



**Government of the Northwest Territories Response to
Motion 54-19(2): Improving Health Care in Small Communities**

Motion

NOW THEREFORE I MOVE, seconded by the Honourable Member for Tu Nedhé Willideh, that this Legislative Assembly calls upon the Government of the Northwest Territories to provide increased access to physicians and medical specialists to offer quality care, diagnoses and second opinions;

AND FURTHER, the Government of the Northwest Territories prioritize cultural safety, trauma-informed care and anti-Indigenous racism professional development training within the Health and Social Services workforce including locum doctors;

AND FURTHERMORE, the Government of the Northwest Territories provide additional training to nurses, health care workers, and locum doctors in the small communities on the detection of cancer and chronic illnesses;

AND FURTHERMORE, the Government of the Northwest Territories conduct a quality review on the health centres in the small communities including an external audit of client treatment records and client satisfaction;

GNWT Response

Delivery of health care services is complex. In small communities, those complexities are often greater. The complexity comes from the intersection of personal experience and the capacity of the health and social services system to meet the needs and expectations of residents.

The importance of 'relationship' in the delivery of health services is well understood. The relationship between health care provider and patient is ideally a relationship of trust and the basis for continuity of care.

The concept of continuity of care that is solely reliant on an individual, such as a nurse or physician, as a constant and consistent provider has changed over time. To support continuity of care, the health and social services system has expanded the electronic medical record (EMR) into every community except one to provide continuity of a patient's medical information to ensure consistent treatment is provided and medical decisions are recorded.

Expanding the EMR provides only one aspect to a system that values and supports improving client experience. The Department of Health and Social Services and the Health and Social Services Authorities have made client-centered, culturally appropriate care its priority over the past several years.

Primary Health Care Reform is a key initiative to move the HSS system towards supporting residents having equitable access to health and social services' programs and services. The implementation of Primary Health Care Reform initiatives along with the creation of a territorial approach to physician services where physician resources are assigned to communities and regions and is intended to create opportunities for both providers and residents to build relationships of trust and improve continuity of care.

More recently, the health system has experienced significant challenges in retaining and recruiting health care providers to maintain existing services. This has created additional pressures affecting residents' experiences with the health care system.

Increased Access to Physicians and Medical Specialists for Small Communities

One of the 19th Legislative Assembly's mandate priorities is to increase the number of resident health care professionals by 20%, thereby reducing the reliance on locum physicians and agency nurses. This mandate priority has resulted in greater focus applied to improving aspects of hiring practices and retention across the NWT health and social services (HSS) system in order that there is continued access to health services. Balancing equitable access to the available pool of health care providers has been challenging. The HSS system has managed these challenges as best as possible by utilizing scarce human resources in the most effective and efficient manner possible. This still requires extensive use of locum contracts and nursing agencies for essential staffing as well as utilizing medical travel to move patients to where health services are available.

Each of the areas detailed in the Response collectively contribute to supporting equitable access to health services in the NWT.

Recruitment and Retention of Health Human Resources

The focus on increasing the number of resident health care professionals has resulted in the 2021-2024 NWT HSS System HR Plan that outlines many of the programs and initiatives being delivered or created by the NWT HSS System to both recruit and retain health and social services professionals within the Northwest Territories. These initiatives come up against the challenge of recruiting and retaining these professionals during a time when there is a critical shortage of health and social services professionals across Canada, with increasing competition for skilled labour in these areas.

Recruitment efforts that directly or indirectly contribute towards an increase in resident health care professionals include the following:

- Promoting health and social services careers as career opportunities to NWT students and youth.
- Establishing meaningful connections with students and graduates considering the HSS System for future employment opportunities.
- Creating, supporting, and evaluating recruitment strategies and initiatives that attract quality talent to the HSS System.

- Working with Aurora College Nursing Program to support enhanced training and recruitment of new graduates.

