



Minutes – Lakeland Communities Health Advisory Council

May 9, 2018 4:30 p.m. to 8:30 p.m. St. Therese St. Paul Healthcare Centre, Grande Prairie Provincial Building and telephone.

Council members present: Pat Palechuk (Chair), Mel Smith (Vice Chair), David Beale, Robert Deresh, Zicki Eludin, Parrish Tung.

AHS: Michelle Blanchette, Melony Cole-Zettler, Dr. Albert De Villiers, Gail Hachey, Cindy Harmata, Dr. Albert Harmse, Kelly Haygarth.

Public: Five, including David Hanson (MLA), Kim Fleming (RhPAP), Rob Foote (Lakeland PCN), Lorne Young (Mayor of Elk Point).

Regrets: Robert Brassard, Deanne Gelata.

<i>Agenda Item</i>	<i>Discussion</i>	<i>Action</i>
Tour of the Acute Inpatient Psychiatry Unit	Patrick Sesay, Manager of Mental Health provided a short tour of the Acute Inpatient Psychiatry Unit housed within the St. Therese Healthcare Centre. Council was able to tour through a vacant bedroom, isolation rooms, padded rooms, nursing stations and common spaces.	
Welcome and Introductions	Pat Palechuk welcomed those in attendance to the meeting.	
1. Approval of Agenda	Moved by Mel Smith to approve the agenda for May 9, 2018. MOTION CARRIED.	
2. Approval of Minutes	Moved by Parrish Tung to approve the minutes for March 15, 2018. MOTION CARRIED.	
3. Presentations 3.1. Cannabis Legislation, Dr. Albert de Villiers, Lead Medical Officer of Health, North Zone via Telehealth	Dr. Albert de Villiers outlined the Cannabis Legalization in Alberta – Promoting and Protecting Health Alberta Cannabis Framework. The areas covered were: 18 years is minimum age; there is a safeguard for Sales (AGLC); buying cannabis (storefront and online); public consumption; growing cannabis (indoor and outdoor); possessing cannabis (under 30 grams); drug impaired driving; impairment in the workplace and advertising and packaging. The public health priorities are to: minimize harm; protect health and safety of Albertans; prevent likelihood of use and problematic use; assess population health outcomes; address determinants of health and equity and provide services.	

	<p>The health effects outlined were:</p> <ul style="list-style-type: none"> • Brain – brain development is not completed until the mid-20s. Evidence suggests use prior to age 25 can cause adverse effects to the brain and can increase risk for long term cognitive impairments. • Lungs – smoking cannabis has potential to damage lungs. Second-hand cannabis smoke is at least as harmful as or more harmful than tobacco. • Mental Health – in some people, particularly young people (adolescents and young adults) frequent cannabis use may increase the risk for mental health problems like depression, anxiety and psychosis. • Dependency - there are reports that early, regular use is associated with higher risk of dependency. • Goals/performance – using cannabis at early age can negatively affect work, school performance and extracurricular activities, increase risk of dropping out of school, increased absences. • Memory/learning—cannabis use can affect your memory, learning and attention. • Judgment/decision making – cannabis use affects judgment and can lead to risky behavior and poor decision making. • Driving – cannabis-impaired driving is more common than alcohol-impaired driving but youth are less likely to recognize driving after consuming cannabis as a risk. <p>Responsible, lower risk use means:</p> <ul style="list-style-type: none"> • Cannabis may be legal for 18+ but there are negative health effects. • Delay using cannabis until later in life. • If you choose to use cannabis, choose lower-risk products such as low THC and avoid smoking it. • Limit and reduce your use of cannabis • Avoid mixing cannabis with alcohol, tobacco or other drugs (street & prescription). • Don't use and drive. • Don't use if you have your own or a family history of psychosis, substance use disorders or other mental health problems. • Don't use if you are breastfeeding or pregnant (or think you might be). • Don't use synthetic cannabinoids. It can be more toxic and potent and create a greater risk for overdose. 	
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- Be aware of bad reactions /symptoms of using too much cannabis include: paranoia, panic, increased HR, confusion, nausea/vomiting.

Consumption

Second Hand Cannabis Exposure 2017 Study

- Second-hand cannabis smoke is more mutagenic and cytotoxic than tobacco smoke
- No universal threshold to determine smoker vs. second-hand smoke exposure
- Above levels found 4-8hrs after exposure to second-hand smoke
- Key public health considerations:
 - In addition to the Tobacco and Smoking Reduction Act, consider prohibiting all forms of smoking in public spaces and workplaces, including cannabis, e-cigarettes and water pipes.
 - Special attention for banning consumption in areas frequented by children
 - Health Canada (2017) has recommended a ban on smoking in multi-unit housing.

