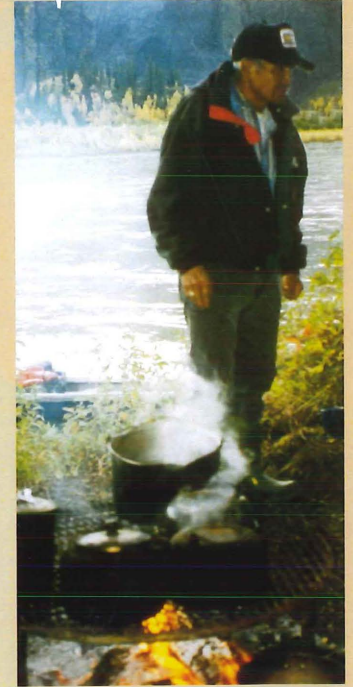


# SHAPING *Our Future*

## 2006 - 2010



An Updated Strategic Plan for Health and Wellness in the Northwest Territories



**Northwest Territories** Minister of Health and Social Services

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## *Message from the Minister*

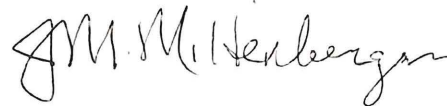
Overall, the health and well being of the people of the NWT continues to improve. Life expectancy is increasing and infant mortality is decreasing. Most people rate their health as excellent or at least good, the incidence of tuberculosis has been declining since the mid-90s, and injury mortality is also declining. Social conditions are improving. People are becoming better educated, employment remains high, incomes are rising, and most people report a high level of social support.

However, too many people continue to put their health, and that of their families, at risk. Smoking rates remain higher than the national average, alcohol abuse continues to be problematic, the rates of sexually transmitted infection are increasing, and many residents have poor diets and do not exercise enough.

Almost eight years have passed since *Shaping Our Future: A Strategic Plan for Health and Wellness* was published. Much has changed in the Northwest Territories since then: programs and services have been decentralized and regional health and social authorities have taken on responsibility for service delivery; population demographics are shifting, with the birth rate starting to decline, the population beginning to age, and people migrating to larger centers; land claims are being settled and self-government agreements are being signed. The next few years will see even more changes, particularly in nonrenewable resource development activities and devolution to Aboriginal governments.

Looking forward to the future, the health and social services system in the NWT will face ongoing challenges, especially that of sustainability. Until more Northerners join the workforce, the recruitment and retention of front line workers will pose continuing difficulties. Other challenges include rising costs, especially for new drugs and advanced medical interventions, and as the population ages there will be an increasing incidence of chronic diseases, such as diabetes.

These challenges can only be met through effective partnerships among all stakeholders - clients, caregivers, community leaders, non-government service agencies, regional health and social service authorities, federal partners and the department. This strategic plan is intended to provide a focal point for developing a shared commitment to providing the people of the Northwest Territories with the best possible health care and social services.



Minister of Health and Social Services  
J. Michael Miltenberger

*Effective partnerships  
are the cornerstones  
of a successful  
health and social  
services system.*

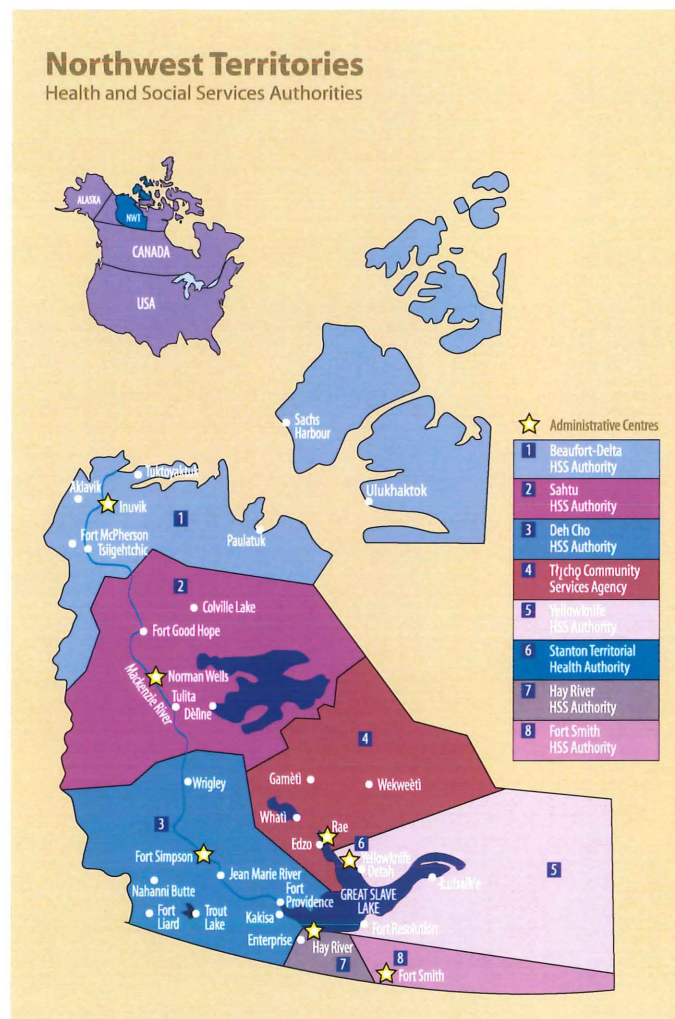






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# Introduction

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Health is more than simply the absence of disease or disability. Being healthy means being in a complete state of physical, mental, social, spiritual and emotional well being.

