



2018-19 ANNUAL REPORT

Northwest Territories

Health and Social
Services System

BEST HEALTH • BEST CARE • BETTER FUTURE

RAPPORT ANNUAL 2018-19

Territoires du Nord-Ouest

Systeme des services de
sante et des services sociaux

UNE SANTE OPTIMALE • DES SOINS OPTIMAUX • UN AVENIR EN SANTÉ

Government of | Gouvernement des
Northwest Territories
Territoires du Nord-Ouest

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Executive Summary

The NWT Health and Social Services System 2018-2019 Annual Report presents the third year of reporting progress on the 2017-2020 HSS System Strategic Plan: Caring for Our People.

This Annual Report fulfills the obligation to report to the Legislative Assembly on the preceding year's operations and financial position of the Department of Health and Social Services (hereafter referred to as the Department), as outlined in the Government of the Northwest Territories Planning and Accountability Framework and in accordance with the Financial Administration Act and the NWT Hospital Insurance and Health and Social Services Administration Act. This report also meets the obligation to annually table a report on the operations of the Medical Care Plan.

Strategic Priorities

Over the 2018-2019 fiscal year, the Department made good progress implementing 48 Commitments across 123 milestones in the Mandate Priorities of the 18th Legislative Assembly.

The Department continued to focus on mental health and addictions, ensuring that services are delivered locally with culturally appropriate methods. The Department continued to implement the Mind and Spirit: Promotion Mental Health and Addictions Recovery Strategic Framework 2016-2021 and the Child and Youth Mental Wellness Action Plan by working with the Authorities to develop a Territorial Suicide Prevention and Crisis Response Network aimed at preventing and

establishing clear protocols in a suicide crisis, as well as working with the Authorities to establish an approach to adopt the Seamless Care Pathway Model that ensures children and youth are matched with appropriate level of care when accessing mental wellness services.

The Department continued to take action so that seniors can age in place, ensuring residents have adequate support as they transition through lifecycle stages. Work progressed in 2018-2019 under the Continuing Care Services Action Plan, including increasing capacity in communities to support healthy active aging, increasing public awareness about elder abuse, and increasing the skills within the workforce through the delivery of culturally safe palliative care and Supportive Pathways training.

The Department continued to take action on the crisis of family and community violence through its work with Authorities, the Department of Justice, and the Status of Women Council to reduce violence in the NWT through emergency shelter services and prevention and intervention initiatives.

The Department continued to foster healthy families by focusing on wellness, prevention, and improved nutrition, in part through the continued implementation of the ten year Right from the

Start Early Childhood Development Framework in partnership with the Authorities and in joint effort with the Department of Education, Culture and Employment. The Framework aims to achieve better outcomes for children aged 0-5 and their families. Over the 2018-2019 fiscal year, initiatives were taken to invest in greater access to inclusive and relevant programming for young children and families; support facilities to achieve and maintain Baby Friendly Initiative designation; improve immunization rates for NWT children; and improve access to early childhood assessment, intervention, and responses.

The Department also continued the implementation of the Building Stronger Families Action Plan to transform and enhance how child and family services are delivered across the NWT. The Department and Authorities have concentrated their efforts on better resourcing, managing, structuring and sustaining the changes completed under the Building Stronger Families Action Plan. Other significant areas of work carried out included the release of the GNWT Disability Action Plan to support at-risk children and families by ensuring effective supports and programs are in place for persons with disabilities; and the finalizing of the Chronic Disease Prevention and Management Strategic Framework which was built on the gold-standard extended care framework and incorporates existing community initiatives that promoted health living and wellness targeting the most vulnerable NWT populations.

Financial Highlights

In 2018-2019, the Department spent \$486.7 million; \$328 million went directly to the Health and Social Services Authorities to administer and deliver programs and services. The Department's total expenditures increased \$41.1 million over

the prior year. The increase was due mainly to the operationalizing of the new Stanton Territorial Hospital as well as investments in the Norman Wells Health Centre, the Combined Yellowknife Day Shelter and Sobering Centre, and the expansion of Woodland Manor Long Term Care Facility. Other investments included the addition of the NWT School and Community Child Care Counselor positions, enhanced services for children and adults with mental and physical disabilities, as well as increased costs associated with southern residential care, foster care and continuing care services. In addition, DHSS invested \$89.2 million on capital infrastructure projects and received \$41.4 million from third parties for shared priorities. This resulted in an operating deficit of \$10.5 million. At March 31, 2019, the accumulated deficit was \$96.5 million.

Performance Measures

Public reporting on the performance of the NWT Health and Social Services system is a key part of fulfilling the Government of the Northwest Territories' commitment to improving accountability and transparency in an environment of growing expenditures and limited resources. Some positive long term trends include decreases in potentially avoidable mortality due to preventable causes, as well as those due to treatable causes; an increase in screening for colorectal cancer; a decrease in the rate of children in permanent care; a decrease in hospitalization rate for ambulatory care sensitive conditions; a decrease in the proportion of mental health hospitalizations due to alcohol or drugs; and a decrease in workplace safety claims.

Sommaire

Le rapport annuel 2018-2019 du système des services de santé et des services sociaux des TNO résume les progrès réalisés au cours de la troisième année de mise en œuvre du plan stratégique 2017-2020 intitulé *Votre bien-être, notre priorité*.

Ce rapport remplit l'obligation de rendre compte devant l'Assemblée législative des activités et de la situation financière du ministère de la Santé et des Services sociaux (le Ministère) pour l'exercice écoulé, conformément au cadre de planification et de responsabilisation du GTNO et à la *Loi sur la gestion des finances publiques*. Le présent rapport annuel a été préparé par le ministre de la Santé et des Services sociaux en vertu de la *Loi sur l'assurance-hospitalisation et l'administration des services de santé et des services sociaux*. Il répond également à l'obligation de déposer annuellement un rapport sur les activités du régime d'assurance-maladie.

Priorités stratégiques

Pendant l'exercice financier 2018-2019, le Ministère a réalisé des progrès remarquables dans la mise en œuvre de 48 engagements parmi les 123 priorités du mandat de la 18^e Assemblée législative.

Le Ministère a continué de se concentrer sur la santé mentale et les dépendances, en assurant localement des services offerts au moyen de méthodes culturellement appropriées. Le Ministère a poursuivi la mise en œuvre du *Cadre stratégique 2016-2021 – Tête et esprit : Encourager le rétablissement en santé mentale et la lutte contre les dépendances* et du *Plan d'action sur le mieux-être mental des enfants et des jeunes* en travaillant avec les administrations des services de santé et des services

sociaux (ASSS) pour créer un réseau de prévention du suicide et d'interventions en cas de crise visant à prévenir les suicides et à établir des protocoles clairs en cas de crise. Le Ministère a également travaillé avec les ASSS afin d'établir une approche pour adopter le modèle de soins intégré qui permet de s'assurer que les enfants et les jeunes reçoivent le niveau de soins approprié dans le cadre des services de mieux-être psychologique.

Le Ministère a continué de prendre des mesures pour que les personnes âgées puissent rester chez elles, en s'assurant qu'elles bénéficient d'un soutien approprié pendant la transition entre les différentes étapes de leur vie. Ces efforts ont progressé en 2018-2019 grâce au *Plan d'action des services de soins continus*, notamment en aidant les collectivités à favoriser le vieillissement actif en santé, en sensibilisant le public à la violence envers les personnes âgées et en offrant une formation aux employés sur la prestation de soins palliatifs adaptés à la culture et sur le programme *Supportive Pathways*.

Le Ministère a continué de s'occuper de la crise concernant la violence familiale et communautaire en travaillant avec les ASSS, le ministère de la Justice et le Conseil sur la condition de la femme afin de réduire la violence aux TNO grâce aux services de refuges d'urgence, et aux initiatives de prévention et d'intervention.

Le Ministère a poursuivi son travail visant à favoriser la santé des familles en se concentrant sur le bien-être, la prévention et une meilleure nutrition, notamment en continuant la mise en œuvre du *Cadre sur le développement de la petite enfance Partir du bon pied* sur dix ans en partenariat avec les ASSS et le ministère de l'Éducation, de la Culture et de la Formation. Le Cadre vise de meilleurs résultats pour les enfants âgés de 0 à 5 ans et leur famille. Au cours de l'exercice 2018-2019, des initiatives ont été entreprises pour investir dans un meilleur accès à des programmes inclusifs et pertinents, pour aider les établissements à obtenir et à conserver leur certification de l'initiative Amis des bébés, pour accroître le taux de vaccination des enfants aux TNO et pour accroître l'accès aux évaluations, aux interventions et aux réponses concernant la petite enfance.

Le Ministère a également poursuivi la mise en œuvre du plan d'action *Renforçons les familles* pour transformer les services à l'enfance et à la famille aux TNO. Le Ministère et les ASSS ont concentré leurs efforts sur l'amélioration des ressources, de la gestion, de la structure et de la viabilité des changements apportés en vertu du plan d'action *Renforçons les familles*.

Des travaux ont été réalisés dans d'autres domaines importants, notamment la publication du *Plan d'action du GTNO sur l'incapacité* pour appuyer les enfants à risque et leur famille en s'assurant que des mécanismes et des programmes de soutien efficaces sont en place pour les personnes handicapées, et l'achèvement du *Cadre de gestion et de prévention des maladies chroniques* qui s'appuie sur le cadre de référence pour les soins de longue durée et qui comprend des initiatives communautaires qui favorisent un mode de vie sain et le bien-être pour les populations les plus vulnérables des TNO.

Finances : faits saillants

En 2018-2019, le Ministère a dépensé 486,7 millions de dollars. De ce total, 328 M\$ sont allés directement aux ASSS pour l'administration et la prestation de

services et de programmes régionaux et territoriaux. Cette augmentation est principalement due à la mise en service du nouvel Hôpital territorial Stanton et aux investissements réalisés dans le Centre de santé de Norman Wells, dans le refuge de jour jumelé au centre de dégrisement de Yellowknife et à l'agrandissement de l'établissement de soins longue durée Woodland Manor. Parmi les autres investissements, on compte l'ajout de postes de conseiller aux services de garde pour les écoles et les collectivités des TNO, l'amélioration des services pour les enfants et les adultes atteints d'un handicap mental et physique, ainsi que l'augmentation des coûts liés aux soins à domicile, au placement en famille d'accueil et aux services de soins continus dans le sud. De plus, le Ministère a investi 89,2 millions de dollars dans des projets d'immobilisation et a reçu 41,4 millions de dollars de tiers pour des priorités communes. Il en a résulté un déficit d'exploitation de 10,5 millions de dollars pour le système. Au 31 mars 2019, le déficit accumulé s'élevait à 96,5 M\$

Mesures de rendement

La publication de rapports publics sur le rendement du système de santé et de services sociaux est un élément clé dans la réalisation de l'engagement du gouvernement des Territoires du Nord-Ouest à améliorer la responsabilisation et la transparence dans un contexte de dépenses croissantes et de ressources limitées.

Parmi les tendances positives à long terme, mentionnons : la diminution de la mortalité attribuable à des causes évitables ou traitables; l'augmentation des taux de dépistage du cancer colorectal; la diminution du nombre d'enfants sous garde permanente, la diminution de la proportion d'hospitalisations pour des problèmes sensibles aux soins ambulatoires, la diminution de la proportion d'hospitalisations en santé mentale attribuables à l'alcool ou aux drogues et la diminution des réclamations concernant les accidents de travail.

Introduction

The purpose of this Annual Report is to provide an overview of the performance of the NWT health and social services system (HSS). This Annual Report does not intend to comprehensively outline the operations of each Authority. Details on the operations of each Authority can be found in their individual Annual Reports.

This Annual Report fulfills the obligation to report to the Legislative Assembly on the preceding year's operations and financial position of the Department, report on the operations of the Medical Care Plan, and significant strategies and initiatives under departmental action plans. This Annual Report is also used to review and analyze the progress of the health and social services system on strategic areas of priority, financial activities, and performance measures for the 2018-2019 fiscal year.

The NWT, like other Canadian jurisdictions, is taking a proactive approach to improving accountability for the delivery of publicly funded health and social services. The NWT HSS budget makes up 27 per cent of the overall Government of the NWT's budget. Decision makers and the public want to know if HSS funding is being spent effectively, how the system is performing relative to its peers, and if it is achieving its intended outcomes

Public reporting on the performance of the NWT HSS system is a key part of fulfilling the GNWT's commitment to improving accountability and transparency in an environment of growing expenditures and limited resources.

Structure of Our System

The Northwest Territories Health and Social Services Authority (NTHSSA), The Hay River Health and Social Services Authority (HRHSSA), and Tłı̄ch̄q Community Services Agency (TCSA), collectively referred to as the Authorities, are one integrated territorial health and social services system, functioning under a one-system-approach and under a single governance structure. The NTHSSA is responsible for delivering health and social services in five regions: Beaufort Delta, Dehcho, Sahtu, Fort Smith and Yellowknife regions of the NWT. It is also responsible for the operation of the Stanton Territorial Hospital. The Hay River Health and Social Services Authority (HRHSSA) remain outside of the NTHSSA, as does the Tłı̄ch̄q Community Services Agency (TCSA) as per the terms of the Tłı̄ch̄q Land Claims and Self-Government Agreement.

What We Do

The role of the Department is to support the Minister of Health and Social Services in carrying out the Government of the NWT's mandate by: setting the strategic direction for the system through the development of legislation, policy and standards; establishing approved programs and services; establishing and monitoring of system budgets and expenditures; and evaluating and reporting on system outcomes and performance. The Department remains responsible for ensuring that all statutory functions and requirements are fulfilled, ensuring professionals are appropriately licensed and managing access to health insurance and vital statistics services.

The Authorities are agencies of the GNWT governed by the Northwest Territories Leadership Council. Regional Wellness Councils provide advice to the Leadership Council and valuable input on the needs and priorities of the residents in their regions. The Territorial Leadership Council is responsible to the Minister of Health and Social Services for governing, managing and providing the following health and social services in accordance with the plan set out by the Minister:

- Diagnostic and curative services;
- Mental health and addictions services;
- Promotion and prevention services;
- Long term care, supported living, palliative care and home and community care;
- Child and family services;
- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;
- Rehabilitation services; and,
- Specialist services.

More specialized diagnostic and treatment services are accessed outside of the NWT through contractual arrangements with Alberta Health Services.

In addition, the Department is responsible for providing access to facility based addictions treatment services outside of the NWT, and holds contracts with four southern facilities, located in Alberta and British Columbia, to provide specialized treatment to residents of the NWT.

Non-governmental organizations (NGOs), and community and Indigenous governments, also play a key role in the delivery of promotion, prevention and community wellness activities and services. The Department and the Authorities fund NGOs for activities such as:

- Prevention, assessment, early intervention, and counselling and treatment services related to mental health and addictions;
- Early childhood development;
- Family violence shelters and awareness;
- Long term care;
- Dementia care;
- Tobacco cessation;
- In-home and in-facility respite services for caregivers of seniors or children and adults with special needs; and
- Health promotion activities.

Vision

Best Health, Best Care, for a Better Future.

Our Mission

Through partnerships, provide equitable access to quality care and services and encourage our people to make healthy choices to keep individuals, families and communities healthy and strong.

Our Values

Caring

We treat everyone with compassion, respect, fairness and dignity, and we value diversity.

Accountable

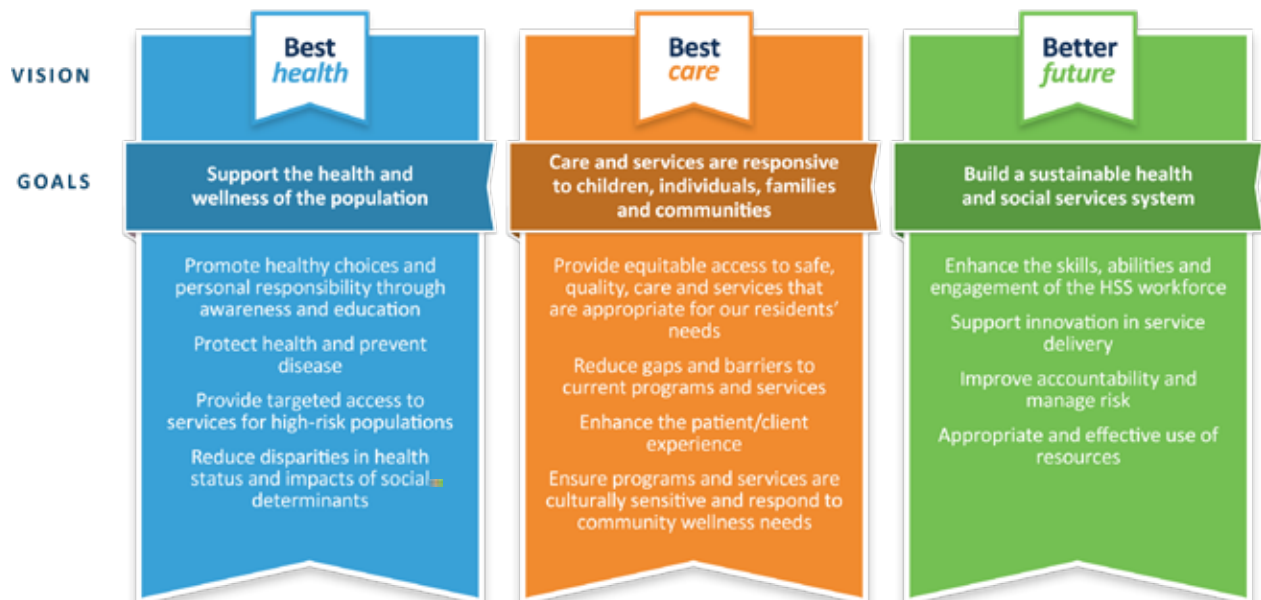
System outcomes are measured, assessed and publicly reported on.

Relationships

We work in collaboration with all of our residents, including Indigenous governments, individuals, families and communities.

Excellence

We pursue continuous quality improvement through innovation, integration and evidence based practice.



Our Strategic Priorities

As outlined in the 2017-2020 Health and Social Services System Strategic Plan: Caring for Our People, the high level objectives of the HSS system are represented through the following strategic priorities: Early Childhood and Development, Child and Family Services, Mental Health and Addictions, Chronic Disease, Seniors and Elders, and System Sustainability. This Annual Report allows for reporting on the activities carried out under the Strategic Plan.



Early Childhood Development

The following activities occurred in support of the Priorities of the 18th Legislative Assembly, namely *“Supporting quality early childhood development in collaboration with existing organizations”*.

EARLY CHILDHOOD DEVELOPMENT ACTION PLAN

The Department and the Authorities continued to implement the ten year Right from the Start Framework in a joint effort with the Department of Education, Culture and Employment to achieve better outcomes for children aged 0-5 and their families. The action plan increased access to high quality, inclusive, and culturally relevant early childhood education, in addition to program and services for parents to ensure children have improved health and well-being.

In 2015-2017, 42% of NWT kindergarten students were vulnerable in one or more developmental areas: physical health and wellbeing, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge. This finding supported and directed investment in the areas of pregnancy, infant feeding, parenting, and mental health to support all regions of the NWT.

Initiatives included:

- Investing \$6.4 million in early childhood development to provide young children and

In 2015-2017, 42% of NWT kindergarten students were vulnerable in one or more developmental areas.

families with greater access to inclusive and relevant programming.

- Updated the NWT Midwifery Practice Framework reflecting evidence based practice to ensure families have access to services that improve outcomes for both mom and baby.
- Supporting facilities to achieve and maintain Baby Friendly Initiative (BFI) designation and continued to promote community-based breastfeeding and prenatal nutrition programs. This included developing a BFI training package for all health care practitioners.
- Inuvik Regional Hospital became the first hospital in the arctic to receive BFI designation.

PRIORITY 1: EARLY CHILDHOOD DEVELOPMENT

Four other health facilities: Stanton Territorial Hospital, Yellowknife Public Health, Fort Smith Health Centre, and Hay River Regional Health Centre are working towards this designation.

