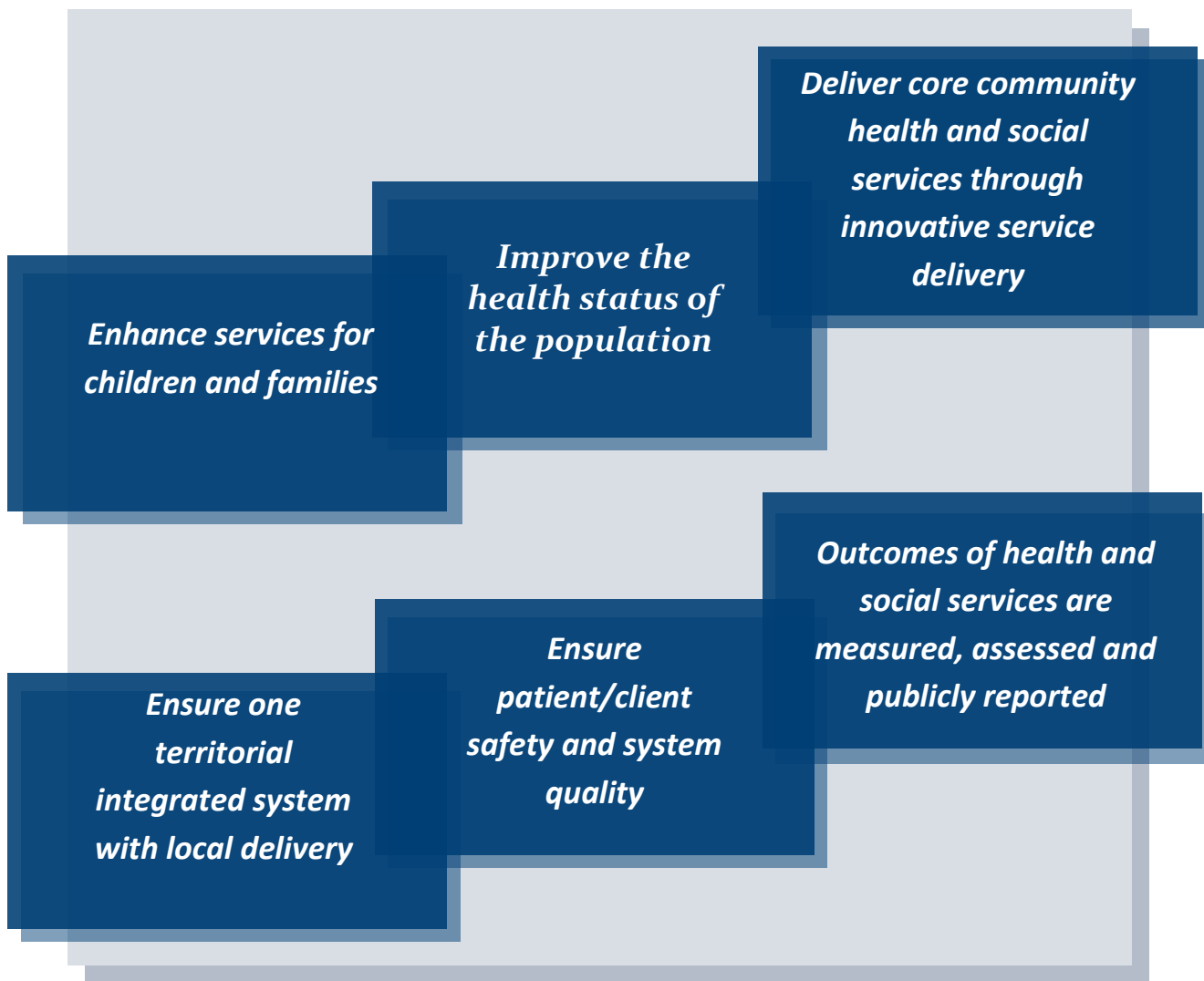


Measuring Success and Focusing on Results

NWT HEALTH AND SOCIAL SERVICES SYSTEM 2014-2015 ANNUAL REPORT



I am pleased to present the Northwest Territories (NWT) Health and Social Services System Annual Report for the fiscal year 2014-15. This report presents the 4th year of reporting results on the NWT Health and Social Services System Strategic Plan: *Building on Our Foundation 2011 – 2016* and outlines the Department of Health and Social Services' (Department) progress in achieving its goals and objectives in the delivery of high quality, patient-centered care to residents of the NWT.

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. Throughout 2014-15, I traveled to every region in the NWT to consult with residents, communities, Aboriginal governments, and staff in the Health and Social Services Authorities (HSSAs) on the development of a model for an integrated health and social services system. In addition to the proposed new system structure, a new vision, mission, goals and strategic priorities were developed and made available for public review and feedback. Information gathered through this consultation process will inform the development of a new system strategic plan to guide the integrated health and social services system that will come into effect beginning April 1, 2016.

System transformation provides us with a unique opportunity to strengthen transparency and accountability within our system, provide residents with appropriate and responsive services, and deliver on our commitment to providing Best Health, Best Care, for a Better Future for the NWT.

Glen Abernethy

Minister of Health and Social Services



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This report presents the 4th year of reporting results on the NWT Health and Social Services System Strategic Plan: *Building on Our Foundation 2011 – 2016* and outlines the Department of Health and Social Services' (Department) progress in achieving its goals and objectives in the delivery of high quality, patient-centered care to residents of the NWT.











Over the past four years, the Department has made significant progress and many of the actions identified under these priorities are now substantially complete and have been transitioned into day-to-day business. The performance measures, which were previously reported in the Annual Report, have been removed from this report and will be released in separate documents in May 2015 as per recommendations by the Office of the Auditor General.

This report focuses on the priorities and actions of the strategic plan. The following dashboard outlines the priorities and actions listed in the NWT Health and Social Services System Strategic Plan: *Building on Our Foundation 2011-2016* along with the 2016 deliverable. The status symbols indicate whether the Department is on track with the actions in relation to the strategic plan for the fiscal year 2014-15.





Strategic priorities from the Building on Our Foundation 2011-2016 Strategic Plan:

1. Enhance services for children and families.
2. Improve the health status of the population.
3. Deliver core community health and social services through innovative service delivery.
4. Ensure one territorial integrated system with local delivery.
5. Ensure patient/client safety and system quality.
6. Outcomes of health and social services are measured, assessed and publicly reported.











Strategic Priorities and Actions

Priority 1: Enhance services for children and families	2016 Deliverable Summary	Status
1.1 Access to plain language information and material on the Child and Family Services Act and related programs and services.	<i>NWT residents will have access to plain language information and material to assist them in accessing appropriate programs and services.</i>	
1.2 Provide support to communities to establish Child and Family Services Committees where communities identified willingness and the capacity to do so.	<i>Support communities to initiate at least 20 CFS Committees by 2016.</i>	
1.3 The Department will propose appropriate amendments to the Child and Family Services legislative framework.	<i>Within the life of the 17th Legislative Assembly, appropriate amendments to improve the Child and Family Services legislative framework will be developed and proposed.</i>	
1.4 Implement respite support in small communities for individuals and families with children with disabilities.	<i>There will be a Territorial Respite Model, including standards, policies, procedures, intake assessment tools, and forms.</i>	
1.5 Expand the Healthy Family Program to two additional communities per year, as resources allow.	<i>Ten additional communities in the NWT that offer early childhood intervention initiatives and community level support for families.</i>	
1.6 Modernize Child and Family Services training available to families, communities, and administrators	<i>Families, communities, board administrators, and providers will have access to ongoing training in cultural relevancy and traditional values, conflict resolution, mediation, and child development.</i>	
1.7 Provide persons with disabilities appropriate access to sustainable programs and services.	<i>Services and care for persons with disabilities will be integrated, to provide a better continuum of care through a comprehensive case management model.</i>	
1.8 Provide community education workshops related to the Child and Family Services Act.	<i>All communities will have access to workshops to help increase their knowledge and understanding of the Child and Family Services Act.</i>	
1.9 Develop information sharing protocols with partners to improve case management.	<i>Information sharing protocols will be in place, to allow work with other departments and organizations to improve coordination of supports and services at both the policy and delivery levels.</i>	
1.10 Work with communities to enhance the recruitment and support of foster parents in the NWT.	<i>There will be an enhanced Foster Parent Recruitment Plan in place, geared at increasing the number of homes available for foster care placement.</i>	

As of March 31st, 2015:











-  A checkmark indicates action was complete
-  Green indicates action was on track with timeline
-  Orange indicates action was stalled but still on track
-  Red indicates action was delayed or cancelled

Priority 1 continued






1.11 Publish plain language Child and Family Services practice standards.	<i>There will be new plain language practice standards to ensure consistent and safe practice.</i>	
1.12 Partner with communities to develop culturally appropriate child development and prenatal programming.	<i>Communities will have access to culturally appropriate child development and prenatal programming.</i>	
Priority 2: Improve the health status of the population		
2.1 Access to culturally relevant programs, information and tools to achieve better health outcomes.	<i>Effective promotion and prevention programming.</i>	
2.2 Ensure access to comprehensive mental health and addictions (MHA) services by: increasing public understanding of MHA, integrating MHA programs into primary community care, improving access to services and increasing accountability.	<i>Community/Regional specific action plans will be developed and established referral protocols will be in place.</i>	
2.3 Chronic Disease Management (CDM) Model which integrates mental health into the CDM model.	<i>The Department will have a fully integrated CDM model that incorporates care pathways and outcome measures needed to track system quality.</i>	
2.4 Improve communications so individuals and families know how and where to access services.	<i>Effective communications with the public.</i>	
2.5 Work with other GNWT departments, NGOs and communities to raise awareness and reduce occurrence of family violence and elder abuse in the communities.	<i>Increased awareness of family violence and elder abuse in the communities.</i>	
2.6 Build community capacity to prevent and respond to suicide risks and other mental health events.	<i>Community capacity to respond to mental health related incidents.</i>	
2.7 In partnership with communities, NGOs, Aboriginal organizations and other GNWT departments further implement the Healthy Choices Framework.	<i>Community capacity to deliver appropriate healthy choices initiatives.</i>	
2.8 Work in partnership and provide support to communities, NGOs, Aboriginal organizations and other GNWT Departments addressing HSS related prevention initiatives geared at reducing homelessness and poverty amongst high-risk groups.	<i>No set deliverable</i>	

Priority 3: Deliver core community health and social services through innovative service delivery

3.1 Update and modernize the Integrated Service Delivery Model to ensure that resident of the NWT have appropriate access to basic health and social services as needed.	<i>Residents have appropriate access to basic health and social services.</i>	
3.2 Develop a Territorial Midwifery Program to allow patients to access safe, quality services as close to home as possible.	<i>Patients have access to safe, quality midwifery services.</i>	
3.3 Develop Med-Response, a network of pooled expertise to support care providers in the field and provide oversight and expertise for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support.	<i>A support-centre with experienced staff to provide consultations and make referrals as required and be the connection to medical travel.</i>	
3.4 Training and support to allow families to care for individuals and loved ones in their homes where appropriate. This includes homecare that responds to higher acuity discharged patients as well as allowing seniors to age in place and palliative care.	<i>Residents have access to care in their home.</i>	
3.5 Partner with communities, voluntary sector and aboriginal organizations to develop home care support for individuals to remain in their homes and home communities for as long as possible.	<i>Residents remain in their home for as long as possible.</i>	
3.6 Implement actions and changes required to allow homecare to respond to early discharge from southern hospitals and NWT acute care facilities. As well as assisting seniors to age in place.	<i>Residents remain in their home for as long as possible.</i>	
3.7 Ensure that residents of the NWT are protected from injury and disease.	<i>There will be fewer preventable injuries and deaths and a decrease in the incidence of preventable disease.</i>	
3.8 Build capacity to ensure that residents of the NWT are protected from injury and disease including the capacity to control infections.	<i>Community capacity to deliver injury prevention strategies.</i>	
3.9 Integrate and modernize consistent standards, policies, best practices and decision making tools across the system. These may include community health nursing standards, management of chronic disease, renal dialysis, continuing and long term care standards, and clinical standards.	<i>Existence of updated standards, policies and tools.</i>	
3.10 Continue to use technology such as Telehealth, DI/PACS and electronic health records, to improve access to specialists.	<i>Improved access to specialists.</i>	

Priority 4: Ensure one territorial integrated system with local delivery		
4.1 Appropriate access to services through a comprehensive and modern GNWT medical travel system and policy.	<i>Clients receive appropriate access to medical travel.</i>	
4.2 Establish appropriate governance and accountability structures through role clarification, appropriate financial and accountability agreements and grants and contribution programs. Amend NGO agreements to focus and fund on outcomes.	<i>Appropriate governance and accountability structures are in place.</i>	
4.3 Establish an NWT system governance and accountability structure to ensure system leadership, risk management and accountability which links with the GNWT and ensures a one system approach.	<i>Public reporting on system accountability.</i>	
4.4 Support Human Resources in developing a comprehensive recruitment plan for the HSS system including a service level agreement for recruitment and retention processes and activities that clearly sets out roles and responsibilities, timelines, and services to be delivered.	<i>Service level agreements are in place.</i>	
4.5 Develop and implement appropriate governance and accountability structures for medical travel linked with back office service delivery.	<i>Improved economic stability and patient experience.</i>	
4.6 A modern Legislative Framework that supports the mandate of the NWT health and social services system.	<i>A modern and updated legislative framework.</i>	
4.7 Infrastructure planning to ensure modern, safe facilities and medical and other equipment that meets current infection control standards to promote efficient service delivery.	<i>Facilities are renovated according to budget and medical equipment meets approved standards.</i>	
Priority 5: Ensure patient/client safety and system quality		
5.1 Ensure that individuals and families are informed of their role in accessing treatment and care and the role of the family in supporting individuals undergoing treatment or care.	<i>Individuals and families are provided with appropriate information on treatment and care.</i>	
5.2 Enhance retention of qualified staff by working with communities and partners to ensure that front line health and social services workers are provided with a safe and welcoming environment in which to work and live.	<i>Increased staff retention.</i>	
5.3 Develop and implement a Pharmaceutical Strategy to improve management of drugs and other pharmaceuticals.	<i>A pharmaceutical strategy is developed and implemented to reduce costs and increase efficiencies.</i>	

Priority 5 continued

5.4 Improve territorial standards for prevention and control of infections in healthcare facilities. Build system capacity and oversight.	<i>Health care facilities have improved infection control standards.</i>	
5.5 Complete and implement an NWT Accountability Framework for Patient Safety to ensure ongoing improvement of patient care.	<i>A reporting mechanism that ensures ongoing quality improvement and best practices.</i>	
Priority 6: Outcomes of health and social services are measured, assessed, and publicly reported		
6.1 Monitor and report on client and patient satisfaction with their access to and experience with the health and social services system.	<i>Increased accountability reporting to the public through ongoing client satisfaction surveys.</i>	
6.2 Improved monitoring and reporting of information.	<i>Health and Social Services System Annual Report.</i>	
6.3 Address the data compatibility issue and increase capacity for data collection, analysis, monitoring and reporting. This will allow HSS to monitor the performance of the system and publicly report.	<i>Outcomes are measured, assessed and publicly reported on.</i>	

Structure of the System

The NWT health and social services system is a highly complex system that spans a number of service providers, professionals, Health and Social Services Authorities (HSSAs) and delivery partners from both within and outside the NWT.

