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TABLED DOCUMENT NO. 6-40

TABLED ON OCTOBER 7, 1969

REPORT ON IN-PATIENT CARE SERVICES - MACKENZIE AREA
- MR. G.B. ROSENFELD

The study mentioned in the attached report was requested by the Northern Health Service to obtain consultant advice on the planning of in-patient care services in the Mackenzie area of the Northwest Territories. The report is tabled as presented to the Chief Medical and Health Officer for the Northwest Territories.

While Northern Health Administration is in general agreement with most of the recommendations in the report, there are sections which require further study before they can be accepted - e.g.:

Fort Simpson

The recommendation that Fort Simpson Hospital be improved to the Fire Marshal's standards so that it can continue in use for a three to five year period needs further study. Experience has shown that renovations to old buildings are very expensive and unless the renovations can prolong the life of the institution for many years it would be preferable to replace the institution. A study on costs of the renovations required to meet the Fire Marshal's standards would be necessary before this recommendation would be acceptable.

Pine Point

Mr. Rosenfeld recommends the placement of a doctor and public health nurse at Pine Point. Existing services to Pine Point are fairly adequate when compared with southern Canada standards. The Northern Health Services would support the establishment of private practice at Pine Point but it is not prepared to position a government medical officer at this centre as there are many other areas of the Northwest Territories with a higher priority for medical coverage. Public Health Nursing Services can be adequately supplied to this centre by weekly visits of the Public Health Nursing Staff at Hay River.

Recommendations

Mr. Rosenfeld mentions that an administrative officer should be positioned at Yellowknife. He is referring to the proposed relocation of the Mackenzie Area Office from Edmonton to Yellowknife and the Northern Health Service plans to implement same as soon as office accommodation and housing is available, provided approval for the same is obtained from Medical Services Directorate.

Capital Costs

Mr. Rosenfeld's suggestion that capital costs of non-governmental hospitals should be a charge against government funds cannot be accepted without further discussion and study as many agencies are involved - Municipal, Territorial and Federal. It should be noted that the Federal Government has recently announced the cessation of Federal Grants to provinces towards hospital construction and this will mean that most of the costs for future hospital construction, expansion or renovation will have to be met from Territorial and Municipal funds.

In perusing this report, note should be taken of Mr. Rosenfeld's comment that the time spent in the area did not permit the consultants to be "experts on the North". However, they are to be complimented on the depth of study they were able to achieve and the report will be very valuable in planning future development of in-patient facilities in the Mackenzie area.

Dr. G. C. Butler,
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Northern Health Services,
Department of National Health
and Welfare.

October 1, 1969.

1. INTRODUCTION

At the request of Dr. Gordon Butler, Regional Director, Northern Region, and Dr. H. Proctor, Director-General, Medical Services Directorate, Miss M.D. McLean, Senior Consultant, Hospital Nursing, and Mr. G.B. Rosenfeld, Senior Consultant, Hospital Administration, of the Hospital Insurance and Diagnostic Services Directorate, Health Insurance and Resources Branch, visited a number of hospitals, nursing stations and health centres in the Mackenzie area of the Northwest Territories. Mr. Rosenfeld had also been requested by the Territorial Hospital Insurance Services Board to offer assistance in planning for future hospital developments in the Yellowknife area and in particular, Yellowknife Stanton Hospital.

Miss McLean and Mr. Rosenfeld were given general information about the activities of the hospitals in Yellowknife, Fort Simpson, Fort Rae, Hay River and Fort Smith, and the nursing stations at Fort Providence, Coppermine, Cambridge Bay and Fort Resolution. This was augmented by additional information obtained from the Department of Indian Affairs and Northern Development, the Department of Agriculture, the Department of Transport, the Dominion Bureau of Statistics and the Department of Sociology at Carleton University.

This survey was requested in order to obtain a fresh viewpoint of the health services in this area. Specifically, Miss McLean and Mr. Rosenfeld were asked to assess the number of hospitals required, geographic location, services provided by each hospital, and the interrelationship between other services and the hospitals.

II. PURPOSE OF THE STUDY

The stated goal of the Northern Health Services, in part, is:

Northern Health Service objective is the achievement of the same standard of health for residents of the Territories as that enjoyed by the remainder of the Canadian people. The Northern Region is organized to provide the equivalent of a provincial department of health in both the Yukon Territory

and Northwest Territories. Treatment is carried out in three departmental hospitals, in a number of clinics and by arrangement with physicians in private practice. The public health programs are cost shared with each Territory in the proportion that the Indian and Eskimo population is to the total population.

In the achievement of the above goal it is recognized that the health services available in large urban areas could not be available in the localities visited nor would there be the same access to the services as in small communities in southern Canada. In the review of services in the Mackenzie area, the consultants tried to compare these communities and the health services to similar size communities and health services in similarly geographically located communities in the provinces of Canada.

To attain the central objective of achieving the same standard of health services in the territories as would be enjoyed by the remainder of Canadians, three contributing objectives must be kept in mind:

- (1) That Territorial citizens should have ready access to the health care system so that modern science and health services are available to the population even though they are not present in the community.
- (2) That Territorial citizens have available, treatment centres to meet the local needs at a level where local professional ability can be maintained, and transportation facilities to transport individuals requiring a higher level of health services to the closest geographical point where the physical, social and emotional needs can be met.
- (3) That in achieving the above objectives, consideration be given to cost effectiveness.

