

**LEGISLATIVE ASSEMBLY OF THE  
NORTHWEST TERRITORIES  
9<sup>TH</sup> ASSEMBLY, 3<sup>RD</sup> SESSION**

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PLANNING PRIORITIES  
WITHIN THE SYSTEM OF  
FOUR LEVELS OF CARE

3rd Session of Legislative  
Assembly of the N.W.T.  
Baker Lake, N.W.T.

Arnold J. McCallum  
June, 1980

### Background

The Second Session of the Ninth Legislative Assembly deferred the approval of capital funding for the Stanton Yellowknife Territorial Hospital until a report from the Executive Committee on the priorities for planning for primary, secondary and tertiary facilities in the Regions has been presented and reviewed by the Legislative Assembly at its June Session in Baker Lake, N.W.T.

The N.W.T. system of levels of care outlined in the attached document on Levels of Care is for the most part in place in the N.W.T., having evolved over the years. There are gaps in the system, both in programs and facilities.

This document addresses the facility requirements and the underlying rationale.

### Goal

The goal of the Health Care System is:

"The provision of the highest quality of care most economically and reasonably capable of being provided in the N.W.T." Presently this goal is far from being met. From Graph #1 we can see the components of a good balanced health care system. Many of these components are in their formative stages in the N.W.T.

### Accomplishments to Present

There have been great strides made over the last 10 years;

1. There are 39 Primary Care facilities, or nursing stations situated throughout the N.W.T., with qualified nurse practitioners or outpost nurses (see Appendix B for nurse practitioner capabilities).
2. There are Secondary level of care centres in Inuvik, Fort Smith, Hay River, and Frobisher Bay. There is a borderline Tertiary level of care centre in Yellowknife. Graph #2 shows locations of present and planned facilities.
3. Great strides have been made in Public Health.
4. Water and Sewer is a big priority of the Government of the N.W.T., as well as Health Education.

There are still large strides that the system can take, such as:

- training in the North of paraprofessional Northerners
- increased communication capabilities in the diagnostic services area
- provision of care closer to home
- provision of jobs in health care
- continued emphasis on water and sanitation
- greater awareness of preventative measures
- more local input through Boards of Management
- greater emphasis on nutrition
- T.B.
- Immunization
- overcoming problems in areas of glue and gas sniffing and drugs.

Many of these are program areas that are presently being addressed by the Department of Health in conjunction with the other appropriate departments.

The perceived gaps in the facility components are requirements for Secondary Level facilities in the Keewatin and Cambridge Bay and a Tertiary facility in Yellowknife.

One of the most serious concerns being addressed by this document is the large amount of money being spent by the Government of the N.W.T. and the Federal Government to send residents outside of the N.W.T. for treatment.

Graph #3 illustrates the combined budgets of the Government of the N.W.T., Department of Health, and the Federal Government, Health and Welfare Canada. It is a big business.

Graph #4 illustrates that each year in excess of \$8,000,000 is spent to receive care outside the N.W.T.; if you include transportation for all regions, the figure rises to between 10 and 11 million dollars.

As can be noted from the graphs, the Baffin Region refers patients to the Montreal/Toronto area; the Keewatin Region to Manitoba, and the Inuvik/Fort Smith Region to Alberta. (Graphs 1-4)

This is 20% of the two agencies budgets that is being spent outside the N.W.T. and has no impact on the

is the combined Fort Smith/Inuvik Region, (see Graph #5), with a high percentage of patient days being spent in Alberta.

Analysis by consultants has shown that with an upgrading of the facility in Yellowknife, approximately 75-80% of these cases could be treated in the N.W.T. The Stanton Yellowknife Hospital is already acting as a place of treatment for many residents outside of Yellowknife, and needs upgrading to better provide services. (Table - Graph #6 indicates percent of patients from outside Yellowknife as 46% for inpatients above).

#### Keewatin

As can be seen from Graph #7, there has also been concern expressed about the amount of care requiring to be treated in Manitoba. The Federal Government has entered into a contract with the Inuit Tapirisat of Canada, to review the health delivery and specifically look at whether there should be a facility in the Keewatin.

