



Moving **Forward**

NWT Health and Social
Services System

.....
2015-16 ANNUAL REPORT

Government of
Northwest Territories



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English

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French

Kĩspin ki nitawih̄tĩn ē nĩh̄iyawih̄k ōma ācimōwin, tipwāsinān.

Cree

Tł̄jch̄o yatı k'ᕈᕈ. Dı wegodı new̄o dè, gots'o gonede.

Tł̄jch̄o

ʔerih̄t'is Dēne S̄ł̄nē yatı t'a huts'elkēr xa beyáyatı theʔa ʔat'e, nuwe ts'ēn yóftı.

Chipewyan

Edı gondı dehgh̄ah got'je zhatıé k'ᕈᕈ edat'éh enahddh̄e nıde naxets'ᕈ edah̄fı.

South Slavey

K'áhshó got'jne xad̄a k'é hederı ʔedjhtı'é yerınıwᕈ nıde dúle.

North Slavey

Jii gwandak izhii ginjik vat'atr'ij̄h̄ch'uu zhı̄t yinoth̄an jı', diits'āt ginohkhiı.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Ċ̄b̄d̄d̄ ᠒᠒᠑᠑᠖᠖᠅ ᠕᠙᠕᠕᠅᠕᠙ ᠅᠘᠑᠒᠅᠙᠑᠔᠕᠒᠔᠔, ᠅᠘᠙᠒᠙᠘᠙ ᠅᠅᠙᠔᠅᠘᠙᠕᠙᠅᠅᠅᠅᠙.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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Northwest Territories / Territoires du Nord-Ouest

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MESSAGE FROM THE MINISTER

I am pleased to present the Northwest Territories (NWT) Health and Social Services System Annual Report for the fiscal year 2015-16. This report highlights actions taken towards our vision of *Best Health, Best Care, for a Better Future*.

› **Accountability Statement**

This report fulfills my obligation to table a report on the operations of the Medical Care Plan and reflects my ongoing commitment to increased public accountability for the expenditures and performance of the NWT health and social services system.

› **Moving Forward**

This Government is committed to improving the health and social services system in the NWT. Preparations have continued as we move forward to a one-system approach which will improve patient and client care, increase efficiency and sustainability, and improve accountability for the performance of health and social services. We have made great strides, but there is still a lot of work to be done.

Working in a better integrated system will improve accountability for system performance and increase efficiencies by maximizing the use of our human resources, facilities and every dollar we spend. This approach to planning will strengthen partnerships and coordination across the system resulting in improved access to care for our residents, improved health outcomes for our patients and clients, and a more sustainable health and social services system.

By working together, we will continue to move towards a system that is responsive to the needs of the people of the NWT.

Glen Abernethy
Minister of Health and Social Services





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EXECUTIVE SUMMARY

The outline of the NWT Health and Social Services System 2015-16 Annual Report comes from the commitments made in *Caring for Our People: Improving the Northwest Territories Health and Social Services System*. This discussion paper formed the basis of the Minister of Health and Social Services' consultation on the new model for the health and social services system and the development of a strategic plan. In order to monitor the ongoing progress that has been made towards Best Health, Best Care, for a Better Future, updates have been provided underneath each goal and action throughout the report.

> Best Health

Goal:

Support the health and wellness of the population through promotion, prevention, disease protection and targeted access to high-risk populations to reduce disparities.

Highlights:

- Focus on wellness
- Improve aboriginal health
- Prevent chronic disease

> Best Care

Goal:

Reduce gaps and barriers to provide equitable access to safe, culturally sensitive programs and services that respond to community wellness needs.

Highlights:

- Remove barriers
- Improve access to services
- Improve quality
- Build stronger families
- Support seniors and elders

> Better Future

Goal:

Build a sustainable system through: appropriate and effective use of resources, innovative service delivery, improved accountability and risk management, and an engaged and skilled HSS workforce.

Highlights:

- Streamline the system
- Increase efficiency
- Improve accountability
- Recruit and retain



INTRODUCTION

The NWT Health and Social Services 2015-16 Annual Report reflects the state of our system and system transformation as of March 31st, 2016. Information reported focuses on actions that were taken throughout the fiscal year. Progress that has been made since April 1st, 2016 will be reported on in the 2016-17 iteration of the Annual Report.

› Strategic Planning Framework

In 2014, the Department of Health and Social Services (the Department) released *Caring for Our People: Improving the Northwest Territories Health and Social Services System*. This discussion paper proposed the new strategic planning framework and actions needed in order to improve the system by addressing issues that various stakeholders had identified; and formed the basis of the Minister of Health and Social Services consultation on the new model for the health and social services system and the development of a strategic plan. The outline of the NWT Health and Social Services System 2015-16 Annual Report comes from the commitments made in *Caring for Our People* in order to monitor the ongoing progress that has been made towards these actions.

› 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 reported on;
- **Relationships** – we work in collaboration with all of our residents, including Indigenous governments, individuals, families and communities; and
- **Excellence** – we pursue continuous quality improvement through innovation, integration and evidence based practice.

› Guiding Principles

- Focus on the patient/client
- Support individuals and families to stay healthy
- Ensure regions have a voice at the territorial level
- Ensure equitable access to care and services
- Emphasize safe quality care
- Sustainability
- Respect human diversity in cultures, sexual orientation, gender identities and gender expressions

› Our Programs and Services

Individuals can access a broad range of programs and services directly within their home communities, remotely through Telehealth and other e-health innovations, regionally, territorially, or in some cases outside of the territory. Programs and services include:

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

In addition, more specialized diagnostic and treatment services are accessed outside of the NWT through contractual arrangements with Alberta Health Services.

Non-government organizations (NGOs), and community and Aboriginal governments, also play a key role in the delivery of promotion, prevention and community wellness activities and services. The Department and the health 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 respite services for families with special needs; and
- Health promotion activities related to healthy choices.

› Our Employees

The NWT health and social services system is based on frontline service delivery where qualified, experienced and caring professionals work to meet the needs of our residents. Our success depends on the hard work, dedication and commitment of our staff who continually improve the quality of services delivered.

Often, when people access the health and social services system they are not well; they are vulnerable, and in some cases suffer with mental health or addictions issues. In order to effectively meet the diverse needs of our residents, the Department relies on the skills of a broad range of health and social services professionals and front line service providers.

The Government of the Northwest Territories is committed to developing a northern workforce to promote sustainability and to ensure culturally appropriate care. Affirmative action policies ensure that Aboriginal and non-Aboriginal indigenous applicants are given priority in the hiring process.

In the 2015-16 Main Estimates, there were 1,420 active positions in the Authorities and 178 employees in the Department.



SYSTEM TRANSFORMATION

Since early 2012, system transformation has been a dynamic ongoing process between the Department and the eight Health and Social Services Authorities (Authorities) to determine how to improve patient and client care, increase efficiency and sustainability, and improve accountability for the performance of health and social services. This involves a large scale project of legislative, administrative, structural, and operational change in the health and social services system to make meaningful improvements.

August 1, 2016 marks the transformation of the Beaufort-Delta, Sahtu, Dehcho, Yellowknife and Fort Smith Health and Social Services Authorities into a single territorial health and social services authority (Northwest Territories Health and Social Services Authority - NTHSSA). Along with the NTHSSA, the Hay River Health and Social Services Authority and the Tłı̄ch̄o Community Services Agency will continue to provide health and social services to all NWT communities.

In addition to moving to an integrated and single system structure, a single system approach for planning will be taken. System wide commitment to achieving a shared vision, mission, goals, and objectives will improve accountability for system performance and increase efficiencies by maximizing the use of our human resources, facilities and every dollar we spend. This single system approach to planning will strengthen partnerships and coordination across the system resulting in improved access to care for our residents, improved health outcomes for our patients/clients and a more sustainable health and social services system.

› 2015-16 Update

Bill 44 which amends the *Hospital Insurance and Health and Social Services Administration Act* received assent on June 4, 2015 in the Legislative Assembly after extensive consultation with Aboriginal governments, local leadership, the public, staff and other stakeholders. These amendments support the transformation of the health and social services system and clarify accountability and increase transparency. The Bill allows for the creation of Regional Wellness Councils whose role is to advocate for change and action through their chairperson who sits on the Territorial board of management. This ensures consistency throughout every region but still allows for a system that can change to reflect the needs of the regions.

