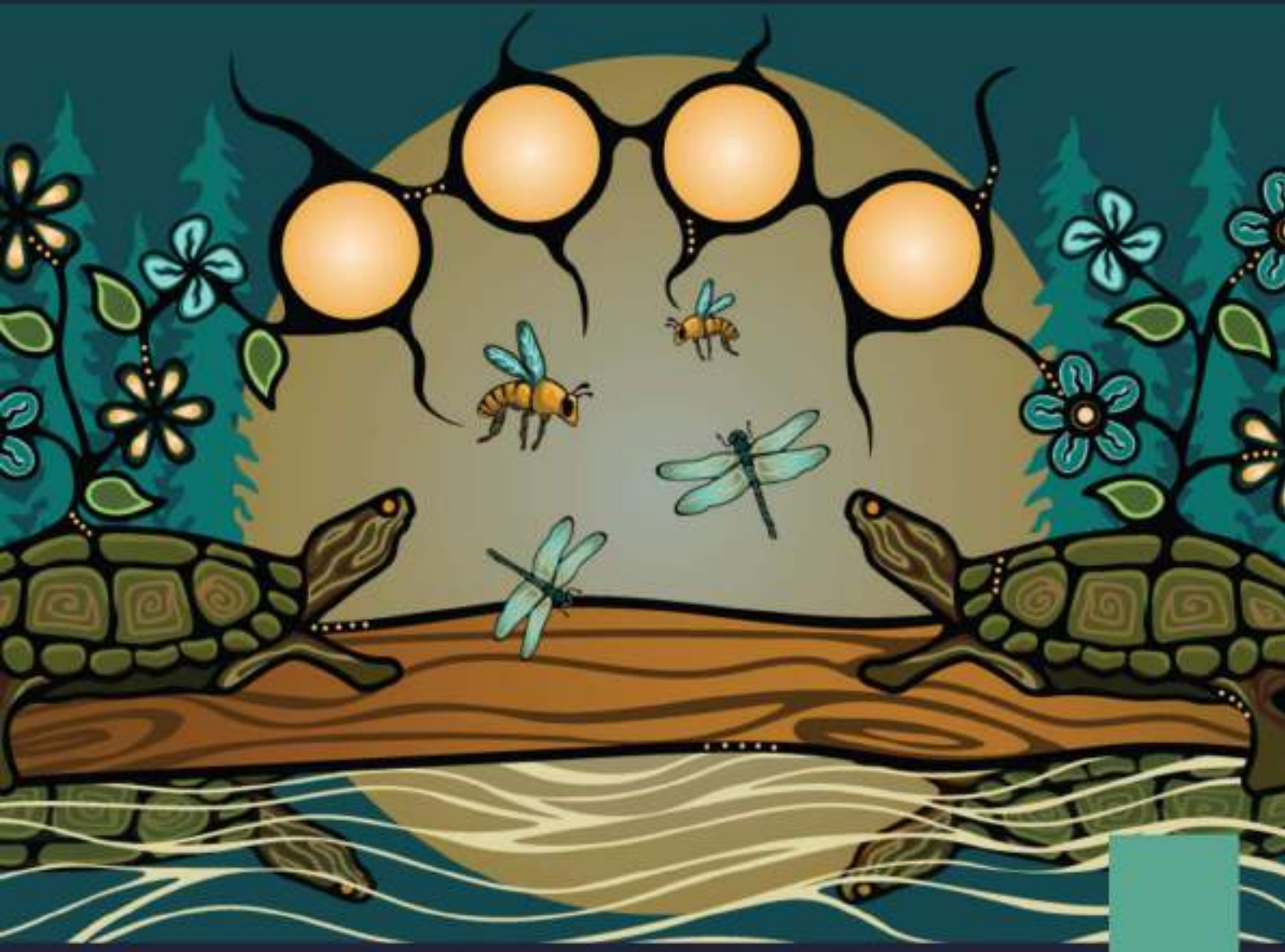
eHEALTH



# ANNUAL REPORT 25/26

eHEALTH

# KO eHealth Overview

KO eHealth is a dedicated, Indigenous-led service provider, helping communities access virtual care services for over 20 years.



## We are committed to delivering exceptional services and supports

The development of KO eHealth has brought meaningful change to remote and isolated communities. Rooted in collaboration, cultural understanding, and community leadership, since 2002, this approach supports better access to care while honouring traditional ways of knowing. It reflects how technology, when guided by respect and relationships, can help strengthen wellness and healing.

## Our Services

### Clinical Services

This includes managing scheduled consults and providing direct support for any urgent or emergent services. With our specialized team and virtual care services, we are dedicated to improving the overall well-being of all our clients.

### Emergency Support

Virtual Emergency Support (VES) gives community members "Eyes on the Patient" care during emergencies, even when a doctor isn't in the community. It ensures timely support for the nursing staff and helps avoid unnecessary transfers.

### Technological Support

We are proud to offer virtual care access to some of Ontario's most remote First Nations with Virtual Care Technology.

# The KO eHealth Difference



As part of our approach, we make it a priority to thoroughly understand the First Nation communities that we work with. From the specific challenges and healthcare goals to traditional practices and ceremonies.