- Commissioned a research initiative aimed at identifying the barriers to breastfeeding by sharing Indigenous practices around infant feeding. Findings are compiled in the report “Learning from Our Mothers, Grandmothers, and Great-Grandmothers about Breastfeeding in the Northwest Territories”
- Aiming to improve immunization rates for all children in the NWT by working with front line health providers, childcare providers, foster parents, schools and other partners to promote the importance of protection against vaccine-preventable diseases. The most recent immunization audit (2016) identified that 63% of children were reported as fully immunized by the second birthday.
- Continued delivery of the Healthy Family Program, an early intervention program implemented in 16 communities across the Northwest Territories.
- As part of continuous program improvement, engaged parents, caregivers, frontline workers, community partners and Indigenous Governments in 9 communities to shape Healthy Family programming in ways consistent with Indigenous cultures, and to leverage existing community-based programs and capacity.
- Improving access to early childhood assessment, intervention and responses by introducing the NWT Well Child Record assessment and documentation tool to assess

risk, and guide dialogue with caregivers on a child’s development from ages 0-5 years old.

- Continued delivery of Early Childhood Intervention pilot projects in the Beaufort Delta, Tłıchǫ, and Dehcho regions.
- Preliminary work on a health status report for children ages 0-5, aimed at tracking progress on improving outcomes.

REHABILITATION SERVICES FOR CHILDREN

The GNWT Disability Action Plan was tabled in October 2018 with the objectives of: increasing income security and reducing poverty; building awareness and knowledge through education and training; improving transition planning and options; encouraging universal design and living options; and improving access and quality of caregiver supports. In support of the NWT Disabilities Strategic Framework that was released in February 2018 and the GNWT Disability Action Plan, the Department continued to support at-risk children and families and ensured effective supports and programs are in place for persons with disabilities, including Fetal Alcohol Spectrum Disorder (FASD) and Autism Spectrum Disorder (ASD). Programs and system services included: Child Development Team Services for families with children with complex diagnoses including autism and FASD; the FASD Family and Community Support Program; Rehabilitation Services including Speech Language (SLP) and Occupational Therapy (OT) service, Physiotherapy and Audiology; and early intervention screening and referrals through NWT Well Child Clinics.

PRIORITY 1: EARLY CHILDHOOD DEVELOPMENT

In 2018-2019, the Department invested \$659,000 into the development of three new positions to expand the Northwest Territories Health and Social Services Authority's Child Development Team. These positions were established to allow the health and social services system to be more responsive to children with disabilities across the territory. The Department also invested \$189,000 into the establishment of an Adult FASD Diagnostic and Support program. As well, in 2018-2019, \$653,000 was invested to improve access to SLP, OT and audiology services for children with the addition of four new rehabilitation positions within the Inuvik Rehabilitation team.

- The implementation of Phase 1 of the Early Childhood Daily Brushing Program, a daily tooth brushing program facilitated in daycares and day homes.
- Initiating the revision of the Well Child Record to integrate oral health into primary health care delivery.
- Implementing a territory-wide fluoride varnish program to reduce caries in the early childhood population and reduce the number of children requiring dental treatment under general anesthetic.

NWT ORAL HEALTH STRATEGY

The Early Childhood development framework, Right from the Start has committed to improve oral health outcomes for children aged 0-5. The Oral Health Action Plan was tabled in October 2018 and has committed to using evidence based interventions to improve oral health in children and youth through applying the common risk factor approach to preventing oral disease, improved screening, and restructured oral health care teams. Activities carried out under the Action Plan included:

CHILD AND FAMILY SERVICES

As part of the Mandate of the 18th Legislative Assembly, the Department continued the implementation of the Building Stronger Families Action Plan to transform and enhance how child and family services are delivered across the NWT.

The DHSS and Authorities have concentrated their efforts on better resourcing, managing, structuring and sustaining the changes completed under the Building Stronger Families Action Plan. The ultimate focus of the Child and Family Services system continues to be the safety and wellbeing of children and youth. As such, the Department and Authorities will release the Child and Family Services Quality Improvement Plan during the summer of 2019. The Quality Improvement Plan focuses efforts on ten priority areas for making the required changes in the Child and Family Services system. This Plan takes action on issues identified through internal audits, the 2018 Auditor General Report, stakeholder feedback and staff engagement.

The DHSS has advanced a number of key initiatives over the 2018-2019 fiscal year, such as implementing a revised Child and Family Services accountability framework to reflect the new authority structure and feedback from Child Welfare Practitioners to support better outcomes for children and families. This framework serves as a roadmap to underscore accountability, and clarify roles and responsibilities between the HSSAs and

the DHSS. The DHSS and Authorities worked also together to create a more robust quality review and auditing process to ensure the requirements of the NWT Child and Family Services Act and the Child and Family Services Standards and Procedure Manual are being fulfilled. Additionally, staffing has been increased to enhance training capacity and ongoing support across the Child and Family Services System.

This has enabled the system to create a more robust training critical in meeting the quality improvement strategy, such as Structured Decision Making® Assessment Model Training, Supervisor Training, and Enhanced Investigation Skills. Over the past year, the DHSS and Authorities also gained a greater understanding of the caseload and workload issues in each region through the completion of an initial caseload analysis that considered key factors identified by experts in the field, such as the Child Welfare League of Canada. The result of this work has informed business planning processes.

PRIORITY 2: CHILD AND FAMILY SERVICES

The Foster Family Coalition of the NWT and the Department co-launched a foster care recruitment campaign with a video, posters, and an all NWT mail out. The purpose of this campaign is to increase the number of foster homes across the NWT to help in placing children as close to home as possible.

The DHSS and Authorities has also strengthened and established partnerships to support improvements to the Child and Family Services system. Working collaboratively with our partners and receiving ongoing feedback will be crucial in ensuring that we are moving in the right direction in strengthening and transforming the Child and Family Services System.

MENTAL HEALTH AND ADDICTIONS

The following activities occurred in support of the Priorities of the 18th Legislative Assembly, namely “Focusing on mental health and addictions by ensuring that services are delivered locally with culturally appropriate methods”.

The Department is committed to providing effective mental health and addictions services in the NWT. Ongoing services include:

- Community Counselling Program, Child and Youth Care Counsellors; Facility Based Addictions Treatment and Related Programs;
- Combined Day Shelter and Sobering Program;
- On The Land Healing Programs; and
- Suicide Awareness, Prevention, and Crisis Response.
- In 2018-2019, 75% of people who began an addiction treatment program had completed their treatment.

MENTAL HEALTH AND ADDICTIONS STRATEGIC FRAMEWORK

The Department continued to implement the Mind and Spirit Mental Health and Addictions Strategic Framework which focused on four broad strategic directions: prevention and early intervention, a recovery-oriented system, personal experiences and

In 2018-2019, 75% of people who began an addiction treatment program had completed their treatment.

outcomes, and a whole government approach. This framework committed to improving the well-being of NWT residents through supporting mental health and addiction services using culturally-appropriate methods.

PRIORITY 3: MENTAL HEALTH AND ADDICTIONS

In 2018-2019, activities that occurred under the 2017-2022 Child and Youth Mental Wellness Action Plan included:

- The Department working with Health and Social Services Authorities to develop a Territorial Suicide Prevention and Crisis Support Network that aimed to prevent and establish clear protocols in a suicide crisis.
- The Department and NTHSSA establishing an approach to adopt the Seamless Care Pathway Model that ensured children and youths are matched with appropriate level of care when accessing mental wellness services. Full-time Child and Youth Care Counsellors were placed in schools and communities across NWT, starting with Tłıchǫ and Dehcho regions.

ON THE LAND HEALING PROGRAMS

The Department continued to work with Indigenous governments to deliver On the Land healing programs in support of the Mandate of the 18th Assembly that aimed to support access to community-based healing programs and services. This was delivered in response to a recommendation made in the Healing Voices report (2013) from the Minister's Forum on Addictions and Community Wellness to increase the availability of culture based approaches in providing treatment and aftercare for people with addictions.

In 2018-2019, a total of \$1.2 million was allocated to fund On the Land healing programs. Of this total, approximately \$1 million was contributed to 12 regional and community programs: Inuvialuit Regional Corporation, Dehcho First Nations, NWT Métis Nation, Gwich'in Tribal Council, Acho Dene Koe First Nation, Salt River First Nation,

Kátł'odeeche First Nation, Akaitcho Territorial Government, Délı̨nę Got'ı̨nę Government, Sahtú Dene Council, Tłıchǫ Government and K'asho Got'ine Charter Community. The Department accepted contribution proposals for 2018-2019 from Indigenous governments. To further assist communities in the delivery of On the Land programming, the Department continued to commit a minimum of \$200,000 annually to the NWT On The Land Collaborative Fund to provide better access to land programs.

SUICIDE PREVENTION AND CRISIS RESPONSE NETWORK

Under the Child and Youth Mental Wellness Action Plan, the Department committed to enhance approaches to suicide prevention and postvention through the development of Territorial Suicide Prevention and Crisis Response Network. This work aims to establish culturally-relevant services to address the root causes of suicide, provide targeted intervention, and establish timely support for individuals, families and communities impacted by suicide or another crisis.

A culturally-safe, standardized risk assessment tool, including a separate tool for children and youths, was researched to respond to needs in the event of crisis. This tool was planned as a training approach for front line staff and responders to provide immediate support for intervention.

CHILD AND YOUTH CARE COUNSELLORS

The Department worked with the Department of Education, Culture and Employment (ECE) and Education Bodies and Health Authorities to

PRIORITY 3: MENTAL HEALTH AND ADDICTIONS

implement Phase I of the Child and Youth Care Counsellors (CYCCs) initiative. This work aims to provide specialized mental health support and counselling services to students within the school system, which involves strong relationship integration between children, youths, teachers, and other community staffs. A Steering Committee and Working Group were established to oversee and guide the implementation of the CYCC initiative in meeting Community Counselling Program

In 2018-2019, a total of \$1.2 million was allocated to fund On the Land healing programs.

Of this total, approximately \$1 million was contributed to 12 regional and community programs.

Standards. Work was initiated on tools to guide standards of practice and approach for training and professional development of counsellors.

As part of the Child and Youth Mental Wellness Action Plan, the Department committed to establish 42 CYCC positions and 7 Clinical Supervisors in schools, communities and regional centres across the NWT over the next four years. In 2018-2019, a budget of \$600,000 was allocated to provide mental

health services in small community schools. Four CYCCs and 1 Clinical Supervisor started in the Tłıchǫ Region in 2018-2019, as well as 3 CYCCs and 1 Clinical Supervisor in the Dehcho Region.

COMBINED DAY SHELTER AND SOBERING CENTRE

The Department worked with GNWT departments and community partners to provide support for NWT residents who faced homelessness through the following:

The Combined Day Shelter and Sobering Program in Yellowknife opened on September 2018 to offer shelter and services to people facing homelessness and addictions. Previously, the day shelter and sobering centre were located at different facilities and were co-located to offer a more comprehensive set of services to individuals who require support. The new facility provides support to clients through a harm-reduction approach, and connects clients with other health and social services to improve health and wellbeing. The programs facilitate access to community-based mental health and addiction supports including wellness, counselling services and other addiction treatment options. Individuals accessing this service can avail themselves of housing and employment supports, as well as basic services such as bathrooms, showers and laundry.

CHRONIC DISEASE

The following activities occurred in support of the Priorities of the 18th Legislative Assembly in “Reducing the burden of chronic disease and promoting healthy lifestyles”.

CHRONIC DISEASE PREVENTION AND MANAGEMENT

The Department finalized a Chronic Disease Prevention and Management Strategic Framework (“Framework”) which was built on the gold- standard extended care framework, incorporating existing community initiatives that promoted healthy living and wellness targeting the most vulnerable NWT populations. The Framework identified strategic priorities aimed at improving outcomes for NWT residents at risk for, prevention of and managing of chronic diseases. This included providing evidence-based, patient and family-centred care, equitable access through restructured and strengthened health care delivery systems, strong partnerships and guidance for chronic disease management, and enhanced use and expanded availability of information systems.

Diabetes Initiatives

The Department worked in collaboration with Diabetes Canada to update standardized NWT specific clinical practice guidelines for screening and diagnosing type 2 diabetes in adults, which were released January 2019.

There are several initiatives for prevention, screening and managing diabetes which include:

- Implementing and promoting baby-friendly initiatives (BFI) that focus on reducing obesity and diabetes through healthy infant feeding;
- Diabetes analytics using the Electronic Medical Record (EMR) was first implemented in Yellowknife in 2016 as a pilot, ongoing work to implement this approach NWT-wide.
- The NWT Community Health Core Service Standards ensure opportunistic screening, risk assessment and education.
- Targeted Diabetes Education and Care Programs are offered in Fort Smith, Inuvik, Hay River and Yellowknife by teams of diabetes educators including nurses, nurse practitioners, dietitians, and physicians.

Renal Initiatives

There are over 400 NWT residents that have been identified through the Territorial Renal Program as having some degree of kidney disease. Data from the program helps determine future dialysis needs and services.

Northern Alberta Renal Program (NARP) in Edmonton supports renal care, including all dialysis services, for patients in the NWT with kidney disease. The Department contracts annually with this program formalizing our relationship with the service.

PRIORITY 4: CHRONIC DISEASE

There are over 400 NWT residents that have been identified through the Territorial Renal Program as having some degree of kidney disease.

Data from the program helps determine future dialysis needs and services.

Cancer Initiatives

The most common cancer diagnoses among NWT males are colorectal, prostate and lung cancer. For NWT females, breast, colorectal and lung cancers are the most frequent diagnoses.

The Let's Talk about Cancer Campaign, launched February 2016 for World Cancer Day, and encouraged learning and discussion about cancer prevention, screening, early detection, and support as a means to contribute to individual and community-level health and wellness. Radio jingles and testimonials promoting colorectal screening were aired from October 2018 to March 2019. NTHSSA signed an agreement with Canadian Prevention Against Cancer to address Cancer prevention, management and palliative care initiatives. This included a commitment to hire two additional Cancer navigators and training for care providers as well as persons with cancer and their families.

Other activities that occurred in 2018-2019 included:

- To increase colorectal cancer screening rates, the NTHSSA implemented a "one and done" single sample testing method in June 2018.
- In partnership with the University of Alberta, the Department developed a series of eleven videos to promote cancer engagement including screening for colorectal, cervical and breast cancer, and general cancer knowledge. Included in the videos is the single sample testing method for colorectal cancer screening. Videos were finalized in March 2019 and translation is in progress for release at the end of 2019.
- The Department and HSS Authorities approved a report in June 2018 outlining the need for an organized territorial colorectal cancer screening program to increase screening participation rates.
- Chemotherapy services resumed at Stanton Territorial Hospital after program improvements and upgrades as a result of the 2017 review of Stanton's cancer care services conducted by Cancer Care Alberta in collaboration with the Department and NTHSSA.

Initiatives Promoting Healthy Living and Wellness

Healthy lifestyle choices are effective in lowering the risk for obesity-related chronic diseases such as Type 2 diabetes, cardiovascular diseases and some forms of cancer. The most recent obesity data from Statistics Canada (2017-2018) shows that the NWT had the highest rate in Canada (39.8%) and about seventy percent of NWT residents over 18 are overweight and obese. Obesity is strongly linked to the development of Type 2 Diabetes, cardiovascular diseases and some forms of cancer.

The most common cancer diagnoses among NWT males are colorectal, prostate and lung cancer.

For NWT females, breast, colorectal and lung cancers are the most frequent diagnoses.

- Registered dietitians provided counselling and education for healthy eating and weight management to individuals and groups in the Beaufort Delta, Hay River and Yellowknife Health and Social Services regions. Fort Smith, Deh Cho and Sahtu regions have limited access to dietitian services through the other health regions.
- Support for healthy eating is available through community-based activities offered by primary health care providers in partnership with community governments (bands), schools and other agencies.
- Drop the Pop is a territorial-wide, school-based program which encourages students and their families to reduce intake of sugary beverages.
- The Department continued to support national actions to address sodium reduction in the food supply.
- Healthy nutrition choices start in pregnancy and continue through early childhood. Supporting families to breastfeed and to make informed infant feeding decisions through initiatives like the Baby Friendly Initiative (BFI), helps to build the foundation for child health and development.
- Inuvik Regional Hospital received official designation as a Baby-Friendly facility in December 2018. It is the first hospital in the arctic and the most northern hospital in Canada to receive this designation.

SENIORS AND ELDERS

The following activities occurred in support of the Priorities of the 18th Legislative Assembly in “Taking action so that seniors can age in place”.

CONTINUING CARE SERVICES ACTION PLAN

In 2018-19, the median number of days for wait times in long term care placement was 71 days. Trends over the last nine years have shown that over two-thirds of clients have been offered a placement within three months.

The Department continued work on the Continuing Care Services Action Plan that was released in September 2017. It was supported and built by the 2014 strategic framework Our Elders: Our Community to meet the needs of the elderly population. The Action Plan supports increased opportunities for seniors to lead active and independent lives; improves home and community care services and caregiver supports; provides equitable access and high quality long-term care; enhanced palliative care services by increasing availability and access closer to home; and provided culturally safe, high quality, continuing care services. Many of the activities in the Action Plan span more than one year, and in 2018-2019 the Department collaborated with our partners to advanced work on the following initiatives:

- Increasing capacity in communities and within Home and Community Care and Long Term Care programs to support healthy active aging e.g. Elders in Motion, Functional Fitness for Falls Prevention,

Generations on the Move, and Adult Day Programs;

- Increasing public awareness about elder abuse by partnering with the NWT Seniors’ Society to develop a video on elder abuse as part of the Department’s “What Will It Take” campaign;
- Conducting the NWT Home and Community Care Review;
- Implementation planning of the Paid/Family Community Caregiver Pilot;
- Implementation planning for the interRAI assessment tools in Home and Community Care and Long Term Care programs;
- Planning for future long-term care and extended-care beds in Yellowknife, Hay River, and Inuvik.
- Released the Continuing Care Facilities Legislation for the Northwest Territories Discussion Paper Public and conducted stakeholder engagement on the proposed legislative framework; and
- Increasing the skills of Home and Community Care and Long Term Care workforce through the delivery of culturally safe palliative care and Supportive Pathways training.

PRIORITY 5: SENIORS AND ELDERS

Long Term Care		Dementia		Extended Care		Total	
# of Residents Admitted	Avg. Age	# of Residents Admitted	Avg. Age	# of Clients	Avg. Age	# of Clients	Avg. Age
43	77	8	79	2	73	53	77

HOME AND COMMUNITY CARE SERVICES

A well-resourced home and community care system is central to allow seniors to age in place. In June 2018, the Department hired a contractor to review Home and Community Care resources, programs, and services offered in communities across NWT. This review was initiated in June 2018, and data collection and stakeholder engagement were completed by March 2019. The timeline for the completion of the Final Report was extended to August 2019 and it will help support Departmental decision making in resource allocation and future investments in Home and Community Care. These services aim to help seniors stay in their homes by delivering nursing care, palliative care, respite care, and assistance with daily living activities such as bathing, taking medications, and making meals.

PALLIATIVE CARE

Palliative care is about caring for people and their families as they approach death. The Department worked to support elders to live in their own homes for as long as possible and ensured adequate supports are available for those who can no longer do so. Part of these efforts included expanding palliative care.

Work continued this year to develop and implement activities within the Continuing Care Services Action Plan related to enhancing palliative care services. The Department collaborated with the Northwest Territories Health and Social Services Authority (NTHSSA) to advance this work. The NTHSSA hired a Territorial Palliative Care Specialist to work in collaboration with the Department, Hay River Health and Social Services Authority, and the Tłıchǫ Community Services Agency to finalize palliative care policies, care pathways, and protocols for implementation across the health system. The Authorities undertook a train-the-trainer approach for palliative care training in order for health staff across the NWT to have more opportunity to take Learning Essential Approaches to Palliative Care (LEAP) training, a set of nationally-recognized courses in palliative care.

