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Northwest Territories
Territoires du Nord-Ouest

NWT DEPARTMENT OF HEALTH AND SOCIAL SERVICES

2023-2024 Annual Report

Rapport annuel 2023-2024

MINISTÈRE DE LA SANTÉ ET
DES SERVICES SOCIAUX DES TNO

Le présent document contient la traduction française du sommaire et du mot de la ministre.

Best *Health*
Best *Care* | Better *Future*

Une santé *optimale*
Des soins *optimaux* | Un avenir *prometteur*

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

Si vous voulez ces informations dans une autre langue officielle, contactez-nous.
French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
Cree

Tłı̨chǫ yatı k'ę̀è. Dı wegodı newǫ dè, gots'o gonede.
Tłı̨chǫ

ʔerıhtł'ís Dëne Sųłıné yatı t'a huts'elkër xa beyáyatı theʔą ʔat'e, nuwe ts'ën yółtı.
Chipewyan

Edı gondı dehgáh got'ı̨e zhatıé k'ę́é edatł'éh enahddhę nıde naxets'é edahłí.
South Slavey

K'áhshó got'ı̨ne xədə k'é hederı ʔedı̨htl'é yerınıwę nídé dúle.
North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit yinohthan jì', diits'àt ginohkhìi.
Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.
Inuvialuktun

ᑕᵇᑯᐊ ᑎᑎᖃᑲᐃᑦ ᐱᕆᒪᔨᐱᑦ ᐃᓄᒃᑎᑐᓕᖅᑭᒃ, ᐅᐸᑦᑎᓐᓄᑦ ᐅᖃᓕᕆᓂᖅᑕᑎᑦ.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

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Message from the Minister

Hon. Lesa Semmler

Minister of Health and Social Services

I am pleased to present the Northwest Territories Health and Social Services System Annual Report for 2023-24. This is the fourth year of reporting on our operations and progress toward the goals outlined in the system's Strategic Planning Framework. Our focus remains on achieving Best Health, Best Care, for a Better Future.

The NWT's per capita health care costs remain among the highest in Canada, and spending within the Health and Social Services (HSS) system continues to rise significantly. This ongoing growth demands our continued commitment to delivering effective and efficient services, despite the substantial logistical challenges posed by our vast geography and diverse population.

In 2023-24, the Department of Health and Social Services (the Department) spent $687.5 million. Of this total, $463 million, or 69%, was allocated to Health and Social Services Authorities to administer and deliver programs and services. Additionally, the Department invested $14.6 million in capital infrastructure projects during the same period.

The Department's total expenditures increased by $34.7 million, or 5.16%, compared to the previous year. This rise was driven by costs related to Facility-Based Addictions Treatment, Out-of-Territory Hospital and Physician Services, and Hospital and Physician Services for non-NWT residents. Additional funding was also needed to support Health and Social Services Authorities in covering expenses for Adult Out-of-Territory Supported Living, Medical Travel, Agency Nurses, Radiology Services, In-Territory Child and Family Services, and the Yellowknife Day Shelter and Sobering Centre.

A key objective of the HSS system is to ensure long-term sustainability while consistently delivering health and social services that meet the diverse needs of NWT residents. To support this goal, the Department has continued to invest strategically in anti-poverty initiatives, health promotion, on-the-land programs, and community-based mental wellness and addictions aftercare. Ongoing efforts to reform primary health care are also a priority. These initiatives are paired with a renewed focus on retaining and recruiting health care workers, ensuring we remain competitive as an employer amidst a prolonged sector-wide labour shortage.

I want to extend my sincere thanks to all staff across the HSS system for their unwavering dedication to providing care to those in need and for ensuring that our health and social services continue to serve all NWT residents effectively.

ACCOUNTABILITY STATEMENT

This Annual Report fulfills the requirement to inform the Legislative Assembly about the Department of Health and Social Services' operations and financial position for the previous year. As Minister of Health and Social Services, I have ensured this report was prepared to demonstrate how the Strategic Planning Framework is being implemented. The report provides a comprehensive review and analysis of the health and social services system's progress in its financial activities and strategic priorities for 2023-24. It reflects the Department's commitment to enhancing performance, accountability, and transparency across operations. Additionally, this report meets the obligation to annually table a report on the operations of the Medical Care Plan.

Mot de la ministre

L'hon. Lesa Semmler

Ministre de la Santé et des Services sociaux

J'ai le plaisir de présenter le rapport annuel 2023-2024 sur le système de santé et des services sociaux des Territoires du Nord-Ouest (TNO). C'est la quatrième année que nous rendons compte de nos activités et des progrès réalisés dans l'atteinte des objectifs fixés dans le cadre de planification stratégique du système de santé et des services sociaux. Nous avons encore et toujours pour objectif principal de garantir aux Ténois une santé optimale, des soins optimaux pour un avenir prometteur.