**This allows us to tailor our services to meet each community's needs, rather than taking a one-size-fits-all approach.**

By taking the time to get to know our communities on a deep level, we can provide a holistic approach to healthcare that addresses not just the physical health of community members, but also their mental and emotional well-being.



# The Tele-Mushkiki Prophecy

KO Tele-Mushkiki (medicine) has been quite an amazing experience for our Elders. And it is from our Elders that KO eHealth has found its greatest support.



In the summer of 2004, while visiting Big Trout Lake, I happened to meet a wonderful Elder named Eliza Childsforever. While listening to the KO Telemedicine presentation in her home, Eliza began to laugh. Once the presentation was over, Eliza said she was laughing because she was so happy to be alive to see a prophecy come to pass. She was amazed at what she had just heard about Telemedicine. Eliza had never forgotten the story her grandfather told her as a little girl of seven or eight, in the years before the telephone came to Big Trout Lake.



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# Director, KO eHealth





## Kerri Koski

Director of KO eHealth

**The 2025–2026 year has been one of growth, change, and strengthened connections for KO eHealth. As our programs continue to evolve, one thing remains at the centre of everything we do: our First Nations communities.**

When it comes to health care, there is no one-size-fits-all solution. Each First Nation community has its own strengths, priorities, traditions, and health-care needs. Meaningful virtual care begins with listening to and understanding those differences.

As an Indigenous Nurse who has spent my career living and working in Northern Ontario, I have seen firsthand the gaps and barriers First Nations people face when accessing health care. Travelling to remote First Nation communities as a Diabetes Educator and Home and Community Care Nurse, and listening to community members, leadership, and Elders, has shaped my understanding of these challenges and continues to guide me today. My goal is to help break down those barriers and bring care closer to home.

Throughout 2025–2026, KO eHealth continued to strengthen access to virtual care, specialty services, emergency support, education, and health-care providers across the North. Technology provides the connection, but it is our relationships with communities and partners that make those connections meaningful.

**As we move forward, we remain committed to listening, adapting, and growing alongside the First Nations we serve. Together, we will continue building stronger connections and improving access to care for our communities.**

# Assistant Director, KO eHealth






## Pierrette McLeod

Assistant Director of eHealth

**My name is Pierrette McLeod, and I am the Assistant Director of eHealth. I recently stepped into this role and am excited to support our communities in accessing the best possible healthcare.**

I am an Indigenous Registered Nurse and a Certified Community Health Nurse with approximately 13 years of experience providing care in First Nation communities. Throughout my career, I have had the privilege of working in approximately 18 communities, gaining valuable experience and building meaningful relationships along the way.

**My goal is to help ensure that our communities receive the highest quality healthcare possible.**

I look forward to working together to strengthen our services and improve health outcomes for the people we serve.

# Erickson Owen

Community Telemedicine Coordinator



**Booshoo ( hello )**, my name is Erickson Owen. I am from **Poplar Hill First Nation.** My dodem (clan) is Moose and my spirit name is Wabishki Ma'iingan (White Wolf). I have worked for KO eHealth as a Community Telemedicine Coordinator since September 6, 2017. This upcoming September will mark my 9-year anniversary as a CTC. I also serve as one of the KO eHealth Assistants.

KO eHealth is very important to the community because it gives people the freedom and convenience to have their follow-up appointments in community instead of flying all the way to Thunder Bay, Toronto or Winnipeg. Community members are able to access a wide variety of services from Telemedicine such as Nephrology, Mental Health, Psychotherapy, Endocrinology and Oncology to name a few. KO eHealth continues to grow and the incoming TeleOphthalmology program: diabetic retinal screening technology is one of the new things which gives diabetics the ability to detect early stages of eye diseases related to diabetes.

Most First Nation communities have doctors that come in 1-2 weeks a month at a time and this service fills in the gaps. I hope to continue to serve our communities as we have a good working environment with excellent staff we can lean on from Balmertown. It's a wonderful job and I feel like I am making an impact in the community in my role as a CTC.



# Community Highlights





# eHealth Conference

June 2025

Seven KO eHealth staff attended the eHealth Conference in Toronto, connecting with healthcare professionals and learning about emerging technologies and best practices in virtual care.

Annie King and Mason Clancy shared valuable firsthand perspectives from working in northern First Nations communities, highlighting the realities of delivering virtual healthcare in remote settings. Vietta Morris from KNet also joined the team, bringing expertise in connectivity and technology and reinforcing the importance of strong partnerships in improving healthcare access across Northern Ontario.







# Building Connections

October 2025

Community Highlights In October 2025, KO eHealth hosted CTC training in Balmertown for coordinators from Muskrat Dam, Pikangikum, Nibinamik, Cat Lake, Deer Lake, and Wapekeka.

Training focused on computer skills and privacy, telemedicine equipment, clinical practices, MSM, and virtual appointment best practices. Team-building activities also provided opportunities for CTCs and KO eHealth staff to connect and strengthen relationships.

The week helped build CTC knowledge and confidence while strengthening collaboration and supporting improved access to virtual healthcare in First Nations communities.

**Keresia Beaver (Nibinamik FN), Annie King (Pikangikum FN), Jeffrey Albany (Wapekeka FN), Mason Clancy (Muskrat Dam FN), Eunice Oombash (Cat Lake FN), Teddy Meekis (Deer Lake FN) and of course our masocot Stevie the "turtle".**






# SLFNHA Health Directors Conference

January 2026

Allison and Genevieve attended the SLFNHA Conference in Thunder Bay, showcasing KO eHealth services and strengthening relationships with health professionals and leaders across the North.

