

LEGISLATIVE ASSEMBLY OF THE
NORTHWEST TERRITORIES
8TH ASSEMBLY, 62ND SESSION

TABLED DOCUMENT NO. 5-62

TABLED ON May 9, 1977

Tabled Document No. 562
Tabled May 9, 1977

ANNUAL REPORT



**TERRITORIAL HOSPITAL
INSURANCE SERVICES BOARD**

**FOR THE YEAR ENDED
DECEMBER 31, 1976**

TERRITORIAL HOSPITAL INSURANCE SERVICES
DEPARTMENT OF SOCIAL DEVELOPMENT

ANNUAL REPORT

January 1, 1976 to December 31, 1976



PLEASE QUOTE

FILE.....

GOVERNMENT OF THE NORTHWEST TERRITORIES
CANADA

April 29, 1977

COMMISSIONER

Annual Report - Territorial
Hospital Insurance Services

I have the honour to present the Annual Report
of the Territorial Hospital Insurance Services for the
year 1976.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read "K. J. Torrance".

K. J. Torrance,
Chairman,
T.H.I.S. Board

Attachment

HIGHLIGHTS 1976

- *Mr. Dave Nickerson became the Minister for Social Development of which the Health Care Plan is a division, as Mr. Peter Ernerk moved to the Economic Development and Tourism portfolio.
- *Removal of \$1.50 per day co-insurance charge. (see Page 24).
- *Opening of the new H.H. Williams Memorial Hospital as part of the Hay River Health Centre Complex, September 10, 1976 by the Honourable M. Lalonde, Minister of Health & Welfare.
- *Development of a Management Information System.
- *Development of a Health Planning Team (see Page 18).
- *Preliminary planning for a new Community Health Centre at Fort Smith.
- *Preliminary planning for a new major Referral Centre at Stanton Yellowknife Hospital.
- *Processing of approximately 40,000 claims for hospital care provided to the residents of the N.W.T.
- *Expansion of consulting services provided to the Budget Review Hospitals (see Page 5).

HIGHLIGHTS 1976 - Continued

*Provision of Major Specialty programs through Stanton Yellowknife Hospital. To December 31, 1976 there was a Regional Ophthalmological Program, an Ear, Nose and Throat Program and a Speech Therapy Program.

*Amendment to Territorial Hospital Insurance Services Ordinance to provide for local Boards of Management (see Page 31).

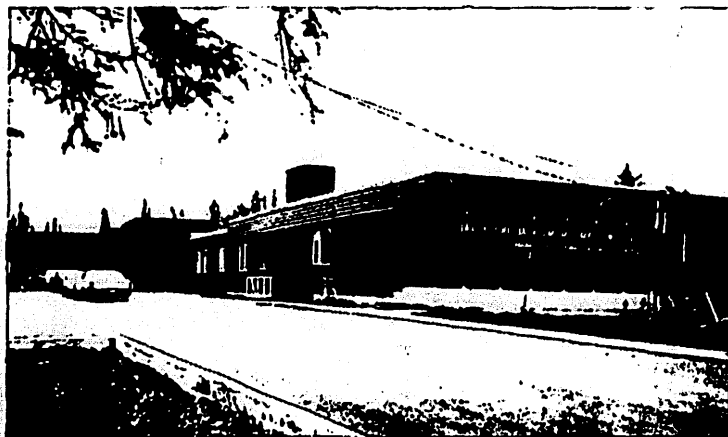
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SPECIAL FEATURE
HAY RIVER HEALTH CENTRE
COMPLEX



H.H. Williams Memorial Hospital part of the Hay River Health Centre Complex.



**Commissioner's address at the official opening of H.H. Williams Memorial Hospital by the Hon. Marc Lalonde, Minister of Health and Welfare Canada. Commissioner Hodgson
Hon. Marc Lalonde (seated)**



Combined Operating/Obstetrical Room.



Patient Room.



Charting at the "Nurservers"

HAY RIVER HEALTH CENTRE

The Hay River Health Centre is built upon the concept of shared and integrated services within the Health Centre and among agencies in the community. Through the provision of hospital inpatient and outpatient services, Public Health Services, Social and Welfare Services within the same complex, a broad range of services will be available to the community in close proximity. Patient travel time and cost to other centres for services will be reduced since care is readily available at this Regional Referral Centre for the South Great Slave Lake area. There is also considerable economy achieved due to lower unit cost of shared support services within the Health Centre.

Construction began in 1975. In mid September, 1976, the facility was formally opened by the Honourable Marc Lalonde, Minister of Health and Welfare.

Several unique patient care and administrative systems were incorporated into the operation of the Health Centre to ensure that it is a progressive Centre.

By applying the Systems Concept for Supply, Processing and Distribution, unnecessary and time consuming requisitioning by professional personnel can be eliminated by pre-packaging and delivery to the point of use of all materials needed for every procedure.

Through the installation of a "Nurserver" - (a double-door pass-through cabinet) in patients' rooms, any item required by the patient is placed at the fingertips of the nursing personnel or attending physician, which saves countless trips to and from the utility area to collect supplies. The Nurserver is stocked regularly by a supply technician. Thus more time can be devoted to the care of patients.

An advanced Intercommunication System is used so that most of the administrative and communication duties that nurses are normally involved in are delegated to the "Administration and Communication Clerk". This again frees professional personnel for patient care.

The Dietary System in the Health Centre ensures that home-cooked meals, which are pre-packaged and fast-frozen, can be heated in the microwave ovens in a matter of minutes when needed.

Apart from the up-to-date medical facilities, the pleasant decor, with a number of patient day rooms, lounges, and chapel/quiet room make this a truly patient-oriented health facility.