The current system is comprised of the Department, six regional HSSAs, the Tłı̄chq Community Services Agency (TCSA) and the Stanton Territorial Health Authority (STHA). In addition, there are a number of non-government organizations and community and Aboriginal governments, that play a key role in the delivery of many promotion, prevention and community wellness activities and services.

During 2014-15, the Department introduced Bill 44, the *Act to Amend the Hospital Insurance and Health and Social Services Administration Act*. Bill 44 will allow the Minister of Health and Social Services to amalgamate the existing HSSAs and create Regional Wellness Councils, a single Territorial Health Authority, and a Territorial Board of Management. It will also preserve the integrity of the TCSA. The driver for this change is to improve the health and social services system's ability to provide the best possible care to patients and clients within existing resources. This transformation will also increase accountability and improve system integration.

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.

Under the current governance structure, each regional HSSA and the TCSA are responsible for providing access to the following programs and services:

- 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; and,
- Rehabilitation services.

STHA is responsible for providing access to hospital services for all residents of the NWT. These services include:

- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;

Introduction

- 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 HSSAs 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-house 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 (GNWT) 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 2014-15 Main Estimates, there were **1,392** active positions in the HSSAs and **177** employees in the Department. Approximately **67%** of the HSSAs' budget is allocated to compensation and benefits.

2014-2015 was the fourth year of implementation of our strategic plan, *Building on Our Foundation 2011-2016*. Over the past four years, the Department has made significant progress and many of the actions identified under these priorities are now substantially complete and have been transitioned into day-to-day business.

The performance measures, which were previously reported in the Annual Report, have been removed from this report and will be released in separate documents as per recommendations by the Office of the Auditor General. *The NWT Health and Social Services Performance Measurement Framework* and *Public Performance Measures Report 2015* will include over two dozen system-wide performance indicators that are meant to provide a general snapshot of current trends and issues facing the NWT health and social services system. These reports are expected to be released in May 2015.

This report focuses on the priorities and actions of the strategic plan.

Strategic Priorities

1. Enhance services for children and families
2. Improve the health status of the population
3. Deliver core community health and social services through innovative service delivery
4. Ensure one territorial integrated system with local delivery
5. Ensure patient/client safety and system quality
6. Outcomes of health and social services are measured, assessed and publicly reported

The next section of this document details the actions required to achieve our strategic priorities. Coloured symbols have been placed alongside each action to indicate its status in relation to the strategic plan. Please refer to the legend below for a description of the coloured symbols:

As of March 31st, 2015:

- ✓ A checkmark indicates action is complete
- Green indicates action is on track with timeline
- Orange indicates action is stalled but still on track
- Red indicates action is delayed or cancelled

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

Supporting early childhood development in the NWT

In order to enhance services for children and families, the Department has released two action plans. *Right from the Start* and *Building Stronger Families* provide direction to improve the delivery of services to children and families and develop a continuous quality improvement approach for existing programs and services using an evidence-based approach.

Right from the Start

Right from the Start: A Framework for Early Childhood Development in the NWT was developed in collaboration with the Department of Education, Culture and Employment (ECE) and will guide the actions of the GNWT for the next 10 years. Since the implementation of the associated two year *Early Childhood Development Action Plan* in the 2014-15 fiscal year, the Department has been leading a number of initiatives that will improve early child development (ECD) in the NWT such as:

- Increasing access to midwifery services;
- Standardizing prenatal referrals for expectant mothers with addiction issues;
- Improving outreach and support for expectant mothers;
- Building the strengths of the Healthy Family Program in all regions;
- Expanding programs aimed at improving oral health and nutrition;
- Standardizing the use and implementation of universal screening tools and assessments aimed at identifying vulnerable or at-risk families and children;
- Ensuring consistent and equitable access to programs, services, and follow up for children with developmental issues;
- Supporting communities to improve the coordination and alignment between early childhood development programs;
- Campaigning to raise awareness about the importance of ECD; and,
- Developing and implementing a monitoring, evaluation, and accountability plan for the renewed Early Childhood Development Framework and Action Plan.

The commitments and associated actions listed in the ECD Action Plan span promotion and prevention, pre-natal programming, post-natal care, early intervention, access to quality and affordable early learning programs and child care services. Many are similar to the priorities and actions listed in this Annual Report and therefore are included where applicable. For a full update on the commitments and actions of the ECD Action Plan, please refer to Appendix 4.

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

Building Stronger Families

Building Stronger Families: An Action Plan to Transform Child and Family Services was released in April 2014. The Action Plan forms a comprehensive response to the Office of the Auditor General of Canada's Report on the Review of Child and Family Services and the report from the Standing Committee on Government Operations. Since the release of the Action Plan, the Department and HSSAs have worked in partnership to advance many identified priorities and actions. These items are focused in:

1. Program Administration and Management;
2. Risk Management and Quality Assurance; and,
3. Service Delivery and Child Protection Practice.

Highlights of progress made on the *Building Stronger Families: An Action Plan to Transform Child and Family Services* include:

- Bill 47, an *Act to amend the Child and Family Services Act*, was introduced in the Legislative Assembly on March 2, 2015;
- The Child Welfare League of Canada completed the Workload Management Study as of March 31, 2015. This report provides initial insight to the factors that authority staff feel impact their workload and will be used to identify the next steps in workload management;
- Training to review changes to the final five sections in the revised Child and Family Services (CFS) Standards and Procedures Manual will be delivered in May 2015. The complete manual will be available to all child and family services staff as of June 1, 2015;
- The quarterly reporting tool and process will be fully implemented as of April 1, 2015;
- The annual audit cycle of CFS files at the authority level will begin as of April 2015;
- The adaptation of the first three Structured Decision Making assessment tools for use in the NWT will be completed in May 2015. The tools will be tested by front line staff later in the summer; and,
- The Request for Proposals (RFP) for a vendor to develop the replacement Child and Family Services Information System (CFIS) is being drafted and will be issued at the end of May 2015 for a vendor solution for a new system.

Where applicable, these and other actions have been reported in this Annual Report. A progress update from 2013-2014 can be found in the *Annual Report of the Director of Child and Family Services 2013-2014*. Please see Appendix 5 for the 2014-15 update.

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

● *Action 1.1: Access to plain language information and material on the Child and Family Services Act and related programs and services.*

Deliverable: NWT residents will have access to plain language information and material to assist them in accessing appropriate programs and services.

Eight plain language brochures were published in previous years to help community members receiving services in child and family services and adoption program areas to better understand and prepare for any next steps. To ensure the Department is meeting the needs of all NWT residents, plain language materials published on the website are also made available in all official languages.

Three additional plain language brochures related to adoptions were drafted for release in the 2015-16 fiscal year.

Available plain language brochures:

- My child has been apprehended. What now?
- Voluntary Services: How can Child and Family Services help my family?
- Child and Family Services: Information for young people
- Plan of Care Agreements
- Dealing with child protection matters in court
- What to do if you think a child is being abused or neglected
- Child and Family Services Committees
- What happens to a child in care?

● *Action 1.2: Provide support to communities to establish Child and Family Services Committees where communities identified willingness and the capacity to do so.*

Deliverable: Support communities to initiate at least 20 CFS Committees by 2016.

The intention of Child and Family Services Committees is to allow for better community level involvement and decision-making in child protection matters. There are currently no Child and Family Services Committees active in the NWT and barriers and challenges in the existing legislation have been brought forward by community members.

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

● *Action 1.3: The Department will propose appropriate amendments to the Child and Family Services legislative framework.*

Deliverable: Within the life of the 17th Legislative Assembly, appropriate amendments to improve the Child and Family Services legislative framework will be developed and proposed.

Bill 47, *An Act to Amend the Child and Family Services Act* was tabled in February 2015. It addresses a number of the recommendations brought forward by the Standing Committee on Social Programs during the 16th Legislative Assembly, as well as the *Report of the Auditor General of Canada to Northwest Territories Legislative Assembly – 2014: Child and Family Services – Department of Health and Social Services and Health and Social Services Authorities*.

Amendments to the *Child and Family Services Act* include:

- Addressing the gap in services for youth, such as extending services and allowing for youth protection hearings;
- Notifying Aboriginal organizations of child and youth protection hearings;
- Providing for mediation and other alternative dispute mechanisms;
- Requiring Child Protection Workers to state the alternatives that had been considered prior to apprehension;
- Advising parents, children and youth of their right to legal counsel;
- Establishing time limits for temporary custody, depending on the child's age;
- Expanding criteria for when a child/youth needs protection to include prostitution; and,
- Requiring a review of the *Child and Family Services Act* every five years.

● *Action 1.4: Implement respite support in small communities for individuals and families with children with disabilities.*

Deliverable: There will be a Territorial Respite Model, including standards, policies, procedures, intake assessment tools, and forms.

A new respite model was developed in January 2015. This model will provide flexibility for communities and provide support for families of people living with disabilities. Standards, policies and procedures will guide access, referrals, intake and service delivery. Training modules

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

will be developed for respite service providers and workers. The Department has finalized a project charter to pilot the new respite model, within the home and community care program, in one health and social services region. The pilot will integrate respite services for children and adults with disabilities within Home and Community Care Services with the aim of providing consistent and equitable access to quality respite services. The pilot will be supported through Federal Home and Community Care Program funding within 2015-16 and 2016-17 fiscal years.

Community based respite programming has been implemented in Yellowknife, Dettah, N'Dilo, Fort McPherson, Fort Good Hope, Aklavik, Fort Smith, Deline, Hay River, Inuvik and Paulatuk, in addition to increased hours of support available in Colville Lake.

● *Action 1.5: Expand the Healthy Family Program to two additional communities per year, as resources allow.*

Deliverable: Ten additional communities in the NWT that offer early childhood intervention initiatives and community level support for families.

As of March 31st, 2015, the Healthy Family Program was available in 16 NWT communities, well above the final target of ten. Tuktoyaktuk is expected to have an established program in 2015-16. Future expansion of the program will depend on the availability of funding resources, numbers of births and community needs. Draft territorial program standards have been completed and a program evaluation framework will be implemented. The regional coordinators trained 20 new and existing staff in 2014-15 to deliver the *Growing Great Kids Inc.* curriculum to approximately 200 at risk families.

What does the Healthy Family Program do?

- The program uses a strength-based approach to improve the lives of at-risk families and their children (prenatal – 4 years) through a voluntary, early intervention home visiting program.
- Parents learn the importance of establishing nurturing parent-child relationships that promote positive outcomes for children through increased knowledge of healthy growth and development.
- The Healthy Family Program is a key component of the Early Childhood Development Framework.

In 2013-14 a Collective Kitchen component was introduced to the Healthy Family Program in order to improve access to food and nutritional intake for families as well as nutrition education. Through partnerships with local organizations, the Healthy Family Program provided over 100 cooking sessions and food boxes that incorporated traditional and locally grown foods for low income families in 2014-15.

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

● *Action 1.6: Modernize Child and Family Services training available to families, communities, band administrators and providers.*

Deliverable: Families, communities, board administrators, and providers will have access to ongoing training in cultural relevancy and traditional values, conflict resolution, mediation, and child development.

Statutory training for Child Protection Workers was revised and modernized to reflect current standards and procedures and practices. Additionally, Parent Resources for Information Development and Education (PRIDE) training was extended to all regions this year for new and experienced foster parents and adoptive parents in partnership with the Foster Family Coalition.

Communities have access to a variety of resources and services through their local HSSAs and any training or information in relation to the child protection and adoption services and services area can be delivered on an ad-hoc basis.

● *Action 1.7: Provide persons with disabilities appropriate access to sustainable programs and services.*

Deliverable: Services and care for persons with disabilities will be integrated, to provide a better continuum of care through a comprehensive case management model.

Under this Action, the Department committed to undertake a review of existing disability-related programs and services.

The Department contracts with accredited agencies in Alberta, British Columbia and Saskatchewan to provide specialized residential treatment care for both children and adults with severe medical or psychological conditions that cannot be treated in the North. Patients receiving out-of-territory care generally have difficult to treat conditions, with some also requiring alcohol and drug addictions services.

The Department, in collaboration with the Program Review Office, undertook a review of specialized residential treatment care for adults and children with severe medical or psychological conditions. Through this exercise it became apparent that specialized clinical expertise is required to assess the appropriateness of care for

Programs that support people with disabilities:

- Home care;
- Respite;
- Day programs;
- Assisted living programs;
- Employability programs;
- Rehabilitation programs; and,
- Residential treatment programming through CFS.

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

individuals with complex conditions. The Department will continue to review options to assess the appropriateness of out of territory placements.

A review of respite services across the NWT was completed and standards, policies and procedures were finalized. A pilot project, currently under development, will integrate respite services for children and adults with disabilities within Home and Community Care Services.

✓ *Action 1.8: Provide community education workshops related to the Child and Family Services Act.*

Deliverable: All communities will have access to workshops to help increase their knowledge and understanding of the *Child and Family Services Act*.

Standardized power-point presentations were designed by the Department and are available for field staff at the HSSAs to use when delivering orientation workshops or information to community members as a method to create a greater understanding of child protection and adoptions services areas.

● *Action 1.9: Develop information sharing protocols with partners to improve case management.*

Deliverable: Information sharing protocols will be in place, to allow work with other departments and organizations to improve coordination of supports and services at both the policy and delivery levels.

An interdepartmental working group was established by the Department of Justice (DOJ), with participation from ECE, the NWT Housing Corporation (NWT HC) and the Department to develop an approach for integrated case management of common clients involved with the criminal justice system. The Integrated Case Management (ICM) pilot represents a fundamental change to the way GNWT departments deliver services. The pilot project's objective is to create, foster and deliver a coordinated, collaborative, multi-departmental, client-centered approach that removes barriers and bridges service gaps for common clients with complex needs. It will also inform the development of appropriate information sharing protocols.

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

✓ *Action 1.10: Work with communities to enhance the recruitment and support of foster parents in the NWT.*

Deliverable: There will be an enhanced Foster Parent Recruitment Plan in place, geared at increasing the number of homes available for foster care placement.