CTCs Peggy Sugarhead from Fort Hope and Erickson Owen from Poplar Hill joined the KO eHealth booth, sharing their firsthand experiences supporting virtual care in their communities. Their perspectives highlighted the important role CTCs play in connecting First Nation communities to healthcare services and demonstrated the value of strong community partnerships.






# Northern Ontario Home & Community Care Network Conference

February 2026

KO eHealth participated in the Northern Ontario Home & Community Care Network Conference in Thunder Bay, showcasing virtual care services and strengthening connections with frontline healthcare teams.

Annabella Gliddy and Cepra Sugarhead demonstrated telemedicine equipment and shared how virtual care supports healthcare delivery in remote First Nation communities. Allison Palmer and Wendy Sandberg presented on KO eHealth programs and opportunities to strengthen collaboration with Home & Community Care teams across the North.







# Norseman Days – Red Lake

July 2025

The KO eHealth team was proud to participate in Norseman Days in Red Lake, connecting with more than 100 people who stopped by our booth throughout the event.

KO eHealth values opportunities to bring education directly to the community level. Events like Norseman Days allow our team to connect face-to-face, raise awareness of the virtual care services available, answer questions, and demonstrate how technology can help improve access to healthcare.

**Community engagement and education remain an important part of our work—bringing knowledge about virtual care closer to the people and communities we serve.**

# KO eHealth

## Virtual Care (OTN)

# Therapeutic Areas of Care

During the 2025/2026 fiscal year, KO eHealth Virtual Care Services facilitated **2,147 clinical consultations** across a broad range of therapeutic areas for First Nation people living in the First Nation communities we serve across the Sioux Lookout region. This represents an increase of **117 consultations (5.8%)** compared to the **2,030 consultations delivered in 2024/2025**. The continued increase demonstrates growing utilization of virtual care and the importance of providing timely, accessible primary and specialized healthcare services within First Nation communities.

There were notable increases in several key therapeutic areas. Mental Health consultations increased from **291 in 2024/2025 to 349 in 2025/2026**, representing a **19.9% increase**. Endocrinology experienced one of the largest increases, rising from **136 to 237 consultations**, a **74.3% increase**. Physical Medicine & Rehabilitation increased from **155 to 201 consultations**, representing a **29.7% increase**, while General Practitioner consultations increased from **236 to 253, or 7.2%**.

The 2025/2026 data also reflect the continued expansion of therapeutic services available to First Nation people in the communities served by KO eHealth. Ophthalmology accounted for **133 consultations (6.19%) in 2025/2026** and was not identified as a separate therapeutic area in the 2024/2025 data. This growth, along with increased utilization of endocrinology, mental health, and rehabilitation services, demonstrates the evolving healthcare needs of the First Nation communities we serve.

Mental Health was the most frequently accessed therapeutic area in 2025/2026, accounting for **349 consultations (16.26%)**. This category includes psychiatry, psychology, social work, psychotherapy, and addictions services. The high volume of mental health consultations highlights the continued demand for accessible and culturally responsive virtual mental health services for First Nation people living in remote and rural communities.

General Practitioner services, including Nurse Practitioners and Primary Care Registered Nurses, represented **253 consultations (11.78%)**, while Endocrinology accounted for **237 consultations (11.04%)**. Endocrinology services include diabetes care, dietitian services, endocrinology nursing, and endocrinology dietitian consultations, reflecting a significant need for chronic disease and diabetes-related care within the communities.
Other high-volume areas included Physical Medicine & Rehabilitation, with **201 consultations (9.36%)**, Gynecology, with **176 consultations (8.20%)**, Oncology, with **157 consultations (7.31%)**, Ophthalmology, with **133 consultations (6.19%)**, and Orthopedic Surgery, with **123 consultations (5.73%).**

Overall, the **5.8%** year-over-year increase in clinical consultations demonstrates the continued growth and reliance on KO eHealth Virtual Care Services. The increase in consultation volume, combined with the expanding range of therapeutic areas, supports KO eHealth's commitment to improving access to healthcare for First Nation people in the First Nation communities we serve. Virtual care continues to help reduce geographic and travel barriers, connect patients with primary care and specialists, and support timely access to healthcare services closer to home and within their communities.

# Cancelled Appointments:

## Understanding Community and Cultural Priorities Model

At KO eHealth, we recognize that health and wellness extend beyond a scheduled appointment. **Culture, tradition, family, community, and connection to the land are important parts of health and well-being**.

Throughout the year, First Nation communities participate in important traditional and seasonal activities. This includes **spring and fall hunts**, when families and community members spend time on the land, gather, and harvest food to help support their communities. KO eHealth respects these traditions and works with our Community Telemedicine Coordinators to remain flexible and responsive to community priorities.

Our communities also face challenges that can significantly disrupt daily life and access to health care. **Wildfires, evacuations, severe weather, community emergencies, and other unexpected events** can result in community members temporarily leaving their homes or health services being redirected to more immediate needs.