EFFECTIVE AND EFFICIENT SYSTEM

The following activities supported the goal of building a sustainable HSS system through: appropriate and effective use of resources, innovative service delivery and improved accountability. This is consistent with the 18th Legislative Assembly’s commitment to continue the integration of the HSS system.

CULTURAL SAFETY

The Department worked to address structural racism, including bias and stereotyping of Indigenous residents, by focusing on cultural safety in the Health and Social Services (HSS) system. The Caring for Our People: Cultural Safety Action Plan (Action Plan) was tabled on February 2019 and outlined the Department’s direction in policies, standards and training by implementing a cultural safety and relationship-based care approach. Activities outlined in the Action Plan to reduce structural racism include: a formalized client complaint and compliment process to inform quality improvement, development of a toolkit to support respectful communication between staff and clients, and piloting of cultural competency training to determine a model to implement for HSS staff. Eight pilot trainings have been conducted to educate staff on principles of cultural safety and competency, including colonization, bias and racism; examining privilege and power; and ally ship. Four pilots were hosted in a land-based setting. The roll-out of a final NWT cultural competency package is expected in 2021.

From 2016-2017 to 2018-2019, the Department spent \$2.0M from the federal Health Services Integration Fund (HSIF) to support commitments identified in Building a Culturally Respectful Health and Social Services System, including supporting the Elders-in-Residence pilot program at Stanton Territorial Hospital and action plan development. An additional \$500,000 in HSIF funding was available in 2018-2019 to continue cultural safety work as it relates to Building a Culturally Respectful Health and Social Services System and the action plan. Under the territorial Health Investment Fund, there is \$1 million annually for 4 years (2017-2018 to 2020-2021) for the development of cultural competency training.

E-HEALTH AND SOCIAL SERVICES INVESTMENTS

The Electronic Medical Record (EMR) deployment continued across the NWT. Only one site remains to go fully “live”, with network speed being the challenge; assessment for resolution is underway.

PRIORITY 6: EFFECTIVE AND EFFICIENT SYSTEM

All planned specialist clinics have implemented the system to support front line work.

The EMR enables quicker delivery of information by providing practitioners the ability to access client information in any location and when it is needed. It unified health practitioners to track patient results and access support tools to provide safe and consistent care. The digital system has increased efficiencies in service delivery and enabled better client care for all residents in the NWT. In addition, the EMR improved privacy and security of information by tracking those who have viewed the information, while only allowing access to those who require it in their work.

A Territorial Digital Care Strategic Framework has been developed to guide digital investments for the next year to ensure alignment with HSS and GNWT strategic priorities, and to enable continued improved care and better client outcomes. The Framework has been developed to support the Caring for Our People Strategic Plan for the NWT Health and Social Services System 2017 to 2020, by helping to align technology investment through enabling and integrating client care systems; and unifying client care information across the continuum of care. Specific actions flowing from the Framework include updating Digital Care governance to guide investment decisions; developing tools and processes to establish investment priorities as a coordinated territorial system; and aligning those investments with the Strategic Framework.

SUPPLEMENTARY HEALTH BENEFIT PROGRAMS

As part of the Supplementary Health Benefits (SHB) Review, the need to decrease drug costs

was identified as a priority area for GNWT's four supplementary health programs: Extended Health Benefit (EHB) - Specified Disease Condition, EHB-Seniors, Métis Health Benefit and Indigent Health Benefits. As a result, the Department has increased participation in the pan-Canadian Pharmaceutical Alliance (pCPA) to benefit from their negotiated lower prices for drugs supplemented under public drug plans. A review of the Disability Health Benefits Program was also undertaken to identify gaps in health benefits for prescription drugs, medical supplies, dental care and vision care.

SYSTEM TRANSFORMATION

The government has committed to improving the health and social services system through activities that improve care and service delivery to all residents in the NWT. Significant transformations have been made to improve quality services for all residents:

- Quality improvements to improve services for patients, clients, and their families included: an Accreditation process to assess health and social services organizations; the establishment of the Yellowknife Region Sobering Centre; the continued use of Telehealth technology to provide greater effectiveness in accessing health care; alignment of NTHSSA chemotherapy program with best practices; a self-referral process for rehabilitation; and the development of Infection and Prevention Control orientation and education strategy.
- A working group between the three Authorities, the Department of Health and Social Services, and the Department of Finance was formed in discussion to building a more financial sustainable and client centred health and social service system. Core themes that were discussed included: Cores Services Review,

PRIORITY 6: EFFECTIVE AND EFFICIENT SYSTEM

Referral Pathways, and Physician Resources.

- An internal review of the Medical Travel Ministerial Policies has been conducted, where a number of revisions were identified to strengthen and clarify policies. Changes have been implemented during the 18th Assembly.
- A Quality Improvement Plan for Child and Family Services was drafted and established for regular quality review by CFS staff and managers to support continuous quality improvement.
- The Department and the three Authorities have continued to identify approaches to address inconsistencies in the health and social services system. In August 2018, the NWT Health and Social Services Leadership Council passed a motion to support the redesign of the health care system toward a team and relationship based approach informed by data and local priorities. Work was conducted to examine approaches to primary health care reform that would improve access to services and public participation in the system, enhance client experience, improve health outcomes, and achieve operational and financial health care efficiencies.

Six demonstration projects were announced on March 2019 to test elements of primary care reform. These projects included:

- Expanded same day access to primary care services: Planned for launch in Yellowknife on July 2019. This project provides more options for patients to get access to care and services in a way that is more convenient for them.
- Yellowknife Integrated Care Teams: Operation of two multidisciplinary integrated care teams to ensure patients have quick access to care and

develop relationships with each member of the team to enhance continuity of care.

- Fort Smith Integrated Care Teams: Integrated care teams will be built, keeping in mind the expanded scope of practice in Fort Smith Region by implementing Community Health Nurse roles in clinic. These teams will ensure that patients have quick access to care and develop strong client care relationships. This will inform the eventual territory-wide implementation of team and relationship based-care models.
- Yellowknife Outreach Community Care: The health and social services system will work with community partners, clients and stakeholders to conduct engagement and outreach activities in Yellowknife and explore possibilities of providing non-traditional access methods for care and services within the community.
- Dehcho Chronic Disease Management: The health and social services system will work directly with clients and communities in the Dehcho Region to enhance existing supports and explore new approaches that build on individual and community strengths that respond to local priorities.
- Tłıchǫ Chronic Disease Management: The health and social services system will work directly with clients and communities to enhance existing supports and explore new care service approaches. Additionally, TCSA and NTHSSA will examine current supports provided through service agreements and how they may be improved.

PRIORITY 6: EFFECTIVE AND EFFICIENT SYSTEM

STANTON TERRITORIAL HOSPITAL RENEWAL PROJECT

The Stanton Territorial Hospital Renewal Project was developed to provide improved care for residents of the NWT and Kitikmeot Region of Nunavut. The new hospital was designed to be twice the size of the old facility, and house new systems and features on each floor of the facility. It has 100 single in-patient rooms, and provides a significant expansion of the Emergency Department, Ambulatory Care Centre, and Intensive Care Unit. The design, build and move to a new Territorial Hospital represents a monumental achievement for the HSS system and the residents of the NWT with first patient day set for May 2019. Design for renovations to the existing hospital building, Legacy Stanton, to accommodate community-based health and social services programs and services, is expected to be completed in the 2021-2022 year.

LEGISLATIVE PROJECTS IN SUPPORT OF A MODERN HEALTH AND SOCIAL SERVICES SYSTEM

The Department of Health and Social Services moved forward on a number of legislative initiatives in 2018-2019.

Legislation

Mental Health Act

Bill 55, an Act to Amend the Mental Health Act received came into force September 1, 2018, following the delivery of training for health and social services professionals, Review Board Members, and other impacted parties. The new Act includes substantial enhancement of patient

rights including a Review Board and review panels to hear concerns from patients, families and health care professionals, comprehensive rights for patients and those acting on behalf of patients, a streamlined involuntary admission process that aligns with the Canadian Charter of Rights and Freedoms, voluntary admission provisions, and the establishment of a new model of community-based treatment.

Cannabis Smoking Control Act

The federal Cannabis Act came into force October 17, 2018. The Government of the Northwest Territories' omnibus Cannabis Legalization and Regulation Implementation Act (Bill 6) also came into force October 17, 2018 and with it a new enactment: the Cannabis Smoking Control Act.

The new Cannabis Smoking Control Act is intended to protect residents, particularly children and youth, from second hand cannabis smoke exposure, and to reduce the risk of normalization by restricting public areas where cannabis can be smoked. The Act prohibits the smoking of cannabis in places where tobacco currently cannot be smoked, in addition to areas that are frequented by children, youth and crowds such as playgrounds, sporting fields, and public parks when in use for a public event. The Act also sets out sign requirements for cannabis retail outlets to ensure that legal cannabis users are informed of the risks and harms associated with cannabis use.

Smoking Control and Reduction Act (Bill 40) and Tobacco and Vaping Products Control (Bill 41)

Bill 40: Smoking Control and Reduction Act and Bill 41: Tobacco and Vapour Products Control Act were introduced during the February-March 2019 session of the Legislative Assembly and received second reading February 28, 2019. Bill 40 intends to

PRIORITY 6: EFFECTIVE AND EFFICIENT SYSTEM

protect the public, particularly children and youth, from a variety of second hand smoke exposure and vaping aerosol, and to restrict public areas where smoking is permitted to deter uptake and reduce the normalization of smoking. Bill 41 intends to modernize the current legislation to address public health concerns around the increasing number of tobacco and tobacco related products such as electronic cigarettes. The Bill proposes to regulate the sale, display and advertising of tobacco products, vapour products and accessories.

Interim Guidelines

Medical Assistance in Dying Interim Guidelines

On June 6th, 2016, Medical Assistance in Dying became legal in Canada as a result of amendments to the Criminal Code. The Northwest Territories (NWT) Interim Guidelines were developed to ensure the requirements set out in the federal government's amendments to the Criminal Code are followed, as well as to provide additional safeguards for patients and practitioners in the NWT. With the Guidelines in place since 2016, ongoing work was required to reflect amendments to the Coroner's Act, and to comply with the coming into force of federal monitoring regulations on November 1, 2018.

The amendments also brought into effect November 1, 2018 set out information that practitioners and pharmacists must provide to the NWT Medical Assistance in Dying Review Committee. The Deputy Minister is responsible for reporting this information to Health Canada on a quarterly basis.

Further work is anticipated, impacted by the federal government's decisions regarding extending access to Medical Assistance in Dying to: mature minors, persons whose sole medical condition is a mental illness, and those who have given advance consent.

Regulations

Health and Social Services Professions Act

Work on profession specific regulations under the Act continued throughout 2018-2019, for:

- Emergency Medical Service Providers;
- Psychologists; and
- Naturopathic Doctors.

Other professions currently unlicensed in the Northwest Territories could also be regulated under the Act in the future.

Public Health Act Regulations

Public Pools

Work continued on the Public Pool Regulations under the Public Health Act. The amendments to the Public Pool Regulations will reflect changes in water treatment technology and update the standards to be consistent with newer regulations in other jurisdictions.

Food Establishment Safety Regulations

The GNWT is putting in place appropriate processes and regulatory frameworks to support growing the commercial agricultural sector. As part of this work, the NWT's Food Establishment Safety Regulations under the Public Health Act are being updated to ensure the safety of food preparation, distribution and sale, of low-risk foods sold directly by the grower to the consumer in the NWT. These changes will allow local producers to meet the inspection requirements for low-risk foods, such as whole fruits and vegetables. Regulatory changes for low-risk foods are anticipated to be completed and implemented in the summer of 2019.

PRIORITY 6: EFFECTIVE AND EFFICIENT SYSTEM

STRATEGIC INVESTMENTS IN INFRASTRUCTURE

The Department of Health and Social Services continued to strategically invest in infrastructure. The follow represents the areas where significant projects have been undertaken in 2018-2019.

INFRASTRUCTURE ACQUISITION PLAN APPROVED PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Sambaa K'e	Health and Social Services Center - Replacement	Under Construction
Tulita	Health and Social Services Center- Replacement	Design in Progress
Inuvik	48 Bed Long Term Care Facility	Design in Progress
Hay River	48 Bed Long Term Care Facility	Design in Progress
Yellowknife	Stanton Legacy Building	Design In Progress
Yellowknife	Stanton Territorial Hospital Renewal Project	First patient day on May 26,2019
Yellowknife	Long Term Care Facility Upgrade – AVENS Kitchen and Laundry	Project approved – planning in progress.

STRATEGIC INITIATIVES/ OTHER PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Yellowknife	Sobering Center / Day Shelter	Facility Operational on September 2018
Hay River	Community Health and Social Services Program Building	Development of new leased facility
Fort McPherson	Combined Use Building – Mental Health and Addictions and Child and Family Services	Design in progress

FUTURE PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Paulatuk	Health and Social Services Center	Technical status evaluation initiated - Project identified as a priority in capital planning process.
Lutselk'e	Health and Social Services Center	Site Selection and program confirmation initiated
Fort Simpson	Health and Social Services Center	Project identified as a priority in capital planning process.
Jean Marie River	Combined Use Building – Mental Health and Addictions and Child and Family Services	Design in progress
Yellowknife	Vulnerable Person Shelter	Project in application process for federal funding cost share

PARTNERING TO IMPROVE HEALTH OUTCOMES

The Department partners with other GNWT Departments and NWT organizations on actions to improve health outcomes.

ANTI-POVERTY

The GNWT remained committed to reducing poverty in the NWT by implementing commitments in the Territorial Anti-Poverty Action Plan, continuing to work with our partners, and supporting communities' wellness priorities. An example of our government's collaborative work in addressing poverty is the Territorial Anti-Poverty Fund. Funding goes to non-government organizations, Indigenous organizations, and community based organizations to advance specific priorities of the Anti-Poverty Action Plan. In 2017-2018, our government increased its annual investment in the fund to \$1 million and in 2018-2019 supported 43 projects across the NWT. The annual Anti-Poverty Roundtable, provides a forum for partners to set priorities, share progress and best practices, and enhance collaboration and partnership. The 2018 Roundtable was held in Hay River, November 6-7, 2018. Through the Roundtable, we developed a broad list of social indicators

on poverty that will assist us in monitoring and evaluating our progress under the Territorial Anti-Poverty Action Plan.

GNWT DISABILITY ACTION PLAN

The GNWT Disability Action Plan was tabled on October 2018 to address the needs of NWT residents with disabilities and ensure effective supports and programs are in place. It aimed to address goals and commitments set forth by three guiding documents: the NWT Disabilities Strategic Framework: 2017 to 2027; the Caring for our People: Strategic Plan for the NWT Health and Social Services System; and the Mandate of the Government of the Northwest Territories-2016-2019. The Action Plan focused on five priority objectives: increase income security and reduce poverty; build awareness

and knowledge through education and training; improve transition planning and options; encourage universal design and living options, and improve access and quality of caregiver supports. In addition to the enhancements of rehabilitation supports for children, activities completed under this Action Plan included the update of the NWT Emergency Plan and a housing stability worker pilot that began in Behchokò.

SERVICES FOR CHILDREN WITH DISABILITIES

Where specialized services are required for children with complex care needs, the NWT uses Out of Territory Specialized Services. Community-based programming is the first option to assist children and youth with their individual counselling or treatment needs, which can be accessed by seeing a social worker, counselor and/or psychologist. Treatment Centres are also available in Yellowknife and Fort Smith to provide residential treatment, education, care, recreational and developmental needs of children and youth.

The DHSS has made significant improvements to the Out of Territory (OOT) Specialized Services Program over the past year, such as realigning roles and responsibilities; enhancing the OOT database and standards; and creating a monitoring plan to improve the coordination of Out of Territory Specialized Services. This also provides more effective oversight of the children leaving, returning and entering the NWT.

FAMILY VIOLENCE PREVENTION

The Department continued to work with the Authorities, the Department of Justice, and the Status of Women Council to reduce family violence in the NWT through emergency shelter services and prevention and intervention initiatives.

The Department provides funding for five family violence shelters to the Authorities who then enter into contribution agreements with NGO's to operate the shelters. In 2018-2019, the Department, in partnership with the Authorities and the NWT Shelter Network, worked to develop Family Violence Shelter Standards. The Department also worked to develop a new funding model for family violence shelters, in partnership with the Shelter Network for implementation in the 2019-2020 fiscal year.

Work continued to support non-shelter regions with the implementation of community specific family violence protocols and training to reduce family violence in the NWT. The Department continued to fund the Territorial Family Violence Shelter Network which enables shelter staff across the territory to collaborate and build capacity to serve women and children fleeing violence.

The Department also continued to support new and ongoing initiatives to reduce family violence including enhancing education and awareness of family violence through initiatives like the What Will It Take? campaign in partnership with FOXY, and related public education activities in schools.

OFFICE OF THE PUBLIC GUARDIAN

The Office of the Public Guardian (OPG) provides guardianship for individuals 18 years of age and older, who are unable to make decisions about their personal or health care. The office helps family members or close friends become legal guardians, or the Public Guardian can become the guardian if the individual has no family members or friends who are willing, suitable or able to act as guardians. The Department worked to make progress on addressing recommendations made during the 2016 review of the Office of the Public Guardian (OPG). The OPG has begun addressing these recommendations by:

- training additional Deputy Public Guardians to provide coverage when the Public Guardian is away; and to provide respite from the 24/7 on-call coverage;
- recruiting additional psychiatrists and psychologists to complete specialized capacity assessments for individuals with complex needs;
- identifying an individual to train NWT psychologists and HSS health professionals to conduct capacity assessments;
- reviewing the delivery model of the Office of the Public Guardian in the regions; and
- working to update and modernize the Office of the Public Guardian's Standards and Procedure Manual.

Financial Highlights

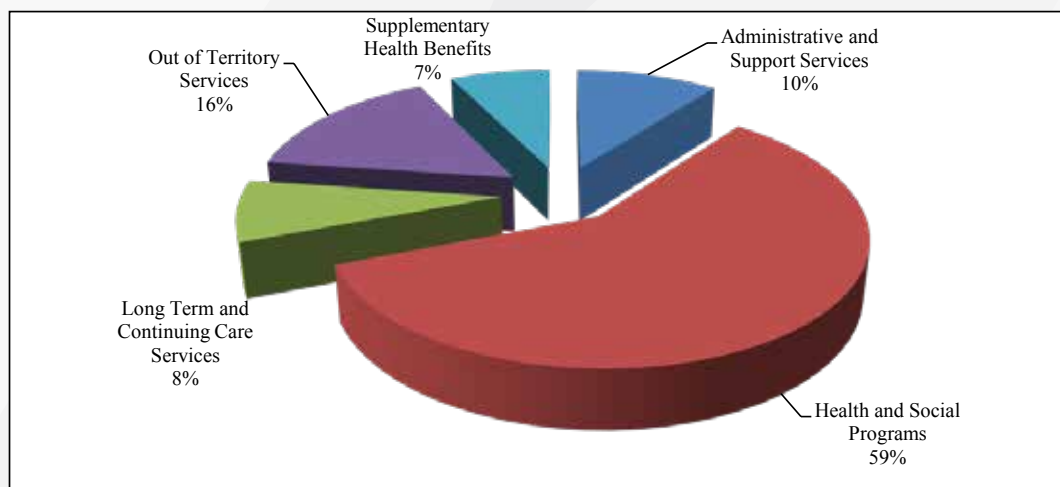
In 2018-19, the Department spent \$486.7 million; \$328 million went directly to the Health and Social Services Authorities as core funding to administer and deliver programs and services.

The Department's total expenditures increased \$41.1 million over the prior year. The increase was due mainly to the operationalizing of the new Stanton Territorial Hospital as well as investments in the Norman Wells Health and Social Services Centre, the Combined Yellowknife Day Shelter and Sobering Centre, and the expansion of Woodland Manor Long Term Care Facility in Hay River. Other investments included the addition of the NWT School and Community Child Care Counselor positions, enhanced services for children and adults with mental and physical disabilities, as well as increased costs associated with southern residential care, foster

care and continuing care services. In addition, DHSS invested \$89.2 million on capital infrastructure projects and received \$41.4 million from third parties for shared priorities.