The lead responsibility for a facility in the Keewatin rests with the Medical Services Branch, Health and Welfare Canada, and while our figures indicate to us the feasibility of placing a secondary level hospital there, more planning groundwork has to be done. The Legislative Assembly voted for this at the Second Session of the Ninth Assembly.

#### Cambridge Bay

Consultant's Reports (The Clarkson Report and the Central and Eastern Arctic Health Services Study), have recommended that there be a facility in Cambridge Bay. The Legislative Assembly has set aside funds in the 1980/81 Department of Health budget to investigate this as well.

Once again, however, the lead responsibility for that area rests with the Medical Services Branch, Health and Welfare Canada. Until such responsibility lies with the Government of the N.W.T., although final decision on a project must come from Ottawa.

The key link to providing a higher level of care in the N.W.T. for residents of the N.W.T. rests with the expansion of the Stanton Yellowknife Hospital.

### Stanton Key Link

The reason Stanton is the key link, is that it is the only centre with a population base large enough to support and attract a sufficient number of staff and specialist physicians.

### Attraction of Physicians

Over the past year (1979/80), Stanton has had on staff specialists in Ophthalmology, Ear, Nose and Throat, Internal Medicine, and Obstetrics and Gynecology. Because of this, in excess of 10,000 patient visits to specialists of this type were delivered in the North, rather than in the South. Having these specialists has enabled:

1. Eye clinics and Ear, Nose and Throat clinics to be held on regular frequency throughout the Western Arctic. Even cases have come from the Keewatin to receive services.
2. With the presence for a ophthalmologist program to train Northerners in Eye Care delivery has been designed and three students beginning in April, 1980, will be trained eventually to serve communities across the Territories.
3. It has attracted a grant from the Elks of Canada of \$35,000 to upgrade hearing testing equipment throughout the N.W.T., with further commitments to total to \$100,000, if the program continues. A speech pathologist travels regularly to communities to ensure that young children receive required attention.

These are initial programs that have benefited residents of the N.W.T. in some manner, but they require the support of a larger, more intricate facility. The list is extensive and this is only a sample.

### Hub

The delivery of health care requires a central core from which to draw knowledge, train the next generation of the health care providers and maintain a high quality of the health care delivery and support. In the N.W.T. system, Stanton Yellowknife Hospital could be the Hub of the Wheel. It is occurring already in a natural fashion in repatriating cases that now go to Alberta, it raises the level of care available through the entire health system since exchanges

Present Facility Obsolete

The present facility is not capable of providing this role. As outlined at the March meeting of the Assembly its present problems are:

1. Infection Control

The present facility was designed with multi-bed wards and small nursing units. No facilities were provided for isolation. As a result, when consideration is given to infectious cases, to obstetrics and gynecology, to surgery, to pediatrics, to severely ill patients, an occupancy of 65 to 70 percent is really a maximum safe occupancy level for a hospital this size.

2. Mental Patients

The present facility does not provide space for the provision of urgently required services such as: inpatient acute care services for mentally disturbed and/or psychiatric patients; or inpatient care services for T.B. patients.

3. Diagnostic Services

In the present facility there is a severe lack of space for diagnostic-support services, such as: laboratory, radiology, physiotherapy, occupational therapy, ambulatory and emergency care, to the extent that program development is impeded.

4. Chronic Care Services

Chronic Care Services are not available at this time in Yellowknife. As a result patients must be sent to Fort Smith. This is not acceptable because it is difficult and financially restrictive for relatives and friends to visit the chronically ill.

With the completion of the Fort Smith Health Centre, there is only sufficient chronic care beds in that new facility for local residents. Twenty beds are included in the proposed Yellowknife Project for an extended/chronic care service.

5. Medical Specialists

A number of medical specialists have been recruited by the Stantun Yellowknife Hospital in an attempt to develop

of the H.W.T. This policy is fully supported by the Government of the N.W.T. At present there is no office or clinical space available in the hospital for such services.

Without adequate clinical and office space, it will be difficult to recruit, or to retain, specialists in Yellowknife. The national trend for referral hospitals is to provide clinical and office space for heads of departments and specialists in the hospital. The experience in the past is that it is difficult to obtain regular services, with continuity, unless the specialists reside and practice in the Northwest Territories.