Aux TNO, les coûts par habitant pour la prestation des soins de santé demeurent parmi les plus élevés au Canada, et les dépenses du système de santé et des services sociaux continuent d'augmenter de façon importante. Cette augmentation constante nécessite notre engagement continu pour fournir des services efficaces, malgré les défis logistiques considérables posés par l'immensité de notre territoire et la diversité de notre population.

En 2023-2024, le ministère de la Santé et des Services sociaux a dépensé 687,5 millions de dollars, dont 463 millions (69 %) ont été utilisés par les administrations des services de santé et des services sociaux pour administrer et fournir les programmes et les services. De plus, le ministère a investi 14,6 millions de dollars supplémentaires dans des projets d'infrastructure pendant la même période.

Les dépenses totales du ministère ont augmenté de 34,7 millions de dollars (5,16 %) par rapport à l'exercice précédent. Cette hausse s'explique par des coûts liés au traitement des dépendances en centre, aux services hospitaliers et médicaux à l'extérieur des TNO ainsi qu'aux services hospitaliers et médicaux dispensés aux non-résidents des TNO. Un financement supplémentaire s'est avéré nécessaire afin de soutenir les administrations des services de santé et des services sociaux pour couvrir les dépenses du programme d'aide à la vie autonome pour adultes à l'extérieur des TNO ainsi que celles des déplacements pour raisons médicales, du personnel infirmier venant d'agences privées, des services de radiologie, des services à l'enfance et à la famille aux TNO, et du refuge de jour et du centre de dégrisement de Yellowknife.

L'un des principaux objectifs du système des services de santé et des services sociaux est d'assurer la viabilité à long terme des services de santé et des services sociaux, tout en répondant aux divers besoins des Ténois. Pour appuyer cet objectif, le ministère a continué d'investir de façon stratégique dans les initiatives anti-pauvretés, la promotion de la santé, les programmes sur les terres ancestrales, et les programmes communautaires de mieux-être psychologique et de suivi après le traitement des dépendances. La réforme actuelle des soins de santé primaires fait également partie des priorités ministérielles. Outre ces initiatives, le ministère porte à nouveau une attention particulière à la rétention et au recrutement des professionnels de la santé pour s'assurer de demeurer concurrentiel en tant qu'employeur alors que le secteur tout entier fait face à une pénurie de main-d'œuvre.

Je tiens à remercier sincèrement tous les employés du système de santé et des services sociaux pour leur dévouement inébranlable à fournir des soins à ceux qui en ont besoin et pour faire en sorte que notre système de santé et services sociaux continue d'offrir des services efficaces à tous les Ténois.

DÉCLARACTION DE RESPONSABILITÉ

Le présent rapport annuel répond à l'obligation d'informer l'Assemblée législative des activités et de la situation financière du ministère de la Santé et des Services sociaux au cours de l'exercice précédent. En qualité de ministre de la Santé et des Services sociaux, j'ai veillé à ce que ce rapport annuel soit rédigé pour démontrer comment le Cadre de planification stratégique est mis en œuvre. Le rapport décrit l'examen et l'analyse approfondis des progrès du système de santé et des services sociaux quant à ses activités financières et ses priorités stratégiques pour 2023-2024. Il reflète l'engagement du ministère à améliorer le rendement, la reddition de comptes et la transparence dans l'ensemble de ses activités. De plus, ce rapport répond à l'obligation de présenter un rapport annuel sur les activités du régime d'assurance-maladie.

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Executive Summary

The Northwest Territories (NWT) Department of Health and Social Services (The Department) 2023-24 Annual Report represents the fourth year of reporting on the Strategic Priorities set out in the 2020-2024 Health and Social Services (HSS) Business Plan.

OUR STRATEGIES

In 2023-24, the HSS system continued to progress on goals and priorities under the HSS Strategic Planning Framework:

- Health of the Population and Equity of Outcomes
- Better Access to Better Services
- Quality, Efficiency and Sustainability
- Stable and Representative Workforce

These four aims serve as goals for the HSS system, which is comprised of the Department and the three Health and Social Services Authorities (HSS Authorities): the Northwest Territories Health and Social Services Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA), and the Tłı̨chǫ Community Services Agency (TCSA). This report focuses on key initiatives advanced by the Department in 2023-24.

HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

This goal focuses on the HSS system's efforts related to health promotion, disease prevention, providing culturally respectful and community-based programs and services informed by unique population needs and priorities.

In 2023-24, the 811 Health Advice Line merged with the NWT Helpline and Quitline, allowing callers to access free and confidential 24-hour health information, mental health and wellness support, and tobacco cessation advice, through one phone number.