During 2025–2026, KO eHealth recorded **2,350 cancelled virtual care appointments.** The largest categories were:

- Patient Unavailable – 1,017 (43%)
- Patient No Show – 588 (25%)
- Consultant Unavailable – 171 (7%)
- Actual Rooms Unavailable – 129 (5%)
- Technical Difficulties – 93 (4%)
- Other cancellation reasons – 352 (15%)

Patient unavailable and patient no-show together represented **68% of cancellations.** These numbers should be viewed within the broader context of delivering health care in remote First Nation communities, where traditional activities, community responsibilities, evacuations, emergencies, travel, weather, and other circumstances can affect appointment attendance.

KO eHealth will continue to support our Community Telemedicine Coordinators and work alongside communities to **respect cultural traditions and community priorities while helping community members reconnect with their health-care providers when services resume.**

**Supporting virtual care means supporting the whole community, its people, culture, traditions, and connection to the land.**



# KO eHealth

# Telemedicine Communities



# Community Telemedicine Coordinators Education/Training

## Building Capacity in Our Communities

Education and training are at the heart of KO eHealth's work. Across **27 First Nation communities**, our Community Telemedicine Coordinators (CTCs) are local employees who bring knowledge, skills, and virtual care support directly into their communities.




Throughout 2025/2026, KO eHealth provided **53 equipment refreshers**, **75 eLog refreshers**, **10 CTC monthly meetings**, and **9 initial equipment**, eLog and UltiPro training sessions. These opportunities help ensure employees have the knowledge and confidence to support patients, healthcare providers, and virtual appointments at the community level.

Through our Virtual Educator, CTCs also have access to ongoing education, one-on-one support, refresher training, and guidance throughout the year. This allows learning to happen where our employees work—in their own communities—while building local capacity and reducing the need to travel for training.

Investing in our community-based employees means investing in sustainable virtual care. By building knowledge and skills locally, KO eHealth strengthens each community's ability to support its own members while connecting them to healthcare services and providers across the region.

# TeleOphthalmology

During 2025–2026, KO eHealth took an important step toward expanding our existing **TeleOphthalmology (TeleOp) Diabetic Retinal Screening Program** across the 27 First Nations communities we serve.



At the centre of this initiative is **innovative technology, including retinal screening cameras supported by artificial intelligence (AI).** The AI technology assists with analyzing retinal images and identifying potential signs of diabetic retinopathy, helping support earlier detection and timely follow-up while bringing screening closer to home for First Nations patients.

This expansion would not have been possible without our **community-level health workers**, who embraced new technology and expanded their skills through training on the retinal screening equipment. Building this knowledge directly within communities strengthens local capacity and helps reduce barriers associated with travelling outside the community for care.




Strong partnerships have also been essential. Through collaboration with **Vision Loss Rehabilitation Canada** and the **Indigenous Diabetes Health Circle**, KO eHealth has been able to strengthen training, clinical pathways, technology, and supports needed to expand the program.

In **February 2026, the first of three retinal screening cameras was deployed to Deer Lake First Nation,** marking an important milestone in the expansion. This initiative demonstrates how **technology, AI, community capacity, and strong partnerships can work together to bring essential healthcare closer to home.**

# Tele Mental Health Through Virtual Care

Access to timely and culturally appropriate mental health and addictions services continues to be an important priority for First Nations communities. KO eHealth remains committed to using virtual care, technology, and strong partnerships to help bring these essential services closer to home.

During the **2025–2026 fiscal year, 349 mental health virtual care consultations** were scheduled and delivered through KO eHealth-supported services. These connections help community members access mental health care while remaining in their home communities whenever possible.

Through the **Management Services Model (MSM)**, KO eHealth deployed iPads and virtual care technology to support access to **mental health and addictions services and psychiatry**. By placing technology directly at the community level, individuals and local health-care teams have another pathway to connect with providers and specialized services.

KO eHealth also continued its partnership with **CAMH** to support access to psychiatric services and continues to work alongside **NAN Hope** and other partners to strengthen mental health supports for First Nations people.

Mental health is an essential part of overall health and well-being. Having access to trusted mental health supports can strengthen individuals, families, and communities. Virtual care provides another important pathway for connecting First Nations people with the care and support they need, closer to home.

Moving forward, **KO eHealth will continue to support and expand TeleMental Health services**, strengthen partnerships, and work directly with First Nations communities to improve access to mental health and addictions care.





# TeleDermatology

During 2025–2026, KO eHealth continued to strengthen TeleDermatology services by upgrading equipment in **15 of our 27 First Nation communities**. The upgraded equipment provides clearer, higher-quality images that can be securely shared with dermatologists through **eConsults**.

Along with the deployment of the new equipment, KO eHealth developed an **easy-to-use guide and workflow pathway** to support Community Telemedicine Coordinators and health-care providers through the TeleDermatology process, from capturing quality images to submitting an eConsult and receiving specialist recommendations.

Improved image quality supports faster assessment and diagnosis of skin conditions, with eConsults often receiving a specialist response and recommended treatment plan within **one business day.** This allows community health-care providers to begin appropriate treatment sooner and can reduce the need for patients to travel outside their community for specialist care.

**Through updated technology, clear workflows, and community-level support, KO eHealth continues to bring specialized dermatology care closer to home.**

# KO eHealth

## Virtual Emergency Services




# Kristin & River's Story

## VES: Bringing Emergency Care Home

Kristin and baby River's story is a powerful example of why KO eHealth's Virtual Emergency Services (VES) are so important for First Nations people living in remote northern communities.

