



2022 • 2023

# Annual Report Rapport Annuel

Northwest Territories Health and Social Services Authority

Administration des services de santé et des services sociaux des  
Territoires du Nord-Ouest

Mot en français du Président et de la directrice générale

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If you would like this information in another official language, call us.

English

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Si vous voulez ces informations en français, contactez-nous.

French

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Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

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Tłıchq yatı k'èè. Dı wegodı newq dè, gots'ō gonede.

Tłıchq

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ʔerihł'is Dēne Sųlıné yatı t'a huts'elkēr xa beyáyatı theʔą ʔat'e, nuwe ts'ēn yółtı.

Chipewyan

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Edı gondı dehgáh got'je zhatié k'éé edat'éh enahddhę nıde naxets'é edahí.

South Slavey

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K'áhshó got'jne xədə k'é hederı ʔedjht'é yerınwę nıde dúle.

North Slavey

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Jii gwandak izhii ginjik vat'atr'ijáhch'uu zhit yinothan jı', diits'át ginohkhii.

Gwich'in

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Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

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Ĉ'bdĀ ɳɳ<sup>sb</sup>Δ<sup>c</sup> Λ<sup>r</sup>LJΔ<sup>r</sup> Δ<sup>o</sup>b<sup>n</sup>ɳ<sup>c</sup>ε<sup>sb</sup>rL<sup>o</sup>ɳ<sup>b</sup>, ɳ<sup>ε</sup>c<sup>n</sup>ε<sup>o</sup>ɳ<sup>c</sup> ɳ<sup>ε</sup>b<sup>c</sup>r<sup>ε</sup>ε<sup>o</sup>ε<sup>sb</sup>ɳ<sup>c</sup>.

Inuktitut

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Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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## VERSION NOTE:

v2.1 - Created 10-04-2023

Notes: Corrected after AGM to fix data error on page 9-10 (old year data for patient encounters and error in number of visits to Stanton Emergency Department).

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## MESSAGE FROM THE CHAIRPERSON

On behalf of the Northwest Territories Health and Social Services Leadership Council (Leadership Council), it is our privilege to present the Annual Report for the Northwest Territories Health and Social Services Authority (NTHSSA) for the 2022-23 period.

The past year, 2022-23, has brought forth another set of formidable challenges as the NTHSSA emerged from the COVID-19 pandemic and provided essential support for communities evacuated due to flooding. Despite these challenges, NTHSSA staff were resilient and provided exceptional care to patients, clients, families, and communities. Within this report, we highlight a snapshot of outcomes for the NTHSSA, in alignment with our strategic priorities, that include:

- Best Health: Health of the Population and Equity of Outcomes
- Best Care: Better Access to Better Services
- Better Future: Stable and Representative Workforce and Improved Quality, Efficiency and Sustainability.

Integral to this report are the 2022-23 Audited Financial Statements, reviewed by the Auditor General of Canada. This fulfills the Leadership Council's responsibility and commitment to upholding transparency and public accountability concerning the NTHSSA's operational and financial performance.

I wish to extend my gratitude to all current and outgoing members of the Northwest Territories (NWT) Health and Social Services Leadership Council and Regional Wellness Councils. Your invaluable insights and counsel have been instrumental in charting the course for our organization throughout the year.

Additionally, the Leadership Council acknowledges the dedication demonstrated by the NTHSSA's executives, managers, practitioners, and front-line staff who have diligently delivered programs and services across the NWT over the past year. Your relentless efforts and contributions have significantly impacted the health and well-being of Northwest Territories' residents, aligning with our collective vision of achieving our vision of Best Health, Best Care, for a Better Future.



Máhsı

**Gerry Cheezie**

*Chair,*

*Northwest Territories Health and Social Services Leadership Council*

## MESSAGE DU PRÉSIDENT

Au nom du Conseil de leadership des services de santé et des services sociaux des Territoires du Nord Ouest (Conseil de leadership), j'ai le privilège de présenter le Rapport annuel 2022-2023 de l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO).

L'exercice 2022-2023 s'est accompagné d'un nouveau lot de défis majeurs : l'ASTNO a dû gérer la sortie de la pandémie de COVID-19 et fournir des services de soutien essentiel aux collectivités évacuées en raison des inondations. En dépit de ces difficultés, le personnel de l'ASTNO a tenu bon et a su fournir des soins de qualité exceptionnelle aux patients, aux clients, aux familles et aux collectivités. Vous trouverez dans le présent rapport un aperçu des résultats obtenus par l'ASTNO, au regard de ses priorités stratégiques, qui sont les suivantes :

- Une santé optimale : santé de la population et équité des bienfaits
- Des soins optimaux : meilleur accès à de meilleurs services
- Un avenir prometteur : effectif stable et représentatif, et amélioration de la qualité, de l'efficacité et de la durabilité

Le présent rapport comprend également les états financiers 2022-2023 dûment vérifiés par le vérificateur général du Canada, et ce, conformément à la responsabilité et à l'engagement du Conseil de leadership, qui doit faire preuve de transparence et de responsabilité publique en ce qui concerne les résultats opérationnels et financiers de l'ASTNO.

Je tiens à exprimer ma reconnaissance à tous les membres actuels et sortants du Conseil de leadership des services de santé et des services sociaux des TNO et des conseils régionaux du mieux-être. Vos précieux commentaires et vos recommandations ont joué un rôle déterminant et ont permis de définir la voie à suivre pour l'ASTNO au cours de l'année écoulée.

Le Conseil de leadership tient par ailleurs à souligner le dévouement des cadres, des gestionnaires, des praticiens et du personnel de première ligne de l'ASTNO dans la prestation assidue des programmes et des services à l'échelle des TNO au cours de l'année. Votre participation et vos efforts constants ont grandement contribué à la santé et au bien-être des Ténos, et cadrent avec notre ambition d'atteindre, ensemble, une santé optimale, des soins optimaux, et un avenir prometteur.



Máhsı

**Gerry Cheezie**

*Président*

*Conseil de leadership des services de santé et des services sociaux des Territoires du Nord-Ouest*

## MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

As we reflect on the 2022-23 fiscal year, I'd like to acknowledge the spirit demonstrated by the NWT Health and Social Services Authority (NTHSSA) team, our partners, and the communities we serve. The challenges posed and overcome by emerging from the COVID-19 pandemic have once again underscored our commitment to delivering quality care to the residents of the NWT.

This past year saw much of our efforts directed toward the long-term sustainability of our system. Our emphasis on recruitment and retention strategies has gained momentum, and we are actively advancing our health and social services human resources plan. Alongside these initiatives, we advanced several programs and service improvements and developments to our financial processes which are essential in comprehending and alleviating persistent operational and financial pressures within the NWT Health and Social Services System.

In welcoming our new Board Chair, Mr. Gerry Cheezie, to the organization, and the NWT's HSS Leadership Council, we find ourselves well positioned to understand the demands of our system and poised for continued improvement. I am cognizant of the impact the last several years have had on health and social services systems across Canada, and particularly our employees. As we navigate these issues together, I want to underscore our commitment to fostering employee engagement and well-being. It is through this collaboration, listening and action that we will be able to stabilize our workforce and ensure quality care is provided to our patients, clients, and families.

The accomplishments documented in this report are only a glimpse into the achievements of the organization in the past year that have been orchestrated by our dedicated workforce. Together, we will continue to adapt to the changing landscape of delivering health and social services across the NWT with a commitment to excellence and compassion.



A handwritten signature in black ink, appearing to read 'Kimberly Riles', written in a cursive style.

Sincerely

**Kimberly Riles**

*Chief Executive Officer,*

*Northwest Territories Health and Social Services Authority.*



## MESSAGE DE LA CHEF DE LA DIRECTION

Voici venu le moment de nous pencher sur l'exercice 2022-2023. À cette occasion, je souhaite saluer l'esprit dont ont fait preuve les équipes de l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO), nos partenaires et les collectivités que nous servons. Les obstacles qui se sont dressés et que nous avons surmontés à la sortie de la pandémie de COVID-19 mettent en lumière encore une fois notre engagement à fournir des soins de qualité aux Téois.

Cette année, une grande partie de nos efforts a consisté à assurer la viabilité à long terme de notre système : nous avons mis davantage l'accent sur les stratégies de recrutement et de maintien en poste du personnel, et nous travaillons activement sur un plan exhaustif des ressources humaines pour le système des services de santé et des services sociaux. Au-delà de ces initiatives, nous avons également accompli des progrès dans le cadre de plusieurs programmes, apporté diverses améliorations à nos services, et fait évoluer nos processus financiers, un élément essentiel pour saisir et alléger les difficultés financières et opérationnelles persistantes au sein du système de santé et des services sociaux des TNO.

Maintenant que nous avons accueilli M. Gerry Cheezie au poste de président du Conseil de leadership des services de santé et des services sociaux des TNO, nous sommes bien positionnés pour comprendre les exigences auxquelles notre système doit répondre et nous sommes en bonne voie pour poursuivre les améliorations. J'ai tout à fait conscience de l'impact qu'ont eu ces dernières années sur les systèmes de santé et des services sociaux à travers le Canada, et tout particulièrement sur leurs employés. Nous affrontons ces difficultés ensemble, et je tiens à réaffirmer notre engagement à mobiliser nos employés et à favoriser

leur bien-être. En effet, c'est en collaborant, en écoutant et en agissant que nous serons en mesure de stabiliser notre main-d'œuvre et d'assurer la qualité des soins apportés aux patients, aux clients et à leurs familles.

Le présent rapport ne fait état que d'un échantillon des accomplissements rendus possibles, pendant l'année écoulée, par notre personnel dévoué. Ensemble, nous continuerons de nous adapter au contexte changeant des services de santé et des services sociaux aux TNO, tout en nous engageant à faire preuve d'excellence et de compassion.

Je vous remercie,



Cordialement

**Kimberly Riles**

*Chef de la direction,  
Administration des services de santé et des services sociaux des  
Territoires du Nord-Ouest*



### **Better Future:**

Stable and Representative Workforce & Quality, Efficiency and Sustainability

### **Best Health:**

Health of the Population and Equity of Outcomes

## PURPOSE OF THE NTHSSA

The NTHSSA's purpose is a combination of its intent as an organization (**Mission Statement**), how it wants to collectively act/ behave (**Values**), how it guides decision-making to achieve its goals (**Guiding Principles**), and how it supports the goals of the NWT health and social services system (Vision).

The provision of quality health and social services across the NWT that are culturally safe, collaborative and centered around continuous improvement.

- Intent as an Organization (**Mission Statement**)



**Best Care:**  
Better Access to Better  
Services

## GUIDING PRINCIPLES

**Safe:** Aligning cultural safety and staff safety with avoiding harm to patients/clients through the care that is intended to help them.

**Connected:** Providing care that is built on partnerships and is responsive and reflective of the individual and community needs.

**Effective:** Providing programs and services based on feedback and knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

**Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

**Efficient:** Avoiding waste of resources (equipment, supplies, ideas, energy, time, and people).

**Client Centered:** Providing care that is respectful of and responsive to individual's preferences, needs, and values and ensuring that those values guide all care decisions.

**GUIDING PRINCIPLES** define how the NTHSSA strives to make decisions. The actions stemming from its decisions should align with its values.

Our guiding principles are built on a foundation for quality, with a focus on improvement.



## VALUES

**Caring:** We treat everyone with compassion, respect, fairness and dignity and we value diversity.

**Accountable:** We report publicly on organization and system measures and assess outcomes.

**Relationships:** We work in collaboration with all of our stakeholders, partners and staff.

**Excellence:** We pursue continuous quality improvement through innovation, integration and evidence based practice.

**VALUES** for the NTHSSA define accepted and encouraged behaviours for staff, partners and stakeholders.

# 2022-2023 Strategic Planning Framework

The NTHSSA continues to play pivotal role in meeting the objectives of the NWT HSS System. During the fiscal year, 2022-23, the NTHSSA advanced several activities and objectives under the Department of Health and Social Services comprehensive HSS System Strategic planning framework, with key leadership roles for improving the quality and sustainability of the NWT HSS System and

leading the work to ensure a stable and representative workforce.



Figure 1: Quadruple aim strategic planning framework and HSS strategic priorities

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# OUR SERVICES



## 358,727 ENCOUNTERS

Each encounter represents a service to a resident as documented in the electronic medical record.



## 500,314

Lab tests completed to support accurate and timely delivery of care and services



## 47,000

Diagnostic imaging procedures were completed at Stanton.



## 17,478

Patient  
Movements

## 6,302

Approved  
Escorts

## 1,716

Medevac  
Movements



## 534

Babies born across the  
NWT



### STANTON TERRITORIAL HOSPITAL

## 27,579

Bed days were recorded in 2022-2023. Each bed day represents one 24 hour period where care was provided.



## 3,748

Patients were admitted to Stanton in-patient units.

## 477

Births were recorded at Stanton.

## 19,727

Emergency department visits.



## OUR PEOPLE



# 1,891 EMPLOYEES

Provided services to the 44,895 residents of the Northwest Territories.

In 2022-2023 NTHSSA employees comprised over 25% of the entire GNWT workforce. With employees in almost every community and several programs and services operating 24/7.

**43.4** AVERAGE AGE

**21%** OF EMPLOYEES IDENTIFY AS INDIGENOUS

**7** AVERAGE YEARS OF SERVICE

**358** HIRES

## Emergency Response

Highlights of NTHSSA response activities related to Flooding and COVID-19 in 2022-2023.

### FLOOD RESPONSE EFFORTS

In May 2022, the residents of Hay River and Kát'odeeche First Nation were ordered to evacuate due to flooding and in support of those affected, an evacuation centre was opened in Yellowknife.

During this period, six aircraft charters, six medevac trips, and three buses were deployed to ensure over 40 HRHSSA patients, long term care and supported living residents were cared for and able to continue accessing care and services while out of their home community. Of the 719 registered evacuees in Yellowknife, there were 236 who stayed at the Multiplex Arena and over 300 were served with meals by staff and volunteers.

This work involved collaboration with the City of Yellowknife, local health and social services staff, the NWT's MedResponse service, and many others. Ensuring patients – especially those in long term care – had a safe place to go with the supports they needed ready to go was a priority on top of setting up the evacuation centre. Specifically for Long Term Care residents were accommodated in multiple different communities including Fort Smith, Norman Wells, Behchokǫ and Yellowknife to ensure available rooms and staffing to support their needs.

There was also close collaboration between the Hay River Health and Social Services Authority and the NTHSSA to ensure evacuees with unique medical needs – such as dialysis patients – had a smooth transfer of care while they were out of their home community.

Fort Smith and Dehcho regions also contributed to the efforts to support Hay River. The Fort Smith Health and Social Services Authority sent two mental health

counsellors to Hay River to support the debriefing and counselling after residents had returned to the community, and in coordination with the Town of Fort Smith and MACA welcomed approximately 50 evacuees during the flooding. Dehcho region also sent staff to Hay River, prepared stress relief packages, and set up an on-call phone support line for the evacuees at the Snowshoe Inn.

In addition to these initiatives, the Mental Health and Community Wellness team were a key part of providing supports to Hay River/KFN residents who were evacuated on an emergency basis from their homes.

A team of skilled counsellors set up a quiet/reflective room with activities, wellness messages and resources: this room became a beacon for children & families and saw a lot of craft action and informal debriefing. A second, smaller room was set up for 1-1 grounding or counselling support. Evacuees connected with elders and were offered a talking circle at the nearby Arctic Indigenous Wellness Camp. A big part of the mental wellness work was being present “on the ground” as people arrived, sat for tea, or browsed through donated clothing tables. The evacuees also shared a great deal of peer support and contributed to a Gratitude Wall – posting notes about things they could appreciate and marshaling their resilience in the midst of significant stress and loss.

Child and Family Services staff were also critical members of the team in providing supports at evacuation centres while continuing their responsibilities in supporting children and families during these difficult events.

### EMERGENCY RESPONSE TO COVID-19

In 2022-23 the NTHSSA shifted many of its COVID-19 response activities over the last two years towards ongoing public health improvements. The NTHSSA pandemic response team worked incredibly hard to ensure the communities of the NWT continued to receive the regular care and services residents depend on throughout the pandemic while also delivering care associated with COVID-19. The Authorities Covid Response Team (ACRT) was created in 2020 to ensure a consistent and coordinated response to COVID-19 across all three NWT health and social services authorities.



Employees were pulled from their regular job functions to support pandemic efforts and would often be managing extensive workloads that went far beyond their normal scope of duties. This team of dedicated individuals was responsible for mobilizing and maximizing both staff and physical resources to ensure that all communities could receive the care and supplies they needed to respond to the pandemic.

As COVID-19 continued, this team continued to evolve and shift based on active cases, changes to the NWT immunization approach and the NWT Emerging Wisely approach. This planning, coordination and execution will continue to be used in the improvement processes and policy related to public health services, across the NWT.



NTHSSA Staff work to support an evacuation reception centre at the Yellowknife Multiplex for evacuees from Hay River and K'atloedeeche First Nation during the spring floods.



## FAMILY PRESERVATION PROGRAM



The Family Preservation Program (FPP) supports families receiving protection or prevention services. Through an approach which promotes family choice, family ownership, and family self-determination, wraparound services are tailored to the needs of each distinct family. The FPP utilizes the Wrap Around Model, a team-based planning process intended to provide coordinated care to meet the needs of children, youth, and their families.

The core services offered through the Family Preservation Program include:

1. Wraparound supports based in community and culture.
2. Support with core needs, such as household routines and management, housing, food security, system navigation for services, etc.
3. Parenting and family support, such as culturally informed parenting education and family support, service coordination, and informal counselling.

2022-23 saw the expansion of the Family Preservation program to all NTHSSA regions with a staffing complement of 13 staff. During this time, a total of 73 families accessed Family Preservation services, including 18 youth. Implementation of the program framework continues into 2023-24, with the addition of team-based planning and strengthening of wrap-around services.



## BEST CARE

### MEDICAL ASSISTANCE IN DYING (MAiD)

In 2022-23 the NTHSSA Continuing Care division established a Medical Assistance in Dying (MAiD) Nurse Navigator service. Through the hiring of a Registered Nurse as the MAiD Nurse Navigator the NTHSSA is now prepared to case manage and helps clients navigate the health care system in relation to the application process and provision of MAiD. Across Canada clients seeking information on MAiD and wanting to apply for the service as a possible end of life option is increasing. The MAiD Nurse Navigator also provides expert clinical advice and education to NTHSSA staff on MAiD and the application process.

### YELLOWKNIFE SYPHILIS POP-UP POCT CLINIC – IMPROVE THE EXPERIENCE OF OUR PATIENTS AND CLIENTS

In response to a growing Syphilis outbreak in the NWT, a working group was formed to address alternative, evidence based, and client informed ways to reach populations that were not well served by current sexually transmitted and blood born infection (STBBI) testing options. In collaboration with the Department of Health and Social Services Health Promotion team, an environmental scan was completed including outreach to multiple community partners to determine barriers in accessing testing for STBBI's. These efforts helped determine that available access where the population is, walk-in appointments, and ability to have supports were high on the list of needs and recommendations.

With this information and epidemiological data showing

that most of the syphilis cases were in Yellowknife the working group determined that a pop-up style testing clinic using the newly sourced bioLytical INSTI Multiplex HIV/Syphilis POCT would be the most impactful to improve the experience of our patients and clients.

The pop-up clinic was held at the Yellowknife Center Square Mall and created a welcoming and expedient alternative to booking an appointment for testing. The clinic offered sexual health teaching, health consultations, treatments, the opportunity to book follow up appointments with Yellowknife Public Health staff, and a positive, trauma informed, and respectful experience during an encounter with NTHSSA. The clinic allowed for a blitz in STBBI testing with over 90 tests completed and it was an opportunity to reach the public at a centralized easy to access location.

This pop-up clinic created a blueprint for future testing pop-up clinics, with plans for expanded sexual health pop-ups and pap testing pop-ups at various locations around the territory.

### COMMUNITY COUNSELLING PROGRAM (CCP) PILOTED AN ADDICTION SPECIALIST

The COVID-19 pandemic has significantly impacted individuals with addictions and the treatment and support services available to them. In 2022-2023 the Sahtu Community Counselling Program (CCP) piloted an addiction specialist position for 6-months (September 2022- March 2023)

The addictions specialist's role was designed based on information from CCP reports, referral sources, and client self-reporting needs. The responsibilities include assessing a client's readiness for treatment, assisting with the application process, case management, collaborating with mental health counsellors, and developing aftercare programming, including relapse prevention strategies and supports.

With the Addictions Specialist position in place, mental health clinicians were able to provide an additional 400 sessions and run 30 more groups, which suggests that they were able to offer more services and support to

clients. Additionally, the number of clients who completed treatment increased, which suggests that the services provided were effective in supporting clients' recovery.

Over the six-month period of this pilot, the additions specialist provided 522 sessions, while the mental health clinicians provided 815 sessions, resulting in a total of 1,337 sessions, compared to 1,707 total sessions in the entire calendar year in 2021.

The first set of CCP reports, from March to August 2022, showed that 5 clients attended treatment, with four completing it and one self-discharging compared to September 2022 to March 2023 (the pilot) where 17 clients attended treatment, with 14 completing treatment and three self-discharging.

This initiative will inform mental health and addictions program review for 2023-2024.

## STANTON INDIGENOUS WELLNESS PROGRAM -TRADITIONAL FOODS

The Indigenous Wellness Program in Stanton Territorial Hospital has begun to provide Traditional Foods to our patients and clients weekly. The Indigenous Wellness team prepares traditional meals in our kitchen and serves our clients every Thursday at lunch. A special menu is offered once a week and the menu interchanges weekly. Bison, Elk, Muskox, White fish, Caribou and/or Moose soups, stews and Bannock are the most served meals. Currently, there is a full-time Traditional Foods Coordinator that coordinates the traditional foods program. The coordinator is responsible for organizing the donations from hunters/suppliers, informing patients and families of availability of the traditional foods and providing expertise on traditional recipes with the approval of a dietitian.

The Traditional Foods program prepares and delivers approximately 35-50 meals each week. We believe that traditional foods are essential to the health, culture and identity of our people in the Northwest Territories, and Nunavut clients. Traditionally, cultural food is prepared with love, simplicity and comfort to create a healing environment for patients in our care. We aim to offer traditional foods with respect of all the different regions, and especially clients from Nunavut, so that they can

experience a taste of their culture when they are far away from home.

