NEWSLETTER

First Row: Pat Chilton, CEO; Leo Loone, Chair; Lucille Uiselt, Vice-Chair; Roseanne Sutherland, Treasurer; Andrew Linklater
Second Row: Dr. Murray Trusler, Chief of Staff; Johnny Koosees; Mike Okimaw; Joe Hunter; Wayne Taipale
Missing: Dorothy Wynne; Greg Koostachin; George Small; Mike Wabano

These are significant milestones towards our goal of integrating the services of the federally funded Weeneebayko Health Ahtuskaywin (WHA) and the provincial James Bay General Hospital (JBGH) organizations into WAHA, which will be much more than just a hospital. As a Health Authority, WAHA will plan and deliver all health services for the region including hospital care, physician services, dental services, transportation, mental health, traditional healing, diabetes programs, community care, long term care, and public health among others.

Welcome to the first of a series of newsletters on the creation of the Weenebayko Area Health Authority (WAHA).

We are pleased to announce that the Articles of Incorporation and By-laws for WAHA were approved by the Ministry of Health and Long-Term Care on October 14, 2008. This paved the way for the inaugural meeting of the WAHA Board of Directors on October 24, 2008. The Board also passed a motion to negotiate a contract and named Pat Chilton CEO of WAHA effective November 1, 2008. During the contract period, the Board will undertake to conduct a CEO search.

As you are aware, the road to integration was initiated through the signing of the Weeneebayko Area Health Integration Framework Agreement by the provincial and federal governments and local leaders on August 31, 2007. The goal of the Agreement is to improve the healthcare system so that we can improve the health of the approximate 11,500 residents of James and Hudson Bay coasts.

Much work has been done to get us to this point:

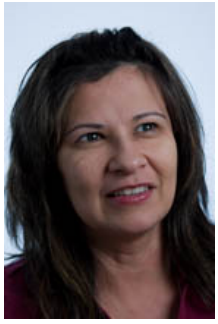
- A consultant, KPMG, has been engaged as the Project Manager to assist with this complex integration and to oversee the transition to WAHA;
- An Integration Team has been established to provide oversight to the transition. The Team consists of representatives from the North East Local Health Integration Network (NE LHIN), Health Canada, WHA, JBGH, board members from WHA and JBGH and KPMG;
- Two legal firms have been engaged by WAHA to assist with the transition;
- Funding from Health Canada has been secured for the transition;
- A work plan to achieve the integration has been developed; and
- A new position, Integrated Director of Community Relations, has been created. The Integrated Director will be responsible for communications planning, marketing of WAHA, community consultations and management of media and communication events.

However, much work is still required to help us work towards our goal of completing the transition to WAHA by early 2009. These include:

- Conducting due diligence and transferring the assets of JBGH and WHA to WAHA;
- Developing the new visual identity for WAHA;
- Meeting with unions and determining the bargaining units for WAHA;
- Recruiting a new CEO for WAHA; and
- Developing a plan for integrating the operations of JBGH and WHA

Leo Loone,
Chairman,
Fort Albany

Lucille Uiselt,
Vice Chair,
Moosonee



Roseanne Sutherland,
Treasurer,
Kashechewan

Joe Hunter,
Board Member,
Peawanuck

Johnny Kooses
Board Member,
Kashechewan

Mike Okimaw,
Board Member,
Attawapiskat

Wayne Taipale,
Board Member,
Moosonee

To help us with the transition, we developed several Guiding Principles and People Principles.

Our People Principles are:

- All staff of both hospitals will be treated fairly and equitably
- The staff of JBGH and WHA are our most valuable resource. All staff currently employed, other than the CEOs, will be transferred to WAHA, and will be needed to strengthen programs and services.
- If new roles are developed, staff from both hospitals will have opportunities to apply.
- Unions and staff will be kept fully informed during the transition
- Notification and consultation processes required in the collective bargaining agreements of all unions will be respected

We understand that many of you may have questions. We will do our best to answer those questions. Some of your questions may be answered in the FAQ's on page 4 of the newsletter.