Key public health considerations:

- Limit the number of cannabis stores, and implement density and distance controls to prevent stores from clustering, while also keeping buffer zones around well-defined areas where children and youth frequent.
- No co-location with alcohol, tobacco and pharmaceuticals.
- Consider requirements for cannabis education and community engagement as part of the business/development licensing approval process.
- Restrict hours of operation to limit availability late at night and early morning hours.
- Restrict signage and advertising to minimize visibility to youth and dampen favorable social norms.

Public Safety

Key public health considerations:

- Begin conservatively & establish more restrictive regulations.
- 1/3 of total cannabis supply in Colorado comes from home growing. Issues are:
 - Odors, pests, herbicide/pesticide use, indoor air quality, ventilation, waste disposal, chemical storage/disposal, electrical
 - Safe storage of cannabis in the home (accidental ingestion)
- Lower-risk Cannabis Use Guidelines (CAMH)

	<ul style="list-style-type: none"> • Support services for people with substance use issues and mental health disorders –key partnerships • Education and awareness <ul style="list-style-type: none"> ○ Key message: delay first use, minimize intensity of use. <p><u>Questions council had for Dr. de Villiers:</u></p> <p>Q: Does this includes medical cannabis? A: No, it does not include users of medical cannabis</p> <p>Q: Is AHS doing any research to standardize the testing regarding concentration for workplace and driving impaired etc.? A: - Not AHS, but several universities and the government are researching this.</p> <p>Q: Is AHS working with Children’s Services to address second hand smoke concerns from marijuana? A: That’s something the government will have to address.</p>	
<p>3.2. Role of Cancer Navigators, Kelly Haygarth, RN, Nurse Navigator</p>	<p>Kelly Haygarth shared the following information with council: The Alberta Cancer Patient Navigation Program The Community Oncology Cancer Patient Navigator program is funded by the Alberta Cancer Foundation through the generous donations of Albertans.</p> <p>Objectives</p> <ul style="list-style-type: none"> • Explain the rationale for creating a navigation program • Understand the navigation program • Understand who the navigators are and where they are located • Understand when and how to refer to a navigator <p>Addressing the complexity of the rural cancer journey</p> <ul style="list-style-type: none"> • Rural areas are isolated/ have limited access to care and services • Rural cancer patients have a more complex journey <ul style="list-style-type: none"> ○ Travel to access services ○ Lack of cancer specific knowledge locally <p>Why focus on improved navigation support?</p> <ul style="list-style-type: none"> • Transition support is essential to providing quality health care • Transitions are defined as the coordination and continuity of health care as patients 	

	<p>transfer between internal and external providers,</p> <ul style="list-style-type: none"> • Transitions are the weakest link, poor transitions lead to inefficiency, fragmentation and poor outcomes. • Improving transitions can improve health of the population, enhance patient experience of care and reduce the per capita cost of care. <p>Goals of Patient Navigation</p> <ul style="list-style-type: none"> • Contribute to maintenance or improvement of health outcomes • Improve continuity and coordination of care • Contribute to efficiency of the health care system • Improve individual and family health care experiences • Improve capacity for self-care • Improve timely access to supports and services <p>Cancer Patient Navigator Role</p> <ul style="list-style-type: none"> • Single point of contact for patients, families and health care providers • Registered Nurse have oncology experience • Provides care across the cancer journey from positive diagnosis to survivorship or palliative care • Generalist scope: see patients across tumor groups • Geographic responsibility • Open to any person who has received a cancer diagnosis and their family. Navigation services and supports can be accessed at any point along a patient's cancer journey. • Typically meets with patient's at key transition points during their cancer journey • Anticipate, identify and facilitate patients and their families to overcome barriers in accessing care or supportive services • Support patients, families and providers in identifying supportive care services and providers within their local community • Empower patients to understand their illness and make informed treatment and care planning decisions • Enhance community's capacity to support cancer patients and their families by providing a single focus point for coordination, transition and integration of services • A navigator can act as a single focus point for coordination, transition and integration of services and providers: supporting patients and families in identifying and accessing 	
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	<p>locally based resources/services</p> <ul style="list-style-type: none"> • Navigation is proactive in that navigators connect with patients early on in the cancer experience, and are there to assist patients before they go into a crisis. • Navigators work collaboratively with the patients and with all members of the healthcare team. • One of the goals of navigation is self-navigation, where by the navigator assists the patient to navigate to resources and supports independently. <p><u>Questions council had for Kelly:</u></p> <p>Q: Do patients need a referral to see you? A: No, anyone that has a cancer diagnosis can see a cancer navigator, no referral needed.</p> <p>Q: Do you work with pediatric patients in the region too? A: Kids are usually sent to the Stollery for treatment and see a navigator in the city.</p> <p>Q: Do you travel outside of Bonnyville? A: No, but they can call me and speak to me and I can direct to local resources.</p> <p>Q: What can we do to improve cancer patient’s access to a cancer navigator as early as possible? A: Lots of time the patient is in denial, with diagnosis and with what support they need. We just need to talk about navigators, and spread the word to our communities and physicians. Let them know this service is available for patients.</p> <p>Q: In Lac La Biche we have Road to Hope, which consists of volunteer drivers for cancer patients. Did you know this service was available? A: Yes, I use this amazing service for patients in Lac La Biche. It’s also available in Athabasca.</p>	
<p>4. Old Business 4.1 Business Arising from the Minutes</p>	<ul style="list-style-type: none"> • Melony to send copy of transferred work plan prior to April 25. Complete. • Melony to arrange teleconference for work plan planning. Complete. • Melony to send contact information for Gail Hachey out to council. Complete. • Melony to send to communications for Good News Story. In Progress. 	
<p>5. New Business</p>		
<p>5.1 Voices of the Community</p>	<p>David Hanson MLA – Regarding cannabis legislation, the restrictions have been tied to tobacco instead of alcohol. Unfortunately the government left it to the municipalities’ which could make things difficult for residents. In addition, he advised council that he recently met with the Health Minister to try and increase the number of beds in the St. Therese inpatient psychiatric ward.</p>	

