

NWT HEALTH AND HEALTH SERVICES



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NWT Health and Health Services

Tabled Document, Legislative Assembly

OVERVIEW

- **The real goal is to improve the health of the NWT population**
- **For most major health problems this will be achieved *through improvements in social and economic conditions, not health services***
- **Health services have an important role to play, but choices must be made on the basis of effectiveness, efficiency, and economy**

NWT Health and Health Services

Tabled Document, Legislative Assembly

ISSUES

- **Poor health status of the population; limits of health service interventions**
- **The "NWT Way" of health service delivery**
- **Strategic planning; health facilities and services review**
- **Stanton growth at expense of facilities elsewhere; need for Keewatin facility**
- **Criticism of nurse training, and of their treatment capabilities**

Health Status of NWT Residents

Highlights of Report

- **43% of ALL deaths between 1979 and 1987 were "unnecessary"**
- **30% of ALL deaths between 1984 and 1989 were caused by injury and violence**
- **lung cancer is the most common cancer; rates are twice Canada rate for men, five times Canada rate for women**
- **NWT suicide rate is five times Canada rate**
- **death rates under age 1 are twice as high among aboriginal infants**
- **epidemics of infectious disease are frequent**

Tabled 20-Nov-90

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The "NWT Way" of Health Services History and Status

- The NWT Way began 35 years ago.
- It originated with Health & Welfare Canada's role in providing medical services for NWT.
- It was developed out of necessity; it has been maintained by choice.
- There is no realistic alternative for small communities!
- There are potential benefits from extending the system to larger communities.

NWT Health Services Organization Medical Services Branch Model (1960)

- **Community Lay Dispenser services, supported by regular Community Health Nurse, periodic MD visits**
- **Nursing station based primary care by nursing team supported by Community Health Representative**
- **Regional public health, general hospital and support services, including medical transportation arrangements**
- **Southern specialized hospital links with periodic visits by core specialties**

NWT Health Services System Recent Developments and Issues

- **As a condition of Transfer, regional boards of management were created.**
- **The concept of "healthy public policy" has been introduced to guide resource allocation.**
- **GNWT has developed continuing education programs to maintain, enhance nursing skills.**
- **Financial restraint has created climate for planned development of health services.**
- **Consultation has begun with Boards, professional associations, others on proposed objectives and guiding principles, resources for system**

The NWT Way - What is it?

Continued Development of NWT Health Services

The "NWT Way" to health and health services implies:

- 1. a broad approach to health** which stresses the improvements to health which come from outside the health care system;
- 2. emphasis on health promotion and disease prevention**
- 3. delegation of responsibility** for providing care from medical specialists to family physicians, from family physicians to nurses, and from nurses to other providers of care; and,
- 4. involvement of the people** in the planning and management of their health care system.

Planning the NWT Health Care System

Guiding Principles

- **Public involvement in planning & management**
- **Essential services available to all residents**
- **Efficient and responsible use of NWT resources**
 - *allocation based on need, effectiveness, economy*
 - *location based on quality, efficiency*
 - *increased involvement of aboriginal population as advisors, service providers, decision makers*
- **Cultural sensitivity in planning, providing services**
- **Individual and community responsibility for health**

Planning the NWT Health Care System

General Approach

- **Revision by Department of guiding principles**
- **Review and discussion with Boards, others of principles, draft resource level outline**
- **Review and general acceptance by Cabinet**
- **Tabling of document with Legislative Assembly**
- **Review and modification of approach based on response**
- **Development of long range plans for "healthy public policy", for health services system**

Planning the NWT Health Care System

Development of Strategic Plan - 1992/93

- Orientation of key players to nature of review
 - of *all* health services, not just facility use; dispel image of plan as "fait accompli"
- Review of *catchment area* services, initially for Fort Simpson, Fort Smith, Hay River, and Yellowknife; subsequently of Iqaluit, and Rankin Inlet
- Review of South Mackenzie *regional* services and facility linkages within and outside the NWT; subsequently of other regional networks
- Comparison of service patterns with standards of practice guidelines and other criteria of appropriateness, quality

Health Facilities & Services Review

Outline of Approach

- **Prepare to Plan:**
identify, involve key participants
set objectives, define process
- **Collect and Verify:**
characteristics of population served
nature of service use, of unmet needs
factors affecting services
- **Identify Opportunities:**
to improve effectiveness, quality
to improve efficiency, reduce cost
- **Develop Options and Strategies**
- **Prepare Action Plan**
- **Identify Evaluation Criteria, Process**
- **Assess Progress, Review Plan**