The primary goal of foster care is to ensure the safety and well-being of vulnerable children. The Department works in partnership with the NWT Foster Family Coalition and the HSSAs to provide foster family and adoptive family support, raise awareness, recruit and educate the public on fostering and adoption, and to co-deliver training to new foster parents and adoptive parents in the communities.

In 2014-15, Foster Parent recruitment booths were set up in a variety of locations and communities. Backpacks, balloons, fridge magnets and information were shared with the public. Booths were run by staff from the Department, Yellowknife Health and Social Services Authority and the NWT Foster Family Coalition. Application packages were handed out to people interested in either fostering and/or adoption and a list of all interested persons was made. All persons who showed interest received timely follow up. A Facebook and Twitter page was developed and is maintained by the NWT Foster Family Coalition as part of their contract with the Department. Recruitment ads are constantly posted on these sites, and local radio ads are aired in the communities. The NWT Foster Family Coalition traveled with their recruitment booth and advertised in various airports, Northern Stores, and Health Care Centres across the NWT this year. Posters were also produced and sent to all communities.

In addition to the Foster Care Recruitment Plan, the Department is also working on a number of initiatives to improve foster care territory wide:

- Completion of foster care standards and procedures as part of the revised Child and Family Services Manual to support case workers and improve accountability and practice;
- Drafting the development of a Foster Care Resource Manual for staff and care providers to provide clear policy standards and guidelines that will enhance communication and strengthen relationships with child and family services;
- Initiation of annual audits of all foster care resources in the communities to increase public trust and demonstrate accountability;
- Pursuing the issue of foster parent liability insurance; and
- Continuing with the delivery of PRIDE (Parent Resources for Information, Development and Education) training across the NWT for new and existing foster parents and adoptive parents to enrich their experience and retain them as a valuable community resource.

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

● *Action 1.11: Publish plain language Child and Family Services practice standards.*

Deliverable: There will be new plain language practice standards to ensure consistent and safe practice.

A fully revised CFS Standards and Procedures Manual was targeted for completion in June 2015. The revised and approved manual provides statutory appointed Child Protection Workers with practice and compliance expectations, along with up-to-date resources to support case management and interactions with children and their families. The layout and content of the Manual are designed to be user friendly, outlining processes to achieve identified measurable standards of practice and compliance. Each standard is clearly written and associated with related sections of the *Child and Family Services Act* or departmental policies, identifying the procedures when practice is required. This information will be accessible on the GNWT's internal employee website to help inform diverse practice areas and link terms.

● *Action 1.12: Partner with communities to develop culturally appropriate child development and prenatal programming.*

Deliverable: Communities will have access to culturally appropriate child development and prenatal programming.

The Department continues to work with regional and community stakeholders to promote local initiatives that improve supports to expectant mothers and families with young children.

- Prenatal programs were offered at the Transient Center in Inuvik and Vial Abel Boarding home in partnership with the Inuvialuit Regional Corporation and Yellowknives Dene First Nation. These programs were pilot projects aimed at providing knowledge exchange, outreach and support to expectant mothers in the areas of nutrition, breastfeeding, early childhood development, brain development, smoking, alcohol and drugs, mental health, and labor and delivery. They also provide an opportunity for referrals to community groups and resources that may or may not be available in their home community. Baby bags filled with items for new babies, and self-care items for new moms, are given to the women. Traditional knowledge on birthing, childcare, and sewing traditional items was shared.
- The Department developed campaigns for the Healthy Family Program and Nutrition Month in March 2015, focusing on parents of children 0-5 years, and providing

Priority 1: Enhance services for children and families

Objective: Increase capacity of community to care for children and families at risk

information on breastfeeding. Activities included radio ads, delivery of Breastfeeding pop-up banners, and distribution of the updated Healthy Pregnancy and Healthy Babies booklets to all pre and post-natal women.

- Breastfeeding continues to be promoted throughout the NWT through partnerships with the HSSAs and nonprofit organizations during World Breastfeeding Week and other activities.
- Funding has been provided to three HSSAs to support their Baby Friendly Initiative designation in health care facilities. Funding will continue to be provided in 2015-16.
- Breastfeeding Education Kits were distributed to the Inuvik and Ndilo boarding homes and to community health representatives (CHRs) across the territory. In-service training was provided to the CHRs.
- The Hay River Midwifery Program began providing prenatal care, post-partum care and birthing services in December 2014.
- The Healthy Family Program was expanded to sixteen communities and into transitional housing such as Betty House and Rock Hill Apartments to engage and support families at-risk. The Healthy Family Program also incorporated nutrition education and food security activities such as the Healthy Family Program Collective Kitchen and Food Voucher program.
- The Department completed work on the new NWT Well Child Record (WCR) forms for all 9 well child assessments (1 week to 5 years), a User Guide, and resources such as family dental hygiene kits and plain language resources on healthy childhood development to assist community health programs to monitor and support healthy childhood development.

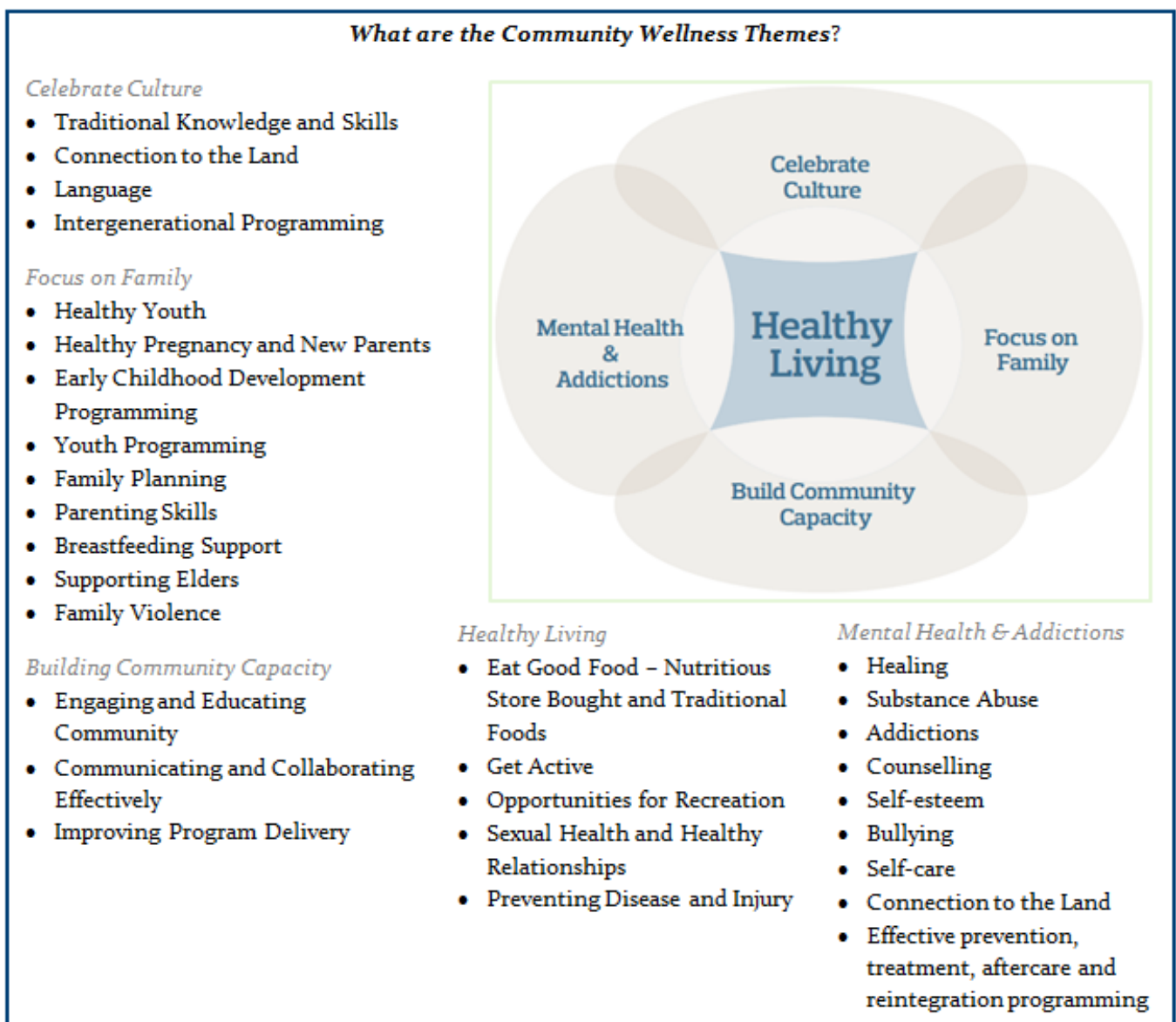
Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

● *Action 2.1: Access to culturally relevant programs, information and tools to achieve better health outcomes.*

Deliverable: Effective promotion and prevention programming.

The Department provided communities with prevention and promotion support and continues to look for more ways to integrate traditional healing into primary care. Collaboration between the Department and communities has led to the development of Community Wellness Plans which allow each community to identify their own health and wellness needs. These priorities have been classified into five wellness themes.



Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

Weaving Our Wisdom – A Territorial Wellness Gathering, funded through Community Wellness Initiatives Funding and Healthy Choices Funding, was held March 3 – 5, 2015. The Gathering was an opportunity for people from all 33 communities of the NWT to:

- Share knowledge and pass on wisdom to friends, family, colleagues and children;
- Learn about the interrelationship of the social determinants of health, poverty, and the overall well-being of our residents; and,
- Share best practices about programs that enhance the well-being of all NWT communities.

Two hundred and seventy-seven delegates and event support staff attended the Gathering from across the NWT, including 182 participants from communities outside of Yellowknife and 95 from Yellowknife. A number of topics were discussed at the Gathering, including: social determinants of health, On The Land healing programs, racism, diabetes, FASD, mental illness, traditional healing, and healthy eating. Stories of inspiration, resiliency and making a difference were shared. Sessions were available via live webcast so that interested people and groups who were not able to attend could still participate. A number of sessions were also broadcast to all communities in the NWT on CKLB radio. A final report on the Gathering is expected in the upcoming fiscal year.

● *Action 2.2: Ensure access to comprehensive mental health and addictions (MHA) services by: increasing public understanding of MHA, integrating MHA programs into primary community care, improving access to services and increasing accountability.*

Deliverable: Community/Regional specific action plans will be developed and established referral protocols will be in place.

Since the release of *Pathways to Wellness, An Updated Action Plan* developed from the Minister's Forum on Addictions and Community Wellness, the Department has continued to focus on the four key areas outlined in this report. The priorities addressed are:

- Promotion of understanding, awareness and acceptance;
- Focus on the person;
- Improving the availability of services; and,
- Improving effectiveness of services.

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

Promotion of understanding, awareness and acceptance

Mental Health First Aid for Northern Peoples (MHFA-N) aims to improve mental health literacy and provide skills and knowledge to help people better manage potential or developing mental health problems in themselves, friends, family, or colleagues. In the 2014-15 fiscal year, 104 NWT residents were trained in MHFA-N.

Applied Suicide Intervention Skills Training (ASIST) teaches effective intervention skills while helping to create suicide prevention and support networks in the community. The program gives community members the skills to help those who may be dealing with mental health issues. In 2014/15, 130 residents attended the two day ASIST program offered through the Authorities.

'Talking About Mental Illness' (TAMI) was delivered to grade 8 students in Yellowknife. This program works to increase mental health literacy to decrease stigma. The program draws on the lived experience of speakers living with mental illness who tell their stories to help reduce stigma. NWT speakers have been identified and trained and school boards outside of Yellowknife have been invited to express interest in offering the program. In the 2015-16 school year, the program will expand to the Beaufort Delta.

My Voice, My Choice is a social marketing campaign aimed to reduce the harmful impacts of alcohol and other drug use among NWT youth.

The Department continued to support communities in the development and implementation of Community Wellness Plans and On The Land Healing options. Approximately \$6.9 million in federal funding was used to support health and wellness in the communities in 2014-15. An additional, \$1.125 million was available to support a variety of On The Land projects in regions.

To further promote awareness and understanding, the Department and HSSAs celebrate a number of awareness events such as: Mental Health Week, World Suicide Prevention Day, NWT Addictions Awareness Week as well as Community Counselling Program Promotion.

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

Focus on the person

Summary of steps taken towards services focused on the person in 2014-15:

1. Began the process of expanding the Chronic Disease Management project to the Beaufort Delta region
2. Implemented revised Standards for the Community Counselling Program
3. Developed a mental health curriculum for the early years with the Department of Education, Culture and Employment
4. Integrated case management with the Departments of Justice and Education, Culture and Employment
5. Held early intervention screening tools training sessions

Improving access to services

Detoxification Models – Withdrawal Management

The Department has investigated NWT withdrawal management services, specifically the efficacy of providing safe access to withdrawal management in small, medium and large NWT communities. A review of existing withdrawal management services was conducted and the results indicated that the Department is offering an appropriate continuum of withdrawal management services.

Medical withdrawal management is available via the Stanton Territorial and Inuvik Regional Hospitals. Residents in need of this service can be referred via their local health centre. Non-medical withdrawal management can be accessed at the Salvation Army in Yellowknife and/or via the Community Counselling Program in other regions.

Outpatient Addiction Treatment – The Matrix Program

The Matrix Program is a community-based, outpatient addictions treatment program offered on an ongoing basis by the Tree of Peace in Yellowknife. The program is also offered on an as needed/as possible basis in other regions and communities across the NWT.

Community Counselling Program

The Community Counselling Program (CCP) offers personalized counselling and addictions support and assistance in 19 communities across NWT regions. The CCP is also used to develop community-based and personalized addictions treatment plans and referral to other services,

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

including residential treatment. A client satisfaction questionnaire was conducted in November and December 2013 with the report released in February 2015.

NWT Helpline

The NWT Helpline is available 24 hours a day, 7 days a week. The service is anonymous, confidential and free of charge to all NWT residents. The NWT Helpline assists residents with de-escalating immediate crisis situations, provides information on where and how individuals can get help, and provides referrals to community-based services. Follow up calls with a Care Coach are also available.

On The Land

In response to the Minister's Forum on Addictions and Community Wellness, the Department is adopting a culture-based approach to promoting wellness with a focus on connection to culture, family and community. The Department invited Aboriginal governments to submit expressions of interest for these On The Land healing projects. Three pilot projects took place in 2013-14, and five projects took place in 2014-15.

In addition, the Department invested approximately \$350K to support a youth On The Land pilot program that took place in August 2014 in the Dehcho. Twenty-three youth, ages 12 to 19, took part in the program with 22 of them staying until completion.