While the Department of Health and Social Services and its partners - Health and Social Service Authorities (HSSA) and non-government service providers - have lead roles in addressing health and social issues, the well-being of individual, families and communities also depends on factors beyond the health and social services system. Education, culture, housing, employment, economics and the environment all have significant impact on well being. The involvement of many agencies and the active support of the public are essential to maintaining and improving population health.

Effective planning is essential to responding to existing needs and emerging issues, and a strategic approach is necessary to meet the challenges ahead. Our approach emphasizes finding solutions to the root causes of health problems and social issues. It examines our programs and services and focuses on how they can best fit together, promoting partnerships within and outside government.

The last strategic plan for health and social services - *Shaping Our Future* - was published in 1998. Although much has changed in the NWT and in the delivery of programs and services since then, the directions set out in that original plan still hold true: strengthening partnerships; building a continuum of services; and creating healthy

public policies. These directions are maintained in the current update of *Shaping Our Future*.

Over the past three years the *Minister's Action Plan 2002 - 2005* has been completed. This involved actions in a number of areas, directed toward improving health and social services on a number of fronts, including: services to people; supports to staff; system-wide management and accountability; supports to trustees; and development of an integrated service delivery model.

Those actions, now either completed or ongoing, are the building blocks upon which the current revision of the strategic plan is placed.

In June 2004, the 15th Legislative Assembly published its ten-year government-wide strategic plan, *Self-reliant People, Communities and Northwest Territories - A Shared Responsibility*. The goals expressed in the government's plan include one that places a strong emphasis on health and well being:

*"Healthy, educated people living in safe communities, who are able to contribute and take advantage of life's opportunities."*

High quality, accessible and sustainable health programs and social services are fundamental to achieving this goal, and this strategic plan outlines how the NWT health and social services system will help to attain it.

*Physical, spiritual and social well being is necessary for individuals to lead fulfilling lives, to actively participate in their communities and to take advantage of economic opportunities available to them.*

*(GNWT Strategic Plan, p.4)*

# Governing the System

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*Accountability -  
the obligation to  
report on the actions  
taken to fulfill  
one's assigned  
responsibilities -  
is fundamental to  
establishing effective  
relationships and to  
good management  
practices.*

The term "governance" refers to the way in which programs and services, facilities and institutions are managed and regulated.

The Minister of Health and Social Services is ultimately accountable to the Legislative Assembly for making certain that the health and social service system provides its public programs within approved budgets and according to government priorities and policies. The department is directed by the Minister to provide leadership and direction to the entire territorial system. Department responsibilities include funding, strategic planning, monitoring, evaluation and support.

A Joint Leadership Council, chaired by the Minister and comprised of the Chairs of each authority and the deputy minister, provides leadership and direction to the NWT health and social services system.

A Joint Senior Management Committee, comprised of the CEOs of the authorities and department senior management, provides leadership and direction with respect to the operations of the overall system. This committee ensures a cooperative and collaborative approach to the management of health and social services throughout the NWT.

To date, most of the responsibility for the day-to-day delivery of health programs and social services has been delegated to eight health and social service authorities. These authorities are responsible for ensuring that people within their catchment areas have access to government-

funded programs and services. The authorities are also responsible for managing within their budgets, assessing needs, setting operational plans, and managing the delivery of services.

Other groups, agencies and individuals work with the department and the authorities to support or deliver services. Some nonprofit groups provide public education and awareness activities about diseases, mental health and addictions, and disabilities. Authorities contract with nonprofit groups and other agencies to provide services such as facility management or specialized counseling and treatment services.

As self-government negotiations progress, responsibilities for health and social programs will further devolve to Aboriginal governments.

Accountability is key to the successful operation and management of the health and social services system. Beginning in 2005, operational reviews of the authorities and the department were initiated. These reviews are intended to identify best practices and establish operational benchmarks in the delivery of programs and services. When the reviews have been completed, they will form the basis for the development of performance agreements that will clearly outline the responsibilities and expectations of all the partners in the system.



# Planning for the Future

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In some ways, we are much healthier in the NWT than we were several decades ago. Life expectancy continues to increase and infant mortality rates continue to fall. Many infectious diseases have nearly disappeared. A growing number of people and communities are involved in healing activities to lessen addictions and family violence problems. Social and economic determinants of health - housing, education, employment and income - are also improving.

Yet, as our population grows and our social and economic environments change, we face new challenges to our health and well being. Too many people continue to suffer from consequences of substance abuse, violent death and injuries, and child abuse and neglect. More people are getting sick from preventable illness and disease, like diabetes, sexually transmitted infections, heart disease, and lung cancer. Rapid economic developments, especially in the diamond industry and in oil and gas exploration and development, may temporarily intensify some of our existing social issues.

These new challenges place demands on the system at a time when government spending may need to be restrained unless additional revenues are forthcoming. Health and social services are expensive, especially in the North. More people are using services more often, and the services are becoming more costly to provide.

We need to look at what we do, and how we do it. We need to create a system that provides the care people need most in the best possible way. We need to work

together to improve health and well-being, both now and in the future.