In 2018-2019, the Authorities received approximately 82% of their revenue from the Department. Expenditures were \$420.5 million and total revenue was \$410 million, resulting in an operating deficit of \$10.5 million. At March 31, 2019, the accumulated deficit was \$94.8 million.

2018-2019 Department of Health and Social Services Proportion of Actual Expenditures by Activity



2018-2019 Health and Social Services Actual Expenditures by Activity (in thousands)

	2018-19	2017-18
Activity	Actuals	Actuals
Administrative and Support Services	50,622	47,857
Health and Social Programs	286,257	260,157
Long Term and Continuing Care Service	38,708	34,710
Out of Territory Services	75,513	67,249
Supplementary Health Benefits	35,617	35,669
	\$ 486,717	\$ 445,642

2018-2019 Health and Social Services Actual Expenditures by Authority (in thousands)

Authority	Revenue	Expenses	Operating Surplus (Deficit)	Accumulated Surplus (Deficit)
Northwest Territories Health and Social Services Authority	358,321	370,392	(12,071)	(100,862)
Hay River Health and Social Services Authority	33,315	30,793	2,522	9,827
Tłı̄chó Community Services Agency	18,302	19,271	(969)	(3,771)
Total	\$ 409,938	\$ 420,456	\$ (10,518)	\$ (94,806)

2018-2019 System Pressures

Human Resources continue to be the most significant cost pressure for the Authorities, particularly costs associated with staff turnover and the impacts of operating in 24/7 environments and requirements for service continuity. Compensation and benefits accounted for 63% of total expenditures in 2018-19; Authorities spent \$257.6 million on staff.

Other pressures continue to include costs associated with NWT residents receiving services outside the NWT, when those services are not available in the NWT. The Department spent \$38.7 million for residents to access hospital and physician services outside the NWT. Annual expenses are driven by both the volume of residents accessing services and the rates charged for those services, which are set nationally and updated annually. The Department spent \$32.9 million in adult and youth residential care placements in southern facilities. This includes services for residents with specialized cognitive or physical care needs. The number of residents requiring these services has increased, as have the complexity and subsequent cost of services accessed.

2018-19 Investments

The Department invested new money across a number of program areas in 2018-2019, including:

- Initiatives to support the NWT Agriculture Strategy;
- Enhanced Rehabilitation Services for Children;
- Enhanced Services for those impacted by Fetal Alcohol Spectrum Disorder and Autism;
- The addition of 9 positions under the initiative to add School and Community Child and Youth Care Counselors in the Dehcho and Tłı̄chó Regions;
- Supporting operations of the Combined Yellowknife Day Shelter and Sobering Centre;
- Operationalizing three capital projects: Stanton Territorial Hospital, Norman Wells Health Centre and Long Term Care Centre and the expansion of the Woodland Manor Long Term Care facility in Hay River

Performance Measures

This section organizes indicators under the three categories of best health, best care and better future and is informed by the NWT Health and Social Services Performance Measurement Framework.

The indicators under best health are focused on the overall health and wellness of the population. The goals of best health are to support the health and wellness of the population; promote healthy choices and personal responsibility through awareness and education; protect health and prevent disease; provide targeted access to services for high risk populations; and reduce disparities in health status and impacts of social determinants.

Under best care, indicators presented look at access, quality and responsiveness of care and services provided to children, individuals, families and communities. The goals of best care are to ensure that care and services are responsive to children, individuals, families, and communities; as well as provide equitable access to safe, quality, care and services that are appropriate for our residents' needs; reduce gaps and barriers to current programs and services; enhance the patient/client experience; and ensure programs and services are culturally sensitive and respond to community wellness needs.




Under better future the indicators focus on measuring the efficiency of the system as it relates to the future sustainability of the overall health and social services system. The goals of better future

are to build a sustainable health and social services system; enhance the skills, abilities and engagement of the HSS workforce; support innovation in service delivery; improve accountability and manage risk; and appropriate and effective use of resources.

Statistical Summary


The following summary of performance indicators provides a snapshot of the current status of NWT HSS system performance and overall population health and wellness, including long-term trends and short-term changes. The full report on Public Performance Indicators follows this summary.



The long-term trend is based on seven or more years of data, whereas the short-term change is the difference between the most recent year of data available and the previous year. Where possible, a trend or change is determined to have occurred through statistical significance testing. This testing allows one to rule out changes that may have occurred by chance. Coloured arrows are used to mark the direction of the change or trend and to indicate whether the direction was positive (green) or negative (red). In some cases it is not possible to determine whether a change is positive or negative (i.e., the nature of the change is uncertain).



ARROW COLOUR TREND	
POSITIVE	NEGATIVE
 	 

PAGE NUMBER	BEST HEALTH INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
P.42	Population Rating their Overall Health As Very Good or Excellent	54.0%	54.3%	n/a	n/a
P.42	Population Rating their Mental Health as Very Good or Excellent	62.2%	66.4%	n/a	n/a
P.42	Population Rating their Daily Life Stress as Extreme or Quite a Bit	18.4%	17.9%	n/a	n/a
P.42	Population with a Somewhat or Very Strong Sense of Community Belonging	80.4%	79.4%	n/a	n/a
P.43	Population that are Current Smokers	35.0%	34.0%	n/a	n/a
P.43	Population that are Heavy Drinkers	29.0%	31.8%	n/a	n/a
P.43	Population that are Obese	39.8%	39.8%	n/a	n/a
P.43	Population that are Moderately Active or Active	58.8%	61.3%	n/a	n/a
P.44	Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000)	18.2	20.2	No	
P.45	Mental Health Hospitalization Rate (Discharges per 1,000)	14.7	13.7	No	
P.46	Hospitalizations Caused by Substance Use (Discharges per 1,000)	18.8	20.2	No	
P.47	Opioid Related Hospitalizations (Discharges per 10,000)	4.9	7.1	No	
P.48	Population Hospitalized for Self-Harm (Patients per 10,000)	20.7	17.3	No	Stable
P.49	Sexually Transmitted Infections (Cases per 1,000)	29.0	27.6	No	
P.50	Early Development Instrument - Proportion of Children Vulnerable in One or More Domains	42.1%	38.1%		n/a








ARROW COLOUR TREND	
POSITIVE	NEGATIVE
 	 

PAGE NUMBER	BEST CARE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
P.51	Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000)	8.9	9.8	No	
P.52	Screening for Colorectal Cancer (% of Target Population)	21.9%	22.9%	No	
P.52	Screening for Breast Cancer (% of Target Population)	50.4%	53.7%	No	
P.52	Screening for Cervical Cancer (% of Target Population)	45.0%	47.3%		
P.53	Childhood Immunization (% Fully Immunized by Second Birthday)	62.7%	63.4%	No	n/a
P.54	Seniors receiving the Flu Shot	38.1%	61.3%		n/a
P.55	Population Hospitalized for a Lower Limb Amputations (Per 1,000 Persons with Diabetes)	2.4	3.3	No	Stable
P.56	Long Term Care Placement Wait Times (Days)	71	13	No	Stable
P.57	Patient/Client Satisfaction - Satisfied or Very Satisfied	81%	90%		n/a
P.58	Hospital Deaths within 30 Days of Major Surgery	2.8%	0.8%	No	Stable
P.59	Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges)	10.2	9.4	No	Stable
P.60	Hospital Harm – Proportion of Stays with Harm Incident	2.7%	2.6%	No	n/a
P.61	In-Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More)	5.2	1.2	No	Stable
P.62	Repeat Mental Health Hospitalizations (% with 3 or More in a Year)	11.9%	10.5%	No	n/a
P.63	Community Counselling Utilization (Monthly Average # of Clients)	876	883	No	n/a

ARROW COLOUR TREND	
POSITIVE	NEGATIVE
 	 

PAGE NUMBER	BEST CARE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
P.64	Proportion Completing Residential Addictions Treatment	75.0%	74.4%	No	n/a
P.65	Family Violence Shelter Utilization - Women (Monthly Average)	27.8	27.7	No	Stable
P.65	Family Violence Shelter Utilization - Children (Monthly Average)	17.7	17.2	No	Stable
P.65	Family Violence Shelter Re-Admission Rates	76.7%	73.0%	No	
P.66	Child Welfare - % Of Placements In Home Community	84.5%	n/a	n/a	n/a
P.67	Child Welfare – Rate Of Children In Permanent Care (Per 1,000)	10.8	13.4	No	

ARROW COLOUR TREND	
POSITIVE	NEGATIVE
 	 

PAGE NUMBER	BETTER FUTURE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
P.68	Hospitalization Rate for Ambulatory Care Sensitive Conditions (per 1,000)	6.1	7.1	No	
P.69	Median Length of an Alternative Level of Care Stay	50.0	12.5	No	Stable
P.70	Proportion of Mental Health Hospitalizations due to Alcohol or Drugs	46.5%	46.3%	No	
P.71	Emergency Department Visits that are Non-Urgent	6.4%	8.9%		Stable
P.72	No Show Rates - Family/Nurse Practitioners	12.6%	12.2%		
P.72	No Show Rates - Specialists	11.9%	12.0%	No	
P.73	Vacancy Rates - Family Practitioners	36.5%	29.8%	No	Stable
P.73	Vacancy Rates - Special Practitioners	17.4%	11.0%	No	Stable
P.74	Vacancy Rates - Nurses	4.7%	5.4%	No	n/a
P.74	Vacancy Rates - Social Workers	4.5%	6.4%	No	n/a
P.75	Workplace Safety Claims - NWT Health and Social Services System	14.3	14.5	No	
P.76	Administrative Staffing - NWT Health and Social Services System	27.3%	27.9%	No	n/a
P.77	Administrative Expense - NWT Hospitals	3.8%	4.2%		n/a

Statistical Summary Notes

The “most recent time period” refers to the indicator results for the latest year, or point in time, of data available. “Previous time period” refers to the year, or point in time, one year before the most recent time period (e.g. if the most recent period is 2018-19 then the previous time period is usually 2017-18). Short term change is the difference between the two. The long term trend is the direction the numbers are heading over a time period of several years (seven or more). In some cases there are not enough years of comparable data to determine the direction of the trend.

A green arrow means the short or long term change is positive. A red arrow is a negative change. An arrow that is outlined in black means it is not clear if the change was positive or negative. For example, a decrease in the number of community counselling clients may be due to a shortage of available services (e.g. staff vacancies) but also could be an indication of a drop in the demand for the service. “Stable” means that the long term trend is neither up nor down (i.e., flat). “n/a” means that there is not sufficient information available (e.g., not enough years of data to establish a trend or there are substantial inconsistencies in what is being measured over time).

The directions of the short-term change and the long term trend have been determined by statistical significance testing where possible. When results are based on a small population and/or a few events (e.g. cases of hospital deaths following surgery), as is often the case in the NWT, numerical differences between two numbers may have occurred by chance. When a numerical difference is said to be statistically significant (e.g., arrows in the summary above) it means that any apparent difference between two numbers, or the direction

of the trend, was unlikely to have occurred by chance. In contrast, it is important to note that with large numbers (e.g. no shows), even a very small percentage change between two numbers (e.g. a three percent change from one year to the next year) can be statistically significant.

Data Sources and Limitations

The data for this report primarily came from the NWT HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, the NWT Department of Education, Culture and Employment, the NWT Department of Human Resources, the Workers Safety and Compensation Commission and the NWT Bureau of Statistics. Depending on the source of data, there can be delays of up to a year or more for when the data are available for use.

Unless stated otherwise, all rates are population based (e.g. number of discharges per 10,000 population or 1,000 cases per population etc.). The numbers and rates in this report are subject to future revisions and are not necessarily comparable to numbers in other tabulations and reports. The numbers and rates in this report rely on information systems and population estimates that are continually updated and often revised. Any changes that do occur are usually small. The quality of data available varies across the HSS system and is dependent on the mechanism available to collect data. Some information systems are paper based and others are electronic. Some have long histories and others are relatively new. Some collect a lot of detail and others do not.

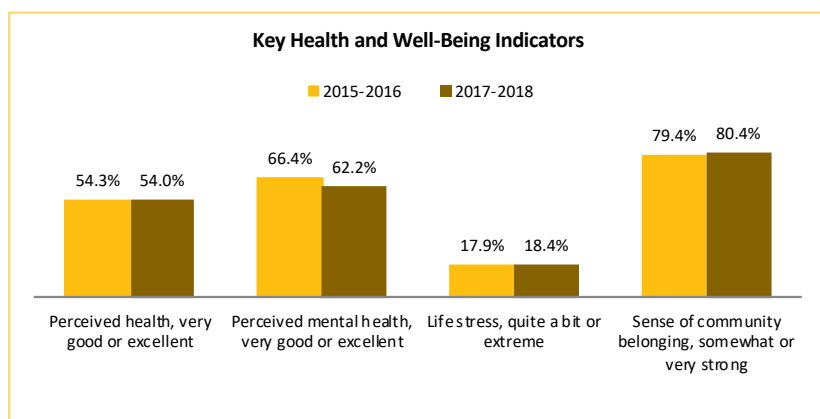
BEST HEALTH— HEALTH STATUS AND WELL-BEING

What is being measured?

Four measures of health status and well-being where the proportion of the population surveyed (age 12 & over) rated/ reported: their overall health as very good or excellent; their mental health as very good or excellent; perceived that most days in their life were quite a bit or extremely stressful and having a strong or somewhat strong sense of community belonging.

Why is this of interest?

Self-reported health relates to how healthy a person feels, and is an important predictor of future health care use and mortality rates. Perceived mental health gives a general sense of the population afflicted from some sort of mental or emotional disorder or issue. Stress can negatively affect one's physical and mental well-being as well as influence negative behaviours such as substance abuse and poor dietary choices. There is a strong link between sense of community belonging and physical and mental health.



How are we doing?

Between 2015-2016 and 2017-2018 survey results, there have not been any significant changes on all four measures in the NWT. Compared to Canada 2017-2018 results were mixed with NWT residents being less likely to rate their overall health as very good or excellent (54% versus 60.8%) or rate their mental health as being very good or excellent (62.2% versus 69.4%). NWT residents, compared to national rates, were no more likely to report experiencing a quite a bit or extreme levels of stress (18.4% versus 21.4%) and NWT residents were more likely to report having a somewhat or very strong sense of community of belonging (80.4% versus 68.9%).²

Source

Statistics Canada, Canadian Community Health Survey (National File).

²In 2015, Statistics Canada changed the content and the design of the Canadian Community Health Survey. Because of these changes, historical trending (comparisons to pre-2015 results) has not been included in this report.

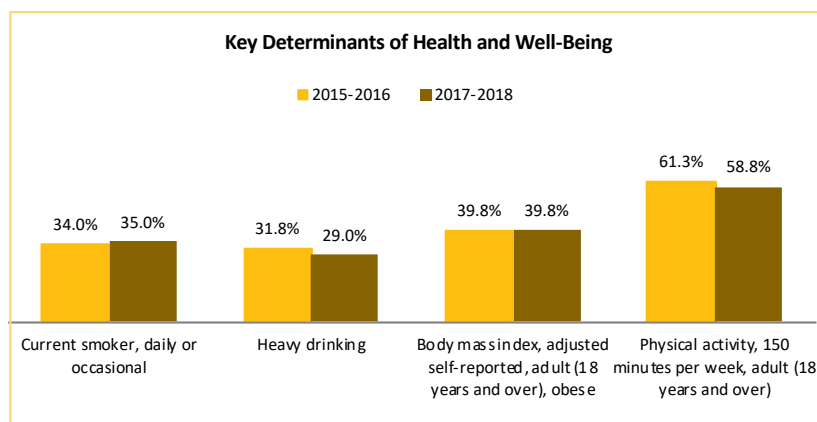
BEST HEALTH – DETERMINANTS OF HEALTH AND WELL-BEING

What is being measured?

Four measures of behaviours that have a strong influence on health and well-being: the proportion of the population who are current daily or occasional smokers (age 12 and over); the proportion who are heavy drinkers (age 12 and over); the proportion that are obese (age 18 and over); and the proportion who are physically active (age 18 and over).

Why is this of interest?

Smoking is a largely preventable factor in a number of chronic diseases, including lung and other cancers, chronic lung problems, Type II diabetes, and cardiovascular diseases (heart attacks and strokes). Not only can smoking increase the risk of acquiring Type II diabetes, it can also increase the risk of severe complications of diabetes (such as lower limb amputations). Heavy drinking is a factor in family violence and injuries. Heavy alcohol consumption, over many years, can contribute to a number of chronic diseases, including cardiovascular



diseases (heart attacks and strokes), liver failure and some cancers. Regular heavy drinking can also lead to dependency, and is often a co-factor in other mental health issues. Obesity is a largely preventable factor in a number of chronic diseases, including Type II diabetes, cardiovascular diseases (heart attacks and strokes), and some cancers. Regular physical activity can be a role in preventing chronic disease, maintaining a healthy weight and help with one's overall sense of well-being.

How are we doing?

Between 2015-2016 and 2017-2018 survey results, there have not been any significant changes on all four measures in the NWT. The NWT population continues to have higher rates of smoking (35% versus 16%), heavy drinking (29% versus 19.3%), and obesity (39.8% versus 26.9%) than the national averages. When it comes to physical activity, there is not a statistically significant difference between the NWT and Canada (58.8% versus 56%).³

Source

Statistics Canada, Canadian Community Health Survey (National File).

³In 2015, Statistics Canada changed the content and the design of the Canadian Community Health Survey. Because of these changes, historical trending (comparisons to pre-2015 results) has not been included in this report.

BEST HEALTH – AVOIDABLE DEATH DUE TO PREVENTABLE CONDITIONS

What is being measured?

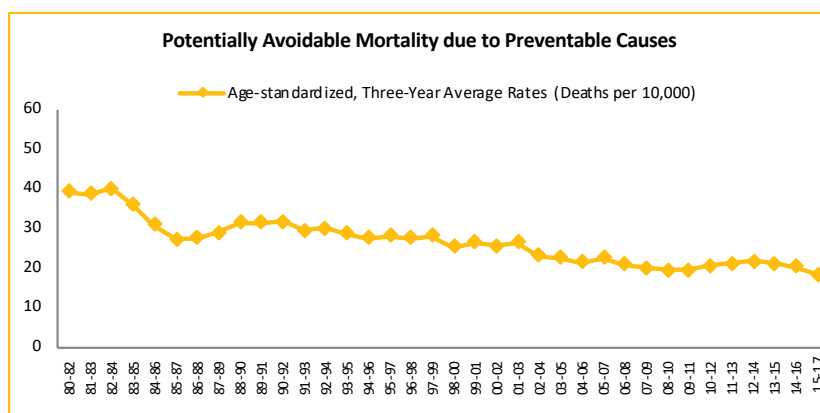
The age-standardized rate of deaths due to preventable conditions (deaths per 10,000 population, under the age of 75 years).

Why is this of interest?

This indicator focuses on premature deaths due to conditions that are considered preventable. These deaths could potentially be avoided through improvements in lifestyle (e.g., smoking cessation and healthy weights) or health promotion efforts (e.g. injury prevention).

How are we doing?

The rate of avoid mortality due to preventable conditions has decreased over the last thirty years – from an average of 33 deaths per 10,000 in the 1980s to 20 deaths per 10,000 in the last ten years.



The rate of avoidable death is higher in the NWT than in Canada – at 18.2 versus 12.9 per 10,000 (2015-2017).

Source

NWT Department of Health and Social Services, Statistics Canada, and NWT Bureau of Statistics.

BEST HEALTH – MENTAL HEALTH HOSPITALIZATIONS

What is being measured?

