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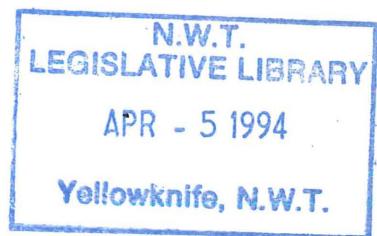
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Department of Health  
Government of the Northwest Territories

**RESPONSE:**

Standing Committee on Agencies,  
Boards and Commissions:  
Final Report on Health and Hospital Boards  
in the Northwest Territories  
(Tabled March 15, 1993)

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February 17, 1994

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Response to the Recommendations  
of the Standing Committee on Agencies, Boards, and Commissions

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## **INTRODUCTION**

On March 15, 1993, the Standing Committee on Agencies, Boards and Commissions tabled its Final Report on Health and Hospital Boards in the Northwest Territories, in the Legislative Assembly.

Over the 14-month review period, the Standing Committee on Agencies, Boards and Commissions held public hearings and consultation sessions with health and hospital boards and studied written submissions and other research material. The Standing Committee on Agencies, Boards and Commissions subsequently identified a number of concerns and made 10 recommendations regarding: roles and responsibilities of health and hospital boards; autonomy of regionally-based boards; amendments to health legislation; lines of communication and time frames for responses; fiscal management; orientation and ongoing training of board members; establishment of a territorial health advisory committee; structural framework of boards; and board membership. Considerable progress has been made toward the development of a new vision for health in collaboration with health and hospital boards. The Department of Health appreciates the guidance received from the Standing Committee on Agencies, Boards and Commissions.

Response to the Recommendations  
of the Standing Committee on Agencies, Boards, and Commissions

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## **RECOMMENDATION 1**

THAT THE LEGISLATIVE ASSEMBLY FORMALLY SUPPORT THAT BOARDS OF MANAGEMENT ESTABLISHED UNDER THE TERRITORIAL HOSPITAL INSURANCE SERVICES ACT ARE THE PRIMARY AGENTS FOR THE MANAGEMENT AND DELIVERY OF HEALTH SERVICES TO REGIONS AND COMMUNITIES OF THE NORTHWEST TERRITORIES;

AND FURTHER, THAT THE ROLE OF THE DEPARTMENT OF HEALTH SHOULD BE ONE OF SUPPORTING, RATHER THAN DIRECTING, THE MANAGEMENT DECISIONS OF HEALTH AND HOSPITAL BOARDS.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 1**

The role of Boards of Management and the Department of Health will be addressed in the Memorandum of Understanding (MOU) that is presently being developed in consultation with health and hospital boards and the Northwest Territories Health Care Association (NWTCHA). The Minister met with health and hospital board chairs, chief executive officers (CEOs), representatives of the Deh Cho and Dogrib areas as well as the chairman of the NWTCHA on February 1 and 2, 1994. A preliminary draft of the MOU was distributed at that meeting and the Minister requested that comments on the document be provided at a meeting scheduled for April 1994 in Taloyoak.

Response to the Recommendations  
of the Standing Committee on Agencies, Boards, and Commissions

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## **RECOMMENDATION 2**

**THAT THE MINISTER OF HEALTH SHOULD ACCORD A HIGH PRIORITY TO THE FINALIZATION OF THE MEMORANDUM OF UNDERSTANDING (MOU) CLARIFYING THE ROLES AND RESPONSIBILITIES OF HEALTH AND HOSPITAL BOARDS.**

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 2**

The development of a MOU was a priority for the department, health and hospital boards, and the NWTHCA during the fiscal year 1993/94. On February 2, 1994 the Minister distributed a preliminary draft of the MOU to the stakeholders and requested that comments be provided at the next meeting scheduled for April 1994 in Taloyoak.

## **RECOMMENDATION 3**

**THAT THE MINISTER OF HEALTH SHOULD SEEK ADVICE FROM HEALTH AND HOSPITAL BOARDS WITH RESPECT TO AMENDMENTS THAT SHOULD BE MADE AT THIS TIME TO THE TERRITORIAL HOSPITAL INSURANCE SERVICES ACT OR OTHER HEALTH LEGISLATION IN ORDER TO BETTER REFLECT A PHILOSOPHY WHICH SUPPORTS BOARD AUTONOMY;**

**AND FURTHER, THAT THE MINISTER OF HEALTH BRING FORWARD RECOMMENDED AMENDMENTS TO THE ACT BY THE FALL SESSION IN 1993.**

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 3**

The results of the MOU process will provide the foundation for changes to legislation governing health and hospital boards. Once agreement has been reached and the MOU is finalized, the process for legislative change will be initiated.