## Looking Forward: An Environmental Scan

Health programs and social services in the NWT, as elsewhere in Canada, are being delivered within a constantly changing environment. Different needs are emerging, old issues are being resolved and new ones are arising, political and administrative structures are evolving. This brief environment scan highlights some of the factors that will have a system-wide impact on programs and services.

### Political Factors

In the political environment, negotiations for Aboriginal self-government will continue, and where agreements have been signed (for instance, most recently in the Tlicho), Aboriginal governments will continue to draw down their new powers. While health programs for all residents will continue to be the responsibility of the territorial government, Aboriginal governments can be expected to assume much greater authority and responsibility for social programs, such as child protection and family services.

In September 2004, First Ministers and the leaders of five national Aboriginal organizations agreed to the development of an Aboriginal Blueprint on Health. Once

### On the positive side...

*Life expectancy in the NWT has increased from 68 years in 1982 to 76 years in 2003.*

*Infant mortality has decreased from 15 deaths per 1,000 births in 1982 to 8 deaths per 1,000 in 2001.*

*The incidence of Tuberculosis has dropped from 7.6 cases per 10,000 population in 1994-96 to 1.9 cases per 10,000 in 2001-03.*

*In 2003, 90% of NWT residents 12 years and older who were surveyed rated their health as good to excellent.*

*In 2001-02, 82% of NWT residents 12 years and older who were surveyed stated that they had a high level of social support.*

*In 2003, 86% of NWT residents 12 years and older who were surveyed reported being satisfied with community-based health care services.*

*Immunization works: there have been no cases of measles in the NWT since 1995.*

**On the negative side...**

*In 2004 an estimated 41% of NWT residents 15 years and older were smokers. In the smaller NWT communities this number rose to 52%.*

*Between 1999 and 2001, the Coroner found that alcohol was a contributing factor in 44% of all unintentional injury deaths in the NWT.*

*In 2003, 66% of NWT residents 12 years and older who were surveyed reported that they did not meet the Canada Food Guide recommendations for healthy eating.*

*In 2003, 57% of NWT residents 12 years and older who were surveyed were considered to be overweight or obese.*

*In 2003, 45% of NWT residents 12 years and older who were surveyed reported that they were physically inactive*

completed, this 10-year plan will outline the concrete steps that will be required to close the gaps in the health of Aboriginal peoples compared to that of other Canadians.

While the health of many Aboriginal people in the NWT is on par with that of their non-Aboriginal counterparts, there continue to be significant disparities between the smaller NWT communities and the larger regional centers. These disparities have been documented in the *NWT Health Status Report 2005*, and include for instance a higher infant mortality rate, a higher incidence of tuberculosis and sexually transmitted infections, and higher suicide rates.

**Economic Factors**

On the economic front, nonrenewable resource development activities will continue to drive the NWT economy. DeBeers is planning on opening the fourth diamond mine in the NWT. The Mackenzie Gas Project, if it proceeds, is expected to open the entire Mackenzie basin to much more oil and gas exploration and development activities over the long term life of the pipeline.

So long as the economy remains robust, incomes are likely to continue to rise. While this is generally good news, since health status is positively related to income, it can also be bad news if it results in a widening of the income disparity between those who have jobs, and those who do not.

Energy prices are expected to remain high, and this will have significant impacts on the costs of operating hospitals, health centers and long term care facilities.

Negotiations continue between the GNWT and the Government of Canada with respect to devolution and resource revenue sharing. Until the GNWT is successful in negotiating more favourable arrangements, the fiscal environment will remain challenging.

The privatization of health care is a matter of much debate in Canada, and some would argue that the continued existence of a universal, publicly-funded system is in jeopardy. This could have implications for us, particularly in those situations where NWT residents are dependent upon services available outside the NWT - for instance, diagnostic imaging and radiation therapies that are only available in southern centers.

**Social Factors**

The social environment is also changing. The NWT population is beginning to age, and with that we can expect to see an increase in the prevalence of chronic diseases, such as diabetes and cancer. Effective prevention programs are becoming increasingly critical for the long term sustainability of health services in the NWT.

Recent trends in migration from smaller communities to the larger regional centers are likely to continue, putting more and more pressure on health services and social



programs in Inuvik, Fort Simpson, Hay River, Fort Smith and Yellowknife.

Some communities have also noted a disturbing trend toward harder drugs. Crack cocaine and crystal meth use appears to be on the increase, and presents new challenges for our mental health and addictions programs.

In the area of technology, we are likely to see new and improved drugs and innovative medical procedures, all of which will come with increased costs to the system.

