevention Project was a joint program of our Public Health and Healing and Wellness programs. In addition to the Parent-Child Mother Goose program and arts-based activities with women (see above), Valerie Taylor organized a visit to Island Lake by FASD prevention specialists from Kenora, Ontario in March 2006.

An application to renew FASD Prevention funding for 2006/07 was prepared and submitted but rejected for reasons that we felt were not justified.

## 4 SUPPORT TO RESOURCE WORKERS and COMMUNITY VOLUNTEERS

In addition to direct delivery of services and program activities, Four Arrows Healing and Wellness Team staff provide a lot of support for the work of Island Lake resource workers and community volunteers. Some examples follow:

### 4.1 Red Sucker Lake

- ?? Frances and Valerie organized sharing circles for front line staff and family of a community member diagnosed as HIV-positive. Grace joined our team to provide some teaching about the medical aspects of HIV.
- ?? Frances and Robert facilitated a meeting of a community focus group to prepare a Community Healing Project involving learning syllabics, wilderness survival skills, sharing circles, crafts circles and a community kitchen.
- ?? Frances attended a PATH health planning workshop facilitated by John Robson.
- ?? Following a request to discuss ways of responding effectively to an outbreak of violence in the community, a plan for a community consultation was put in place. Valerie and Lionel attended the consultation.

### 4.2 Wasagamack

- ?? Frances and Valerie participated in team meetings and a sharing circle involving family members affected by on-going conflict.
- ?? Valerie has been leading sharing circles among workers and their clients.
- ?? Sharing circles among teachers and parents grieving the loss of a teacher.
- ?? Support for traditional ceremonies project for youth: making regalia and pow-wow dancing.

### 4.3 St. Theresa Point

- ?? Four Arrows loaned our video camera and equipment to Youth of the Nation, four energetic young people who produce youth oriented radio programs.
- ?? Robert coordinated a visit by St. Theresa Point's *Youth of the Nation* to Pikangikum, Ontario, where they quickly developed friendships among Pikangikum youth.
- ?? Lionel, Corinne and Robert joined a delegation from St. Theresa Point to attend a meeting at the Agassiz Youth Centre to begin discussions about the eventual return of a young offender to the community.

### 4.4 Garden Hill

- ?? Meetings with the Youth Council to discuss arts-based activities.
- ?? Liaison between the Youth Council and Sports Manitoba to provide recreation equipment for youth.
- ?? Robert prepared a workshop for resource workers on the creative arts as a resource for healing and wellness.

**4.5 Island Lake Mental Healing & Wellness Coordinators.** During the year Four Arrows revived the former practice of having regular meetings of mental health/wellness coordinators from each of the Island Lake communities to discuss issues relating to their work. This forum was critical in developing a good collective process for hiring the new therapists.

## **5 STAFF TRAINING & PROFESSIONAL DEVELOPMENT**

?? Valerie has continued to attend *Returning to Spirit* workshops as a trainee and co-facilitator, and attended a FNIHB train-the-trainer workshop for addictions workers.

?? In August 2005 Frances and Robert attended an intensive 6-day training workshop in *Forum Theatre* techniques, taught by Headlines Theatre in Vancouver. Forum theatre is a tool for exploring solutions to difficult community issues. Community members create a short play about the issue, and then perform it in the community. The audience is invited to participate in the play by replacing actors and trying out different approaches to changing the situation. We are hoping to bring Headlines Theatre to Island Lake for a Community Forum in 2007.

?? *Four Arrows staff retreat* Frances and Robert facilitated a day of physical exercises, trust games and forum theatre techniques for staff (and had to apologize for sore muscles the next day). We also participated in the Four Arrows PATH planning exercise led by John and Norina Robson.

?? In May 2006 the entire Healing and Wellness Team, except for Valerie who was attending other training, attended a 2-day conference in Winnipeg called "Just Therapy". Elder Eliza Beardy accompanied our team. The presenters were staff from a Family Therapy Centre in New Zealand which has developed some unique approaches to therapy, community development, research and social policy.