III. OBSERVATIONS AND RECOMMENDATIONS

The consultants visited several areas in the Mackenzie District to acquaint themselves as much as possible in the time allotted, to the hospital, medical and health services and facilities. The list of places visited and the schedule of visits appears in Annex I.

The observations of the consultants are based upon visits to the various facilities and interviews with many people. The consultants wish to point out that the period of time spent in the North does not permit them to be "experts on the North". However, the recommendations made by the consultants are their considered professional opinions based upon their knowledge of the hospital, medical, health services and facilities in the Mackenzie area which was obtained from visits, interviews with health personnel, personnel of other government departments or agencies, and all ethnic groups.

III. 1 Fort Simpson

Fort Simpson is a community of six hundred natives and metis and two hundred and fifty whites, which is situated at the junction of the Liard and Mackenzie Rivers. In addition, there are two hundred and ten children in hostels. There are five smaller communities serviced by the health personnel in Fort Simpson. These are Jean Marie River with fifty-five people, Trout Lake with forty people, Nahanni Butte with sixty people, Fort Liard with two hundred and fifty people and where, at the time of the visit there were no professional staff, and Fort Wrigley with one hundred and forty people. The health facilities consist of a relatively new health unit which is connected with the doctor's home and a Roman Catholic Hospital run by the Grey Nuns of Montreal. The health unit has a good physical set-up. The personnel are one doctor, one public health nurse, one community health worker, a clerk, a janitor and one part-time maid. The doctor and public health nurse visit the five smaller communities periodically. Very few patients came to the health unit during the twenty-four

hours at Fort Simpson and these were given very minor treatment and sent home. The public health nurse does home visiting but we were unable to determine how much. The doctor and public health nurse have been there for a few months only. The community health worker, a man who was occupied helping in the installation of septic tank, seemed the most competent of any we met during the whole trip.

St. Margaret's Hospital, at the time of our visit, had six boarders and one patient. The previous week they had no patients, while two weeks before there were nineteen patients in the hospital. The physical facilities of the hospital were poor and they are in difficulty now because of their inability to meet the fire marshal's requirements for safety. The equipment was also poor. The personnel of the hospital consisted of two sisters, who were registered nurses, one was the Director of Nursing and the other was on night duty, one sister in dietary and one sister in laundry, one sister in the sewing room and one sister in the office. There was one other full-time R.N. and two R.N.'s who work part time. There was one Certified Nursing Aide, who was a native girl, two ward aides who care for the boarders, two kitchen maids and one laundry maid, and one brother who does the washing on Mondays and other odd jobs about the hospital. The intent of the personnel and the attitude of personnel towards the patients was good. Health problems reported by the health personnel were chronic infections of the ears and eyes and dental problems. There are few aged in the area for whom there is inadequate provision. Some of these can stay in their own homes in the summer but have to go somewhere in the winter. At the moment most of them are sent to Fort Rae. In discussing health services with a group of natives, they, of course, would rather have more health services available in the area but they can understand that this may not be feasible and most of the people do not care whether they go to Yellowknife or the Charles Camsell Hospital if they have to be referred out of the area for treatment.

Recommendations:

- (1) Since it is impossible to determine the future of Fort Simpson, because of a number of possibilities, such as an all-weather highway being completed in 1969, there being two thousand oil exploration men in the area for a few years, the possibility of the British Columbia railroad being extended to Fort Norman and a road coming from Fort Norman to Fort Simpson, it is advisable to delay a decision about the future of health facilities in Fort Simpson for at least two years.
- (2) That this hospital be improved to meet the fire marshal's standards so that it may be maintained for the next three to five years and that equipment be purchased so that care can be provided up to a maximum of six acute beds and six to ten beds for aged and long-term patients. Thus the institution would be able to care for normal obstetrics, hold patients waiting for transportation out, take care of the aged who are unable to get along in their own homes and non-bacillary mild tuberculosis, as well as other patients who could be treated with the professional services available.
- (3) The ideal would be to integrate the public health unit and medical clinic with a new structure providing four to six active treatment beds and approximately ten long-term care beds as described in recommendation two. The new building should be built so that it could be expanded if Fort Simpson grows more than can be foreseen at the present time.
- (4) The personnel required in the area would probably be - one public health nurse, five registered nurses, one certified nursing aide, and trained native personnel to care for the aged and long-term patients.
- (5) The doctor should become more involved in activities related to the promotion of health, such as health education and other community activities.

- (6) More emphasis should be placed on longer visits by the public health nurse and community health worker to the satellite communities.
- (7) Communication with and supervision of these satellite communities should be maintained on a regular monthly basis.
- (8) Procedures should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (9) On site visitation by senior health personnel should take place at least every three months.
- (10) Services to this community should be offered in the area of audiometry, dental hygiene and refraction.

III. 2 Fort Providence

Fort Providence is a community of four hundred and seventy-two natives and fifty to sixty whites, situated on the Mackenzie River just after it leaves Great Slave Lake. It is one hundred and twenty-six miles from Fort Simpson and there is a road to Hay River. The Roman Catholic Hospital here has been closed and the first floor is being used as a nursing station with one maternity bed, one bassinet and clinic rooms. There are approximately twenty-five births a year and twenty-five to thirty patients are seen each morning in the summer in the clinic, with cuts, fly-bites and infections and less patients are seen daily in the winter. Personnel - one public health nurse who is a Sister, and one community health worker. The public health nurse says that she tries to do individual teaching of the mothers because group teaching is not effective. The Sister says that the paper work consumes too much time. The doctor comes twice a month from Hay River and the dentist visits periodically. The health problems reported by the Sister are dental problems and infections. Concerning dental care, the care is insufficient and

the patient must go by bus to Hay River to receive dental care.