## THE HEALTHY FAMILY PROGRAM (HFP)

The Health Family program is a proactive, outreach-oriented, and strengths-based program for families and caregivers with children 0-6 years in the Northwest Territories. Throughout 2022-2023, the HFP operated in 16 communities within all five (5) regions of the NTHSSA, serving a total of 449 families. Services accessed included but are not limited to:

- group programming (i.e. Collective Kitchen);
- system navigation (also known as “HUB” services) that includes referrals to family and community resources;
- assistance with attending scheduled appointments
- support with completing Jordan’s Principle applications;
- distribution of educational and developmental materials related to parenting and child development;
- home visits;
- one-to-one family supports.

The HFP also provided opportunities for families to practice culture together through cultural activities such as hide tanning camps, Fishing for Nutrition, berry-picking, berry bag-making, among others to create spaces for families to practice culture together.

Healthy Family Programming continue to be delivered in collaboration with Midwives, Community Health Representatives, Child and Youth Care Counsellors and Indigenous Elders and Knowledge Holders. Staff also worked closely with other healthcare teams to provide education to new and expectant families and, in some regions, coordinated with the Northern Women’s Health Program to offer monthly parent education groups.

## BABY-FRIENDLY INITIATIVE

To improve services and supports for children and their families, the NTHSSA together in partnership with DHSS, TCSA and HRHSSA continue to support the implementation of the Baby-Friendly Initiative (BFI) in all birthing centres across the NWT. The BFI initiative aims to ensure that all birthing persons and their infants receive the highest quality of patient and family-centered care during and after their stay in a facility providing maternity and newborn services that enable the establishment of optimal feeding of the newborn, which promotes their health and development. The BFI Quality Improvement Collaborative Committee is actively involved in providing leadership, support and the resources required to interdisciplinary staff at Stanton Territorial Hospital, Fort Smith Health Centre, Hay River Health and Social Services Authority and the Tłıchq Region Health Centre as they continue to work towards achieving the shared goal of becoming Baby-Friendly designated facilities, with Inuvik Regional Hospital receiving their designation in 2018. The Committee is established to support the implementation of the Baby-Friendly Initiative in health and social services facilities in the Northwest Territories. Functions of this Committee include, but are not limited to:

- Adapt, test and evaluate a national quality improvement initiative that promotes the uptake of best-practices in maternity and newborn care.
- Raise awareness of the Baby-Friendly Initiative amongst NTHSSA, HRHSSA, and TCSA staff in order to shift expectations and increase the use of evidence-based strategies that promote breastfeeding and maternal infant health.
- Enhance public education and awareness efforts related to maternal infant health and the importance of breastfeeding.
- Collaborating with Elders, members of the community, and community groups (Mom's Boobs and Babies) in reporting indicators to the Breast-Feeding Committee of Canada.

## CHILD AND FAMILY SERVICES VOLUNTARY SUPPORT AGREEMENTS

Child and Family services implemented and embedded the new standard of practice that enables them to provide and sign Voluntary Support Agreements with extended family. This now enables and supports Child and Family Services to provide the same level of financial supports to extended family caregivers without requiring children to come into care and their family caregiver to be opened up as a foster home. This aligns with the principles of keeping children with family, community and culture.



## CONTINUING CARE CONFERENCE



In 2022-23, to improve availability and quality of services the Continuing Care division focused on education and training for staff in long term care and home care programs. Multiple education sessions occurred, including a Continuing Care conference, wound training, palliative care training, foot care training, and supportive pathways. These education events presented an opportunity for professional development, discussing specific approaches to care in the context of the NWT, and relationship building around a community of practice for staff who provide care and services to the elderly and those with special needs.

Approximately 60 staff – including nurses, personal support workers and supervisors/managers - attended over three days. The following education sessions were delivered:

- Medication administration
- Supportive pathways
- Physical Assessment/Care planning
- Ergonomics, lifting, and injury prevention
- Self-care

- Wound care for Personal Support Workers
- Common medical conditions for PSW
- Activities for elders

In addition to the conference education sessions, there were several other training events over the last year, including:

Palliative Care training: Learning Essentials Approach to Palliation (LEAP) occurred in May 2022 and November 2022

Wound Care education and training by the Nurse Specialized in Wound Ostomy and Continence (NSWOCs) have been occurring throughout the NWT.

Advanced foot care training occurred in February 2023. The NTHSSA Continuing Care division partnered with the Edmonton Foot Care Academy and provided a weeklong course on advanced foot care that included 2.5 days of theory and 2.5 days clinical practice.

## BEST HEALTH

### TERRITORIAL COLORECTAL CANCER SCREENING PROGRAM

In 2022-23, the Territorial colorectal cancer screening program continued expansion across several regions. This program aims to increase compliance with screening with improved promotion, direct mail of screening kits to eligible residents, and ongoing follow up with those who complete screening.

The Territorial Colorectal Cancer Screening Program has now been implemented in 6 out of 7 regions. The program's expansion has improved access to colorectal cancer screening, leading to higher screening rates and significantly improved outcomes for residents. Stage 4 diagnoses have significantly decreased, while stage 0 (per-cancerous) diagnoses have increased. As of March 31st, 2023, the screening rates for each region as part of the CRC screening program were as follows:

#### **Beaufort Delta region:**

- FIT kits distributed to 1160 eligible residents
- Screening participation rates have increased from 7.5% to 24%

#### **Sahtu Region**

- FIT kits distributed to 395 eligible residents
- Screening participation rates have increased from 7.2% to 32.9%

#### **Dehcho Region**

- FIT kits distributed to 728 eligible residents
- Screening participation rates have increased from 8% to 21%

#### **Hay River Region**

- FIT kits distributed to 831 eligible residents
- Screening participation rates have increased from 11% to 29%

#### **Fort Smith Region**

- FIT kits distributed to 297 eligible residents
- Screening participation rates have increased from 13% to 27.95%

#### **Tłıchq Region**

- FIT kits distributed to 349 eligible residents
- Screening participation rates have increased from 10% to 17.77%

#### **Yellowknife Region (communities of Łutselk'e and Fort Resolution)**

- FIT kits distributed to 136 eligible residents
- Screening participation rates have increased from 9% to 12.5%

### OUTREACH NURSING

Outreach nursing services help reduce barriers to access to care for residents who are less likely to see a provider in a traditional clinic setting. Focused on providing direct services to under housed populations in the Yellowknife area, this program provides primary care services to individuals at local shelters and NGOs.

Outreach nurses can help with basic medical needs and also act as a conduit to referrals within the system. Nurses can complete medical assessments and provide direct referral to Out of Territory Treatment, link clients with physicians for medical detox/addictions treatment issues,



and provide basic homecare type services to individuals in the shelter system.

In 2022-23 there was a significant focus on providing low barrier access to sexually transmitted and blood born infection (STBBI) testing and treatment for shelter clients and other street involved individuals in Yellowknife. In addition to the regular services offered to these clients, walk-in clinics were provided multiple times per week, providing screening, treatment, case investigation, health teaching.

- 1.8 FTE Outreach CHNs have provided care to 275 unique clients over 10 months in 2022-23, which included 1,885 patient encounters.
- Approximately 200 Emergency Room visits were prevented: At least 1 in 10 outreach nursing encounters include timely assessment and treatment of episodic conditions within scope of Community Health Nurse, preventing emergency department visits.
- Reduction in patient no-shows for tests, procedures, and specialist appointments by 50% through case management, coordination with community supports and accompaniment.

## LAB AND DIAGNOSTIC IMAGING SERVICES

In 2022-23 Laboratory and Diagnostic Imaging Services began the transition from pandemic to endemic service for COVID-19. During this year both services entered a new normal of continuing to provide COVID related services as well as beginning to return to pre-pandemic operations which saw significant increases in laboratory testing and diagnostic imaging requests. With a restart of core services and additional demand presented by COVID laboratory and diagnostic imaging teams recognized the unique opportunity to evaluate the services provided and work with stakeholders to establish current and future needs for the service.

Despite challenges related to increased volumes and an

ongoing difficult recruitment environment the dedicated laboratory and diagnostic imaging teams across NTHSSA were able to always maintain operational capacity for acute and critical care services and ensure that significant projects that had been deferred during the pandemic were completed to ensure operational stability and continuity. This included the successful transition to a new radiology provider including complex information system integrations and repatriation of Tuberculosis testing that was deferred to Alberta to preserve capacity during the pandemic.

Other key projects completed included in the fiscal year included:

- Replacement of the obsolete voice recognition system in Diagnostic Imaging which is used by locum Radiologists to provide interpretation reports of X-rays and Ultrasounds.
- Upgrade to the Blood Bank module of the Laboratory Information System to ensure compliance with the Health Canada Medical Device licensure.
- Replacement and validation of the aging Chemistry testing analyzers in Inuvik and Yellowknife.
- An audit of Diagnostic Imaging Services within the NTHSSA was completed to evaluate to Ultrasound Program for quality and competence.

## PRIMARY CARE

Inuvik -In January 2023, Inuvik public health and primary care initiated changes to help enhance the accessibility, quality, efficiency, and effectiveness of healthcare services provided to individuals. The Public Health pharmacy was outfitted with the NWT Primary Care Formulary, and a Community Health Nurse and Nurse Practitioner team worked out of Public Health. Patients have been seen for a range of services including women's health, initial prenatal visits, and chronic disease management. Work is



underway to add a Mental Health Coordinator to the team who will case manage and provide care planning for the program's most vulnerable patients and provide mental health, interdisciplinary and community support for them.

Since the initiation of this enhancement Inuvik Primary care saw a decrease in appointment wait times from an average 8.25 days in the first 3 quarters down to 2 days in the last quarter of 2022/2023.

Fort Good Hope -As a pilot project under the Primary Care Reform Initiative Fort Good Hope has added a dedicated physician who provides services via Telehealth 2-4 times per month, bringing an additional 24-48 physician appointments each month. More appointments help improve access and because the same physician delivers the virtual appointments continuity of care is also improved. This model provides consistent access that aims to improve the experience for residents through relationship-based care.

## COMMUNITY COUNSELLING PROGRAM -STEPPED CARE 2.0

In 2022-23 the Community Counselling Program continued to deliver mental health and addictions services using a Stepped Care 2.0 (SC2.0) model. This new model of care focuses on reach, variety and flexibility of services to ensure residents have different options for care, as defined by their readiness and their preference, and has helped reduce wait times for one-on-one Counselling services to same day in most cases. The implementation of stepped care has led to a 79% reduction in wait times overall.



## NWT ACUTE CARE NURSING CONFERENCE



The NTHSSA, in support of continued nurses' growth and development and to provide an opportunity for increased workforce engagement, hosted the first ever NWT Acute Care Nursing Conference on Oct 24 – 27, 2022.

The first day hosted 60 attendees who attended presentations related to Cultural Sensitivity and Anti-Racism, Nursing Pearls, Self-Compassion, Accreditation, Suicide Risk Assessment across the ages, and a keynote presentation titled, "Aviate. Navigate. Communicate" which shared the experience of a NWT Nurse, Scott Robertson, as a private pilot, the importance of checklists and communication in aviation and how it relates to nursing.

Day 2 and 3 provided training where 10 participants were certified in Advanced Cardiac Life Support (ACLS) and 8 participants were certified in Pediatric Emergency Assessment, Recognition and Stabilization (PEARS), both from the Heart and Stroke Foundation. 24 participants attended a Human Factors in Nursing and Patient Simulation course held by Advanced Medical Solutions over the two days.

On Day 4, the Acute Care Health Expo was open to all healthcare professionals. With 27 interactive booths and 45 presenters sharing topics from the cancer care team, IPAC, OH & S, Privacy, Quality Risk, Accreditation, Oral Health, Baby Friendly Initiative (BFI), wound care, new grad mentorship program, RNANT/NU, Practice North, Mental Health and Wellness, Public Health, Primary Care, BLS booths, RT booths (which shared tracheostomy, advanced airway and high flow oxygen education), IV pump training, pressure ulcer prevention, blood administration, and ECG education.

Over 200 people attended the Expo which included nurses from all regions in the NWT, staff from Hay River, Fort Smith, Inuvik, the Sahtu Region and Łutsel K'e as well as a group of 30 Grade 11 students, LPNs, RNs and PSWs students.

The Expo allowed for staff to showcase their work and bring awareness to their programs and services. It provided a chance to bring people together to celebrate clinical excellence in acute care nursing while networking with staff and students from across the NWT

## BETTER FUTURE: QUALITY, EFFICIENCY AND SUSTAINABILITY

### CORE TRAINING FOR CHILD PROTECTION WORKERS

In 2022, the Statutory CORE training for Child Protection Workers was enhanced to include a full-day immersive cultural training that was developed in collaboration with local Indigenous organizations and incorporates activities and ceremonies such as drum dances, sweat lodges, crafts, teachings on traditional medicines, and feasts.

This immersive learning component has provided a space for positive conversations of healing, relationship building, and reconciliation between staff and Indigenous Knowledge Holders, further promoting culturally safe practice with children, youth and families.

### CANCER CARE SITE VISIT

On February 7th and 8th, 2023 to improve quality and operational efficiency, a team from Cancer Care Alberta (CCA) – including pharmacy, medical oncology, nurse educator and nurse practitioner representation, along with their Chief Program Officer presented on site at Stanton Territorial Hospital (STH).

During their 2-day on-site visit, education and recertification sessions were coordinated for the STH Chemotherapy Unit Nurses, STH General Practitioner Oncologists (GPOs), STH Pharmacy and the NTHSSA Cancer Navigation team. The visit also included leadership discussions dedicated to ensuring the continued collaboration and continuous quality improvement. CCA and the NTHSSA continue to work collaboratively on quality improvement activities and educational opportunities to promote the delivery of the highest quality of care for residents of the NWT. From this

on-site visit, feedback from CCA included recognition of staff for a strong collaborative approach to care, medical support for the Cancer Program, and a commitment to learning and ongoing quality improvement.

### InterRAI ASSESSMENT SYSTEM

The Continuing Care division of the NTHSSA has been working closely with Department of Health and Social Services on the InterRAI Assessment System and the Continuing Care Information System (CCIS).

The new system will introduce electronic assessments to home care and Long Term Care and electronic charting that aids health organizations to assess people at the point of care, generate real time electronic reports that flag risks/issues and informs in-depth care planning. The InterRai/CCIS is an important tool for Continuing Care services and caregivers to support clients to live in their own homes for as long as possible through identifying services needed. Objectives for this work include:

- Enhance Home and Community Care services and caregiver support
- Enhance LTC services and caregiver support
- Promote evidence-informed clinical practice and decision-making
- Enable access to standardized data
- Optimize health and social services resources utilization

### BIOLYTICIAL MULTIPLEX SYPHILIS HIV POCT – IMPROVED CAPACITY FOR EVIDENCE-INFORMED PRACTICE

NWT has been in a syphilis outbreak since 2019 with increasing rates of infectious and congenital syphilis.

All levels of the HSS System have been working together with communities involved in the outbreak to identify targeted Public Health actions. This work complements broader strategic actions for the HSS system to respond to

STBBI rates and utilize the NWT Sexual Health and Sexually STBBI Program Standards, best practice, innovative technology, ongoing monitoring and surveillance, and community identified needs.

The Office of the Chief Public Health Officer (OCHPO) invested in the bioLytical INSTI Multiplex Syphilis HIV Point of Care test, which allows providers to get initial syphilis and HIV results within five minutes. In July 2022 Dr. A. Singh an Infectious Disease specialist from Alberta provided training and education to health care practitioners from across the NWT.

Territorial Operations Public Health Unit (TOPHU) developed a territorial framework and roll-out plan that included initiating the test with the most at-risk populations in locations with the highest incidence of syphilis. Phase 1 targeted populations located in Yellowknife and tests were distributed to: The North Slave Correctional Facility, the Yellowknife Public Health Unit, and the Yellowknife Outreach Nurses. Phase 2 targeted remote NWT communities with the highest rates of syphilis. Phase 3 is in progress by NTHSSA Territorial Laboratory, now that the POCT is approved by Health Canada.

Since the initiation of the POCT, Syphilis testing and surveillance has increased in all regions of the Territory. The use of the POCT allows for earlier diagnosis, treatment and the initiation of communicable disease control measures such as contact tracing, this is especially important in the smaller communities without formal lab facilities.

## EPI-Q

EPI-Q is a tool that clarifies the quality improvement process and addresses both the technical and human dimensions in orchestrating change. The NTHSSA launched training workshops that incorporates a series of 10 steps that build a team's understanding of quality improvement using evidence-based tools and realistic improvement opportunities.

The workshop's collaborative approach parallels the team-based nature of healthcare, giving groups the language, skills, and tools needed to carry out their first improvement project.

The learning objectives are that participants, using real-life quality improvement opportunities, learn to:

- Work together as teams
- Use quality improvement (QI) tools
- Plan Quality Improvement activities in their facilities and communities
- Actively include service-user (e.g., clients/ patients, patient advocate) participation on QI teams

Since launching in 2023, the NTHSSA has trained over 6 in-house facilitators and over 40 participants in the EPI-Q processes. This foundation of quality improvement processes will lead to a consistent and evidence-based approaches to conduct micro-level and meso-level improvements across the origination.

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In June, Premier Caroline Cochrane presented the NWT Family Medicine Residency Program with the 2021-22 Premier's Award for Excellence for their work involving a partnership between NWT health and social services authorities and, the University of Alberta Department of Family Medicine. A residency program was created in Yellowknife to address the challenges to retention and recruitment the territory is facing with family physicians and specialists.

Lead by Dr. David Pontin, the awarded team included: Dr. Hannah Shoichet, Dr. John Chmelicek, Dr. Michelle Morros, Dr. Samantha Horvey, Debbie Meade, April Lau, and Tanis Arcuri.

With the implementation of the residency program, the objective is to use it as a recruitment and retention strategy, while actively training the next generation of physicians with the education and skills necessary to work anywhere in Canada but specifically the NWT. This program presents an approach that leads to opportunity for prospective medical residents, sustainable staffing and increased retention, partnerships between governments and stakeholders, and critical education on the importance of cultural safety in healthcare in the NWT. The vision of the medical residency program is to develop a long-term,

longitudinal family medicine residency site that provides an integrated approach to practice and education with a focus on cultural competencies that will have a positive impact on physician recruitment and retention and quality of care delivered to the people of the NWT. We also know that from experience that people who spend time living and working in the NWT for extended periods of time – and get involved in the vibrant community life and diverse cultures and experiences the territory has to offer – are more likely to want to stay here and work. This program provides that opportunity.

The development of the Yellowknife Family Medicine (YK FM) Residency Site and partnership has resulted in the creation of many exceptional qualities, including the first dedicated, year-round residency site north of 60 with a focus on serving Indigenous populations.

The program capitalizes on the fact that the program offers unique training experiences that cannot be found in other urban, or rural programs which helps make the program exciting and interesting for those that are looking for adventure and to broaden their experience.

The program is only one of 3 family residency sites in Canada that offer 'remote' training opportunities.

## BETTER FUTURE: STABLE AND REPRESENTATIVE WORKFORCE

### STANTON TERRITORIAL HOSPITAL TRAINING AND DEVELOPMENT

The ability to recruit and retain full time experienced nurses has been a challenge for the NTHSSA and has necessitated brief periods of service reduction in previous years and reliance on nursing agencies.

Due to the high vacancy rate of full-time indeterminate nurses on the Obstetrics (OBS) unit, a multi-year strategy to rebuild the core staffing base through the hiring and training of a cadre of predominantly inexperienced and novice nurses has become a necessary focus. In a review of program resources, it was determined that for recruitment and retention efforts to be successful, an investment in dedicated on-unit clinical educational support and new evidence-based resources were required. This was to support the development of a high-quality competency-based and skill-focused orientation program and ensure both trainees and novice current staff are competent and confident in this highly specialized area of nursing practice. Stanton positioned a full-time Term position for an OBS Clinical Educator to lead the development of a competency-based orientation program and processes, which included dedicated in-class time, focused time spent with new staff in skill development and evaluation as well as providing guidance and skill-training to current staff on the unit.

Similarly, the OR supported the development and training of two Aurora College Registered Nursing graduates who were hired, trained on the job, and are currently practicing independently in the OR, including fulfilling on call duties in cases of after-hours emergencies.

In addition to on-the-job training, the Specialized Nursing Transition program initiative was created to

provide a developmental program to support new or novice nurses looking to expand their scope of practice within a specialized nursing field through the process of mentorship, financial support, academic education, and practical hands-on skill development.

### NWT HSS SYSTEM HUMAN RESOURCES PLAN ACTIVITIES

As part of the NTHSSA Strategic Improvement Initiatives outlined within NWT HSS System Human Resources Plan, the NTHSSA focused on several activities for 2022-23 which included:

Health and social services workforce renewal and engagement activities to identify and improve retention issues impacting employee turnover, including physicians.

- Exiting employees provided valuable feedback through surveys, and we were able to review that data to highlight emerging themes and areas for focus.
- An extensive review and synthesis of data and feedback were gathered through employee engagement activities including Exit Interviews and Staff Movement Surveys.
- 47 of a potential 144 Exit Interviews were completed signifying a 32.6% response rate.
- 16 of a potential 25 Staff Movement Surveys were completed signifying a 64% response rate.

#### ***Launch the NTHSSA's Orientation Program***

- The NTHSSA successfully launched the NTHSSA New Employee Orientation. 'Our NTHSSA New Employee Orientation' was designed to welcome all new employees to the organization.

#### ***Launch a HSS System wide Learning Management System (LMS), providing consistent learning opportunities to all staff.***

- The NTHSSA launched Phase 1 of the NTHSSA Learning Management System (LMS), myLearning in June 2022 at Stanton Territorial Hospital. myLearning is an online management platform used to deliver, track and report on staff training. It is an accessible way to provide consistent online learning opportunities specific to HSS staff, Locums, Students, and Agency workers as a way to track compliance, knowledge retention and application of the training.
- Through the remainder of 2022-23, the NTHSSA continued to work on Phase 2 of the LMS implementation which involves extending access of the LMS to the entirety of NTHSSA staff and developing and delivering NTHSSA Mandatory Training to all staff through the system.

***Establish and implement a HSS Youth mentorship Program for Indigenous and Northern students and youth with an interest in HSS Careers***

- Implementation of the Clinical Observership and Job Shadowing Programs for Indigenous and Northern students and youth in the Northwest Territories.