On October 2, 2015, the Minister of Health and Social Services announced Mr. Jim Antoine as the Chairperson-Designate to provide guidance and leadership in the development of the NWT Health and Social Services Territorial Leadership Council and the Territorial Health and Social Services Authority.



BEST HEALTH

› Goal

Support the health and wellness of the population through promotion, prevention, disease protection and targeted access to high-risk populations to reduce disparities.

Focus on wellness

› Healthy Living

Health and Social Services and many other partners, government departments and organizations support initiatives that address food security, increase the awareness of the importance of healthy foods for families, and increased skills through nutrition education and training.

Some of the activities in 2015-16 included:

- School-based food programs, after-school programs and the Healthy Family Collective Kitchens that improve food preparation skills and address food security;
- Initiatives to reduce the consumption of sugar-sweetened beverages, such as Drop the Pop;
- Breastfeeding and Baby Friendly Initiatives target the reduction of obesity and diabetes through healthy infant feeding;
- Standards and guidelines to promote traditional foods in facilities, hospitals, and day cares; and,
- Regional nutrition education and weight management programs to address obesity and chronic disease prevention, management and treatment.

Nutrition North Canada is a federally funded program that consists of two components: the food retailer subsidy component and the nutrition education component. Health Canada provides the nutrition education funding to the Department to flow to eligible communities. In 2015-16, \$359,852 was allocated to 11 eligible communities through eight contribution agreements. Community worker training was also completed.

The **Healthy Choices Framework** is a territorial initiative linking the Departments of Health and Social Services, Municipal and Community Affairs, Education, Culture, and Employment, Justice, and Transportation to strengthen collaboration. The Framework focuses on encouraging and supporting NWT communities, residents, and organizations to make healthier choices to prevent injuries and chronic diseases.

Activities for 2015-16 included:

- Drop the Pop;
- Healthy Family Program;
- Healthy Relationships;
- Drowning Prevention Action Plan; and,
- After School Physical Activity Program

Working on Wellness (WoW) is a workplace wellness initiative that is designed to assist employers to support their employees to make healthy lifestyle choices with a long-term goal to reduce preventable cancers and other chronic diseases. WoW develops and supports comprehensive workplace wellness programs to provide employees with opportunities to engage in wellness activities, and increase employer capacity to implement wellness programs. In 2015-16 WoW focused on the following five pilot sites: De Beers Group of Companies; Dominion Diamond Ekati Corporation; Diavik Diamond Mines Inc.; Workers' Safety and Compensation Commission; and, the Department of Health and Social Services. The top three topics chosen by employees in all sites were physical activity, healthy eating and mental health.

› Mental Health

The new *Mental Health Act* was finalized October 2015. The *Act* modernizes current mental health legislation and establishes comprehensive measures for protection of rights for persons with mental illness and those acting on their behalf. The *Act* will come into force in 2017.

The Department's Addictions and Mental Health Action Plan, "*Pathways to Wellness*" concluded on March 31, 2016. The new Mental Health and Addictions Strategic Framework released in 2016-17 will continue to ensure that residents of the NWT will have access to a broad continuum of options that promote understanding, awareness and acceptance, and provide accessible, effective treatment services.

A mental health music video entitled "**You're Not Alone**" was created to build awareness and reduce the stigma associated with mental health issues in the NWT. To bring awareness to this important issue, the Department worked with local musicians and other well-known northerners to create the music video. "You're Not Alone" was launched on May 7, 2015 at the Legislative Assembly during Mental Health Awareness Week. An online launch included video release on Facebook, Vimeo, YouTube, Twitter and Instagram as well as being posted on EdgeYK and in the Yellowknife Capitol Theatre.

Applied Suicide Intervention Skills Training (ASIST) is an internationally recognized training program based on best practices in suicide prevention and intervention. This program is a two-day workshop that trains individuals to recognize the signs of someone at risk for suicide and how to safely respond using the *ASIST Model*. In 2015-16, the Department funded the Authorities to deliver 10 workshops, training 128 people.

Mental Health First Aid – Northern Peoples (MHFA-N) is a Mental Health Commission of Canada program, recognized internationally as a best practice for tackling mental health issues. The program creates awareness about mental illness and teaches participants how to support and safely intervene when an individual is experiencing a mental health crisis. Delivery of MHFA-N in the NWT is one way that the Department is working to enhance awareness, reduce stigma, and build community capacity for leadership and coordination in the management of mental health issues at the community level. There were 19 three day workshops held in 2015-16, with 254 people being trained.

Talking About Mental Illness (TAMI) is an award winning five-day module program designed for use in schools to reduce the stigma associated with mental illness among youth. TAMI provides youth and schools with options to increase awareness, understanding, and compassion around mental illness. Elements of the program are important in creating safe spaces, encouraging youth in need to reach out for help, and developing lasting viewpoints that will reduce the stigma associated with mental illness. The Department expanded the program to reach students in six schools

including Fort Resolution and Inuvik as well as continued delivery in Yellowknife. Three northern speakers were trained for the TAMI program and will support the expansion of the program across the territory in a phased approach.

The **NWT Help Line** is available 24 hours a day and 7 days a week. The NWT Help Line assists callers with de-escalating immediate crisis situations, questions on suicide, questions on mental health issues, such as stress management and depression, and referrals to community based services. All calls are confidential and anonymous and are answered by Care Coaches who are trained counsellors that specialize in mental health and addictions. In 2015-16, there were a total of 581 calls made to the NWT Help Line.

The **Community Counselling Program (CCP)** offers free counselling and addictions services and referrals to other services for all residents of the NWT, regardless of age. The CCP is a key community-level component in the continuum of mental health and addictions services offered to NWT residents. Community counselling positions are located in 19 communities across all seven regions of the NWT with telephone counselling and fly-in services available to all communities without a local counsellor. On average, approximately 1,012 individuals accessed CCP services per month between April 1, 2015 and March 31, 2016.

› Sexual Health

Rates of sexually transmitted infections (STI) in the NWT are approximately ten times the national average. In 2015-16, the Department continued to improve access to clinical advice, testing and treatment while also working with Authorities to deliver prevention and promotion activities to high risk groups through activities such as:

- A set of educational resources, *Respect Yourself*, which includes a website, lesson plan kit for frontline professionals and teachers;
- *The Kiss Me Deadly* comic book;
- A sexual health specialist attending community healthy living fairs to speak to youth and adults; and,
- A contribution of \$50,000 for the first year of a three-year agreement to FOXY (Fostering Open eXpression among Youth) to enable them to continue their school-based programs.

The Department initiated a review of existing programs in January 2016 in order to identify areas for potential improvement.

› Family Violence

The Department collaborates with the Authorities to address and reduce family violence through prevention, intervention services, and funding to support the five family violence shelters and victims living in regions without shelters.

Initiatives for family violence prevention in 2015-16 included:

- Working with regions where no shelters exist (Sahtu, Dehcho, Tlicho) on the development of protocols and response teams in their communities;
- Providing recovery and support programs for children who have witnessed and/or have been victimized by family violence; and,

- Expanding the “What Will it Take?” (WWIT) social marketing campaign and workshops aimed at changing attitudes and beliefs about family violence.

The Territorial Family Violence Shelter Network consists of the following shelters:

- Alison McAteer House (Yellowknife);
- Family Support Centre (Hay River);
- Sutherland House (Fort Smith);
- Inuvik Transition House (Inuvik) ; and,
- Aimayunga Women and Emergency Foster Care Shelter (Tuktoyaktuk).

What Will It Take (WWIT) is a family violence social marketing campaign aimed at bystanders (individuals who witness family violence). This campaign includes workshops that help participants learn to identify all forms of family violence as well as how to intervene and provide support (when safe). In 2015-16, 12 communities hosted workshops. The Department also partnered with FOXY (Fostering Open eXpression among Youth) to deliver another 14 workshops aimed at a youth audience.