Presently on staff are the following: ophthalmologist; Internal Medicine; and, Ear, Nose and Throat. Committed to coming in late summer or early fall are: obstetrics and gynecology; orthopedic surgeon; and a psychiatrist.

6. Training Space

The present facility does not have space and facilities for developing training programs for health service personnel.

There is a need to provide education programs in order to prepare Northerners to participate in the delivery of health services.

There are specific capital funds (approximately \$462,000) specifically allocated to the N.W.T. through the federal Health Resources Fund to assist with the capital expenditures for this purpose. The funds are only applicable toward expenditures made no later than December 31, 1980. The fund will then lapse.

7. Auxiliary Space

Additional space is required in order to expand and develop such cost-effective services as: home care, nutrition counselling services, and public health services.

8. Hostel

Although during 1979/80, 46% of the inpatients treated were from outside Yellowknife, the hospital does not have hostel facilities available. The proportion of patients from outside Yellowknife will increase with the



development of expanded programs and services. The purpose of a small hostel unit is to allow for pre-admission diagnostic work and to provide post-discharge accommodation for individuals from outside Yellowknife.

#### Expansion Proposal

The new facility will be a Tertiary level facility capable of providing training programs, treat a higher level of care, providing consulting and diagnostic support to the other facilities within the N.W.T. (see Appendix A for specifics).

#### Cost Benefit Analysis

The cost benefit analysis given at the March, 1980 Session of the Legislative Assembly has been updated with 1979/80 actuals. This did not include the increased costs for Services at Charles Camsell (1980/81) now estimated from \$400,000 to \$600,000.

The anticipated yearly saving is now estimates at one million dollars per annum.

#### Urgent Need

The Stanton Yellowknife facility is urgently needed:

- to replace existing worn out facility;
- to provide space for training;
- to provide space for specialists; and
- because the Charles Camsell Hospital in Edmonton will soon (within 3 - 6 months) become a local community hospital and there will be pressure to provide more of our own care (cost of care for Charles Camsell could rise \$400-600,000 this year alone, under the new arrangement).

#### Schedule of Implementation

As has been stated, not all of the care provided is under the jurisdiction of the Government of the Northwest Territories. Facilities in the Keewatin and High Arctic are covered under the auspices of Medical Services, Health and Welfare Canada. At present, their financial forecasts do not include hospitals in these areas. Planning for these facilities will, therefore, take longer and require consent from Medical Services Branch.

Medical Services Branch has indicated its support of the Stanton Yellowknife Expansion.

It is likely that if the I.T.C. Study recommends a facility in the Keewatin, then planning there could proceed quickly through the groundwork of community involvement.

The facility in Cambridge Bay, as well, requires groundwork and consent by Medical Services Branch.

Summary

In summary, then, there is a system of care in place. There are gaps in the system of levels of care which if filled can have enormous benefits for all residents of the N.W.T.

The need for the program at Stanton to proceed is urgent, and while the needs of the other regions are no less urgent, there are factors beyond the control of the Government of the N.W.T. which have to be addressed first. However, the expansion of Stanton does not detract from needs expressed in other areas or mean the Government of the N.W.T. will work any less harder to bring them out.

It should be made clear that already the Stanton Hospital is a hospital serving every community in the Western Arctic. The expansion of Stanton is required because of the facility's condition, the pressure to serve more and more residents of the Inuvik/Fort Smith Regions, and the need to develop paraprofessional programs that must take place in a larger facility in order to give students a broad breadth of experience. The increased pressure for services has brought about the requirement for specialists who in turn have saved this Government large sums of money on transportation and other expenses.

Just as a facility in the Keewatin will not detract from the level of care in the nursing stations, but, rather enhance it, so to will an expanded Stanton facility not impinge on services for Inuvik, and other such communities, but, rather enhance them and support them.