Health Facilities & Services Review

Progress to February 26, 1992

- **Boards, MLAs, others advised of intent, process**
- **Basic data assembled by Department**
- **Initial meetings held in Fort Simpson Feb 12**
- **Initial meetings held in Fort Smith Feb 25**
- **Meetings tentatively scheduled in Hay River**
- **Meetings tentatively scheduled at Stanton**
- **Community reviews to be completed April 30**
- **Service area review to be completed June 30**

Profiles of Four NWT Hospitals

Ft. Simpson, Ft Smith, Hay River, Inuvik

1990 - 1991

<i>Descriptor</i>	<i>Ft Simpson</i>	<i>Ft Smith</i>	<i>Hay River</i>	<i>Inuvik</i>
Population	1,006	2,505	2,827	2,773
Catchment	1,634	3,000	5,000	7,759
Beds				
Acute, adult	8	11	24	20
Acute, child	4	4	10	4
Cribs, bassinets	3	3	8	10
Long term	2	10	16	16
Occupancy				
Acute	29.4%	18.6%	53.1%	46.4%
Cribs, bassinets	2.6%	8.6%	13.5%	8.7%
Long term	58.1%	99.3%	69.9%	84.1%
Obstetrics				
Vaginal delivery	11	27	90	164
Cesarean section	0	0	8	25
Laboratory - on site				
Inpatient (Units)	11,630	21,122	90,016	31,310
Outpatient (Units)	43,295	84,435	115,900	53,892
Laboratory - referred				
Inpatient	2,999	283	1,427	1,069
Outpatient	6,654	3,538	2,522	6,281
Diagnostic radiology				
Inpatient	151	103	1,010	848
Outpatient	1,171	1,198	3,304	4,722

Source: GNWT Health 1992

Stanton Yellowknife Hospital Growth At Expense of Other Boards

- **Service expansion at Stanton has been at expense of facilities outside the NWT**
- **Effectiveness, safety, or economic concerns increasingly should dictate where care is provided**
- **Development of some specialized facilities at Stanton avoids costly services Outside**
- **The orderly development of Stanton provides benefits to all residents of the Western NWT**

Keewatin Region Health Services Planning Services and Facilities

- **NWT Way model is not a barrier to facility development in the Keewatin, but**
- **a Regional Health Master Plan is required to provide a framework for development.**
- **The Department will initiate this exercise in collaboration with the Keewatin Board.**
- **Results from the Keewatin Health Study, service links within NWT & Outside will be considered as part of the process.**
- **Facility proposal emerging from process will provide acute care for a smaller population base than Churchill Hospital**

Nursing Training and Capabilities

A Flaw in "The NWT Way"?

- **55% of NWT community nurses have BScN; 80% have training beyond RN or BScN**
- **Field nurses are supervised; their work is reviewed regularly**
- **Accepted clinical practice guidelines form the basis for community health care**
- **A training program (ANSIP) supplements skills, and provides continuing education**
- **Organized physician back-up arrangements exist for all health centres**
- **Studies support nurse practitioner skills**

Advanced Nursing Skills In-service Program

Outline of Course Modules I-VIII

- **I Transcultural Nursing (TCN)**
- **II Health Assessment of the Adult Client**
- **III Trends and Issues in Northern Health Care**
- **IV Common Health Problems**
- **V Laboratory/Radiology/Emergency Care**
- **VI Health Care of Well and Sick Children**
- **VII Health Care of Women and Newborn**
- **VIII Community Health**

NWT Health and Health Services Summary of Priorities

- **Base resource allocation on service effectiveness; support efforts outside Health to improve health**
- **Better organize and manage services**
- **Base system changes on strategic planning, and cost/benefit studies**
- **Conduct specific quality assurance reviews of existing services**
- **Support continuing education of health professionals**

ATTACHMENT

PLANNING THE FUTURE OF THE NWT HEALTH CARE SYSTEM

In the Spring of 1991, the Department of Health Directorate wished to respond pro-actively to the challenges of impending fiscal restraint by initiating a review of present care delivery systems and costs, and by developing a planning process to direct future systems advancement.

The objectives of the planning exercise have been:

- To develop principles and a framework to guide the future development of the NWT health care system.
- To describe the preferred NWT model of health care delivery in a suitable document for consideration of Cabinet.
- To seek approval in principle, of the preferred health care model for the future and approval to consult with NWT stakeholders in respect to the models principles, framework, characteristics, and implementation issues.

To meet the first objective, the headquarters senior management group have identified guiding principles and a resource distribution model (attached).

Note:

[Document tabled for discussion purposes with Health Boards (January 21, 1992) and subsequently with Representatives of the NWT Registered Nurses Association, the NWT Medical Association, and the NWT Health Care Association.]