North Spirit Lake First Nation is a remote Oji-Cree community in Treaty 9 located approximately 500 kilometres northwest of Thunder Bay. For most of the year, the community is accessible only by air, with seasonal winter-road access. This distance and isolation can make access to emergency and specialized medical care challenging especially when weather prevents aircraft from reaching the community.

Kristin was pregnant when she began to realize something did not feel right. She trusted her instincts and went to the nursing station, where the nursing team assessed her and confirmed that she was in labour and required urgent care.
A medevac was immediately arranged. However, poor weather conditions prevented the aircraft from landing in North Spirit Lake. Kristin was in labour, far from a hospital, and transportation to a larger centre was not possible.
This is where VES made a critical difference.

Using KO eHealth's Virtual Emergency Services equipment, the nursing team in North Spirit Lake was able to connect by video with a physician. VES provided the nurses working in the Nursing Station with real-time access to physician guidance and clinical support as they responded to the emergency and cared for Kristin and River.

Baby River was safely delivered in the North Spirit Lake Nursing Station in her community.



## Why VES Matters

Kristin and River's experience demonstrates exactly why virtual emergency care is essential in remote First Nations communities. Geography and weather can create significant barriers to accessing emergency physicians and hospital-based services. In North Spirit Lake, where air travel is the primary year-round connection to larger centres, a delayed or cancelled medevac can have serious consequences.

VES helps bridge that distance by bringing real-time emergency physician support directly into the community. An important part of VES is supporting nurses and health-care providers. working in remote Nursing Stations. Through VES, they can connect directly with an emergency physician for real-time assessment, guidance, decision-making and clinical support while continuing to provide hands-on care in the community.

For Kristin, VES meant that when the plane could not come, the physician could still be there virtually.

For the Nursing Station team, it meant they were not managing a complex emergency alone. They had immediate access to physician expertise while continuing to provide the essential hands-on care Kristin and River needed.

And for baby River, it helped provide a safe start to life.

Kristin and River's story represents the true impact of KO eHealth: using technology to overcome distance, strengthening and supporting nurses in remote Nursing Stations, and helping ensure that First Nations people living in remote communities can access emergency medical expertise when and where they need it most.

***Because distance and remoteness should never determine access to emergency care.***

# Virtual Emergency Services (VES)

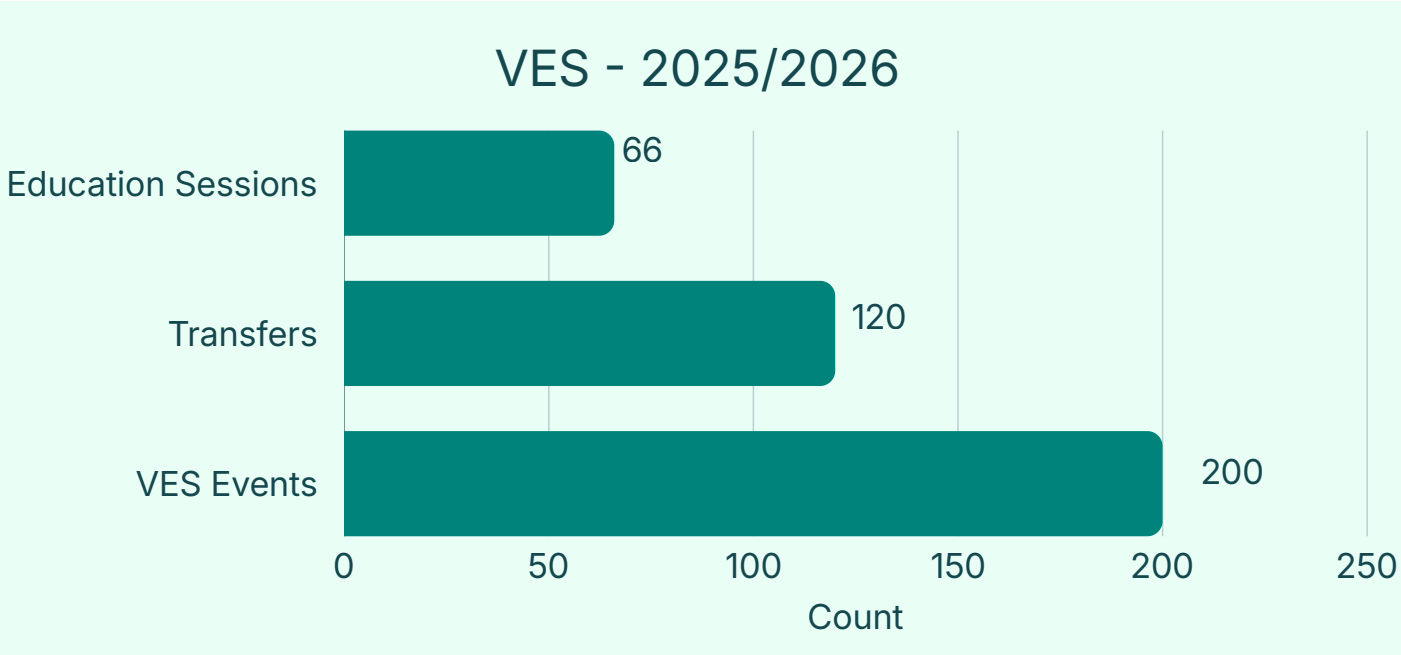
## Eyes on the Patient

The remoteness of many of our First Nation communities creates unique challenges in accessing timely emergency health care. Many communities are **fly-in only and located significant distances from hospitals and larger health-care centres,** with limited or no physician presence in the community. Weather, flight availability, and geography can further impact access to emergency services and patient transfers.