***Additional Programs to support NTHSSA Strategic Improvement Initiatives and action items within the NWT HSS System Human Resource Plan include:***

- Launch of the entry survey process for all new and new to position HSS System employees.
- Expansion of the NWT Health and Social Services Career Guidebook.
- NWT Health and Social Services Bursary Program established, with a first intake closing June 30, 2023.
- The first two residents of the NWT Family Medicine Residency Program graduated in 2022/23.
- Over 80 marketing campaigns were launched

through PracticeNWT, targeted at attracting health and social services to the Northwest Territories.

***Mentorship and Development***

The NTHSSA provides program level opportunities for graduates and students to begin their careers in the NWT. Advancements in this area in 2022-23 included:

- Yellowknife Homecare successfully mentored two new Aurora College graduates who completed preceptorship in their fourth year with the nursing team and were then able to be hired into full time indeterminate positions.
- The community counselling program has developed an internship program, primarily located within the Child and Youth Counselling Program. The program helps to support the development of master's level clinicians, to continue to build capacity to serve mental health needs in the north. This program is allowing local, northern students to access internships where they plan to live and work. Reducing barriers and developing northern talent.
- Inuvik Regional Hospital continues to have a steady flow of residents with an occasional medical student. The team has a total of 17 learners in 2022-2023 with lengths of rotations between 1-4 months, several of these valued colleagues are now locums for the NTHSSA. Improvements to the learner program included an increase in outreach. Learners assisted with a day of outreach for high school students, participated in local events, spend days with children and elders on the land.



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# Quality Improvement & Performance Reporting

The NTHSSA works together with partners in the NWT HSS System to support the System’s approach to reporting and monitoring performance. To meet its responsibility to the Department of Health and Social Services, the public, and other stakeholders, the NTHSSA shares information about its current performance through its Quality Improvement and Patient Safety (QIPS) Scorecard and by sharing data with external organizations.

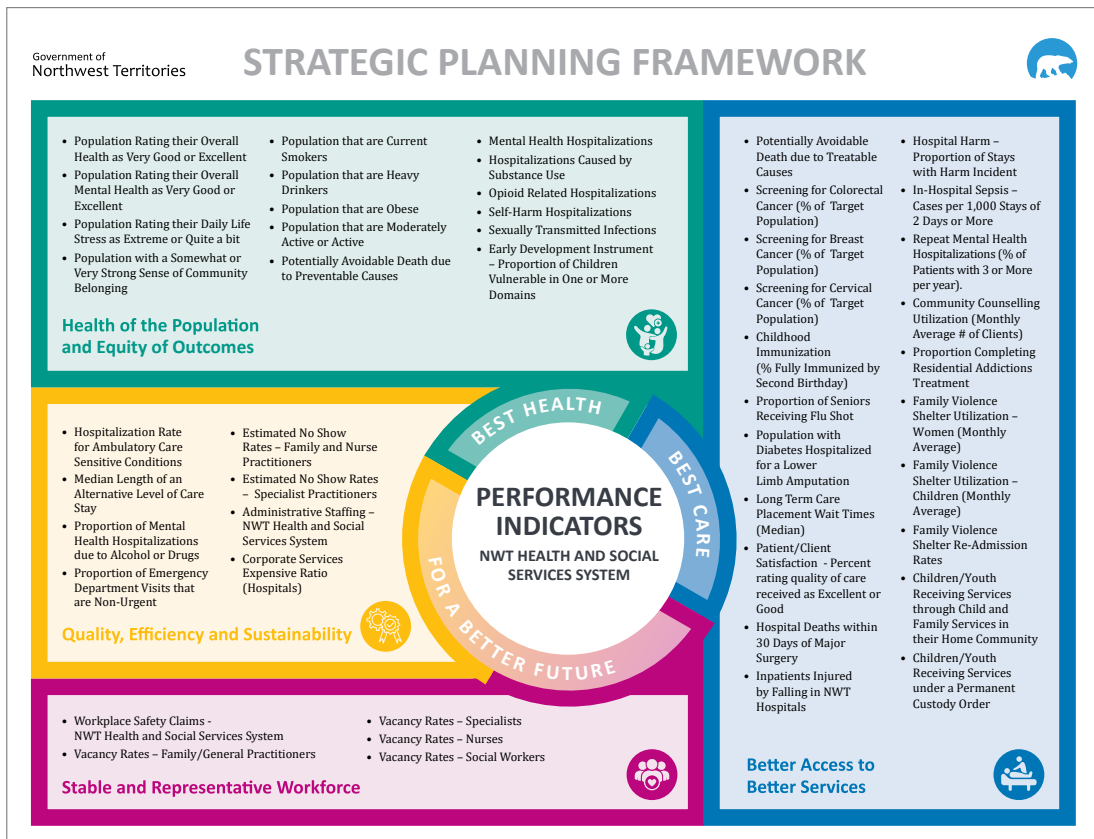
A key component of the NTHSSA’s reporting accountability are submissions to the Canadian Institute for Health Information (CIHI). CIHI is an independent, not-for-profit organization that provides essential information on Canada’s health systems and the health of Canadians.

The NTHSSA ensures data is available for reporting to CIHI through rigorous quality checks, coding compliance efforts, process optimization initiatives, and a focus on education and training. This work includes routine record collecting, chart assembling, scanning, uploading, filing, managing deficiencies, coding, and processing requests for

the release of information, amongst many other activities. Throughout the process, dedicated health records staff ensure that the privacy, security, confidentiality, and integrity of patient information are established.

In 2022-23, the NTHSSA successfully submitted the coding and abstracting for the fiscal year to CIHI. This could not have been achieved without the constant efforts of highly skilled professionals with expertise in medical coding, data validation, and quality assurance. The teams collaborated closely with various stakeholders, including healthcare providers, software vendors and information health technology teams to ensure accurate and timely data submissions to inform policy, management, care and research, leading to better, more equitable health outcomes for all Canadians.

The graphic below gives an overview of how the NWT HSS System reports on its performance and the measures that the NTHSSA contributes to this reporting.



The NTHSSA is committed to strengthening its partnerships with patients, client and their families as well as NWT HSS System stakeholders. As we build on the progress of the past year, the NTHSSA focused on enhanced employee engagement and continued quality improvement leading to system sustainability.

Looking ahead, a vital aspect of the NTHSSA's future operational plan and activities will revolve around mitigating concerns shared by employees and the anticipated rise in staffing challenges being experienced across Canada and supporting the GNWT in its response to an increase in all hazard's emergency responses for communities.

As the NTHSSA works towards 2023-24, the following activities will underpin its operations:

- Realizing efficiencies as part of the focused efforts towards sustainability
- Engaging employees as drivers of change to improve staff morale and advance operational improvement

## NTHSSA Operations, Leadership & Governance

The NTHSSA provides the delivery and operations of health and social services for the majority of the NWT, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operation of the Stanton Territorial Hospital.

The remaining regions in the NWT are serviced by their respective health and social services authorities: Tlicho Community Services Agency and the Hay River Health and Social Services Authority, who are regular collaborators with the NTHSSA in ensuring equitable access to health and social services across the NWT.

The Northwest Territories Health and Social Services Leadership Council is the board of management for the NTHSSA. The Leadership Council provides overall leadership to the NTHSSA and helps facilitate the NTHSSA's legislated mandate to:

- deliver health services, social services, and health and wellness promotional activities within the NWT;
- manage, control and operate each health and social services facility for which the NTHSSA is responsible; and
- manage the financial, human and other resources necessary to perform the NTHSSA's duties.

The Leadership Council oversees the conduct of the business and affairs of the NTHSSA and provides direction to the CEO and senior management. The Leadership Council's role is one of stewardship and ensuring the NTHSSA fulfills its legislated mandate.

In 2022-23 the Leadership Council met seven times. The meetings are focused on sharing local concerns to better understand the needs of NWT residents, and to review the management and performance of the NTHSSA, and to take reasonable steps to ensure that the NTHSSA achieves its legislated mandate.

### LEADERSHIP COUNCIL:

- Chairperson: Mr. Gerry Cheezie

- Vice-Chairperson: Mr. Ted Blondin (Chair, TCSA)

### Members:

- Ms. Phyllis Mawdsley (Chair, Fort Smith RWC)
  - Mr. Brian Willows (Chair, Hay River RWC)
  - Ms. Gina Dolphus (Chair, Sahtu RWC)
  - Mr. Muaz Hassan (Chair, Dehcho RWC)
  - Ms. Nancy Trotter (Chair, Yellowknife RWC)
- Ex-officio and non-voting Members:
- Ms. Jo-Anne Cecchetto (Deputy Minister, DHSS)

### Finance Committee

- Chairperson: Brian Willows

### Governance and Human Resources Committee

- Chairperson: Gerry Cheezie

### Quality Committee

- Chairperson: Ted Blondin

### NTHSSA LEADERSHIP TEAM

(as at March 31, 2023)

- Chief Executive Officer, Ms. Kimberly Riles
- Chief Financial Officer, Ms. Marissa Martin
- Chief Operating Officer (Beaufort Delta Region) Mr. Roger Israel
- Chief Operating Officer (Sahtu Region), Ms. Mireille Hamlyn
- Chief Operating Officer (Dehcho Region), Mr. Wilson Dimsdale

- Chief Operating Officer (Yellowknife Region), Ms. Lorie-Anne Danielson
- Chief Operating Officer (Fort Smith Region), Ms. Sujata Ganguli
- Chief Operating Officer (Stanton Territorial Hospital), Ms. Jennifer Torode
- Executive Director, Clinical Integration, Ms. Joanne Engram
- Executive Director, Corporate and Support Services, Mr. Tim Van Overliw
- Executive Director, Health and Social Services System Sustainability, Ms. Gloria Badari
- Executive Director, Child, Family and Community Wellness, Ms. Kristy Jones
- Territorial Medical Director, Dr. Claudia Kraft
- Senior Advisor to the Chief Executive Officer, Mr. Allen Stanzell
- Senior Advisor, Governance, Ms. Susan Laramée



APPENDIX A  
AUDITED FINANCIAL  
STATEMENTS

# Management Discussion & Analysis

## *INTRODUCTION*

This Management Discussion and Analysis (MD&A) provides a financial overview of the results of the Northwest Territories Health and Social Services Authority's (NTHSSA) operations and financial position for the year ended March 31, 2023.

The MD&A reports to stakeholders how financial resources are being utilized to provide a patient-focused, quality health system that is accessible and sustainable for all Northwest Territories residents. It serves as an opportunity to communicate with stakeholders about NTHSSA's 2022-23 financial performance, as well as cost drivers, strategies, and plans to address financial risk and sustainability.

This MD&A has been prepared by and is the responsibility of NTHSSA management and should be read in conjunction with the March 31, 2023 audited financial statements, notes and schedules.

## *CONTEXT*

Fiscal year 2022-23 is the sixth full year of operations for the NTHSSA. Established in 2016, the NTHSSA consolidated the delivery and operations of health and social services for most of the NWT, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operations of the Stanton Territorial Hospital. The remaining regions are serviced by their respective health and social services authorities: Tlicho Community Services Agency and the Hay River Health and Social Services Authority, who are regular collaborators with the NTHSSA in ensuring access to health and social care across the NWT.

As an agency of the Government of the Northwest Territories (GNWT), the NTHSSA is responsible to the Minister of Health and Social Services for governing, managing, and providing health and social services in accordance with the territorial plan set out by the Minister, specifically with a role to:

- plan, develop and deliver programs and services;
- ensure operational policies, guidelines and standards of care are within the context of legislation, regulation and Department of Health and Social Services policies;
- provide budget development, funding allocation, monitoring and financial reporting;
- provide quality and risk management;
- ensure recruitment, supervision and retention of professional staff;
- ensure staff training and professional development; and
- report and be accountable in accordance with legislation, regulations, and agreements.

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## STRUCTURE OF NTHSSA

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The Leadership Council is the board of management for the NTHSSA. The Leadership Council provides overall leadership to the NTHSSA and helps facilitate the NTHSSA's legislated mandate to:

- deliver health services, social services, and health and wellness promotional activities within the NWT;
- manage, control, and operate each health and social services facility for which the NTHSSA is responsible; and
- manage the financial, human, and other resources necessary to perform the NTHSSA's duties.

The Leadership Council is accountable to the Minister of Health and Social Services and provides advice to the Minister on strategic directions for the delivery of projects and programs related to those services.

The Leadership Council is made up of nine (9) members; a chairperson as appointed by the Minister, the chairperson of each of the Regional Wellness Councils (6); the chairperson of the Tłı̄ch̄ Community Services Agency; and the Deputy Minister of the Department of Health and Social Services (ex-officio and non-voting).

The 2022-2023 Leadership Council included:

Mr. Gerry Cheezie – Chairperson of the Leadership Council and Governance & HR Committee – he replaced James Antoine August 1, 2022.

Mr. Ted Blondin – Vice Chairperson and Chair of the Quality Committee

Mr. Brian Willows – Chair of the Hay River RWC and Finance Committee

Ms. Gina Dolphus – Chair of the Sahtu RWC

Ms. Phyllis Mawdsley – Chair of the Fort Smith RWC

Mr. Muaz Hassan – Chair of the Dehcho RWC – he replaced Ruby Simba on August 1, 2022

Ms. Nancy Trotter – Chair of the Yellowknife RWC

Ms. Deborah (Debbie) Gordon-Ruben – Chair of the Beaufort Delta RWC

Ex-officio/non-voting member: Ms. Jo-Anne Cecchetto (Deputy Minister, DHSS)

Through the NTHSSA's CEO, operational and financial reporting is provided to the Leadership Council at regularly scheduled Leadership Council meetings. The NTHSSA is structured with seven executive branches that are responsible for delivering health and social services across the NWT. Regional operations in the Beaufort Delta, Dehcho, Sahtu, Fort Smith and Yellowknife regions of the NWT, as well as the operation of the Stanton Territorial Hospital, are all supported by Territorial operational branches guided by the CEO office.



**Office of the Chief Executive Officer:** Corporate leadership; practitioner leadership; corporate workforce planning; system collaboration; governance support.

**Finance:** Financial leadership; financial reporting; budgeting; financial compliance and operations.

**Clinical Integration:** Quality improvement, program, and policy support for acute care services, continuing care services; public health; midwifery; and community health and primary care; mental health and community wellness; corrections health services; sheltering services; adult support services; laboratory and diagnostic services.

**Child, Family and Community Wellness:** Child and family services; foster care and adoption services; child and youth in territory placement services; family preservation and Healthy Families services; quality assurance and training and practice improvement.

**Corporate and Support Services:** Informatics and health technology support and leadership; strategy and planning leadership; patient movement operations; territorial quality, patient safety, and client experience leadership; system strategic human resource planning; communications support.

**Regional Operations:** Primary care; community health clinics operations; home care; mental health and addictions services; health promotion; public health; family violence programs; rehabilitation services; long term care; midwifery; regional acute care; facility operations.

**Stanton Territorial Hospital:** Acute inpatient services; emergency services, specialty clinics, diagnostic and therapeutic services; rehabilitation services in partnership with regional operations.

In addition, each of the regions comprising the NTHSSA has a Regional Wellness Council that acts in an advisory capacity to collect community feedback specific to the needs within their regions, to provide residents with an avenue to approach and discuss the NWT health and social services system, and to promote activities that support service delivery for the health and well-being of patients, clients, and families.

### *OPERATING ENVIRONMENT*

The NTHSSA provides health and social services in the vast geographical area of the NWT, from the remote high Arctic communities of Paulatuk, Ulukhaktok, and Sachs Harbour to the southern NWT/Alberta border community of Fort Smith. Delivering the NTHSSA mandate to such a large geographic area requires well-defined systems, a robust logistical support network, as well as a team of committed staff who are dedicated to ensuring quality health and social services are provided to all NWT residents.

The NWT Health and Social Services System Strategic Planning Framework sets out a vision for a health and social services system that supports the residents of the NWT to be as healthy as they can be. The

vision and goals are reflective of engagement and consultation across the NWT and the HSS System's partners, stakeholders, patients, clients, and staff.

Best Health: Health of the Population and Equity of Outcomes.

Best Care: Better Access to Better Services.

Better Future: Stable and representative Workforce & Quality, Efficiency and Sustainability.

### *COVID ENDEMIC*

With the end of the Public Health Emergency on March 31, 2022, the NWT has begun the transition from pandemic phase COVID-19 to endemic phase. There will not be an abrupt shift from one to the other, as COVID-19 is still circulating in many of the territory's communities. As such, the need to be prepared for outbreaks and potential surges in COVID-19 infections is still present, but HSS and the Health Authorities are also moving forward with a transition from emergency response to the new normal.

The NTHSSA has continued to provide best care and services to NWT residents while shifting regular processes to ensure all possible measures were taken to safeguard both patients and staff. As an organization, these challenges to regular operations have also brought focus to new possibilities for the provision of care and crystallized the understanding of the unique circumstances that health services face in the NWT.

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### *ONGOING STAFF CHALLENGES*

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Canada is experiencing a national shortage of health and social service professionals. Recruitment and retention in the NWT have always been challenging, and with residual impacts of the COVID-19 pandemic, these challenges have become significantly more acute. To minimize the recruitment and retention impact on the HSS system and the strain on current employees across our system, several interventions and new initiatives have been introduced.

### *NEW RECRUITMENT AND RETENTION INITIATIVES*

New recruitment and retention initiatives and a focus on employee engagement have been developed in line with the NWT HSS system HR plan, launched in June 2022. In August 2022, the GNWT announced the roll-out of several new measures to address recruitment and retention challenges.

The new measures include expanding paramedic use, the Friends and Family Travel Program, the Referral Program, reimbursing licensing fees for locum physicians, the creation of onboarding specialist positions, and international travel costs to the NWT covered for Canadian healthcare professionals living abroad who wish to relocate to the NWT.

In October 2022, the Government of the Northwest Territories (GNWT) and Union of Northern Workers (UNW) signed a Memorandum of Understanding (MOU) to provide a temporary Labour Market Supplement in the form of a recruitment and/or retention payment depending on community, eligible positions, and type of employment.

### *RECRUITMENT*

There are ongoing efforts to increase awareness of health and social services opportunities in the territory and promoting living and working in the NWT through targeted advertising and recruitment platforms and attendance at conferences and job fairs for HSS professionals

The HSS System Recruitment Team has enhanced recruitment strategies for HSS professionals, including physicians. Managers can request additional attraction and recruitment initiatives for hard-to-fill positions

- A new Consolidated Hiring Process for Nurses was launched as a pilot in February 2023. The pilot is expected to streamline the hiring process to decrease the time to hire and minimize the non-value add functions in the current staffing processes.
- The NTHSSA provided offers of employment to all graduate nursing students from the Aurora College in 2022.
- As of September 14, 2022, 13 indeterminate job offers had been offered to the graduating Aurora College nursing class of 2022, including eight positions at Stanton, two casual positions, one in YK Public Health, and two in YK Homecare.

### *PHYSICIAN RECRUITMENT*

Physician Recruitment is ongoing, with vacant family physician and physician specialist positions being actively recruited, including, PracticeNWT attending and/or supporting twelve physician conferences, including conferences targeting Family Medicine (5), ENT (2), Emergency (1), General Surgery (1), Internal Medicine (2), and Obstetrics and Gynecology (1).

PracticeNWT supported the PeerNorth Conference, hosted by the Northwest Territories Medical Association, in Yellowknife from September 22-24, 2022. The conference is focused on evidence-based navigation of northern medicine.

The NWT Family Medicine Medical Residency Training program, launched in July 2020, provides a way to train and retain potential candidates for permanent Family Medicine positions in the NWT, including Northwest Territories residents. With a current capacity of four residents, the program's first two residents have graduated, with two new residents onboarded in July 2022.

### *RETENTION*

- To help address gaps and hard-to-fill positions, the Specialized Nursing Transition Program (SNTP) launched in early May 2022. SNTP is intended to provide financial support for the development of new or novice nurses looking to expand their scope of practice within a specialized nursing field.
- The NTHSSA will be launching in Fiscal year 2023-24 an Authority-wide orientation and onboarding program which will help new employees integrate into their new roles, environment, and communities.
- The Management and Leadership Navigation Program begin designed to launch in fiscal year 2023-24 to provide targeted training and development to support basic and advanced leadership skills and competencies required to manage and lead within a northern health and social services system across all levels of leadership.
- A formal system-wide recognition program will be developed for launch within the 2023-24 fiscal year with a focus on recognizing and acknowledging the work of our employees, and their contributions to the HSS system.

### *AGENCY NURSES AND PARAMEDICS*

Due to staff shortages, NTHSSA continues to rely on Agency Nurses and Paramedics to provide service to patients. As a result, additional funding is required to cover the costs of securing the Agency Nurses.

Additional funding covers the following costs:

- Agency contracts costs
- NTHSSA is required to pay union dues on behalf of the agency nurses for all hours worked. The union dues are approximately 1.8% of regular and overtime work plus a total of \$0.04 for every hour worked for PSAC contributions
- NTHSSA provides accommodations for the agency nurses in lieu of allowing the agencies to source accommodations on their own and bill back the authority in attempt to gain cost savings.

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## FINANCIAL HIGHLIGHTS

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The results of operations for the fiscal year ended March 31, 2023 and the financial position as at March 31, 2023 is summarized below:

*All figures are in thousands of dollars*

	<b>Budget 2022-23</b>	<b>Actual 2022-23</b>	<b>Actual 2021-22</b>
Total Revenues	400,338	481,388	463,893
Total Expenses	432,961	533,087	497,655
<b>Annual Surplus (Deficit)</b>	<b>(32,623)</b>	<b>(51,699)</b>	<b>(33,762)</b>
Financial Assets		95,125	107,602
Less: Liabilities		350,232	313,796
<b>Net Debt</b>		<b>(255,107)</b>	<b>(206,194)</b>
Non-Financial Assets		9,724	12,510
<b>Accumulated Deficit</b>		<b>(245,383)</b>	<b>(193,684)</b>

As of March 31, 2023, the NTHSSA incurred an operating deficit of \$51.7 million, which is \$19.1 million greater than the budgeted operating deficit of \$32.6 million or 58.6% higher than budgeted amount. This deficit has increased NTHSSA's accumulated deficit to \$245.4 million. The annual operating deficit for 2023 is \$17.9 million greater than prior year.

During the year, additional funding was approved and received through supplementary appropriations. Additional funding received covers the unexpected and unforeseen cost increases that are not known at the time the original budget is approved.

The Financial Statements report an actual annual deficit of \$51.7million which is \$19million more that revised budget as shown in the table below.