Consequences

- To fail to proceed with Stanton is a decision to forfeit an opportunity to raise the level of health care expertise in the N.W.T., and, therefore, it will keep care distant, unknown, and beyond the control of residents of the N.W.T.
- To fail to proceed with Stanton means to forfeit up to \$462,000 of Federal funds toward the facilities required to train Northerners.
- To fail to proceed means to continue to pay increasing amounts of funds to have hospital care without any control over the delivery of the service. It means an increase from \$400 - \$600,000 per annum to have care purchased from Charles Camsell, if available.
- To fail to proceed means to continue to spend in excess of 4.8 million dollars per annum without any effect on the Government of the N.W.T. economy.
- To fail to proceed means that extensive renovations to the existing facility will have to be undertaken to keep it operating under current conditions.
- To fail to proceed means to continue to send extended/ chronic care patients and nursing home patients away from their family to Edmonton for very extensive periods of time.
- To fail to proceed is to decide against the provision of training of health disciplines for Northerners in the North.

It is, therefore, strongly recommended that the Legislative Assembly move its approval of the Stanton Yellowknife Hospital Project and the expenditure of the funds budgeted for this purpose in 1980/81.

APPENDIX A

EXPANSION PROPOSAL

1. Acute Care Inpatient Services - an increase of 43 beds, to a total of 115 adult and children acute care beds.
2. Extended/Chronic Care Inpatient Services - a 20 bed extended/chronic care service.
3. Expanded Ambulatory Care Services (Emergency and Out-patient Services).
4. Special Clinic Services
  - Ophthalmology
  - E.N.T.
  - Speech and Hearing
  - Orthopedics
  - Obstetrics and Gynecology
  - Pediatrics
  - Internal Medicine
  - Psychiatry and Mental Health
  - Visiting Specialists
5. Expanded Diagnostic and Treatment Services
  - Laboratory
  - Radiology
  - Physiotherapy
  - Occupational Therapy
6. Regional Consulting Services
  - Physiotherapy
  - Occupational Therapy
  - Nutrition and Dietetics
  - Laboratory
  - X-ray
  - Speech and Hearing
  - Ophthalmology
  - Psychiatry
7. Expanded Home Care Programs.
8. Public Health Offices, Medical Services, Health and Welfare Canada.
9. Ambulatory Care Residence - 10 bed Hostel Unit.
10. Training Programs for Health Care Personnel.