› Anti-Poverty

Poverty is a complex issue that requires multiple solutions from different stakeholders at a community, regional, and territorial level. *Working Together – An Action Plan to Reduce and Eliminate Poverty in the NWT* (Action Plan) was tabled June 1, 2015 in the Legislative Assembly. The GNWT is committed to coordinating the efforts outlined in the Action Plan in order to achieve maximum impact as poverty is tackled in the NWT. In 2015-16, \$500,000 was allocated from the Anti-Poverty Fund to 15 different Aboriginal, regional, and community-based groups for Anti-poverty projects. An additional \$150,000 was allocated to two warming shelters in Inuvik (\$75K) and Yellowknife (\$75K).

The Department hosted the 3rd Anti-Poverty Roundtable on March 30-31, 2016. The Roundtable was designed to provide participants with status updates on activities under the Territorial Anti-Poverty Action Plan and set priorities for the upcoming year. There is continued commitment to work together to achieve meaningful results. The importance of collaboration and partnership between all stakeholders was identified as a key priority, along with improved communication.

Improve Aboriginal health

In line with the 18th Legislative Assembly priorities, mental health and addictions programs and services are delivered locally with culturally-appropriate methods. In order to assist communities to deliver land based programming, an On the Land Collaborative Fund (Fund) was created. Communities and organizations submit proposals to the Fund rather than submit multiple proposals to various funders. The first round of funding distribution took place in 2015-16 with 36 projects being awarded almost \$400,000.

In addition to the contributions made to the On the Land Collaborative Fund, the Department also continued to offer the On the Land Healing Fund. There was \$125,000 available to each regional Aboriginal Government in 2015-16 with an option to increase based on uptake. Nine On the Land projects took place in 2015-16 which is an increase from the five that took place in 2014-15.

Community Wellness Initiatives continue to be supported by the Department with funding from Health Canada. The five-year block funding agreement (2013-14 to 2017-18) with the federal government is being used for the delivery of wellness programs in the area of:

- Healthy Children, Families and Communities;
- Mental Health and Addictions; and
- Healthy Living and Disease Prevention.

Communities created their own community wellness plans and identified priorities where funding should be directed by developing and implementing community programs. The Department's decentralized team of Community Development and Wellness Planners continued to support ongoing community wellness work.

The Department and the Northwest Territories Association of Communities (NWTAC) worked with communities to host Community Healthy Living Fairs across the Northwest Territories. The fairs were community driven with local champions making the decisions on how to highlight healthy living, community wellness and expand health networks. This initiative built on existing community efforts and supported the development of new approaches. Various booths and stations had resources from local, regional and territorial programs and activities that support healthy living and community wellness. In 2015-16, there were 18 fairs that took place across the territory.

Prevent chronic disease

› Chronic Disease Prevention and Management

Chronic Disease is responsible for 40% of all hospital admissions in the NWT. In an effort to reduce the hospitalizations and improve the overall sustainability of the health care system the Department strives to improve Chronic Disease Prevention and Management in the NWT by focusing on preventing chronic disease, effective screening and diagnosis of chronic disease and proper management of chronic disease.

› Diabetes Initiatives

Rates of diabetes have almost doubled in the territory in the last decade. In January 2016, diabetes was classified as a notifiable disease within the regulations under the *Public Health Act*, allowing for the establishment of a territorial registry to monitor trends and measure the impact of screening. The Department has also established a focus on educating and encouraging individuals to make healthy lifestyle choices to reduce the rates of Type 2 diabetes while further instituting or maintaining the following services:

- NWT Community Health Nursing Chronic Care Program
- Medication management, disease monitoring and medical travel options available to residents in all communities.
- Release of a new diabetes screening tool - Type 2 Diabetes Screening and Diagnosis Clinical Practice Guidelines.

› Strategic Cancer Initiatives

Cancer is responsible for 25% off all the deaths in the NWT and is the leading cause of death in the territory. In response, the Department developed the *Charting Our Course: Northwest Territories Cancer Strategy 2015-2025*. The Department collaborated with Aboriginal governments, Authorities, elders, non-governmental organizations, communities, and cancer survivors to create this document, which was released October 2015. The strategy outlines the Department's dedication to improve cancer prevention, screening care and support for all patients in the NWT.

Some cancer prevention initiatives for 2015-16 included:

- Funding the NWT Breast Health/Breast Cancer Action group to support a two-year survivorship care planning demonstration in the communities of Fort Good Hope and Fort Smith.
- Launching the Let's Talk About Cancer website, cancernwt.ca (English) or cancertno.ca (French) on February 4, 2016. This website contains information and resources for cancer patients and their families.
- Supporting the Gwich'in Tribal Council in hosting a cancer sharing circle where community members can voice their concerns and receive support in Aklavik in September 2015.
- Hosting a cancer terminology workshop in Fort Good Hope to develop a cancer glossary in Sahtu dialects in January 2016.

In 2015-16 the Canadian Partnership against Cancer provided \$527,871 in funding for three projects focused on patient experience in the NWT:

- Dialogue and Storywork in Support of First Nations, Inuit, and Métis Cancer Patients throughout Oncology and Primary Care Transition Experiences
- Believe in Our Healing Journey: Supporting Continuity of Care for First Nations, Inuit, and Métis Cancer Patients in the NWT
- A Step Back From the Cliff: Developing a Sharing Circle Model for Tobacco Cessation and Relapse

› **Tobacco Reduction Initiatives**

The reduction of tobacco use has the potential to significantly reduce the burden of chronic disease in the NWT. The Department promotes a tobacco free lifestyle by supporting community initiatives and programs such as:

- Providing all Community Health Representative's with Pig Lung Kits to demonstrate the harmful effects of tobacco on lung tissue.
- Tobacco Cessation supports including updating the NWT Quitline Services
- On-the-land tobacco-free living programs with Aboriginal governments
- Hosting a booth at each of the Community Living Fairs

› **Oral Health Initiatives**

Oral health issues can have negative impacts on the lives of children and young adults, and lead to severe chronic diseases later in adulthood. The Department was approved for \$4.5 million to create an NWT Oral Health Strategy. This new strategy will have a primary focus on prevention and programming is already beginning with an emphasis on prenatal, early childhood and school-based programming. Oral Health Initiative positions were staffed in June 2015, including a manager and an oral health consultant (dentist).

In the winter of 2015-16, the team initiated an oral health demonstration project in the Beaufort Delta region with the objective of testing community based prevention programming approaches to ensure relevancy at the community level. The following activities were undertaken:

- Engagement of regional stakeholders to provide input into the design and content of program materials to ensure documents are relevant and appropriate.
- Training of community health representatives to enhance their skills in providing oral health information and applying fluoride varnish to children under the age of five.
- Integration of oral health check-ups into primary care delivery.


BEST CARE

- › **Goal:**
Reduce gaps and barriers to provide equitable access to safe, culturally sensitive programs and services that respond to community wellness needs.

Remove barriers

The Department works constantly to provide equitable access to safe, culturally sensitive programs and services that respond to community wellness needs. Listed below are several examples of barriers that the Department addressed in 2015-16.

› **Health Care Plan**

In July 2015 the Department updated the NWT Health Care Plan registration information forms to make it easier for residents to update their health care information. The Department also reduced the number of days a resident needs to be present in the NWT to maintain health care coverage from 183 days to 153 days.

› **Organ and Tissue Donation**

The *Human Tissue Donation Act* came into effect June 2015 establishing a legislative framework that allows NWT residents to consent to donate organs and tissues, streamlining the process and easing the burden of family decision making.

› **Medical Travel**

Significant steps were made towards modernizing the program, including:

- The revision of the GNWT Medical Travel Policy, which came into effect April 2015.
- Medical Travel Ministerial Policies, including a new appeal process, came into effect April 2015.
- A report from the Public Engagement on Patient Support was released in September 2015.

On April 1, 2015 a new eight year Air Ambulance contract with Air Tindi and Advanced Medical Solutions came into effect. This contract, worth approximately \$17.5 million a year, offers new standards of service to better meet the medical needs of NWT residents.

In October 2015, Medical Travel staff received training to become certified service professionals. This customer service focus is integrated into all planning and changes to the Medical Travel program.

› **Out-of-Territory Placements**

When a client's physical, psychological or behavioural needs exceed the resources available within the NWT, the Department contracts with southern agencies who have the resources available to

meet those needs. These out-of-territory placements, typically located in Alberta, Saskatchewan and British Columbia, are accredited by the province.