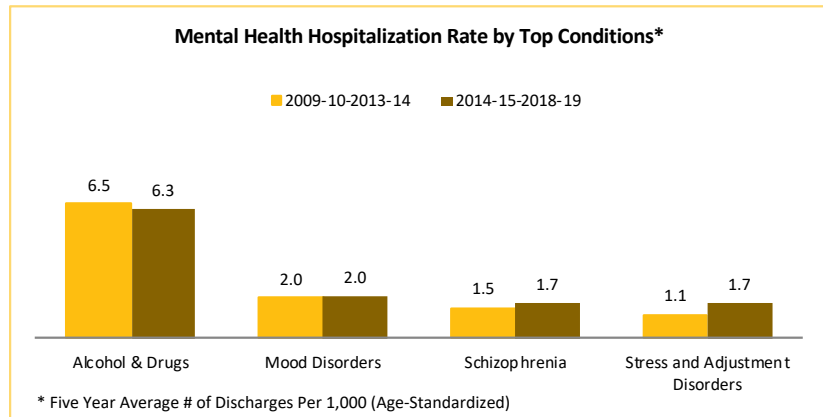
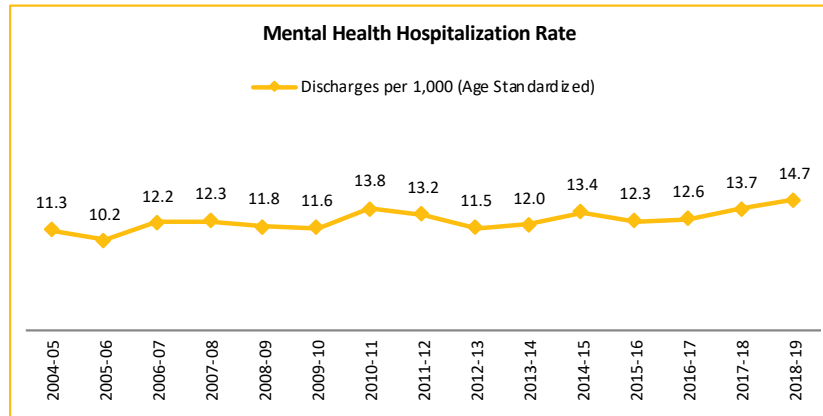
The annual age-standardized rate of mental health hospitalizations, overall and by diagnostic category, for NWT residents.⁴

Why is this of interest?

Mental health hospitalizations, while unavoidable at times, are often preventable through the treatment of issues in other venues (e.g., counselling and outpatient psychiatric services, and treatment programs for addiction)

How are we doing?

Over the last 15 years, the rate of hospitalizations has been trending upwards. Alcohol and drug issues (dependency/abuse) represented just under half of all mental health hospitalizations. Together with the three next largest categories (mood disorders, schizophrenia/psychotic disorders, and stress and adjustment disorders), they accounted for almost 9 out of 10 mental health hospitalizations between 2014-15 and 2018-19.



The NWT's overall mental health hospitalization rate, between 2014-15 and 2018-19, was on average, over twice the Western Canadian average.⁵ Compared to Western Canadian rates, the NWT has especially higher rates of alcohol/drug hospitalizations (over four times) and stress and adjustment disorder hospitalizations (over three times).

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

⁴Only hospitalizations of NWT residents where the primary reason for the hospitalization was a mental health issue are included in the measure.

⁵Western Canadian rate includes British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, the Northwest Territories and Nunavut.

BEST HEALTH – HOSPITAL STAYS FOR HARM CAUSED BY SUBSTANCE USE

What is being measured?

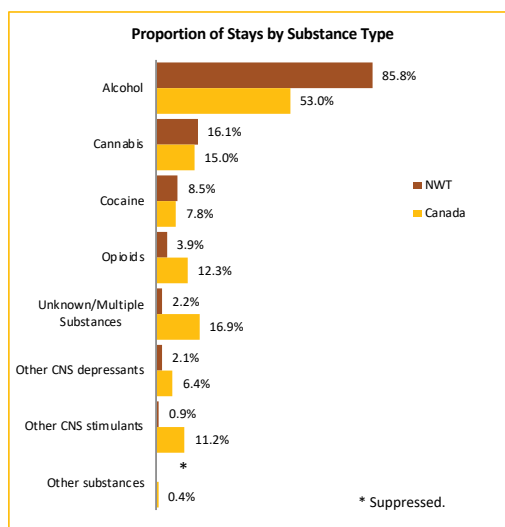
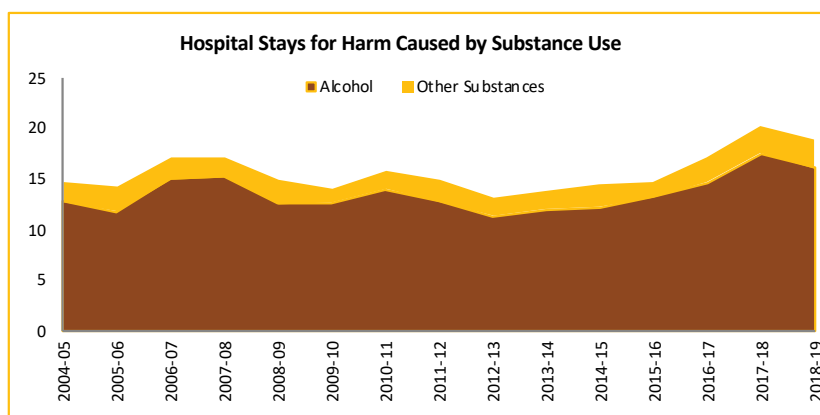
The age-standardized rate of hospitalizations for harm caused by substance use (discharges per 1,000, age 10 years and over). Conditions included can range from alcohol and drug abuse and dependency to alcoholic cirrhosis of the liver and alcoholic gastritis. Substances include alcohol, opioids, cannabis, other central nervous system depressants (e.g. benzodiazepines), cocaine, other central nervous system stimulants (e.g. methamphetamine), and other substances (e.g. hallucinogens).

Why is it of interest?

The abuse of alcohol and drugs is a cause or a contributing factor in a number of health conditions and is a leading factor in preventable death and disease. The harmful use of alcohol and drugs puts an unnecessary strain on the health, social services and justice systems.

How are we doing?

The rate of hospitalizations entirely caused by substance has increased between 2004-05 and 2018-19 from 14.7 to 18.8 discharges per 1,000.



In 2017-18, the NWT rate was over five times the national average (20.2 versus 4.8 per 1,000). The majority of these hospitalizations involved alcohol in the NWT at 85.8% compared to 53% nationally. Cannabis was the second highest at 16.1% versus 15% nationally and cocaine third at 8.5% versus 7.8% nationally. Reasons for hospitalization can include more than one substance.

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

BEST HEALTH – OPIOID HOSPITALIZATIONS

What is being measured?

The rate of hospitalizations for opioid abuse and poisoning (discharges per 10,000).⁶

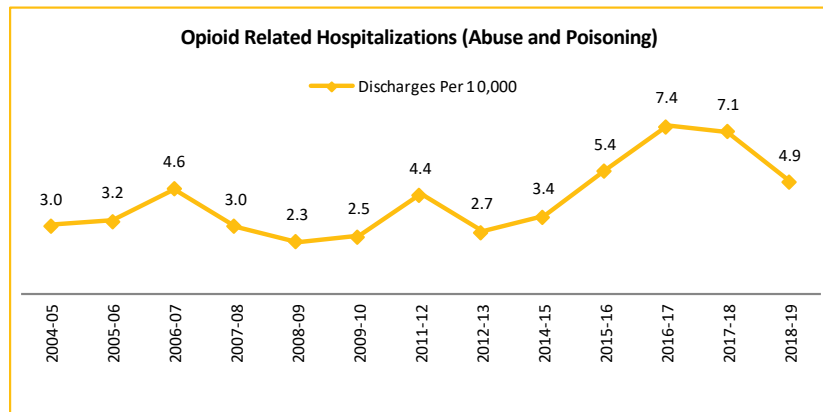
Why is this of interest?

Across the country, opioid addiction is a public health crisis. Fentanyl overdoses have resulted in a record level of deaths due to opioids.

How are we doing?

The rate of opioid abuse and poisoning hospitalizations has increased since the mid 2000s, peaking in 2016-17.

The NWT age-standardized rate of 6.8 opioid hospitalizations per 10,000 (2016-17 to 2018-19) was not significantly different than the Canadian rate of 5.0.⁷



Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information and NWT Bureau of Statistics.

⁶Rate includes hospitalizations for opioid abuse, opioid poisoning, and newborn withdrawal symptoms from maternal use of drugs of addiction.

⁷Canadian rate excludes Quebec.

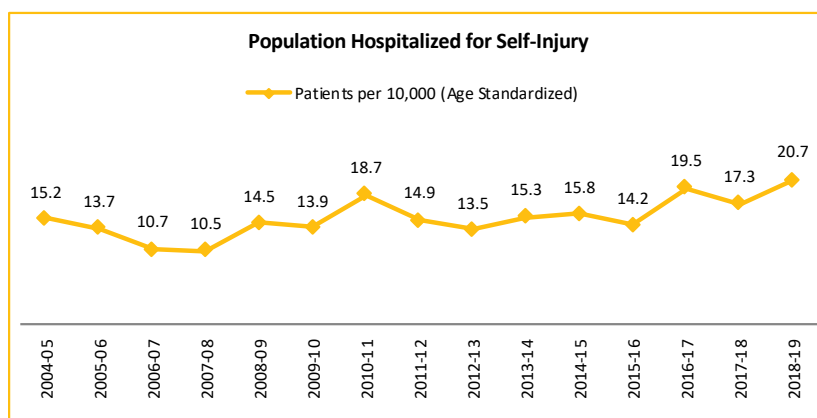
BEST HEALTH – POPULATION HOSPITALIZED FOR SELF-INJURY

What is being measured?

The age-standardize rate of the population hospitalized one or more times for a self-injury per year (patients per 10,000).⁸

Why is it of interest?

Self-injury can be the result of self-harming behaviours and/or suicidal behaviours. “Self-injury can be prevented, in many cases, by early recognition, intervention and treatment of mental illnesses. While some risk factors for self-injury are beyond the control of the health system, high rates of self-injury hospitalization...” may be attributed to a lack of appropriate programs and supports aimed at preventing self-injury hospitalizations.⁹



How are we doing?

The rate of the population hospitalized for a self-injury has fluctuated since 2004-05 ranging a low of 10.5 to a high of 20.7. A direct comparison to a national average is not available but when examined by total hospitalizations, the NWT rate is higher than the national rate at 23.6 versus 6.9 per 10,000 (2017-18).

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

⁸Any diagnosis (primary or secondary) for a self-injury is included.

⁹Canadian Institute for Health Information, <http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114197>.

BEST HEALTH - SEXUALLY TRANSMITTED INFECTIONS

What is being measured?

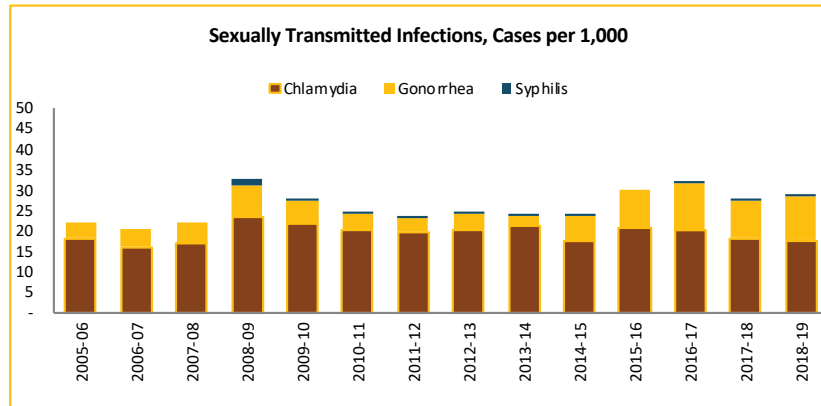
The incidence of Sexually Transmitted Infections (STIs): the number of STIs per 1,000 population per year. STIs include chlamydia, gonorrhoea and syphilis.

Why is this of interest?

STIs are spread through practicing unsafe sex, and can cause infertility, ectopic pregnancies, premature births and damage to unborn children. The rate of STIs can provide a proxy of the degree to which unsafe sex is being practiced.

How are we doing?

Over the last 14 years, the rate of STIs peaked both in 2008-09 (33 cases per 1,000), primarily due to an increase in the rate of



chlamydia, and in 2016-17 (32 cases per 1,000), primarily due to an increase in the rate of gonorrhoea. The rate remains high at 29 cases per 1,000 compared to the national average of just over 4.1 cases per 1,000 (2016). The NWT is currently undergoing an outbreak of Syphilis – the worst seen since the last outbreak (2008-09).

Sources:

NWT Department of Health and Social Services, Public Health Agency of Canada, and NWT Bureau of Statistics.

BEST HEALTH – CHILD DEVELOPMENT

What is being measured?

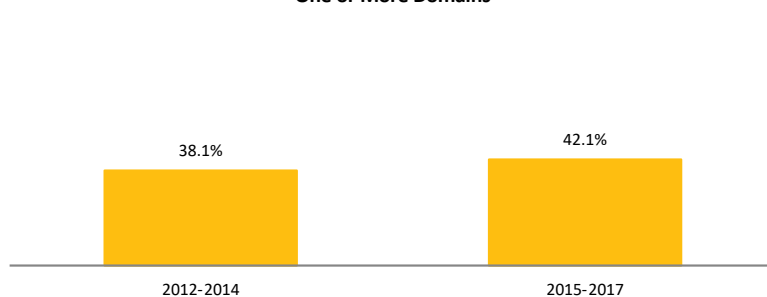
The proportion of kindergarten students who are vulnerable in one or more areas (domains) of their development as measured by the Early Development Instrument (EDI).

The EDI is a kindergarten teacher-completed checklist that measures five areas of a child's development: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.

Why is this of interest?

This indicator is an important measure for a number of reasons. It is a determinant of how well a child will do in school, as well as health and well-being in later life. It may also be used as a high level measure of the collective success of interventions into improving the early development of children.

Early Development Instrument - Proportion of Children Vulnerable in One or More Domains



How are we doing?

The proportion of NWT kindergarten students who are vulnerable in one or more developmental areas was 42.1% in 2015-2017 school years - higher than the normative cut off of 25.4% (based on a national cohort).

For the same time period, 22.6% of children were found to be vulnerable in the domain of physical health and well-being, 20.5% were vulnerable in terms of emotional maturity 20.2% were found to be vulnerable in the domain of communication skills and general knowledge, 17.3% were vulnerable in the domain of language and cognitive development, and 16.3% were vulnerable in terms of social competence.

Sources

NWT Department of Education, Culture and Employment, Offord Centre for Child Studies, McMaster University, and Canadian Institute for Health Information.

BEST CARE – AVOIDABLE MORTALITY DUE TO TREATABLE CAUSES

What is being measured?

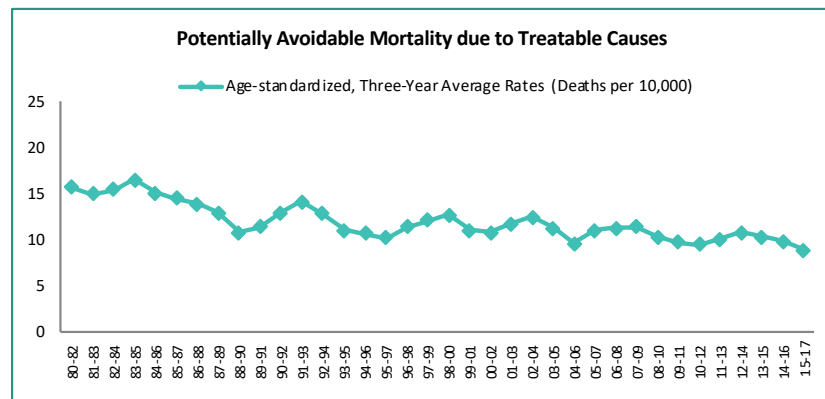
The age-standardized three-year average rate of potentially avoidable deaths due to treatable conditions (deaths per 10,000 population, under the age of 75 years).

Why is it of interest?

“Mortality from treatable causes focuses on premature deaths that could potentially be avoided through secondary and tertiary prevention efforts, such as screening for and effective treatment of an existing disease.”¹⁰

How are we doing?

The rate of avoidable death due to treatable causes has significantly decreased over the last three decades – dropping from an average of around 14 deaths per 10,000 in the 1980s, to an average of around 10 deaths per 10,000 in the last ten years.



The NWT has a higher rate of avoidable deaths due to treatable conditions than the national average – 8.9 versus 6.7 per 10,000 (2015-2017).

Sources

NWT Department of Health and Social Services, Statistics Canada and NWT Bureau of Statistics.

¹⁰Canadian Institute for Health Information, <http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114185>

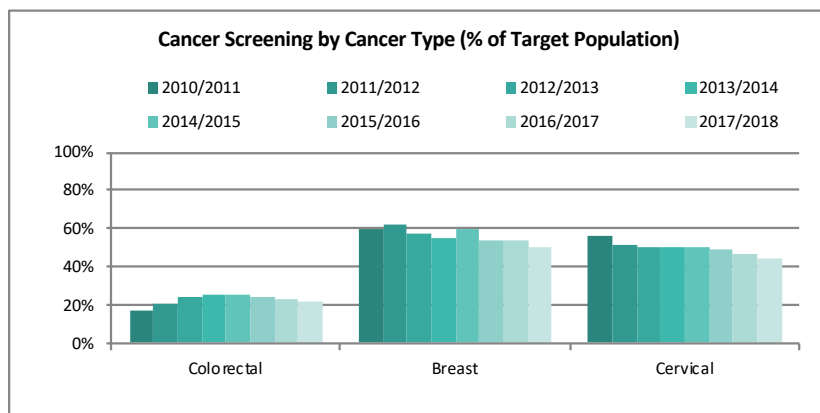
BEST CARE – CANCER SCREENING

What is being measured?

The proportion of the target population who have been screened for colorectal cancer (age 50 to 74), breast cancer (females, age 50 to 74) and cervical cancer (females age 21 to 69) within a two-year period. The population targeted for screening is based on the age group found to be effective in testing specific to each cancer type.

Why is it of interest?

In general, screening allows for early detection of cancer. Early detection of cancer (i.e. finding it in the early stages) provides the best chance for the patient at avoiding death and significant illness by way of early interventions. For example, colorectal cancer cure rates are almost 90% when detected early; when detected in later stages, the cure rate drops to 12%.¹¹ In the NWT colorectal cancer is the second leading cause of cancer death. Breast cancer is second most common diagnosed cancer in NWT females. While cervical cancer is not a leading cause of cancer in the NWT, a



large proportion of cervical cancers are caused by certain types of the human papillomavirus (HPV) – a disease that can be screened for and treated.

How are we doing?

Between the two-year periods 2010/2011 and 2017/2018 the proportion of the population who received a fecal immunochemical test (designed to detect blood in one's stool) has varied from a low of 18% to a high of 26%. Over the same time period, the rate of women receiving a mammogram varied from a low of 50% to a high of 62%. And, between 2010/2011 and 2017/2018, the proportion of women receiving the Papanicolaou test (Pap test), has ranged from a low of 45% to a high of 56%.

The NWT does not meet the national minimum screening targets for colorectal cancer screening (60%), breast cancer (70%) and cervical cancer (80%).

Source:

NWT Department of Health and Social Services.

¹¹Ontario Ministry of Health and Long Term Care, Colon Cancer Check (2013). http://www.health.gov.on.ca/en/pro/programs/coloncancercheck/pharmacists_faq.aspx#1

BEST CARE – CHILDHOOD IMMUNIZATION

What is being measured?

The proportion of the population born in a given year (e.g. 2012) having received full immunization coverage by their second birthday.

Why is this of interest?

Immunization has been shown to be one of the most cost effective public health interventions available. Maintaining high vaccine coverage is necessary for preventing the spread of vaccine preventable diseases and outbreaks within a community. The recent outbreaks of measles in Canada, as well as the United States highlight the importance of achieving and maintaining high vaccination rates.

How are we doing?