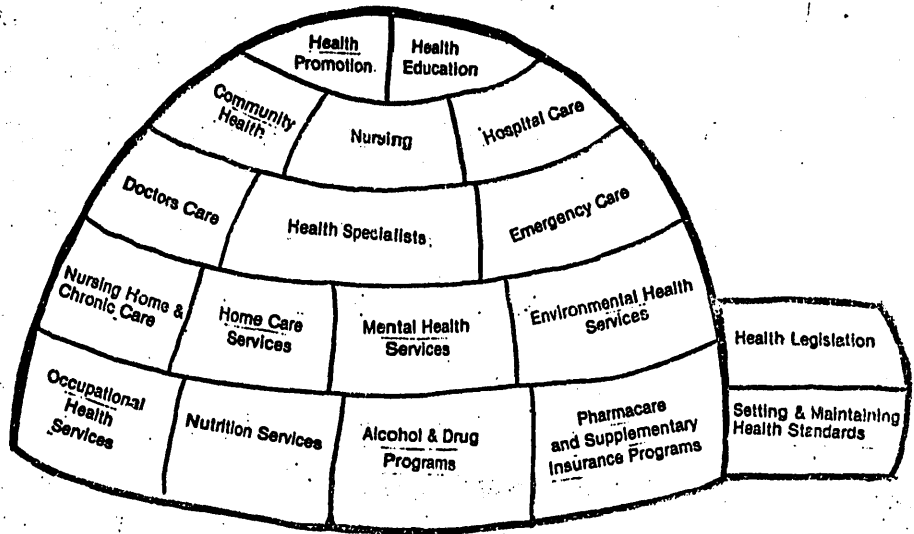
APPENDIX B

MAJOR SKILLS A NURSE PRACTITIONER IS CAPABLE OF PERFORMING\*

1. Take a medical history of an adult, child or newborn.
2. Do a basic medical examination on an adult, child or newborn.
3. Suture simple lacerations.
4. Administer a local anaesthetic.
5. Start an intravenous intubation.
6. Do an endotracheal intubation.
7. Give ante/post natal care.
8. Identify high risk pregnancies.
9. Manage a normal delivery.
10. Do a pregnancy test.
11. Do a hemoglobin, W.B.C., and blood sugar.
12. Do a complete urinalysis.
13. Apply plaster casts.
14. Do an x-ray of the chest and long bones.
15. Observe patients with unstabilized and/or chronic conditions and refer to supervising physician when warranted.
16. Identify situations beyond her competence and refer to supervising physician.
17. Describe signs and symptoms accurately to other health professionals.
18. Initiate treatment in emergency situations.
19. Look up and prescribe the appropriate medication for common conditions.
20. Identify major public health needs in her community.
21. Provide treatment and follow-up care for patients with T.B., V.D., etc.
22. Conduct ante-natal, well baby, and other clinics.
23. Support local groups in their efforts to control alcoholism.
24. Assist in advanced surgical techniques such as scalp veins, cutdowns, lumbar puncture, bladder puncture, chest drainage, using intercath, incision and drainage.
25. Do teaching and prevention related to nutrition, diabetes, and dental hygiene.
26. Supply family planning information.

\* Report on the University of Alberta Ad Hoc Committee on Employment Opportunities for Nurse Practitioners - January 1, 1977, Edmonton, Alberta.

### Components of Health Care



**Federally Operated Facilities within the N.W.T.  
&  
G.N.W.T. Operated Facilities**

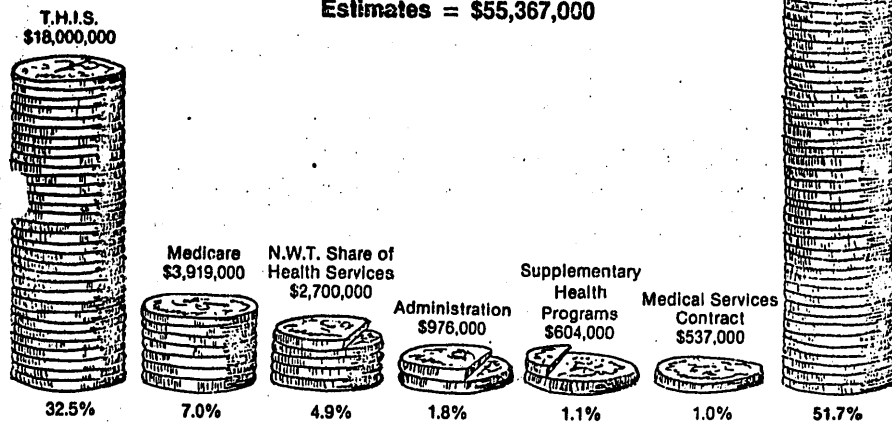


## **Stanton Expansion Proposal — Services To Be Offered**

1. **Acute Care Inpatient Services**  
An increase of 43 beds, to a total of 115 adult and children acute care beds.
2. **Extended/Chronic Care Inpatient Services**  
A 20 bed extended/chronic care service.
3. **Expanded Ambulatory Care Services (Emergency and Outpatient Services)**
4. **Special Clinic Services**
  - Ophthalmology
  - E.N.T.
  - Speech and Hearing
  - Orthopedics
  - Obstetrics and Gynecology
  - Pediatrics
  - Internal Medicine
  - Psychiatry and Mental Health
  - Visiting Specialists
5. **Expanded Diagnostic and Treatment Services**
  - Laboratory
  - Radiology
  - Physiotherapy
  - Occupational Therapy
6. **Regional Consulting Services**
  - Physiotherapy
  - Occupational Therapy
  - Nutrition and Dietetics
  - Laboratory
  - X-ray
  - Speech and Hearing
  - Ophthalmology
  - Psychiatry
7. **Expanded Home Care Program**
8. **Public Health Offices, Medical Services, Health and Welfare Canada**
9. **Ambulatory Care Residence**
  - 10 bed Hostel Unit
10. **Training Programs for Health Care Personnel**