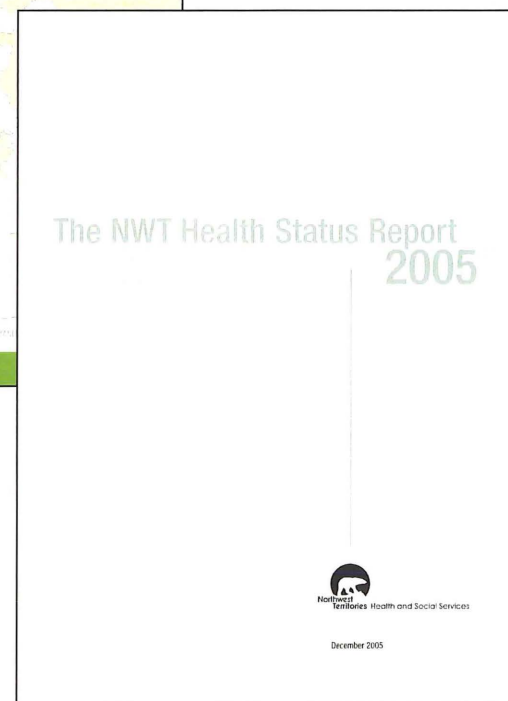
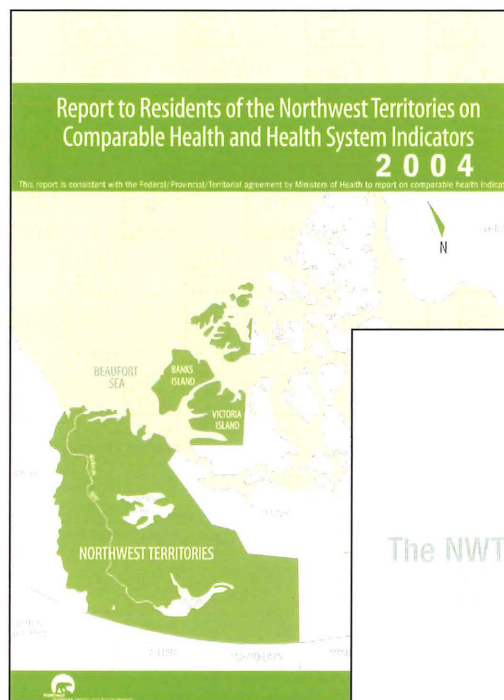
The shortage of health care workers, and the challenges of attracting them to work in the North, will continue to make recruitment and retention one of our highest priorities.

Finally, health experts around the world agree that it is only a matter of when, not if, a pandemic influenza will appear. Planning for this event, which could have catastrophic effects, should continue to be a number one priority for the health and social services system.

### *Health Conditions*

A few highlights of health and social conditions in the NWT were noted in the sidebars on the previous two pages. More detailed information on these conditions can be found in two recent reports issued by the Department - the 2004 *Report to Residents of the Northwest Territories on Comparable Health and Health System Indicators*, and *The NWT Health Status Report 2005*. Both reports can be accessed on the Department's website at :

<http://www.hltss.gov.nt.ca/content/Publications/Reports/reports.asp>



# Goals

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*Our Vision:* The long-term goals for the NWT health and social services system are as follows:

*Our children will be  
born healthy and  
raised in a safe family  
and community  
environment which  
supports them in  
leading long,  
productive and self-  
reliant lives.*

## **Goal 1 -**

*To promote healthy choices and responsible self-care.*

This goal is achieved through the provision of health promotion programs that create awareness of health issues, educate people about illness and disease prevention, and help to shape positive attitudes, responsible behaviour and healthy choices.

The long term outcome associated with this goal will be people taking better care of themselves and their families.

## **Goal 2 -**

*To protect public health and prevent illness and disease.*

This goal is achieved through the provision of public health services and environmental health programs aimed at protecting the health and well being of individuals, families and communities.

The long term outcome associated with this goal will be a reduction in the incidence of preventable illness and disease.

## **Goal 3 -**

*To protect children and vulnerable individuals from abuse, neglect, and distress.*

This goal is achieved through the provision of intervention programs and protection services for those individuals and families who require special assistance to meet their basic needs.

The long term outcome associated with this goal will be an improvement in the quality of individual and family life.

## **Goal 4 -**

*To provide integrated, responsive and effective health services and social programs for those who need them.*

This goal is achieved through the provision of integrated health and wellness programs for the diagnosis, treatment and management of acute and chronic health conditions and social problems.

The long term outcome associated with this goal will be the assurance that all people are well cared for.

# Principles

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Actions toward achieving each of these goals contribute to improvements in the overall health and well being of the people of the NWT.

Principles reflect people's values and beliefs. They are general statements about what we believe is important. Principles guide our decisions and actions.

We believe that the health and social services system must place the needs of individuals and families first, and that everyone should have fair and equitable access to programs and services. We also believe that people have the right to be treated with dignity and that cultural traditions must be respected. Further, we believe that people need to take ownership of personal and community issues, and that governments and their agencies should actively support empowerment and self-reliance.

The NWT health and social services system adheres to the following principles:

**Universality** - All residents of the NWT have access to the services they need and are treated fairly and with respect.

**Basic Needs** - Publicly-funded programs and services will address basic health and social needs when these needs cannot be met by an individual or family.

**People-Oriented System** - All activities of the health and social services system will support an approach that puts people first.

**Culture and Tradition** - The cultures and traditions of the people of the NWT should be represented and respected throughout the service delivery system, including staffing.

**Personal Responsibility** - Individuals and families have personal responsibilities to address their own health and social needs.

**Prevention-Oriented System** - All activities of the health and social services system will support the maintenance of physical, social, and mental health, in addition to the treatment of illness and injury.

**Continuum of Care** - Programs and services will fit together as seamlessly as possible and will be integrated with other GNWT services wherever possible.