	<p>Lorne Young – Interested in hearing about physician recruitment report for our area.</p> <p>Member of the public – The St. Paul seniors lodge no longer offers lab services. They now have to travel to the hospital and pay for a taxi or parking to get lab work done.</p> <p>Rob Foote –The Lakeland/ Bonnyville/ Cold Lake PCNs will be merging. It allows for the region to have a bigger voice in the province. It is a great opportunity for primary care services. A larger PCN will allow us to build and leverage more people to serve a bigger population. The catchment area is now almost over 100,000 people. The indigenous population is now almost 30%, we are pushing to build relationships with these communities. There will be no services lost, if anything it will enhance services.</p>	Cindy Harmata to look into lodge lab/ mobile services.
<p>5.2 Work Plan Progress and Upcoming Priorities</p>	<p>5.2.1 Review Engagement Sessions Council discussed feedback from both Municipal Leader Forums. There was lots of positive feedback received and several requests for more events in our region. Melony will create a ‘What we heard’ document with comments and themes from sessions. This will be distributed to those in attendance and council members.</p> <p>5.2.2 Approval of 2018/ 2019 Work Plan Moved by Zicki Eludin to approve 2018/2019 Work Plan. MOTIONED CARRIED.</p> <p>5.2.3 Approval of 2017/ 2018 Annual Report Moved by Mel Smith to approve the 2017/ 2018 Annual Report. MOTIONED CARRIED.</p>	Melony to distribute a “What We Heard” document from engagement sessions to those in attendance.
<p>5.3 North Zone Update – Cindy Harmata, Senior Operating Officer</p>	<p>Cindy Harmata provided the following report:</p> <p>Workforce News –</p> <ul style="list-style-type: none"> • Social Worker position approved for Cold Lake area. • Lac La Biche Allied Health has acquired a third therapy assistant. <p>Capital Projects –</p> <ul style="list-style-type: none"> • Cold Lake Healthcare Centre -The Medical Device Reprocessing (MDR) was approved for renovations • Elk Point Healthcare Centre - lab renovations were completed in March 2018. • Bar V Nook Smoky Lake New 40 bed DSL expected to be completed for July 2018. • Boyle -Boyle Villa is at full capacity (22 beds) effective April 18th, 2018. <p>Major Events and Initiatives</p> <ul style="list-style-type: none"> • The St. Paul Hospital Foundation Gala was held March 3, 2018 and over \$80,000 was raised for new equipment. • The Hearts for Hospital Gala for the Cold Lake Healthcare Centre will be held on May 5th. 	Melony to look into booking November meeting at Bar V Nook in Smoky Lake and arrange a tour.