The Department hosted it's second Weaving our Wisdom Gathering, welcoming approximately 300 people to Yellowknife, including wellness leaders, Elders, and knowledge holders from across the NWT, to celebrate and share Indigenous community-driven wellness knowledge. The Gathering identified priorities that will guide the future work of the HSS system and assist a whole-of-government understanding of how determinants of health such as housing, climate change, poverty, early childhood development, education, and self-determination can impact Indigenous Peoples.

During 2023-24, the Department worked to improve early cancer detection by increasing cancer awareness, screening participation rates and follow up for those most at risk. Key activities included updating the clinical practice guidelines for colorectal and breast cancer and the implementation of the Human Papillomavirus vaccination (HPV) campaign and the "Build a Stronger You" campaign.

In 2023-24, the Department updated the Extended Health Benefits Policy to ensure fair access to extended health benefits for NWT residents with low income who were not covered under the old policy. The new Policy no longer requires residents to have a specified disease condition to access benefits; instead, there is a suite of benefits available to all residents, each with its own terms and conditions for eligibility and levels of coverage.

BETTER ACCESS TO BETTER SERVICES

This goal focuses on improving access, reducing wait times, strengthening cultural safety, and creating a more robust system of HSS supports for NWT residents.

The Department worked toward fulfilling the GNWT Mandate priorities to: *Increase the number and variety of culturally respectful, community based mental health and addictions programs; Enable seniors to age in place with dignity*; and *Improve early childhood development indicators for all children* during 2023-24. Key activities included:

- Continued implementation of a Stepped Care 2.0 approach (within the Community Counselling Program), including the completion of the evaluation of the first two years of the approach's implementation which found a 79% reduction in wait time for mental wellness and addictions recovery counselling between 2020 and 2022;
- Amalgamation of the Addictions Recovery Aftercare Fund, On the Land Healing Fund and the Addictions Recovery Peer Support Fund into the Community Wellness and Addiction Recovery Fund to prioritize Indigenous Governments and support the delivery of community-based mental wellness and addictions recovery programs;
- Continued collaboration with ECE to complete the evaluation and redesign of the Child and Youth Counselling (CYC) initiative in NWT schools and communities;
- Implementation of the GNWT Seniors' Strategic Framework; and
- Implementation of the Child, Youth and Family Services Strategic Direction and Action Plan 2023-2028.

QUALITY, EFFICIENCY, AND SUSTAINABILITY

This goal is focused on improving the quality and operational efficiency of health and social services, as well as ensuring that data, research, and technology are used to remain responsive to patient and provider needs.

Ensuring quality care means ensuring culturally safe care. The Cultural Safety and Anti-Racism division continued to lead the system-wide efforts in tackling anti-Indigenous racism and systemic racism and was responsible for the development, continuous improvement, and delivery of cultural safety and anti-racism training to HSS staff.

The Department maintained interest in partnerships with collaborators across the HSS system and external to the system, such as academic institutions, territorial and federal government departments, Indigenous Governments and organizations, communities, and the private sector to advance the research priorities of the HSS System.

Capital investments that are in progress or planned are summarized in this report, as are 2023-24 financial highlights. In addition, as part of reporting progress on goals, the Department continues to report on over 40 performance measures that speak to the HSS system's performance.

Fiscal sustainability measures were implemented to the GNWT's supplementary health benefit programs (Extended Health Benefits and Métis Health Benefits) in 2023-24. These measures included adjustment to pharmacy compensation and reimbursement fees, entering into more product listing agreements and establishment of the NWT Pharmacare formulary management committee to ensure continued access to benefits similar to other provinces and territories.

STABLE AND REPRESENTATIVE WORKFORCE

This goal is focused on identifying needs and areas of demand across the HSS system to ensure a stable and representative workforce is available. In 2023-24, the Department and HSS Authorities continued to collaborate to progress initiatives outlined in the *NWT HSS System Human Resources Plan 2021-2024*. This plan aligns with the priority of the 19th Legislative Assembly's Mandate and the Department's Business Plan to *Increase the number of resident health care professionals by 20 percent.* Several of the plan's initiatives were specifically designed to attract Indigenous and Northern residents to pursue careers in the health and social services field. Additionally, all the initiatives in the plan were guided by a commitment to address systemic racism and promote cultural safety and anti-racism within the NWT HSS system.

Sommaire

Le Rapport annuel 2023-2024 du ministère de la Santé et des Services sociaux (MSSS) des Territoires du Nord-Ouest (TNO) fait le point pour une quatrième année sur les priorités stratégiques énoncées dans le Plan d'activités 2020-2024 du système de santé et des services sociaux.