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## **RECOMMENDATION 4**

THAT ALL REQUESTS FROM THE DEPARTMENT OF HEALTH TO HEALTH AND HOSPITAL BOARDS FOR BUDGETARY, STATISTICAL AND OTHER ADMINISTRATIVE INFORMATION SHOULD BE MADE ONLY BY THE DEPUTY MINISTER OF HEALTH;

AND FURTHER, THAT INFORMATION REQUESTS SHOULD BE LIMITED IN NUMBER AND SCOPE TO ONLY THOSE WHICH ARE ESSENTIAL FOR THE EFFICIENT AND EFFECTIVE OPERATION OF TERRITORIAL HEALTH SERVICES;

AND FURTHER, THAT THE TIME FRAME FOR BOARD RESPONSE TO DEPARTMENTAL INFORMATION REQUESTS SHOULD BE REASONABLE AND ESTABLISHED WITH DUE CONSIDERATION TO OTHER PRIORITIES WHICH HAVE BEEN IDENTIFIED AT THE REGIONAL LEVEL.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 4**

There is an ongoing need for information from boards for the efficient and effective operation of the health system. However, the department will make every effort to limit the scope and number of requests for information from health and hospital boards.

In response to this recommendation the department has streamlined its approach for communicating with health and hospital boards. In addition, the Health Board Financial Information System has recently been approved, will be implemented by the Fall of 1994, and is anticipated to increase the efficiency of information gathering.

Response to the Recommendations  
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## **RECOMMENDATION 5**

THAT THE MINISTER OF HEALTH CONSULT WITH THE HEALTH AND HOSPITAL BOARDS TO DEVELOP POLICIES AND STRATEGIES WHICH ALLOW SURPLUS RETENTION UNDER CIRCUMSTANCES IN WHICH BOARDS CLEARLY DEMONSTRATE APPROPRIATE FISCAL MANAGEMENT.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 5**

During a meeting with health and hospital board chairs and CEOs on February 1 and 2, 1994 the Minister indicated that he would be willing to consider input from the boards on development of a surplus retention policy. This item will be discussed further at the April 1994 meeting of the Minister and board chairs as part of the MOU consideration.

Response to the Recommendations  
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## **RECOMMENDATION 6**

THAT THE MINISTER PREPARE AMENDMENTS TO THE TERRITORIAL HOSPITAL INSURANCE SERVICES ACT TO ESTABLISH A REQUIREMENT THAT ORIENTATION AND ONGOING TRAINING BE PROVIDED TO MEMBERS OF EACH BOARD OF MANAGEMENT ESTABLISHED UNDER SUBSECTION 10.(1);

AND FURTHER, THAT THE CONTENT OF MANDATORY TRAINING SHOULD BE ESTABLISHED BY REGULATIONS DEVELOPED THROUGH CONSULTATION WITH HEALTH AND HOSPITAL BOARDS;

AND FURTHER, THAT THE MINISTER BRING THE NECESSARY PROPOSED AMENDMENTS AND DRAFT REGULATIONS BEFORE THE LEGISLATIVE ASSEMBLY BY THE FALL SESSION IN 1993.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 6**

The department and the health boards support the orientation and ongoing training of all board members. Currently, boards are responsible for ensuring that their members receive the necessary orientation and training; the department is responsible for monitoring implementation.

Discussions are under way with the NWT Health Care Association and health boards for the development of a Trustee Orientation process. This will be further discussed at the April 1994 meeting between the Minister and health boards.

Response to the Recommendations  
of the Standing Committee on Agencies, Boards, and Commissions

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## **RECOMMENDATION 7**

THAT THE MINISTER OF HEALTH ESTABLISH AND REGULARLY CONSULT WITH A TERRITORIAL HEALTH ADVISORY COMMITTEE COMPRISED OF REPRESENTATIVES FROM ABORIGINAL ORGANIZATIONS AND THE CHAIRPERSON OF EACH REGIONAL HEALTH BOARD AND HOSPITAL BOARD IN THE NORTHWEST TERRITORIES.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 7**

During the February 1 and 2, 1994 meetings with board chairs and CEOs, the Minister committed to meeting with these parties four times a year. Representatives from the Dogrib and Deh Cho areas and the Metis Nation were invited to attend the February and subsequent meetings.

All parties present at the February 1994 meeting agreed that, from time to time, members from the NWT Medical Association (NWTMA), NWT Registered Nursing Association (NWTRNA), the NWT Mental Health Association, and the NWT Dental Association would be invited to attend to discuss areas of mutual interest.