TERRITORIAL HOSPITAL INSURANCE SERVICES BOARD



Mr. K.J. Torrance
Chairman



Rev. K. Gaetz



Dr. W.H. Frost

STAFF



Ms. B.L. Humm
Supervisor, Health Care Plan



Mr. R.E. McDermit
Chief, Health Care Plan



Mr. M.S. Pontus
Program Officer, Health Care Plan

TERRITORIAL HOSPITAL INSURANCE SERVICES

BOARD

The Honourable Dave Nickerson is the member of the Legislative Assembly appointed as Minister for Social Development. As such, he is responsible for the administration of the Health Care Plan which includes the provision of hospital insurance services under the Territorial Hospital Insurance Services Ordinance.

Under the Ordinance, the T.H.I.S. Board administers the Territorial Hospital Insurance Services. The membership consists of full-time members on appointment by the Commissioner of the Northwest Territories. At year end, the Board was comprised of Chairman, Mr. K.J. Torrance, Dr. W.H. Frost and Rev. K. Gaetz; staff members of the Board were Mr. R.E. McDermit, Mr. M.S. Pontus, and Ms. B.L. Humm.

The Board may be larger and steps are being taken to increase it to a minimum of five members and wider representation.

The Territorial Hospital Insurance Services Board is responsible for the three Budget Review Hospitals within the Territories and the provision of Hospital Insurance to all participants in the Northwest Territories Hospital Insurance Plan.

INTRODUCTION

Territorial Hospital Insurance Services comprise a very important part of the Health Care Plan, Department of Social Development, Government of the Northwest Territories.

The objective of the Government of the Northwest Territories is to develop integrated, coordinated and comprehensive health services within the Northwest Territories. Hospital services are an integral part of this important development.

Facility Planning and Development

In order to progress towards an integrated, coordinated and comprehensive health services delivery system, it is essential to develop a referral system based on the individual needs of the patient. The component parts of the system may be briefly described as follows:

Primary Level: provides basic care through health stations, nursing stations, physicians' offices or small community hospitals.

Secondary Level: provides basic Inpatient and Outpatient hospitals such as at the referral centres at Hay River and Inuvik

Tertiary Level: provides basic Inpatient and Outpatient hospital services and certain specialty services and acts as a major referral centre: such as the proposed Territorial

Quaternary Level: provides highly specialized services that cannot reasonably be provided within the Northwest Territories. Major medical centres in the south will continue to be used to provide very specialized services.

1. Regional Referral Centres

One of the first developments in the new delivery system was the construction of the Hay River Health Centre. The inpatient section of this expanded facility was officially opened by the Honourable Marc Lalonde, Minister of Health and Welfare, on September 10, 1976. It is expected that the ambulatory care and office section of the facility will be completed by April 1, 1977.

When completed this facility will provide:

- an ambulatory care section to provide outpatient and emergency services
- a hospital based "Home Care Program"
- an "Activation Unit" for both inpatients and outpatients. This unit will also be used to provide "Geriatric Day Care Services" through the "Home Care Program".
- forty (40) active inpatient adult and children's beds
- ten (10) extended/cronic care beds
- offices for the Public Health Centre, Medical Services, Health & Welfare Canada
- offices for the Area Office, Department of Social Development.

The Hay River Health Centre is designed to provide regional referral services for the South Great Slave Lake area.

During 1976 program changes were initiated by Medical Services at the Inuvik General Hospital so that in addition to the fifty-five (55) adult and children acute care beds, eight (8) extended/chronic care beds are provided. The Inuvik General Hospital is providing regional services for the Inuvik Region.

2. Community Health Centre at Fort Smith

During 1976 preliminary planning proceeded for a new health centre at Fort Smith. It is expected that construction will commence during August 1977.

When completed, this facility will provide the following:

- an ambulatory care section to provide outpatient and emergency services
- a hospital based "Home Care Program"
- an "Activation Unit" for both inpatients and outpatients
- fifteen (15) adult and children inpatient beds
- ten (10) extended/chronic care beds
- offices for physicians
- offices for the Public Health Centre, Medical Services, Health and Welfare Canada
- offices for the Area Office, Department of Social Development

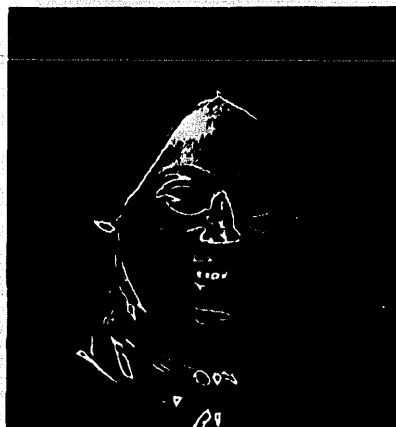
When completed, this new facility will provide community health services. Referrals will be made to the Regional Health Centre in Hay River and to the Territorial Health Centre in Yellowknife.

3. Major Referral Centre, Yellowknife

Preliminary planning has commenced in relation to an expansion of the Stanton Yellowknife Hospital. A functional program is presently being prepared for which an architect has been appointed. A site study and a functional evaluation of the existing facility is expected to be completed by mid May, 1977. If planning proceeds on schedule it is expected that construction will commence early in 1978.

The expansion will include a small increase in inpatient adult and children acute care beds, including acute psychiatric services; new extended/chronic care services; facilities for increased Territorial consulting services and expanded Territorial diagnostic services such as laboratory; increased training facilities for health and social service workers.

CONSULTANTS



Janet Lindquist

Senior Programs Officer and Nursing Consultant



Miss Jill Christensen

Consultant, Nutrition and Dietetics



Barbara Towle

Consultant, Physiotherapy



Bev. Mendelson

Consultant, Occupational Therapy

CONSULTING SERVICES

In accordance with the Territorial Hospital Insurance Services Regulations, the capability to provide some consulting services has been developed over the past two years. It is expected that these services will be expanded in the future.