**Sustainability** - The health and social services system will operate in a way that does not threaten its ability to meet basic needs over the long term.

These principles are supportive of the core values expressed in the Government of the Northwest Territories strategic plan:

- Self-reliance
- Partnership
- Accountability
- Respect
- Identity
- Integrity

*The Canada Health*

*Act is based on five*

*principles:*

*Universality*

*Comprehensiveness*

*Portability*

*Accessibility*

*Public Administration*



# Integrated Service Delivery Model

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The need to create an integrated system of health and social services in the NWT was identified as a key element in the previous strategic plan, and was a focal point in the Minister's *Action Plan 2002-2005*. That plan called for the creation of a sustainable system of service delivery based on the concept of primary community care. Simply put, "primary community care" means that people can access the right service, by the right provider, at the right time.

The Integrated Service Delivery Model (ISDM) describes the preferred future for the health and social services system in the NWT. ISDM is the cornerstone of the current strategic plan.

It took a concentrated effort by many people over several years to draft the details of the ISDM, and it will take many more years of consultation and collaboration to fully implement it. The ISDM has three key elements: service integration and professional collaboration; organizational integration; and a set of core services that define the range of services available throughout the NWT.

The model describes clusters of services that would be available at the community, regional and territorial levels. Primary community care teams would provide local services, and when required would make referrals to regional support teams in the larger centers. Regional teams would also provide direct services, some traveling services, and would make referrals to territorial support teams.

Implementation of the ISDM in the short term will entail maintaining current service levels and addressing inequities in access to services. In the medium term, implementation would focus on ensuring that service delivery and staffing levels meet certain standards. In the longer term, full implementation would involve meeting newly established territorial benchmarks and standards for program and service delivery.

## Core Services

There are six core services within the ISDM.

**1) Promotion and Prevention Programs** are intended to promote health and well-being by providing education and awareness about healthy lifestyles (e.g. diet, exercise) and risk behaviours (e.g. smoking, excessive alcohol consumption). Prevention programs include activities such as childhood immunization, flu vaccinations, cancer screening, early childhood intervention, and diabetes education.

**2) Protection Services** aim to safeguard the health and well being of individuals and families, and include child protection services, disease surveillance, public health programs, and environmental health services. Statutory services of the Chief Medical Health Officer, the Public Guardian and the Director of Child and Family Services are within this core service.

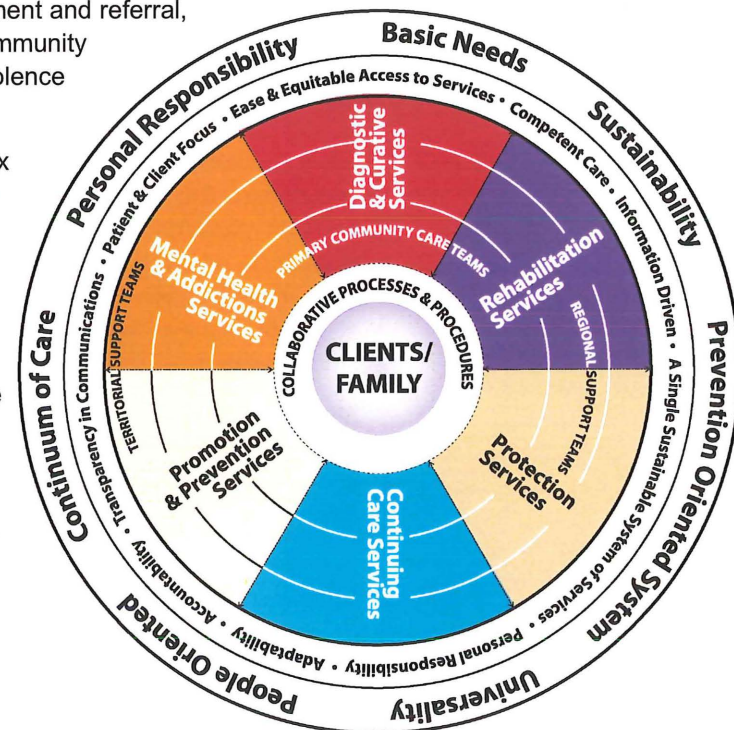
3) **Diagnostic and Curative Services** are those that are required to diagnose disease and illness and provide treatment. Curative services include all the services provided by physicians, nurses, and allied health professionals in hospitals, health centers and clinics to treat illness and disease. Diagnostic imaging (e.g. X-rays), laboratory services and some pharmacy services are included in this core service. Medical travel services are also included within this core service, to ensure that all people have access to medically necessary services regardless of where they live.

4) **Rehabilitation Services** help to improve and maintain the functional independence of clients with impairment from injury, chronic disorder, or disability. Rehabilitation services include physiotherapy, occupational therapy, speech and language therapy, and audiology. These services are provided in a range of settings, such as the home, clinics, health services agencies and hospitals, and include assessment, treatment, intervention, and education.

5) **Continuing Care Services** are those services that maintain or improve the physical, social, and psychological health of individuals who, for a variety of reasons, may not be able to fully care for themselves. The overall objective is to improve independence and quality of life for these individuals and their families. These services are available both in the home and in residential care settings.