The residents in Fort Providence say that the settlement will grow because the river is free of ice at least three weeks earlier than Great Slave Lake and that the water level is better here. However, it is very doubtful in the writers' opinion that Fort Providence will grow.

Recommendations:

- (1) Examination of the physical facilities, a review of the fire marshal's report and the problems related to the community, leaves these consultants to recommend that the present institution close and be replaced with an expandable nursing station as soon as possible. Staff for this expanded nursing station at a minimum would be: 2 - registered nurses; 1 - janitor; 1 - maid; secretarial help to a minimum of ten hours per week with additional staff as required.
- (2) A second nurse should be taken on immediately to assist in carrying out the existing program.
- (3) Procedures should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (4) On site visitation by senior health personnel should take place at least every three months.
- (5) Services to this community should be offered in the area of audiometry, dental hygiene and refraction
- (6) As there appeared to be a financial problem existing in this institution a review of costs approved for the operation of this institution should be undertaken.

III. 3 Coppermine

Coppermine is a community of five hundred Eskimos and fifty-five whites situated on the shore of Coronation Gulf of the Arctic Ocean. The health facility is a new nursing station which has very adequate facilities. There are two nurse midwives on staff and another nurse will be coming in mid December. There are twenty-five to thirty patients a day seen in the health unit - many of these are children with sores, coughs, eye and ear infections. Once a week there are thirty-eight patients who are still on medications for tuberculosis coming to the clinic to receive a week's supply of medication and to have their weekly checkups. A half-day a week there is a pre-natal clinic to which six women are now coming. Good nurse-patient relationships were observed at this nursing station. Another health problem in the community is that the children are kept up very late, the mothers sleep in late and the children must get themselves up and ready for school. School starts at 9 A.M. There appeared to be a great deal of paper work in connection with control and follow-up of tuberculosis patients, the Territorial Hospital Insurance Service forms, transfer forms, applications for medical treatment, insurance service forms, consent forms for treatment and in arranging transportation for patients being referred out for health services. There is a clerk at the health unit half days or half-time. The development of this community will completely depend on mineral finds and developments in the area, although some of the residents believe there will be a growth due to the Imperial Oil distribution centre moving in, development of water resources, and an increase in the tourist trade for fishing and because there will be a winter road to Yellowknife soon, with an all-weather road sometime later.

Recommendations:

- (1) The same health services should be maintained as presently given.
- (2) The doctor's visits should be maintained at least monthly and these visits should be for two to three day periods.

More emphasis should be placed on follow-up of chronic diseases and community and preventive health.

- (3) Procedures should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (4) On site visitation by senior health personnel should take place at least every three months.
- (5) The support of a twin-engine all-weather aircraft is essential.
- (6) More emphasis should be placed on home visits especially for health education.
- (7) More co-ordination at a local level amongst government departments in housing, environmental sanitation and dealing with family problems.
- (8) The future development of health services in this community are dependent as noted to a large extent on the growth of this community as a centre for mineral exploration, and with the developments at Gjoa and Spence, better communication maintained.

III. 4 Cambridge Bay

Cambridge Bay is a community of approximately five hundred Eskimos and one hundred and eighty whites situated on the south coast of Victoria Island. There are four settlements in the area - Bathurst Inlet on the mainland with one hundred and eighty Eskimos, Gjoa Haven on Gjoa Haven Island with two hundred and seventy Eskimos and four whites, Pelly Bay with two hundred Eskimos and two whites and Spence Bay with three hundred Eskimos and twenty whites, on the mainland. The problems affecting the need for health services are inadequate housing, although some new housing is being built, and sanitation problems. The water distribution did

not seem to be according to need as each household got the same amount. The physical facility here is adequate. It is a nursing station which was built a few years ago. It has six beds, two cribs, one small cot and two bassinets. There is a doctor stationed here who also visits the other settlements and one public health nurse and one other nurse. An additional nurse will come in mid-December. There are - one half-time stenographer, one Eskimo woman to do housekeeping, dietary and laundry, and one handy man. There are approximately sixty births a year. Patients are seen daily in the nursing station and at the time of the visit there were no in-patients at the station. Home visiting is part of the program and the quantity of this will be increased when three nurses are available at the station. The nurse goes once a month for one week to Gjoa Haven. There will be two nurses at Gjoa Haven soon and there is a two-nurse nursing station at Spence Bay. There is one single-engine aircraft for standby service at Cambridge Bay. Health problems are similar to other Eskimo settlements. The natives stay up very late and because of the poor housing conditions, many houses consist of one room and the children are kept up very late, get insufficient sleep and have to get themselves up and off to school for 9 A.M. Cambridge Bay will grow as a communication centre and Territorial sub-regional office of the North and there will be an increase in the Department of Transport personnel and improved airport facilities so that the growth in Cambridge Bay will likely be among the white population. As the whites increase, the demand for level of health services will increase.

Recommendations:

- (1) One doctor must be maintained at Cambridge Bay.
- (2) There should be a twin-engine all-weather standby aircraft.
- (3) There should be an increase in the public health activities and in home visiting and teaching of the population.
- (4) Although Cambridge Bay is now a holding centre for patients

going to and being referred out for treatment, and returning to their homes from having treatment, this will increase and the transient hostel should be improved.