› **Northern Specialized Treatment Resources**

Northern Specialized Treatment Resources are NWT-based residential treatment programs operated by southern contracted service providers and the regional Authorities to meet the needs of NWT children and youth who are receiving services under the Child and Family Services Act. These programs provide for the treatment, education, care, and recreational and developmental needs of children and youth.

There are two residential treatment resources in the NWT:

- Territorial Treatment Centre in Yellowknife; and
- Trailcross Treatment Center in Fort Smith.

› **Southern Residential Addictions Treatment**

The Department partners with the following southern treatment facilities in order to provide residential addictions treatment to NWT residents:

- Aventa Treatment Centre for Women – Calgary, AB
- Edgewood Treatment Centre – Nanaimo, BC
- Fresh Start Recovery Centre – Calgary, AB
- Poundmaker's Lodge – St. Albert, AB

In 2015-16, there were a total of 222 clients approved to attend a southern facility. Of those:

- 20 cancelled prior to leaving the NWT
- 144 completed their program
- 58 discharged early from their program

› **Mobile Treatment**

Mobile treatment programs involve a team of professionals including counsellors, wellness workers, psychologists and others, who travel to communities on a short term basis to provide addictions treatment and aftercare planning support. The Department piloted a mobile treatment program January 24 to February 5, 2016 in Fort Resolution. Eight participants completed the program.

This pilot was a collaborative venture with the Yellowknife Health and Social Services, Fort Resolution community based agencies, Elders and leadership. The program will be evaluated to determine outcomes, effectiveness and feasibility for implementation in other communities.

Improve access to services

Throughout the NWT Health and Social Services System, work is being done to complete infrastructure projects that will offer residents improved access to care and services.

Normal Wells Health and Social Services Centre

- Construction of the Norman Wells Health and Social Services Centre is ongoing and expected to be completed by late 2017.
- A new 18-bed Long Term Care facility will be attached to the new health centre.

Tulita Health and Social Services Centre

- A Planning Study is currently underway to plan the replacement of the existing Health and Social Services Centre in Tulita and is expected to be completed in 2016-17.

Fort Providence Health and Social Services Centre

- On April 27, 2015 the new Health and Social Services Centre was opened in the community of Fort Providence.
- This new facility better meets the community's needs as it replaced the existing Health Centre which was no longer suitable for meeting program needs.

Fort Simpson Health and Social Services Centre

- The Department continue to works with the Department of Public Works and Services and the Dehcho Health and Social Services Authority on a planning study for the replacement of the Fort Simpson Health Centre.
- The Planning Study is expected to be completed in 2016-17.

Inuvik Regional Hospital

- The existing acute care room at the Inuvik Regional Hospital was upgraded to facilitate care for patients with diverse needs.

Trout Lake Health Cabin

- The Trout Lake Health Cabin has been identified by the Department as an infrastructure priority.

Fort Resolution Health and Social Services Centre

- The contract for the design and construction of the new Health and Social Services Centre in Fort Resolution was awarded to Arctic Canada (Arcan) Construction in August of 2015.
- Schematic Design and Design Development were completed in November and December of 2015 respectively.
- Construction began in March 2016 and is expected to be completed in 2017-18.

> Stanton Renewal

In September 2015 the GNWT signed a project agreement with Boreal Health Partnership (BHP) to build a new hospital in Yellowknife. Construction on the new facility, began on November 30, 2015. This new facility will provide services to residents in the NWT as well as the Kitikmeot Region of Nunavut and is designed to accommodate population growth projections in the NWT.

› **Midwifery**

Midwifery services in the NWT were expanded during 2014-15 to include a second community midwifery program in Hay River, joining the long established program in Fort Smith. During 2015-16, work was done to fully integrate the new Hay River program in the overall clinical services model in Hay River and the NWT, and community uptake of the service has steadily increased. The Beaufort Delta implemented a Maternal Care Nurse Practitioner, to provide specialized support and education to community health nurses in the area of prenatal care. The Department initiated comprehensive work to review the policy framework for Midwifery in the NWT, in collaboration with the NWT Midwifery Association and other stakeholders, as well as planning activities for future program expansion, including a contemplated Territorial Midwifery Program.

Improve quality

Formed in January 2014, the NWT Clinical Standards Steering Committee oversees the development of territorial clinical standards and clinical practice guidelines including performance and compliance indicators. Through a standard set of quality and current clinical practice standards and guidelines, the Health and Social Services System is better able to provide 'Best Care, Best Health, for a Better Future' by using evidence-based decision making and best practices. In June 2015 the Department's Clinical Standards Steering Committee added the NWT Prenatal Record and User Guide to the list of existing Territorial Clinical Standards which include:

- NWT Type 2 Diabetes Screening and Diagnosis Clinical Practice Guidelines;
- Vitamin D Recommendations – Clinical Practice Information;
- NWT Child Growth Chart Monitoring Standard;
- NWT Well Child Record and User Guide;
- Continuing Care Standards; and,
- Maternal Serum Screening Standard.

› Community Counselling Program

The Department continued to work with Health and Social Service Authorities in the NWT to reduce the wait times for non-urgent counselling services. Interventions to reduce times included counselling, workshops and increasing efforts to fill vacant positions. Revised Community Counselling Program standards were implemented beginning April, 1 2015. The revised standards included:

- Mandatory monthly reporting from Authorities to better allow the Department to assess the need for additional staffing;
- A policy stating that any Authority with a wait list of more than four weeks must submit an action plan on reducing the wait times; and,
- A policy stating that any clients on a wait list must be checked on at least every three weeks to ensure their level of risk has not changed.

› Food Safety Inspection Program Audit

In May 2015, the Minister of Health and Social Services committed to an audit of the Food Safety Inspection Program. This audit was completed in the fall of 2015. The audit report identified actions over the next two years, including developing inspection standards, policies, and procedures; updating job descriptions of positions in the unit; improving collection and use of program information, including information systems improvements, and improving records management practices. The Department completed all outstanding food inspections as of January 7, 2016 and continues to implement all other recommendations.

› Psychologist Professional Regulation

The Department has identified psychologists as one of the first professions to be regulated under the *Health and Social Services Professions Act*. In September 2015 the Department completed a consultation on the proposed elements of the Psychologist Professional Regulation. The new regulations are expected to be complete in 2017.

Build stronger families

Building Stronger Families: An Action Plan to Transform Child and Family Services is an action plan that is designed to achieve better outcomes for children and families who require services under the Child and Family Services Act with a key focus on supporting families rather than removing children. The plan was initially put forward August 2014, however, updates were provided by the Department in July 2015. The entire plan is a five year undertaking and will continue throughout the term of the 18th Legislative Assembly. The Department has advanced many of the items outlined in this plan such as:

- Bill 47, an Act to amend the Child and Family Services Act received assent in the 17th Legislative Assembly on June 4, 2015;
- The Child Welfare League of Canada completed the Workload Management Study on March 31, 2015;
- The Child and Family Standards and Procedures Manual was revised and implemented on June 1, 2015;
- Territory wide implementation of the first Structured Decision Making assessment tool to support child protection services has been completed. Training on the second and third tools are underway; and
- Work is underway to develop the replacement Child and Family Services Information System.

The Act to amend the *Child and Family Services Act* received assent on June 4, 2015 and came into force on April 1, 2016. The amendments to the act are as follow:

- Address the gap in services for youth, such as defining 'youth' as a person from the age of 16-19 and allowing the Director of CFS to apply for a youth protection order;
- Extend services to youth who were in the permanent care of the Director when they reached the age of majority until the age of 23 years;
- Notify applicable Aboriginal organizations of child apprehension hearings and youth protection hearings and allow the organization to be a party to the hearings;
- Require that persons are advised of their right to be represented by legal counsel;
- Provide for mediation or another alternative dispute resolution mechanism;
- Require a statement of alternatives to apprehension in affidavit evidence that had been considered for an apprehension order application;
- Require a review of the Act and its delivery every five years;
- Expand the criteria for determining when a child or youth needs protection as it relates to domestic violence and introducing prostitution as a child protection concern;
- Change the time limits for temporary custody, depending on the child's age; and,
- Technical changes and corrections.