Retention efforts that directly or indirectly contribute towards a decrease in employee turnover, that in tandem with recruitment lead to an increase in resident health care professionals, include the following:

- Providing exit surveys and/or interviews of exiting employees, including physicians, to identify factors contributing to avoidable, voluntary employee turnover.
- Supporting an organizational culture focused on cultural safety and anti- Indigenous racism within the HSS System.
- Promoting employee engagement as part of the organizational culture.
- Supporting managers in developing stronger leadership competencies to lead and engage employees.
- Strengthening the workforce through equal access to quality training.
- Leveraging and expanding upon existing mental health resources available to HSS System employees, while increasing accessibility.

Cultural Safety Training in the Health Services Workforce

The Department has made it a priority to address systemic anti-Indigenous racism through the implementation of cultural safety initiatives across the HSS system. The Department will continue to advance the vision of a culturally safe system by delivering cultural safety training and providing an expert lens on program and policy development.

Primary Health Care Reform (PHCR) is the system-wide initiative that seeks to shift the HSS system and its care models towards a relationship-based approach that is built on a foundation of trust and cultural safety.

- PHCR is an initiative that provides residents with the right care from the right provider, at the right time and place.
- PHCR takes a holistic approach, recognizing the impacts of issues like poverty and intergenerational trauma and factoring those into care.
- PHCR includes a portfolio of projects driven by community priorities and health system data.
- Several PHCR sites are testing the design and implementation of integrated care teams that are focused on meeting the health care needs of their community and on building culturally safe and patient-centered relationships with individuals and their families.
- PHCR is a long-term commitment; it will take time to achieve the system-wide culture change we envision.

Indigenous residents are more likely to access services, thereby improving health outcomes, when barriers like systemic racism are removed. Progress on the cultural safety and anti-

racism work is reported quarterly to the Leadership Council and the Indigenous Advisory Body to allow for ongoing feedback and guidance.

Cultural safety and anti-racism aims to address anti-Indigenous racism experienced by Indigenous residents when accessing health and social services.

In 2022-23, the Cultural Safety and Anti-Racism (CSAR) unit was established to continue the work to lead system-wide efforts to tackle systemic racism, with a particular focus on anti-Indigenous racism.

- All staff across the HSS system, including physicians, are required to complete the **GNWT Living Well Together: Cultural Awareness and Sensitivity Training** modules and 2-day in-person training.
- The CSAR team also works with program areas and service locations to provide custom learning opportunities when possible. In the past, this has included sessions with the NWT Medical Association.
- DHSS is establishing a Cultural Safety and Anti-Racism Learning Centre to strengthen staff capacity to deliver culturally safe care, programs and services. As well, the Learning Centre will develop and evaluate evidence-based resources, tools and training to address anti-Indigenous racism.

Caring for Our People: Cultural Safety Action Plan 2018-2020 (Action Plan) was released in early 2019 as the DHSS's initial steps to strategically embed cultural safety and anti-racism across the NWT HSS system. Objective 4 of the Action Plan, Improve Client and Community Experience commits to improvements to our client experience processes.

New funding was approved in 2021/22 to establish **Indigenous Patient Advocates** in the HSS Acute Care facilities and aligns with Objective 4 of the Action Plan.

- The Indigenous Patient Advocates will be located in the Inuvik Hospital, Hay River Health Centre, Fort Smith Health Centre, and at Stanton Territorial Hospital.
- They will work to improve cultural safety and patient experience by supporting Indigenous patients in resolving concerns, complaints, and questions; and bridging cultural and language barriers.
- This includes ensuring access to cultural, spiritual, and emotional support such as connection to family, Elders, and community partners, and ensuring the provision of culturally safe care.
- Indigenous Patient Advocates align with the system's commitment to Cultural Safety and Anti-Racism and must be thoughtfully integrated to ensure they are able to enact and inform change at the frontline and across the system.
- The Indigenous Patient Advocates will contribute to the design and implementation of a pilot project to establish an Office of Indigenous Client Experience in addition to providing frontline service. This will ensure program and policy design are informed by direct client experience and will help to identify systemic barriers.

- Hiring for the Indigenous Patient Advocates will be completed in September 2022 to have the Advocate Program become operational by November 2022.