Following is a report from each of the consultants describing their activities during 1976.

CONSULTING SERVICES - NURSING

Nursing consulting services are provided to hospitals as a result of a need expressed by the Nursing Department and the Administration of the hospital, or of a need observed by T.H.I.S. Board, or by the Consultant. The consultation, therefore, is different for each hospital depending upon the developmental stage of the hospital and its nursing services. Consulting services which have been provided include the following:

- a) organization fo nursing service personnel
- b) staffing
- c) nursing care plans
- d) nursing records
- e) patient care committees
- f) infection control
- g) hospital facility design
- h) nursing audit
- i) chronic care

During the final construction phase at the Hay River Health Centre, discussions took place with the nursing personnel regarding organization of the nursing department, utilization of the new facilities, staffing and introduction of chronic care programs. Other areas which were briefly discussed include home care, nursing audit, patients' records, and infection control. The consultant addressed nursing staff and medical staff meetings regarding the new nursing services, organization, facility and programs.

CONSULTING SERVICES - NURSING - Con't 2

In Fort Smith, an attempt has been made to motivate and assist the nursing department to establish nursing practice committees to evaluate, develop, and make recommendations regarding the provision of quality nursing care. The nursing staff was addressed on the topics of nursing care planning, nursing records, recording, nursing audit, and infection control. Requirements of the nursing department for hospital accreditation have been discussed.

The consultant has worked with the Building Committee in Fort Smith on the early planning stages for the new Health Centre.

Preliminary discussion took place with the administration and nursing department at Stanton Yellowknife Hospital regarding their proposed construction program.

The consultant has conducted studies and reviews at the request of T.H.I.S. Board. These include:

- a) Bed Utilization at Stanton Yellowknife Hospital
- b) Pediatric Unit at Stanton Yellowknife Hospital
- c) Activation Programs at St. Ann's General Hospital

In November, at the N.W.T. Hospital Association Annual Meeting, the consultant organized a nursing workshop on

CONSULTING SERVICES - NURSING - Con't 3

the topic of Nursing Audit. The guest speaker was Mrs. Deverly Rinneard from Scarborough Centenary Hospital in Toronto.

CONSULTING SERVICES - PHYSIOTHERAPY

Consulting services in physiotherapy for the Budget Review Hospitals were started in March 1976 at St. Ann's General Hospital in Fort Smith.

There were three different areas of consultation to be considered: 1. Imparting information to nurses about common problems and conditions in relation to physiotherapy. 2. Setting up mobilization programs for the patients on the chronic care ward. 3. Outpatient assessment and consultation.

Informal talks were given to groups of nurses about general concerns. These later became more specific and were given to interested individuals to help maintain regularity in treatments.

The main effort centred around mobilization programs for various chronic care patients. These patients were split into two groups: children and adults.

Those children who would benefit from daily treatment were put on exercise programs to help prevent contractures and facilitate normal patterns of movement. Programs of exercising and increasing mobilization were recommended for some of the adults with aims to increase their independence and activity levels.

CONSULTING SERVICES - PHYSIOTHERAPY - Continued

These services to Fort Smith have been continued on a monthly basis and treatment programs are altered as the patients change and progress.

In January, 1977 an activities aide will be appointed to carry out the recommendations of the physiotherapist and occupational therapist, thus improving communications between therapists and hospital staff and ensuring continuity of therapy programs.

During each visit, a steadily increasing number of outpatients were seen at the medical clinic for assessment and given home therapy programs when indicated.

Consulting services to H.H. Williams Memorial Hospital in Hay River were started in late August. With the building of the new hospital an activation room was included to provide adequate facilities for physiotherapy treatment. Necessary equipment was ordered and is scheduled to arrive within the next few months.

The physiotherapist spoke at a nursing conference in Hay River in September and following that regular consultation visits were commenced. A Registered Nurse, also responsible for the Home Care Program, took on the responsibility of physiotherapy treatment following three days training with therapists at Stanton Yellowknife

CONSULTING SERVICES - PHYSIOTHERAPIST - Continued

Hospital, learning basic physiotherapy theories and procedures which could be applied to the most common conditions. Phone contact with therapists in Yellowknife is made whenever necessary and the patients are assessed and reviewed by the therapist during monthly consultations. With each visit the therapist addresses the nursing staff on various physiotherapy procedures to be carried out on the wards.

CONSULTING SERVICES - NUTRITION & DIETETICS

In July 1975, an Outpatient Nutrition Counselling service was started at the Stanton Yellowknife Hospital. To date use of this service has expanded by approximately 600%. In early 1976, the program was expanded to include an exercise component through the hospital physiotherapist. It is hoped in the New Year that similar programs will be established in Hay River and Fort Smith.

In 1976 most of the dietetic consulting services were centered around the Hay River Health Centre and the development of a new dietary system.

In September 1976, a study was done on the Food Service System at the Frobisher Bay Correctional Centre. Visits were made to the Yellowknife Correctional Centre and South Mackenzie Correctional Centre in conjunction with this study.

A Dietary Seminar was held in November as part of the N.W.T. Hospital Association Annual Meeting. Participants were from the Stanton Yellowknife Hospital, Fort Smith Receiving Home, St. Ann's Hospital, the Fort Smith Centre and the H.H. Williams Memorial Hospital. Topics included menu planning, food sanitation, cost control methods, and the basic cooking principles. The seminar was successful and it is hoped that a seminar of this

nature will become an annual event. A dietary seminar is planned for February 1977 for Receiving Home Dietary Staff.

Work began in the spring of 1976, on the writing of a "Comprehensive Nutrition Program" for the N.W.T. The end result of the implementation of the program, once accepted, will be coordinated nutrition programs and services in the N.W.T. which are designed to meet the nutritional needs of the residents of the N.W.T.