For children born in 2012, the latest immunization coverage study in 2015 revealed an

Vaccine by Diseases Protected Against and Coverage Rate (By 2nd Birthday)	NWT 2015*	National Goal	Meet National Goal
DaPT IPV-HIB Diphtheria, pertussis, tetanus, polio and haemophilus influenza type b	74%	95%	No**
Hep B Hepatitis B	81%	n/a	n/a
Meningococcal C conjugate Meningitis, meningococemia, septicemia	83%	97%	No
MMR Measles, mumps and rubella	85%	97%	No**
Pneumococcal conjugate Streptococcus pneumoniae	73%	90%	No
Varicella Varicella (Chickenpox)	88%	85%	Yes

* Children born in 2012. n/a Not applicable

** National goal only includes pertussis and rubella respectively.

immunization coverage rate of 62.7% by the child's second birthday for six vaccines in total. In comparison, the last study of children born in 2011, found that the coverage rate was 63.4%.

As seen in the table, NWT coverage rates are much higher per vaccine. For four out of five vaccines, the NWT does not meet national goals. The one exception is the vaccination for varicella (chickenpox).

Source

NWT Department of Health and Social Services.

BEST CARE – INFLUENZA IMMUNIZATION FOR SENIORS

What is being measured?

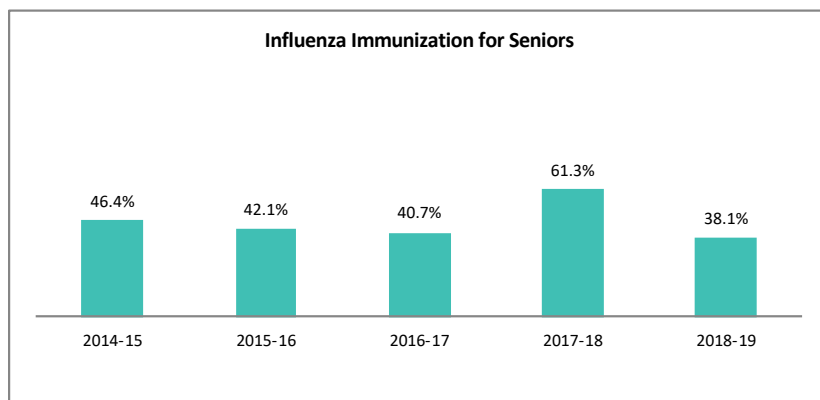
The proportion of the population age 65 and over who received the annual flu shot.

Why is it of interest?

As immune defences become weaker with age, the senior population is of greater risk for serious complications from the flu. The flu shot can be effective in preventing the flu.

How are we doing?

Between 2014-15 and 2018-19 the proportion of NWT seniors having had their annual flu shot ranged from 38% to 61% - averaging 46% over the five years. While direct national



comparisons are not available, survey results found that on average 60% of Canadian seniors received the flu shot annually between 2015 and 2018.

Sources

NWT Department of Health and Social Services, and Statistics Canada, Canadian Community Health Survey (National File).

BEST CARE – LOWER LIMB AMPUTATIONS

What is being measured?

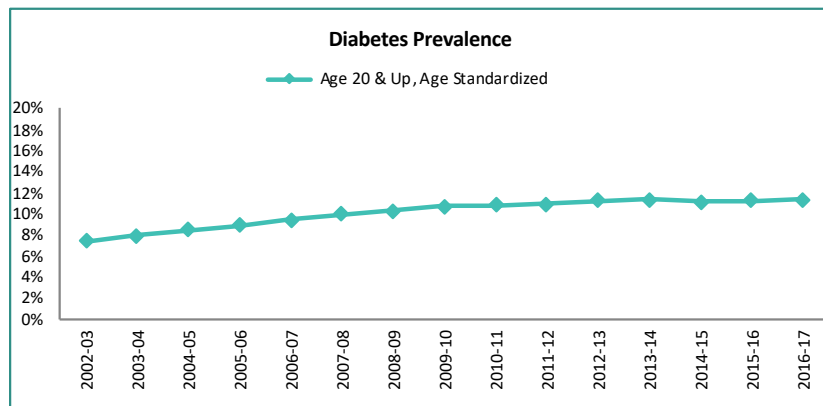
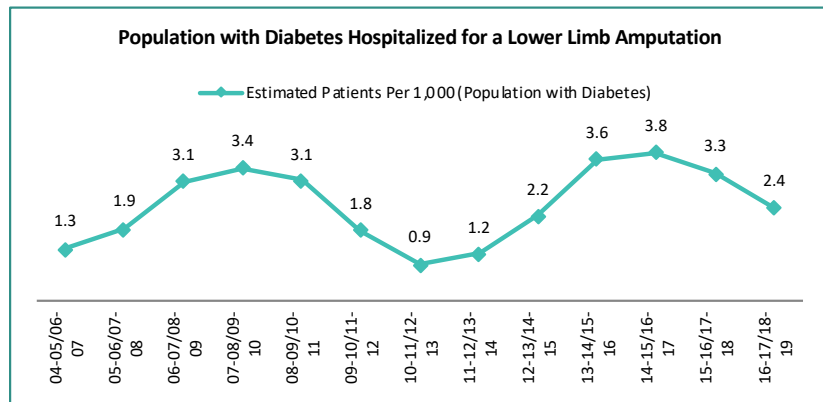
The three-year average rate of the population with diabetes hospitalized one or more times a year for a lower limb amputation (patients age 40 and over per 1,000).

Why is it of interest?

Lower limb amputations (non-injury related) are often preventable in diabetes patients. People with diabetes are more prone to foot ulcers and infections. Ulcers and infections, if not successfully treated, can lead to an amputation.

How are we doing?

Since 2004-05 to 2006-07 the three-year average rate of the population with diabetes hospitalized for a lower limb amputation has ranged from 0.9 to 3.7 patients per 1,000. It is important to point out that the actual number of patients is small, ranging from 1 to 12 in any given single year. A direct comparison to a national average is not available but when examined by the rate of hospitalizations for lower limb amputations, there was not a



significant difference between the NWT and Canada at 2.8 versus 2.1 per 1,000 (2016-17-2018-19).¹²

Other Information

The prevalence of diabetes, in general, continues to increase each year by an average of 3.1% - from just under 8% of the population (age 20+) in the early 2000s to over 11% currently.

Sources

NWT Department of Health and Social Services, Canadian Institute for Health Information, Public Health Agency of Canada, Statistics Canada and NWT Bureau of Statistics.

¹²Canadian rate is an estimate and excludes Quebec. NWT rates are estimates for 2017-18 and 2018-19.

BEST CARE – LONG TERM CARE PLACEMENT WAIT TIMES

What is being measured?

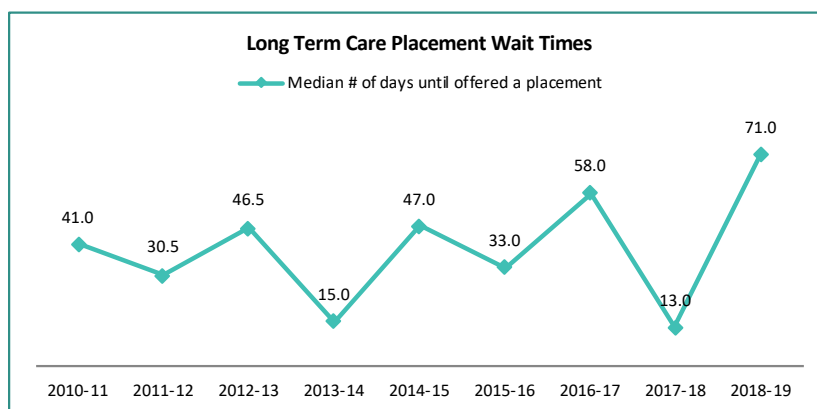
The median number of days a patient waits to receive an offer of a placement in a long term care facility.¹³ The median is the number of days in which 50% of the clients have been offered a placement.

Why is this of interest?

While providing timely access to long term care services is a priority for the NWT HSS system, it is also a goal to use system resources as efficiently as possible. People awaiting long term care are sometimes placed in expensive acute care beds.

How are we doing?

Long term care facilities have been running near full occupancy in recent years and demand for long term care services has been increasing. Between 2013-14 and 2018-19, the number of new clients - those still waiting from



	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	9 Years
Average (Days)	67	55	112	56	100	82	120	76	171	93
Median (Days)	41	31	47	15	47	33	58	13	71	35
Proportion of Clients by Number of Days before Placement Offer										
<8	13%	25%	18%	27%	8%	15%	18%	49%	13%	20%
8 to 14	14%	22%	3%	20%	15%	18%	11%	7%	4%	13%
15 to 21	8%	0%	12%	11%	8%	5%	5%	5%	11%	7%
22 to 28	6%	3%	6%	9%	5%	8%	0%	2%	7%	5%
29 to 92	25%	25%	24%	16%	28%	23%	29%	15%	18%	23%
93 to 182	30%	19%	15%	9%	10%	18%	15%	10%	9%	16%
183 & Up	3%	6%	24%	9%	26%	15%	22%	12%	38%	17%

the prior year plus those applying in the current year – increased by 3% from 74 to 76.

Over the last nine years, the median wait time to be offered a placement in a long term care facility was 35 days and has ranged from 13 days to 71 days. Over the same time period, 45% of clients have been offered a placement within four weeks, and over two-thirds of clients have been offered a placement within three months.

Source

NWT Department of Health and Social Services.

¹³The wait time is the time between the date when it is determined that an individual requires placement in a LTC facility to the date they are offered a placement. When a client refuses a placement, they end up starting over in the wait list queue.

BEST CARE – PATIENT/CLIENT SATISFACTION

What is being measured?

The percentage of NWT residents who report that they were satisfied or very satisfied with the health and/or social service care received in NWT.¹⁴

Why is this of interest?

Assessing the level of satisfaction with the care patients/clients have received can provide a means for the NWT HSS system to improve the delivery of services.

How are we doing?

Patient and client satisfaction questionnaires have been delivered across the NWT HSS system over the last few years. Results have shown that 81% to 96% of those filling out the



questionnaires reported that they were satisfied with the services they received. In 2019, 81% of patients reported they were satisfied or very satisfied with the services they received.

Long term trends are difficult to measure currently, as the last nine questionnaires have varied in terms of which service areas were surveyed.

Source

NWT Department of Health and Social Services.

¹⁴Question used to ascertain satisfaction varies from survey to survey (% satisfied/very satisfied, % quality of service excellent/good, % agree/strongly agree service was of high quality etc).

BEST CARE – HOSPITAL DEATHS FOLLOWING MAJOR SURGERY

What is being measured?

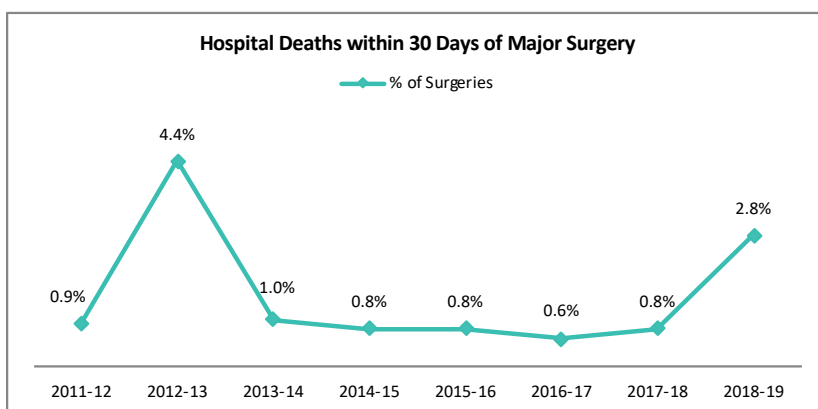
The proportion of patients dying within 30 days of a major surgery at NWT hospitals.

Why is it of interest?

“Although not all deaths are preventable, reporting on and comparing mortality rates for major surgical procedures may increase awareness of surgical safety and act as a signal for hospitals to investigate their processes of care before, during or immediately after the surgical procedure for quality improvement opportunities.”¹⁵

How are we doing?

Over the last eight years, the proportion of major surgeries resulted in a patient death



in NWT hospitals (within 30 days) averaged 1.5% - similar to the national average of 1.6% (2018-19). In terms of the actual numbers per year, there have been between one and five deaths in NWT hospitals following major surgery in the last three years.

Source

Canadian Institute for Health Information.

¹⁵Canadian Institute for Health Information, <http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=5111812>.

BEST CARE – INPATIENT FALLS

What is being measured?

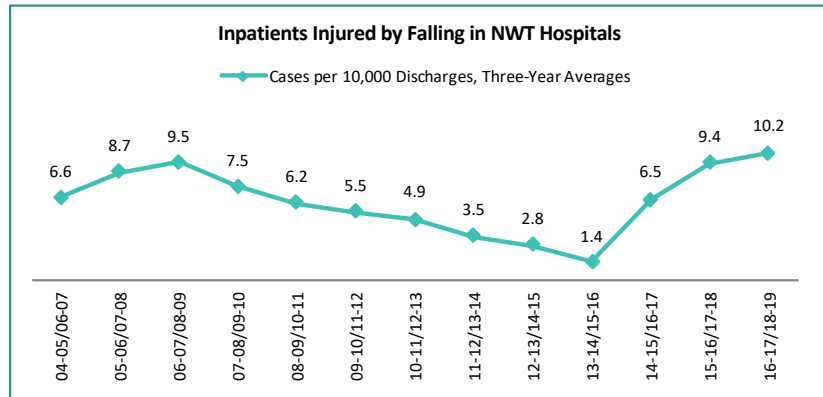
The number of inpatients per 10,000 discharges (hospital stays) who experienced an injury due to a fall while they were in an NWT hospital.

Why is this of interest?

Hospitals are expected to treat and care for patients with serious conditions. The effectiveness of the treatment and care received by patients should not be lessened by an injury sustained during a hospital stay. Falls are preventable, and as such, preventing them from happening is an important part of patient-centered quality care.

How are we doing?

After declining from the mid-2000s, the average annual number has risen to 10.2 per 1,000. In terms of counting actual patients, the numbers vary widely from zero to seven cases per year.



Notes

The rate of inpatients experiencing falls only includes those patients where the fall resulted in an injury serious enough to be documented on their chart.

Sources

NWT Department of Health and Social Services and Canadian Institute for Health Information.

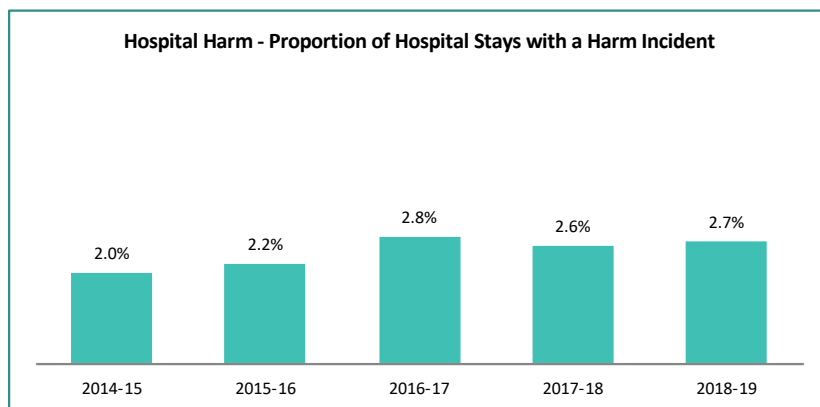
BEST CARE – HOSPITAL HARM

What is being measured?

The proportion of stays at NWT hospitals where at least one incident of untended harm occurred to the patient. Incidents of harm include pressure ulcers, falls, sepsis and injury during surgical procedures.

Why is this of interest?

Hospitals are expected to treat and care for patients with serious conditions in a safe and effective manner. The effectiveness of the treatment and care received by patients should not be lessened by an injury or infection sustained during a hospital stay. "Tracking and reporting harmful events is a vital first step to investigating, monitoring and understanding patient safety improvement efforts."¹⁶



How are we doing?

In the last five years, 2.4% of stays at NWT hospitals involved one or more incidents of harm to the patient. Direct comparisons between NWT and Canada as whole do not exist given the southern facilities are different (e.g., treat more complex cases) relative to NWT facilities.

Source

Canadian Institute for Health Information.

¹⁶Canadian Institute for Health Information <http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=10453027>

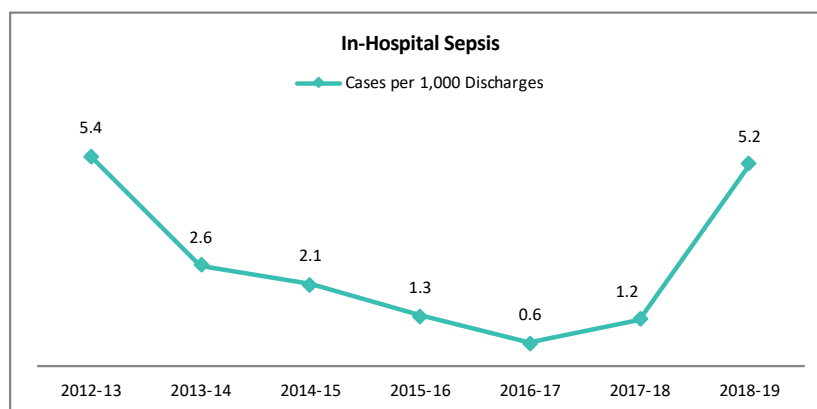
BEST CARE – IN-HOSPITAL SEPSIS RATE

What is being measured?

The rate of sepsis occurring during a patient's stay in a NWT hospital (cases per 1,000 hospital stays of two days or longer). Sepsis is a systemic inflammatory response that occurs as a complication of an infection.

Why is it of interest?

“Sepsis is a leading cause of mortality and is linked to increased hospital resource utilization and prolonged stays in intensive care units. Appropriate preventive and therapeutic measures during a hospital stay can reduce the rate of infections and/or progression of infection to sepsis. The indicator addresses the extent to which acute care hospitals are effective in preventing the development of sepsis.”



How are we doing?

In the last seven years, NWT hospitals have averaged 2.6 cases of sepsis per 1,000 discharges (hospital stays) per year – not significantly different than the national average of 3.9 per 1,000 (2018-19). It is important to point out that the actual number of cases is small with numbers varying from one to nine cases annually in the last three years.

Source

Canadian Institute for Health Information.

¹In 2015, Statistics Canada changed the content and the design of the Canadian Community Health Survey. Because of these changes, historical trending (comparisons to pre-2015 results) has not been included in this report.

BEST CARE – REPEAT HOSPITAL STAYS FOR MENTAL ILLNESS

What is being measured?

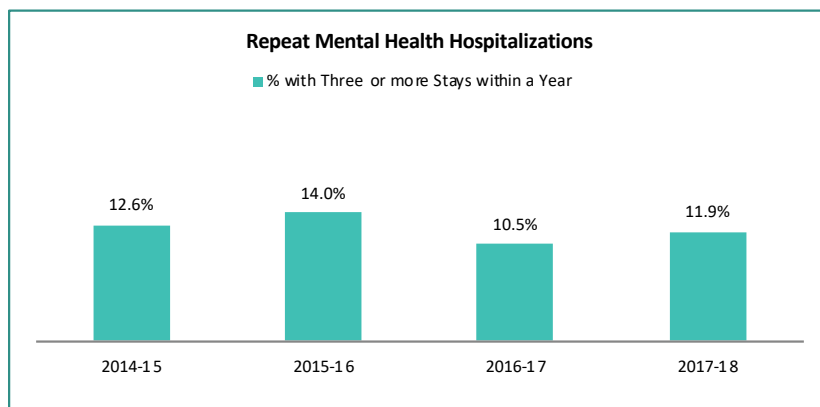
The proportion of patients who had three or more hospital stays for a mental illness among all those patients who had at least one hospital stay for a mental illness within a given year.

Why is it of interest?

This measure can point to a problem of frequent users and may indicate a problem with the appropriateness of care in both the hospital and in the community at large.

How are we doing?

For 2017-18, the proportion of patients with repeat mental health related hospitalizations was 11.9% in the NWT compared to the national average of 12.1%.



For the time frame examined, the rate of repeat hospitalizations has fluctuated between 10.5% and 14.0% per year. The NWT's readmission rate for mental health hospitalizations has not been significantly different from the national average over the last four years.