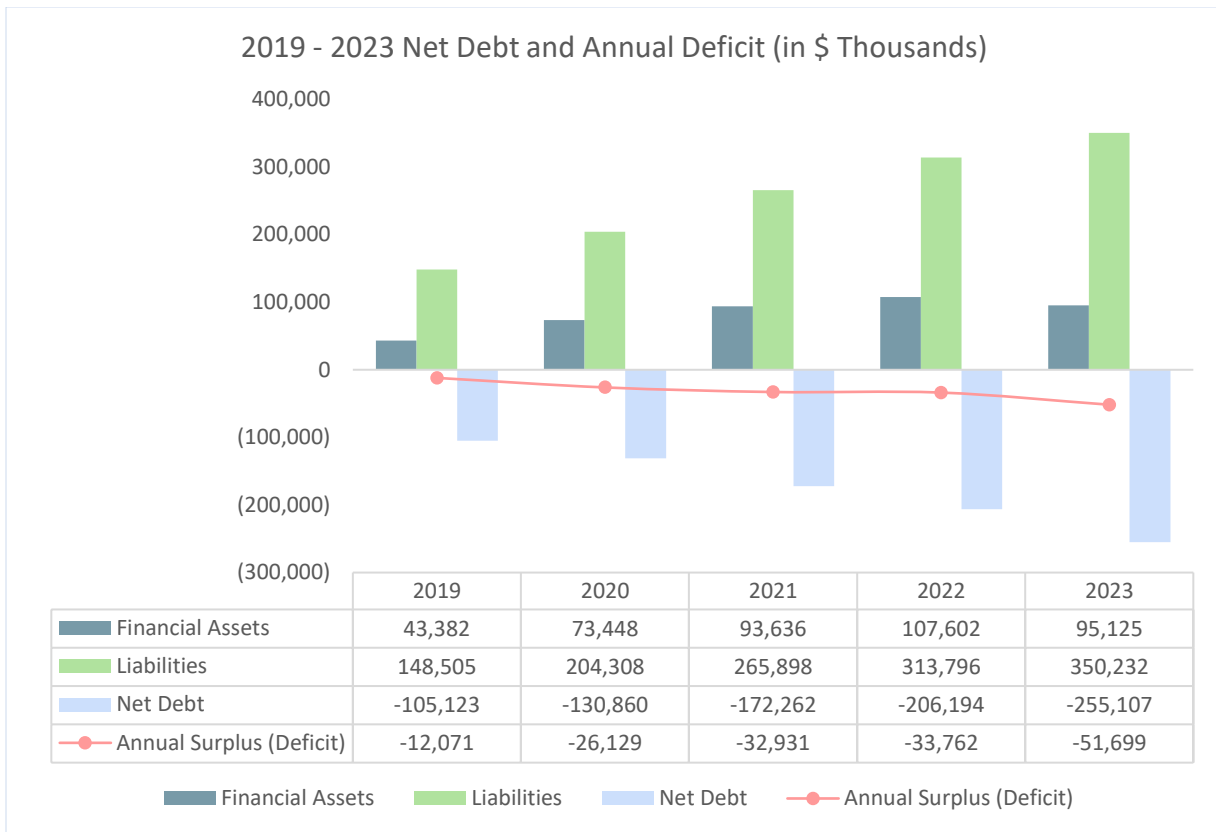
*All figures in thousands of dollars*

	<b>Original Budget 2023</b>	<b>Supplimentary Appropriations</b>	<b>Revised Budget 2023</b>	<b>Actual 2023</b>	<b>Actual 2022</b>
Total Revenues	400,338	47,631	447,969	481,388	463,893
Total Expenses	432,961	47,631	480,592	533,087	497,655
<b>Annual Deficit</b>	<b>(32,623)</b>	<b>-</b>	<b>(32,623)</b>	<b>(51,699)</b>	<b>(33,762)</b>

### NET DEBT AND ANNUAL DEFICIT

At the end of the 2023 fiscal year, the Authority is in a net debt position as liabilities exceeded financial assets. The NTHSSA is in a net debt position of \$255.1 million. Net debt has increased by \$49.5 million or 24.0% increase from prior year due to an increase in the due to GNWT in the fiscal year. The change in net debt is shown on the Statement of Change in Net Debt in the financial statements.

The graph below illustrates the Authority’s net debt position and annual surplus/deficit at the end of each of the last five fiscal years.



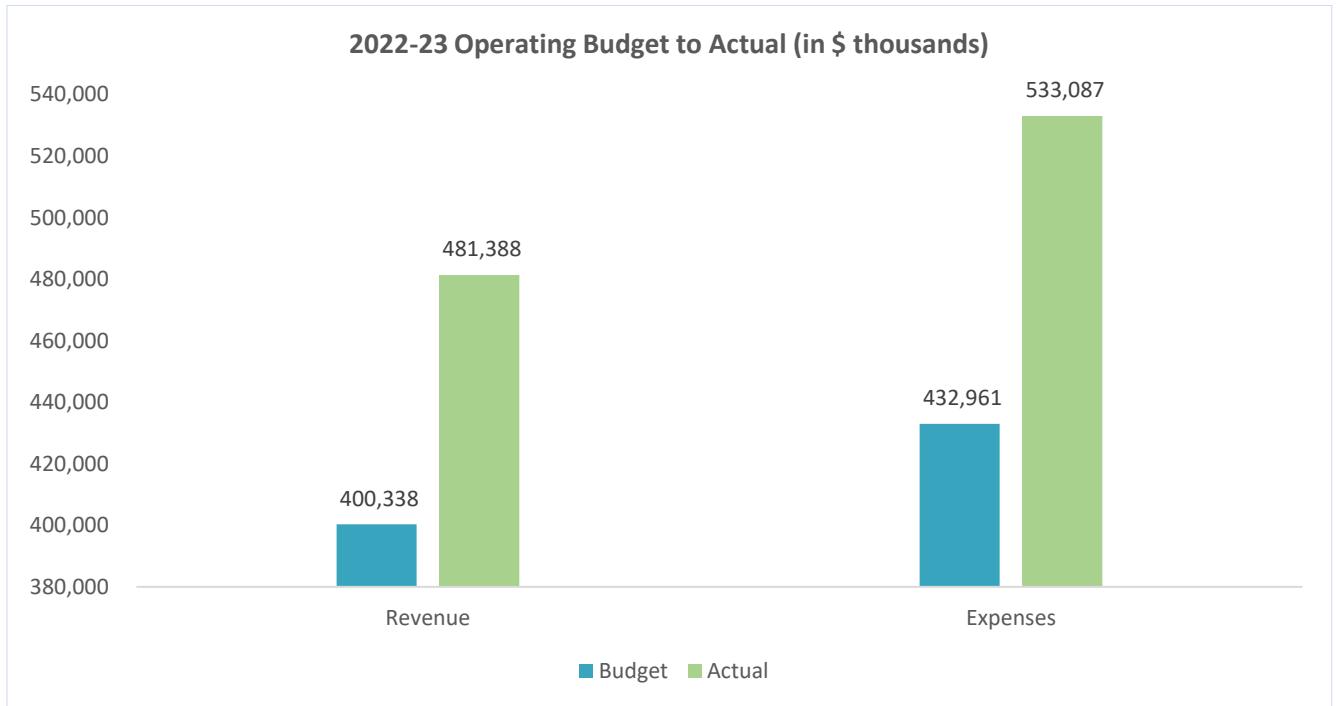
Net assets result when there are financial assets remaining after deducting all liabilities of the Authority. Net debt results when liabilities are more than financial assets. Net debt represents the debt burden on future generations that must be recovered through either future revenues or future service reductions. Most of the liability is due to GNWT for resources required to continue the program and services of the authority.



### OPERATING REVENUE AND EXPENSES

The annual revenue for 2022-23 was \$81.0 million higher than the original budget. Expenses were \$100.1 million higher than budgeted.

The graph below shows the comparison of the budget to the actual amounts for revenues and expenses.



Total revenues in 2022-23 is \$481.4 million, which is \$81.0 million or 20.1% higher than the original budget. The difference between actual revenues versus budgeted revenues is primarily due to \$47.6 million supplementary contributions from GNWT for increased expenses and \$28.4 million unbudgeted grant in kind revenues.

Total expenses in 2022-23 are \$533.1 million, an increase of \$100.1 million or 23.1% from the original budget. This increase is attributable to increased costs in southern placements, agency nurse usage, and increased locum costs and unbudgeted Grants in Kind of \$28.037 million.

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## KEY FINANCIAL TRENDING

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NTHSSA's annual operating deficit costs have exceeded the budgeted expenses in each of the past 5 fiscal years.

*All figures are in thousands of dollars*

	2018-19	2019-20	2020-21	2021-22	2022-23
<b>Revenue</b>					
Core Funding	284,000	298,257	339,082	345,923	371,408
Other Revenue	74,321	94,154	88,048	117,970	109,980
<b>Total Revenue</b>	<b>358,321</b>	<b>392,411</b>	<b>427,130</b>	<b>463,893</b>	<b>481,388</b>
<b>Expenses</b>	<b>(370,392)</b>	<b>(418,540)</b>	<b>(460,061)</b>	<b>(497,655)</b>	<b>(533,087)</b>
<b>Annual Operating Surplus (Deficit)</b>	<b>(12,071)</b>	<b>(26,129)</b>	<b>(32,931)</b>	<b>(33,762)</b>	<b>(51,699)</b>
<b>Accumulated Deficit</b>	<b>(100,862)</b>	<b>(126,991)</b>	<b>(159,922)</b>	<b>(193,684)</b>	<b>(245,383)</b>

## REVENUE AND EXPENSE GROWTH

Upon amalgamation in 2015-2016, the predecessor Health and Social Services Authorities (HSSA) had a combined operating deficit of \$50.8 million which was transferred to the Authority. The NTHSSA has incurred an operating deficit each year since amalgamation. The reasons are numerous and include cost of overtime due to staffing shortages, underfunded locum cost, unfunded or underfunded programs, unfunded growth in healthcare positions, underfunded COVID-19 costs.

### Revenue:

Since fiscal year 2018-19 to fiscal 2022-23 core funding have grown by \$87.4 million or 30.8%. During the same time Other Revenue have grown by \$35.7million or 48.0%. For the same period total revenue have grown by \$123.1 million or 34.3%

### Expense:

Since fiscal year 2018-19 to fiscal 2022-23 expenses have grown by \$162.7 million or 43.9%.

### Impact

Revenue growth and in particular core funding growth has lagged behind the growth in expenses resulting in growing of annual deficits.

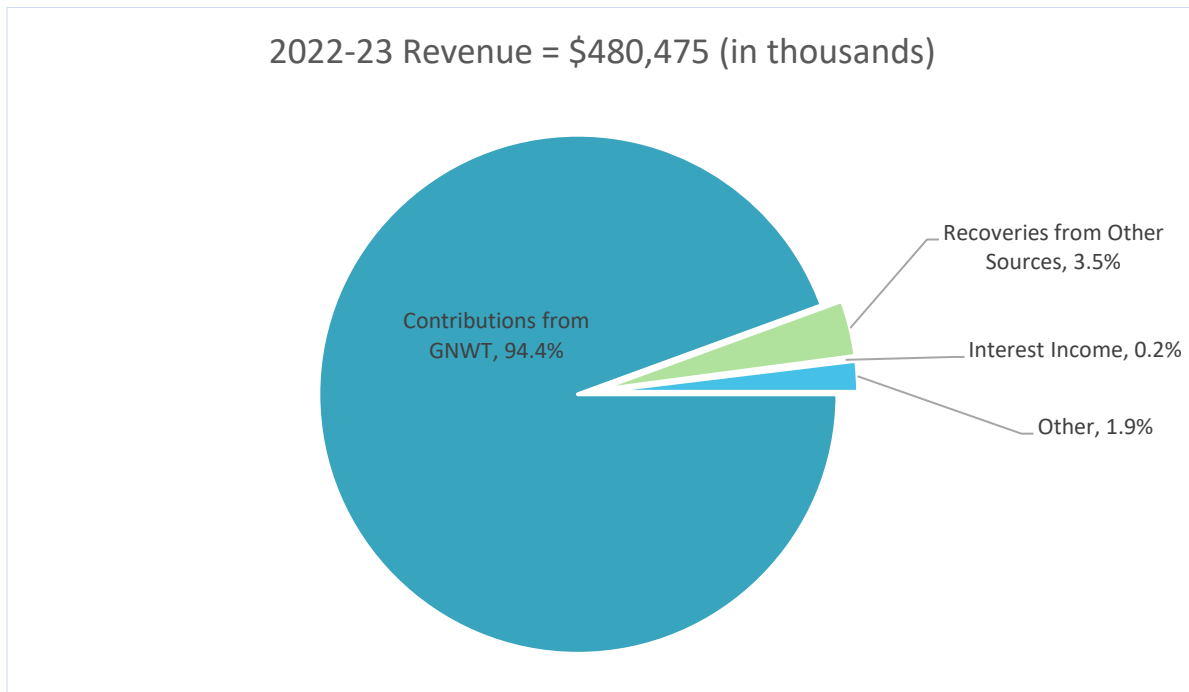
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*ANALYSIS*

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NTHSSA discloses its results from operations in its financial statements on the Statement of Operations – by Source for Revenues and by Program for Expenses. Expenses are also shown by Object in note 16.

*REVENUE*



GNWT contributions accounted for 94.4% of NTHSSA’s total revenue in the 2022-23 fiscal year and is consistent with the 95.23% of total revenue for the 2021-2022 fiscal year.

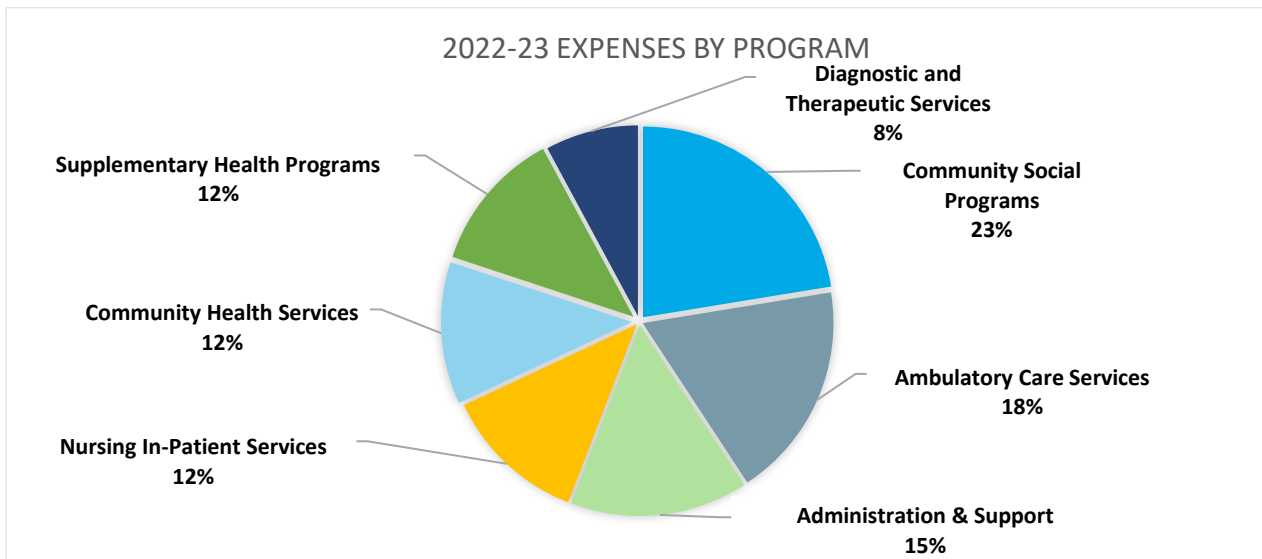
Contribution from GNWT as a percentage of total revenue is an indicator of the degree of vulnerability the Authority has because of relying on GNWT contributions.

*REVENUE BY SOURCE*

(in \$ Thousands)	Budget 2022-23	Actual 2022-23	Actual 2021-22
Core and Other Contributions from GNWT	339,998	387,990	363,471
Revenues From The Government of Canada	806	1,576	4,156
Recoveries from Other Sources	29,205	16,744	11,907
Recoveries from Government of Nunavut	2,894	6,303	3,691
Recoveries From GNWT and Non Insured	25,968	38,174	50,556
Contribution from Other Sources	1,402	1,302	1,972
Grant in Kind	-	28,389	27,728
Interest Income	65	878	210
Other Income	-	32	202
<b>Total Revenues</b>	<b>400,338</b>	<b>481,388</b>	<b>463,893</b>

The total revenue for 2022-2023 fiscal year is \$17.5 million or 3.8% higher than prior year. The \$17.5 million increase in actual revenues over prior year is primarily due to: \$25.5 million increase in core funding this was partially offset by \$4.7 million decrease in other revenues mainly due to decreased COVID inventory grant in kind.

*EXPENSES BY PROGRAM*



(in \$ thousands)	Budget 2022-23	Actual 2023	Actual 2022	Actual 2021	Actual 2020
Community Social Programs	112,322	119,415	116,454	103,620	91,265
Ambulatory Care Services	76,260	97,612	94,311	91,679	69,944
Administration and Support Services	62,234	80,306	80,205	65,087	61,316
Nursing inpatient Services	43,930	65,141	53,916	61,157	62,364
Community Health programs	50,811	64,608	61,476	52,891	46,931
Supplementary Health Programs	53,366	64,103	51,968	48,961	52,664
Diagnostic and Therapeutic Services	34,038	41,902	39,325	36,666	34,056
<b>Total Expenses</b>	<b>432,961</b>	<b>533,087</b>	<b>497,655</b>	<b>460,061</b>	<b>418,540</b>

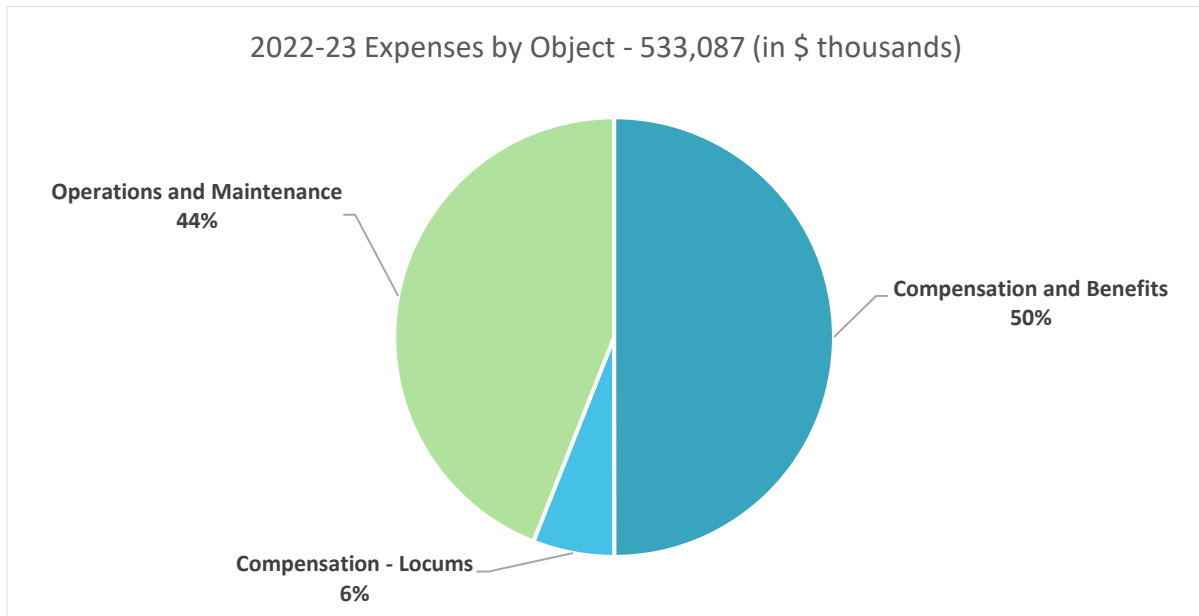
Significant variances between budget versus actual and actual versus prior year are explained as follows:

- Community Social Programs expense is \$119.4 million in 2023. This is \$7.1 million or 6.3% more than what was budgeted and \$2.9 million or 2.5% more than 2022. The increase is primarily due to unbudgeted COVID-19 expenses and unbudgeted overtime, standby, callback and shift premiums. This was compounded by increases in WSCC premiums, additional travel costs, and cost increases for food and medical supplies relating to southern placements.
- Ambulatory Care Services expense is \$97.6 million in 2023. This is \$21.3 million or 27.9% more than what was budgeted and \$3.3 million or 3.5% more than 2022. The increase is primarily due to unbudgeted overtime, standby, callback and shift premium, increases in travel costs, cost increases for medical-related testing and examination, and increases in agency nurses and locum physician contacts.
- Administration and Support Services expense is \$80.3 million in 2023. This is \$18.1 million or 29.1% more than what was budgeted and consistent with 2022. The increase is primarily due to unbudgeted COVID-19 related expenses, valuation allowances, casuals, and summer student hires, increases in housing costs for locums, performance bonuses, and outsourcing of support services.
- Nursing Inpatient Services expense is \$65.1 million in 2023. This is \$21.2 million or 48.3% more than budgeted and \$11.2 million or 20.8% more than 2022. This increase is due to unbudgeted overtime, standby, callback, shift premium, higher relocation expenses and increases in travel costs, and increases in agency nurses and locum physician contacts.
- Community Health Programs expense is \$64.6 million in 2023. This is \$14.0 million or 27.6% more than what was budgeted and \$3.1 million or 5.0% more than 2022. The increase is primarily due to unbudgeted COVID-19 expenses and overtime, standby, callback, shift premium, nursing staff retention bonuses, increased paramedic services for emergencies, and increases in agency nurses and locum physician contacts.

- Supplementary Health Programs expense is \$64.1 million in 2023. This is \$10.7 million or 20.0% more than what was budgeted and is \$12.1 million or 23.3% more than 2022. This is due to increased medical travel costs due to high volume and increase rates.
- Diagnostic and Therapeutic Services expense is \$41.9 million in 2023. This is \$7.9 million or 23.2% more than what was budgeted and \$2.6 million or 6.6% more than 2022. This is due to increased costs for locum physician services, agency nurses and overtime, standby, callback, shift premium
- Unbudgeted Grant in Kind expense of \$ 29.9 million is a major variance contributor between budget and actual cost.