The **Healthy Family Program** is an early intervention program that strives to promote a positive and nurturing parent-child relationship in at-risk families. The program is offered in 16 communities across the NWT and is a major component of both the Early Childhood Development Framework and the Building Stronger Families Action Plan. The total 2015-16 operating budget for this program was \$2.5 million.

› Early Childhood Development

The Department and the Authorities continued to deliver a number of early childhood development related programs and services as part of core service delivery. In an effort to improve early childhood development outcomes, the Department of Health and Social Services and the Department of Education, Culture and Employment developed a ten year Early Childhood Development Framework and a two year Action Plan in 2014. Although significant progress has been made through the two year Action Plan, much remains to be done to meet the commitments made under the Framework. A one year transition plan was prepared for the fiscal year 2016-17 while a three year action plan is being developed.

Early childhood development intervention pilot projects were established to respond to unique regional issues and generate knowledge about regional and community based early childhood development intervention service delivery models. The Department has been working directly with regional Authorities and Aboriginal governments to establish early childhood development intervention pilot projects. These pilot projects will respond to unique regional issues and generate knowledge about regional and community based service delivery models. All pilot projects were implemented in 2015-16 with a combined budget of \$729,000.

Pilots are delivered in the following regions:

- Beaufort Delta, in collaboration with the Inuvialuit Regional Corporation;
- Tlicho region, through the Tlicho Community Services Agency; and,
- Dehcho region.

› Foster Care

As of March 2016 there were 189 children receiving foster care in the NWT. The primary goal of this service is to ensure the wellbeing and safety of vulnerable children. A key part of providing this service is the Department's agreement with the NWT Foster Family Coalition. The Department provided the coalition with funding (\$173,000 in 2015-16) for foster family and adoptive family support, raising awareness, recruiting and educating the public on fostering and adoption, and to co-deliver training to new foster parents and adoptive parents in the communities.

The Department continues to deliver P.R.I.D.E (Parent Resources for Information, Development and Education) training across the NWT to new and existing foster and adoptive parents. Furthermore, on June 1, 2015 the placement services standards and procedures for foster care were completed. These standards are part of the Child and Family Services Standards and Procedures Manual that guides Child Protection Workers and helps improve practices and procedures.

Support Seniors and Elders

› Continuing Care Services

Continuing Care Services are core services that are delivered through three program streams: Home and Community Care, Supportive Living, and Long Term Care. The Department led and participated in a number of projects and activities which support improved delivery of Continuing Care Services.

The Department developed the *Our Elders, Our Communities* Framework to guide future program design for older adults to assist them to remain in their communities as long as possible. The Framework outlines seven priorities that will be used to guide future program design for older adults to assist them to remain in their communities as long as possible. The seven priorities are:

- Healthy and Active Aging;
- Home and Community Care Services;
- Integrated and Coordinated Services Across the Continuum;
- Caregiver Supports;
- Elder Responsive Communities;
- Accessible and Current Information; and,
- Sustainable Best Practices.

The Department continued to engage with Authorities and NGOs around the seven priorities within *Our Elders, Our Communities* throughout 2015-16, and will develop an NWT Continuing Care Service Delivery Action Plan outlining proposed actions under home care, long term care and palliative care. Work related to the seven priorities is ongoing and includes:

- Planning for future long term care beds with AVENS in Yellowknife as well as other communities in the NWT;
- Planning for Extended Care beds with the Stanton Renewal Project;
- Supporting Authorities with training on the Supportive Pathways approach;
- Supporting Authority staff to attend *Elders in Motion* training;
- Collaborating with the Authorities on policies to support implementation of the new Continuing Care Standards; and,
- Collaborating with the NWT Seniors Society to develop training materials to support the prevention of abuse of older adults.

› Long Term Care

The Department completed a long term care (LTC) program review in January 2016 that updated demographic and LTC bed demand projections. Next steps will include the development of a legislative framework and financing options to guide the Department in planning to meet the increasing demand for long term care. This information will be used to inform future planning for additional LTC beds across the NWT over the next 20 years.

In anticipation of an increase in demand in coming years, the Department is currently constructing LTC beds in the following communities:

- Behchoko - Jimmy Erasmus (9 new beds);
- Hay River - Woodland Manor (10 bed replacement); and
- Norman Wells - Long Term Care Facility (18 new beds).

The Department is committed to supporting seniors to remain in their homes and home communities as long as possible. The NWT Housing Corporation (NWT HC) and the Department continue to partner to develop independent living housing for seniors. The design includes common spaces, which can be used to provide opportunities for seniors living in these units or in their own homes to socialize or to come together for community programs. New and ongoing infrastructure projects of the NWT HC in 2015-16 include:

- The completion of the Joe Greenland Centre in Aklavik. An opening ceremony was held September 14 2015.
- New facilities under construction in Fort Liard, Fort McPherson and Fort Good Hope; and,
- Planning for a new facility in Whati.

› Home Care Services

NWT residents have access to a range of home and community care services that promote independence, a healthier and active lifestyle, and enable them to remain living at home longer.

› Respite Services

Respite services provide temporary relief to caregivers of children and adults living with disabilities. By improving the coordination and delivery of respite services, effective supports and programs will be in place for persons with disabilities. Respite services are provided through:

- Home and Community Care Programs;
- Respite beds in LTC facilities and the Hay River Supported Living Campus; and
- Social and/or community-based respite services delivered by NGOs or through voluntary service agreements with the Authorities.

In January 2016, the Department finalized a contribution agreement with the Dehcho Health and Social Services Authority (DHSSA) for the Flexible Respite Pilot Project, which is supported through FNIHCCP funding for 2015-16 and 2016-17. The pilot integrates respite services for children and adults with disabilities into Home and Community Care Services with the aim of providing consistent and equitable access to quality respite services.

In 2015-16, the Department also provided contribution agreements for non-government organizations to deliver respite services to Yellowknife and smaller communities through GNWT core funding (\$227,553) and FNIHCCP funding (\$250,000).

› Seniors and Disabilities Fund

The Department provides financial support through contribution agreements to non-government and volunteer organizations for activities that promote independence and well-being of seniors, elders, and persons with disabilities through the Seniors Fund and Disabilities Fund, respectively.

In 2015-16, the Department allocated \$199,000 through the Seniors Fund and \$321,164 through the Disabilities Fund.

The Department and the NWT Senior Society also collaborated to update the Seniors' Information Handbook and develop a Caregiver Guide. Both documents were released electronically in May 2015. A print version of the Caregiver Guide was distributed in October 2015.



A BETTER FUTURE

Goal:

Build a sustainable system through: appropriate and effective use of resources, innovative service delivery, improved accountability and risk management, and an engaged and skilled HSS workforce.

Streamline the system

The Department continued to invest in electronic Health and Social Services technology in 2015-16. These innovative projects enable faster and more efficient transmission of information within the system allowing for improved access to services and better outcomes for clients. Progress was made on two of these projects, Child and Family Information System Replacement and Electronic Medical Record System.

The Department has undertaken a project to replace the existing Child and Family Information System (CFIS) as the current system is operating on old technology. A working CFIS is needed to meet the requirements of the *Child and Family Services Act* as well as support the revisions outlined in *Building Stronger Families: An Action Plan to Transform Child and Family Services*. Furthermore, an updated system is crucial in allowing Child Protection Workers to effectively deliver appropriate services. In 2015-16, a vendor for the project was chosen and final contract negotiations were completed. Solution procurement, proof-of-concept testing, initiation of privacy and security activities, and deployment planning are planned for 2016-17.

In November 2015, the Fort Resolution Health Centre joined the growing list of health care centres in the NWT using Electronic Medical Records (EMR). EMR is used by health care providers to schedule appointments and chart patient visits allowing them to access the patient's lab test results, medications, allergies and other health information in one place, thus saving both patients and health care provider's time from reviewing health history. This system further allows for the ability to monitor population health in real time. Fort Resolution joins the following communities and facilities who have already implemented EMR:

- Yellowknife (Primary Care Centre and Frame Lake Community Health Clinic)
- Hay River (Medical Clinic)
- Fort Smith (Medical Clinic)
- Stanton (Paediatric, Orthopaedic, and Ear, Nose, Throat Services)

The Department continued to move forward on its Information Technology (IT) and Information Services (IS) Shared Services Project. Previously, various authorities supported their IS and IT services independently. With the move to a one-system approach, it is necessary to move these various services on to one common platform; IT will be supported by the Department of Public Works and Service's Technology Services Centre (TSC), and IS will be supported by a shared service in the NTHSSA.