A N.W.T. Liaison Committee on Nutrition was formed this year with representation from the Department of Social Development, Department of Education, and Medical Services, Health and Welfare, Canada. The purpose of this committee is to provide a means of liaison and communication between the three departments on matters relating to nutrition.

In October, the Department of Education held a Home Management Conference which included a Nutrition Workshop. Objectives of the workshop were to develop guidelines for Community Nutrition Education Programs; to identify existing teaching aids and resource material; and to identify evaluation tools for the developed programs. After completion of the guidelines, there will also be much involvement in the actual development of the program content.

Pre-natal nutrition classes were held throughout

the year as part of a series presented by the Public Health Nurses. Much concern has been expressed over the lack of continuity in infant nutrition information being circulated to the public. As a result a group composed of doctors, nurses, public health nurses and nutritionists have begun work on "Infant Feeding Guidelines for the N.W.T.". In addition, post-natal nutrition classes are being developed to be initially implemented at the Stanton Yellowknife Hospital.

A "Meals on Wheels" program was started in September 1976 through the Stanton Yellowknife Hospital and the Co-ordinated Homecare Program. The meal service is available at nominal cost to senior citizens, disabled people, and those requiring assistance either because of illness or lack of adequate cooking facilities. Special diet needs are taken into consideration. Meal delivery is carried out by volunteers from the community using their own vehicles.

Throughout the year, several groups in the community requested nutrition lectures. Consulting work was also done periodically for the Department of Social Development in the form of special diet costing, budgeting, and providing assistance in menu planning for group homes.

CONSULTING SERVICES - OCCUPATIONAL THERAPY

Consulting Services in occupational therapy began in December, 1976 with a visit to St. Ann's Hospital in Fort Smith. St. Ann's Hospital and H. H. Williams Memorial Hospital will be visited alternately every second month by the consultant.

The objectives during these visits are as follows:

- a) To establish occupational therapy programs especially for chronic care patients.
- b) To maintain and increase function of the patients.
- c) To advise hospital staff regarding patient care in the areas of activities of daily living and motivational therapy.
- d) To provide information to doctors concerning occupational therapy.

During the short period of time that this service has been offered, the consultant has been involved in discussions with the hospital staff regarding the use of the service, and assessment of some of the patients.

The consultant has been requested to advise regarding facility planning, and to assist in the development of written program descriptions and guidelines for the N.W.T.

CONSULTING SERVICES - ADMINISTRATION

Through the administration of the Territorial Hospital Insurance Service, administrative consultative services are available to the Hospitals. These services were available in the areas of Administration, Labour Relations, Hospital Accounting, and Purchasing of Capital Equipment.

CONSULTING SERVICES - SPEECH THERAPY

During 1976, the involvement of the Territorial Hospital Insurance Services in the provision of speech therapy services in the Northwest Territories was completely transferred to the Stanton Yellowknife Hospital and a full time consultant was recruited.

HEALTH PLANNING TEAM



Mr. R.E. McDermitt
Chief Health Care Plan



Miss J. Lindquist
Senior Programs Officer



Mr. M.S. Pontus
Program Officer



Miss K. Jang
Program Officer



Mr. J. Cawsey



Mr. A.B. Dunbar
Program Officer

HEALTH PLANNING TEAM

Program & Facility Planning

During the year 1976 emphasis upon the development of Health Services in the Northwest Territories was continued with the formation of a Health Planning Team. The capability of planning was enhanced further by the addition of staff.

Joining Mr. Robert McDermit, Chief of the Health Care Plan and Miss Janet Lindquist, Nursing Consultant, were Mr. Blair Dunbar from the Department of Social Development in Fort Smith, and Mr. Michael Pontus, Miss Kathy Jang and Mr. James Cawsey from a Master Degree Program in Health Services Planning.

Members of the team have participated in several major departmental projects such as the Central and Eastern Arctic Health Services Study by Mr. Blair Dunbar, the Handicap Person's Study by Miss Janet Lindquist, and the Mackenzie Delta Contingency Plan by Mr. James Cawsey.

The planning team is also deeply involved in assisting the communities of Fort Smith and Hay River in the planning of their new health facilities. The division of Health Care of Social Development is responsible for the coordination of the required funds and activities leading to the completion of these projects.

Members of the team are also active participants on behalf of the N.W.T. in several Federal/Provincial Advisory Committees and Sub-Committees dealing with Health matters.

The creation of this team is a further step towards providing a systematic approach to program and facility planning of the N.W.T. Health Care Delivery System, toward the objective of an integrated, coordinated and comprehensive health service in the N.W.T.

TERRITORIAL HOSPITAL INSURANCE SERVICES

PROGRAM

Authority

The Territorial Hospital Insurance Services Ordinance and Regulations thereunder provide authority for the operations of the Territories' hospital care insurance program.

Eligibility

Under the Territorial Hospital Insurance Plan, a person who was legally entitled to remain in Canada, and who made his home and was ordinarily present in the Territories, was entitled after three months residence in the Territories to insured services at any approved hospital or nursing station of his choice, including a hospital outside the Territories.

A resident of the Territories who moved to another province was covered under the Plan during time of travel and for the period it took to become eligible for insured services in the new province.

Certain residents who had other entitlement to the same type of services as provided under the hospital insurance program were not covered by the Territorial program. They included members of the armed forces and

of the Royal Canadian Mounted Police. In addition, where residents were entitled to services under statutes such as Worker's Compensation, their entitlement under such laws excluded them from entitlement to the same service under the hospital insurance program.

Registration

The Territories had a singular registration system. The registration for Medicare qualified a person for Medicare and Hospital Insurance. The registration centre was in Yellowknife. There were no premiums attached to the insurance in the Territories, the programs being financed from general revenue.