### EXPENSES BY OBJECT



Expenses by Object Year over Year				
(in \$ thousands)	Actual 2023	Actual 2022	Actual 2021	Actual 2020
Compensation	266,039	256,401	241,454	211,128
Contracted out Services	72,469	64,057	93,154	84,343
Medical Travel and Other Travel	65,238	53,396	24,435	29,167
Compensation - Locums	31,910	26,591	22,783	17,121
Supplies	27,431	23,399	22,466	18,068
Grant in Kind	29,865	31,212	21,695	18,079
Contributions	18,036	21,434	16,145	18,881
Valuations	1,554	3,016	1,163	1,648
Operating Costs	20,545	18,149	16,767	20,105
<b>Total Expenses</b>	<b>533,087</b>	<b>497,655</b>	<b>460,062</b>	<b>418,540</b>

Significant amounts included in Operating Costs are general administration expense of \$10,339 (2022 - \$8,946), program expense of \$6,906 (2022 - \$6,776), and equipment expense of \$3,300 (2022 - \$2,427).

Significant variances between actual and prior year are explained as follows:

- Compensation expense is \$266.03 million in 2023. This was \$9.6 million or 3.7% more than 2022 due to overtime, standby, shift premium and callback (non-COVID-19) and use of casuals to cover staff shortages. This was partially offset by vacant positions.
- Contracted out services expense is \$72.5 million in 2023. This was \$8.4 million or 13.1% more than 2022. The increase is due to Physicians Fee for Service contracts, AVENS contract being under-funded, under-budgeted flood expenses, IRC ARAMARK contract being under-funded and other contracts like Agency Nurses, Diagnostic Imaging, Referred Out Radiology Services, Biohazard waste disposal, Cleaning Services Contracts, Storage and Accommodation Leases.
- Medical and other travel expense is \$65.2 million in 2023. This was \$11.8 million or 22.1% more than 2022 mostly due to increase in air ambulance costs and relocation and recruitment costs.
- Compensation-Locums expenses are \$31.9 million in 2023. This is \$5.3 million or 19.9% more than 2022 due to higher Locum contract costs due to COVID-19.
- Supplies expenses are \$27.4 million in 2023 which. This is \$4.0 million or 17.1% more than 2022. The increase is due to inflation and higher costs of food/cleaning/medical/surgical supplies after Pandemic, and the Advanced Medical Solutions paramedics project that needs funding
- Grants in Kind are \$29.9 million in 2023. This is \$1.2 million or 4.2% lower than 2022 due to grant in kind for COVID-19 inventory that was expensed because of usage in current year, compared to prior year where most of the COVID-19 inventory was not used by year end.
- Contributions expenses are \$18.0 million in 2023. This is \$3.4 million or 15.9% lower than 2022 due to increase costs for the COVID-19 pandemic response. The decrease is attributable to: \$1.08M due to group homes being closed and \$2.505M due to NTHSSA running shelters instead of NGO's
- Valuation expenses are \$1.6 million in 2023. This is \$1.4 million or 46.7% lower than 2022 due to decrease in the Accounts Receivable balance due to the debt forgiveness of 2.5 million by the FMB and better collection efforts during the year.
- Operating Cost expenses are \$20.5 million in 2023. This is \$2.4 million or 13.3% lower than 2022. The increase was due to increase cost of leases for accommodations and rentals. Increase cost for funding the homeless shelter previously funded under Contribution Agreement.

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## OUTLOOK

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Over the next several years, NTHSSA will implement a number of priority initiatives that will support the provision of patient-focused quality care that is accessible for all Northwest Territories residents. NTHSSA recognizes the need to recover from the health system impacts of COVID-19 and plans to meet and then exceed pre-pandemic levels of performance in several key areas.

NTHSSA will improve wait times for surgeries and diagnostic imaging and continue to increase and enhance the availability of continuing, community, long term care and home care options. NTHSSA in collaboration with the Department of Health and Social Services will continue to support facilities, equipment, and other infrastructure needed to deliver quality health services.

### *AGING POPULATION AND RISING COSTS*

The Northwest Territories population is growing and aging, costs are rising and there is an ongoing focus on the recruitment and retention of healthcare resources. NTHSSA will need to manage these risks to implement its key priority initiatives while managing cost growth and improving quality.

### *FINANCIAL SUSTAINABILITY*

Upon amalgamation in 2016, the predecessor health authorities had an accumulated deficit of \$50.8M which was transferred to the NTHSSA and included in its opening financial position. Each year since, the NTHSSA has incurred annual deficits through carrying out its operations, resulting in an increasing accumulated deficit. Throughout this time, NTHSSA has worked with NWT HSS System partners and GNWT partners to identify collaborative approaches to address the Authority's deficit.

As part of these efforts during the 2022-23 fiscal year, work continued on the NWT Health and Social Services System Sustainability Plan, a multi-year and multi-tiered approach to addressing the financial challenges facing the Territory's health and social service system. Work on this plan has been co-led by the HSS System Sustainability Office and the office of the Chief Financial Officer. Notable outcomes during the year include:

- Reduction of bad debts by ~50% achieved through a plan to streamline billing processes,
- Revised service contracts with external stakeholders to ensure cost recovery for services provided by NTHSSA,
- Improved budgeting and variance processes, yielding greater insight into cost pressures allowing NTHSSA to sooner identify and address shortfalls as they arise.

Overall, improved financial processes and greater insight into future areas for operational improvements to realize deficit reductions were a result of these activities, however NTHSSA's deficit has continued to grow. As a result, a Deficit Reduction Plan with activities specific to the NTHSSA and

addressing its growing deficit was recently created to expedite and focus efforts on the Authority's financial sustainability.

Moving forward, certain quality-focused activities from the NWT Health and Social Services System Sustainability Plan will continue under the HSS System Sustainability Office, and the office of the Chief Financial Officer will lead the activities of the Deficit Reduction Plan.

It is understood that reducing NTHSSA's deficit requires a balance between cost saving measures, creating efficiencies in activities, and increasing funding to match service delivery needs. Work under both plans designed to achieve this, are guided by the following four principles:

- accountability for results,
- value for money,
- fair and timely access, and,
- appropriateness.

NTHSSA remains committed to providing high-quality health and social services throughout the Territory in a fiscally sustainable manner.


### *FINANCIAL REPORTING, CONTROL AND ACCOUNTABILITY*

The NTHSSA financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards. In addition, the financial statements include certain disclosures required by the financial directives issued by the Authority. NTHSSA annual reports are available at [www.nthssa.ca](http://www.nthssa.ca) under "Resources".

An effective and integrated governance model is an essential component to providing the delivery of care services to Northwest Territories residents and the way the organization operates.

The NTHSSA provides oversight through its Leadership Council and its Finance Committee. The Finance Committee assists the Board in fulfilling their financial oversight responsibilities including those pertaining to financial reporting and budgeting.

The Office of the Auditor General of Canada is the appointed external auditor of NTHSSA. In addition to expressing an audit opinion on the NTHSSA financial statements, the Office of the Auditor General of Canada also reports recommendations related to NTHSSA to the legislature. The Office of the Auditor General of Canada's reports are available at [www.oag-bvg.gc.ca](http://www.oag-bvg.gc.ca) under "Publications"



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**KIMBERLY RILES, RN, NP**

**CHIEF EXECUTIVE OFFICER**

**22 August 2023**

## **Glossary**

**GNWT Core Contributions** is funding provided by the Government of Northwest Territories for programs and services and comprises approximately 75-80% of total revenues for NTHSSA.

**GNWT Other Contributions** is funding provided by DHSS through contribution agreements for specific programs.

**Grants in Kind** are funds received from the GNWT and Canada and represents the revenue to offset depreciation of fixed assets (buildings and major equipment) and COVID-19 inventory supplies received for free from Canada.

**Recoveries from Other Sources** include amounts recovered for expenses paid by the Authority - relating to hospital services, and client medical travel costs.

**Community Social Services** includes primarily Child and Family services, homeless shelters, Foster Care, Children Group Homes, Southern Placements and Residential Care Facilities.

**Ambulatory Care Services** includes Emergency departments, Physician specialty clinics, Physician services and Medical same day services.

**Administration & Support** is comprised of General Administration, Finance, Communications, Information technology and Support services. General Administration includes senior executives and many functions such as Infection control, Quality assurance, Patient safety and Communications. Support services is comprised of Central surgical instrument sterilization, Materials Management including purchasing, central warehousing, and distribution.

**Nursing Inpatient** is comprised predominantly of patient care units such as medical, surgical, obstetrics, pediatrics, mental health, emergency, intensive care, and the Northern Women's health program.

**Community Health Services** consists primarily of Public Health, Corrections, Home Care, Healthy Child Development, Cancer Patient Navigation and Wellness programs.

**Supplementary Health Programs** consists primarily of Medical Travel, Med-Response and Boarding Homes.

**Diagnostic & Therapeutic Services** supports and provides care for patients through clinical laboratories, diagnostic imaging, pharmacy, acute and therapeutic services such as physiotherapy, occupation therapy, respiratory therapy, speech language pathology and Social Work.



**NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY**

**Financial Statements**

**March 31, 2023**



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# Northwest Territories Health and Social Services Authority

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**Northwest Territories Health and Social Services Authority**

**Management's Responsibility for Financial Reporting**

Management is responsible for preparing the accompanying financial statements in accordance with Canadian public sector accounting standards ("PSAS"). Where PSAS permits alternative accounting methods, management has chosen those it deems most appropriate in the circumstances. A summary of significant accounting policies are described in Note 2 to the financial statements. Management is responsible for making certain estimates and judgments required for the preparation of the financial statements. Management is responsible for ensuring that financial information presented elsewhere in the annual report is consistent with the financial statements.

Management is responsible for maintaining financial and management systems and practices which are designed to provide reasonable assurance that reliable financial and non-financial information is available on a timely basis, that assets are acquired economically, are used to further the Authority's objectives, are protected from loss or unauthorized use and that the Authority complies with applicable legislation. Management recognizes its responsibility for conducting the Authority's affairs in accordance with the requirements of applicable laws and sound business principles, and for maintaining standards of conduct that are appropriate to an agent of the Territorial Government. Management reviews the operation of financial and management systems to promote compliance and to identify changing requirements or needed improvements.

The Auditor General of Canada provides an independent, objective audit for the purpose of expressing her opinion on the financial statements. She also considers whether the transactions that come to her notice in the course of the audit are, in all significant respects, in accordance with the specified legislation.

The financial statements have been approved by the Northwest Territories Health and Social Services Leadership Council (Leadership Council).

A handwritten signature in black ink, appearing to read "Kimberly Riles". The signature is stylized and somewhat abstract.

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Kimberly Riles, RN, NP  
Chief Executive Officer

A handwritten signature in black ink, appearing to read "Marissa Martin". The signature is cursive and clearly legible.

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Marissa Martin, CPA, CGA, MBA  
Chief Financial Officer

August 28, 2023



## INDEPENDENT AUDITOR'S REPORT

To the Minister responsible for the Northwest Territories Health and Social Services Authority

### *Opinion*

We have audited the financial statements of the Northwest Territories Health and Social Services Authority (the Authority), which comprise the statement of financial position as at 31 March 2023, and the statement of operations and accumulated deficit, statement of change in net debt and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Authority as at 31 March 2023, and the results of its operations, changes in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### *Basis for Opinion*

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### *Emphasis of Matter*

We draw attention to Note 1 of the financial statements, which provides information on the Authority's financial position, its continued economic dependence on the Government of the Northwest Territories to sustain its operations and its ability to continue as a going concern. Our opinion is not modified in respect of this matter.

### *Other Information*

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### *Responsibilities of Management and Those Charged with Governance for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.

#### *Auditor's Responsibilities for the Audit of the Financial Statements*

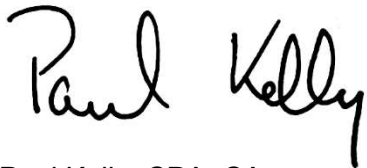
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Authority to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink that reads "Paul Kelly". The signature is written in a cursive, flowing style.

Paul Kelly, CPA, CA  
Interim Principal  
for the Auditor General of Canada

Ottawa, Canada  
28 August 2023

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# Northwest Territories Health and Social Services Authority

## Statement of Financial Position

(All figures in thousands of dollars)

As at March 31,	2023	2022
	\$	\$
<b>Financial Assets</b>		
Cash	5,165	27,548
Accounts receivable (note 4)	14,142	12,878
Due from Government of the Northwest Territories (note 5)	75,132	66,746
Due from Government of Canada	686	430
	<b>95,125</b>	107,602
<b>Liabilities</b>		
Accounts payable and accrued liabilities (note 7)	36,290	32,757
Due to Government of the Northwest Territories (note 5)	305,777	274,690
Due to Government of Canada	1,113	30
Employee future benefits and compensated absences (note 8)	7,052	6,319
	<b>350,232</b>	313,796
<b>Net Debt</b>	<b>(255,107)</b>	(206,194)
<b>Non-Financial Assets</b>		
Inventory held for use (note 6)	7,444	10,999
Prepaid expenses	2,280	1,511
	<b>9,724</b>	12,510
<b>Accumulated Deficit (note 9)</b>	<b>(245,383)</b>	(193,684)

**Contractual Obligations and Contingencies** (notes 10 and 11)

Approved on behalf of the Authority:



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Gerry Cheezie  
Leadership Council  
Chairperson



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Brian Willows  
Leadership Council  
Finance Committee Chair

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The accompanying notes are an integral part of these financial statements.



# Northwest Territories Health and Social Services Authority

## Statement of Operations and Accumulated Deficit

(All figures in thousands of dollars)

For the year ended March 31,

2023

2022

	Budget	Actual	Actual
	\$	\$	\$
<b>Revenues</b>			
Revenue from Government of the Northwest Territories			
Core contributions (note 17)	323,777	371,408	345,923
Non-core contributions (note 17)	16,221	16,582	17,548
Recoveries - other	9,475	19,811	35,005
Recoveries - non-insured health benefits	16,493	17,939	15,197
Recoveries - prior year expenses	-	425	354
Grant-in-kind (note 13)	-	28,389	27,728
	<b>365,966</b>	<b>454,554</b>	441,755
Other Revenue			
Revenues from Government of Canada	806	1,576	4,156
Recoveries from other sources	29,205	16,744	11,907
Recoveries from Government of Nunavut	2,894	6,303	3,691
Contributions from other sources	1,402	1,302	1,972
Interest income	65	877	210
Other income	-	32	202
	<b>34,372</b>	<b>26,834</b>	22,138
<b>Total Revenue</b>	<b>400,338</b>	<b>481,388</b>	463,893
<b>Expenses (note 16)</b>			
Community social programs	112,322	119,415	116,454
Ambulatory care services	76,260	97,612	94,311
Administration and support services	62,234	80,306	80,205
Nursing inpatient services	43,930	65,141	53,916
Community health programs	50,811	64,608	61,476
Supplementary health programs	53,366	64,103	51,968
Diagnostic and therapeutic services	34,038	41,902	39,325
<b>Total Expenses</b>	<b>432,961</b>	<b>533,087</b>	497,655
<b>Annual deficit</b>	<b>(32,623)</b>	<b>(51,699)</b>	(33,762)
<b>Accumulated deficit, beginning of year</b>	<b>(193,684)</b>	<b>(193,684)</b>	(159,922)
<b>Accumulated deficit, end of year</b>	<b>(226,307)</b>	<b>(245,383)</b>	(193,684)

The accompanying notes are an integral part of these financial statements.

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## Northwest Territories Health and Social Services Authority

### Statement of Change in Net Debt

(All figures in thousands of dollars)

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For the year ended March 31,	2023	2022	
	Budget	Actual	Actual
	\$	\$	\$
<b>Annual deficit for the year</b>	<b>(32,623)</b>	<b>(51,699)</b>	(33,762)
<b>Adjustments</b>			
Acquisition of inventories held for use	-	<b>(11,998)</b>	(17,091)
Consumption of inventories held for use	-	<b>15,553</b>	17,011
Acquisition of prepaid expenses	-	<b>(1,920)</b>	(1,160)
Use of prepaid expenses	-	<b>1,151</b>	1,070
<b>Increase in net debt for the year</b>	<b>(32,623)</b>	<b>(48,913)</b>	(33,932)
<b>Net debt, beginning of year</b>	<b>(206,194)</b>	<b>(206,194)</b>	(172,262)
<b>Net debt, end of year</b>	<b>(238,817)</b>	<b>(255,107)</b>	(206,194)

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The accompanying notes are an integral part of these financial statements.

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## Northwest Territories Health and Social Services Authority

### Statement of Cash Flow

(All figures in thousands of dollars)

For the year ended March 31,	2023	2022
	\$	\$
<b>Cash (used in) provided by operating transactions</b>		
Annual deficit	(51,699)	(33,762)
Changes in non-cash assets and liabilities		
Change in accounts receivable	(1,264)	(2,096)
Change in accounts payable and accrued liabilities	3,533	(1,539)
Net change in due to/(from) Government of the Northwest Territories	22,701	50,051
Change in employee future benefits and compensated absences	733	(302)
Net change in due to/(from) Government of Canada	827	(135)
Change in inventory	3,555	(80)
Change in prepaid expenses	(769)	(90)
<b>Cash provided by (used in) operating transactions</b>	<b>(22,383)</b>	12,047
<b>Increase (decrease) in cash</b>	<b>(22,383)</b>	12,047
<b>Cash, beginning of year</b>	<b>27,548</b>	15,501
<b>Cash, end of year</b>	<b>5,165</b>	27,548

There were no financing, investing, or capital transactions during the year.

Total interest received during the year was \$877 (2022 - \$210).

March 31, 2023

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### 1. Authority and Operations

The Northwest Territories Health and Social Services Authority (the "Authority") operates pursuant to the *Hospital Insurance and Health and Social Services Administration Act* (the "Act") of the Northwest Territories ("NWT") and is an agency under Schedule A of the *Financial Administration Act* ("FAA") of the NWT. Accordingly, the Authority operates in accordance with its Act and regulations, and any directives issued to it by the Minister responsible for the Authority.

The Authority was established to manage, control and operate the public health facilities and services assigned to it by the Government of the Northwest Territories ("GNWT"). When the Authority was created, six of the eight Health and Social Services Authorities ("HSSAs") were amalgamated under the Authority. The reporting entity comprises the newly created Authority and the operations from six former HSSAs including Beaufort-Delta, Dehcho, Fort Smith, Sahtu, Yellowknife and Stanton Territorial Hospital.

Hay River Health and Social Services Authority ("HRHSSA") and Tlicho Community Services Agency ("TCSA") remain outside the Authority; however, the legislation does include provisions to bring the HRHSSA into the Authority at a later date. The Authority serves as a single integrated delivery system for Northwest Territories health and social service programs while recognizing that the TCSA retains a unique role through the provisions of the Tlicho Agreement.

Through the Chief Executive Officer, the Authority reports to and takes direction from the Northwest Territories Health and Social Services Leadership Council (Leadership Council) that is comprised of nine persons appointed in accordance with the Act, including one non-voting member. The Authority is exempt from taxation pursuant to Paragraph 149 of the federal *Income Tax Act*.

#### Budget

The budgeted figures represent the Authority's original fiscal plan for the year approved by the Leadership Council and the GNWT. To be consistent with the format of the financial statements, presentation changes have been applied as disclosed in note 19.

#### Going concern and economic dependence

Upon amalgamation in 2016, the predecessor HSSAs had an accumulated deficit of \$50,824 which was transferred to the Authority and included in its opening financial position. For the year ended March 31, 2023 the Authority had an annual deficit of \$51,699 (2022 - \$33,762), accumulated deficit of \$245,383 (2022 - \$193,684), liabilities of \$350,232 (2022 - \$313,796) which includes \$305,777 (2022 - \$274,690) due to the GNWT, and total financial assets of only \$95,125 (2022 - \$107,602).

The Authority was created as part of a system-wide transformation of the health and social services system in the NWT, including addressing financial pressures. The Authority remains economically dependent upon the annual appropriations received from the GNWT, the GNWT's authorization for incurring annual deficits, the GNWT's continued support for payments of payroll costs on behalf of the Authority combined with the GNWT's continued financing of the payroll liability. The Authority anticipates that the GNWT will continue to provide the current financial support, while working collaboratively with the Authority to identify ways to address the financial pressures.

Since the Authority's inception, the GNWT has increased its funding to the Authority each year. The Authority's operations have also expanded with the opening of a health centre, long-term care facility and hospital. The going concern basis of accounting has been deemed appropriate for the current financial statements.

March 31, 2023

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**2. Basis of presentation and significant accounting policies****Basis of presentation**

These financial statements have been prepared in accordance with Canadian public sector accounting standards as issued by the Canadian Public Sector Accounting Board. Significant aspects of the accounting policies adopted by the Authority are as follows:

**(a) Measurement uncertainty**

The preparation of these financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses recognized in the financial statements and disclosed in the accompanying notes. By their nature, all estimates are inherently subject to some measurement uncertainty. The estimates are based on facts and circumstances, historical experience and reflect management's best estimate of the related amount at the end of the reporting period. Estimates and underlying assumptions are reviewed annually at March 31.

Measurement uncertainty that is material exists when it is reasonably possible that a material variance could occur in the reported or disclosed amount in the near term. Near term is defined as a period of time not to exceed one year from March 31. Changes in estimates and assumptions will occur based on passage of time and occurrence or non-occurrence of certain future events. Revisions to accounting estimates are recognized in the period in which estimates are revised if revisions affect only that period or in the period of revision and future periods if revisions affect both current and future periods.

Contingent liabilities are subject to measurement uncertainty due to the use of estimates relating to both the outcome of the future event as well as the value of the potential loss. The estimate of the provision for claims is continuously reviewed and refined in light of several factors, including ongoing negotiations, recent settlements and decisions made by the courts. Accounts receivable and Due from GNWT includes accrued receivables based on estimates of patient services provided but not yet assessed for recoverability from third parties. Historical experiences related to these assessments can be inconsistent resulting in challenges predicting future outcomes. This may lead to a greater possibility of a material variance between estimates recognized in the financial statements and the results ultimately realized.

**(b) Cash**

Cash is comprised of bank account balances, net of outstanding cheques.

**(c) Accounts Receivable**

Valuation allowances, determined on an individual basis, are based on past events, current conditions and all circumstances known at the date of the preparation of the financial statements and are adjusted annually to reflect the current circumstances by recording write downs or recoveries, as appropriate. Write-downs are recognized when the receivables have been deemed uncollectable. Recoveries are recorded when receivables previously written down are subsequently collected.

**(d) Tangible capital assets**

The GNWT retains ownership of all tangible capital assets ("TCA") used by the Authority. The Public Accounts of the GNWT include these TCAs and as such the Authority has no TCAs recognised in its Financial Statements.