?? In January Robert attended a 3-day storytelling workshop at the Tatamagouche Training Centre in Nova Scotia (at his own expense). Robert says you can invite him to tell a story at your meeting or public event!

?? The therapists on our team have regular individual and group clinical consultations with Pam Jackson, our external clinical therapy consultant.

?? The therapists on our team receive ongoing clinical supervision from Frances Ravinsky and consultation on community development practice from Frances Ravinsky and Robert Miller.

*Respectfully submitted,  
Frances Ravinsky & Robert Miller,  
Coordinators, Healing and Wellness Team  
July 31, 2006*

## **Home and Community Care Program: Leyah McFayden/Nancy McKinnon**

As we reflect on to the past fiscal year, we appreciate the many deep and amazing activities that have transpired. There are so many gifts in the communities which can be drawn on and traditions which provide strength to challenging times. Managers and staff are working hard at managing the complex programs and dealing with the many barriers, gaps, jurisdictional issues, mixed messages from FN&IHB and other challenges.

We are grateful to the four Home and Community Care managers of the communities; Ruth Ellen Flett, Manager, Garden Hill; Colleen Little, Manager, Red Sucker Lake; Edward Flett, Manager, St. Theresa Point; and Violet Wood, Manager, Wasagamack. We are also grateful to Four Arrows Regional Health Authority Inc. for the ongoing support and for providing such a pleasant working environment.

As Tribal Advisors we work hard at remaining strong and remembering and encouraging the four managers to remember that they, not FN&IHB, are the managers of the H&CC programs. We need to be careful to treat FN&IHB with respect but not to give them power over the programs. Sometimes unreasonable messages occur. One example is the message that LPN's are not to work in Home and Community Care Programs or to live in nurse's residences. As First Nations operated programs we need to be strong in our responses.

The major issues we have dealt with over the past year are summarized following:

### **1. Nursing Recruitment, Challenges, and Federal Barriers:**

Nursing recruitment continues to be a huge challenge, with the most barriers. Early on in the year efforts were made to compile a list of all nurses from the four communities. These nurses were tracked down and those in the city were contacted by phone to see if they would consider relocating to the communities. None were. Most of the nurses from the communities had found satisfying work for themselves, at times in their home communities and at times not. The need to fill nursing positions continues to be a high priority, more so after a meeting with FN&IHB. There is a real risk of losing nursing funding if nursing services are not delivered. Everyone agreed that a short term solution would be the contracting of nursing services through a private agency, Bayshore Health Services. Bayshore is the agency currently used to meet nursing shortages in northern nursing stations. The long term plan would involve the establishment of an advertising fund that would support various recruitment activities. We also resolved to recruit differently in the future. We need to offer flexible employment that does not require nurses to permanently relocate to the north. Most importantly, all efforts would be made to promote the education of community members in the RN and BN programs.

The short term plan had some successes. St. Theresa Point and now Garden Hill have brought in Bayshore nurses to work with their community LPNs as nursing teams. The nursing team offers an effective and competent level of nursing service. Red Sucker Lake,

a after extensive consultation with all parties, is unable to house a Home Care nurse in the nurses residence due to a shortage of suites. A vacant teacherage is being considered as possible housing option, although this is a very tentative. Wasagamack is offering high quality nursing services through the continued employment of an LPN. A retired RN lives in the community and is a possibility to offer specialized clinics or other health interventions. The advertising fund has not yet been established although advertising took place on an internet service and in the local newspaper. New recruitment ads will offer flexibility with the option of nurses maintaining a home in Winnipeg with itinerant services offered in the communities.

Wound Care remains the most common nursing service offered. A wound care workshop was identified which the nurses attended and this will become an annual staff development event. In addition, nurses are encouraged to utilize the nursing processes in their Home Care assessments. A text on Nursing Diagnosis was provided to the nurses along with a Nurse Orientation Handbook. This outlines how the nursing team can work effectively together. It also outlines the tools required by nurses, including the job description, the role of the nurse within the larger team of community nurses, critical linkages, roles, reporting requirements, including liability issues such as accurate documentation, confidentiality, scope of practice issues, and delegation of care.