Benefits

The Hospital Insurance Services program run by the Territories operated in accordance with the Federal Hospital Insurance and Diagnostic Services Act and its Regulations.

As such, members of the plan were entitled to receive the following benefits:

- a) accomodation and meals at the standard or public ward level;
- b) necessary nursing services;
- c) laboratory, radiological and other procedures together with the necessary interpretations for the purpose of assisting in the treatment of any injury, illness or disability.

- d) drugs, biologicals, and related preparations when administered in the hospitals;
- e) use of operating room, case room and anaesthetic facilities including necessary equipment and supplies;
- f) routine surgical supplies;
- g) use of radiotherapy facilities, where available;
- h) use of physiotherapy facilities, where available.

An insured person was entitled, without charge, to necessary out-patient treatment in a hospital including X-ray, laboratory, and other diagnostic services.

Non-Benefits

- Admission for Dental Care was not paid for unless there was a condition certified by a medical practitioner stating that hospitalization was necessary.
- Accounts for the services of a private nurse requested for the convenience of the patient were not acceptable.
- Private or semi-private accomodation when requested by the patient was not included as a benefit.
- Drugs, biologicals and related preparations, which were intended for use after discharge from the Hospital were excluded.

- Cost of ambulance service was excluded.
- Fees for doctors except those engaged by a hospital were excluded.

TERRITORIAL HOSPITAL INSURANCE SERVICE

FINANCING

During the calendar year 1976, the patient, the Territorial Government and the Federal Government shared in the financing of hospital care in the Northwest Territories. The total cost of this care was \$9,891,722.

The patient's share of the cost of hospitalization remained as a co-insurance charge of \$1.50 per day payable to the hospital. Effective June 1, 1976 the co-insurance charge was removed.

The cost shareable by the Federal Government under the Hospital Insurance and Diagnostic Services Act is the aggregate in the year of 25% of the per capita cost of in-patient services in Canada and 25% of the per capita cost of in-patient services in the Northwest Territories less the amount of authorized charges, (Co-insurance paid by or on behalf of patients), multiplied by the average for the year of the number of insured persons in the Territories. The insured population in 1976, as estimated by Statistics Canada, was 37,900.

TERRITORIAL HOSPITAL INSURANCE SERVICE

FINANCING - Cont'd

Advances against the estimated federal contribution were received each month on the basis of the above formula modified to effect a holdback by using 23½% instead of 25% in the calculation of the amount based on the national per capita costs.

After satisfactory audit reports have been received on the cost returns, the amount estimated to be still owing is then calculated and a further advance of 75% of this amount is received. Final payments are not calculated until the audit reports from all provinces and territories have been received. This results in a time lag of about 27 months between the end of the calendar year and the calculation of the final payment for that year.

Under the Hospital Insurance and Diagnostic Services Act, Health & Welfare Canada cost shares approximately 50% of the cost of services to the N.W.T. residents.

A special grant is received from the Department of Indian and Northern Affairs equivalent to approximately 50% of the cost of hospital care paid out for Indians and Eskimos of the Territories.

**TERRITORIAL HOSPITAL INSURANCE SERVICES
DISBURSEMENTS**

Administration of the Territorial Hospital Insurance Service includes reviewing the budgets of its three approved hospitals, providing operating funds for these hospitals and consulting services. It also involves the reimbursement to hospitals other than the Budget Review Hospitals for approved services they have rendered to N.W.T. residents, and the processing of all claims for payment and statistical purposes.

Method of Payment to Hospitals

For payment purposes, listed hospitals are grouped into four categories: -

1. Approved Hospitals
2. Contract Hospitals
3. Federal Hospitals
- 4 Hospitals Outside the Territories

A list of the hospitals in the Northwest Territories, giving the rated bed capacity, may be seen in Table 1.

TERRITORIAL HOSPITAL INSURANCE SERVICES

PROGRAM - Cont'd

Approved Hospitals

An approved hospital, known commonly as a "Budget Review" hospital, is paid its approved budget, including the cost of new equipment. The Stanton Yellowknife Hospital in Yellowknife, the H. H. Williams Memorial Hospital in Hay River and St. Ann's Hospital in Fort Smith are the only Budget Review Hospitals. The hospitals submit to the Board, in advance of the calendar year, their annual budgets for the ensuing year. The approved budget for total operating costs is paid to the hospitals in (12) twelve monthly instalments.

Contract Hospitals

Contract hospitals are those hospitals or other facilities in the Territories with which the T.H.I.S. Board has contracted for the provision of insured services to insured persons.

In 1976 the only contract hospital was:

Chesterfield Inlet Ste.-Therese de l'Enfant Jesus
Hospital

TERRITORIAL HOSPITAL INSURANCE SERVICE

PROGRAM - Cont'd

Contract Hospitals - Continued

In addition, the Red Cross Blood Depot in Edmonton, Alberta, served as a contract facility for the supply of blood and blood products. The payment for this service in 1976 was \$9,425.02.

Federal Hospitals and Nursing Stations

Federal Hospitals are hospitals in the Northwest Territories owned or operated by the Government of Canada. Payments were made by the Board at agreed per diem rates. During 1976, this agreement applied to the hospitals and other facilities operated by Medical Services, Health and Welfare Canada.

TERRITORIAL HOSPITAL INSURANCE SERVICES

Hospitals Outside the Territories

When treatment was obtained in a hospital in another Province or Territory, payment was made by the T.H.I.S. Board at the rate established for the hospital by the Province or Territory. The rate payable outside Canada was determined by the Board, but could not exceed the maximum rate payable to an approved hospital in the Territories less the co-insurance charge.

During 1976, most hospital care outside the Territories to beneficiaries of the Plan was given in Alberta, Manitoba, and Quebec. See Table 2.