Source

Canadian Institute for Health Information and NWT Department of Health and Social Services.

BEST CARE – COMMUNITY COUNSELLING UTILIZATION

What is being measured?

The average number of community counselling clients seen per month.

Why is this of interest?

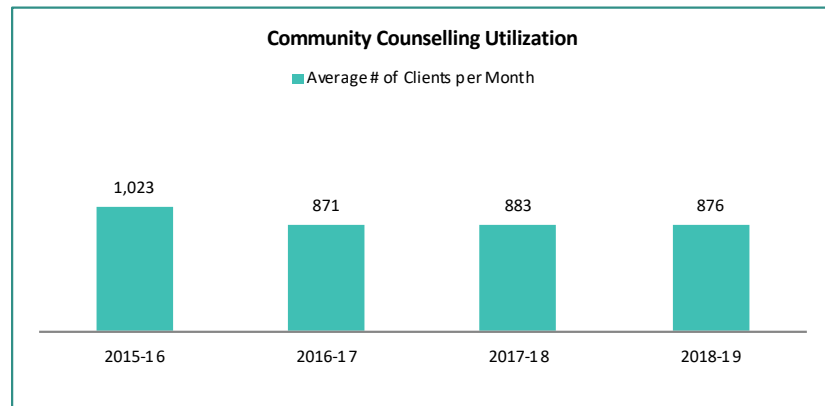
The basic descriptive measure allows for tracking changes in the utilization of the Community Counselling Program (CCP) that provides us with an indication of the appropriateness of services being delivered.

How are we doing?

Over the course of four years, there have been an average 913 clients seen per month by the CCP.

Other information

In 2018-19, the top five documented primary reasons (issues the client presented with) for counselling were addictions (23%), a diagnosed mental illness (10%), trauma (8%), relationship issues (7%) and stress management (7%). The remaining reasons for presenting included such issues as undiagnosed mental illnesses, family conflict, bereavement, anger, and suicide.



Every effort is made to get a client into see a CCP counsellor in as short of time as possible. Residents in an immediate crisis, or at immediate risk, do not have to wait. For other clients, wait times vary from community to community. Some communities do not have a wait list while others the wait can be up to two or more months – depending on the type of counselling in question.

Source

NWT Department of Health and Social Services.

BEST CARE – RESIDENTIAL ADDICTIONS TREATMENT

What is being measured?

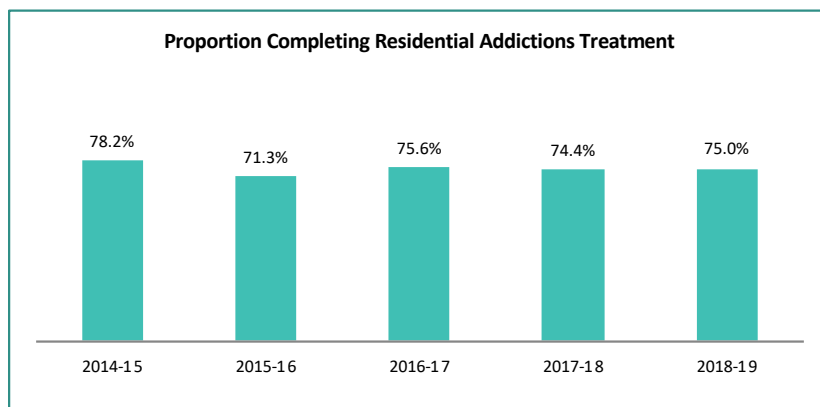
The proportion of people who start and complete a full session of residential addictions treatment.

Why is this of interest?

This measure is an indication of how well the system is meeting client needs by ensuring those clients wanting treatment have access to appropriate programs in a timely manner.

How are we doing?

Over the last five years, on average, three-quarters (75%) of those who began treatment completed treatment.



Other information

NWT residents have access to a variety of residential treatment programs, including gender specific treatment, culturally based treatment (First Nations, Metis and Inuit), and treatment for trauma as well as concurrent (co-occurring) disorders.

There is no waitlist for accessing treatment. Most clients are admitted within two to three weeks of being approved by the facility.

Source

NWT Department of Health and Social Services.

BEST CARE – FAMILY VIOLENCE AND SAFETY

What is being measured?

The average monthly number of admissions to family violence shelters in the NWT, and the proportion of women and children having stayed at the shelter before.

Why is this of interest?

The average monthly shelter admission count allows for the ability to track changes in client uptake over time. Shelter re-admission rates track the re-victimization of women.

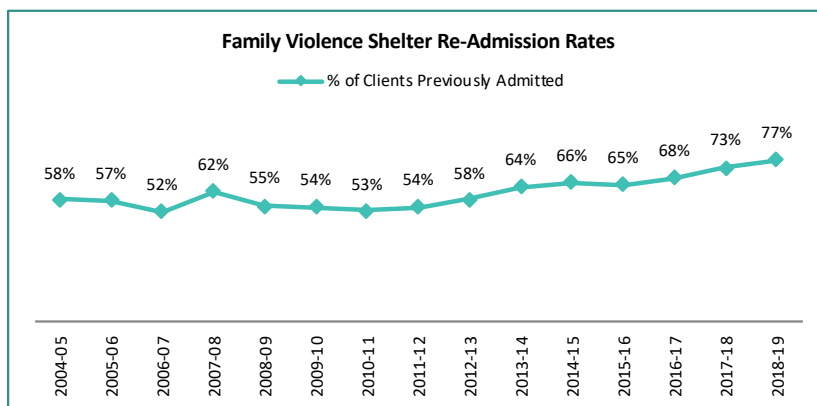
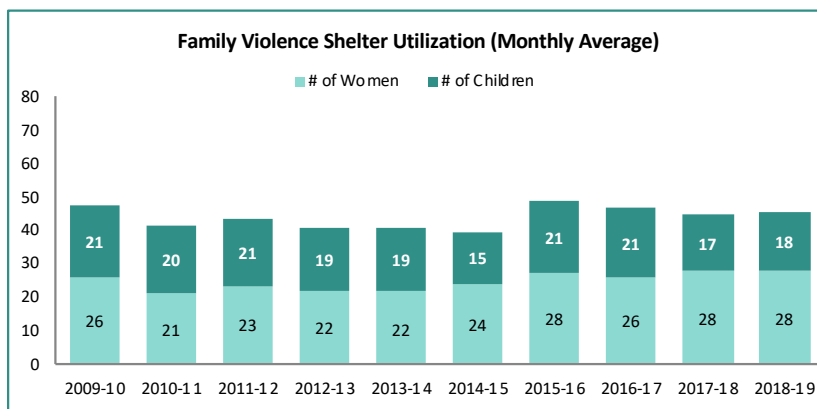
How are we doing?

Over the last ten years, shelter usage has remained relatively consistent – averaging around 25 women and 19 children admitted per month.

Over the last 15 years, the proportion of re-admissions to shelters has been increasing - from 58% (2004-05) to 77% (2018-19).

Source

NWT Department of Health and Social Services.



BEST CARE – HOME COMMUNITY PLACEMENTS

What is being measured?

The proportion of placements in the child's home community.

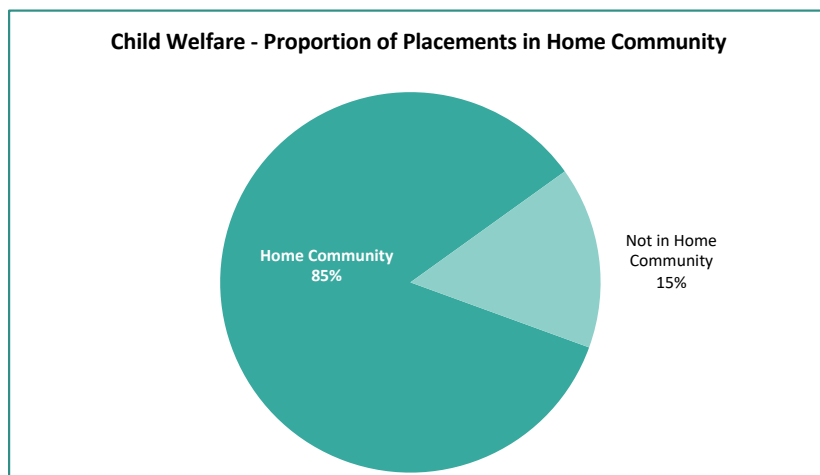
Why is this of interest?

When a child must be placed outside of the parental home or extended family is not an option, it is in the best interest of the child to be placed within their home community. Living in their home community provides the child the best chance of contact with their relations and friends.

How are we doing?

In 2018-19, almost 85% of placements were in the home community of the child.

Comparative data from previous years are not available. The



information system that collects information on children receiving child welfare services has recently been replaced. The new system collects information in a different manner which does not allow for direct comparisons to previous years.

Note

A child may have more than one placement within a year.

Source

NWT Department of Health and Social Services.

BEST CARE – PERMANENT CUSTODY

What is being measured?

The rate of children who are in permanent care and custody of the Director of Child and Family Services.

Why is this of interest?

When a child must be placed into care, a temporary situation is ideal.

How are we doing?

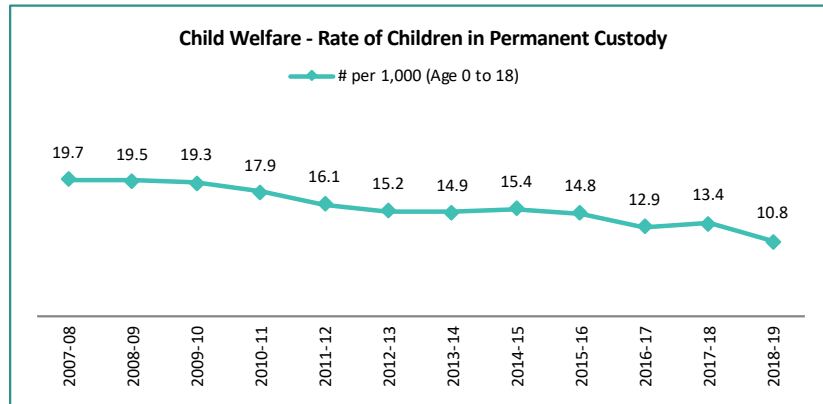
The rate of children in permanent custody has been decreasing since 2007-08.

Note

More detail on the state of child welfare in the NWT can be found in the annual reports of the Director of Child and Family Services.

Source

NWT Department of Health and Social Services.



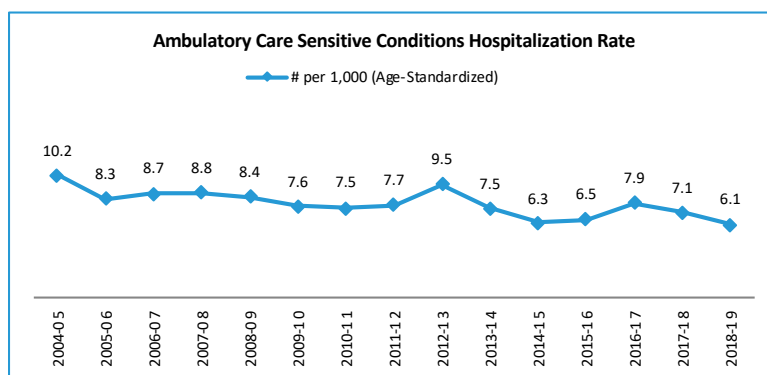
BETTER FUTURE – AMBULATORY CARE SENSITIVE CONDITIONS

What is being measured?

The hospitalization rate for ambulatory care sensitive conditions (ACSC). An ACSC hospitalization is where the main reason (most responsible diagnosis) for the hospitalization (under age 75 years) is one of the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy, angina, heart failure and pulmonary edema (HFPE), or hypertension.

Why is this of interest?

A hospitalization where the primary diagnosis is an ACSC represents “... a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.”¹⁸



Ambulatory Care Sensitive Conditions

Proportion of Hospitalizations by Condition

Condition	2004-05 to 2006-07		2016-17 to 2018-19	
	Proportion	Rank	Proportion	Rank
COPD	25%	1	37%	1
HFPE	12%	4	17%	2
Diabetes	12%	5	14%	3
Epilepsy	11%	6	11%	4
Angina	15%	3	10%	5
Asthma	20%	2	7%	6
Hypertension	5%	7	4%	7

COPD = Chronic obstructive pulmonary disease.
HFPE = Heart failure and pulmonary edema.

How are we doing?

The rate of hospitalizations for ambulatory care sensitive conditions has declined since the mid- 2000s – from a peak of 10.2 per 1,000 in 2004-05 to a low of 6.1 per 1,000 in 2018-19. While the overall rate has declined, COPD has grown from a quarter of all ACSC hospitalizations in the mid-2000s to account for 37% in the last three-year period. Relative to Canada as a whole, the NWT ACSC hospitalization rate (age-standardized) is over twice as high at 7.1 per 1,000 versus 3.3 per 1,000 (2017-18).

Sources

Canadian Institute for Health Information, NWT Department of Health and Social Services, Statistics Canada, and the NWT Bureau of Statistics.

¹⁸Canadian Institute for Health Information, <http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114181>

BETTER FUTURE – ALTERNATIVE LEVEL OF CARE

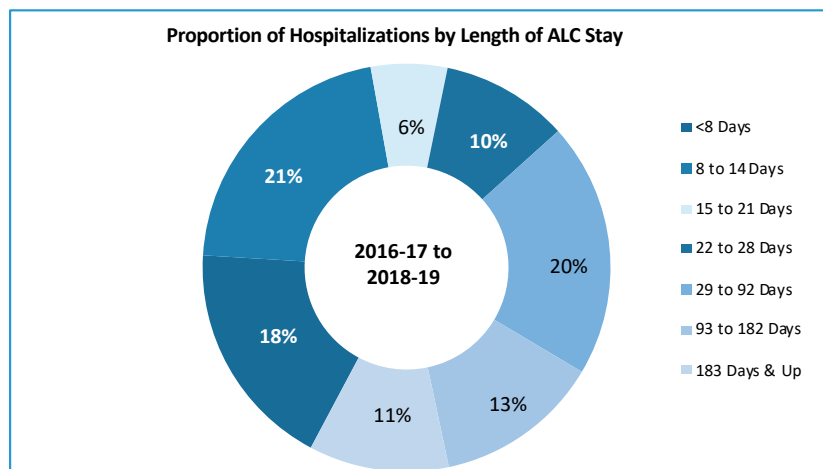
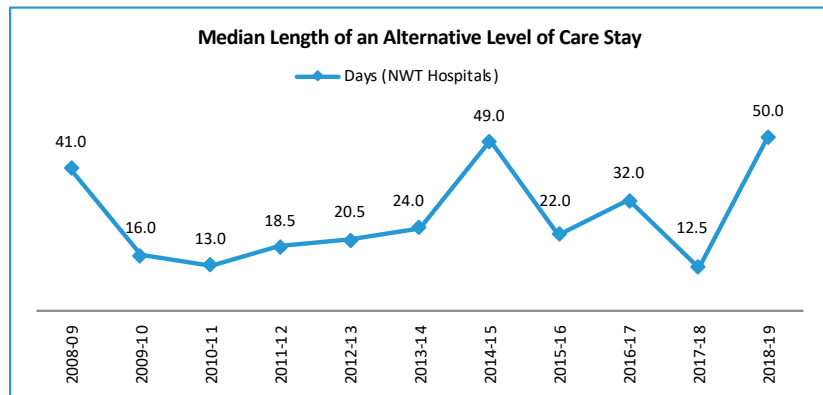
What is being measured?

The median number of days for an alternative level of care stay at NWT hospitals for NWT residents.

Alternative level of care (ALC) refers to the status of a patient who no longer requires inpatient care but still occupies an acute care hospital bed. These patients cannot be released from the hospital because there is no alternative care available (e.g. home care, long-term care, etc.). The median number of days is the half-way point where 50% of the patients have stayed less than and 50% have stayed more than.

Why is this of interest?

Acute care is the most expensive cost area in the health care system. ALC patients result in inappropriately used acute care beds, reducing the availability of space for patients who actually require acute care. The sooner a patient requiring non-acute care is able to be discharged the better it meets the patient needs and the greater the appropriateness of the use of health care resources.



How are we doing?

Between 2008-09 and 2018-19 the median length of stay has fluctuated between 12.5 and 50 days. In the last three years, 18% of ALC stays were seven days or less and 21% were between 8 and 14 days.

Sources

NWT Department of Health and Social Services and Canadian Institute for Health Information.

BETTER FUTURE – ALCOHOL AND DRUG HOSPITALIZATIONS

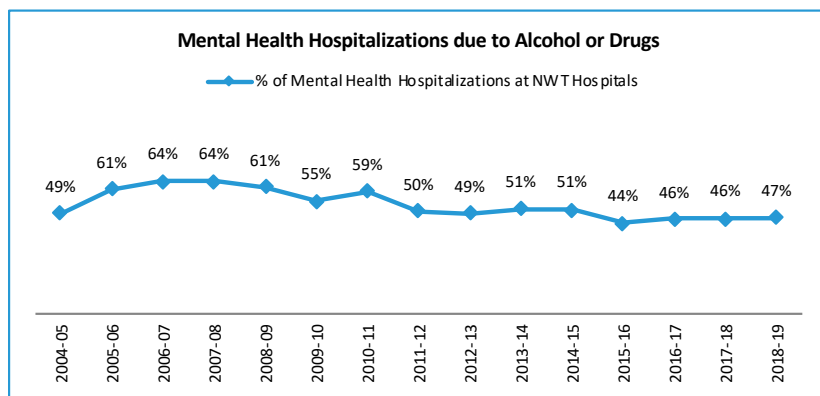
What is being measured?

The proportion of mental health hospitalizations for alcohol and/or drug (A&D) abuse related issues.

Why is this of interest?

Acute care is the most expensive cost area in the health care system. Treating addiction issues in a hospital setting may be viewed as an inappropriate use of hospital resources and may indicate that existing programs are not effective in supporting patients that have a history of substance abuse.

Hospitalizations for alcohol and drugs remain high in the NWT – at over four times the Western Canadian average (2014/15 to 2018-19).



How are we doing?

In the time period shown, the proportion of mental health hospitalizations due to A&D issues has decreased from a peak of 64% in the mid-2000s to a low of 44% to 47% in recent years.

Notes

This indicator only tracks hospitalizations, at NWT hospitals by NWT residents, where the primary reason for hospitalization was an A&D issue. Patients with A&D issues could also have a secondary mental health issue(s) and/or a secondary physical issue(s) that have contributed to their hospitalization. This indicator does not track hospitalizations due to other types of damage resulting from long term alcohol and drug abuse (e.g. alcohol induced liver disease).

Sources

NWT Department of Health and Social Services and Canadian Institute for Health Information.

BETTER FUTURE – NON URGENT EMERGENCY DEPARTMENT VISITS

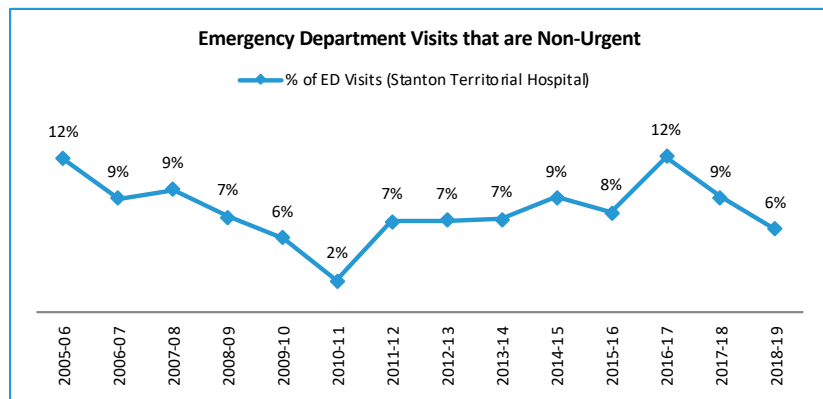
What is being measured?