In 2013-14, the Department received funding from Health Canada in the amount of \$322,599 to strengthen addiction supports for youth in the NWT. The Department used the funding to develop and implement an early intervention screening tool for youth addictions. Front line staff were trained in how to use the tool to screen for mental health and addiction issues (early intervention), motivational interviewing skills and brief interventions. Training for trainers was held to ensure sustainability. Ongoing training is provided as required/requested.

Improving effectiveness of services

1. **Program Evaluation** – A program review is being conducted on all the mental health and addictions programs. Once complete, evaluation plans will be developed for MHFA, ASIST, Matrix and TAMI. The Dehcho Youth On the Land project is also being evaluated. Evaluations will provide feedback for improvement of current programming.
2. **Updated Standards** - The CCP Standards were updated and approved. Training on the Standards for all CCP staff took place in March 2015 with an April 1, 2015 implementation date.
3. **Data Collection** - As part of the CCP Standards, the Department is working with CCP staff to collect data to ensure program effectiveness and accountability. The Department has also recently been approved for two years of funding (2015-2017) from Health Canada's "Drug

Priority 2: Improve the health status of the population

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Treatment Funding Program” to conduct a needs assessment, and research data system needs for community-based mental health and addictions services. Work on this project will begin in 2015-16.

4. **Mental Health Act** - The update of the *Mental Health Act* was underway. Modernizing the Act will help to protect the rights and safety of patients and their families and to fill in the gaps in the current system.
5. **Human Resource Development** - The Department of Human Resources has developed an on-line orientation for cultural capabilities available to all GNWT employees.
6. **Mental Health and Addictions Training** – Ongoing training is essential for staff in all disciplines to continually update their knowledge and abilities. The Department supports these initiatives in order for clients to have accurate and possibly lifesaving services.

Training in 2014-15 included:

- Regular mental health and addictions professional development sessions;
 - Professional development and networking for all CCP staff;
 - “Train-the-Trainer” programs for MHFA; and
 - Multiple ASIST and MHFA workshops in the communities.
7. **Career Choices** - A new Health and Social Services Human Resources Strategic Plan, which supports the design of programs geared towards recruiting and retaining a diverse range of health care professionals was finalized for implementation April 1st, 2015.

● *Action 2.3: Chronic Disease Management (CDM) Model which integrates mental health into the CDM model.*

Deliverable: The Department will have a fully integrated CDM model that incorporates care pathways and outcome measures needed to track system quality.

The Department continues to move towards an integrated approach to Chronic Disease Management (CDM). Initiatives that focus on some of the most prevalent chronic diseases in the NWT include creation of a NWT Type 2 Diabetes Clinical Practice Guideline, updating the NWT Chronic Kidney Disease Guideline, and developing the NWT Cancer Strategy.

The Department has adopted a comprehensive approach to CDM to:

- Prevent chronic disease through education and promotion of healthy lifestyle choices.
- Ensure screening to allow diagnosis of chronic disease at an earlier stage, reducing treatment costs and improving outcomes.

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

- Manage chronic disease to reduce the incidence of complications and reduce hospitalizations.

Integrating mental health and addictions into primary care delivery has been a key initiative with the Addictions and Mental Health Action Plan 2012-2015. Referral pathways specifically for mental health have been developed to ensure NWT residents are able to receive the services they need. The pathways have been operationalized in many communities. The CDM evaluation recommended implementing MHA referral across the NWT and the Department is working with the Beaufort Delta Health and Social Services Authority to expand the pathways to Inuvik and Tuktoyaktuk.

The Department has initiated and/or continued prevention strategies including Working on Wellness (WoW) and the BETTER program (Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care), the Early Childhood Development Strategy, My Voice, My Choice (for youth age 13 to 18), the Anti-Poverty Strategy, Fact Sheets on Traditional Foods, Tobacco-Free Living, injury prevention initiatives and more. Screening for chronic diseases is also better established, with breast cancer screening and colorectal screening being offered more widely and MHFA training provided to GNWT employees and the public.

Partnership with Canadian Primary Care Sentinel Surveillance Network (CPCSSN)

CPCSSN is a standing committee of the College of Family Physicians of Canada, and has developed the first Pan-Canadian chronic disease electronic medical record (EMR) surveillance system. CPCSSN is currently active in 8 Canadian provinces and has over 500 sentinel sites with data collected for over 650,000 patients. In August of 2014-15, YHSSA signed a partnership agreement with the Northern Alberta Primary Care Research Network (NAPCRen), in order to participate in CPCSSN primary care research. The purpose of this partnership is to use **de-identified** data to track chronic disease indicators over time for the patient cohort for each of eight chronic diseases - Diabetes, Hypertension, Depression, Osteoarthritis, COPD, Epilepsy, Dementia, and Parkinsonism.

This information will be analyzed, reviewed with stakeholders, and will empower health decision-makers and care providers to better manage the quality of care provided to YHSSA chronic disease clients and populations. YHSSA is proud to be Canada's first territorial jurisdiction to engage with the CPCSSN project. The ultimate goal is to expand the CPCSSN to all regions, enabling the NWT health and social services system to access quality data, and use this information to enhance chronic disease management for all patients.

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

Diabetes Program

YHSSA has continued to make program improvements in diabetes care to clients, and has developed a diabetes registry pilot for the City of Yellowknife, inclusive of Dettah, and Ndilo. By understanding the demographics and needs of diabetes clients and reviewing the trends over time, YHSSA can implement quality improvement processes and examine whether these processes lead to improvement in diabetes care, and ultimately, whether or not diabetes clients are better able to manage their condition.

YHSSA diabetes services currently include clinical management, foot care, diabetes education, dietician services and motivational counselling. YHSSA hosts same day appointments for diabetes clients each week. Service providers on the diabetes team include physicians, nurse practitioner, nurse and dietician. This past year YHSSA and Stanton Territorial Hospital engaged in a partnership to support the training of YHSSA diabetes staff by Stanton Internal Medicine. For 2015-16, YHSSA is planning to implement training to staff on insulin pump management in order to provide support to our clients, and we are committed to supporting the development of diabetes analytics and related quality improvement processes to enhance diabetes care over the long term.

● *Action 2.4: Improve communications so individuals and families know how and where to access services.*

Deliverable: Effective communications with the public.

Improved communications with our residents and stakeholders is an ongoing initiative. New mediums, new technologies and changes in programs and services require us to continually adapt the way the Department communicates with individuals and families.

Culturally appropriate Child and Family Services brochures were re-distributed to communities with input from former clients, NGOs, and care providers. The materials were translated into French, Tłı̄chǝ, Chipewyan, and North Slavey. The Department also continued to provide a toll-free line (1-855-297-5155) for individuals with questions or concerns regarding Child and Family Services.

In May 2014, the first Mental Health Magazine *Mind and Spirit* was printed. This magazine was distributed widely across the NWT and provided a list of services, raised awareness of mental health issues and provided options for individuals and families dealing with mental health issues.

Using a variety of mediums, both traditional and new, is integral to reaching individuals and families in the NWT. The Department continued to build social media presence, increasing the

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

number of followers and views on Twitter and YouTube accounts. These accounts provide valuable information and timely updates on programming, services and projects on a regular basis. Recognizing the need for more colourful and exciting forms of communication, more video content was created for individuals and families.

Traditional forms of media, including newspaper, magazine and radio advertising remained an important part of the communications mix used to reach residents with messaging on awareness campaigns, programs, services and regular updates on important documentation like health care card renewal and temporary absence forms.

Finally, in an effort to improve access to services and information for individuals and families, the Department implemented a System Navigator function to respond to questions and concerns. In 2014/15 the system navigator opened 172 cases and worked with residents to help them get the services they need.

A System Navigator can help by:

- Resolving concerns;
- Providing information on all health and social services available in the NWT;
- Connecting individuals and families with health and social services provider to address any issues or concerns; and
- Finding commonly used forms such as health care card or marriage license applications.

● *Action 2.5: Work with other GNWT departments, NGOs and communities to raise awareness and reduce occurrence of family violence and elder abuse in the communities.*

Deliverable: Increased awareness of family violence and elder abuse in the communities.

The Department has been working with regions that do not have shelters to develop community specific and culturally appropriate Family Violence Protocols and training of Community Response Teams which can be mobilized to provide support to people experiencing family violence. In 2014-15 eight non-shelter communities from the Dehcho and Sahtu were successful in developing community specific family violence protocols.

Partnerships have continued with the YWCA Yellowknife, the Family Support Centre in Hay River and Sutherland House in Fort Smith for the provision of recovery and support programs for children who have witnessed and/or have been victimized by family violence. Additionally, the Department worked with the NWT Seniors' Society to research, develop and test suitable materials to train front line health service providers in screening for abuse of older adults.

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

● **Action 2.6: Build community capacity to prevent and respond to suicide risks and other mental health events.**

Deliverable: Community capacity to respond to mental health related incidents.

The Department continues to build community capacity by supporting mental health programs and services in the NWT. Mental Health First Aid for Northern Peoples (MHFA-N) creates awareness about mental illness and teaches participants how to support and safely intervene when an individual is experiencing a mental health crisis.

Mental Health Programs and Services in the NWT

Client Services

- Community Counselling Program
- NWT Helpline
- Psychiatric assessment and treatment

Awareness Programs

- Mental Health First Aid Training (MHFA)
- Talking about Mental Illness (TAMI) school-based program
- Applied Suicide Intervention Skills Training (ASIST)

Ongoing Applied Suicide Intervention Skills Training and MHFA training have been incorporated into core program delivery in the NWT. The ASIST program is an internationally recognized training program based on best practices in suicide prevention and intervention. ASIST equips participants with the skills to recognize that someone might

be experiencing a suicide crisis and how to safely intervene to connect the person to resources.

TAMI is an award winning five-day module program designed for use in schools to reduce the stigma associated with mental illness among youth. The program provides youth and schools with options to increase awareness, understanding, and compassion around mental illness at a formative time in students' lives. The program has been offered in Yellowknife since 2011-12, however after the 2012-13 evaluation, the program has undergone some improvements including using northern speakers. The program continues to be offered in Yellowknife and will expand to the Beaufort Delta in 2015-16.

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

● *Action 2.7: In partnership with communities, NGOs, Aboriginal organizations and other GNWT departments further implement the Healthy Choices Framework.*

Deliverable: Community capacity to deliver appropriate healthy choices initiatives.

The Healthy Choices Framework is an ongoing project that focuses on encouraging and supporting NWT communities, residents, and organizations to make safe and healthy choices. This Framework aligns with other GNWT priorities such as Early Childhood Development and Anti-Poverty and is an umbrella for better interdepartmental planning and coordination for health promotion, prevention, and positive community approaches to healthy living.

Work between the Departments of Health and Social Services, Municipal and Community Affairs (MACA), Transportation, ECE, and DOJ coordinates:

- Effective public messaging that promotes healthy choices and related health determinants;
- Program delivery by departments and NGOs;
- Joint actions on shared mandate programs and other initiatives; and
- Joint initiatives, activities, research and reports on GNWT priority areas.

2014-15 Healthy Choices Initiatives

- Injury Prevention Program;
- Drop the Pop;
- Boarding Home Prenatal Program
- Healthy Family Programs;
- My Voice, My Choice;
- Not Us;
- Respect Yourself;
- Concussion Prevention and Management
- Fall Prevention
- NWT Water Smart

For more information regarding Healthy Choices programming, please visit: www.choosenwt.ca

● *Action 2.8: Work in partnership and provide support to communities, NGOs, Aboriginal organizations and other GNWT Departments addressing HSS related prevention initiatives geared at reducing homelessness and poverty amongst high-risk groups.*

Addressing poverty in the NWT is an important priority of the 17th Legislative Assembly. The Department has led Anti-Poverty initiatives by supporting the Anti-Poverty fund, hosting the Annual Round Table, and providing support for monitoring and evaluation.

The Anti-Poverty Fund of \$500,000 was approved to financially support anti-poverty initiatives put forward by NGOs, Aboriginal Governments, and municipalities beginning in 2014-15. There were 14 successful proposals for 2014-15 with 9 of the 14 projects targeting food security and food education. Food related projects also accounted for over half of the 2014-15 budget (\$301,998).

Priority 2: Improve the health status of the population

Objective: In cooperation with communities and partners, implement health promotion, prevention and self-care activities focusing on individuals most in need

The second Annual Anti-Poverty Round Table was held in December 2014. This event brought together representatives from the GNWT, Aboriginal governments, communities, NGOs and industry from around the territory. The second Round Table focused on how to turn Anti-Poverty priorities into actions based on specific activities, partners, necessary resources and possible timelines. A draft Territorial Anti-Poverty Action Plan was reviewed at the Round Table in December and feedback provided by the delegates was incorporated. The development of the Action Plan was led by the Advisory Committee for release in Spring 2015.

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

● *Action 3.1 Update and modernize the Integrated Service Delivery Model to ensure that residents of the NWT have appropriate access to basic health and social services as needed.*

Deliverable: Residents have appropriate access to basic health and social services.

A review has been completed to identify programs and services and to assess barriers under the existing service model. The review is being used to inform the next phase of planning as the Department transitions to an integrated system with a single territorial authority.

● *Action 3.2: Develop a Territorial Midwifery Program to allow patients to access safe, quality services as close to home as possible.*

Deliverable: Patients have access to safe, quality midwifery services.

The Department is committed to the ongoing delivery and enhancement of midwifery services in the NWT. There are four clinical midwifery positions in the NWT: two in the Fort Smith HSSA and two in the Hay River HSSA. The Hay River Midwifery Program began providing prenatal care, post-partum care and birthing services in December 2014. Consultation continues to increase access to midwifery services, where appropriate. A territorial program is being envisioned with a primary goal to support the knowledge and skill capacity of community nurses through continued interaction and direct clinical support and will benefit all NWT communities by raising the standard of maternity care.

✓ *Action 3.3: Develop Med-Response, a network of pooled expertise to support care providers in the field and provide oversight and expertise for medical evacuations and travel. This will include a virtual clinic to ensure ongoing support.*

Deliverable: A support-centre with experienced staff to provide consultations and make referrals as required and be the connection to medical travel.

Med-Response officially launched on February 26, 2015. The Med-Response system provides community health care practitioners in the NWT with one dedicated number to call in emergency situations. Med-Response provides air ambulance triage, dispatch and coordination as well as an immediate connection with required medical expertise, whether that is a nurse practitioner, ER physician, NWT specialist or specialist from Alberta. Med-Response ensures clinicians are able to concentrate on caring for a patient while Med-Response staff coordinate the details.

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

The testing phase began November 30th, 2014 and coordinated 730 clinical consults from all Authorities as of March 31, 2015. Along with providing and coordinating much needed immediate access to clinical support, Med-Response has offered increased efficiencies in the coordination of the NWT's air ambulance resources. As of March 31st there were 38 situations where Med-Response staff were able to coordinate one air ambulance aircraft to transfer two patients.