- (5) At some future time it may be necessary to increase the size of the nursing station and to use this point as a regional centre.
- (6) The consultants did not have an opportunity to visit the outlying communities. From the data made available to the consultants, a recommendation suggesting the type of development that has taken place would have been forthcoming if the objectives as originally outlined were to be met.
- (7) Procedures should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (8) On site visitation by senior health personnel should take place at least every three months.
- (9) Services to this community should be offered in the area of audiometry, dental hygiene and refraction.
- (10) The growing population of Department of Transport personnel and other non-natives will develop an increase in demand and expectations for health services.

III. 5 Fort Rae

Fort Rae is a community of twelve hundred Dog Rib Indians, in Fort Rae and the surrounding bush. Of all the areas visited this is the settlement of greatest concern because the people are more nomadic, have clung to their old ways and do not want to move. Facilities here consist of a hospital operated by the Grey Nuns of Montreal. There are ten sisters and five of these are nurses. On the day of our visit there were twenty-nine patients in the hospital, ten of these were patients who had been

in Charles Camsell Hospital for tuberculosis treatment and had been sent back to Fort Rae to complete their treatment. These patients were very happy because they were back with their own people. There were approximately eight long-term and aged patients and a mentally retarded child. The Roman Catholic priest and the sisters at the hospital believe they should continue to operate as they are, although they need more facilities for the aged people, but they must be assured of beds available when needed in Yellowknife Hospital for people from Fort Rae. They believe this would give an adequate health service, although the Indians complain that their language is not understood in the hospital at Yellowknife and the food is not cooked as they like it and the family cannot visit.

The priest was very pessimistic about the future in Fort Rae. He believed the language barrier would exist for many more years. The majority of children miss up to two-thirds of their schooling because of going off with their parents to trap and hunt in the bush. Another factor is that the Dog Rib Indians stick together and cling to the old customs, and the priest and sisters believe it will be years before they leave the old customs. However, many are on welfare because trapping is not good and the Dog Rib Indians are not fishermen. Some do odd jobs in the settlement but many people cannot make a living. There seems to be some problem in the school at the moment because all teachers threatened to resign, and although they are staying, are now on tranquillizers. A Co-op was started, but failed because of the quality of the handicrafts, and service and marketing were lacking. Education has been suggested as the answer to the problems of the settlement, but in the opinion of the whites in Fort Rae, this will take another fifty years. The people do not like the children to go to Yellowknife but would accept them going to school in Yellowknife by bus or else living in a well-supervised hostel in Yellowknife and returning home weekends.

The consultants were given information that a decision had been made to move the community of Fort Rae, and if this decision is implemented, it is suggested that the hospital be moved to the new site. However, the recommendations following are based upon the information available to the consultants at the time of their visit. It should be noted that the consultants feel, if and when the community is moved, the social structure should be grouped together in the new community as an incentive to the rest of the community to move. If however, the community does not move it may be necessary to maintain a clinic in the old community to service those who do not move.

Recommendations:

- (1) The present hospital should be replaced by a new hospital in the new townsite. The consultants would recommend the development of a major institution at Fort Rae which would service not only the community of Fort Rae, but other communities as well, with particular emphasis on long-term and retardate care. This would permit the development, to some extent, of an industry in Fort Rae and the consultants were impressed by the comments of the local residents as noted previously.

Other recommendations which follow are based upon the existing situation.

- (2) There should be an additional staff member, a public health nurse who would spend full time in community health work.
- (3) Procedures should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (4) On site visitation by senior health personnel should take place at least every three months.

- (5) Services to this community should be offered in the area of audiometry, dental hygiene and refraction.
- (6) The need for a full-time physician in this community can be made, but it is recognized that this would be marginal. However, should this be found to be possible, and the individual so chosen be able to offer leadership, it would act as a stimulant to the community. Should the recommendation to build a new institution be implemented, it is recommended by the consultants that a physician be appointed in Rae as soon as possible.

III. 6 Hay River

Hay River is a town on the southern shore of Great Slave Lake. The population of Hay River is three thousand persons, including three hundred and fifty Indians and five hundred Metis. Pine Point, approximately one hour and quarter by road, has eight hundred people which includes one hundred and forty families which thirty-five are natives.

There is a hospital at Hay River operated by the Pentecostal Church. This is a relatively new building and is under repair. The contractors who built it are now on the site repairing the damage. The hospital has twenty-two beds and the nursing personnel consists of the Director, five registered nurses and part-time nurses, and six certified nursing aides for direct patient care. The budget allows for eight registered nurses and four certified nursing aides. A new Director of Nursing will be coming to the hospital in March. In the observation of the consultants, this is the best operated hospital visited in the Mackenzie area. There are two doctors in Hay River who also go to Pine Point and to Fort Providence. They go to Pine Point once a week and to Fort Providence every two weeks. They are under contract to the Department of National Health and Welfare for medical services given at Fort Providence. The hospital has about four hundred patient days a month. There is

no elective surgery so that the hospital census swings. The majority of patients who are referred go to Edmonton because the patients and doctors prefer Edmonton over the Yellowknife Hospital.

Hay River is a barge terminal and there is a growing amount of freight moved yearly. The residents interviewed in Hay River believe Hay River will grow because of the increase in Department of Transport headquarters as well. It is expected that a new airport or the airport facilities will be enlarged and the residents believe that Hay River will be a strategic supply centre if the North develops more. There are two public schools and one high school, but no hostels. The growth is questioned by some because they believe the site of Hay River lacks land for growth.