The Indigenous Patient Advocates are also responsible for completing the following actions from Objective 4 of the Action Plan:

- Formalize a territorial compliments and complaints process to better understand client experiences to inform quality improvement.
- Enhance client feedback mechanisms, including a client experience survey that reflects cultural safety.
- Create resources and tools to improve client experiences when accessing programs and services in health and social services facilities, including information on cultural safety and relationship-based care initiatives.
- Review the existing Client Rights and Responsibilities and revise and promote awareness and encourage mutual respect and trust in relationship-based care between clients and staff.

Detection of cancer and chronic illnesses

Under the PHCR initiative, which supports primary health care interventions for chronic disease management, Integrated Care Teams have been implemented in Yellowknife and Fort Smith.

The HSS system is focused on reducing the impacts of chronic disease by promoting healthy lifestyles choices, early detection, self-management, continued monitoring, and effective medical interventions.

The Integrated Care Team projects are being evaluated through an external research project in partnership with Hotì Ts'eeda and Alberta's Institute for Health Economics. The qualitative analysis has been completed and the quantitative report will be delivered in early 2023. The recommendations from the evaluation reports will contribute to the continuous improvement of integrated care teams in the territory.

As part of PHCR, early planning for testing culturally-grounded approaches to diabetes prevention and management has been completed in partnership with the Tłıchq Government, Dehcho First Nations, Tłıchq Community Services Agency, and NTHSSA – Dehcho Region. A successful grant application from the Lawson Foundation will help to support inter-generational diabetes prevention and management land-based camps for selected families in these regions beginning in 2023.

Cancer Screening and Support Services

- To provide **education on prevention and screening for colorectal, cervical, and breast cancer**, community engagement program kits have been created. The kits have been sent to selected communities to coincide with other promotional initiatives and

will assist Community Health Representatives with health promotion activities in their communities.

Evidence shows targeted screening programs improve participation rates; a territorial approach is now underway. This includes:

- Standardized program and processes that identifies, screens, and tracks individuals.
- Each eligible person receives an invitation to participate.
- Community Health Representatives receive standardized promotion and education kits to increase knowledge of prevention and screening.
- The **NTHSSA Cancer Navigation Program** includes two Cancer Nurse Navigators and an Oncology Medical Social Worker, who work closely with patients, their families, and their healthcare team to offer support and guidance along the cancer care continuum, including client-centered case management, assessment, symptom management, and counseling services.
 - NTHSSA Medical Oncology has a contract with Alberta Health Services that allows for the provision of designated care coverage for NWT medical oncology patients by Medical Oncologists from the Alberta Cross Cancer Institute.
 - To ensure continuity of care, NWT clients are referred directly to one of two oncologists who have been supporting the NWT cancer care service.
 - On top of providing oncology services, this agreement includes scheduled virtual rounds on NWT clients, onsite education, and mentoring.
 - The Stanton Territorial Hospital chemotherapy unit and the Cancer Navigation program were not disrupted by the COVID-19 pandemic and operated at usual capacity.
 - In December 2019, 23 of 27 Community Health Representatives across the NWT attended a two-day training workshop which focused on cancer survivorship, screening, and navigation. Community Health Representatives continue to be closely supported by the NTHSSA Cancer Care team.
- **Colorectal cancer screening** through the Fecal Immunochemical Test (FIT) continues. Positive FIT results require a referral to endoscopy services.
 - To date a total of 2,902 FIT kits have been mailed directly to targeted residents.
- **Territorial Breast Screening Programs** were initially impacted due to COVID-19, but service delivery has since resumed to normal capacity.
- Between September and December 2021, NTHSSA Cancer Care distributed 327 **Cancer Care Patient Satisfaction Surveys**. Consolidated feedback from the voluntary and anonymous survey will be used to inform future program initiatives and improvements.

Review of Health Centres and Audit of Client Satisfaction

It is understood that there is concern about the ability of the HSS system to provide access to a level of health care services in small communities that is equitable to health care services accessible in larger centres. The Minister, DHSS, the Authorities, and the NWT Leadership Council are all working towards the objective of providing access to culturally safe, anti-racist, quality health care services to all residents.