6) **Mental Health and Addiction Services** respond to mental health issues, addictions and family violence problems through education, prevention, treatment and aftercare and are delivered as an integrated program. These services assist those with a mental illness, mental health issues, addiction, or concurrent disorders to receive the care and support they need to live in optimal health. Mental health and addiction services include education and awareness, assessment and referral, residential treatment, community counseling and family violence prevention.

The provision of these six core services represents the ongoing day-to-day business of the health and social services system. The strategic initiatives that follow each provision contribute to one or more of these core services, making them more effective, efficient and sustainable.



# Strategic Directions

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The strategic directions outlined below are presented within the framework of the core services of the ISDM. Only high-level directions are presented here. More specific initiatives are described in a companion document, the *Action Plan 2006 - 2010*.

## Promotion and Prevention Programs

### *What needs to be done?*

Many of the health issues that arise in the NWT are preventable. Smoking, heavy alcohol consumption, poor diet, and lack of exercise all contribute to both acute and chronic conditions such as heart attacks, strokes, cancer and diabetes. The impact of high-risk behaviours is somewhat masked today by the fact that the NWT population is relatively young. As the population ages, the impacts on the health of individuals and on the health care system will become increasingly apparent unless effective promotion and prevention programs are supported.

Strategic Direction 1: Increase the effectiveness of programs that help to promote health and wellness and to prevent the onset of illness, disease, and disability.

### *Where do we start?*

#### 1.1 Healthy Choices Framework

The Healthy Choices Framework brings together a series of strategic initiatives that aim to influence attitudes and behaviours in favour of promoting healthy living and preventing the onset of disease. These include:

- Active Living
- Healthy Eating
- Tobacco Cessation and Control
- Sexually Transmitted Infections Strategic Directions
- Injury Prevention

These initiatives are directed toward a number of actions identified in the GNWT strategic plan, including providing programs to support healthy prenatal lifestyles, positive parenting skills, child care and child development support, supporting initiatives that encourage individuals, especially youth, to make positive lifestyle choices, and supporting initiatives that provide opportunities for physical activity.

Specific initiatives that will also support this strategic direction include the following items described in the *Action Plan 2006 - 2010*:

- 1.2 Expanding public health units
- 1.3 Supporting traditional health practices



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## Protection Services

### *What needs to be done?*

Some people, may not be able to fully look after their needs, and consequently need special assistance. Children who are abused or neglected by their parents or caregivers may need the protection of the Director of Children and Family Services. Other statutory authorities, such as the Chief Medical Health Officer, the Public Guardian and the Director of Mental Health can offer protective services for individuals who are at risk of harm in a variety of situations. These essential services for individual well being and public good need continuing support.

Strategic Direction 2: Increase the emphasis on programs and services that are intended to protect all vulnerable people, especially women, children, and elders, from physical and emotional abuse, neglect, and disregard.

### *Where do we start?*

#### 2.1 Family Violence Action Plan

The Department of Health and Social Services is completing 33 actions outlined in the government's response to the Family Violence Action Plan, which included 72 government commitments. These actions will be completed by March 2006.

The Family Violence Action Plan set goals for 2003-2008. The department will be involved in interdepartmental discussions to determine future actions to implement recommendations in the Action Plan to 2008 that build on the important work that began in the first GNWT Response. Future plans will reinforce the department's priority to focus on family violence particularly by enhancing community supported prevention programming and supporting services in efforts to reduce the high rates of family violence reported in the NWT.

Specific initiatives that will also support this strategic direction include the following items described in the *Action Plan 2006 - 2010*:

2.2 Supporting Services for Seniors

2.3 Examining Homelessness

## Diagnostic and Curative Services

### *What needs to be done?*

The lion's share of the budget for health and social services goes toward treating acute and chronic conditions - helping people to recover from injury and illness and to cope with chronic disease and disability. With costs increasing every year, the sustainability of the care system is constantly challenged. We have to find ways of containing costs, and that means seeking as many efficiencies as possible.

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Strategic Direction 3: Maximize efficiencies in the delivery of community-based treatment services.

*Where do we start?*

3.1 Primary Care (Nurse Practitioners, Midwives, and Licensed Practical Nurses)

The Primary Care initiative is intended to expand access to primary care health practitioners throughout the NWT. One of the ways this will be achieved is through the addition of Nurse Practitioners (NPs). NPs are registered nurses who receive additional training that extends their scope of practice and allows them to diagnose more complex cases and to provide more comprehensive treatment. In the NWT, most communities do not have doctors, and NPs are ideally suited to the ISDM primary community care model. The NWT-Nunavut Registered Nurses Association has recommended that over the next ten years NPs be placed in every community.

There are currently only a small number of NPs practicing in the NWT. In support of the implementation of the ISDM and the expansion of primary community care, the number of practicing NPs will be increased through support to both the Registered Nursing and Nurse Practitioner training programs at Aurora College.

Initiatives to increase midwifery services, and to maximize the role of licensed practical nurses are also important components of primary care reform.

This initiative will also respond directly to one of the actions called for in the GNWT strategic plan to "implement the use of nurses practitioners and midwives to complement the work of traditional health providers such as doctors, nurses and traditional healers."

Strategic Direction 4: Maximize efficiencies in the delivery of hospital-based services.