Payment to Hospitals

Payment made by the T.H.I.S. to hospitals for insured services was as follows: The Approved Hospitals received \$4,158,843; the Contract Hospital received \$10,884; the Federal Hospitals received \$1,443,968 and the Hospitals outside the Northwest Territories received \$4,288,027. Comparative information may be found in Table 5.

Cost of Insured Services

The cost of insured services to the Hospital Insurance Plan was \$9,891,027. The average cost to the Plan per patient day of insured services was \$109.76 for adults and children, \$13.80 for newborn. Using the population figure of 37,900 for the Northwest Territories, as

as supplied by Statistics Canada, the average cost of insured services per capita was \$261.00 for the year. Comparative information is given in Table 6..

Utilization of Hospitals

The total number of approved inpatient days for 1976 was 84,001. The comparative figures for 1975 and 1976 are shown in Tables 3 and 4..

The decline in inpatient days is partly due to the fact that 1975 saw a catch-up on outstanding claims from prior years.

The total number of hospital days purchased outside the Territories declined in 1976 while the number purchased within the Territories from the Budget Review Hospitals remained constant. This, in spite of a reduction in available beds during construction of the Hay River Health Centre, is representative of the increase in specialist care available in the North.

It is expected that the trend to utilize services in the Northwest Territories will continue as facilities, programs and manpower resources are developed.

TERRITORIAL HOSPITAL INSURANCE SERVICE

ORDINANCE

In 1976, the Territorial Hospital Insurance Service Ordinance was amended to provide for:

1. Local Boards of Management
2. The appointment of a Public Administrator to manage a health facility coming under the Territorial Hospital Insurance Ordinance.

The amendment to provide for local Boards of Management applies to facilities owned by the Government of the Northwest Territories. The local Board of Management is an approach permitting more local and regional input into facilities owned by the Government of the Northwest Territories.

Local Boards of Management are appointed by the Commissioner (from a list of candidates solicited from the Council of the community in which the health facility is located) and are to be representative of the area served by the facility. Every Board of Management is a body corporate. The duties of the Board of Management are to manage, control and operate the health facility designated by the Commissioner.

The amendment to provide for a Public Administrator was introduced to fill a lack in the existing Ordinance.

A Public Administrator may be appointed by the Commissioner to manage a health facility if the Commissioner is of opinion that:

- a) the continuing provision of care to patients is for any reason being threatened;
- b) the members of the governing body of the health facility have resigned and they are not being immediately replaced;
- c) the safety of patients is jeopardized by reason of a failure to comply with reasonable standards of care;
- d) the governing body of the health facility has failed to assume responsibility for the provision of health facilities or services;
- e) the health facility appears to be in financial difficulty;
- f) serious problems exist in relation to the governing body and the management of the health facility;
- g) in the circumstances it is in the public interest that a Public Administrator be appointed to manage the affairs of the health facility." Chapter 4 Section 11. 8(1)

APPENDIX "A"

LOCATION OF FACILITIES
NORTHWEST TERRITORIES

HOSPITAL (H)
NURSING STATION (N)