There is a Health Unit in Hay River with two public health nurses, a community health worker, a janitor and a clerk.

Recommendations:

- (1) It is approaching the point when consideration of another doctor in Hay River needs to be made.

Pine Point - While the consultants did not visit the community of Pine Point, the population at risk and the development of a relatively stable and growing family based community indicate that present arrangements for health services need re-examination. The consultants recognize that there is a highway between these two communities and a physician can travel this distance within an hour, however, a community of this size requires a health capacity, albeit of a limited nature.

While the consultants were informed that at present there is in Pine Point a doctor's office and health clinic and one holding bed, the consultants would recommend that this should be staffed on a full-time basis by at least a physician and one nurse who should be public health oriented, and that it may be necessary to expand the present facilities to include one acute bed and a

two-bed holding centre. It may be that the physician should also be involved in occupational health activities.

- (2) Consideration should be given to adding a few more beds to Hay River Hospital. At the moment these would be for long-term care patients. A check of age/sex population should be undertaken to determine the exact number.
- (3) Minimal care beds for patients who have to stay longer than the average length of stay due to transportation or home conditions may be part of the hospital.
- (4) While there is a board of the hospital, procedures should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (5) On site visitation by senior health personnel should take place at least every three months.
- (6) The health centre should be moved to the new townsite when the native population moves to the new townsite.
- (7) Services to this community should be offered in the area of audiometry, dental hygiene and refraction.

III. 7 Fort Resolution

Fort Resolution is a settlement of six hundred and twenty-three Chipewyan Indians and there are forty Indians at Rocher River, a short distance away.

The Roman Catholic Hospital here was closed a year or so ago and there is now a nursing station which consists of a two-storey house and a trailer. This is staffed by two nurse midwives, a clerk for two hours a day, a half-time maid, and a handyman. There are some new houses for natives being built and water is distributed by a local contractor. Only about one dozen Indians are employed

and these are presently employed because of the building of the new houses. The school goes up to grade eight and there are one hundred and fifty students in school, then the children go to Fort Smith or Yellowknife hostels. The girls tend to stay in the centres to which they are sent to school, but the boys return to Fort Resolution. There is some problem with irregular attendance at school. There is a Pentecostal and a Roman Catholic Mission. Again, the school starts at 9 A.M., but almost all the people get up much later so the children have to get themselves up and ready for school.

The community at Fort Resolution is growing a bit but this is due to the people moving from Rocher River to Fort Resolution. The majority of the people are on welfare. This decreases during the winter months because more people go trapping. A sawmill was started here but it went bankrupt. The area administrator and the local contractor said that this was due to poor administration.

The health problems are upper respiratory infections, ear infections, tonsillitis, pneumonia and bronchitis. There are very few skin infections in the area. There are only two old people in Fort Resolution. The philosophy of the natives is that they should receive a living from welfare and they do not help each other. There is a road to Pine Point and to Hay River which is closed six weeks of the year, and P.W.A. scheduled flights come in twice a week. A new nursing station is scheduled to be completed here with five beds plus cribs. Patients are referred to Charles Camsell Hospital for tuberculosis, others are referred to Fort Smith or Yellowknife, depending on which way the flight is going when the patient needs to be transported.

A doctor at Fort Smith comes once a month to Fort Resolution. Patients do not mind going to Camsell if they can be assured it is only for two to three weeks; but those with tuberculosis do not want to go as they remember patients with tuberculosis

going to the Charles Camsell Hospital for years. The natives feel that Fort Smith is a pretty good community to go to but Yellowknife is not.

The nurses report that their time is spent about fifty per cent treating patients in the clinic, thirty per cent on records, and twenty per cent on home visiting. They teach health education in the school and try to do individual teaching of patients. They have a child health clinic four hours a week and at the moment have ten pre-natal patients, but say they must use threats to get these women to pre-natal clinic. The community worker goes out and rounds up the patients for pre-natal clinic.

Many people have low hemoglobins. School health examinations include hemoglobin and immunization, X-ray once a year, and a doctor from Fort Smith examines the children entering Grade 1. The community worker was chosen by the Dinino Association and the nurses say he is not effective. They believe female community health workers would be more effective in this area.

It was brought to the attention of the consultants that staffing of this unit was considered by other groups as being the base against which they were judging their staffing requirements and budgets. Note is made of this because the comments received were repetitive.

Recommendations:

- (1) Services to this community should be offered in the area of audiometry, dental hygiene and refraction.
- (2) Procedures should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (3) On site visitation by senior health personnel should take place at least every three months.

- (4) The consultants were informed that a new nursing station is scheduled for this community. The consultants would like to point out that future plans for health services in this community will depend on the policy of other government departments or agencies. There was some skepticism whether the community would grow or if additional housing was going to be developed in this community. If this community remains at its present level in size, then the recommendation for the new nursing unit would appear to be valid. However, should it be projected that this community will become smaller, then a re-evaluation of the services to be rendered should be made.

III. 8 Fort Smith

Fort Smith is a town situated very close to the Alberta border and has twenty-four hundred population, which includes six hundred Chipewyan Indians and Metis.

The Health facilities consist of St. Anne's Hospital, run by the Grey Nuns of Montreal, and a health unit. St. Anne's Hospital is rated as having sixty-two beds, forty-five of which are set up and the census is usually thirty plus or minus.