March 31, 2023

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**2. Basis of presentation and significant accounting policies (continued)**

The Authority has recognized grant-in-kind revenue for the use of these TCAs provided free of charge by the GNWT. In addition, the Authority has recognized a corresponding rent expense for these TCAs based on the GNWT's amortization which is the GNWT's cost. This rent expense has been allocated to the Authority's programs in the Statement of Operations and Accumulated Deficit.

**(e) Inventories held for use**

Inventories consist of pharmaceuticals, general supplies, and hospital operating room supplies. Inventories held for use are valued at the lower of cost and replacement value. Where inventory has been donated it is measured at fair value at the date of acquisition.

**(f) Revenue recognition****Government transfers**

Government transfers are recognized as revenues when the transfer is authorized, reasonable estimates of the amounts can be determined and any eligibility criteria and stipulations have been met, except for the extent that transfer stipulations give rise to an obligation that meets the definition of a liability. Transfers are recognized as deferred revenue when transfer stipulations give rise to a liability. Transfer revenue is recognized in the Statement of Operations and Accumulated Deficit as the stipulation liabilities are settled.

**Recoveries**

Government recoveries which include amounts recovered for expenses paid by the Authority primarily relating to hospital services and non-insured health benefits, are recognized as revenue when the amounts are known. Other recoveries are recognized when the amount is known and includes reimbursements from Workers' Safety and Compensation Commission ("WSCC") and their equivalent entities throughout Canada, and recovery of medical fees for items such as client medical travel costs.

**Recoveries of prior years' expenses**

Recoveries of prior years' expenses and reversal of prior years' expense accruals in excess of actual expenditures are reported separately from other revenues on the Statement of Operations and Accumulated Deficit. Pursuant to the FAA, these recoveries cannot be used to increase the amount appropriated for current year expenses.

**Other revenue**

Other revenue is recognized when the service is performed or the goods are provided. The Authority may provide uninsured medical services for which revenue is recognized and food sales from its hospital cafeterias.

**(g) Other employee future benefits and compensated absences**

Under the terms and conditions of employment, employees may earn non-pension benefits for resignation, retirement and removal costs. Eligible employees earn benefits based on years of service to a maximum entitlement based on terms of employment. Eligibility is based on a variety of factors including place of hire, date employment commenced and reason for termination. Benefit entitlements are paid upon resignation, retirement or death of an employee.

March 31, 2023

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**2. Basis of presentation and significant accounting policies (continued)**

The expected cost of providing these benefits is recognized as employees render service. Termination benefits are also recorded when employees are identified for lay-off. The benefits under these two categories are valued using the projected unit credit methodology. Compensated absences include sick, special, parental and maternity leave. Accumulating non-vesting sick and special leave are recognized in the period the employee provides service, whereas parental and maternity leave are event driven and are recognized when the leave commences. Benefits that accrue under compensated absence benefits are actuarially valued using the expected utilization methodology. An actuarial valuation of the cost of these benefits (except parental and maternity, annual, and lieu time leaves) has been prepared using data provided by management and assumptions based on management's best estimates. Unamortized actuarial gains or losses are amortized over the employees' average remaining service life which is 10.3 years (2022 - 10.3 years).

**(h) Pensions**

The Authority and its eligible employees make contributions to the Public Service Pension Plan administered by the Government of Canada. These contributions represent the total liability of the Authority and are recognized in the financial statements as expenses when they are incurred. The Authority is not required under present legislation to make contributions with respect to actuarial deficiencies of the Public Service Pension Plan.

The Authority and its contracted physicians make contributions to a physician directed investment fund administered by the Canadian Medical Association. These contributions represent the total pension liability of the Authority and are recognized in the financial statements as expenses when they are incurred.

**(i) Financial instruments**

The Authority classifies its financial instruments at cost or amortized cost.

This category includes cash, accounts receivable, due (to) from Government of the Northwest Territories, due (to) from Government of Canada, and accounts payable and accrued liabilities. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instruments. Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write down being recognized in the statement of operations.

**(j) Non-financial assets**

Non-financial assets are accounted for as assets by the Authority because they can be used to provide services in future periods. These assets do not normally provide resources to discharge the liabilities of the Authority unless they are sold.



March 31, 2023

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**2. Basis of presentation and significant accounting policies (continued)****(k) Contractual obligations and contingencies**

The nature of the Authority's activities requires entry into operational contracts that can be significant in relation to its current financial position or that will materially affect the level of future expenses. Contractual obligations are commitments for operating, commercial and residential leases. Contractual obligations are obligations of the Authority to others that will become liabilities in the future when the terms of those contracts or agreements are met.

The contingencies of the Authority are potential liabilities which may become actual liabilities when one or more future events occur or fail to occur. If the future event is considered likely to occur and is quantifiable, an estimated liability is accrued. If the occurrence of the confirming future event is likely but the amount cannot be reasonably estimated, the contingency is disclosed. If the occurrence of the confirming event is not determinable, the contingency is disclosed.

**(l) Expenses**

Expenses are reported on an accrual basis. The cost of all goods and services received during the year are expensed, except for certain assets and services provided without charge. Assets provided at no cost are described in Note 13.

**(m) Related parties**

Related party transactions are in the normal course of operations and have been valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties, except for certain services and other contributions provided by the GNWT at no cost. The Authority is related in terms of common ownership to all GNWT created departments, public agencies and key management personnel and close family members. Key management personnel are those having authority and responsibility for planning, directing and controlling the activities of the Authority.

Services provided at no cost, that are part of the central agency role of the GNWT and cannot be reasonably estimated are not recorded in these financial statements. These services include, building utilities, repairs and maintenance, payroll processing, insurance and risk management, legal counsel, construction management, records storage, computer operations, asset disposal, project management and translation services.

Other assets and services provided at no cost by the GNWT are recorded in the financial statements. Use of assets which include, buildings, leasehold improvements, equipment, and vehicles, are recorded as described in Note 2 (d). Donated assets recognized as grant-in-kind in the Statement of Operations and Accumulated Deficit, when donations are received. Operating costs paid on the Authority's behalf are recognized as contracted services expense and grant-in-kind in the Statement of Operations. Grant-in-kind is measured using the cost incurred by the GNWT.

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# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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## 2. Basis of presentation and significant accounting policies (continued)

### (n) Accounts payable and accrued liabilities

Liabilities are present obligations arising from past transactions or events, the settlement of which is expected to result in the future sacrifice of economic benefits.

Accounts payable and accrued liabilities primarily include obligations to pay for goods and services acquired prior to year-end, reimbursement of medical related travel expenses, and to pay for employee compensation earned prior to year-end.

Annually, employees earn vacation and lieu credits in accordance with their respective collective bargaining agreement or contract. Any unused credits that have not been paid out are recorded as payable at the employees' pay rate at year end.

## 3. Designated assets

The Authority records financial information in individual funds that are internally segregated for the purpose of carrying on specific activities or attaining certain objectives. These funds are included in cash on the Statement of Financial Position totaling \$62 (2022 - \$61). Funds established by the Authority include a special project reserve \$62 (2022 - \$61) which are donations made to the Authority under non-contractual conditions.

## 4. Accounts receivable

The Authority administers the GNWT's medical travel program for both residents and non-residents of the territory. Non-residents of the territory accessing the medical travel program are invoiced directly and any outstanding invoices from non-residents are included in receivables at March 31. Interest is not charged on outstanding amounts receivable. All payments from customers of the Authority are expected within 30 days.

	Accounts Receivable	Allow. For Doubtful Accounts	2023	2022
	\$	\$	\$	\$
Trade Receivables	14,540	(8,365)	6,175	4,678
Government of Nunavut	3,700	(291)	3,409	2,045
Due from WSCC	486	-	486	392
Due from related parties (note 15)	4,084	(12)	4,072	5,763
<b>Total accounts receivable</b>	<b>22,810</b>	<b>(8,668)</b>	<b>14,142</b>	<b>12,878</b>

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## Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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### 5. Due from/(to) Government of the Northwest Territories

For core funding, the Authority receives transfer payments from the GNWT on a monthly basis. For other recoveries, the Authority receives payments within 30 days of submitting an invoice.

#### Due from Government of the Northwest Territories

	2023	2022
	\$	\$
Health and Social Services	72,836	65,067
Finance	2,249	1,642
Justice	3	17
Education, Culture and Employment	42	20
Infrastructure	2	-
<b>Total due from Government of the Northwest Territories</b>	<b>75,132</b>	<b>66,746</b>

#### Due to Government of the Northwest Territories

	2023	2022
	\$	\$
Payroll liabilities	297,042	266,106
Health and Social Services	2,375	2,178
Finance	6,279	5,727
Environment and Natural Resources	-	10
Justice	-	12
Infrastructure	81	655
Education, Culture and Employment	-	2
<b>Total due to Government of the Northwest Territories</b>	<b>305,777</b>	<b>274,690</b>

The due to Government of the Northwest Territories is unsecured, without interest and due on demand.

### 6. Inventory held for use

The Authority carries several types of inventory for use in operation.

	2023	2022
	\$	\$
General supplies	4,172	6,536
Pharmaceutical	1,981	1,764
Hospital operating room supplies	1,291	2,699
	<b>7,444</b>	<b>10,999</b>

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## Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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### 7. Accounts payable and accrued liabilities

The Authority follows the GNWT for payment practices of accounts payable invoices and pays northern vendors within 20 days and all other vendors within 30 days. The Authority administers the GNWT's Medical travel program for residents of the Northwest Territories and reimbursement of medical related travel expenses are paid to residents accessing the program accordingly. These payables are included in the trade payable.

	2023	2022
	\$	\$
Trade payable	<b>24,008</b>	21,563
Annual leave and lieu time	<b>12,219</b>	11,097
Due to related parties (note 15)	<b>63</b>	97
<b>Total accounts payable and accrued liabilities</b>	<b>36,290</b>	32,757

### 8. Employee future benefits and compensated absences

The Authority provides severance (resignation and retirement), removal and compensated absence (sick, special, maternity and parental leave) benefits to its employees. The benefit plans are not pre-funded and thus have no assets, resulting in a plan deficit equal to the accrued benefit obligation. Severance benefits are paid to Authority employees based on the type of termination (e.g. resignation versus retirement) and appropriate combinations that include inputs such as when the employee was hired, the rate of pay, the number of years of continuous employment and age and the benefit is subject to maximum benefit limits. Removal benefits are subject to several criteria, the main ones being location of hire, employee category and length of service.

Compensated absence benefits generally accrue as employees render service and are paid upon the occurrence of an event resulting in eligibility for benefits under the terms of the plan. Events include, but are not limited to employee or dependent illness, or death of an immediate family member. Non-accruing benefits include maternity and parental leave.

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## Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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### 8. Employee future benefits and compensated absences (continued)

#### Valuation results

The most recent actuarial valuation was completed as at February 11, 2022. The results were extrapolated to March 31, 2023. The effective date of the next actuarial valuation is March 31, 2025. The table below provides details on the change in the accrued benefit obligation as well as the liability for employee future benefits and compensated absences.

	2023	2022
	\$	\$
Accrued benefit obligations, beginning of year	8,663	7,833
Current period benefit cost	655	696
Interest accrued	360	262
Benefits payments	(1,080)	(1,375)
Actuarial loss	(470)	1,247
<u>Accrued benefit obligations, end of year</u>	<u>8,128</u>	<u>8,663</u>
<u>Unamortized net actuarial (loss)</u>	<u>(2,378)</u>	<u>(3,101)</u>
<u>Employee future benefits &amp; compensated absence liability - actuarially valued</u>	<u>5,750</u>	<u>5,562</u>
<u>Other compensated absences liability - not actuarially valued</u>	<u>1,302</u>	<u>757</u>
<u>Total employee future benefits and compensated absences</u>	<u>7,052</u>	<u>6,319</u>
<b>Benefits expense</b>	<b>\$</b>	<b>\$</b>
Current period benefit cost	655	696
Interest accrued	360	261
Amortization of actuarial loss	252	128
	<u>1,267</u>	<u>1,085</u>

The discount rate used to determine the accrued benefit obligation is an average of 4.8% (2022 - 4.1%).

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## Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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<b>9. Accumulated deficit</b>	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Accumulated deficit upon amalgamation in 2016	<b>50,824</b>	50,824
Addition to the accumulated deficit since amalgamation	<b>194,559</b>	142,860
	<hr/>	<hr/>
Accumulated deficit	<b>245,383</b>	193,684

### 10. Contractual obligations

The Authority has entered into agreements for equipment, operations and services (GNWT medical travel program) or is contractually committed to, the following amounts which are currently expected to become liabilities subsequent to March 31, 2023:

	<b>Expires in Fiscal Year</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>	<b>Total</b>
		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Equipment leases	<b>2028</b>	259	158	151	46	6	-	620
Operational leases	<b>2025</b>	4,224	725	-	-	-	-	4,949
Service contracts	<b>2027</b>	40,427	19,365	13,914	926	-	-	74,632
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		44,910	20,248	14,065	972	6	-	80,201

### 11. Contingencies

In the normal course of operations, the Authority is subject to claims and pending and threatened litigation against the Authority and its staff. At year end, the Authority estimated the total claimed amount for which the outcome is not determinable at \$7,030 (2022 - \$7,030). No provision for such claims has been made in these financial statements as it is not determinable that any future event will confirm that a liability has been incurred as at March 31, 2023.

### 12. Trust assets under administration

The authority administers \$389 (2022 - \$389) of trust assets, consisting of cash held on behalf of patients, which are not included in the reported Authority's assets and liabilities.

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# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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## 13. Assets provided at no cost

Details on assets and other contributions provided at no cost recognized in the financial statements are as follows:

Contributed asset	2023	2022
	\$	\$
Use of Assets <sup>(1)</sup>	21,569	20,428
Stanton Territorial Hospital P3 costs <sup>(2)</sup>	6,820	7,300
<b>Grant-in-Kind Government of NWT</b>	<b>28,389</b>	<b>27,728</b>
<b>Donated Inventory, Government of Canada <sup>(3)</sup></b>	<b>561</b>	<b>3,250</b>
<b>Total contributed assets</b>	<b>28,950</b>	<b>30,978</b>

<sup>(1)</sup> Included in Use of Assets is the estimated costs to rent the new Stanton Territorial Hospital based on its current amortization expense of approximately \$8,053 (2022 - \$8,053).

<sup>(2)</sup> Stanton Territorial Hospital P3 cost relate to the operations and maintenance cost which the GNWT pays on behalf of the Authority.

<sup>(3)</sup> The amount of Donated Inventory used during the year, recognized as grant-in-kind expense, was \$1,760 (2022 - \$3,484).

## 14. Pensions

All eligible employees participate in Canada's Public Service Pension Plan ("PSPP"). The PSPP provides benefits based on the number of years of pensionable service to a maximum of 35 years. Benefits are determined by a formula set out in the legislation; they are not based on the financial status of the pension plan. The basic benefit formula is two percent per year of pensionable service multiplied by the average of the best five consecutive years of earnings.

The PSPP was amended during 2013 which raised the normal retirement age and other age related thresholds from age 60 to age 65 for new members joining the plan on or after January 1, 2013. For members with start dates before January 1, 2013, the normal retirement age remains age 60. The employer contribution rate effective at the end of the year is 1.02 times (2022 – 1.02) the employees' contributions for employees who started prior to January 2013 and 1.0 times (2022 – 1.0) the employees' contributions for all other employees.

The Authority and the contracted physician's contribute to the Physician Retirement Income Benefit ("PRIB"). The Physician's contribution rate is 7.5 percent of the Physician's base salary, minus the Physician's contribution to the Canada Pension Plan. The Authority contribution rate is 15 percent of the Physician's base salary, minus the Employer's contribution to the Canada Pension Plan on behalf of the Physician. The Authority contributed \$13,872 (2022 – \$12,992) to PSPP and \$1,834 (2022 – \$1,962) to the Physician's fund. The employee's contributions were \$13,671 (2022 – \$12,679) and \$832 (2022 – \$896) respectively.



# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2023

## 15. Related party balances and transactions

Related party transactions not disclosed elsewhere are as follows:

Due from related parties	Accounts Receivable	Allow. For Doubtful Accounts	Net 2023	Net 2022
	\$	\$	\$	\$
Hay River Health and Social Services Authority	2,551	-	2,551	4,154
Tlicho Community Services Agency	938	(12)	926	1,608
Stanton Territorial Hospital Foundation	591	-	591	-
Northwest Territories Power Corporation	4	-	4	1
	<b>4,084</b>	<b>(12)</b>	<b>4,072</b>	<b>5,763</b>

Due to related parties:	2023	2022
	\$	\$
Aurora College	-	18
Tlicho Community Services Agency	35	51
Hay River Health and Social Services Authority	22	19
Fuel Services Division	3	5
Northwest Territories Power Corporation	3	4
	<b>63</b>	<b>97</b>

Revenues from related parties:	2023	2022
	\$	\$
Hay River Health and Social Services Authority	2,919	2,708
Tlicho Community Services Agency	1,024	1,020
Northwest Territories Power Corporation	14	94
Aurora College	-	3
Stanton Territorial Hospital Foundation	591	-
NWT Human Rights Commission	3	-
	<b>4,551</b>	<b>3,825</b>

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## Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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### 15. Related party balance and transactions (continued)

Expenses paid to related parties:	2023	2022
	\$	\$
Hay River Health and Social Services Authority	175	168
Tlicho Community Services Agency	186	310
Government of the Northwest Territories	8,429	9,299
Aurora College	1,292	1,783
Northwest Territories Power Corporation	93	73
Northwest Territories Housing Corporation	52	52
Fuel Services Division	55	49
Northwest Territories Liquor and Cannabis Commission	3	-
Housing Associations and Authorities	120	-
Education Councils and Authorities	3	-
	<b>10,408</b>	<b>11,734</b>

### 16. Expenses by object

	2023	2022
	\$	\$
Compensation expense	266,039	256,401
Contracted out services	72,469	64,057
Medical and other travel	65,238	53,396
Compensation - locums physician services	31,910	26,591
Supplies	27,431	23,399
Grants in kind (note 13)	29,865	31,212
Contributions	18,036	21,434
Change in valuation allowances	1,554	3,016
Other operating cost	20,545	18,149
<b>Total expenses</b>	<b>533,087</b>	<b>497,655</b>

Significant amounts included in Other Operating Cost are: general administration expense of \$10,339 (2022 - \$8,946), program expense of \$6,906 (2022 - \$6,776), and equipment expense of \$3,300 (2022 - \$2,427).

# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2023

## 17. Contributions from the Government of the Northwest Territories

	2023 Budget	2023 Actual	2022 Actual
	\$	\$	\$
<b>Total Core contribution</b>	<b>323,777</b>	<b>371,408</b>	345,923
E.H.R Software Program	180	-	-
Breast Screening Program	-	20	-
CHIIRP - Injury Reporting & Prevention	127	127	100
Collective Kitchens	168	144	143
Community Care Giver Pilot	-	-	199
Community Health Rep Training	80	68	48
ECD - Hearing Aids for Children	7	-	5
FNIHCC Home and Community Care	6,807	6,132	6,925
Feast on Health	6	4	9
French Language Services	856	657	561
HCC Quality and Risk Management	-	-	149
Implementation Lead Healthy Family Program	87	87	195
Integrated Primary Care Team Demonstration Project	687	665	453
Lactation Program	139	69	-
Medical Travel System Sustainability	6,030	6,267	6,030
Mental Health Initiatives	226	226	195
OMTP Territorial Lead Case Manager	149	190	50
Oral Health Program	380	436	156
Oral Health Toolkits for LTC Residents	32	-	-
Respite Care Program	260	250	260
BI Lateral (Safe LTC, HCC, IPAC)	-	629	1,110
Smoking Cessation	-	3	22
Build a Stronger You	-	21	-
Outreach Services Support	-	54	-
Yellowknife Day Shelter	-	533	938
<b>Total non-core contributions</b>	<b>16,221</b>	<b>16,582</b>	17,548
<b>Total contributions from the GNWT</b>	<b>339,998</b>	<b>387,990</b>	363,471

# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2023

## 17. Contributions from the Government of the Northwest Territories (continued)

The following table summarizes the Authority's project budget and actual eligible costs incurred for other contributions in excess of \$250.

	2023 Budget	2023 Actual	2022 Actual
	\$	\$	\$
<b>FNIHCC Home and Community Care Agreement</b>			
Compensation	5,584	5,438	6,204
Material and supplies	339	284	196
Medical travel and other travel	207	107	145
Contracted out services	401	117	56
Training and coordination	276	186	324
	<b>6,807</b>	<b>6,132</b>	6,925
	\$	\$	\$
<b>French Language Services</b>			
Compensation	720	606	491
Material and supplies	136	51	70
	<b>856</b>	<b>657</b>	561
	\$	\$	\$
<b>Integrated Primary Care Teams Demonstration</b>			
Compensation	687	665	453
	<b>687</b>	<b>665</b>	453
	\$	\$	\$
<b>Respite Care Program</b>			
Contracted out services	250	250	260
	<b>250</b>	<b>250</b>	260
	\$	\$	\$
<b>Yellowknife Temporary Day Shelter</b>			
Compensation	-	311	369
Material and supplies	-	152	-
Contracted out services	-	70	369
	<b>-</b>	<b>533</b>	738

# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2023

## 17. Contributions from the Government of the Northwest Territories (continued)

	\$	\$	\$
<b>BI Lateral (Safe LTC, HCC, IPAC)</b>			
Compensation	-	137	18
Equipment expense	-	388	433
Medical travel and other travel	-	48	37
Material and supplies	-	31	-
Contracted out services	-	25	622
	-	629	1,110
	\$	\$	\$
<b>Oral Health</b>			
Material and supplies	117	148	-
Equipment expense	50	42	-
Medical travel and other travel	155	160	-
Contract out services	58	86	-
	380	436	-
	\$	\$	\$
<b>Medical Travel System Sustainability</b>			
Compensation	646	927	663
Equipment expense	22	35	1
Medical travel and other travel	5,004	5,004	5,000
Contracted out services	358	301	236
Other	-	-	130
	6,030	6,267	6,030

March 31, 2023

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**18. Financial Instruments**

The Authority is exposed to credit and liquidity risks from its financial instruments. Qualitative and quantitative analysis of the significant risk from the Authority's financial instruments by type of risk is provided below:

**(a) Credit risk**

Credit risk is the risk of financial loss of the Authority if a debtor fails to make payments of interest and principal when due. The Authority is exposed to this risk relating to its cash and accounts receivable.

The Authority holds its cash with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Authority's cash is insured up to \$100.