Response to the Recommendations  
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Response to the Recommendations  
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## **RECOMMENDATION 8**

THAT EACH HEALTH AND HOSPITAL BOARD SHOULD BE ALLOWED TO DEFINE ITS OWN STRUCTURAL FRAMEWORK, INCLUDING THE MAXIMUM NUMBER OF MEMBERS AND SYSTEM OF COMMUNITY AND ABORIGINAL REPRESENTATION.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 8**

The general responsibility for defining the structural framework of health and hospital boards within the health system lies with the Minister of Health and Cabinet. However, over the past year, boards have been encouraged to undertake reviews of their current sizes, structures, functions, representation, and the number of their board and executive committee meetings. The Fort Smith Health Centre, Inuvik Regional Health Board and Stanton Yellowknife Hospital have made such reviews, and these have been supported by the department.

Further consideration of this issue is being addressed through the MOU exercise.

## **RECOMMENDATION 9**

THAT THE MINISTER OF HEALTH ENSURE THAT HEALTH AND HOSPITAL BOARDS REMAIN FULLY CONSTITUTED BY FILLING MEMBERSHIP VACANCIES THROUGH THE TIMELY APPOINTMENTS OF MEMBERS.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 9**

The appointment of trustees to NWT health and hospital boards of management is made pursuant to the THIS Act. The only exception occurs with H.H. Williams Memorial Hospital Board, where the board of directors is named by the Pentecostal Assemblies of Canada.

During the February 1 and 2, 1994 meetings with health and hospital board chairpersons, CEOs, and the NWTHCA, the Minister committed to a process that would ensure board appointments are made in a timely manner.

Response to the Recommendations  
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## **RECOMMENDATION 10**

THAT, IN ACCORDANCE WITH RULE 94(4), THE EXECUTIVE COUNCIL TABLE A COMPREHENSIVE RESPONSE WITHIN 120 DAYS OF THE PRESENTATION OF THIS REPORT TO THE HOUSE.

## **DEPARTMENT OF HEALTH RESPONSE TO RECOMMENDATION 10**

The Department of Health apologizes for not meeting the Committee's deadline for tabling a response to this report. The department has been developing responses to a number of Legislative Committee reports and recommendations during 1993, and as a result, was unable to meet the initial deadline.

Հայոց պատմութեան մասին

DEPARTMENT OF HEALTH  
GOVERNMENT OF THE NORTHWEST TERRITORIES

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## RESPONSE:

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(ՀՀ ՔՈՅՆԸ 15, 1993-Ռ)

STANDING COMMITTEE ON AGENCIES,  
BOARDS AND COMMISSIONS: FINAL  
REPORT ON HEALTH AND HOSPITAL  
BOARDS IN THE NORTHWEST  
TERRITORIES  
(Tabled March 15, 1993)

February 17, 1994

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Հայոց պատմութեան մասին

DEPARTMENT OF HEALTH  
GOVERNMENT OF THE NORTHWEST TERRITORIES

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## RESPONSE:

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(ԿՐՈԿԱՆ ՀԱՆՐԱՊԵՏՈՒԹՅՈՒՆ) ԼՂ 15, 1993-Ր)

STANDING COMMITTEE ON AGENCIES,  
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„גַּת־גַּד לְפָנֶיךָ יְהוָה אֱלֹהֵינוּ וְאֶת־בְּנֵינוּ תִּשְׁמַח”

ՀԱՅԱՍՏԱՆԻ ՀԱՆՐԱՊԵՏՈՒԹՅԱՆ ԿԵՆՏՐՈՆԱԿԱՆ ԳՐԱԴԱՐԱՆԻ ՀԱՅԱՍՏԱՆԻ ՀԱՆՐԱՊԵՏՈՒԹՅԱՆ ՎՐԱՀԱՅՐԱԳՐԱԿԱՆ ԱՐՏԱՎԱՐԱՐՈՒԹՅՈՒՆ

«**στάθμης**»<sup>1</sup> στην παρούσα περίοδο οι απόδοσης των παραγόντων στην ανάπτυξη της οικονομίας είναι σημαντικά χαμηλές. Η παραγόντων στην ανάπτυξη της οικονομίας είναι σημαντικά χαμηλές.

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8-לְפָנֶיךָ יְהוָה אֱלֹהֵינוּ כִּי תַּעֲשֶׂה  
לְפָנֶיךָ יְהוָה אֱלֹהֵינוּ כִּי תַּעֲשֶׂה

CL<sup>o</sup>  $\Delta$  JL<sup>b</sup> 4<sup>c</sup>/DPCD<sup>c</sup>-4b<sup>a</sup>σ<sup>b</sup>)<sup>b</sup> 4<sup>b</sup>P CD<sup>c</sup>-4<sup>a</sup>U<sup>b</sup> 4<sup>a</sup>γ<sup>b</sup> U<sup>b</sup> J U<sup>b</sup> J.

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