The combination of clinical support and air ambulance coordination is a unique service and while these services are now live, process improvement and review are ongoing to ensure continuous system improvement.

When does a community health practitioner use Med-Response?

- When they believe an Air Ambulance is required;
- When they are unable to contact local clinical resources; or,
- When the complexity or urgency of the patient's condition is beyond the ability of local staff or health centre resources to manage.

● *Action 3.4: Training and support to allow families to care for individuals and loved ones in their homes where appropriate. This includes homecare that responds to higher acuity discharged patients as well as allowing seniors to age in place and palliative care.*

Deliverable: Residents have access to care in their home.

The Department partnered with Avens to deliver dementia training sessions for health professionals, emergency personnel and families in June 2014. The training consisted of three days of modules delivered classroom style and via TeleHealth. A total of 30 participants partook in the two day session funded through Home and Community Care funding. Feedback was positive, with 26 of 27 respondents stating their overall assessment of the event was excellent.

The Elders in Motion (EIM) exercise programs are evidence-based programs that have been shown to improve elders' functional mobility, endurance and strength. Fifty Elders, health professionals, home care and personal support workers, students, and recreation leaders attended EIM training in Yellowknife and sixteen home support workers attended training in the Beaufort Delta HSSA.

Home and Community Care funding was used to collaborate with the NWT Seniors Society (NWTSS) in March 2015 on a palliative care consultation with seniors from across the NWT. The focus of the event was to discuss palliative care for older adults and the content of the Department's newly developed Caregiver Guide. The consultations allowed for input from 20

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

older adults representing a range of communities on palliative care services and policies. Direction was given for further development of several priority areas and action items identified in *Our Elders: Our Communities* strategic framework.

Each year, HSSA staff use a combination of GNWT Personal Development Initiative funding and federal Home and Community Care funds to take the Victoria Hospice Palliative Care training. In 2014-15 attendees included: three nurses from Fort Smith; two Community Health Nurses from the Sahtu; three home support workers from Hay River; and seven staff from Yellowknife which included registered nurses, licensed practical nurses and home support workers.

● *Action 3.5: Partner with communities, voluntary sector and aboriginal organizations to develop home care support for individuals to remain in their homes and home communities for as long as possible.*

Deliverable: Residents remain in their home for as long as possible.

The NWT Housing Corporation (NWT HC) and the Department are working closely together in developing supported independent living housing for seniors in designated NWT communities. These communities were selected based on statistical analysis of the population and the identified needs of the small communities. In the 2014-15 fiscal year, contracts were awarded to construct new seniors' independent housing facilities in the communities of Fort Liard, Fort McPherson, and Fort Good Hope and to replace the seniors' independent housing facility in Aklavik. Planning continues for the seniors' independent building in Whati and construction is expected to start in Spring 2016.

As part of the unique design of the independent living homes, the common areas provide space for day programs, meals, health and personal care services for both residents and seniors living in their own homes. Designing community facilities to meet the needs of seniors will provide better resources to age closer to home for as long as possible.

Respite services are also available through home care programs, and social and/or community-based services delivered by non-government organizations or through voluntary services agreements with the HSSAs.

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

● *Action 3.6: Implement actions and changes required to allow homecare to respond to early discharge from southern hospitals and NWT acute care facilities. As well as assisting seniors to age in place.*

Deliverable: Residents remain in their home for as long as possible.

Planning to better meet the needs of our aging population

Home and community care is a high priority for significantly improving health outcomes and care experiences for elders and people with chronic disease. A review of the Continuing Care Services was completed, which informed the strategic framework *Our Elders: Our Communities* to assist elders to age in place. Based on a review of best practices across Canada, recommendations from other reports and feedback from communities, the following areas for action have been identified.

Priorities of Our Elders: Our Communities:

- 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 and AVENS are exploring options to advance the proposed AVENS Pavilion Project for consideration in the GNWT Corporate Capital Planning Process.

Training initiatives

The Department provided funding to the HSSAs through Contribution Agreements for professional development aimed at increasing the capacity of home and community care providers to meet the evolving needs of clients across the NWT. Authorities organized training for home support workers and resident care aides on medication management, non-crisis violent intervention, Supported Pathways, First Aid, food safety, and Workplace Hazardous Material Information System (WHIMS). The standard training for home support workers is courses to achieve Personal Support Worker certification. Funding is provided to authorities to assist with these training modules which are available through Aurora College or on-line through St. Elizabeth Healthcare.

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

● **Action 3.7: Ensure that residents of the NWT are protected from injury and disease.**

Deliverable: There will be fewer preventable injuries and deaths and a decrease in the incidence of preventable disease.

Prevention and awareness programs protecting NWT residents are a core part of the Department's mandate. A Territorial Injury Report informing injury reduction strategies was developed with expected publication in Fall 2015. This report will demonstrate trends, identify risks factors and at risk populations and serve as a resource document for informing injury prevention programming through evidence-based strategies. The Department has also committed to providing families with support to control infections from all Antimicrobial Resistant Organisms (AROs) and tuberculosis (TB).

In Spring 2014, the Department completed a review of the past 15 years of TB cases to understand the incidence of latent and active TB in the NWT. This review will assist in identifying and treating those with latent TB. In November 2014, a new NWT TB Manual was released with updated standards for TB screening, diagnosis, treatment, and reporting, and reflects the current Canadian standards.

AROs are a concern in the NWT and globally. In June 2014, the NWT's Chief Public Health Officer participated on an international expert jury which collaborated to produce a national consensus statement on AROs and in March 2015, the Government of Canada released the *Federal Action Plan on Antimicrobial Resistance and Us*. The NWT is participating in discussions and actions arising from this national initiative which will inform approaches for ARO management in Canada and the NWT.

Actions that have been taken to address infection control in Health and Social Services facilities:

- Clinical practice guidelines have been developed and provided to front line staff;
- Clinical specialists promote prevention measures, and early detection and treatment to protect patients and staff;
- Environmental health officers and epidemiologists visit at-risk communities to work with the local staff;
- Reporting and surveillance of AROs to the Office of the Chief Public Health Officer; and,
- Creating a general public awareness through media.

Methicillin-resistant *Staphylococcus aureus* (MRSA) clinical practice guidelines were implemented across the territory to ensure patients receive the best care possible – no matter where they receive treatment. Department staff are participating on a Federal Territorial Provincial working group for the development of a national strategy for AROs.

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

● **Action 3.8: Build capacity to ensure that residents of the NWT are protected from injury and disease including the capacity to control infections.**

Deliverable: Community capacity to deliver injury prevention strategies.

NWT Water Smart is a community leadership training and education program for drowning prevention. The training was conducted in 30 communities with regular follow-up

The NWT has 24 certified car seat technicians spread across all HSSAs. Certified car seat technicians are trained to provide advice to parents in the proper installations of car seats to reduce injuries of young children in motor vehicle accidents. The Child Occupant Restraint Education is delivered at community clinics and also supports a car seat loaner service in small communities.

Falls prevention indicators were developed and will guide the development of a Falls Prevention Framework. Fall prevention initiatives included home-based safety education for older adults and continuation of home exercise programs to improve balance and mobility. The Falls Prevention Framework will outline areas of action needed to reduce the number of injuries due to falling in the NWT.

A concussion prevention and management workshop was held in Yellowknife in March 2015. Seventy-five participants attended, including parents, educators, coaches, physicians, nurses, nurse practitioners, and rehabilitation medicine specialists. There was representation from all HSSAs.

● **Action 3.9: Integrate and modernize consistent standards, policies, best practices and decision making tools across the system. These may include community health nursing standards, management of chronic disease, renal dialysis, continuing and long term care standards, and clinical standards.**

Deliverable: Existence of updated standards, policies and tools.

In order to promote the consistent delivery of evidence-based patient care, the Department implemented a Clinical Standards Steering Committee (CSSC) in April 2014. The role of the CSSC is to set territorial wide clinical standards, protocols and practice guidelines that are expected to be followed across the NWT. The CSSC will also report on how well the standards, protocols and guideline are followed. The CSSC includes representatives from the Department, the Medical Directors Forum and the Nursing Leadership Forum. By developing a standardized process the Department ensures that reduced variation in practice, equitable care to all residents and quality

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

improvement is part of our ongoing business. The CSSC is chaired by the NWT's Chief Clinical Advisor.

In 2013, the Department rolled out universal access to clinical decision support software for all health providers in all of the sites. This online tool provides immediate, web-based clinical information on best practices on thousands of topics to our clinicians.

Over the past four years, the Department has been working in collaboration with HSSAs to develop and implement new Continuing Care Standards (CCS). In October 2014, Home and Community Care funding was used to hold a two day facilitated CCS Meeting that provided a final opportunity for key Department and Authority staff to analyze and provide input on the final draft of the CCS. Twenty six participants from the NWT Continuing Care Committee, which includes members from the HSSAs and staff from the Department, met to review and finalize the draft CCSs and implementation plan. The CCS was approved in March 2015 and will assist the HSSAs to deliver consistent and effective Long Term Care, Home and Community Care and Supported Living programs across the NWT.

Updated standards and guidelines:

- Canadian Immunization Guide (accepted as NWT Standard)
- Enhanced Congenital Syphilis Screening
- Lost to Follow-Up Flow Chart: Guidelines for the Epidemiological Follow-Up of Chlamydia and Gonorrhoea in the NWT
- Mandatory Immunization Competency Education Program
- NWT Continuing Care Standards
- NWT Child Growth Chart Standard
- NWT Health Centre Formulary
- NWT Type 2 Diabetes Screening and Diagnosis - Clinical Practice Guidelines
- Post Exposure Management and Prophylaxis
- Revised NWT TB Protocol
- RSV Prophylaxis Protocol for Eligible High Risk Infants
- Treatment of Uncomplicated Gonorrhoea During Cefixime Drug Shortage
- Vitamin D Supplementation Recommendations

● *Action 3.10: Continue to use technology such as Telehealth, DI/PACS and electronic health records, to improve access to specialists.*

Deliverable: Improved access to specialists.

New technology enables fast delivery of quality health care across the NWT by linking health care professionals with patients and with each other, regardless of where they are. Territory-wide technology initiatives aimed at supporting effective information sharing and patient care are listed below.

Priority 3: Deliver core community health and social services through innovative service delivery

Objective: Through innovative delivery ensure people have the majority of their health and social needs met by high quality community-based support and care

In progress:

- The **Electronic Medical Records system (EMR)** is being used in the NWT to improve access to patient information and to enable better health care decisions. EMR is up and running in clinics in Yellowknife, Hay River, Fort Smith and Stanton Pediatric Services with future plans to link all healthcare providers across the NWT.

Completed:

- **Telehealth** services were made available in every NWT community that has a health centre or school. Patients in communities are now able to access a variety of specialist and other services without leaving their community.
- **Digital Imaging Picture Archiving and Communication System (DI/PACS)** was introduced throughout the territory to seamlessly move medical images, such as x-rays, between health professionals. The technology is available everywhere in the NWT that diagnostic imaging services are provided. The DI/PACS system allows improved image detail capture and faster transmission by healthcare providers outside of Yellowknife to access radiology expertise, without the need for their patients to travel to Yellowknife or Edmonton to access those services.
- A territory-wide **Lab Information System (LIS)** was introduced. The new LIS shares medical lab results quickly and effectively from the lab to healthcare providers and patients. The LIS allows for health information sharing between facilities, meaning that patients can have their procedure performed in their home community, have the tests sent to Yellowknife and then have the results made quickly available to healthcare teams back in their community.
- The **Interoperable Electronic Health Record (iEHR)** provides a summary view of a patient's key medical information (demographics, all NWT lab results, key hospital event history). Information included is currently limited by information that is (a) digital; (b) available in summary view; and (c) where funding was available to consolidate information. Access to the iEHR is available for all NWT clinicians who need to have access to the information.

Priority 4: Ensure one territorial integrated system with local delivery

Objective: Ongoing sustainability of the system and best value for money

● *Action 4.1: Appropriate access to services through a comprehensive and modern GNWT medical travel system and policy.*

Deliverable: Clients receive appropriate access to medical travel.

To improve medical travel, the Department is focusing on the following three areas:

1. The GNWT Medical Travel Policy has been revised in 2014 to remove program level detail and give the Minister the authority to establish guidelines for a more responsive and effective management of the medical travel program;
2. Medical Travel Ministerial Policies will be established to update current patient supports, eligibility and benefits, and will create an appeal process; and,
3. A Medical Travel Business Processes Manual will reflect the revised policy framework and will include the development of a procedures manual to ensure consistent application of the program across the NWT.

The revised Medical Travel Policy and Ministerial Policies were prepared, to come into effect on April 1, 2015. The Ministerial Policies will be updated as a result of public engagement and periodic review.

From December 2014 to February 2015, residents and stakeholders were consulted on patient supports and provided recommendations on the types of patient supports that could be covered. Public engagement was held in several communities and included those with unique medical travel issues.

Stakeholders who were involved in public engagement

In addition to patients, their friends and family (non-medical escorts), community health centre/hospital staff and the general public, the following organizations were consulted in the following communities:

- Hay River Seniors' Society in Hay River
- Tuktoyaktuk Community Corporation in Tuktoyaktuk
- Gwich'in Tribal Council and Inuvialuit Regional Corporation in Inuvik
- Tlicho Community Services Agency in Behchoko
- NWT Disabilities Council ; NWT Seniors' Society; Yellowknife Seniors' Society; Stanton Elder's Council; Canadian Cancer Society; NWT Breast Health/Breast Cancer Action Group in Yellowknife
- Staff of the Larga House boarding home in Edmonton
- Staff and patients in Fort Good Hope
- Staff and patients in Trout Lake

Priority 4: Ensure one territorial integrated system with local delivery

Objective: Ongoing sustainability of the system and best value for money

✓ *Action 4.2: Establish appropriate governance and accountability structures through role clarification, appropriate financial and accountability agreements and grants and contribution programs. Amend NGO agreements to focus and fund on outcomes.*

Deliverable: Appropriate governance and accountability structures are in place.

In order to increase flexibility, outcome-based funding agreements have been established with partner organizations such as Aboriginal Governments and nonprofit organizations. These changes are expected to meet the needs of 1) residents who will benefit from high quality programming designed for and by their communities and 2) partner organizations who can use and further develop their programming expertise.

An example of the outcome-based funding agreement is the Anti-Poverty Fund. Unlike traditional request for proposal processes, Fund applicants were asked to identify what Anti-Poverty goals their project was intended to address and how. There were no limitations on the project design or delivery beyond the need to target Anti-Poverty goals. For successful applicants, projects were required to provide financial statements and project summaries that described what their projects had achieved upon completion.