Increase efficiency

On October 1, 2015, the *Health Information Act* came into effect across the NWT. The Act allows health service providers to easily share information across Authorities and jurisdictions. The Act also provides opportunities for evidence-based health system planning while maintaining patient privacy and input into how their health information is managed.

To ensure that health information under the Act is managed appropriately the Department has developed a guide as well as in-person training material on *the Health Information Act* that have been distributed to health service providers across the NWT. The Department has also distributed public awareness material regarding the *Health Information Act* such as posters, pamphlets and video slides to health service providers as well as posting information about privacy on the Departments website.

Improve accountability

The Department aims to improve accountability by allowing performance to be tracked publicly. This process is essential for assessing the effectiveness of the health and social services system, quality improvement and tracking the health and wellness of the population. On June 3, 2015 the first Performance Measures Report under the new Performance Measures Framework was tabled. This framework and the performance indicators within the report were selected through extensive consultation with experts so that they reflect national best practices. Indicators cover a wide range of topics such as population health and wellness outcomes, community, individual, and system outcomes, and system inputs.

As of March 31, 2016 the Community Counselling Program was approximately halfway through the second iteration of their Client Satisfaction Questionnaire. This questionnaire is available to all clients between March 1 and April 30, 2016. A territorial report summarizing the results will be published in fall 2016, along with regional reports for quality improvement. Patient and client engagement is a central part of system-wide evaluation, reporting and quality improvement.

Recruit and retain

The Department continues to implement programs that have been outlined in the Health and Social Services Human Resources Strategic Plan. The strategic plan outlines three goals for Human Resources in the NWT: retention of employees in crucial positions, recruitment for needed and difficult to fill positions, and better information for decision making to enhance future HSS labour market planning, decision-making, reporting and accountability. The Department successfully implemented several programs during 2015-16.

The Remote Nursing Certificate Program prepares new graduate nurses and registered nurses with limited experience in community health nursing to work in a more comprehensive role in a community health centre. The ten month program curriculum was developed by Aurora College and is delivered through a combination of distance learning, classroom sessions and two practicum placements at community health centres. In 2015-16, nine government employees were registered in the program.

The Targeted Academic Support Program is a program offered to existing Health and Social Services employees that provides them with funding to attain required education or technical training to move into other HSS occupations. In 2015-16, 16 employees were supported in the program.

The Executive Leadership Development Program is a program that supports two senior leadership training positions annually. Candidates for this program are selected through an open competition process. In 2015-16, two associate chief operating officers were chosen.

Health and Social Services Internship Graduate Program allows for up to six intern positions in the Department. In 2015-16, five interns were supported.

Professional Development Initiative is an application-based program that supports the recruitment and retention of professionals in the NWT health and social services workforce. In 2015-16, 574 employees received support.

Work was also initiated on the following:

- An **Information Management Initiative** to provide a coordinated and systematic way to collect data related to the health and social services system occupations for analysis and reporting;
- A **Physician Recruitment and Retention Strategy** intended to provide a territorial focus on physician recruitment and retention;
- A **Marketing and Promotions Strategy** to provide focus on health and social services system occupations;

Physician Recruitment

There was a 33% vacancy rate for physicians in the NWT in 2015-16. Many of these vacancies, including specialist positions were filled through the use of short-term locum physicians. To address this challenge a physician recruitment strategy is being developed under the Health and Social Services Human Resources Strategic Plan. System Transformation and the shift to the NWT HSSA will create the opportunity for a collaborative approach that will reduce recruitment

cost, increase effectiveness and attract more primary care physicians to the NWT. The Department is collaborating with Authority CEOs and physician recruiters to develop a plan for the new territorial physician recruitment and retention strategy.

A continued concern for the Department is the recruitment and retention of specialists within the NWT Health and Social Services System. In January 2016 a full-time psychiatrist was hired at Stanton Territorial Hospital, filling all available psychiatry vacancies and bringing the total filled specialist FTEs up to 14.85 of the 21 available positions. Attempts are being made to fill these positions by offering medical residents in specialties opportunities to gain experience in the north with the vision of recruiting graduates. The following specialist services in the NWT are provided to communities through travel clinics as well as at the Stanton Territorial Health Authority:

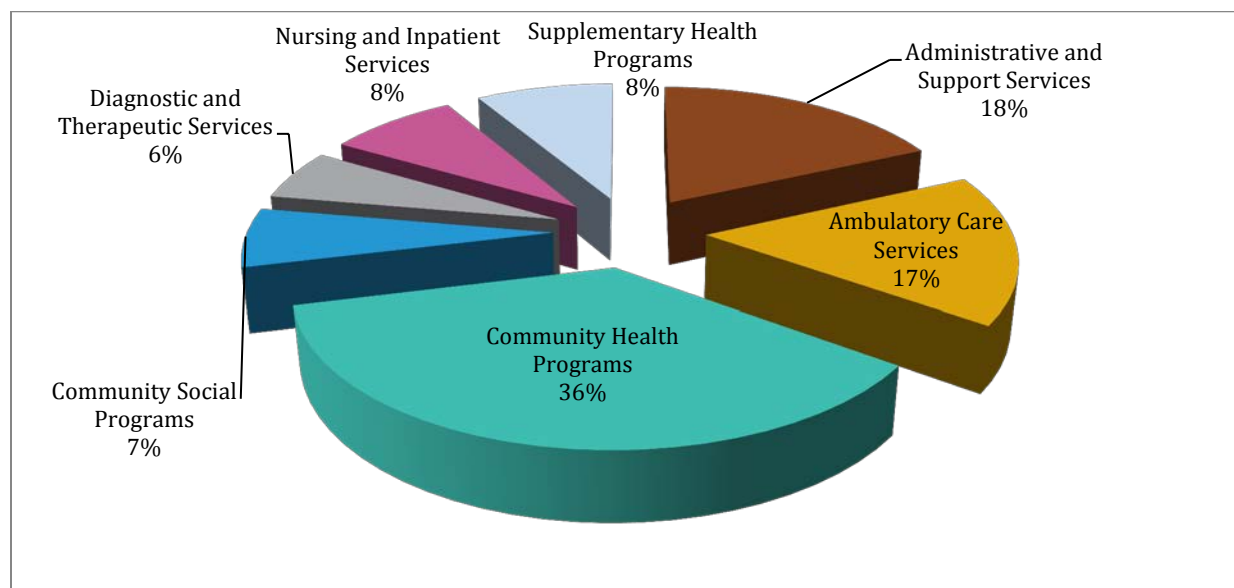
- Psychiatry
- Ophthalmology
- Anaesthesia
- Radiology
- Internal Medicine
- Obstetrics
- Paediatrics
- General Surgery
- Orthopaedics
- Otolaryngology (ENT)



FINANCIAL HIGHLIGHTS

In 2015-16, the Department spent \$424.9 million. Over \$281.6 million went directly to the 6 regional Health and Social Services Authorities, Tlicho Community Service Agency, and the Stanton Territorial Health Authority to administer and deliver territorial and regional programs and services. The Department’s expenses increased by \$23.6 million over the prior year. The increase was due mainly to higher volumes of residents accessing physician and hospital services outside the NWT; increased prices and utilization of southern residential care facilities; increased demand for supplementary health benefits; and collective agreement increases. In addition, the Department spent \$51.5 million on capital infrastructure projects and \$33.9 million to perform work on behalf of others.