Accounts receivable are due from various governments, government agencies, corporations and individuals. Credit risk related to accounts receivable is mitigated by internal controls as well as policies and oversight over arrears for ultimate collection. Management has determined that a portion of accounts receivable are impaired based on specific identification as well as age of receivables. These amounts are as disclosed in Note 4.

The Authority's maximum exposure to credit risk is represented by the financial assets for a total of \$95,125 (2022 - \$107,602).

**Concentration of credit risk**

Concentration of credit risk is the risk that one or more customers has a significant portion (more than ten percent) of the total accounts receivable balance and thus there is a higher risk to the Authority in the event of a default. The Authority does have concentration of credit risk. At March 31, 2023, receivables from the GNWT comprised 84% of the total outstanding accounts receivables (2022 - 83%). The Authority manages this risk by monitoring overdue balances.

**(b) Liquidity risk**

Liquidity risk is the risk that the Authority will not be able to meet all cash outflow obligations as they come due. The Authority mitigates this risk by monitoring cash activities and expected outflows through budgeting, deferring repayment to the GNWT (Note 1) and maintaining an adequate amount of cash to cover unexpected cash outflows should they arise. All of the Authority's financial assets and financial liabilities as at March 31, 2023 mature within six months of year end.

Total financial assets are \$95,125 (2022 - \$107,602) and financial liabilities are \$350,232 (2022 - \$313,796). The Authority has disclosed contractual obligations in Note 10. There have been no significant changes from the previous year in the exposure to risk or policies, procedures, and methods used to measure the risk.

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# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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## 19. Budget

The approved budget has been reclassified where applicable to conform to the presentation used in financial statements as follows:

	Budget per Statement of Operations and Accumulated Deficit	GNWT Approved Budget	Difference
	\$	\$	\$
<b>Revenue</b>			
Revenue from Government of Northwest Territories			
Core contributions	323,777	323,777	\$ -
Non-core contributions	16,221	25,696	(9,475)
Recoveries - other	9,475	-	9,475
Recoveries - non-insured health benefits	16,493	16,493	-
	<b>365,966</b>	<b>365,966</b>	<b>-</b>
Other Revenue			
Revenues from Government of Canada	806	-	806
Recoveries from other sources	29,205	30,011	(806)
Recoveries from Government of Nunavut	2,894	2,894	-
Contributions from other sources	1,402	1,402	-
Interest income	65	65	-
	<b>34,372</b>	<b>34,372</b>	<b>-</b>
<b>Total Revenue</b>	<b>400,338</b>	<b>400,338</b>	<b>-</b>
<b>Expenses</b>			
Community social programs	112,322	112,322	-
Ambulatory care services	76,260	76,260	-
Administration and support services	62,234	63,953	(1,719)
Nursing inpatient services	43,930	43,930	-
Community health programs	50,811	50,811	-
Supplementary health programs	53,366	51,647	1,719
Diagnostic and therapeutic services	34,038	34,038	-
<b>Total Expenses</b>	<b>432,961</b>	<b>432,961</b>	<b>-</b>
<b>Annual deficit</b>	<b>(32,623)</b>	<b>(32,623)</b>	<b>-</b>

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# Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2023

## 19. Budget (continued)

The Authority's budget is approved at the start of the fiscal year. Adjustments to the budget relating to GNWT funding are approved throughout the fiscal year through Notice of Target Adjustments ("NOTAs"). The revised budget is detailed below:

	Original Budget	NOTAs	Revised Budget	Actual Amount	Over (Under) Budget
	\$	\$	\$	\$	\$
<b>Revenue</b>					
Revenue from Government of Northwest Territories					
Core contributions	323,777	47,631	371,408	371,408	-
Non-core contributions	16,221	-	16,221	16,582	361
Recoveries - other	9,475	-	9,475	19,811	10,336
Recoveries - non-insured health benefits	16,493	-	16,493	17,939	1,446
Recoveries - prior year expenses	-	-	-	425	425
Grant-in-kind	-	-	-	28,389	28,389
	<b>365,966</b>	<b>47,631</b>	<b>413,597</b>	<b>454,554</b>	<b>40,957</b>
Other Revenue					
Revenues from Government of Canada	806	-	806	1,576	770
Recoveries from other sources	29,205	-	29,205	16,744	(12,461)
Recoveries from Government of Nunavut	2,894	-	2,894	6,303	3,409
Contributions from other sources	1,402	-	1,402	1,302	(100)
Interest income	65	-	65	877	812
Other income	-	-	-	32	32
	<b>34,372</b>	<b>-</b>	<b>34,372</b>	<b>26,834</b>	<b>(7,538)</b>
<b>Total Revenue</b>	<b>400,338</b>	<b>47,631</b>	<b>447,969</b>	<b>481,388</b>	<b>33,419</b>
<b>Expenses</b>					
Community social programs	112,322	10,292	122,614	119,415	(3,199)
Ambulatory care services	76,260	13,073	89,333	97,612	8,279
Administration and support services	62,234	3,134	65,368	80,306	14,938
Nursing inpatient services	43,930	8,812	52,742	65,141	12,399
Community health programs	50,811	3,693	54,504	64,608	10,104
Supplementary health programs	53,366	3,413	56,779	64,103	7,324
Diagnostic and therapeutic services	34,038	5,214	39,252	41,902	2,650
<b>Total Expenses</b>	<b>432,961</b>	<b>47,631</b>	<b>480,592</b>	<b>533,087</b>	<b>52,495</b>
<b>Annual deficit</b>	<b>(32,623)</b>	<b>-</b>	<b>(32,623)</b>	<b>(51,699)</b>	<b>(19,076)</b>

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## Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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### 20. Impact of COVID-19 pandemic response

On March 22, 2020, the GNWT declared a public health emergency in response to the coronavirus ("COVID-19") pandemic. The Authority continues to experience a change in demand for its services and is working diligently to mitigate the financial impacts of COVID-19.

In response to COVID 19, the GNWT and Government of Canada provided the Authority with incremental funding of \$14,259 (2022 - \$34,060). The funds were used for incremental expenditures arising from testing, surveillance and treatment of patients as well as medical travel.

A summary of the Authority's incremental revenue and expenses during the 2023 fiscal year relating to COVID-19 is as follows:

	2023		2022
	Budget	Actual	Actual
	\$	\$	\$
<b>Revenues</b>			
Core contributions	13,436	13,436	22,357
Recoveries	-	262	8,454
Grant-in-kind	-	561	3,249
<b>Total Revenue</b>	<b>13,436</b>	<b>14,259</b>	<b>34,060</b>
<b>Expenses</b>			
Community social programs	548	1,501	5,066
Ambulatory care services	4,083	3,150	6,236
Administration and support services	2,877	3,516	9,801
Nursing inpatient services	1,282	1,091	1,809
Community health programs	3,082	6,673	10,380
Supplementary health programs	-	665	1,714
Diagnostic and therapeutic services	1,564	780	1,271
<b>Total Expenses</b>	<b>13,436</b>	<b>17,376</b>	<b>36,277</b>
<b>Annual (shortfall) surplus</b>	<b>-</b>	<b>(3,117)</b>	<b>(2,217)</b>

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## Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2023

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### 21. Comparative figures

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

### 22. Subsequent events

The Northwest Territories have been impacted by wildfires in the summer of 2023, including an evacuation notice that was issued on August 16, 2023 for the capital city of Yellowknife. While this has no impact on the Authority's financial statements for the year ended March 31, 2023, it may have a significant financial impact in fiscal year March 31, 2024, in particular with respect to the costs incurred for evacuation efforts and in securing alternative treatment locations for patients' care. However, it is not possible to reliably measure the financial impact at this time on the Authority's financial statements for the next fiscal year.

APPENDIX B  
FORGIVENESS OF DEBT

## FORGIVENESS OF DEBT

The total debt forgiveness during the fiscal year ended March 31, 2023 was \$2,624,955.88.

AKLOK, FRANK DAVID	757.96	ANAUILOK, KYLE JULIAN AUSTIN	154.53
ALEXIS, JOHN	135.00	ANDERSON, TYLER	220.50
BISCAYE, JULIE MARY	160.00	ANDREW, WALTER A	166.66
BLAIS, ANGELA	1,815.45	ANGUTTUTAURUQ, CASSANDRA MADLYN	4,023.81
BLAKE, GLENN WILLIAM	1,692.50	ANGUTTUTAURUQ, MANULE MICHAEL	408.00
BOURKE, ALBINA	68.00	ANTOINE, CHRISTOPHER	155.32
BULLOCK, MARKA	941.90	ANTOINE, MATTHEW	36.36
CARRIER, CHERYL	500.00	APPLES, LEO	158.71
CHARLIE-TIZYA, LEANNAH	500.00	APPLES, TORI	618.00
EDJERICON, HELEN M	477.00	AQUPTANGUAQ, DYLAN	143.00
MOUYE, EDWARD	2,283.00	ARCHAMBAULT, LEANNE	1,253.65
EFFORD, MELBOURNE W	820.54	ARRANCE, RICARDO L	238.00
ELMS, STEVEN W	900.00	ASELS, BRYSON R T N	5,979.57
FAIRWEATHER, DAVID	971.98	ATATAHAK, DANIEL ETHAN OLIGONA	135.00
KOE, CLEMENT FABIAN E M	288.00	BADALAIN, EDWARD	2,030.99
KONGAYONA, DANIELLE FRANCIS	135.00	BADER, GLENN	5,462.37
LENNIE, JULIE	489.06	BALL, NATHANIEL	3,808.07
LETOURNEAU, ROBERT	12,105.17	BALZER, MARIA	995.90
MERCREDI, BETTY	43.83	BAPTISTE, MARELLA	4,180.58
MORIN, ALLEN	517.01	BARNEY, W COLIN	1,901.47
MORTON, DANIEL	287.00	BARRETTO, TIMOTHY CHARLIE	7,293.00
POODLAT, JOE P	160.00	BATH, PETER LEELAND STANLEY	250.00
POOL, KENNETH	6,911.16	BATT, DUSTIN	16,142.72
PORTMAN, MARGARET MICHELLE	40,091.91	BAWAB, TASNIM	6,619.91
SAULTEAUX, ROSE	210.00	BAXTER, MICHAEL JASON	1,997.00
AHENAKEW, GAVIN WILLIAM	250.00	BAYHA-YALLEE, STELLA	774.10
BURT, TANYA	9,179.06	BEAUDETTE, DONNA JEAN	506.69
GAUTHIER, DARLENE	3,732.22	BEAULIEU, DEREK	151.35
KIRIZOPOULOS, EVANGELOS	100.00	BEAULIEU, DONNY	41.40
KIRIZOPOULOS, EVANGELOS	62.87	BEAULIEU, ROCKY D	207.83
MARTIN, MILLA ARLENE	7,331.09	BEAVER, NORA LUCY	719.40
PENNEY, ARTHUR JASON	2,688.34	BELANGER, ALEXANDER	490.28
RANGER, PIERRE	228.20	BELANGER, ALEXANDRE	263.99
TURNER, RANDY	2,916.91	BENWELL, JILLYNDA	88.40
ABBOTT, BRIAN JAMES	4,136.63	BERTRAND, EMMMA	145.96
ABDALKRIM, KHALID ALI	1,000.00	BETSIDIA, PRISCILLA	299.37
ACHESON, LLOYD	1,571.68	BETSINA, TRACEY CANDICE	370.00
ADAMS, JOSEPH	237.00	BEYONNIE, SUZANNE	71.39
AHLSTROM, ANTHONY	7,492.25	BISCAYE, ALANA ELIZABETH	270.00
AILANAK, JOHN	287.00	BLAIN, PIERRE J	19,116.91
AIZWA, YUMI	49.43	BLAKE, ALISA RUBY	25.00
AKANA (PANGON), RICHARD A	135.00	BOHNET, WADE	50.00
AKHIATAK, STEVEN KRUEGER M	142.00	BONNETROUGE, CLINTON VINCE	300.18
AKKERMANS-MORRIS, NOVLETTE	14,156.90	BONNETROUGE, RANDY	160.00
AKULUKJUK, ANITA	11,532.09	BOSCH, MIKE	2,978.11
AL SULAIABI, ABDALLAH	3,604.23	BOUAL, MATHILDE	121.16
ALEXIS, JOSEPH	51.90	BOUCHER, BRIAN MEDRIC	13,328.22
ALGONA, KENNETH	30,536.48	BOUCHER, PAUL	50.00
ALGONA, MATILDA ROSE	172.28	BOURKE, ANTHONY G	988.00
ALI, HAMD I	1,817.35	BOURKE, ANTHONY GEORGE	2,586.53
ALLISON, BENITA C	10,438.07	BOURKE, MELISA ANN	1,150.00
AL-SAMMARRAEE, NORAN	48.28	BOURKE, RILYNN	494.00
ALUNIK, LOUISA ROSEANN	203.19	BOURKE, TOMMY	90.49
AMARAWANSA, INDRANI	158.00	BRAITHWAITE, MIKI	8,196.50
AMERALIK, THERESA QUIRNQIRQ	1,383.97	BRANCH, JOSEPH GARY	5,101.83
AMUNDSON, TRICIA	724.69	BRAZEAU, RAYMOND	932.08

BROWN, HENDRIKA CORNELIA	38.20	CUMMING, RUTH	85.00
BROWN, JADE LISETTE EFFIE	25.00	CURRIE, MIRANDA	50.00
BUCKLE, ALYSSA DAWN	2,822.00	CURRIE-LINDSAY, ASHLIE MARIE	7,155.92
BUCKLEY, ALEXANDRA LYNN	2,848.62	DAIGNEAULT, ABRAHAM D	1,125.00
BUCKLEY, JACK	5,715.07	DAIGNEAULT, EMILIEN VICTOR	587.44
BUFFALO, FRANK RONALD	1,183.00	DAVENPORT, SCOTT	8,173.33
BUMSTEAD, IVAN ERIC	66,788.12	DAWSON, SAMANTHA	43.93
BURKE, AUSTIN	247.00	DAY, JOEY	657.84
BURKE, CHARMAINE	50.00	DE BRITO FREITAS, CAMILA	1,330.45
BURTON, JASON	349.56	DEAN, ALANNA M	16,439.36
CACKETTE, MELISSA DANIELLE	6,126.00	DECOINE, RUSSELL	135.00
CALLUS, DEVYN ANTHONY	12,843.00	DEGROW, AZURE LEIGH	25,417.61
CARDINAL, CYRIL	23,561.75	DEMMON, LUTHER	65.90
CARDINAL, DINA	786.75	DEMPSEY, DAVID N	815.76
CARDINAL, JEFFREY	82.75	DESJARDINS, TERENCE MICHAEL	25.00
CARDINAL, SARAH	100.00	DESJARLAIS MARLOWE, CHIZE PHILLIP	18.95
CARMICHAEL, JOHN GORDON	178.99	DESJARLAIS, BRAD	143.00
CARNEGIE, LOUANNE	2,081.13	DESJARLAIS, EILEEN CHEEKO	19,223.45
CARTER, JULIE	50.00	DESJARLAIS, THOMAS DENNIS	6,537.21
CASAWAY, KAYA MARCY	145.72	DEWLING, ANDREW	687.50
CATHOLIQUE, LACEY	290.83	DIANDUNDA, JOSEPHINE MASOLA	25,261.88
CHARLEBOIS, MARK LAWRENCE	250.00	DIDZENA, SHAUNNA	144.81
CHARLES, TAMMY CHANTELE	3,745.65	DIGNESS, CLIFFORD HAROLD	500.00
CHARLES, WILLIAM JOSEPH DANIEL	660.00	DOMCHEK, LEEANNA MARLENE	18,286.69
CHARNEY, SHELDON FRED	1,738.80	DOMKOWSKY, DEREK	60,510.06
CHEUNG, YUK WAH EMILY	440.28	DOUCET, KIMBERLY ANN	3,628.54
CHICHAK, BRADLEY	5,847.82	DOUGLAS, ROBERT	247.00
CHINNA, CATHY	420.00	DOWBUSH, Edward M	244.50
CHINNA, COREY	50.00	DOWDALL, JOHN	1,996.90
CHRISTIAN, RYAN	2,661.56	DRISCOLL, SANTANA JENNIFER	1,282.66
CHRISTISON, IAN	40.78	DRYBONES, DARCY TRAVIS	2,397.96
CHURCH, JOEL	50.91	DRYNECK, MARY ADELE	50.00
CHYPYHA, MICHELLE SHERRY	3,366.50	DUBE, CHARLES	1,574.37
CLARKE, THOMAS	250.00	DUFFMAN, DOMINIC	36,843.24
CLOSS, MILA CATHERINE	2,249.24	DURRANT-HINKSON, BRENDA ELAINE	125.00
CLOUSTON, DANIEL J	918.00	DYER, LEANNE	3,975.00
COCHRANE-MACDONALD, MARY E	50.00	DYER, ROGER	3,293.54
COE, EVAN RANDALL	511.74	ECHLIN, PATRICIA	9,834.41
COLLICUTT, GORDON CHRISTOPHER	250.00	EDGI, VIOLET	736.95
COMEAU, CAMILLA A	622.00	EFFORD, MELBOURNE W	820.54
CONNOLLY, MICHAEL	924.00	EISENER, ARYN LEXIS KALLAK	287.00
CONSTAIN-CALDERON, CAROLINA	500.00	EKHIOHINA, KEAN	23,570.59
CONSTANT, CONNIE	1,122.90	ELHAKEEM, NORA	327.59
CONWAY, JAMIE SCOTT	906.35	ELIAS, ASHLEY	4,161.00
CONWAY, MICHAEL C	3,826.13	ELIAS, TWYLA	91.76
COOK, CRUZ DESMOND EDWARD PETER	5,321.93	ELLAHAM-TALHAOUI, ZACHARIA	160.00
COOKE, MEAGAN A	1,525.09	ELLIOTT, LINDY	3,708.75
COOKE, NICHOLAS	52.44	ENGLISH, ALEXANDER JOSEPH KALEB	17.14
CORDERO, YANNY C K	875.00	ENNIS, GORD	26,922.06
CORNEILLIE, GEORGE	253.50	ETLONZO, MONIQUE	153.99
CORRIGAL, BENNY	566.13	EVANS, NORA	1,168.53
CORRIGAL, STANLEY	553.27	EXANTUS, JEAN FRESNER	69.20
CORRIGALL, TODD	372.67	FALCK, GARNET R	37,080.70
COURTOREILLE, AUSTIN	247.00	FATT, KEVIN	135.00
CROSS, GLYNN WAYNE JAMES	9,620.63	FEARN, MARSHALL	18,347.80
CUMMING, BRENNEN WILLIAM CY	295.72		

FELKER, ALFRED LUCAS	4,513.62	GURINDWA, PAUL	787.75
FERGUSON, ANGELA DAWN	2,403.12	HAAIMA, PATRICIA S	1,176.35
FIRTH, CYNTHIA	16,168.58	HAKKENBERG, LOUISE	121.16
FIRTH, JANINE RENATA	2,683.70	HALA, DESTINY MICHELLE	158.71
FLOHR, JUSTIN	3,503.59	HALL, ROBERT JOHN	11,076.85
FOLK, JEAN-PAUL	250.00	HAMILTON, RUSSELL KENNETH	25.00
FORD, ROBERT	2,580.66	HAMILTON, SARAH AMANDA	250.00
FORTIN, MICHELLE D.	250.00	HANGE, BARTHOLOMEUS	876.59
FOUBISTER, MICHAEL	247.00	HARDISTY, NAOMI JULIE ANN MARIE	135.00
FOX, ANDREA	46.15	HARRIS, CINDA RAE	60.00
FRASER, WAYNE	1,645.00	HARRIS, VIVIAN	5.00
FREDETTE, PRESTON GERARD	250.00	HASHI, YUSUF M	49.43
FREELAND NARDONE, UMA	250.00	HAWCO, MANDY MARIE	25.00
FRIESEN, JOAN M.	110.00	HAWES, THOMAS EDWARD ANGUS	262.00
FROST, CLARA ELIZA	25.00	HAYWARD, DONOVAN CODY MICHAEL	7,383.00
FRY, WAYNE THOMAS	50.00	HENDERSON, ADRIAN	1,711.00
FUGLESTRAND, GUNN	432.00	HENDERSON, PETER	629.00
FULKER, BEVERLEY	555.48	HENGOMBE, PUVITANDA CHRIS	1,100.21
GAGNIER, CHRISTINE ALLISON FAITH	250.00	HENNEBURY, DOUGLAS	10,773.19
GAGNON, MATTHIEU	45.48	HERBACK, DEVON C.	292.52
GALLANT, WESLEY SR IVAN	559.32	HERON, JUDITH	135.00
GAREAU, TRACY ELAINE	2,808.08	HERON, KEVIN C	45.62
GARGAN, RICKY MICHEAL	205.56	HERRITT, CURTIS	648.84
GAUKEL, ASHLYN DAWN	123.64	HESSDORFER, IRENE JAQUELINE	41.12
GAUTHIER, DIANNE J	11,481.75	HESSDORFER, SHAWN EDWARD	250.00
GAUTHIER, LEE	515.73	HESSDORFER, SHELLEY	79.46
GAUVIN, MICHAEL A	1,182.40	HIKOALOK, ROBERT TREVOR NABLOAK	4,871.35
GENDRON-BOILART, IRIS	520.00	HILL, JANICE	250.00
GENETRACK BIOLABS,	164.00	HILLIAR, MALCOLM	2,810.04
GESCH, ALEXANDRA	65.78	HOGG, JOSEPHINE LINDER	1,482.00
GHOBRIAL, MOHAB	2,773.25	HOKANAK, ABBY MELISSA LEONA	1,987.90
GIBEAULT, LUCIEN L	500.00	HOKANAK, NATHAN ROSS	155.32
GILL, LISA A	125.00	HOLDEN, JOSEPH GEORGE	26,200.63
GIONVINAZZO, ARTHUR	7,642.39	HOPKINS, MICHAEL	11,656.06
GIRARD, ENRICO	247.00	HORASSI, JANICE	120.00
GIROUX, CARL L	87.66	HORESAY, JOCYLINE MERILLEE	149.46
GLADUE, ANASTASIA DAWN	41.12	HOWELL, NICOLE	145.65
GLOVER, SHARON	1,850.19	HUNTUS, DONNA	1,170.15
GORDON, JOHN THOMAS	26.02	HYZY-BONNER, NICHOLAS ADAM	2,947.50
GORDON, RICKY SEAN DOUGLAS	338.91	IBRAHIM, JAVED	25.00
GOULET, JESSE JAMES	262.40	IMMINGARK, CASSIEN KOPIGHOK	135.00
GRAHAM, KIMBERLY T JENNEFER	9,933.42	INUKAI, YUKI	53.44
GRANDI, ERIC	430.50	IQBAL, NILUFAR	4,598.85
GRANDJAMBE, IMELDA MARION	1,591.09	ITO, NAMI	287.00
GRANT, KAREN JEANNINE	8,301.87	JENNINGS, MICHAEL SHANNON	29,571.63
GRAY, KRYSTLE	500.00	JENSEN, LILLIAN JANE	3,233.19
GRAY, STEWART	432.00	JEROME, BRIAN HENRY	705.37
GREBEN, PUGNE	270.00	JEROME, LIZA	38.57
GREENE, JACQUES	19,606.60	JOHNSTON, MARCUS	325.44
GREGORY, CHRISTA DAWN	430.41	JONASSON, ADELIN LAURICE	21.70
GREGORY, NIGEL S	144.00	JONES, HANNAH EILEEN BARNET	25.00
GRIFFITHS, GLEN ALAN	135.00	JONES, JOSHUA T	344.00
Gruben, Vikki Ann	13,311.94	JONES, KRIS	26,188.61
GUGEL, MATTHEW	1,024.00	JORGENSEN, JOSHUA	861.00
GUIBOCHE, BARBARA E K	3,300.00	KABLE, PATRICK DUNCAN	15,377.00
GULLY, KARLAINA T L	733.00	KAIKO, MBINOMUJAME	505.53