By first identifying shared goals and outcomes through a collaborative process and then supporting community and regionally-based groups to undertake their own program design, the Department and its partners have increased clarity on their respective roles and accountabilities. Community-based groups are also empowered to design and deliver high quality programs that serve their residents.

● *Action 4.3: Establish an NWT system governance and accountability structure to ensure system leadership, risk management and accountability which links with the GNWT and ensures a one system approach.*

Deliverable: Public reporting on system accountability.

A Bill amending the *Hospital Insurance and Health and Social Services Administration Act* (HIHSSA) to improve our health and social services system governance framework was introduced during the February/March session of 2015. This new structure will integrate seven of the eight HSSAs into a single authority responsible for overseeing the entire NWT health and social services system. Along with reducing administration and professional recruitment costs, this will increase access to services for our residents as well as standardize and improve the level of care.

Priority 4: Ensure one territorial integrated system with local delivery

Objective: Ongoing sustainability of the system and best value for money

As system transformation advances, the accountability structure will reflect these changes and incorporate risk management, system priorities and public performance measures in the new framework. An enterprise risk management model is under development to identify where risk exists in the system as well as the types of risk management systems being used.

● *Action 4.4: Support Human Resources in developing a comprehensive recruitment plan for the HSS system including a service level agreement for recruitment and retention processes and activities that clearly sets out roles and responsibilities, timelines, and services to be delivered.*

Deliverable: Service level agreements are in place.

The Department took over the mandate to provide leadership and services in the planning, development and management of strategic human resources for the Department and the HSSAs. A division was created within the Department to carry out the mandate. The Health and Social Services Human Resource (HSS HR) Strategic Plan will be implemented in early 2015-16 with goals of:

1. Retention – developing northern capacity across the career continuum;
2. Recruitment – northern recruitment in hard to fill positions; and,
3. Better information for decision making – an information management strategy is part of the new plan to enhance current and future health and social service labour market planning, decision making, reporting and accountability.

New programs included in the Strategic Plan are intended to target future workforce requirements of the system, and focus on recruitment and retention for system occupations. The HSS HR Strategic Plan will also guide future programs and strategies to ensure the right staff, with the right skills, are in the right place to provide needed services to NWT residents.

● *Action 4.5: Develop and implement appropriate governance and accountability structures for medical travel linked with back office service delivery.*

Deliverable: Improved economic stability and patient experience.

The NWT health and social services system is moving forward with designing and implementing a single health and social services authority which will have an integrated governance structure. New medical travel policies, administrative program guidelines and business processes are being developed which will align with this future system change and enhance service delivery.

Priority 4: Ensure one territorial integrated system with local delivery

Objective: Ongoing sustainability of the system and best value for money

The use of innovative technology is vital in improving and updating service delivery. It is required to drive health and social service system reform, manage patient care and safety, and overcome isolation, limited practitioner workforce, and limitations to service access.

The NWT health and social services system Strategic Plan *Building on Our Foundation 2011-2016* includes innovative, reliable technology as vital to achieving these transformational changes. These changes are necessary to enable a Territorial system approach to service delivery, where patients are the centre of quality, safe and sustainable care. Without technology investments, core changes to service delivery and patient safety are not possible.

The Department has made significant inroads in the implementation of health information technology solutions over the past several years. Additionally, transformation of service delivery of Information Systems (IS), Information Management (IM) and Information Technology (IT) is required to provide more effective support for the health information technology solutions. The Department has taken steps in supporting an IT/IS Shared Services initiative.

The IT/IS Shared Service initiative consists of: 1) leveraging the GNWT's Technology Service Center (TSC) by transitioning remaining Health and Social Services Authorities to the TSC for standard IT desktop and infrastructure support; and 2) creating a single Information Systems Service Centre (ISSC) to support HSSAs' and the Department's Information System needs. In 2014-15 planning continued in the development of the ISSC with the creation of 4 new IS positions and the substantiation and funding of 4 additional IS positions in 2015-16, including the Director of the ISSC position. Stanton Territorial Health Authority (STHA), Beaufort-Delta Health and Social Services Authority (BDHSSA) and Fort Smith Health and Social Services Authority (FSHSSA) network hardware was also upgraded and transferred to TSC support.

● *Action 4.6: A modern Legislative Framework that supports the mandate of the NWT health and social services system.*

Deliverable: A modern and updated legislative framework.

The Department is on track for completing a number of legislative initiatives to support a modern and comprehensive legislative framework.

The *Health Information Act* (HIA) was passed in March 2014 and a Health Privacy Unit was created to lead the implementation. Activities included drafting regulations and policies; developing an HIA training manual, online and in-person training workshops, and a public awareness campaign; and preparing for designation of a NWT Research Ethics Committee. The awareness campaign will communicate to the public their rights under the new Act which is

Priority 4: Ensure one territorial integrated system with local delivery

Objective: Ongoing sustainability of the system and best value for money

scheduled to come into force in 2015-16. The purpose of the HIA is to set out a modern framework governing the collection, use, disclosure, and access of personal health information.

For more information on the Department's progress on its Legislative Framework refer to Appendix 3.

Legislative initiatives as of March 31st, 2015:

Legislation	Status
1. Mental Health Act	Drafting
2. Health and Social Services Professions Act	Passed Mar. 2015
3. Act to Amend the Child and Family Services Act	Introduced Feb. 26, 2015
4. An Act to Amend the Hospital Insurance and Health and Social Services Administration Act	Introduced Feb. 5, 2015
5. Human Tissue Donation Act	Passed Nov. 2014
6. An Act to Amend the Pharmacy Act	Passed Nov. 2014
7. Health Hazard Regulations	Drafting
8. Public Pool Regulations	Preliminary jurisdictional scan in progress

● *Action 4.7: Infrastructure planning to ensure modern, safe facilities and medical and other equipment that meets current infection control standards to promote efficient service delivery.*

Deliverable: Facilities are renovated according to budget and medical equipment meets approved standards.

Significant work has been completed on infrastructure projects throughout the NWT health and social services system.

Hay River Regional Health Centre, Hay River

- H.H Williams Memorial Hospital is being replaced with a new state-of-the-art Health Centre.
- Construction started in March 2013 and is scheduled for completion in the 2015-16 fiscal year.
- The new health centre will be approximately 6,800 m² in size, compared to 5,885 m² for H.H. Williams.

Priority 4: Ensure one territorial integrated system with local delivery

Objective: Ongoing sustainability of the system and best value for money

Woodland Manor, Hay River

- The expansion of Woodland Manor will provide ten additional long term care beds to the current facility making a total of 25 beds.
- The design and construction are scheduled to begin in the 2015-16 fiscal year.

Health and Social Services Centre, Fort Providence

- The new 1085 m² centre will replace the Fort Providence Health Centre, constructed in 1970-71.
- Construction started in September 2013 and was substantially completed by March 2015.

Fort Resolution Health and Social Services Centre, Fort Resolution

- A new Health and Social Services Centre will be replacing the existing 44 year old building.
- A RFP for construction was issued in December 2014 with the work scheduled to start in 2015-16.

Health and Social Services Centre, Norman Wells

- The Health Centre is being replaced with a Health and Social Services Centre attached to a new 18 bed long term care facility.
- Construction began in May 2014 and is expected to be completed in Fall 2016.

Long Term Care Facility, Behchoko

- An 18 bed long term care facility is being constructed to replace the existing 8-bed Jimmy Erasmus Seniors Home.
- Phase 1 of the project provides room for nine elders and was completed in November 2014.
- Phase 2 of the project is expected to be completed in the 2015-16 fiscal year.

Tulita Health and Social Services Centre, Tulita

- A planning study is underway to replace the existing 29 year old health center to best meet the needs of front line staff, clients and patients.
- The new facility will be approximately double the size of the existing facility and will be reconfigured to comply with current best practices.
- The planning study is expected to be completed by December 2015 and the project will be put forward for inclusion in the 2016-17 capital plan.

Fort Simpson Health and Social Services Centre, Fort Simpson

- A planning study for the new Health and Social Services Centre is in progress and will make recommendations for the facility and program renewal.
- A RFP for consulting services related to the operational plan and functional program development was issued in February 2015.
- The planning study is expected to be completed by March 31st, 2016.

Inuvik Regional Hospital, Inuvik

- Upgrades to an existing Acute Care bedroom at the Inuvik Regional Hospital will result in a Seclusion Room to care for patients requiring assistance of this nature.

Priority 4: Ensure one territorial integrated system with local delivery

Objective: Ongoing sustainability of the system and best value for money

- The architectural and engineering contract was awarded in August 2014 followed by the construction contract awarded in January 2015.
- Construction is expected to be complete in the 2015-16 fiscal year.

Trout Lake Health Cabin, Trout Lake

- The Trout Lake Health Cabin is in need of repair and has been identified as an infrastructure priority for the Department.
- The conditions of the facility are being reviewed to determine the requirements for submission into the 2016-17 capital plan.

Stanton Territorial Hospital, Yellowknife

- The planning study for Stanton Territorial Hospital is complete.
- The RFP procurement process included three collaborative sessions with each proponent at progressive stages of proposal development in November 2014, January 2015 and March 2015.
- An agreement will be finalized in Fall of 2015 and construction to commence early 2016.

Fort Smith Health and Social Services Centre, Fort Smith

- The existing 35 year old Health and Social Services Centre in Fort Smith has been fully renovated to improve operational and energy efficiency and meet current National Building Code requirements.
- A grand opening was held October 24, 2014, and intended programs are being delivered in the building.

Priority 5: Ensure patient/client safety and system quality

Objective: Build territorial and local capacity to ensure safety and quality of care

● **Action 5.1: Ensure that individuals and families are informed of their role in accessing treatment and care and the role of the family in supporting individuals undergoing treatment or care.**

Deliverable: Individuals and families are provided with appropriate information on treatment and care.

Under this action, the Department committed to disseminate plain language information for the public on palliative care and the role of family and personal directives. The Department further committed to develop regional supports for palliative care.

In 2014-15, the Department finalized the *Our Elders: Our Communities* strategic framework that will guide how the GNWT will meet the health care and social needs of Elders and seniors. Using the recommendations put forth by the Continuing Care Review, the strategic framework guides future program planning for older adults to assist them to remain in their communities as long as possible.

Priorities of Our Elders: Our Communities:

- 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.



To help achieve the priorities outlined in *Our Elders: Our Communities*, the Department also released two companion guides: the *Senior's Information Handbook* and the *Care Givers Guide*. The handbook provides a comprehensive list of programs and services that seniors and their caregivers can access towards making informed decisions that can help them remain independent and active in their home communities while the guide informs people who are, or anticipate,

providing care for loved ones. The guide also provides information on end of life decisions and palliative care.

The Department is using technology to link professionals in the communities to important resources such as evidence and best practices, other professionals with advanced palliative training, and resources with information on end of life care for patients and families through the Canadian Virtual Hospice.

Priority 5: Ensure patient/client safety and system quality

Objective: Build territorial and local capacity to ensure safety and quality of care

● *Action 5.2: Enhance retention of qualified staff by working with communities and partners to ensure that front line health and social services workers are provided with a safe and welcoming environment in which to work and live.*

Deliverable: Increased staff retention.

The Department and HSSAs have policies and procedures in place that both ensure staff safety and a sense of comfort in the workplace. Staff are trained in non-violent crisis intervention to de-escalate situations.

In response to the 2011 Auditor General's Report, the Department developed a HSS HR Strategic Plan to focus on recruitment and retention of health care professionals. The new HSS HR Strategic Plan will be implemented in Spring 2015 and includes new programs to provide ongoing training to health and social services (HSS) system employees, to develop future senior managers for the HSS system, and to undertake analysis on the HSS systems' workforce requirements.

The HSS HR Strategic Plan is intended to increase staff retention and to consistently work toward best practices. The Department and HSSAs regularly invest in education and professional development opportunities for employees as well as training requirements for staff to maintain their license to practice.

● *Action 5.3: Develop and implement a Pharmaceutical Strategy to improve management of drugs and other pharmaceuticals.*

Deliverable: A pharmaceutical strategy is developed and implemented to reduce costs and increase efficiencies.

The Department is working on developing a pharmaceutical strategy. In 2012, Alberta Blue Cross completed a report that had several recommendations to aid in the development of a strategy by identifying drug benefit management opportunities for cost savings within current GNWT supplementary health programs. Since then, in consultation with the Department and Authorities, the Department of Finance's Program Review Office has been conducting a review of pharmaceutical management, purchasing, coverage, and regulation. The Renewing Pharmaceutical Governance review will assess the current state of pharmaceutical management, purchasing, coverage, and regulation in the NWT and provide comparisons to other jurisdictions and best practices across Canada. This review will assist the Department in finalizing an action plan to move forward with the development of a pharmaceutical strategy.

Priority 5: Ensure patient/client safety and system quality

Objective: Build territorial and local capacity to ensure safety and quality of care

✓ *Action 5.4: Improve territorial standards for prevention and control of infections in healthcare facilities. Build system capacity and oversight.*

Deliverable: Health care facilities have improved infection control standards.

The new NWT Infection Prevention Control Manual is complete. It contains all the standards of practice required by health care facilities to prevent and control the spread of infectious diseases. The manual has been distributed throughout the NWT. HSSAs are responsible to implement and audit these standards within their facilities and clinic/services settings.

● *Action 5.5: Complete and implement an NWT Accountability Framework for Patient Safety to ensure ongoing improvement of patient care.*

Deliverable: A reporting mechanism that ensures ongoing quality improvement and best practices.

To improve the communication and sharing of best practices, representatives from the Department and the HSSAs established a territorial Patient Safety working group. The NWT Patient Safety Framework being developed will provide NWT health authorities and hospitals with a comprehensive and systems-based approach to the provision of care based on fundamental principles of patient safety.

Priority 6: Outcomes of health and social services are measured, assessed, and publicly reported

Objective: Ensure accountability of the system by reporting to the Legislative Assembly and the public

● **Action 6.1: Monitor and report on client and patient satisfaction with their access to and experience with the health and social services system.**

Deliverable: Increased accountability reporting to the public through ongoing client satisfaction surveys.

The Department continues to conduct client satisfaction questionnaires each year. Patient satisfaction with healthcare services is measured every second year, alternating with client satisfaction with social services and programs. The *NWT Patient Experience with Healthcare Services Report 2014* was released in March 2015. The results of all questionnaires are available on the Department's webpage (<http://www.hss.gov.nt.ca/publications>).