The proportion of emergency department visits that are non-urgent - as defined by the Canadian Triage and Acuity Scale (CTAS).¹⁹

CTAS categorizes the seriousness of a patient's condition in terms of the level of urgency required for their care. Level 1 is the highest urgency and level 5 (non-urgent) the lowest.

Why is this of interest?

Patients who access emergency department services for health issues that could be seen at a primary care clinic (level 5 – non-urgent), that day or in the next day or two, are taking up staff time that could be made available to higher priority patients.



How are we doing?

After decreasing to a low of 2% in 2010-11 and then peaking at 12% in 2016-17, the proportion of emergency visits considered non-urgent has decreased to around 6% in 2018-19.

Source

Northwest Territories Health and Social Services Authority.

¹⁹Emergency department visits that did not have a CTAS scored were excluded.

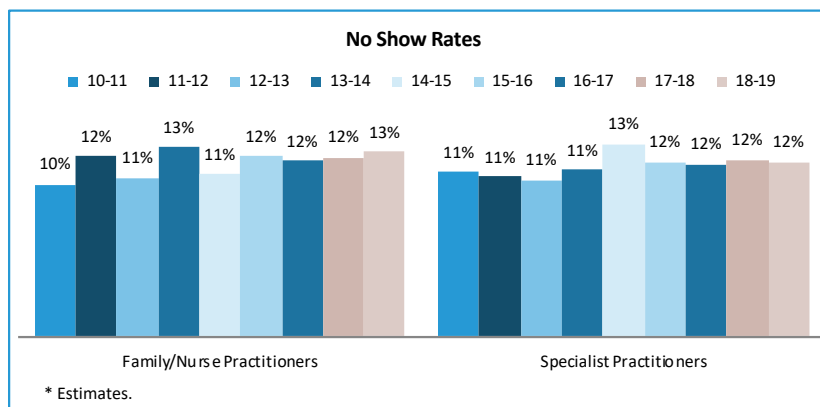
BETTER FUTURE – NO SHOWS

What is being measured?

The no show rate for family/nurse practitioners and specialist practitioners: the proportion of scheduled appointments where the patient does not show up.

Why is this of interest?

No shows to appointments with these professionals can represent a significant waste in their time as well as needlessly delaying other appointments. These no shows can result in lost appointment slots that cannot be readily filled. To maintain the sustainability of the NWT HSS system, while maximizing timely access, waste in the system must be minimized.



How are we doing?

In the last nine years, patients did not show up to approximately 10 to 13% of scheduled appointments to family and nurse practitioners.²⁰ For specialists, the no show rate was also ranged between approximately 11 to 13% over the same time period.²¹

Sources

NWT Health and Social Services Authorities and NWT Department of Health and Social Services.

²⁰No show rates for family and nurse practitioner appointments came from data provided by the current HSSAs and their historical counterparts. Reporting has not been consistent over the years. Nurse and family practitioners cannot be separated in all cases, and thus have been lumped together for the purposes of this report. No show rates are estimated for family/nurse practitioners in 2017-18 and 2018-19.

²¹No show rates are estimated for specialists in 2011-12 and 2018-19. Specialist no show rates exclude Ophthalmologists.

BETTER FUTURE – PHYSICIAN VACANCIES

What is being measured?

The vacancy rate for family practitioners and specialist practitioners.²²

Why is this of interest?

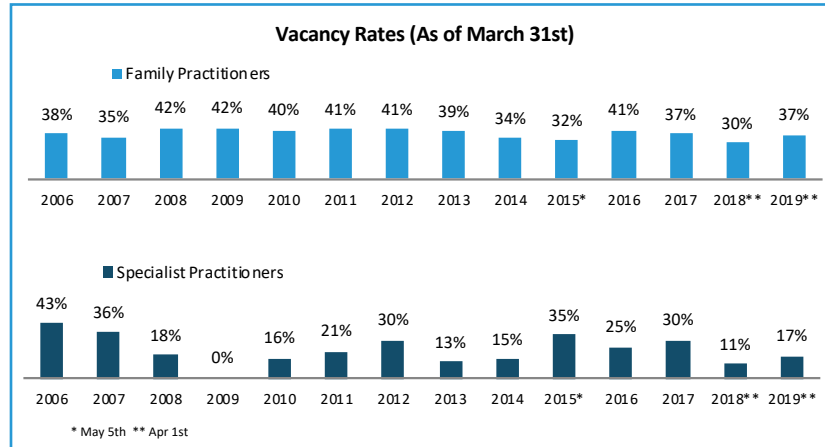
Physicians are key components of the NWT HSS system. Vacancies in these positions significantly impact the capacity of health and social services system.

How are we doing?

Since 2006, vacancy rates have fluctuated between 30% and 42% for family practitioners and between 0% and 43% for specialists. Recent vacancy rates for family practitioners and specialist practitioners are 37% and 17% respectively.

Source

Department of Health and Social Services.



²²Vacancy rates for physicians include positions staffed by locum or temporary physicians.

BETTER FUTURE – NURSE AND SOCIAL SERVICE WORKER VACANCIES

What is being measured?

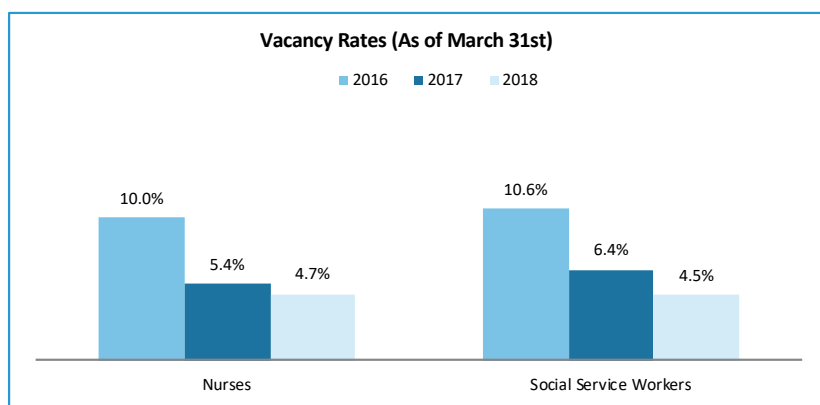
The vacancy rate for nurses and social service workers.

Why is this of interest?

Nurses and social workers are key components of the NWT HSS system. Vacancies in these positions significantly impact the capacity of health and social services system.

How are we doing?

As of March 31, 2018, the vacancy rates for nurses and social service workers were 4.7% and 4.5%, respectively. Due to



a change in methodology, historic vacancy rates for nurses and social service workers are not available.²³

Sources

Department of Finance and Department of Health and Social Services.

²³Vacancy rates for nurses and social service workers exclude positions vacant but not staffed due to operational reasons. Vacancy rates for nurses also exclude relief nurses. March 31, 2016 rates are estimated.

BETTER FUTURE – STAFF SAFETY

What is being measured?

The number of workplace safety claims per 100 health and social services employees.

Why is this of interest?

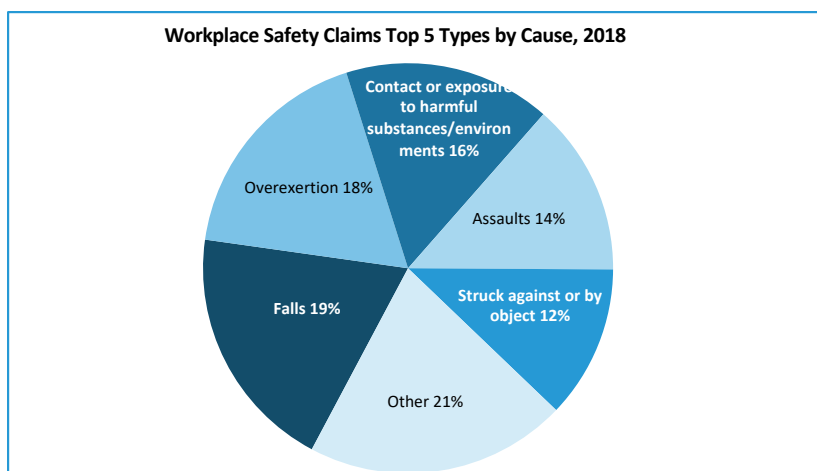
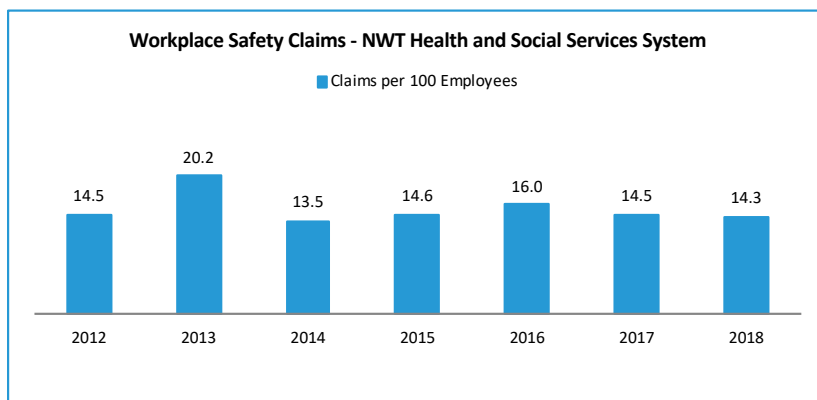
Ensuring staff safety is very important in any workplace but especially in health care and social services where front-line employees are relatively more vulnerable to injury in performing their daily tasks than most other GNWT employees.

How are we doing?

Excluding 2013, the overall rate of safety claims have remained relatively unchanged, fluctuating between 13.5 and 16.0 claims per 100 employees. In the last five years, the rate for the HSS system has been over twice that of the rate for the rest of the GNWT.

Other Information

In 2018, the top five causes for workplace safety claims were the worker had fallen (19%), overexerted themselves (18%), contacted/exposed to harmful substances such as infectious diseases and chemicals (16%), was assaulted (14%), and where the worker was struck by or



struck against an object (12%). The remaining causes were primarily needle related (e.g., pricked or scratched) and where the employee was jammed or pinched in between objects.

Sources

NWT Department of Finance, Workers Safety and Compensation Commission of the NWT and Nunavut, and Hay River Health and Social Services Authority.

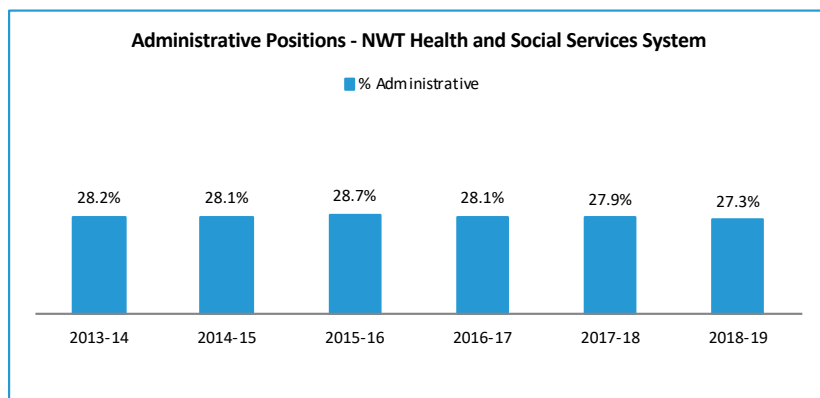
BETTER FUTURE – ADMINISTRATIVE STAFFING RATIOS

What is being measured?

The proportion of overall staff in the HSS system that are in administrative roles.

Why is it of interest?

A goal of the health and social services system is to provide the best care as efficiently as possible in order for the system to be sustainable into the future. Increases in the proportion of administrative staff may reflect inefficiencies in the system that need to be investigated.



How are we doing?

The proportion of staff that administrative has averaged around 28% over the last six years.

Source

NWT Department of Health and Social Services.

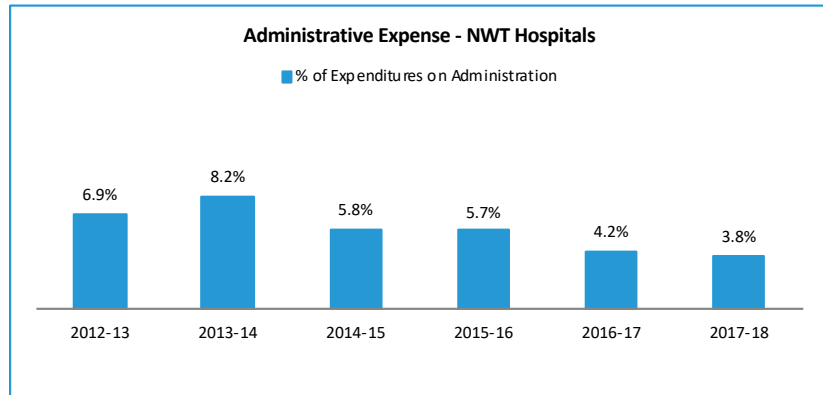
BETTER FUTURE – ADMINISTRATIVE EXPENSE (HOSPITALS)

What is being measured?

The proportion of overall hospital expenditures spent on administrative purposes.

Why is it of interest?

A goal of the health and social services system is to provide the best care as efficiently as possible in order for the system to be sustainable into the future. Increases in the proportion of money spent on administration may reflect inefficiencies in the system that need to be investigated.



How are we doing?

The proportion of hospital expenditures dedicated to administration in the NWT was 3.8% in 2017-18 – lower than the national average of 4.5%. Between 2012-13 and 2015-16, the NWT rate was higher than the national average.

Source

Canadian Institute for Health Information.

APPENDIX 1:

Reporting on the Medical Care Plan

Under the Medical Care Act (MCA), the Minister of Health and Social Services is obligated to table a report on the operations of the Medical Care Plan.

This appendix fulfills this reporting obligation. Although there is no similar legislative requirement to report on the Hospital Insurance Plan, information on this plan is included as it contains important medical services that residents may receive.

NWT Health Care Plan

Residents registered with the NWT Health Care Plan (NWT HCP) are eligible for:

- insured hospital services under the Hospital Insurance Plan established under the Hospital Insurance and Health and Social Services Administration Act (HIHSSA); and
- insured physician services under the Medical Care Plan established under the MCA.

The Department administers both of these Acts in accordance with the program criteria required by the Canada Health Act. The plan is publicly administered, benefits are universal and comprehensive, and residents are able to move freely (are portable) to access services that are medically required. The GNWT Medical Travel Policy provides assistance to residents who require insured services that are not available in their home community.

Eligibility for the NWT HCP is assessed in accordance with guidelines that are consistent with interprovincial agreements on eligibility and portability. As of March 31, 2019 there were 43,324 individuals registered under the NWT HCP.

Insured Physician Services

Services provided under the MCA are medically necessary services provided by a physician in an approved facility. Some examples include:

- diagnosis and treatment of illness and injury;
- surgery, including anaesthetic services;
- obstetrical care, including prenatal and postnatal care; and,
- eye examinations, treatment and operations provided by an ophthalmologist.

Physicians must be licensed under the Medical Profession Act in order to practice in the NWT. On March 31, 2019, there were 555 physicians licensed to practice in the NWT, and 11 physicians with education permits practicing in the NWT.

The Minister appoints a Director of Medical Insurance to administer the MCA and its regulations. The Director prepares a tariff of insured services which itemizes benefits payable for services provided on a fee-for-service basis for the Minister's approval. The Director also has the authority to enter into agreements for the delivery of insured services that are not on a fee-for-service basis.

Almost all physicians in the NWT provide their service by contract rather than by fee-for-service. The Director is required to prepare an annual report on the operations of the medical care plan for the Minister.

During the reporting period, almost \$57.4 million was the amount for physician and clinic expenses for insured physician services provided to residents within the NWT.

Insured Hospital Services

Authorities are responsible for delivering inpatient and outpatient services to residents in hospitals and health centres. Contribution agreements between the Department and the Authorities fund the services they provide. Allocated amounts are determined through the GNWT budgetary process.

During the reporting period, insured hospital services were provided to inpatients and outpatients in four acute care facilities, eighteen health centres, and one primary care clinic throughout the NWT.

The Hospital Insurance and Health and Social Services Administration Act's definition of insured inpatient and outpatient services are consistent with those in the Canada Health Act.

The NWT provides the following:

- a) Insured inpatient services, meaning:
 - accommodation and meals at the standard or public ward level;
 - necessary nursing services;
 - laboratory, radiological and other diagnostic procedures together with the necessary interpretations;
 - drugs, biological and related preparations when administered in the hospital;
 - use of operating room, case room and anaesthetic facilities;
 - routine surgical supplies;
 - use of radiotherapy facilities;

- use of physiotherapy facilities;
- services rendered by persons who receive remuneration from the hospital; and,
- services rendered by an approved detoxification centre.

b) Insured out-patient services, meaning:

- laboratory, radiological and other diagnostic procedures together with the necessary interpretations (not including simple procedures done in a doctor's office);
- necessary nursing services;
- drugs, biological and related preparations when administered in the hospital;
- use of operating room, case room and anaesthetic facilities;

- routine surgical supplies;
- use of radiotherapy facilities;
- use of physiotherapy facilities; and
- services rendered by persons who receive remuneration for those services from the hospital.

Reciprocal billing arrangements with Canadian jurisdictions are in place so that NWT residents with a valid NWT HCP do not have to pay out of pocket if they access medically required inpatient or outpatient services in these jurisdictions. During the reporting period, \$38.7 million was paid to approved inpatient and outpatient facilities and physicians outside the NWT for the treatment of NWT residents.

APPENDIX 2:

Publications

Reports and Strategic Documents

- Northwest Territories Oral Health Action Plan 2018/19 - 2020/21
- Annual Report of the Director of Child and Family Services, 2017-2018
- Government of the Northwest Territories Disability Action Plan 2018/19 - 2021/22
- NWT Health and Social Services Annual Report 2017-2018
- NWT On the Land Collaborative 2018 Report
- Learning from Mothers, Grandmothers and Great-Grandmothers about Breastfeeding in the NWT
- Report on the 2017 Disability Programs Public Engagement Questionnaire
- Aklavik Community Wellness Plan (Aklavik Indian Band)
- Inuvik Community Wellness Plan (Inuvialuit Regional Corporation)
- Wrigley Community Wellness Plan
- Lutsel K'e Community Wellness Plan (Lutsel K'e Dene First Nation)
- Nahanni Butte Community Wellness Plan

(Nahanni Butte First Nation)

- Inuvik Community Wellness Plan (Ingamo Hall Friendship Centre)
- Hay River Reserve Community Wellness Plan (K'atlodeeche First Nation)
- Fort Smith Community Wellness Plan (Fort Smith Métis Council)
- Caring for Our People: Cultural Safety Action Plan 2018-2020

Brochures and Facts Sheets

- Supporting Addictions Recovery
- Pot, Pregnancy and Breastfeeding Brochure
- Review Board
- Substitute Decision Makers
- Wildfire Smoke Warning Fact Sheet
- NWT Mental Health Act - General Information
- Assisted Community Treatment
- Heat Warning Fact Sheet
- Visitors to the NWT - Emergency Medical Travel
- Information for Patients and Families (Medical Assistance in Dying)
- Questions and Answers for Patients and

- Families (Medical Assistance in Dying)
- Medical Assistance in Dying - Interim Guidelines for the Northwest Territories
- FAQs - Colorectal Cancer Screening and the Fecal Immunochemical Test (FIT)
- NWT Family Violence Shelters
- How to use the FIT
- Benefits of the SDM® Model
- Measles (Rubeola) FAQs
- Bill 40: Smoking Control and Reduction Act – FAQs
- Bill 41: Tobacco and Vapour Products Control Act FAQs

- Declaration of Commitment on Embedding Cultural Safety within the NWT Health and Social Services System
- Become a foster or adoptive parent today! (Foster Family Coalition of the NWT)

Videos

- We Need You!’ Recruiting Foster and Adoptive Parents in the NWT

Infographics and Poster

- NWT Family Violence Shelters: You are not alone
- Cannabis - 6 things to talk about with your teen
- NWT Mental Health Act
- Building Stronger Families (Infographic)
- Homegrown
- Blazed and Confused?
- Stoned Cold Facts
- Doobie or Not Doobie? That is the Question!