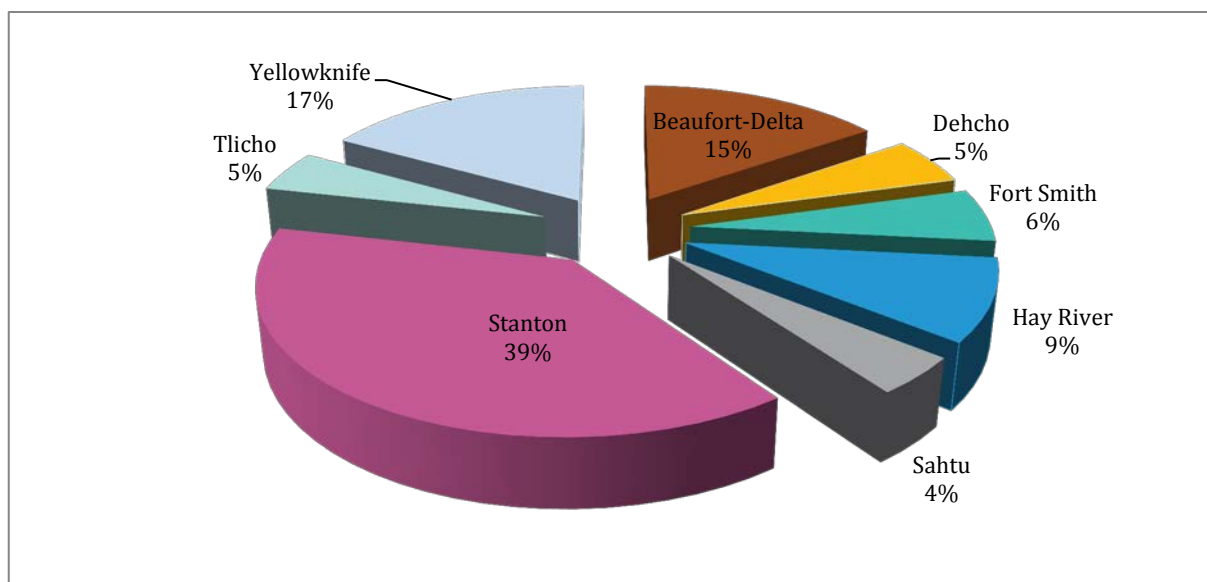
2015-16 Department of Health and Social Services Actual Expenditures by Activity (in thousands)



Activity	2015-16		2014-15
	Budget	Actual	Actual
Administrative and Support Services	80,552	77,305	74,683
Ambulatory Care Services	66,666	70,667	64,187
Community Health Programs	156,008	154,558	147,679
Community Social Programs	27,416	27,867	27,274
Diagnostic and Therapeutic Services	24,630	23,928	24,022
Nursing and Inpatient Services	34,220	34,220	33,363
Supplementary Health Programs	35,482	36,341	30,118
Total	\$ 424,974	\$ 424,886	\$ 401,326

In 2015-16, the Authorities received approximately 83% of their revenues from the Department. The Authorities spent \$345.7 million, \$10.5 million more than they received in revenue. At March 31, 2016, the Authorities were in an accumulated deficit position, totalling \$45.1 million.

2015-16 Health and Social Services Actual Expenditures by Region (in thousands)



	Total Revenue	Total Expenses	Operating Surplus (Deficit)	Accumulated Surplus (Deficit)
Beaufort-Delta	51,844	53,004	(1,160)	(8,566)
Dehcho	17,751	18,437	(686)	(3,325)
Fort Smith	19,100	20,611	(1,511)	(5,625)
Hay River	30,933	31,468	(535)	(2,281)
Sahtu	14,103	14,528	(425)	(768)
Stanton	130,623	133,275	(2,652)	(18,338)
Tlicho	15,758	16,143	(385)	(652)
Yellowknife	55,092	58,208	(3,116)	(5,591)
Total	\$ 335,204	\$ 345,674	\$ (10,470)	\$ (45,146)

› **2015-16 System Pressures**

In 2015-16, the Department spent \$26.5 million for residents to access hospital services outside the NWT. This is \$3.3 million more than prior year. Increased expenses were 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 \$24.1 million, \$2.2 million more than prior year, for adult and youth residential care placements in southern facilities for NWT residents to access services not available within the NWT. This includes services for residents with specialized cognitive or physical care needs. The number of residents requiring these services increased, as did the complexity, and subsequent cost, of services accessed.

\$11.3 million was spent on the provision of Extended Health Benefits in 2015-16, up \$1.1 million from prior year. The supplementary health benefit program offers access to a range of benefits not covered by hospital and medical care insurance, including prescription drugs, medical supplies and equipment, certain medical travel benefits, vision care and dental services. Numbers accessing the program increased, as did the cost of the benefits provided under the program.

Human Resources continued to be the most significant cost pressure for the Authorities, with compensation accounting for up to 70% of individual Authority expenditures. Authorities spent over \$180 million on staff in 2015-16, significantly more than budgeted as there continued to be a number of unfunded costs that were one-time in nature or unpredictable, such as removal and relocation costs, overtime, and pension buybacks.

2015-16 Compensation Expenditures by Region (*in thousands*)

Authority	Total Expenses	Total Compensation	Compensation % of Total Expenses
Beaufort-Delta	53,004	30,902	58.3%
Dehcho	18,437	12,813	69.5%
Fort Smith	20,611	13,505	65.5%
Hay River	31,468	22,454	71.4%
Sahtu	14,528	10,035	69.1%
Stanton	133,275	56,616	42.5%
Tlicho	16,143	11,667	72.3%
Yellowknife	58,208	22,546	38.7%
Authorities Total	\$ 345,674	\$ 180,538	52.2%



APPENDICES

> 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, 2016 there were 43,430 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, 2016, there were 487 physicians, mostly locums, licensed to practice 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, over \$43.2 million was spent on 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 and 23 other health facilities 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 2015-16, over \$33 million was paid to approved facilities and physicians outside the NWT for the treatment of NWT residents.

› **Appendix 2: Publications**

NWT Long Term Care Program Review Report

Provincial-Territorial Expert Advisory Group on Physician-Assisted Dying

NWT Stakeholder Consultation on Physician-Assisted Dying (FAQs)

NWT Smoking Quit Rates

Notice of Disclosure of Personal Health Information to System Navigator

Quality Mental Health Care - An Action Plan

Department of Health and Social Services System Navigator

Electronic Medical Records

NWT Social Work Month – Audio

General Fish Consumption Guidelines for the NWT

Physician-Assisted Dying

Fish Consumption Notices

Vaccine Information Sheets

Health Care Card Renewal Forms

Health Care Card Renewal (Frequently Asked Questions)

Annual Report of the Director of Child and Family Services, 2014-2015

Request to Access or Correct Health Information

Charting Our Course: Northwest Territories Cancer Strategy

Designated Electronic Health Information Systems (HIA)

Talk to your family about organ donation

Measuring Success and Focusing on Results 2014-2015 Annual Report

Injury in the NWT, 2000-2009

Questions for Organ and Tissue Donors

The Beat Goes On...

Health Information Act (HIA) – FAQs

Family Violence - Where to get help in the NWT

Residency – Statutory Declaration

Adoption in the NWT

Older Child Adoption in the NWT

Aboriginal Custom Adoption

Health Information Act Guide - A Practical Guide to NWT Health Privacy Legislation

NWT Immunization Schedule - General Public

Access to Information and Protection of Privacy

Health Effects of Smoke Exposure due to Forest Fires

NWT Community Wellness Initiatives Report

NWT Health and Social Services Performance Measurement Framework

NWT HSS Public Performance Measures Report 2015

NWT Health Care Plan - Information for Residents

NWT Medical Travel Program: Patient-Escort Supports

FAQs During a Boil Water Advisory

› **Appendix 3: Summary of Legislative Agenda**

The Department of Health and Social Services moved forward on a number of legislative initiatives in 2015-16.

1. LEGISLATION

Child and Family Services Act (Bill 47)

An Act to Amend the Child and Family Services Act was developed for consideration by the Legislative Assembly in spring 2015. The amendments to the Act were passed June 4, 2015 and will come into force April 1, 2016. The Act addresses the gap in services and extends services to youth, taking into consideration the best interests of the child while recognizing and respecting different cultural values and practices.

Health and Social Services Professions Act (Bill 36)

A new *Health and Social Services Professions Act* was passed in the Legislative Assembly March 2015. This Act will regulate several health and social services professions under one legislative model, allowing the Department to modernize the existing out-dated professional legislation in a more efficient and consistent manner. The Bill is expected to come into force in 2016-17.

Health Information Act

The *Health Information Act* (HIA) and its regulations came into force October 1, 2015. The HIA sets out a modern framework governing the collection, use, disclosure and access of personal health information. This includes setting the rules that health care providers must follow for the protection and proper sharing of client's personal health information, and providing up-to-date health-specific access and protection of privacy provisions that will apply to health care providers, including private sector providers.