THE NWT HEALTH SYSTEM

DEPARTMENTAL MANDATE

The mandate of the Minister and Department of Health is to assist residents of the Northwest Territories to attain, maintain, or regain their highest achievable health status.

DEPARTMENTAL GOALS

1. Northwest Territories residents have a physical, social, and spiritual environment in which they can attain, regain and preserve their health and well being.
2. The public, both individually and collectively, assumes responsibility for its health.
3. The public is involved in the planning and administration of health programs and services.
4. Public health programs and policies are in place to protect the health of the Northwest Territories residents.
5. Individuals, families and communities are assured access to appropriate therapeutic, preventive, health promotion and rehabilitative services and care.

OBJECTIVES OF THE NWT HEALTH SYSTEM

- The NWT approach to **Health** is holistic, with programs in health promotion, disease prevention, treatment, rehabilitation, and care, developed and operated within a context of healthy public policies. It is designed to assist residents to maintain their highest achievable health status.
- The NWT approach to **Health Services** is to ensure that NWT residents receive the right services from the most appropriate provider, in the best setting, at the correct time, and in the most efficient and economical manner.

GUIDING PRINCIPLES

1. Collaboration and Commitment to Health

Public involvement in addressing health issues will be encouraged at the Territorial, regional, and community levels.

The Department of Health and Health Boards will collaborate with other departments, groups, and communities to develop healthy public policies and programs which impact on the determinants of health.

2. Access

Essential services will be available through local resources, visiting practitioners or through referral to the nearest centre where services can be provided.

3. Efficient and Responsible Use of NWT Resources

Resource allocation will be based on a rational assessment of health service needs and of the effectiveness, efficiency and economy of available services.

Services will be located where there is sufficient volume of need to ensure continuing competency of services and financially efficient use of services.

Resources and techniques will be used where they are most likely to produce the desired results, by the practitioners with the most appropriate skills.

4. Cultural Sensitivity

The cultural values of the peoples of the NWT will be recognized and respected in the delivery of programs and services.

Aboriginal residents will play an increasingly significant role in the health system as advisors, service providers, and decision makers.

5. Communication

Health services will be provided in the language of choice of the resident seeking service through the use of interpreters, Community Health Representatives and, where possible, other bilingual health care personnel.

6. Balance

The health system will provide a balanced program of health promotion, disease prevention, treatment, rehabilitation, and care services.

7. Individual and Community Responsibility

Healthy life style decisions by individuals and communities will be promoted and supported.

Health practitioners will also support other individual or collective efforts aimed at overcoming environmental factors affecting health.

PROPOSED RESOURCE DISTRIBUTION MODEL

This is a proposed model of resource distribution. Factors such as isolation and the health status of the population are also taken into account, and may alter the distribution.

Community Guide	Human Resources	Physical Resources
<250	<ul style="list-style-type: none"> * Resident lay Dispenser with advanced first aid. * Visiting: Community Health Nurse Doctor, Dental Therapists, Dentist 	Health Station with communication link.
250-1000	<ul style="list-style-type: none"> * Resident Primary Care Team: Community Health Nurse(s), Community Health Representative Clerk Interpreter, Dental Therapist, Other Support Staff, Visiting: Doctor, Dentist, 	Community Health Centre Holding beds
>1000 >2000 catchment area	<ul style="list-style-type: none"> * Resident Primary Care Team: Community Health Nurse, Community Health Representative Dental Therapist, Clerk Interpreter, Other Support Staff. * Regional Doctor * Visiting: Health Practitioners (Specialists and Consultants) 	Community Health Centre Holding beds
>2500 catchment area: 5000-10,000	<ul style="list-style-type: none"> ** Resident Primary Care Team: Community Health Nurse Community Health Representative Dental Therapist, Clerk Interpreter, Other Support Staff * Resident Doctors serving community & area * Resident Public Health Team: Public Health Nurses Environmental Health Officers Community Health Consultants * Hospital Staff * Visiting: Shared Health Practitioners, Consultants & Medical/Rehab Specialists 	**Community Health Centre Regional Referral Centre/ Hospital Public Health Centre
>10,000 catchment area: Region & Territory	<ul style="list-style-type: none"> ** Resident Primary Care Team: Community Health Nurse Community Health Representative Dental Therapist, Clerk Interpreter, Other Support/Hospital Staff * Resident Doctors/Dentists * Resident/Regional Medical Specialists * Resident Public Health Team: Public Health Nurse, Environmental Health Officer, Community Health Consultants. * Hospital Staff * Visiting: Medical Specialists 	** Community Health Centre Territorial Referral - Centre/Hospital Public Health Centre Private Medical Practitioners

** At present time, certain components of the the Primary Care Team are not in place in these areas.