#### Cost of a Nurse:

Together, the whole H&CC team calculated the true cost of hiring a nurse (RN). Calculations worked out to approximately \$104,000.00. This includes costs such as payroll tax, compulsory and non-compulsory benefits, etc. Previously costs have been understated, and FN&IHB has not provided sufficient funds to pay those types of wages.

#### Discussion re: LPN's:

There is great concern over FN&IHB's recent direction about LPN's not being acceptable to the H&CC Programs. This is totally inconsistent with their previous direction. Four Arrows, the Health Directors, and the Chiefs, are following up with this.

#### Nurses Accommodations:

A response letter sent to the Chiefs and Andy, from Jim Wolfe (signed by Pam Seitz), further confuses our past understanding of the issue of accommodations nurses. Some of this letter is quoted following:

*"... Since the Nurses in Charge live in your communities, they have the authority to decide, in consultation with the Nurse Manager, who receives priority for housing. Should there be conflict or confusion, then the Nurse Manager would provide direction to the Nurse-in-Charge.*

*If there is no housing available to RNs working in home care or at the nursing station, health care programs are at risk. At no time can we authorize housing for Licensed*

*Practical Nurses or other health care professionals other than on an itinerant basis as our construction dollars are allocated for RN accommodations only... .”*

## 2. **Bayshore Nurses:**

A lunch meeting was held on Friday, January 13<sup>th</sup>/06 with Dawn Marie Johnston, Area Director, and Virginia Aguiar, Service Coordinator, and the clinical nurse specialist at Bayshore Home Health offices, 1700 Ness Ave. Phone (204) 943-7124; Fax 204) 943-7136.

Discussion of needs and circumstances.

Bayshore Presentation:

- ?? Have RN's, LPN's, HCA's
- ?? Pediatric Programming, Home Respite, Teaching
- ?? Delegated Tasks
- ?? Structure – Nursing Support
- ?? Have good clinical, supervisory, and support
- ?? Have Policies and Procedures
- ?? Northern Nursing piece – high tech, nurse practitioner, etc.
- ?? Strong screening
- ?? All nurses must have current critical and acute care – emergency experience, and must be comfortable dealing with most needs.
- ?? Immunization exams
- ?? FN reviews credentials
- ?? Bayshore provides supervision and liability

Administrative details discussed (costs, travel, time sheets, etc).

Garden Hill, St. Theresa Point, and Red Sucker Lake began negotiations for nurses. Wasagamack may consider at a later time. St. Theresa Point is now employing a Bayshore nurse and is pleased with the service.

3. **E-SDRT: Sylvia Flint:** Nancy met with Sylvia Flint to discuss e-sdrt revisions. There are many issues about how activities are recorded. There are insufficient categories to include all activities. Therefore it appears as though work is outside the scope of H&CC funding. This is very unfortunate and discouraging for program people and could appear as though client contacts are less than they really are.
4. **Pandemic Flu:** There have been several meetings with appropriate personnel and Managers have a responsibility to develop practical plans about how to protect their clients.

5. **Health Directors:** The Health Directors suggested that our whole team meetings be held less frequently. All agreed that this was a good suggestion and that the need for monthly meetings is not as high at this time. It was agreed that the meetings will only be held every two months. This can be reviewed again in the near future.
6. **Financial Reports:** It is important that the managers control their budgets and get monthly financial statements.
7. **Financial Claw-Backs: Discussion:** There are serious communications problems with FN&IHB. For example, letters from FN&IHB go directly to the Chiefs instead of the Health Directors. Therefore the program people may have serious delays in receiving information. Letters are not copied to the Health Directors. This included communications about the recovery of funds. Also, FN&IHB is continuing to lose reports.

*Respectfully Submitted,*

*Leyah McFadyen and Nancy McKinnon,  
Tribal Advisors*