The Director of Nursing reports that there are fifty births per year. The first two floors of the building are used for hospital, and at one end of the building there is the convent. The staff of the hospital consists of six registered nurses plus four part-time registered nurses, three baby nurses and aides. They have two aides on each shift. There are two doctors in Fort Smith. One of these doctors also serves Fort Chipewyan which is a settlement south of Fort Smith on Lake Athabaska in Alberta and Fort Resolution. The doctors report that they go to Fort Chipewyan and Fort Resolution every two weeks. Fifteen per cent of the patients at the hospital come from Fort Chipewyan, fifteen per cent from Fort Resolution and seventy per cent from Fort Smith. The health unit has one public health nurse and one registered nurse for professional staff. They have pre-natal

parents' classes and home visiting and education is done. The health problems are skin infections, chronic otitis media, chronic gastroenteritis and respiratory disease and mental deficiency. Fort Smith is becoming an educational centre and this makes the population wonder if educational facilities can be good, why cannot health facilities be improved.

Recommendations:

- (1) Provision must be made for care of long-term patients and some plan for boarding home care for the aged.
- (2) There would appear to be need for regular consultation by a psychiatrist and a psychologist.
- (3) An estimate of the cost to bring the present hospital up to acceptable standards physically for use as a multi-purpose institution were prohibitive in 1966. Plans should be developed for the building of a health facility which would include the health unit, approximately thirty active treatment beds and long-term beds as indicated. The consultants are of the opinion that patients requiring transfer or admission for diagnosis with minimal care, should be admitted to the long-term care unit.
- (4) Procedure should be established which would permit better communications with residents of all ethnic groups within the community and to obtain from them an expression of their understanding of their needs. This group should be truly representative of all consumers of health services.
- (5) On site visitation by senior health personnel should take place at least every three months.
- (6) Other services in the community should be developed to meet the needs of the population, such as dental services, etc.

IV. GENERAL OBSERVATIONS AND RECOMMENDATIONS

IV. 1 General Observations

In visiting the various communities outlined in the itinerary, the consultants met with the residents and discussed with them their interpretation of their needs and the services which they are receiving. The consultants also talked with the personnel of the nursing stations, hospitals, etc., as well as members of the medical profession, to ascertain their interpretation of their needs of the community and their ability to meet the requirements by the resources within the immediate area and by referral patterns which they are presently using. From these discussions, the consultants gained the impression that there is a growing understanding by all concerned of the role that health services are playing in the community and that there is a desire on the part of all to obtain the resources necessary to meet the needs of the population. The consultants were most impressed by the understanding of the residents of the smaller communities of the difficulties involved in achieving services that would be optimum in large urban areas. They were most understanding of the growth and the development of the services within the communities and were hopeful that the development of an integrated and balanced system of health care would be forthcoming in the immediate future.

There were pre-natal clinics at all health units and nursing stations and there were child health clinics at a few centres. In general, the technique and relationship with patients observed was good. It appeared that good judgement was usually used in referring patients out for further health services.

The health problems observed were infections of the ears and eyes, bites, cuts and burns, upper respiratory infections and continued care of patients with tuberculosis. Mental illness was reported as a problem in two areas and the care of the mentally retarded, aged and long-term ill, is a problem of

greater or less degree in all communities.

As stated, referral of patients for further treatment seemed fairly adequate for active treatment. There is difficulty in the areas of dental, long-term, aged and psychiatric and mental retardation care. This is largely due to the lack of referral centres for such care. Many natives, including all Eskimos, prefer going to the Charles Camsell Hospital if they have to leave the local area for hospitalization. They feel they are better understood there and the Eskimos have other Eskimo patients to talk to.

Many of the natives feel that Charles Camsell Hospital is "their" hospital. The natives complain that they do not hear about the progress of relatives in Charles Camsell Hospital. Specific personnel who speak the Eskimo language and who understand their needs would be an asset to the staff at Camsell for communications and social work.

Personnel are functioning well in the active treatment areas but could increase their activities in health education, home visiting and generally helping the natives to improve their level of sanitation and health habits within their resources. Registered nurses appear to spend an excessive amount of time in record keeping and paper work for the number of patients seen in a day. This is true even where some clerical help is employed. A study of the information system and requirements for documentation should be undertaken so as to avoid duplicative recording of data and to simplify the techniques for recording data that is required. Note is made that many of these institutions report on National Health and Welfare and Dominion Bureau of Statistics annual reports. However, it appeared to the consultants that a review of the existing system of recording data should be undertaken. In order to conduct a meaningful management analysis it will be necessary to commence at the headquarters level and include such adjunctive agencies as the Territorial Hospital Insurance Services and the Dominion Bureau of Statistics.

After assessing the need for forms and reports at top level, investigations should proceed down successive levels to the lowest level of health unit.

A review of the function of the community health worker should be undertaken. The consultants found that these workers were operating at different levels in the various communities. It may be that the consultants did not have enough time to spend with the health workers, but from the information gathered, it would appear that such a review should be undertaken.

It was interesting that most of the nurses except the Grey Nuns of Montreal, had been at their place of employment less than six months and most of them talked of staying only one year. Miss Alice Smith gave the writers the following information re turnover. There are twenty nursing positions in the Mackenzie area and in the eighteen months ending November 1968, there were twenty-six appointments made and nine resignations. The number of transfers within the Mackenzie area is not known.

The development of simpler techniques for laboratory procedures may alleviate the need for the laboratory technician, however, laboratory procedures, as they are developed at this level, should be introduced as rapidly as possible.