Hospital Insurance and Health and Social Services Administration Act (Bill 44)

An Act to Amend the Hospital Insurance and Health and Social Services Administration Act (HIHSSA) was passed in the Legislative Assembly on June 4, 2015. The Act provides for the amalgamation of six Health and Social Services Authorities and the establishment of a Northwest Territories Health and Social Services Authority, improving care and services for NWT residents.

Human Tissue Donation Act (Bill 29)

The *Human Tissue Donation Act* was passed in the Legislative Assembly on November 6, 2014 and came into force June 5, 2015. The new Act replaced the *Human Tissue Act*, and provides a more comprehensive legislative framework to support the donation and transplantation of organs and tissues by NWT residents. It fills the gaps in the previous Act by addressing consent, live donor transplants, and the prohibition of the sale of body parts or benefitting from donation.

Mental Health Act (Bill 55)

A new Act to modernize current legislation and put into place comprehensive measures for protection of rights for persons with mental illness was passed in the Legislative Assembly on October 8, 2015. The Department aims to ensure safety of patients, families, and the public and to improve inefficiencies and respond to gaps in the current system. The Act is expected to come into force in 2017.

2. REGULATIONS

Child and Family Services Act (Bill 47) Regulations

In October 2015, amendments were made to the Child and Family Services Regulation and the Boards of Management Delegation Order to reflect amendments to the Act and ensure information is current.

Health and Social Services Professions Act (Bill 36) Regulations

Work on professional regulations under the Act took place. Other professions currently unlicensed in the Northwest Territories could also be regulated under the Act in the future. The first set of professionals to be regulated under the Act will be:

- Emergency Medical Service Providers;
- Psychologists;
- Licensed Practical Nurses; and
- Naturopathic Doctors.

Health Information Act Regulations

The following two regulations came into force with the Act on October 1, 2015:

- Health Information Regulations
- Research Ethics Committee Designation Order

The Health Information Regulations designate custodians under the HIA, include privacy and security safeguard requirements, additional privacy breach notification requirements, and research and access request fee schedules. The Order designates the Aurora College Research Ethics Committee as a research ethics committee for the purposes of the Act.

Public Health Act Regulations

Work on the Health Hazard Regulations under the *Public Health Act* began, as well as amendments to the Public Pool Regulations. The Health Hazard Regulations will update and replace the current General Sanitation Regulations and Tourist Accommodation Health Regulations. The amendments to the Public Pool Regulations will update the standards to be consistent with newer regulations in other provinces. Amendments were also made to the Disease Surveillance Regulations under the Act to add a diabetes register and amend the schedule of notifiable diseases and conditions, and notifiable tests.

› Appendix 4: Building Stronger Families Action Plan – Summary of Department Initiatives

ACTION PLAN STATUS:

Program Administration and Management:

- Assistant Directors of Child and Family Services have been delegated in seven Authorities (excluding Stanton Territorial Health Authority).
- Monthly teleconferences and bi-annual face to face meetings between the Directors of Social Programs and the Director of Child and Family Services provide a forum for ongoing dialogue on activities associated with the Action Plan.
- Monthly teleconferences between the authority Managers and Supervisors of Child and Family Services and Department staff provide a forum for regular communications on the transformation of processes and practices associated with the Action Plan.

Risk Management and Quality Assurance:

- Authorities provided reports to the Department on child and family services data for the 2015-16.
- The Department has compiled the reports, creating a quarterly territorial report and providing each Authority with a dashboard report in comparison to the whole NWT.
- Each Authority receives a report on the annual audit and works in partnership with the Department to develop an action plan to address the findings.
- The Department and the Authorities' Directors of Social Programs will review the information compiled from both the quarterly reports and annual child and family services audits in order to identify trends and opportunities for service improvements based on data results.
- The annual audit cycle was implemented in April 2015. Quality assurance audits have been completed in the seven authorities with responsibilities for child and family services.
- Audit teams have developed and implemented common audit tools and reporting templates.
- Revised Child and Family Standards and Procedures Manual were implemented June 1, 2015.
- The Department has delivered management training to all Child Protection Managers and Supervisors.

Service Delivery and Child Protection Practice:

- Training on the use of the first Structured Decision Making (SDM) tool was provided to all Supervisors, Managers and Child Protection Workers.
- Territorial wide implementation of the first assessment occurred March 4, 2016.
- All Supervisors, Managers and Child Protection Workers are receiving training on the second and third SDM assessment tool and full implementation will occur across the territory by July 20, 2016.

- A vendor has been chosen to develop a new electronic data system to replace the current Child and Family Services Information System.
- Two working groups comprised of both Authority and Department staff will guide the development of the system and identify training requirements and processes.
- The groups will ensure the new system is reflective of the NWT's child protection practice including the use of SDM.



Aller de l'avant

RAPPORT ANNUEL 2015-16
du système des services de santé
et des services sociaux des TNO

Gouvernement des
Territoires du Nord-Ouest



If you would like this information in another official language, call us.
English

Si vous voulez ces informations dans une autre langue officielle, contactez-nous.
French

Kispin ki nitawih̄tīn ē nīh̄iyawih̄k ōma ācimōwin, tipwāsīnān.
Cree

Tłjchq̄ yatı k'èḗ. Dı wegodı newq̄ dè, gots'ō gonede.
Tłjchq̄

ʔerih̄t'is Dēne Sūłīné yatı t'a huts'elkēr xa beyáyatı theʔa ʔat'e, nuwe ts'ēn yóftı.
Chipewyan

Edı gondı dehgáh got'je zhatié k'èḗ edat'éh enahddhē nıde naxets'é edahfı.
South Slavey

K'áhshó got'jne xədə k'é hederı ʔedjhtl'é yerııwə níde dúle.
North Slavey

Jii gwandak izhii ginjik vat'atr'ijahch'uu zhit yinothan jı', diits'at ginohkhii.
Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

Ĉ'bdĀ ĠĠŋ'bbΔ' Λ'rlJΔ'Γ' Δ'δ'β'ŋ'c'ŋ'p'Λ'ŋ'β', Δ'ε'ŋ'α'δ'c' Δ'ŋ'β'c'Δ'α'δ'ŋ'β'c'ŋ'c'.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

Aboriginal Languages Secretariat: 867-767-9346 ext. 71037
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1-855-846-9601



RÉSUMÉ

Le sommaire du rapport annuel 2015-2016 du système des services de santé et des services sociaux des TNO est tiré des engagements pris dans le document de discussion Votre bien-être, notre priorité – Pour l'amélioration du système des services de santé et des services sociaux des Territoires du Nord-Ouest. Ce document formait la base des consultations du ministre de la Santé et des Services sociaux sur le nouveau modèle du système de santé et de services sociaux et la rédaction d'un nouveau plan stratégique. Afin de suivre les progrès de notre triple objectif : une santé optimale et des soins optimaux pour un avenir en santé, nous faisons le point ci-dessous sur chaque objectif et les mesures prises.

> Une santé optimale

Objectif :

Nous favoriserons la santé et le bien-être de la population par la promotion, la prévention, la protection contre les maladies et l'accès ciblé aux populations à haut risque afin d'atténuer les disparités..

Principales caractéristiques :

- Mettre l'accent sur le bien-être
- Améliorer la santé des Autochtones
- Prévenir les maladies chroniques

> Des soins optimaux

Objectif :

Nous réduirons les écarts et les obstacles entravant l'accès équitable à des programmes et à des services sûrs et respectueux de la culture qui répondent aux besoins des collectivités en matière de bien-être.

Principales caractéristiques :

- Éliminer les obstacles
- Améliorer l'accès aux services
- Améliorer la qualité
- Bâtir des familles plus fortes
- Soutenir les personnes âgées et les aînés

> Un avenir en santé

Objectif :

Nous bâtirons un système durable par l'utilisation appropriée et adéquate des ressources, un mode innovateur de prestation des services, l'amélioration de la responsabilisation et de la gestion des risques, et des effectifs en santé et en services sociaux dévoués et qualifiés.

Principales caractéristiques :

- Rationaliser le système
- Accroître l'efficacité
- Améliorer la responsabilisation
- Recruter du personnel et le maintenir en poste