We very much believe in transparency and will do our best to keep staff informed throughout the entire process. We will be publishing regular newsletters and holding town hall meetings.

We look forward to working with you to help us in creating WAHA.

The WAHA Integration Team is comprised of:

- David Sutherland, Board Member, JBG
- Dr. Murray Trusler, Board Member, WHA
- GertieMai Muise, Aboriginal Consultant, NE LHIN
- Wes Drodge, CEO, JBGH
- Andrew Linklater, Board Member, WHA
- Pat Chilton, CEO, WHA
- Lucille Uiselt, Board Member, JBGH
- Martha Auchinleck, Senior Director, Performance, Contract and Allocation, NE LHIN* photo unavailable
- Donna Barnaby, Director, Health Canada, First Nations Inuit Health-Ontario Region *photo unavailable







FREQUENTLY ASKED QUESTIONS

Q. Why are we merging?
A. We are merging so that we can improve the healthcare system to improve the health services to the James and Hudson First Nation communities, and the Town of Moosonee. As one organization, we can truly develop a plan to meet the health needs of our communities. But the creation of WAHA is not just an integration of the two organizations. WAHA, as indicated in its name will be a Health Authority, responsible for not just hospital services, but also long term care, community care and other services required to improve the health of the areas families.

Q. When will it officially become WAHA?
A. Officially the new organization was established at its' first meeting on October 24, 2008, but it won't be fully operational until the assets of both organizations are transferred to WAHA, which is expected to be completed by early 2009.

Q. What is going to change after we become WAHA?
A. We expect that there will community consultations in the next few months to obtain input from the people and leadership. We know that many people have some views on healthcare that they may wish to voice and be heard. The new organization is committed to engage the communities in its' planning, and will provide reports. It will take time to develop common policies and processes and begin planning as one organization and addressing the needs of our communities.

Q. Are there going to be layoffs?
A. The staff of JBGH and WHA are our most valuable resources. All staff currently employed, other than the CEOs will be transferred to WAHA.

Q. Who is going to be the CEO of WAHA?
A. Pat Chilton has been named as the new CEO for a period of approximately 12 to 18 months, effective November 1, 2008. The process to select the permanent CEO will be determined by the Board. The person to be selected must have the necessary skills and experience to lead WAHA . The recruitment process and timeframe will be determined by the Board. The WAHA Board will select the most qualified candidate.

Q. Which unions are going to be at WAHA?
A. That will be determined by the unions – not the new WAHA Board. Hicks Morley is our legal advisor for labour relations. They are currently reviewing our human resources information. Unions and staff will be kept fully informed during the transition. Notification and consultation processes required in the collective bargaining agreements of all unions will be respected.

Q. This idea of WAHA has been around for years and nothing has happened. What is different now?
A. WHA, JBGH, NE LHIN and Health Canada are fully committed to this integration. Regulatory approval has been given by MOHLTC, the WAHA Board has been identified and KPMG has been engaged to oversee the transition. This is significant progress towards the creation of WAHA.

Q. Where is the new WAHA hospital going to be located?
A. That has not been decided. In the agreement signed on August 31, 2007, it was determined that Kashechewan is the priority for a new facility. We will have to follow the Capital construction guidelines, and the guidelines do call for a thorough and transparent analysis of the needs The new Board will determine the site for the facility in Kashechewan after consulting with the Kashechewan leadership and with the planners and engineers. The new Board will take the lead when the time comes to replace the older hospital known as the Weeneebayko General Hospital

Q. This must be costing a lot of money with consultants and lawyers. Who is paying for this?
A. The integration is being funded by the Federal Government - Health Canada.

Q. Who is the North East Local Health Integration Network and what is their role?
A. The North East LHIN is one of 14 LHINs across the Province of Ontario that were established in 2006. It is responsible for planning, funding and coordinating health care services for the North East region of Ontario including the James and Hudson Bay coasts. It is responsible for $1.2 billion in funding and replaces the Ministry of Health and Long-Term Care as the funding agency for hospitals.

Chief George Hunter of Peawanuck addresses the new board

Photos by Paul Lantz, Text by Steven Wong, Graphic Design by Lawrence Martin