This is where **Virtual Emergency Services (VES)** plays an important role. Through the VES system, physicians and emergency-care partners can have **"eyes on the patient" in real time,** while supporting the nurse at the bedside. Virtual technology and clinical equipment allow providers to assist with patient assessment, stabilization, treatment decisions, and determining the appropriate next steps in care.

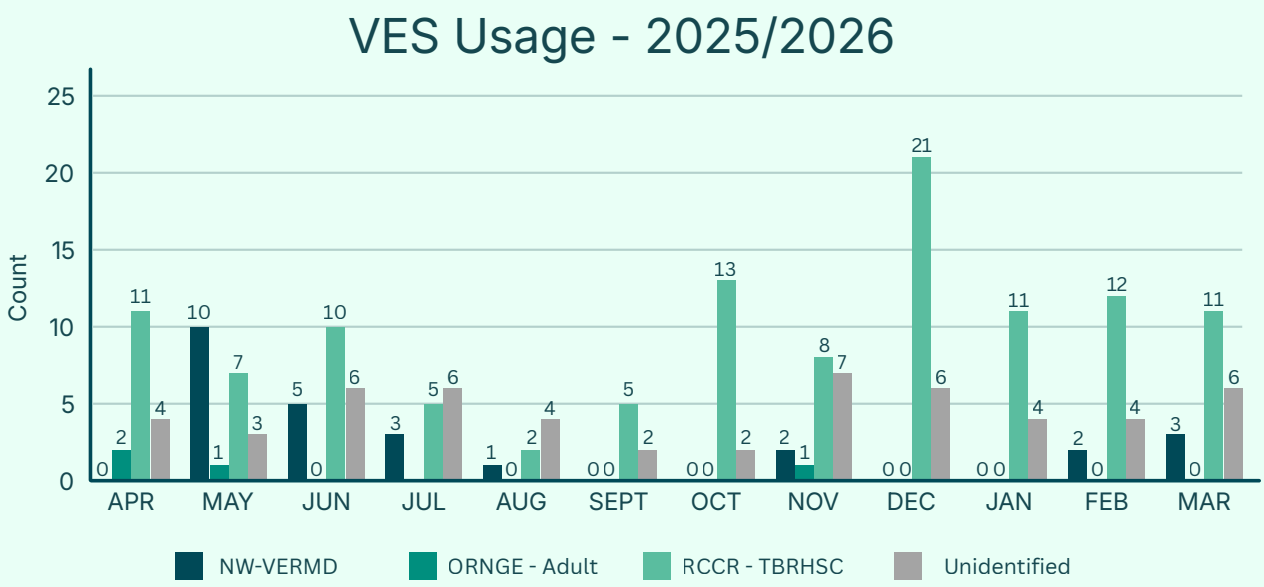
During **2025–2026, KO eHealth supported 200 VES events, with 120 of those events resulting in patient transfers to a higher level of care.** An additional **66 education sessions** were provided to strengthen the knowledge, skills, and confidence of health-care providers using the VES system.

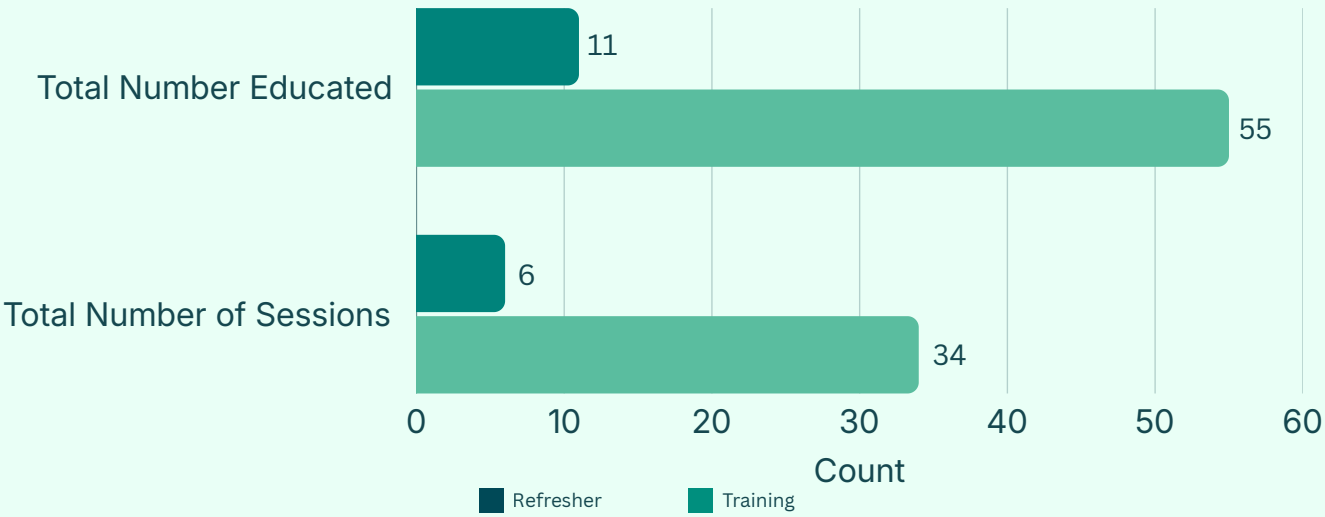
VES helps bridge the distance between remote First Nation communities and emergency-care expertise. It provides an important connection between the **patient, nurse, physician, and emergency-care partners,** helping patients receive timely support in an emergency.