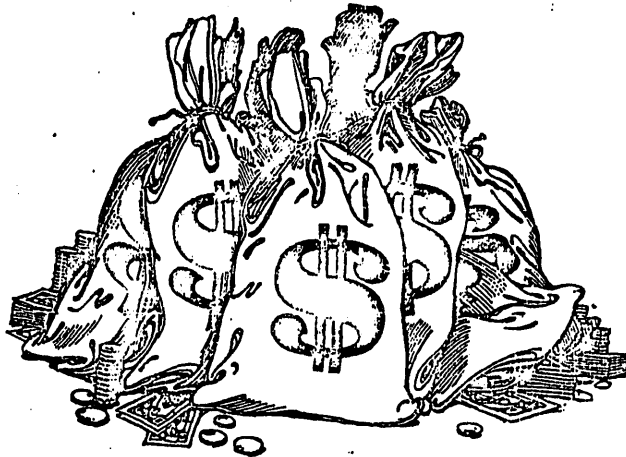


**Total Health Expenditures**  
**Operating Budget**  
**Total Health Services 1980-81**  
**Estimates = \$55,367,000**



	000's	%
Department of Health		
Territorial Hospital Insurance	\$18,000	32.5
Services	3,919	7.0
Medicare		
N.W.T. Share of Health	2,700	4.9
Services		
Administration	976	1.8
Supplementary Health		
Programs	604	1.1
Medical Services Contract	537	1.0
	<u>26,736</u>	<u>48.3</u>

<b>N.W.T. Region, Medical Services Branch</b>		
<b>Health and Welfare Canada</b>		
Federal Hospitals		
Nursing Stations		
Administration		
	<u>28,631</u>	<u>51.7</u>
	<u>55,367</u>	<u>100.0</u>

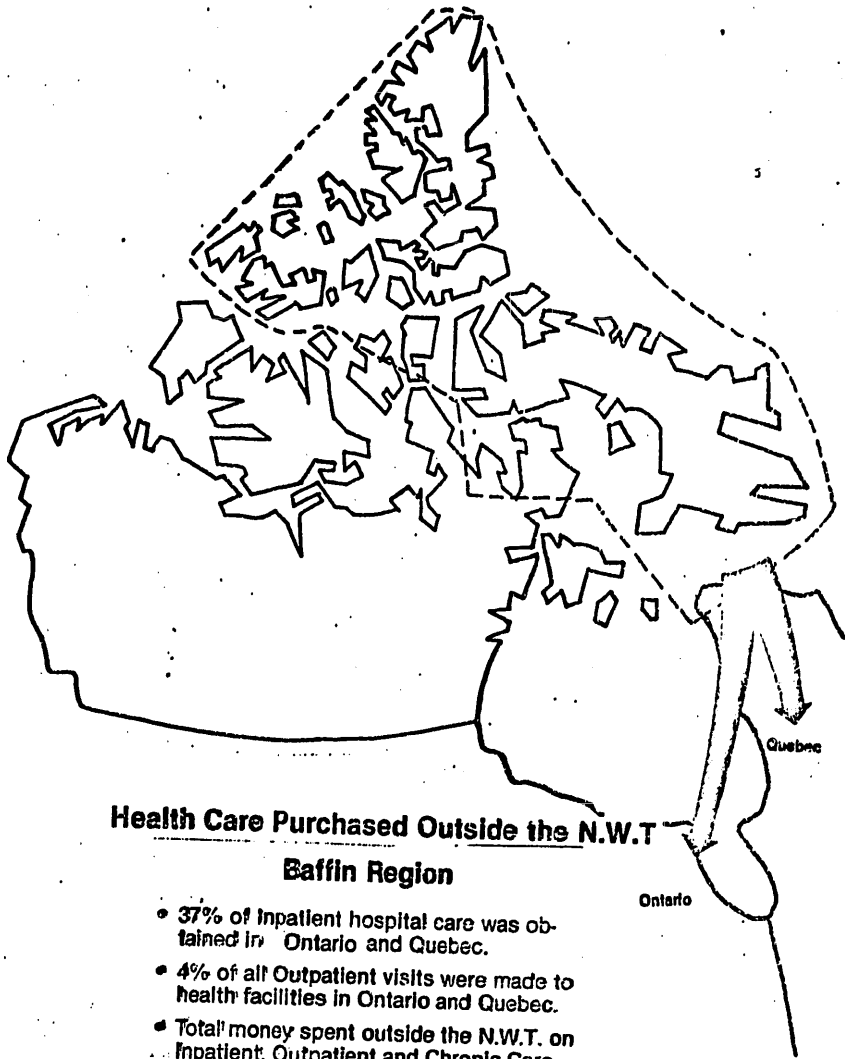


**Utilization of Health Services  
Outside of the N.W.T.**

Acute Patient Care and Border Days	\$5,079,089.00
Chronic Care	\$ 933,599.85
Medical Care	\$ 802,692.00
Medical Transportation	\$1,268,578.00
Total Health Care Outside N.W.T.	\$8,083,958.85*