Recent Satisfaction Reports:

- NWT Patient Experience with Healthcare Services Report 2014
- NWT Community Counselling Program Client Satisfaction Report 2013
- NWT Health Care Services 2012 Client Satisfaction Questionnaire
- NWT Hospital Satisfaction Questionnaire Results 2010

Highlights of the NWT Patient Experience with Healthcare Services Report 2014

- 92% rated the care they received as Excellent or Good.
- 93% rated the respectfulness of staff and health care professionals as Excellent or Good.
- 92% rated their satisfaction with how well their questions were being answered as Excellent or Good.
- 90% of respondents found it easy to access services.
- 86% of respondents reported that they were kept informed about the care planned for them.
- 90% of respondents reported that their treatment/procedure was clearly explained to them.

● **Action 6.2: Improved monitoring and reporting of information.**

Deliverable: Health and Social Services System Annual Report.

The Measuring Success and Focusing on Results Annual Report has been released to the Legislative Assembly and public regularly. This report provides updates on the 44 actions listed in the Departments' Strategic Plan - Building on our Foundation 2011-2015. The 36 performance measures have been incorporated into a comprehensive Public Performance Measures Report. Improved monitoring and reporting continues to be a priority that the Department strives towards.

Priority 6: Outcomes of health and social services are measured, assessed, and publicly reported

Objective: Ensure accountability of the system by reporting to the Legislative Assembly and the public

● *Action 6.3: Address the data compatibility issue and increase capacity for data collection, analysis, monitoring and reporting. This will allow HSS to monitor the performance of the system and publicly report.*

Deliverable: Outcomes are measured, assessed and publicly reported on.

There are a number of initiatives planned or underway that will help address data capacity issues. For example, the CFIS replacement is underway and scheduled to be completed March 2017. The new system will improve data and information collection and availability and will enable child protection workers to perform their duties effectively and efficiently.

This past year, the Department introduced Bill 44, the Act to Amend the Hospital Insurance and Health and Social Services Administration Act that will allow the Minister of Health to establish a single territorial health authority. This transformation will increase accountability and improve system integration.

The HIA Bill was passed in March 2014 and a Health Privacy Unit has been created to lead the implementation. The purpose of the HIA is to set out a modern framework governing the collection, use, disclosure and access of personal health information. The HIA will improve security of confidential information, while improving access to data for program and system planning.

Innovations such as e-Health and social services technology will provide consistent platforms for data collection, analysis, monitoring and reporting. These territory-wide projects, along with other significant initiatives will allow the Department to more effectively monitor and publicly report on the performance of the system.

An Enterprise Risk Management Corporate Risk Profile was developed to proactively identify and mitigate risks throughout the health and social services system. Risk management data will help identify opportunities for mitigating potential risks, before they become areas of concern.

Financial Highlights

In 2014-15, the Department spent approximately \$400 million (Table 1). Over \$268 million (67%) went directly to HSSAs under Core Funding Contribution Agreements (Table 2), to administer and deliver territorial and regional programs and services.

Table 1

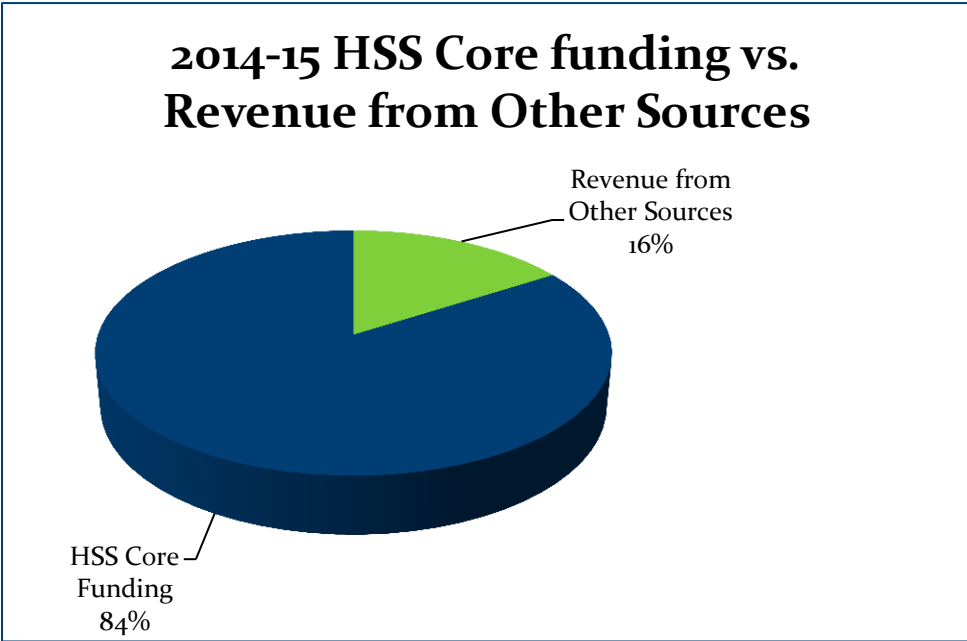
2014-15	
Expenditures by Activity	
(Thousands of dollars)	
Activity	Actuals
Administration and Support Services	76,228
Ambulatory Care Services	64,233
Community Health Programs	144,233
Community Social Programs	28,192
Diagnostic and Therapeutic Services	23,975
Nursing and Inpatient Services	33,522
Supplementary Health Programs	30,063
	400,446

In 2014-15, the HSSAs spent \$331 million – over \$13 million more than funds available, resulting in a \$13.9 million net operating deficit (Table 3). Per Graph 1, 84% of HSSAs revenues flow as core funding from the Department. The remaining 16% flows from other sources such as client co-payments and third party billings.

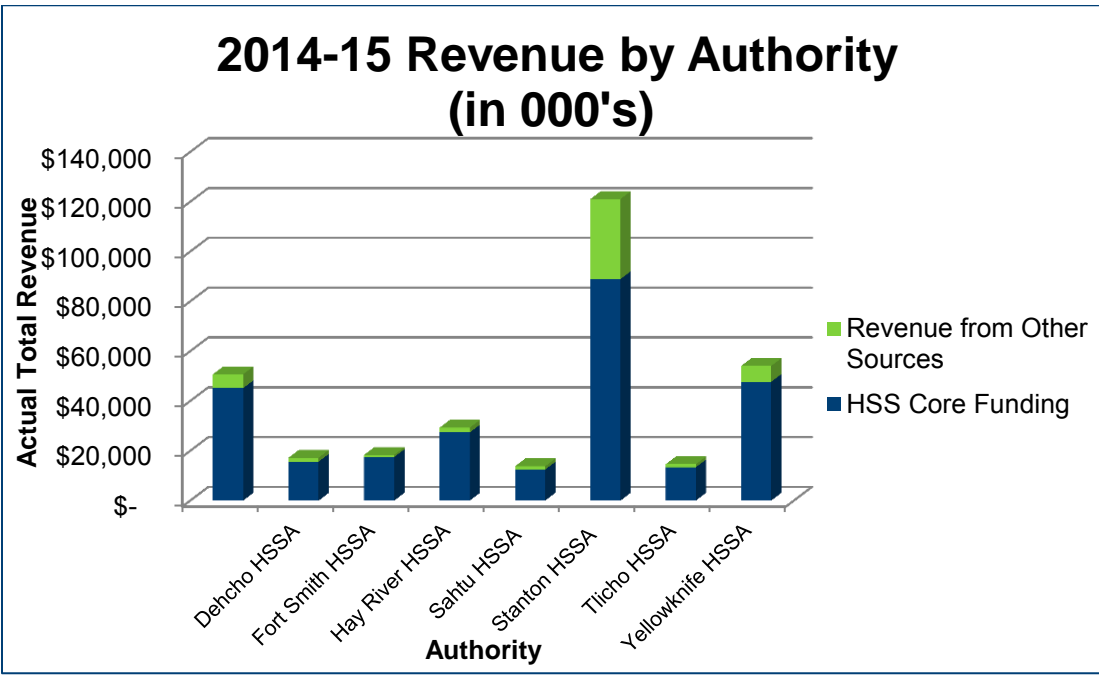
Table 2

2014-15			
Authority Funding			
Authority	HSS Core Funding	Revenue from Other Sources	Actual Total Revenue
Beaufort-Delta HSSA	45,139,000	5,399,624	50,538,624
Dehcho HSSA	15,651,000	1,555,030	17,206,030
Fort Smith HSSA	17,500,000	777,797	18,277,797
Hay River HSSA	27,371,000	1,805,790	29,176,790
Sahtu HSSA	12,469,306	1,330,886	13,800,192
Stanton HSSA	88,956,187	31,765,603	120,721,790
Tlicho HSSA	13,379,000	1,240,184	14,619,184
Yellowknife HSSA	47,692,000	6,006,000	53,698,000
Total	\$ 268,157,493	\$ 49,880,914	\$ 318,038,407

Graph 1



Graph 2



Financial Highlights

In 2014-15, all eight HSSAs incurred annual operating deficits. As of March 31, 2015, all HSSAs were in an accumulated deficit position, totaling \$34.9 million, not including the \$16.2 million in unfunded employee leave and termination benefit liabilities.

Table 3

2014-15 Final Results				
Authority	Revenue	Expenses	Operating Surplus /(Deficit)	Accumulated Surplus/(Deficit)*
Beaufort-Delta HSSA	50,538,624	52,247,172	(1,708,548)	(7,614,172)
Dehcho HSSA	17,206,030	17,370,150	(164,120)	(2,638,434)
Fort Smith HSSA	18,277,797	19,786,091	(1,508,294)	(4,211,486)
Hay River HSSA	29,176,790	29,960,313	(783,523)	(1,207,042)
Sahtu HSSA	13,800,192	13,854,321	(54,129)	(342,545)
Stanton HSSA	120,721,790	127,796,050	(7,074,260)	(16,069,758)
Tlicho HSSA	14,619,184	14,996,503	(377,319)	(284,697)
Yellowknife HSSA	53,698,000	55,877,988	(2,179,988)	(2,544,713)
Total	\$ 318,038,407	\$ 331,888,588	\$ (13,850,181)	\$ (34,912,847)

* Does not include unfunded ELTB of \$16.2 M

The 2014-15 net operating deficit of \$13.9 million represents less than 5% of the total budget for HSSAs. The annual deficit has increased by \$4.8 million over the 2013-14 deficit of \$9.1 million primarily due to a decrease in patient revenues (fewer non-resident patients accessing services).

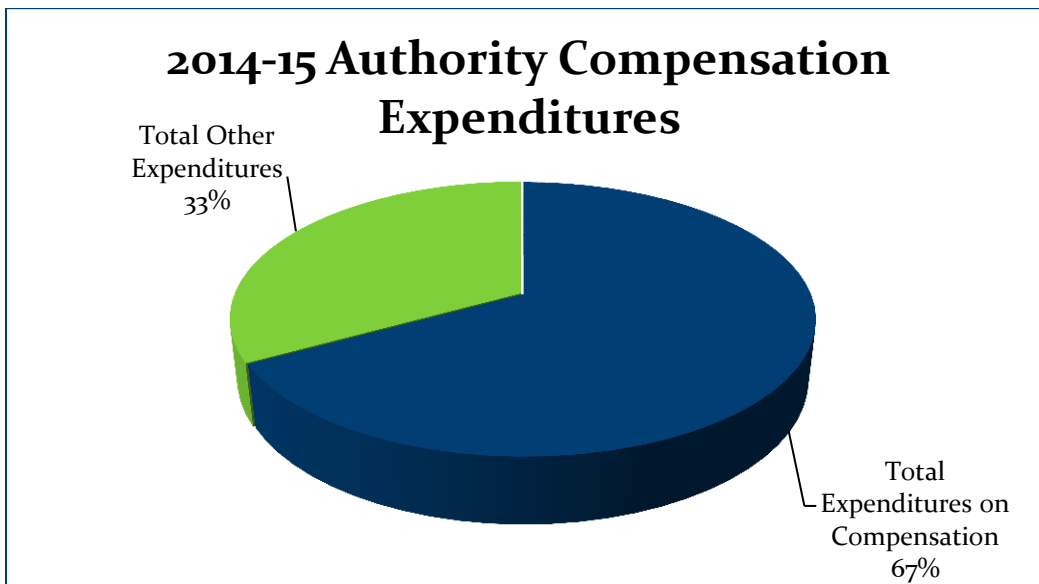
The impacts of unfunded Collective Agreement provisions continue to be a significant cost. Expenditures for responsibility allowance, removal and relocation costs, overtime pay, relief pay, shift premiums and standby pay, pension buybacks and leaves such as maternity/parental leave and mandatory rest periods are increasing year after year without funding, therefore contributing to the accumulated deficit.

Table 4

Final Results 2014-15				
Authority	Total Expenditures*	Total Expenditure on Compensation	Total Other Expenditure	Total Expenditure on Compensation %
Beaufort-Delta HSSA	52,247,172	39,256,280	12,990,892	75.1%
Dehcho HSSA	17,370,150	13,424,794	3,945,356	77.3%
Fort Smith HSSA	19,786,091	14,951,470	4,834,621	75.6%
Hay River HSSA	29,960,313	24,133,852	5,826,461	80.6%
Sahtu HSSA	13,854,321	10,210,787	3,643,534	73.7%
Stanton HSSA	127,796,050	75,557,433	52,238,617	59.1%
Tlicho HSSA	14,996,503	11,326,449	3,670,054	75.5%
Yellowknife HSSA	55,877,988	33,774,934	22,103,054	60.4%
			-	
Authorities Total*	\$ 331,888,588	\$ 222,635,999	\$ 109,252,589	67.1%
Department	134,449,313	22,334,895	112,114,418	16.6%
HSS System Total*	\$ 466,337,901	\$ 244,970,894	\$ 221,367,007	53%

* including revenue from other sources for Authorities

Graph 3



Financial Highlights

Table 5

2014-15 Active Postions (per the 2015-16 Main Estimates)				
Authority	Indeterminate Full Time	Indeterminate Part Time	Total	
Beaufort-Delta HSSA	216	13	229	
Dehcho HSSA	86	9	95	
Fort Smith HSSA	92	17	109	
Hay River HSSA	162	30	192	
Sahtu HSSA	62	10	72	
Stanton HSSA	375	40	415	
Tlicho HSSA	88	18	106	
Yellowknife HSSA	162	12	174	
Authorities Total	1,243	149	1,392	
Department	173	4	177	
Total	1,416	153	1,569	

Staff to administer and deliver programs and services is a significant cost to the HSSAs with 1,392 active positions in 2014-15 (Table 5), not including 77.5 physician positions. Expenditures for compensation, including physicians totaled over \$222 million in the HSSAs – approximately 67% of total expenditures (Table 4).

This past year, the Department spent approximately \$30 million on supplementary health programs. This includes specific benefit programs such as Indigent Health Benefits, Metis Health Benefits, Extended Health Benefits and Medical Travel. These programs provide eligible prescription drugs, appliances, supplies, prostheses, and certain medical travel expenses to residents who meet eligibility criteria.