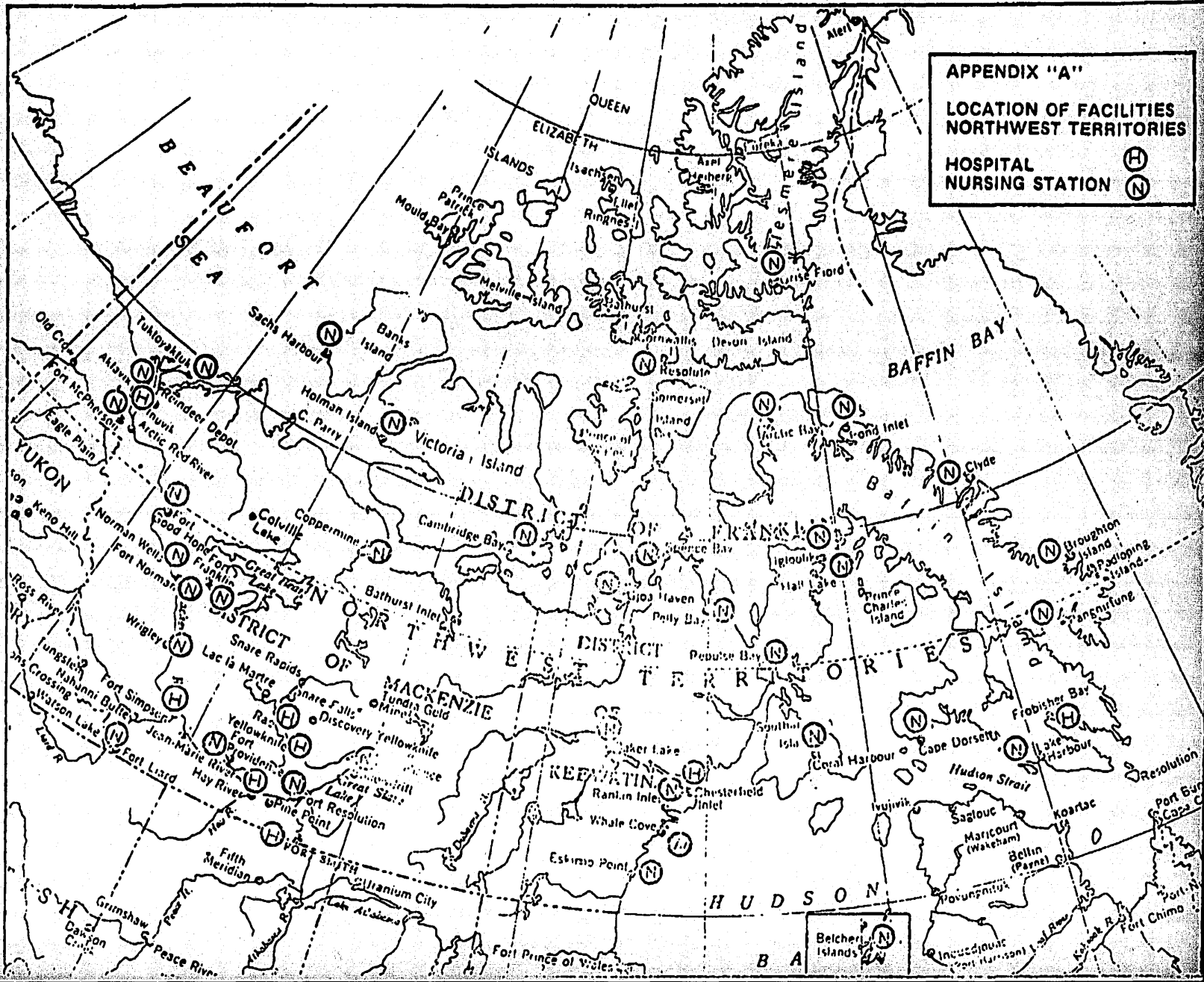


TABLE 1 PART I

Rated Bed Capacity - Hospitals in the Northwest Territories - 1976

LOCATION	NAME	BEDS	CRIBS	BASSINETS
<u>APPROVED (BUDGET)</u>				
Fort Smith	St. Ann's General	40*		7
Hay River	H.H. Williams Memorial	50**		10
Yellowknife	Stanton Yellowknife	72		9
Total at Year-end		162		26
<u>CONTRACT</u>				
Chesterfield Inlet	Ste.-Theresa de l'Enfant Jesus (Chronic 9)	4		2
Total at year-end		4		2
<u>FEDERAL HOSPITALS AND NURSING STATIONS</u>				
Frobisher Bay	Frobisher Bay General	25	10	4
Inuvik	Inuvik General (Chronic 8)	40	15	13
Fort Simpson	Fort Simpson General	9	4	3
Rae-Edzo	Edzo Cottage Hospital	5	5	2
Aklavik	Aklavik N/S	5		2
Arctic Bay	Arctic Bay N/S	1	1	1
Baker Lake	Baker Lake N/S	3	2	1
Belcher Islands (Sanikiluaq)	Belcher Islands N/S	2		2
Broughton Island	Broughton Island N/S	3	1	1
Cambridge Bay	Cambridge Bay N/S	10		2
Cape Dorset	Cape Dorset N/S	3		1
Clyde River	Clyde River N/S	3	1	1
Coppermine	Coppermine N/S	5		1
Coral Harbour	Coral Harbour N/S	4		2
Eskimo Point	Eskimo Point N/S	4		2
Fort Franklin	Fort Franklin N/S	5		2
Fort Good Hope	Fort Good Hope N/S	4		1
Fort Liard	Fort Liard N/S	3		1
Fort McPherson	Fort McPherson N/S	5		2
Fort Norman	Fort Norman N/S	4		1
Fort Providence	Fort Providence N/S	5		1
Fort Resolution	Fort Resolution N/S	5		4
Fort Wrigley	Fort Wrigley N/S	4		2

TABLE 1 PART II

FEDERAL HOSPITALS AND NURSING STATIONS CONT.

Gjoa Haven	Gjoa Haven N/S	5		1
Grise Fiord	Grise Fiord N/S	1	1	1
Hall Beach	Hall Beach N/S (Foxe)	2	1	1
Holman Island	Holman Island N/S	2		1
Igloolik	Igloolik N/S	1	1	1
Lake Harbour	Lake Harbour N/S	1	1	1
Norman Wells	Norman Wells N/S	10		2
Pangnirtung	Pangnirtung N/S	5	2	1
Pelly Bay	Pelly Bay N/S	2		1
Pond Inlet	Pond Inlet N/S	1	1	1
Port Burwell	Port Burwell N/S	1	1	1
Rankin Inlet	Rankin Inlet N/S	5	2	2
Repulse Bay	Repulse Bay N/S	2		2
Resolute Bay	Resolute Bay N/S	2		1
Sachs Harbour	Sachs Harbour N/S	4		-
Snowdrift	Snowdrift N/S	2		1
Spence Bay	Spence Bay N/S	5		1
Tuktoyaktuk	Tuktoyaktuk N/S	5		1
Whale Cove	Whale Cove N/S	1	1	2
Total at year-end		214	51	71
TOTAL RATED CAPACITY AT YEAR END		381	51	101

* Includes 22 extended care beds at Fort Smith

** Includes 10 extended care beds at Hay River

TABLE 2

Hospital In-patients Days
Outside H.M.T. by Province

Province	Days	
	Adult and Children	Newborn
Yukon	161	10
B.C.	903	88
Alberta	20,790	473
Saskatchewan	258	43
Manitoba	7,803	771
Ontario	931	85
Quebec	5,113	36
Maritimes	213	43
TOTAL	36,172	1,549

TABLE 3
Separations and Days of Care of Insured Adults and Children
by Hospital Location