\* This total does not reflect  
additional medical transport-  
ation budgets of \$4,400,000.00

Graph IV 1)



**Health Care Purchased Outside the N.W.T.  
Baffin Region**

- 37% of Inpatient hospital care was obtained in Ontario and Quebec.
- 4% of all Outpatient visits were made to health facilities in Ontario and Quebec.
- Total money spent outside the N.W.T. on Inpatient, Outpatient and Chronic Care was \$1,589,486.90.

Graph  
IV 2)



**Health Care Purchased Outside the N.W.T.  
Keewatin Region**

- 92% of inpatient hospital care and border days was obtained in Manitoba.
- 19% of all outpatient visits were made to health facilities in Manitoba.
- Total money spent outside the N.W.T. on Inpatient, Outpatient and Chronic Care including border days was \$1,470,218.40.

Graph  
IV 3)



### Health Care Purchased Outside the N.W.T.

#### Inuvik Region

- 41% of inpatient hospital care and border days was obtained in Alberta.
- 6% of all outpatient visits were made to health facilities in Alberta.
- Total money spent outside the N.W.T. on inpatient, Outpatient and Chronic Care including border days was \$825,071.30.

Graph  
IV a)



### **Health Care Purchased Outside the N.W.T. Fort Smith Region**

- 27% of Inpatient hospital care and border days was obtained in Alberta.
- 5% of all outpatient visits were made to health facilities in Alberta.
- Total money spent outside the N.W.T. on Inpatient, Outpatient and Chronic Care including border days was \$2,127,912.20.

Graph  
11



#### FORT SMITH AND INUVIK REGIONS

- \* 18,595 days of patient care were obtained in Alberta Hospitals
- \* 2,045 outpatient visits were made to Hospitals in Alberta
- \* Total money spent outside the N.W.T. for the two regions on Inpatient, Outpatient, Boarder Days and Chronic Care, Medical Care, and Transportation costs was \$4,814,352.50.

Graph  
1a)



**Cost for Utilization of Health  
Services Outside the N.W.T. by  
Fort Smith and Inuvik Regions**

1979/80 Acute Care/ Border Days	\$2,952,983.50
1979/80 Medical Care	\$ 592,791.00
1978/79 Transportation Cost	\$1,268,578.00
<b>TOTAL COST</b>	<b>\$4,814,352.50</b>



GRAPH #6

UTILIZATION OF HOSPITAL SERVICES AT STANTON YELLOWKNIFE  
HOSPITAL BY PLACE OF RESIDENCE - 1979/80

1. INPATIENT CARE (ADULT & CHILD)

Patient Residence	Separations	%	Days of Stay	%
Yellowknife	1,565	53.7	7,762	42.2
Outside Yellowknife	1,347	46.3	10,627	57.8
<b>TOTAL</b>	<b>2,912</b>	<b>100.0</b>	<b>18,389</b>	<b>100.0</b>

2. NEWBORN CARE

Patient Residence	Separations	%	Days of Stay	%
Yellowknife	210	61.4	1,128	53.6
Outside Yellowknife	132	38.6	977	46.4
<b>TOTAL</b>	<b>342</b>	<b>100.0</b>	<b>2,105</b>	<b>100.0</b>

3. OUTPATIENT CARE

Patient Residence	Visits	%
Yellowknife	12,766	87.5
Outside Yellowknife	1,828	12.5
<b>TOTAL</b>	<b>14,594</b>	<b>100.0</b>



**Health Care Purchased Outside the N.W.T.  
Keewatin Region**

- 92% of inpatient hospital care and border days was obtained in Manitoba.
- 19% of all outpatient visits were made to health facilities in Manitoba.
- Total money spent outside the N.W.T. on Inpatient, Outpatient and Chronic Care including border days was \$1,470,218.40.