The consultants have found some difficulty in interpreting potential growth patterns for the various communities. However, it is suggested that the Government of the Northwest Territories recognize certain communities as being regional centres for health services, and that these centres should, if possible, be related to several social institutions such as schools, regional development, etc. Integration of all these in the community would assist greatly in the development of staff and maintenance of standards.

The consultants, in discussing budgets at various institutions, felt that a closer relationship in budget technique between the budget institutions and the paying agencies should be

developed. It would appear that an understanding of the responsibilities of the Territorial Hospital Insurance Services and other agencies for the costs of health care needs to be re-interpreted. Closer relationships between the Territorial Hospital Insurance Services and hospitals, with particular reference to utilization and length of stay, need to be developed. It may be best for budget institutions or other institutions receiving fixed allotment based upon services for responsibilities under the Territorial Hospital Insurance Services, to have closer contact with officers of the Territorial Hospital Insurance Services.

IV. 2 Employment of Indigenous Personnel

In visiting many of the health centres it was found that there was not, at the professional level, many indigenous personnel employed. The consultants are of the opinion that there should be an organized program for the development of professional personnel from within the indigenous population to man the various health centres. It must be recognized that unless such a program is developed, staff problems, with particular reference to turnover, will remain as a major problem.

Comments were received from various people that this is a most difficult area, but it is the concern of the consultants that the institutions are not thought of as being an outgrowth of the abilities of the community, but are super-imposed. While the benefits of the health centre are recognized, they are, in many instances, thought of as being the activity of a "foreign group". The development of the local councils would help negate this attitude and the development of educational programs for Certified Nursing Assistants, oriented to the needs of the public being served, would be most beneficial.

The consultants understand that a School for Certified Nursing Aides is to be set up at Fort Smith and that the program is to be the equivalent of the Alberta Certified Nursing Aide

program. The clinical experience must be adequately supervised as to quantity and quality. It is believed that clinical experience in selected nursing stations would be desirable. The possibility of having indigenous people go into other professional programs - laboratory technician, etc., should be enhanced in all ways possible. It is recognized by these consultants that it may take some time to develop, but an organized program should be undertaken to recruit, educate and return indigenous people for service in the Territories. The consultants recognize the social problems involved but suggest that this is most important and would be tremendously beneficial for all concerned.

The costs of such an educational program and the location of this sort of educational program should be thought of, not only as related to producing employable people, but as a step towards involving the local people in their own health services and developing an integrated program of health centres into the community. The consultants stressed this as being the most important activity and one which should be implemented within the next five years. Many problems will develop, such as where should this location be, etc., however, it is pointed out that no matter what the cost, the opportunity to develop the abilities to serve within their community must be activated.

IV. 3 Recommendations

To these consultants it would appear advisable that an administrative officer be appointed in Yellowknife to deal with the administration and many of the technical problems related to the operation of these institutions, with authority to act. This would relate primarily to decisions on physical facility repair, supply, short-term employment, etc. The consultants recognize that it may be very difficult to have professional personnel stationed at Yellowknife, at the present time, but suggest that there should be a start on the development of a branch office in Yellowknife, with major responsibilities and

authority. The reason for this is that many people feel that decisions take too long in coming about and that the development of such a branch in Yellowknife would be a declaration of further development of responsibilities of the Northwest Territories Government in meeting the needs of its people.

The consultants have pointed out that it is essential that certain communities be designated as regional health centres and that the role of the health facility in that community should be related to the other services that will be made available in a particular region. The consultants are of the opinion that such communities as Yellowknife, Fort Smith, Cambridge Bay, or Coppermine and perhaps Hay River, be designated as such centres and that the administrative officer in this area be given more responsibility, particularly to act in integrating the services within the catchment area of these centres. Growth and development of institutions, as noted in the report, must relate to the decisions of government in relationship to the totality of services being placed in the community.

One of the major problems facing the hospitals visited is that some are government agencies and others are non-governmental. There appears to be, in the minds of some, a disparity in the treatment between these two types of institutions. These consultants are of the opinion that budgetary standards for both types should be similar in nature and where voluntary agencies have assumed responsibility with the approval of the department, it may be that capital costs associated with improvement of services should be budgetary in nature and supported by the department, and that these improvements and costs be, in effect, loaned to the agency rendering the service. This would imply that capital cost innovations in Fort Smith, etc., should be the charge of the government and that all capital costs be the responsibility of government, and that the management of such institutions be left in voluntary (community) hands. This does not imply the purchase of existing institutions, but that future capital costs related to the improvement

of such institutions, be the responsibility of government.

Above all, the people in the communities visited have felt that health services in the area should be part of a closed system in that once admitted to the system, the various aspects of treatment and institutionalism should be automatic in nature and that the development of an integrated health care system was their desire.

The development of a permanent record for all individuals in synopsis form would be of benefit. The consultants are prepared to discuss this suggestion with the officers concerned. Development of an integrated health care program would be greatly assisted by such a program and it is the consultants understanding that such type programs are being evolved in the Scandinavian countries and should be assessed by the officers responsible at this point in time.

In discussing hospital and health services activities with the indigenous population in particular, the consultants were made aware of problems related to the families being informed of the progress of patients transferred out from their local communities. It is recommended that a monthly report be sent to each family concerning patients transferred out and more often in surgical cases or those who are critically ill. The consultants recognize the difficulty in contacting many of the families, but suggest that if this were carried out on an organized basis, even if the information was not immediately available to the family, it would improve the relationships.