KAKFWI, RANDY MARSHALL	25.00	LAMOUELLE, BURTON TINO	2,408.77
KAMBATO, EHRLING	1,979.62	LANDRY, ROBERT	24,760.14
KANIA, GAIL	131.76	LANGE, ELIJAH	52.44
KASONI, KURTIS	490.56	LANGLOIS, DARREN BLANEY	935.00
KATIGAKYOK, JOHN	870.07	LARABIE, JESSICA-LEE	125.00
KATJITEO, EDYSON	2,047.15	LAROCQUE, LORI ANNE	16,427.82
KATJIUONGUA, EMMERENCIA	2,424.67	LAROCQUE, MARGUERITE	12,637.98
KATUSUVA, KARINA	42.62	LAROCQUE, VIKKI-LYNN	480.00
KAY, JACQUELINE	155.32	LARSON, MORGAN	84.95
KAY, JACQUELINE	52.44	LASBY, STEPHEN CHARLES	6,099.64
KAYE, RONALD	169.00	LAU-A, SANDY	1,307.98
KEEVIK, MILLIE	25.00	LAVIOLETTE, JUDY	50.00
KELLY, ANGEL	523.31	LAVIOLETTE, ROBERT	287.00
KENNEDY, BRYAN JAMES	287.00	LE MOYNE DEMARTIGNY, JOHN	965.16
KENNY, EDWARD	30.90	LE, THI PHUONG	1,526.34
KIKOAK, GUNTHER ROBIN	247.00	LEBREUX, ROSS ALLEN	24,463.59
KILBRIDE, MATTHEW JOHN	11,395.58	LEFRANCOIS, MAIGAN G	41.40
KIM, YEJI	50.91	LEISK, RANDY SCOTT JOSEPH	266.52
KING, COLLEEN DIANE	680.47	LEISK, STEPHAN	913.63
KING, SANTANA FLORA	160.00	LEMIEUX, FRANCIS	14,885.93
KIRMIZIGUL, MUHAMMED KULAI	1,271.89	LENNIE, ADOLPHUS JOHN M.	2,012.92
KITCH, JAMES	493.20	LENNIE, JOANNE	3,952.38
KLONDIKE, HEATHER	6,083.44	LESSARD, DAVID	4,518.16
KLONDIKE, MATTHEW	356.41	LEVESQUE, CAROLE	158.13
KLONDIKE, ROSE MARY	600.52	LEVY, CORY	40.78
KOBELKA, CAROLYNN L	11,926.64	L'HIRONDELLE THOMSON, JACYLYN	71.39
KOCHON, TIFFANY MAY	185.04	L'HIRONDELLE, DON	1,362.45
KOE, BRETT-AVERY NICHOLAS	125.00	LI, YUKE	288.00
KOE, JOHN JAKE	112.40	LIVINGSTON, THOMAS LOGAN	288.00
KONISENTA, BERNICE D	383.69	LOCKERBIE-THOM, STEVEN RONALD	125.00
KOOCHIAKJUKE, NOWDLUQ PITSEOLAK	302.71	LOCKHART, SANDRA FAYE	1,971.77
KOONS, GREGORY	13,636.46	LOSIER, DONALD	3,808.83
KOOTOOK, GLORIA ROSE	135.00	LOUTITT, DAWN DARLENE	43,197.47
KOTCHEA, BRIANA ANGIE	144.00	LOY, BRIAUNA	475.00
KRAWEC, SHAWN	59.56	LOY, LANCE	3,684.28
KRISTENSEN, SONNY	2,333.27	MACAULAY, CARL	15,565.47
KRUTKO, MICHELLE	60.00	MACDONALD, CATHERINE	2,259.34
KUHANGA, THIMOTIUS	910.43	MACDONALD, ERNIE G J	35.00
KULIKTANA, ALEXANDER ADJUKAK	2,138.20	MACDONALD, LISA	67.00
KULIKTANA, KAYSON	19,079.87	MACKAY, KEVIN DARYLL PRESTON	299.00
KUNNIZZIE, LANA	920.33	MADILL, BRANDON	38.44
KUNUK, ROY JOHN	1,226.77	MAHALINGAM, AJANTHAN	1,141.91
KUPTANA, CHANISSE	135.00	MAHLATSI, ABNER	50.11
KURSZEWski, JESSE	37.45	MAKI, CAILIN	135.00
KYDD, LISA	675.95	MALA, SHIRLEY	163.27
LABBE, LAURIE	17,954.65	MALLOCH, PETER	19,164.51
LABRADOR, RONNIE	164.00	MANDEVILLE, KYLE	40.40
LACORNE, NELSON JOHN	124.00	MANDEVILLE, KYLE MARTY	145.72
LACROIX, YVES	780.00	MANGELANA, IVY SUZANNE	4,331.16
LAFFERTY, HANK MARK	50.00	MANTLA, BENNY	3,605.21
LAFFERTY, MATTHEW	1,272.20	MANTLA, JOHN JOSEPH	1,019.84
LAFLAMME, MARLENE ERNESTINE	135.00	MARIN, MAURICE	15,215.03
LAFRANCE, DONALD	260.00	MARLOWE, ERIC PHILLIP	16.06
LAI, LAVEN	405.00	MARTIN, HENRY	287.00
LALONDE, PAUL	247.00	MARTIN, HENRY BEN	38.44
LALONDE, PAUL GORDEN	17,774.81	MARTIN, NORA	39.01

MARTIN, TRUDY LYNN	625.91	MUGONI, PATRICK TAWANDA	132,371.72
MARTIN, ZACKERY LEE	50.91	MUNROE, DERRICK	287.00
MARTINI, JOSEPH	3,662.10	MURCHIE, JANETTE ALICE	250.00
MATHEWS, JOHN	10,897.31	MURRAY, MEGAN	321.46
MATSHAZI, NTUTUKO	1,039.50	MYERS, DOUGLAS	12,923.33
MATSUYAMA, HAYATO	430.50	NABESS, CORY	14,629.19
MATTHEWS, BEN	1,617.11	NADARY, KIM	247.00
MATTHEWS, DONALD	41.40	NADARY, SHELLY	248.46
MATTHEWS, DOUGLAS DAVID	18,999.94	NADLI, CHANTEL MARIE	135.00
MBAI, ANDRIES	999.54	NANDE, ROSE C	140.94
MCARTHUR, BRUCE	50.00	NAPOLEON, KENNY	60.00
MCCOMBER, CHRISTOPHER	714.00	NASKEN, BILLY	144.00
MCCONNELL, RILEY JOSEPH	11.07	NAUDI, MARCEL DALE	476.00
MCDERMOTT, DYLAN ARTHUR	702.50	NEAPETUNG, DWAYNE	39.73
MCDONALD, GIANNA	21.72	NEUDORF, CHRISTOPHER JAMES	287.00
MCDONALD, JOHN	288.00	NEWMARK, RUSSELL	11,036.28
MCDONALD, JOYCE	237.40	NEYALLE, FREDA	50.91
MCDONALD, MIKE	60.00	NEYELLE, CHARLES GABRIEL	97.07
MCFEE, SAM	3,742.24	NEYELLIE, THOMAS J	33,757.98
MCHKIEL co JESSICA SEDGWICK, NATHANIEL	104.86	NGUVAUVA, UAUNGURAIJE	5,033.25
MCINTOSH, BLAISE SCOTT	117.60	NGUYEN, HA TAN	14,854.96
MCKAY, RODNEY	5,464.88	NGUYEN, TUYET THI	3,691.50
MCKENZIE, GARY	18,239.54	NICHOLS, LANCE	8,108.00
MCLACHLAN, COREY A	53,555.49	NIPTANATIAK, TARA LEE ANN	38.44
MCLAUGHLIN, MICHAEL PATRICK	17,735.04	NIRAULA, SARITA	847.13
MCLEAN, SANDRA	19.18	NISHIYANAGI, CHIAKI	160.74
MCLEOD, BILLY JAMES	250.00	NITSIZA, CORY ROSS	384.16
MCLEOD, MILA ALVINA ROSE	12,073.00	NORWEGIAN, BRANDON	45.62
MCLEOD, TREVOR	158.71	NOWOSELSKI, MICHAEL	238.00
MCNALLY, STACEY L.	1,527.60	NYLAND, LORI	805.74
MCNEICE, BUSTER	10,567.14	OATES, KENNETH	725.43
MENACHO, PETER PAUL	25.00	O'BRIEN, ELIZABETH	106.97
MENDOZA, CABRINI PARICO	160.74	O'CONNOR, JOHN PATRICK	750.00
MERASTY, MARIA GRACE	16,151.44	O'CONNOR, PATRICK	43.83
MERCREDI, JORDAN CHARLES	3,044.44	O'GRADY, GARY	12,055.96
MERCREDI, PETER L	1,065.39	OKAMURA, AYAKA	50.91
MICHAUD, ALFRED JOSEPH JACQUES	3,497.20	OKPAKOK, TIKKIQ	296.99
MICHEL, PAULINE JUDY	13,853.60	OLEEKATALIK, LOGAN	725.89
MIDDLETON, CAITLIN	99.04	OLEXIN, JOY	357.00
MILICEVIC, DRAGAN	8,187.00	OLMSTEAD, HEATHER M	287.00
MILLER, ROBERT CLINTON	1,355.01	OLOAKYOK, SANDRA	1,789.29
MILNE, DUNCAN	50.00	OLYNYK, BRADLEY CJ	250.00
MILUKSHUK, ERIC THOMAS	160.00	OMROD, STEVEN MARC	4,554.02
MIYAUCHI, HIROKO	2,185.50	OSGOOD, KATHY	5,528.60
MIYOK, VALERIE MARIE	45.00	PAGE, CHRISTOPHER	226.24
MOHAMED, ABDALA	125.00	PAGE, CHRISTOPHER PHILLIP	1,931.88
MOHAMUD, ASHKIRA	288.00	PALMER, FLINT	1,645.04
MOHAMUD, JAMAL SIAD	4,086.76	PALVIALOK-GONYER, CHANTEL	157.82
MOHAMUD, SIAD RAYMOND	288.00	PANAKTAK, EMMA	7,652.00
MORGADO, DIEGO AUGUSDO	457.44	PAPIK, ROBIN MICHELLE	169.00
MORIN, DAVE	469.00	PAQUETTE, CHRISTIAN	17,398.01
MORRISON, MARY	12.00	PAQUIN, JACQUES	98.84
MOUNSEY, RACHEL KARLA	522.00	PARISEAU, AARON	3,023.00
MPIKA, ANDRE MAMBWENI	457.46	PARKER, MICHELE	1,039.60
MUARIANI, KAINOMBANDE	304.35	PARTRIDGE, HERBERT	84.05
MUDAHERANWA, PATRICK	391.00	PATTERSON OMILGOETOK, CIENNA	157.28

Patty Bedard	80.00	ROBINSON, JOHN MILLER	538.00
PAULETTE, GERONIMO	41.41	ROCHE, ANTHONY	2,360.85
PAULETTE, KIYOMI	544.00	ROCKEL, CHRISTOPHER CONRAD	16,139.09
PAULOOSIE, SAMMY KOPIK	143.00	ROESSLER, DEVIN CHRISTOPHER	1,081.88
PAYNE, BENTLEY SLY ROBERT	4,416.62	ROMBOUGH, JOHN	470.59
PAYNE, DAVID EUGENE	50.00	ROSE, MELISSA NAOMIE	575.00
PAYNE, MICHAEL WILLIAM ALEXANDER	293.92	ROURKE, KYLE MACKENZIE	25.00
PAYOU, CARLA PAUL MILDRED	3,728.31	ROY, SHANNON	1,711.00
PEACH, DUANE DAVID	19,066.18	RUBEN BUCHER, TYSON ANTHONY I	301.28
PERLEY, PUNIKIOK	500.00	RUEST, NICHOLAS	1,402.05
PERRY, CARMEN BLAIR	5,646.79	RUTTLE, DUSTIN RON	2,562.88
PETER, NATHAN J G	1,409.84	RYAN, AUBREY	2,719.00
PETERSON, WILLIAM A	33.92	RYMER, ALEXIS ADRAIN	110.27
PETTIPAS, BARBARA J	418.68	SABOURIN, HARRY J	1,144.68
PIESZCHALA, WILLIAM CHARLES	790.00	SALAZAR, JORDAN S	287.00
PINEDA, MARIA MA LINACITA	50.00	SALTEAUX, ALFRED	287.00
PLAMONDON, MATHIEU	990.60	SAMPSON, LAZARE	703.28
POKIAK, DEVALYNN LENA KATIE	135.00	SANDERS, MARK	4,197.53
POKIAK, JESSICA	108.07	SANDFORD, JOHN W	924.00
POMEROY, THEODORE FRANCIS	492.00	SANGRIS, AMANDA ANNE	34.50
POODLAT, WILLIAM NAPACHEE ADAM	523.64	SANGRIS, HARDY ANGUS	135.00
POOLE, DARRYL	29,845.62	SANGRIS, JULIA RITA	135.00
POOTOOLIK, JOHNNY	1,074.69	SANGRIS, MARGIE	2,030.58
POPE, EMMA CATHERINE	625.00	SARASIN, BARBARA ELLEN	313.83
POPOFF, KATHLEEN M	4,573.75	SAUL, TYRONE	289.88
PORTER, MELINDA SHERYL	145.00	SAYINE, STEPHANIE DORA	9,182.93
PORTER, THERESINNAQ	1,137.52	SCHAEFER, LISA MARIE	58.14
POTTINGER, NORMAN NATHAN	520.00	SCHAUB, KEVIN BERNARD	1,522.32
POWDER, JOELLE	800.00	SCHICK, RYLEY J	96.00
POWDER, NIKITA	21,684.90	SCHLESS, STEPHEN	775.41
PUENTES, DIANA	250.00	SCHNEE, RHONDA SUE	1,091.00
PUT, ELIAS	23,901.34	SCHONBERGER, JEREMY BRANDON	145.72
QAUQJUAQ, CHARLIE MARK	154.53	SCOTT, DENIS CRAIG	750.00
QAYAQSAAQ, MARY ELLEN	304.07	SCOTT, MOLLY	1,625.00
QIRNANIRQ, TIMOTHY	1,226.00	SELWOOD, KIM	37.45
QITSUALIK, TUPPITTIA	43.83	SHAE, ELIZABETH	100.00
QUASSA, PAUL ARRULLAQ	302.71	SHANNAHAN, MEDA	197.52
QUITTE, MARY JANET	50.00	SHAW, NEIL ALOYSIUS	135.00
RABBIT, JADE AMELIA	644.00	SHENHER, CRAIG R	830.00
RABESCA, AARON	1,827.00	SHERMET, AIMEE	5,482.09
RABESCA, DARREN	155.32	SHUSHACK, RICHARD C.F.	50.00
RABESCA, DESTINY	135.00	SIEMENS, CORRIE	43.83
RABESCA, LAYAH	135.00	SIMON, ROY E	247.00
RABESCA, LEON	155.32	SIMON, UNA	883.76
RABESCA, RICKY	471.42	SIMPSON, GEORGE EDWARD	135.00
RADDI, BO WILLIAM	155.32	SINCLAIR, CONNIE	2,566.92
RAHMAN, KHURSHIDA	432.00	SINCLAIR, DENNIS	247.00
RAHMAN, LUTHFUR	237.74	SLAUNWHITE, MELANIE	50.00
RAIN, JIMMY A	287.00	SMITH, DAVID	328.00
RAINES, SHAILI	13,869.00	SMITH, HEATHER SUZANNE	2,193.72
RICHERT, RUDIGER	2,956.85	SOPEL, DARREN L	250.00
RICKETTS, JORDAN	1,283.00	SORENSEN, TAYLOR NICOLE	25.00
RING, MEGAN	42.65	STARZAK, MARIA	40,350.39
RING, MEGAN	945.17	STEPHEN, ROSE	1,000.00
ROBERTS, CONNIE MARIE	11,061.45	STEPHENSON, JAMES BARRY	5,515.51
ROBERTS, LUKE	187.49	STOROZ, JASON P	500.00

STORRIE, BRIDGET	661.00	UMWANGAVU, ALINE	250.00
STOTT, EDWARD	5,097.50	VALLIERES, JASON	327.59
STRYDE, MATTHEW GEOFFREY PAUL	507.00	VANDENHOUTEN, EVAN	10,988.68
STUBBERT, WILLIAM RAY	5,387.12	VANDEWIEL, KENNETH	170.01
STUBBS, SANDRA	69.89	VARGO, GABRIEL ANDREW	4,175.02
STUCKLESS, ROGER	6,084.32	VATCHER, TARA	96.16
SU, HUINING	77.44	VATCHER, TODD CHRISTOPHER	12,585.81
SUMMERS, MARY JOAN	711.00	VERLINDEN, REBECCA	574.00
SWANSON, CARMEN ANTHONY	25.00	VERMA, AJAY	52.44
SWITZER, DAVID MELBURN	7,304.00	VIENS, DAPHNEE	325.25
TAIPAGAK, DARIUS ARTHUR	35.00	VITAL, JASON	5,307.27
TAIPANA, JANE K	2,175.00	VITAL, ROBERT WILLIAM	621.66
TANETON, VERNA MARIE	52.71	VRECKO, SCOTT	16,335.93
TARR, BEVERLY KAREN	118.80	WALKER, JOANNE	10,264.56
TATTI, TONY J	327.60	WALSH, ANGELA R	287.00
TAYLOR, JOHN H	1,066.03	WANIANDY, MARK	164.00
TAYLOR, NATHAN	708.00	WANOTCH, BLAINE	238.00
TAYLOR, WILLIAM JAMES	166.64	WANSBROUGH, PATRICK	163.96
TECSY, SYLVESTER FRANK	340.56	WAQUAN, JENNIFER	790.00
TEDJUK, RODERICK	1,084.92	WAQUAN, KENNETH	994.53
TENOC, MARIA	150.00	WARFORD, KYLE	8.19
TESSIER, THERESA MAE	619.69	WATSON, ADRIAN	43.83
THOMAS, FRANCIS	73.53	WEGG, CHRIS	214.85
THOMAS, HELEN RUTH	861.00	WEON, MIN	94.65
THOMAS, STANLEY	535.10	WESCOTT, YVONNE	7,160.65
THORNE, THOMAS	247.00	WETTLAUFR, BRITTANEY	247.00
THRASHER, LUCY J	25.00	WHANE, LARRY JAMES	151.55
TILPOX, EDWARD	1,939.60	WHITFORD, DANIELLE	281.25
TIMBITI, TIMOTHY	423.74	WIECHOLD, DARLENE	407.11
TJIMUINJU, KAZAO	75.74	WILCOX, JEFFREY LIONEL	17,723.52
TJIRASO, KAUUEZIUA	93.36	WILLIAMS, GEORGINA	208.12
TJIRASO, KAUUEZIUA JAMOO	590.47	WILLIAMSON, ERNEST EDWARD	144.00
TJITEMISA, UERIHEPURA	625.20	WILSON, CAMERON LEE	1,985.47
TOBAC, ADDY	313.77	WILSON, PETER	3,316.23
TOIDA, TAEKO	405.00	WOLKI, ANNA	405.00
TOKIO MARINE NICHIDO,	5,351.81	WONG, LOK	3,915.12
TOLOGANAK, CASSANDRA M K	351.96	WOODFINE, LETHA	988.27
TOLOGANAK, LYNN ROSE	50.91	WRIGLEY, KELLY	114.88
TOTALIK, ANN ROSE	49.15	XIAOQUN, YAN	65.78
TOURANGEAU, NATASHIA	45.62	XIE, JIA NAN	5,071.02
TRECARTIN, JERRY	12,514.52	YAKELEYA, CARL J	135.00
TREMBLAY, MARIE ELIZA	96.37	YANKE, LYLE ELLIOTT	992.46
TRIBBETT, CHRISTOPHER	98.53	YATCHOTAY, NORTON JAMES	244.93
TRIPP, RONALD	82,169.74	YENDO, JASMINE	205.20
TSETSO, CECILIA R	2,038.34	YOUNG, SCOTT	60.00
TSETTA, ALFRED	25.00	YOUNG-BEAULIEU, RHONDA	360.00
TSETTA, ERIC LANCE	482.35	YOUNGMAN, MACKENZIE	250.00
TSETTA, THERESA	7,786.52	YOURCHENKO, RICHARD	70.60
TUCCARO, MATTHEW DAVID	135.00	YUKON, DONALD	125.80
TUCKTOO, SUSIE EETELUIE	176.49	YUVIENCO, SALUD RIETA	1,403.80
TULURIALIK, HEATHER KUDLUT	1,761.39	ZETTELL, SAMUEL	287.00
TURNER, DAWN	25,226.99	ZOE, MARIE MADELEINE	50.00
TURNER-DAVIS, HILARY	576.00		
TURO, PATRICIA	25.00	Total Forgiveness of Debt	2,624,955.88
UHONGORA, GLORIA	402.09		
UKUQTUNNUAQ, MARY ANASUQ	70.00		

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