# VES Training & Equipment Refreshers

KO eHealth continues to provide **VES training and equipment** refreshers to nurses and health-care providers working in our First Nation communities. These sessions help ensure staff are confident using the VES technology and clinical equipment when an emergency occurs. Regular training and refreshers strengthen readiness, support **“eyes on the patient”** through the VES system, and help ensure providers can quickly connect with physicians and emergency-care partners when needed.



# Virtual Emergency Service Communities



# Virtual Emergency Services Expansion

This year, KO eHealth worked in partnership with KNET to support the expansion of Virtual Emergency Services (VES) within Matawa First Nation communities.

As part of this expansion, the KO eHealth and KNET teams travelled to Webequie First Nation to provide community engagement and education about VES and how the service can improve access to emergency care closer to home.

Webequie First Nation is one of four Matawa communities included in this phase of the VES expansion. Through strong partnerships, community engagement, technology, and education, KO eHealth continues to strengthen access to emergency support while providing additional resources for healthcare providers working in remote First Nation communities.



# Management Service Model

# Management Service Model

**During the 2025–2026 fiscal year, the Management Services Model (MSM) Program continued to strengthen access to virtual care for First Nation communities through community engagement, program navigation, education, training, and healthcare provider support.**

Throughout the year, KO eHealth focused on supporting participating communities while expanding awareness of the MSM Program to communities not currently accessing virtual care. A total of 73 invitations were sent to non-MSM communities over the year. In Q4, 13 engagement letters were followed by direct phone outreach to provide information, answer questions, and support participation. These efforts resulted in five new communities joining the program in Q4.
Overall, the MSM Program grew from 53 sites at the end of the previous fiscal year to 67 enrolled sites, demonstrating increased uptake and interest in virtual care services.

## Healthcare Provider Engagement

Provider engagement was also an important component of the MSM Program. The Regional Telemedicine Coordinator (RTC) proactively connected with healthcare providers across different levels of care to increase awareness of MSM services, support service coordination, provide education and training, and promote the use of provincial digital health tools.

### During 2025–2026:

- 25+ healthcare providers were engaged
- 40+ engagement, training, and support sessions were completed
- Provider engagement supported all participating MSM communities
- Specialties engaged included Psychiatry, Palliative Care, Diabetes Care, Primary Care/Family Medicine, Mental Health & Addictions, and Community Nursing

Through continued community and provider engagement, KO eHealth is helping strengthen connections between First Nation communities and healthcare providers, supporting greater awareness and use of virtual care and improving opportunities for First Nation people to access care closer to home.



# MSM Sites


CTC Sites
Site Number
ONTARIO
3
5
5
1
38
7
7
24
62
51
53
54
59
38
26
29
36
37
6
29
16
30
34
2
11
4
10
63
18
15
23
19
17
28
22
32
10
33
33
60
21
79
39
90
43
57
11
12
13
42
42
41
45

# MSM Sites

1. Animakee Wa Zhing #37
2. Anishinaabeg of Naongashiing First Nation
3. Attawapiskat First Nation
4. Bearskin Lake First Nation - CTC
5. Beausoleil First Nation
6. Beaverhouse First Nation
7. Big Grassy River First Nation
8. Brunswick House
9. Caldwell First Nation
10. Cat Lake First Nation - CTC
11. Chapleau Cree First Nation
12. Chapleau Fox Road Site
13. Chippewas of Rama First Nation
14. Constance Lake First Nation
15. Deer Lake First Nation Nursing Station - CTC
16. Deer Lake First Nation School
17. Dokis First Nation
18. Fort Albany First Nation
19. Fort Erie Native Friendship Centre
20. Fort Severn First Nation School
21. Georgian Bay Native Friendship Centre
22. Gishkaandagoiwe Health Services
22. Ka-Na-Chi-Hih Treatment Centre
24. Kashechewan First Nation
25. Keewaywin First Nation Nursing Station - CTC
26. Keewaywin First Nation School
27. Maamwesying, the North Shore Tribal Council Wawa Site
28. Magnetawan First Nation
29. Marten Falls First Nation - CTC
30. Mattagami First Nation
31. McDowell Lake First Nation
32. Mississaugas of the New Credit First Nation
33. Mitaanjigamiing First Nation
34. Moose Cree First Nation
35. Muskrat Dam First Nation - CTC
36. Naotkamegwanning First Nation Health Centre
37. Naotkamegwanning Elder's Centre
38. Nibinamik First Nation - CTC
39. Nigigoonsiminikaaning First Nation
40. Nipissing First Nation
41. Nisaachewan Anishinaabe Nation
42. North Spirit Lake First Nation School
43. Northwest Angle No. 33 First Nation
44. Ojibway Nation of Saugeen
45. Ojibways of Onigaming
46. Oneida Nation of the Thames
47. Pelican Falls High School
48. Pic Mobert First Nation
49. Pikangikum First Nation Nursing Station - CTC
50. Pikangikum First Nation School
51. Poplar Hill First Nation - CTC
52. Poplar Hill First Nation School
53. Rainy River First Nation
54. Red Lake Indian Friendship Centre
55. Red Rock Indian Band
56. Sandy Lake First Nation Nursing Station - CTC
57. Serpent River First Nation
58. Sheguiandah First Nation
59. Shoal Lake No. 40 First Nation
60. Taykwa Tagamou
61. Wabaseemoong Independent Nations
62. Wabauskang First Nation
63. Wapekeka First Nation - CTC
64. Wasauksing First Nation
65. Webequie First Nation School
66. Wunnumin First Nation - CTC
67. Zhiibaahaasing First Nation