Appendix 1

Reporting on the Medical Care Plan

Appendix 2

Major Publications

Appendix 3

Summary of Legislative Agenda

Appendix 4

Early Childhood Development Action Plan –
Summary of Department Initiatives

Appendix 5

Building Stronger Families Action Plan –
Summary of Department Initiatives

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, 2015 there were 43,436 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, 2015, there were 486 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.

Appendix 1: Reporting on the Medical Care Plan

During the reporting period, over 41.9 million dollars was spent on insured physician services provided to residents within the NWT.

Insured Hospital Services

HSSAs are responsible for delivering inpatient and outpatient services to residents in hospitals and health centres. Contribution agreements between the Department and the HSSAs 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 4 acute care facilities and 23 other health facilities throughout the NWT.

HIHSSA'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 for those services 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 other jurisdictions are in place so that NWT residents with a valid NWTHCP do not have to pay out of pocket if they access medically required inpatient or outpatient services in these jurisdictions. During the reporting period, approximately 23 million dollars was paid to approved facilities outside the NWT for the treatment of NWT residents.

Appendix 2: Major Publications

Reports and Strategic Documents

- 2012 NWT Report on Substance Use and Addiction
- Seniors' Information Handbook
- The NWT Caregivers Guide
- NWT Health and Social Services 2013/2014 Annual Report
- NWT Patient Experience with Healthcare Services Report 2014
- NWT Continuing Care Standards
- NWT Tuberculosis Manual
- Annual Report of the Director of Child and Family Services 2013-14
- Building Stronger Families
- NWT Community Counselling Program Client Satisfaction Report 2013
- Community Wellness Plans
- Caring for Our People
- Standing Committee on Government Operations on the public review of the Auditor General's Report on Child and Family Services
- Brushing up on Oral Health NWT 2014
- Report of the Director of Child and Family Services
- Our Elders: Our Communities
- Performance Measurement and Accountability Framework
- NWT Health Centre Formulary

Appendix 2: Major Publications

Brochures and Fact Sheets

- Health Warnings (Tobacco)
- Tuberculosis
- Family Violence – Where to get help in the NWT
- Seniors Program Extended Health Benefits
- Métis Health Benefits
- Specified Disease Conditions Program Extended Health Benefits
- Look Who’s Quit
- Addictions – Where to get help in the NWT
- Ten Ways to Reduce Your Cancer Risk
- Cancer Screening Saves Lives
- Lung Cancer Awareness Month
- Foster Parents
- Ebola Virus Disease (EVD) – Q&As
- Mental Health – Where to get help in the NWT
- Preventing Suicide – Where to get help in the NWT
- NWT Help Line
- Antibiotic-Resistant Organisms and Why We Care About Them
- Public Health Advice Related to Power Outages
- Air Quality – Forest Fire Smoke
- NWT Nutritional Food Fact Sheets Series
- Baby Friendly Initiative Questions and Answers
- Mind and Spirit (NWT Mental Health Magazine)
- Get Vaccinated!

Appendix 3: Summary of Legislative Agenda

The 17th Legislative Assembly will end in Fall 2015. The Department is moving forward on a number of legislative initiatives before the end of the 17th Legislative Assembly.

1. Legislation

Health and Social Services Professions Act (Bill 36)

A new *Health and Social Services Professions Act* was passed in March 2015. This Act regulates several health and social services professions under one legislative model, thereby allowing the Department to modernize the existing out-dated professional legislation in a more efficient and consistent manner. Professions currently unlicensed in the NWT could also be regulated under the Act in the future. Work on professional regulations has begun, and the Bill will come into force in 2015/16 along with the professional regulations for Emergency Medical Service Providers. The next professionals to be regulated under the Act will be:

- Psychologists;
- Licensed Practical Nurses; and,
- Naturopathy professionals.

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 will respond to recommendations brought forward by the Standing Committee on Social Programs during the 16th Legislative Assembly as well as the review by the Office of the Auditor General in 2014. The Act will come into force in 2015-16.

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 is being developed. The Department aims to ensure safety of patients, families, and the public and to improve inefficiencies and respond to gaps in the current system. Bill 55 is to be introduced in Spring 2015 and is expected to come into force in 2016-17.

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* was developed for consideration by the Legislative Assembly in Spring 2015. The Bill will support the transformation of the health and social services system and aims to increase accountability and improve system integration. Regulations and the operation design are now underway. The Act will come into force in 2015-16.

Human Tissue Donation Act (Bill 29)

Bill 29 replaced the *Human Tissue Act* with a new *Human Tissue Donation Act* was passed in the Legislative Assembly on November 6, 2014. The new Act 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. The Act will come into force in 2015/16.

2. Regulation

Public Health Act

Health Hazard Regulations under the *Public Health Act* are being drafted, 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. Both are expected in 2015/16.

Health Information Act

Following the passage of the *Health Information Act*, implementation activities, including Regulations, are being finalized. The Act and its Regulations are set to come into force in 2015/16. The purpose of the HIA is to set 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.

Pharmacy Act

Bill 32, *An Act to Amend the Pharmacy Act* that allows for the establishment of a prescription monitoring program came into force on November 6, 2014. Regulations establishing the prescription monitoring program are being drafted. The aim of a prescription monitoring program will be to help to decrease the harm caused by controlled substances.

Appendix 4: *Early Childhood Development Action Plan – Summary of Department Initiatives*

Summary of Department initiatives based on commitments in the Early Childhood Development (ECD) Action Plan

Commitment 1: Expectant mothers will have access to evidence-based services that support improved outcomes for mom and baby

Action #1 - Increase access to midwifery services and further integrate midwifery into perinatal care.

- The Hay River Midwifery Program began providing patient care in December 2014. They are now providing prenatal care, post-partum care and birthing services.
- Program design for the Territorial Midwifery Program will begin in 2015-16.
- The BDHSSA is scheduled to receive funding in 2015-16 for one FTE Nurse Practitioner to provide obstetrical care.

Action #2 - Standardize prenatal referrals for expectant mothers with addiction issues.

- The Department has implemented protocols to ensure priority access to mental health and addictions services for expectant mothers that request it.

Action #3 - Improve outreach and support for expectant mothers in the areas of nutrition, breastfeeding, referrals to community groups and resources, education around smoking, alcohol and drugs, mental health labor and delivery information.

- The Healthy Pregnancy Group program provides pre-natal care to women who travel into Yellowknife, from the communities to give birth. The Department will expand this program in 2015-16 to women that live in Yellowknife.
- In collaboration with Moms, Boobs and Babies, Breastfeeding Education Kits were distributed to Boarding Homes (Inuvik and Ndilo) CHRs in each community. The kits contain practical resources for mothers and promotional information for CHRs.
- A Breastfeeding Kit in-service will be held on May 12, 2015 for the CHRs and others who are interested. It will be presented by Moms, Boobs and Babies, YHSSA and the Department.
- STHA and YHSSA received Baby Friendly Initiative (BFI) certificates of participation and have reapplied for renewal certificates. BDHSSA has been approved for BFI Certificates for the first time and FSHSSA is currently working on an application.

Commitment 2: Early intervention programming aimed at infants, children and parents will be expanded

Action #4 - Build on the strengths of the Healthy Family Program in all regions in the NWT.

- The Department will target those most vulnerable by providing funding so that ECD programs can be offered to women and children who access transitional housing such as Betty House and Rock Hill Apartments.
- Through the Healthy Family Program we are able to reach young parents, focusing on children from 0 – 3 years of age. The Department will continue to expand the program to all communities in the NWT, ensuring the program is standardized, adequately funded, and delivered by trained and qualified staff.
- ECE provided the funding (associated with their resource centre) to the Department for strengthening the Healthy Family Program. The funding is being provided to the Inuvialuit Regional Corporation (IRC) to expand the Healthy Family Program in Tuktoyaktuk through the development of a health family wellness worker.

Action #5 - Expand programs aimed at improving oral health and nutrition.

- Brushing Up on Oral Health NWT (2014), a report commissioned by the Department, provided recommendations for best practice interventions to be considered as part of an overall oral health strategy.
- The Department has received federal funding under the Territorial Health Initiative Fund to develop and implement a Territorial Oral Health Strategy. The work is scheduled to be completed by March 2017.

Commitment 3: Early childhood assessment, intervention and responses will be improved

Action #6 - Standardize the use and implementation of universal screening tools and assessments aimed at identifying vulnerable or at-risk families and children.

- The Department has completed a one-time screening of 505 NWT children turning age 5 (76% of all NWT children born in 2009) which was recorded using a modified Rourke form.
- The new NWT Well Child Record (WCR) forms for all 9 well child assessments (1 week – 5 years) and accompanying user guide have been distributed to all NWT community health centers and public health units.

Appendix 4: Early Childhood Development Action Plan – Summary of Department Initiatives

- Additional resources to support the implementation of the WCR are also being provided. They include: developmental assessment kits, family dental hygiene kits and dental education resources, plain language resources on healthy child development.
- It is expected that a RFP for an information system will be issued in May 2015 for improved data capture, management and analyses of immunization and ECD data at the community, regional and territorial levels.

Action #7 - Ensure consistent equitable access to Occupational Therapy, Speech Therapy, Public Health and community counseling services and follow up for children identified with developmental issues.

- The Department will complete the evaluation of rehabilitation services and Telespeech in 2015-16 to identify gaps in access to services and community-based follow-up on recommendations and treatment plans. The evaluation is in the data collection phase, and it is expected the evaluation report will be completed in Summer 2015.
- Starting in 2015-16, the Department will pilot three Early Intervention Programs in three regions (Tlicho, Dehcho and Beaufort Delta). It is anticipated that it will take at least three full years for program implementation, program improvement and program delivery before we will be able to evaluate the effectiveness of the program in meeting its intended objectives.

Commitment 4: Coordination and integration improved across the continuum of ECD programs and services.

Action #8 - Strengthen the alignment between early childhood programs and services and the needs of communities.

- The three year baseline Early Development Instrument (EDI) data has been released to MLAs, Aboriginal governments, Education Authorities, the Northwest Territories Teachers' Association, and the general public.
- ECE also created a plain language EDI brochure, which has been distributed to early childhood stakeholders across the NWT.
- ECE is proposing to annually report EDI results through Geographic Information System (GIS) mapping technology.
- The Department will participate by contributing information on existing ECD programs and services to be mapped against the EDI results.

Action #9 - Support communities to improve the coordination and alignment between early childhood development programs.

- Regional Community Development and Wellness Planners will facilitate inter-agency collaboration. Positions are located in the following regions: Beaufort Delta, Sahtu, Dehcho, North Slave and South Slave.

Action #10 - Support at-risk children and families using an interdisciplinary approach.

- Protocols and standardized consent for the sharing of individual and family level information has been identified as the first step.
- ECE will lead a multi-departmental working group on the development and implementation of a plan for integrated team-based “wrap-around” programs and services.

Commitment 5: Promotion, awareness and education initiatives related to early childhood development available to all families and communities

Action #11 - Target campaigns to raise awareness about the importance of early childhood development, the impact of the early years, the role of parents and those who work with children.

- The Department developed micro-campaigns for the Healthy Family Program and Nutritional Awareness month in March 2015 focusing on parents of children 0-5 yrs.
- A number of breastfeeding resources were distributed across NWT as part of ECD’s nutrition education and Nutrition Month Activities.
- Under the Healthy Family Program, grocery bags, brochures, pop-up banners (YK Trader), cable TV ads, radio ads (CJCD), newspaper ads (News North, Northern Journal) , and Facebook ads were distributed across NWT communities.

Action #12 - Use innovative mediums and technology to reach people with culturally relevant promotion and prevention tools, updates on available programming for parents and children, and health and education messages.

- Two pilots – one at each of the Boarding homes in Inuvik (partnership with the IRC), and Yellowknife Vital Abel (Partnership with YKDFN) - have been established to build a methodology for sharing resources with Boarding Home patrons waiting for childbirth.

Appendix 4: *Early Childhood Development Action Plan – Summary of Department Initiatives*

Action #13 - Strengthen preventative approaches to children’s health and well-being and build understandings of healthy child development in children and youth.

- Since February 2015, a dual credit certification course – Aurora College’s Introduction to Early Childhood Development - has been piloted in Yellowknife at Sir John Franklin High School. This course is available to all Yellowknife high school students who wish to enroll.

Commitment 7: Monitoring, Reporting and Evaluation for continuous quality improvement in early childhood development programs and services

Action #22 - Develop and implement a monitoring, evaluation and accountability plan (MEAP) for the renewed Early Childhood Development Framework and Action Plan.

- Development of the Monitoring, Evaluation and Accountability Plan (MEAP) is complete and HSS and ECE are working together on implementation.

NOTE: Commitment 6 Access to high quality, affordable early learning programs and child care services are enhanced and associated actions 14-21 are ECE’s responsibility.

The Department has moved forward on many of the items outlined in the Building Stronger Families Action Plan, including:

1. **Program Administration and Management:**

- Assistant Directors have been delegated in seven HSSAs.
- Monthly teleconferences between the Directors of Social Programs and the Director of CFS continue to provide a forum for continuous communication on activities associated with the Action Plan.
- Bill 47, an Act to amend the *Child and Family Services Act*, was introduced in the Legislative Assembly on March 2, 2015.
- The Child Welfare League of Canada has completed the Workload Management Study as of March 31, 2015. This report provides initial insight to the factors that authority staff feel impact their workload and will be used to identify the next steps in workload management.

2. **Risk Management and Quality Assurance:**

- The quarterly reporting tool and process will be fully implemented as of April 1, 2015.
- The annual audit cycle of CFS files at the HSSA level will begin in April 2015.
- Audit teams have developed and implemented common audit tools and reporting templates.
- Five sections of the revised CFS Standards and Procedures Manual will come into effect April 1, 2015. Training will be provided to managers, supervisors and Child Protection Worker on the final five sections in May 2015. These sections will come into effect as of June 1, 2015.
- A jurisdictional scan of child protection supervisor training has been completed and participants have been identified for a working group to develop a module based training curriculum.
- Training to review changes to the final five sections in the revised CFS Standards and Procedures Manual will be delivered in May 2015. The complete manual will be available to all child and family services staff as of June 1, 2015.

3. Service Delivery and Child Protection Practice

- The adaptation teams for the first three Structured Decision Making Assessment tools, are co-chaired by the HSSA's Directors of Social Programs.
- The adaptation of the first three Structured Decision Making assessment tools for use in the NWT will be completed in May 2015. The tools will be tested by front line staff later in the summer.
- The requirements for a new CFIS have been developed in preparation for the RFP process to select a contractor to develop the replacement for the current system.
- The RFP for a vendor to develop the replacement CFIS is being drafted and will be posted at the end of May 2015 for a vendor solution for a new system.