	<ul style="list-style-type: none"> • An Athabasca Community Coalitions meeting was held on March 14. Discussion was held about the need to increase the recruitment of members from five to 10. • The focus of the new Mental Health Day Treatment Program at the St. Paul Inpatient Psychiatry Unit that runs Tuesday to Friday 8:30 a.m. to 3:00 p.m. is providing a continuous flow of support for mental health patients in both the Inpatient Psychiatry Unit at St. Therese Healthcare Centre as well as in the community as they move through their treatment and are discharged back into the community. The program includes modules on assertive communication, self-esteem, distress tolerance, understanding anxiety, healthy relationships, emotional regulation, mindfulness skills, and a leisure education group. • AHS purchased a new glide scope for the Operating Room at the Cold Lake Healthcare Centre. • St. Paul Auxiliary donated a recumbent bike to the St. Paul physical therapy department. • Cold Lake Palliative Care Society donated funding to repair the palliative care bed in Cold Lake. 	
<p>5.4 Physician Recruitment Report – Gail Hachey, Physician Resource Planner, Medical Affairs</p>	<p>Deborah Whetstone and Gail Hachey provided the following update:</p> <p>Bonnyville- One posting - Family Medicine/Anesthesia</p> <p>Cold Lake- Four postings:</p> <ul style="list-style-type: none"> - One Family Medicine - One Family Medicine with low-risk Obstetrics - One Obstetrics and gynecology - One Radiologist <p>Elk Point - One posting - Family Medicine</p> <p>Lac La Biche - Four postings for one Family Medicine; one Family Medicine with Obstetrics; one Family Medicine with Anesthesia and one Family Medicine with Obstetrics & Surgery.</p> <p>Smoky Lake- one posting for Family Medicine</p> <p>St. Paul - one posting - Family Medicine with Enhanced Surgical Skills</p>	<p>Gail Hachey to send report to Melony to share with council.</p> <p>Complete.</p>
<p>5.5 Report form the Chair – Pat Palechuk, Chair</p>	<p>Pat Palechuk advised that she attended the following events:</p> <p>March 22 - CT scanner opening in Lac La Biche.</p> <p>April 4 - FCSS interagency meeting in Smoky Lake.</p> <p>April 11/ 12 - RhPAP Conference in Brooks focused on community development for attraction and recruitment of health professionals.</p> <p>April 13 - Teleconference North Zone HAC Chairs, and AHS Zone Executive Leadership.</p>	<p>Melony to find out how to get the Alberta Council on Aging Newsletter</p>

	<p>April 16 - Municipal Leaders Forum (West) in Smoky Lake.</p> <p>April 23 - Municipal Leaders Forum (East) in Bonnyville.</p> <p>May 2 - Alberta Council on Aging Annual General Meeting in Vilna.</p>	
<p>5.6 Advisory Council Update Melony Cole-Zettler, Advisory Council Coordinator</p>	<p>Melony Cole-Zettler provided the following update:</p> <ul style="list-style-type: none"> • Advisory Council Satisfaction Survey – A report will be prepared for each council as well as an overall report. • Work Plan Approval – final drafts are complete and ready for approval by council today; • Annual Reports – final drafts are complete and ready for approval by council today; • Advisory Council Fall Forum – the forum is scheduled for October 26/27 in Edmonton. • Promotional Tools – feedback on a one-pager vs. brochure requested. • Council was advised that council members Adriaan Botha, Ahmad Qayyum and Marvin Fyten have resigned from the Lakeland Communities Health Advisory Council. 	
<p>6. Council Roundtable and Good News Stories</p>	<p>The following members and public members shared the following information:</p> <p>Zicki Eludin - Town of Lac La Biche gave one million dollars to the hospital foundation for operating costs for a new CT Scanner. Canadian Natural Resources Ltd (CNRL) will be giving a donation to the foundation as well. He is working on getting more members for his recruitment and retention committee in Lac La Biche.</p> <p>Mel Smith – I would like to know more about what capital projects have been cancelled at the Redwater Hospital.</p> <p>Parrish Tung – Elk point really needs a new doctor, our current physicians are getting burnt out.</p> <p>David Beale – The President of local drop in center is going to arrange a workshop to make better choices for better health. David is going to become a workshop facilitator in the fall.</p> <p>AHS Community Education Services – much of it is Calgary based. None available in rural, how can we encourage them to expand the services?</p> <p>Pat Palechuk - Smoky Lake recruitment and retention committee were previously mandated to only deal with physicians. Now dealing with recruiting all medical professionals.</p>	<p>Cindy Harmata to look into cancelled projects in Redwater.</p> <p>Melony to send out how to subscribe to Community Education Services. Complete.</p> <p>Cindy Harmata to connect with Community Education Services.</p>
<p>7. Meeting Evaluation and Adjournment</p>	<p>Moved by Parrish Tung to adjourn the meeting at 8:08 p.m.</p>	
<p>8. Next Meeting</p>	<p>The next meeting will be:</p> <p>Date: September 12 , 2018</p> <p>Time: 5:00 p.m. to 8:00 p.m.</p> <p>Place: Athabasca Healthcare Centre</p>	