# Connectivity

## Technical Reliability

KOeHealth and KNet have a service level agreement that supports timely identification and resolution of network and device issues at affiliated endpoints Technical support is provided in three areas:

- Issue Tracking and Resolution: In total, 216 KOeHealth tickets were opened in 2025-2026 FY with an average of 18 tickets per month (12% increase from 2024-25). KNet's ticket system tracks issues and is used as a knowledge base to support the resolution of similar issues.

- Bandwidth Upgrades: Communities experience limitations such as last mile bottlenecks which can cause connectivity issues at the nursing station. Building on the backbone upgrade to 10Gbps in 20 First Nations, KNet installed additional equipment in 2025 that increases the bandwidth access to the nursing stations up to 1Gbps.

- Managed LAN, IP Phones and Nursing Residences: KNet manages the nursing station Local Area Networks (LAN) which improves Wi-Fi coverage, security, reliability and efficient troubleshooting and management of the nursing station and telemedicine IT services. KNet works closely with partner providers who manage the LAN at 5 of the sites. Starlink has been installed as a backup service at the nursing stations when the community broadband experiences a broadband outage. IP phones continue to be critical as Bell has stopped servicing remote First Nation land lines including at the nursing station. CTCs have access to an IP phone that is managed by KNet. KNet has a solution for a nursing station IP phone system to replace the Bell landlines that can be installed where funding is available. The new nursing station IP phone system is deployed in Big Trout Lake nursing station as a pilot. KNet also upgraded and manages nursing residence Wi-Fi at 23 of the sites so that staff can remain connected at the residence. KNet has applied to ISC for support with upgrades to the remaining sites (Wapekeka, Slate Falls, Wunnumin, Kingfisher Lake) with nursing residence Wi-Fi and Starlink backup.

- CTC Desktop Support: KNet and KOeHealth provide Desktop support services to CTCs. This service maximizes uptime by providing a one-contact, direct Service Desk solution for Community Telemedicine Coordinators. In addition, KNet service desk addresses calls for KOeHealth staff email, computer and print setup, clinical cart support and health centre connectivity.

- Telemedicine Workstation Assessments: Test call rotation is conducted with KOeHealth endpoints. KOeHealth informatics educator conducts the test calls with CTCs to ensure that cameras/codecs, monitors, microphones, and diagnostic peripherals are working properly as well as providing training to new CTCs. When KNet is travelling to a First Nation for other work, visiting the CTC and testing the equipment is added to the schedule.



# Partnerships

Partnership is at the heart of KO eHealth. First Nations communities have always demonstrated strength and resilience through working together, supporting one another, and building strong connections.

Our success continues to be built on these same values. By bringing together communities, healthcare providers, and partners with a common goal, we can share knowledge, resources, and expertise to strengthen access to care.

Together, we can overcome barriers, build stronger services, and continue improving healthcare for the First Nations communities and people we serve.

**Working together makes our communities stronger.**

SickKids

camh
Centre for Addiction and Mental Health

Ontario
Ministry of HEALTH AND LONG-TERM CARE

Sioux Lookout First Nations Health Authority

otn.
Care. Connected.

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Thunder Bay Regional Health Sciences Centre

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Indigenous Services Canada

# The Path Forward for KO eHealth

## What's next?



KO eHealth's path forward remains grounded in our commitment to providing and strengthening health-care services at the **First Nation community level**. We will continue to empower our Community Telemedicine Coordinators through training, education, and skill development. By investing in our people, technology, and communities, we are building stronger and more sustainable access to care closer to home.

As part of this journey, KO eHealth's refreshed branding proudly incorporates the artwork of local Anishinaabe artist **Storm Angeconeb, a member of Lac Seul First Nation.** Her artwork brings together themes of **health, life, nature, culture, and connection**, reflecting the balance between innovation and the people and communities at the heart of our work.



The **turtle** has become an important part of KO eHealth's visual identity, connecting our work to **Turtle Island** and reminding us that while technology continues to evolve, our work remains rooted in community, culture, relationships, and the land.

Looking ahead, KO eHealth will continue upgrading equipment, exploring new technologies, strengthening partnerships, supporting primary health-care clinics, and connecting First Nations people with specialists and health-care providers across our region.

**Our path forward is about bringing health care HOME, using technology to strengthen connections while remaining grounded in the people, communities, culture, and land of Turtle Island.**