Despite the challenges of staffing and limited resources, the Department and the Authorities work to ensure the health and social services delivery system is assessed and monitored to support continuous quality improvement. This work is done in a variety of ways, such as:

- Regular audits are undertaken at each health centre to ensure health services are delivered according to Clinical Practice Standards and Guidelines.
- Accreditation Canada is an independent, third-party assessment body that uses standards, built on best practices validated by organizations around the world, to examine the systems, practices, and culture of health and social services organizations. Organizations that meet Accreditation Canada's requirements receive accreditation status.
 - The NTHSSA, TCSA and HRHSSA met the requirements of the Q-mentum Accreditation program and are accredited until December 2023.
 - The Accreditation Reports are available to the public on the DHSS website.
 - The next accreditation on-site survey will take place in September 2023.
- The **2022 Patient Experience Questionnaire** was administered in healthcare facilities and online across the NWT between March 7th and May 16th, 2022. The 2022 Patient Experience Questionnaire Report is expected to be available late Fall 2022.

The NTHSSA is establishing a **new Office of Client Experience** that is expected to be operational by November 2022.

- The Office of Client Experience will be comprised of the four Indigenous Patient Advocates, a Client Experience Liaison, and the System Navigator.
- New ways to track and monitor patient feedback, including a centralized intake process will be developed so residents or visitors can navigate the HSS system, provide feedback and ask questions.
- A 1-800 number will permit free-of-charge contact with the Office of Client Experience.
- The on-line patient feedback system will ensure that all feedback is tracked and investigated to determine system improvements and ensure appropriate follow-ups.
- The System Navigator will provide support for residents to access DHSS, and the Authorities.

Until the full implementation of the Office of Client Experience, Quality Risk Managers in all regions will continue to receive feedback and ensure each one is investigated, and resolution is sought as efficiently as possible.

If there are specific concerns related to the care provided to a patient or family member by a healthcare provider, these concerns should be brought to the attention of the Authority directly to ensure they are reviewed in a timely fashion.

- Patient and family concerns can first be identified to the attending staff. If initial discussions with frontline staff do not address the concerns, the concern is currently referred to the Quality Risk Manager in the region or in November, to the Office of Client Experience. If a resident has feedback, they can phone, email or request an in-person or virtual meeting to discuss their concerns. NTHSSA maintains contact with the patient and family, keeping them informed of the process, the status of the review and recommendations as appropriate.
- Every concern or complaint received is reviewed according to the NTHSSA's Quality Assurance Framework. If it is determined that the care provided by an employee was unsatisfactory, several pathways could be chosen to address the concerns including a quality review, human resources review, and in the case of a physician, a Medical and Professional Staff Bylaw review.

Part V of the **Medical and Professional Staff Bylaws** <https://www.nthssa.ca/en/medical-and-professional-staff-bylaws> deals with concerns about the conduct of a member of the Practitioner Staff and describes processes to resolve the concern.

- Matters that form the basis of a concern include, but are not limited to, issues with respect to:
 - quality and safety of patient care.
 - clinical performance.
 - unethical conduct.
 - unprofessional conduct, professional misconduct or unskilled practice, including interactions with patients, families, visitors, professional colleagues, and NTHSSA clinical and non-clinical staff.
 - health problems that affect the Practitioner Staff member's ability to carry out their professional responsibilities.
 - breach of the GNWT Code of Conduct.
 - breach of the GNWT Harassment Free and Respectful Workplace Policy; and
 - breach of any formal agreement with the NTHSSA.
- A Concern may result in one of seven courses of action:
 - the quality risk management personnel, Designated Supervisor, or Area Medical Director (AMD) or designate may meet with the Affected Practitioner Staff, or Complainant, as required, to discuss the Concern and determine if the Concern can be resolved without engaging other processes described in the[se] Bylaws.
 - the quality risk management personnel, Designated Supervisor, or AMD or designate may encourage the Complainant and the Affected Practitioner Staff to communicate with each other for the purpose of resolving the Concern.

- the quality risk management personnel, Designated Supervisor, or AMD or designate may facilitate the provision of additional health services for the purpose of resolving the Concern.
- dismiss the Concern as being unfounded; determine that further action is not required.
- the NTHSSA may investigate and impose disciplinary measures on Affected Professional Staff in accordance with the applicable employment contract, or Collective Agreement; or
- the AMD may conduct a Triggered Assessment for Affected Medical Staff, pursuant to article 25 of the Bylaw.