4.1 Reforming Facility and Medical Services

As a preliminary step to the implementation of ISDM, the department commissioned a review of hospitals and other facilities in 2004. The subsequent report, *Reforming Facility and Medical Services in the NWT - A New Direction* was drafted early in 2005. This report examines alternate models of care that could effectively and efficiently meet the current and future institutional health care needs in the NWT, and proposes a series of recommendations to improve the effectiveness and efficiency of facility-based services.

A consultation process, initiated in 2005-06, will solicit input from stakeholders before final directions are set in this major initiative.

Following a review and comparative analysis of hospital bed utilization in the NWT, revised institutional bed categories and new benchmarks for acute care beds and occupancy rates have been proposed. Adjustments to facility-based services in Yellowknife, Hay River, Fort Smith and Inuvik will be phased in over time.

A review of out-of-territories hospital utilization and medical travel patterns suggested that the outflow of patients to Alberta facilities could be reduced to 10% of the total NWT demand. Changes in operating room and medical travel practices over the longer term will be required to achieve this target.

In 2004 the NWT had 56 GP full-time equivalent positions distributed among the HSS Authorities, and an additional 21 full-time specialist positions at Stanton Territorial Hospital. Recruiting physicians to work in all locations continues to be very challenging, and wait times for family physicians, particularly in Yellowknife, were reported to be problematic.

A detailed series of recommendations have been proposed to adjust physician services over the next ten years, using new benchmarks and taking into account other initiatives in primary community care.

Other initiatives that will also support these strategic directions in diagnostic and curative core services include the following items described in the *Action Plan 2006 - 2010*:

- 4.2 Establishing Benchmarks for Wait Times
- 4.3 Supporting Dialysis Services
- 4.4 Implementing Coordinated Discharge Planning
- 4.5 Reviewing Ambulance Services

Strategic Direction 5: Maximize efficiencies in the delivery of long-term care.

## 5.1 Long-term Care Reform

With an aging population it can be anticipated that there will be a steady increase in the number of seniors who will require 24-hour facility-based care. Preliminary estimates suggest that by 2020 there will be a need for between 220 and 295 long-term care beds. The exact number will depend in part on developments in home care and supported living programs.

### Rehabilitation Services

#### *What needs to be done?*

Rehabilitation programs help to improve and maintain functional independence for people with impairments from injuries, chronic conditions, and disabilities. In addition to improving an individual's quality of life, rehabilitation programs also reduce demands on the family and community, and on both acute and chronic care services.

Strategic direction 6: Ensure timely access to rehabilitation programs and services.

#### *Where do we start?*

### 6.1 Creating Rehabilitation Teams

Only a limited number of rehabilitation programs are available in the largest centers in the NWT. Wait times to receive services can be lengthy. Beginning in 2006-07, new rehabilitation teams will be recruited and stationed in



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the South Slave and Beaufort-Delta regions, and in Yellowknife and Stanton Territorial Hospital. These teams, with expertise in speech and language therapy, audiology, and physiotherapy will travel on a regularly scheduled basis to communities within their catchment areas.

## Continuing Care Services

### *What needs to be done?*

Continuing care services are aimed at helping people with special needs live at home in their own community for as long as possible. This allows for more family supports and greatly contributes to an improved quality of life, in addition to reducing the demands for expensive hospital or residential care. Continuing care services need to be strongly supported, not only because they put the needs of people first but also because they contribute to the overall sustainability of the health and social services system.

Strategic Direction 7: Set new directions for continuing care services.

### *Where do we start?*

#### 7.1 Disabilities Framework

In December 2004 the NWT Disability Framework and the NWT Action Plan for Persons with Disabilities were released. The Disability Steering Committee Partnerships' role is to monitor the implementation of the NWT Action Plan for Persons with Disabilities to ensure the priorities

for the next steps of implementation are identified and addressed on a yearly basis. There will be a need to identify future resources to address the action items within the plan.

#### 7.2 Dementia Services

As a result of the review of hospitals and health care facilities, and in recognition of the anticipated growth in the number of seniors in the NWT, initiatives will be required in long-term care for seniors. This includes high-level, specialized care for dementia clients. Work has been initiated to design a dementia care facility in Yellowknife. Renovations will be needed to the existing long-term care homes to provide greater care to persons with dementia.

Other initiatives that will also support these strategic directions in diagnostic and curative core services include the following items described in the *Action Plan 2006 - 2010*:

#### 7.3 Supporting Home Care Services

## Mental Health and Addiction Services

### *What needs to be done?*

Alcohol and drug abuse are often identified as the underlying causes of many social issues in the NWT. Alcohol and drug abuse are also linked to many health issues, including injuries, chronic diseases and premature death. Combating alcohol and drug abuse is a long-term

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challenge in the NWT, not only for the health and social services system and its partners, but also for individuals, families and communities.

Strategic Direction 8: Staying the course on new directions for alcohol and drug services.

### *Where do we start?*

#### 8.1 Mental Health and Addictions Strategy

The Department of Health and Social Services, in partnership with Health and Social Service Authorities and other key stakeholders, are building a continuum of integrated mental health and addiction services.

The first initiative that has been successfully implemented in communities and regions is the Community Counseling Program, which provides community-based integrated mental health and addictions counseling. As of 2005, a total of 77 positions have been recreated to support the Community Counseling Program staffing model and a comprehensive training program has been built to support the education requirements of several groups of front line staff.

