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ASSOCIATION DES HÔPITAUX DU CANADA

25 Imperial Street, Toronto 7, Ontario

481-2244



January 3, 1969.

Dear Mr. Searle:

While in Yellowknife last August I much appreciated the opportunity of discussing the problems facing the Stanton Memorial Hospital with you, Mr. W.V. England and other senior members of its Board. At dinner in the hotel that night you will remember I undertook to write to you about impressions I had gained in Yellowknife and from my visits to Fort Smith and Hay River.

As I mentioned at our meeting I found the "Medical Referee" system, as it is applied to the three hospitals I visited to lack much value. Long letters from T.H.I.S. in Ottawa requesting the lay administrators to justify medical diagnosis and treatment appears to be a check not being made by Provincial Plans in the rest of Canada. I should imagine that Provincial Medical Associations would be quick to oppose similar procedures. The relative weakness of the Territories Medical Association may be why they have not objected up 'til now.

I have spoken to officials of five provincial plans since my return. I believe their views could be considered typical of all. They admit they reserve the option of challenging the amount of care given to a patient but say also it is rarely exercised. Certainly, as I mentioned to you, all require the "long stay form" to be completed when a person has been in hospital over 30 days, to justify their continued occupancy of a hospital bed. Writing long letters to administrators to challenge the length of stay for a given diagnosis, and then to refuse to accept a number of days stay for reimbursement purposes is not practised.

The reason for the T.H.I.S. procedure is not easily understood. Hospitals cannot charge their patients for days refused in this manner so they become an uncollectable debt which I believe is picked up routinely by T.H.I.S., after two years, and incidentally, after a lot of time spent writing and replying to letters. I would have to say that if there is some important reason for following this referee practice it does not seem to be understood by the hospital people. It is not clear to me either.

Another matter I would like to mention concerns planning. During my visit to the Territories I became aware of the concern of hospital people for the future of their institutes. There appears to be a need for effective consultations between Government and hospital people to provide those in the North and in Ottawa with an opportunity to contribute together to the development of a balanced hospital system, and to the role of each major hospital. Attempts by Government to impose plans developed independently of hospitals have been remarkably unsuccessful down here, and I question whether such a procedure would be any more successful in the Territories.

The last point I would like to mention concerns budgets. In Ontario the Government Commission employs a number of financial representatives who interpret the budgets of hospitals to the provincial plan's budget review staff. Each has a number of hospitals for which he is responsible. It would appear it might be beneficial to T.H.I.S. if someone was sent from Ottawa to each of the Territories main hospitals in September or October to acquaint himself with background explanations as budgets are being developed. Six months later a return visit could establish the soundness of the budgets and assist the authorities in administering the health services by enabling one of their number to be well informed of the on-site problems faced by hospitals.

My visit to the Territories was a most interesting experience for me, and it gave me a taste for a return visit. It gave me a glimmering of the problems of the North, and the wonderful job you people are doing to cope with them.

Yours sincerely,

R. Alan Hay

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Mr. D.H. Searle,
Yellowknife,
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