ANNEX 1

Office and Key Personnel Visited by the Consultants

1. Northern Regional Office - Medical Services

Dr. Gordon Butler, Regional Director, Northern Region
Dr. Bryon Brett, Area Director, Mackenzie area
Miss Katherine Keith, Regional Nursing Officer,
Northern Region.

2. Fort Simpson

2.1 Health Centre

Dr. Edward Wiebe
Miss Carol Walker, Ph.N.

2.2 St. Margaret's Hospital

Sister Jennotte
Part-time R.N. - Mrs. Edward Wiebe
Full-time R.N. - Sister Landfest
Board Members - Father Lusson
- Manager of Hudson Bay Store.

2.3 Fort Simpson

Interviewed - Mr. Mark Fairbrother
Mr. William Goodall

2.4 Interviewed Mr. Ted Trindell and three other natives.

3. Fort Providence - Nursing Station

Talked to - Sister Superior Elizabeth Kristof
- Public Health Nurse - Sister Charlet
- Community Health Worker - Mr. Charles
Squirrel.

4. Stanton Yellowknife Hospital

Mr. Smith, Administrator
Miss , Director of Nursing.

5. Coppermine Nursing Station

Miss Jacqueline Thoms - Nurse Midwife
Miss Gilian Pactke - Nurse Midwife
Area Administrator - Indian Affairs and Northern
Development - Mr. Murray Petrie
School Principal - Mr. Bert Noxford
Pentecostal Missionaries - Mr. & Mrs. Daniel Priest
Anglican Priest - Archdeacon J. Sperry
R.C.M. Police Officer - Corporal Bill Jones
Visited the Hudson Bay Store
Visited homes of natives.

6. Cambridge Bay Nursing Station

Medical Officer - Dr. Thomas Jeyachandran
Nurse in Charge - Miss Ruth Sutherland
Clerk - Mrs. Karen Leffingwell
Community Health Worker - Mr. A. Palongaiak
Federal School Principal - Mr. Michael Brian
Hostel for School Children - Housemother, Mrs. Ruth Pulk
Power Plant - Mr. Leffingwell
Indian Affairs and Northern Development -
Director of Economics - Mr.
Dev. & Operations Branch
Area Administrator - Mr. Barr Shead (on a special
project) - Mr. Wilfred Bean (project).
Mr. Ray Buffitt
R.C.M. Police Station - R.C.M.P. in charge and Special
constable Mr. Johy Lyle (is
also president of the Housing
Association.)
Hudson Bay Store - Manager - Mr. Casey Jones
Fred Ross & Associates - Private contractors - Mr.
Fred Ross
R.C. Church - Father Meteyer
Pentecostal Mission - Miss Kay Gordon
- Miss Marion Page
Pilot - Mr. Willie Lasserich
Personnel from the D.E.W. Line - Dr. Blondell, M.D.
- Major Ross Elliott
- Mr. Bill Raynard
Transient Centre - Person in charge - Mrs. Annie
Palongoayok
Eskimo Lady - Mrs. Doris Aglioitok.

7. Fort Rae - Faraud Hospital

Administrator - Sister Marchand
R.C. Priest - Father Mokwa
Federal School - Principal - Mr. Brick who is also the
Area Administrator for the
Department of Indian
Affairs and Northern De-
velopment.
McPherson's General Store - Mr. McPherson.

8. Hay River H.H. Williams Memorial Hospital

Administrator - Mr. Gaetz
Acting Director of Nursing - Miss MacDonald
Head of the Maintenance Department - Mr. C. Kirkpatrick
Chairman of the Board - Mr. C. Yates (from Pentecostal
Headquarters in Edmonton)
Dr. Myrholm
Dr. Covert
Mr. Bill Gibney, President of Operations - Pine Point Mines
Mr. Morris Howe, Department of Fisheries
Mr. Russell Look, Department of Indian Affairs and Northern
Development
Mr. Bob Walker, Engineer with Franky Co. (Contractors
who built the hospital)
Public Health Centre - Public Health Nurse in Charge -
Mr. John Hill
Public Health Nurse - Miss McKenzie
Community Health Worker - Miss Lucy Isaac

9. Fort Resolution Nursing Station

Nurse in Charge - Miss A. Hodges, Nurse Midwife
Miss J. Fox - Nurse Midwife
Area Administrator - Mr. Peter Fraser
Local Contractor - Mr. George Lireete (long time
resident)

10. Fort Smith

Bishop's Office - Father Piche
Health Centre - Public Health Nurse in Charge -
Mr. Mike Hewitt
- Mrs. Jones - R.N.
Grandin College - Father Poshan
Department of Education - Mr. Carney, Deputy Director
Visited homes of natives
Conference with Chief of the Band Council -
Mr. Alexander Beggiar, President of the
Thebacha Association
- Mr. Frank Laviolette
Primary School - Principal Mr. Darryl Clarkson
St. Margaret's Hospital -
- Administrator, Mr. P. Verhessen
- Director of Nursing, Sister Lemire
- Mother Provincial of the Grey Nuns,
Sister Yvette Lapointe
Medical Staff - Dr. J. Wilbush
- Dr. R. Harvey
- Dr.
Department of Indian Affairs and Northern Develop-
ment, Administrator of the Mackenzie - Mr. Ken Hawkins
Mayor of Fort Smith - Mr. Paul Kaeser
Kaeser's Dry Goods Store was visited
Visited homes of natives and talked to the housewives.