Community counseling programs are one of several components of a mental health and addiction system. Action plans are required in the following areas:

- Territorial Addictions Awareness Campaign
- Children and Youth Mental Health and Addiction Services

- Crisis Response Services
- Supported Living Models
- Withdrawal Management Services
- Case Management Models
- Inpatient/Outpatient Services
- Vocational/Education Services

Other initiatives that will also support these strategic directions in diagnostic and curative core services include the following items described in the *Action Plan 2006 - 2010*:

#### 8.2 Working on FASD

### Other Strategic Initiatives

#### Mackenzie Gas Project

##### *What needs to be done?*

In anticipation of the construction of the Mackenzie Gas Project, there is a need to ensure that communities and the GNWT have the capacity to collaboratively manage the social impacts of the pipeline and related exploration and development activities in the short, medium, and longer term.

Strategic Direction 9: Collaborate with communities, other departments and the Mackenzie Gas Project proponents to ensure that social impact monitoring and mitigation efforts are successful.

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### *Where do we start?*

#### 9.1 Community Consultations

In June and September 2005 the social programs departments held several regional workshops to hear community views on the anticipated social impacts of the proposed pipeline. Community consultations and collaborative planning to manage those impacts will continue throughout the lifespan of the pipeline. Effective management of those impacts will require the development of a social impacts monitoring system that will measure and record social changes at the community level. This will require collaborative actions among the communities, social program departments, the NWT Bureau of Statistics, and regional health and social service authorities.

### **Pandemic Influenza Preparedness**

Health experts world-wide agree that another influenza pandemic is inevitable, and that health systems have to be ready to deal with it proactively. Preparedness is the key.

#### *What needs to be done?*

10.1 Develop operational plans in the event of a pandemic.

The Authorities and the Department, in collaboration with Municipal and Community Affairs, need to work with communities and all levels of government to develop

contingency plans in the event that a pandemic outbreak occurs.

Strategic Direction 10: Contingency planning to minimize the impact of a pandemic.

#### *Where do we start?*

The NWT has had a draft contingency plan in place since 2000, which was updated in November 2005. A regional pandemic planning meeting was held in Inuvik in the fall of 2005. Similar meetings need to occur with each HSSA, beginning in the Tlicho in February 2006.

### **Risk Management/Accreditation**

#### *What needs to be done?*

Accreditation is an external, peer-review process, used by organizations to evaluate their services and to foster quality improvement. Accreditation provides a demonstration of performance and accountability related to risk management and client safety. Currently, four HSSA undergo accreditation on a regular basis; it is proposed to extend this to encompass all HSSA.

Strategic Direction 11: Examine options for system-wide accreditation of both health services and social programs.



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*Where do we start?*

11.1 Develop an Options Paper for system-wide accreditation.

### Funding Allocation Model

Current funding arrangements with the HSSA reflect a mixture of block funding and specific program allocations that derive from historical funding arrangements, some of which predate the creation of the HSSA.

*What needs to be done?*

While the Authorities have flexibility to budget as they see fit, there are gaps between what funding is provided for and what it is spent on. It is essential that funding for services is linked to the ISDM and directly reflects the core services that HSSA are required to provide.

Strategic Direction 12: Developing a funding allocation model that provides equitable financing for the HSSA.

*Where do we start?*

12.1 Develop a funding model in partnership with the HSSA.

Terms of reference were drafted in September 2005. The proposed methodology will include a review and critique of current funding approach, development of options, and identification of elements required to implement a revised funding model.

A contractor will be selected to lead the process, and work will begin on this initiative early in 2006.

### Performance Agreements

In keeping with a commitment to increased accountability for the delivery of health and social services in the NWT, the Minister has expressed the intention to enter into performance agreements with Health and Social Services Authorities.

*What needs to be done?*

Prior to entering into these agreements, there is a need to ensure that standards are in place and that consistent approaches are taken across the system. To accomplish this, it will be necessary to review the current operations, to determine the range of approaches used and results achieved, and to set benchmarks.

Strategic Direction 13: Improving accountability and public reporting on results.

*Where do we start?*

13.1 Conducting Operational Reviews

Operational reviews were initiated in 2005 and will continue through 2006-2007 to establish operational benchmarks and to form the basis for initial performance agreements. Thereafter, operational reviews will be conducted on a regular basis, integrated with accreditation.

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## Supporting Our Staff and Trustees

### *What needs to be done?*

Recruiting and retaining front-line staff is one of our highest priorities. High turnover rates have an impact on the continuity of care, and vacancies in front line positions put additional demands on existing staff.

Strategic Direction 14: Improving services to staff

### *Where do we start?*

- 14.1 Update the strategies for recruitment and retention of Community Health Nurses and Physicians.
- 14.2 Expand Community Health representative training.
- 14.3 Emphasize the training of northern social workers.

# Moving Forward

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This updated strategic plan maintains many of the directions established in *Shaping Our Future*, and responds to emerging needs and issues that have arisen over the last few years. The plan sets directions and will act to guide the health and social services system over the next few years. This strategic plan also forms the foundation for the Minister's *Action Plan, 2006 - 2010*, which provides a detailed description of the specific actions that are required in the short to medium term to move forward in the provision of effective and efficient health programs and social services in the NWT.