<u>LOCATION</u>	<u>NAME OF HOSPITAL</u>	<u>1975</u>		<u>1976</u>	
		<u>SEP.</u>	<u>DAYS OF CARE</u>	<u>SEP.</u>	<u>DAYS OF CARE</u>
<u>Budget Review Hospitals</u>					
Fort Smith	St. Ann's General	557	2,920	507	2,486
Hay River	H.H. Williams Memorial	1,380	6,429	1,462	6,854
Yellowknife	Stanton YK	2,458	17,497	2,945	17,578
	TOTAL	4,395	26,846	4,914	26,918
<u>Contract Hospital</u>					
Chesterfield Inlet	Ste. Theresa Del'Enfant Jesu		16	21	30
	TOTAL		16	21	30
<u>Federal Hospitals and Nursing Stations</u>					
Frobisher Bay	Frobisher Bay General	1,129	7,397	1,027	6,638
Inuvik	Inuvik General	1,214	9,831	1,314	9,018
Fort Simpson	Fort Simpson General	194	1,555	206	1,512
Rae-Edzo	Edzo Cottage Hospital Open Oct. 31, 1974	263	1,313	467	1,979
Aklavik	Aklavik N/S	61	90	21	33
Arctic Bay	Arctic Bay N/S	36	62	8	17
Baker Lake	Baker Lake N/S	37	71	13	18
Belcher Islands (Sanikiluaq)	Belcher Island N/S	25	50	13	20
Broughton Isle	Broughton Island N/S	28	46	19	26
Cambridge Bay	Cambridge Bay N/S	111	187	65	83
Cape Dorset	Cape Dorset N/S	113	192	80	121
Clyde River	Clyde River N/S	77	143	48	62
Coppermine	Coppermine N/S	37	62	31	41
Coral Harbor	Coral Harbor N/S	29	40	21	29
Eskimo Point	Eskimo Point N/S	66	133	50	71

Table 3 Cont'd

1975

1976

Fort Franklin	Fort Franklin N/S	11	23	34	57
Fort Good Hope	Fort Good Hope N/S	11	16	9	18
Fort Liard	Fort Liard N/S	16	72	54	89
Fort McPherson	Fort McPherson N/S	48	77	35	45
Fort Norman	Fort Norman N/S	26	34	24	37
Fort Providence	Fort Providence N/S	25	31	14	17
Fort Resolution	Fort Resolution N/S	12	21	30	35
Fort Wrigley	Fort Wrigley N/S	6	11	10	15
Gjoa Haven	Gjoa Haven N/S	36	56	20	44
Grise Fiord	Grise Fiord N/S	10	20	10	16
Hall Beach	Hall Beach N/S (foxes)	43	113	34	65
Holman Island	Holman Island N/S	12	28	16	17
Igloodik	Igloodik N/S	44	95	29	49
Lake Harbour	Lake Harbour N/S	18	24	12	25
Norman Wells	Norman Wells N/S	14	18	5	9
Pangnirtung	Pangnirtung N/S	113	201	87	197
Pelly Bay	Pelly Bay N/S	23	42	21	38
Pond Inlet	Pond Inlet N/S	40	62	24	50
Port Burwell	Port Burwell N/S			3	5
Rankin Inlet	Rankin Inlet N/S	67	115	121	154
Repulse Bay	Repulse Bay N/S	13	13	15	20
Resolute Bay	Resolute Bay N/S	24	35	21	27
Sachs Harbour	Sachs Harbour N/S			21	25
Snowdrift	Snowdrift N/S	17	32	17	28
Spence Bay	Spence Bay N/S	25	47	25	39
Tuktoyaktuk	Tuktoyaktuk N/S	51	85	66	88
Whale Cove	Whale Cove N/S	9	15	18	19
	TOTAL	4,134	22,458	4,158	20,888
OUTSIDE N.W.T.					
	TOTAL		39,464		36,173
			39,464		36,173
	GRAND TOTAL	8,529	88,784	9,093	84,000

TABLE 4

In-Patient Services by Category of Hospital

CATEGORY	SEPARATIONS	DAYS OF CARE
Budget Review Hospitals 1975	4,395	26,846
Contract		16
Federal	4,134	22,458
Outside N.W.T.		39,464
TOTAL	8,529	88,784

Budget Review Hospitals 1976	4,914	26,918
Contract	21	30
Federal	4,158	*20,881
Outside N.W.T.		36,172
TOTAL	9,093	84,001

* This figure represents actual days of care given by the Federal Hospitals and Nursing Stations in 1976. In 1976, however, payment was made for 25,087 patient days. This was due to a catch up of unsubmitted or disputed accounts prior to 1976 (4206) primarily at Frobisher Bay and Inuvik.

TABLE 5

Payment to Hospitals

1975 and 1976

Category of Hospitals	T.H.I.S.	Plan
	1975	1976
Approved	3,418,679	4,158,843
Contract	3,007	10,884
Federal	1,195,901	1,433,968
Outside H.W.T.	3,373,323	4,288,027
TOTAL	7,990,910	9,891,722

TABLE 6

Total Cost of Insured Services

Cost Per Insured Person, and Average Cost Per Patient Day
1975 and 1976

Costs of Insured Services	T.H.I.S.	Plan
	1975	1976
Inpatient - Adult and Children - Newborn	7,681,765	9,597,176
	97,029	114,789
Outpatient	7,778,794	9,711,965
	212,116	179,757
TOTAL	7,990,910	9,891,722
<u>Cost Per Insured Person</u>	214.81	261.00
Insured Population 1975 - 37,200 1976 - 37,900		
<u>Average Cost Per Patient Day</u>		
<u>Hospitals in the N.W.T.</u>		
Adult and Children	65.76	105.28
Newborn	13.33	13.88
<u>Hospitals Outside N.W.T.</u>		
Adult and Children	83.17	116.12
Newborn	9.68	13.44
<u>All Hospitals</u>		
Adult and Children	86.68	109.76
	11.80	13.80

TABLE 7

BUDGET REVIEW HOSPITALS
AVERAGE LENGTH OF STAY
BASED ON T.H.I.S. APPROVED
IN-PATIENT DAYS 1976
ADULT AND CHILDREN

STANTON
YELLOWKNIFE

6.97 DAYS

H.H. WILLIAMS
MEMORIAL

4.56 DAYS

ST. ANN'S
GENERAL

5.01 DAYS