NOS STRATÉGIES

En 2023-2024, le système de santé et des services sociaux a continué d'accomplir des progrès à l'égard de ses objectifs et des priorités de son cadre de planification stratégique :

- Santé de la population et équité des bienfaits
- Meilleur accès pour des services améliorés
- Qualité, efficacité et viabilité
- Personnel stable et représentatif

Les quatre objectifs ci-dessus sont ceux du système de santé et de services sociaux, qui est composé du MSSS et des trois administrations des services de santé et des services sociaux suivantes : l'Administration des services de santé et des services sociaux des TNO (ASTNO), l'Administration des services de santé et des services sociaux de Hay River (ASSSSHR) et l'Agence de services communautaires tłı̨chǫ (ASCT). Le rapport met l'accent sur les principales initiatives proposées par le ministère en 2023-2024.

SANTÉ DE LA POPULATION ET ÉQUITÉ DES BIENFAITS

Cet objectif couvre les efforts déployés par le système de santé et des services sociaux pour promouvoir la santé, prévenir les maladies et offrir des programmes et des services communautaires qui sont respectueux de la culture, et qui tiennent compte des besoins et des priorités uniques de la population.

En 2023-2024, la Ligne d'aide des TNO et la Ligne antitabac des TNO ont fusionné pour devenir la Ligne Info-santé 811 des TNO. De cette façon, les résidents peuvent accéder en tout temps à une aide gratuite et confidentielle (renseignements sur la santé, soutien en santé mentale et en mieux-être, conseils sur l'abandon du tabac) au moyen d'un seul numéro de téléphone.

Le ministère a tenu son deuxième rassemblement pour le mieux-être Weaving Our Wisdom, accueillant environ 300 personnes à Yellowknife, dont des leaders du mieux-être, des aînés, et des détenteurs du savoir de partout aux TNO pour célébrer et partager les connaissances autochtones et communautaires sur le bien-être. Ce rassemblement a permis d'établir les priorités qui orienteront le travail du ministère à venir, et d'améliorer la compréhension pangouvernementale des effets que peuvent avoir les déterminants de la santé, tels le logement, le changement climatique, la pauvreté, le développement de la petite enfance, l'éducation et l'autodétermination, sur les peuples autochtones.

En 2023-2024, le ministère a travaillé à améliorer la détection précoce du cancer en augmentant la sensibilisation au cancer, les taux de dépistage et les suivis auprès des personnes les plus à risque. Parmi les initiatives principales, on compte la mise à jour des lignes directrices de pratique clinique pour le cancer colorectal et le cancer du sein ainsi que la mise en œuvre de la campagne de vaccination contre

le virus du papillome humain (VPH) et de la campagne « Pour un corps plus fort ».

En 2023-2024, le ministère a mis à jour la Politique relative au régime d'assurance-maladie complémentaire pour assurer un accès équitable aux prestations d'assurance-maladie complémentaires aux Ténois à faible revenu qui ne bénéficiaient pas d'une couverture en vertu de l'ancienne politique. La nouvelle politique n'exige plus des résidents qu'ils aient une maladie spécifique pour avoir accès au régime. Au lieu de cela, une série de prestations est offerte à tous les résidents, chacune ayant ses propres critères d'admissibilité et niveaux de couverture.

MEILLEUR ACCÈS POUR DES SERVICES AMÉLIORÉS

Cet objectif consiste à améliorer l'accès au système de soins, à réduire les temps d'attente, à renforcer le respect des cultures et à développer un système plus fort.

Le ministère a travaillé pour réaliser les priorités du mandat du GTNO, à savoir augmenter le nombre et la variété des programmes communautaires de santé mentale et de traitement des dépendances qui sont respectueux de la culture; permettre aux personnes âgées de vieillir chez elles dans la dignité; et améliorer les indicateurs du développement de la petite enfance pour tous les enfants en 2023-2024. Parmi les principales activités figurent les suivantes :

- Poursuite de la mise en œuvre de Stepped Care 2.0, l'approche intégrée par étapes en matière de prestation de services (au titre du Programme de counseling communautaire), notamment l'achèvement de l'évaluation des deux premières années de mise en œuvre de cette approche, qui a conclu à une réduction de 79 % des temps d'attente pour obtenir des services de counseling en mieux-être psychologique et en traitement des dépendances entre 2020 et 2022;
- Création du Fonds communautaire pour le mieux-être et le traitement des dépendances en regroupant le Fonds pour la guérison des dépendances et le maintien des acquis, le Fonds pour la guérison sur les terres ancestrales et le Fonds pour le soutien par les pairs en rétablissement des dépendances pour donner la priorité aux gouvernements autochtones et de soutenir la prestation de programmes de mieux-être psychologique et de traitement des dépendances axés sur la collectivité;
- Poursuite de la collaboration avec le MECF pour terminer l'évaluation et la refonte du Programme de conseillers des enfants et des jeunes (PCEJ) dans les écoles et les collectivités ténoises;
- Mise en œuvre du Cadre stratégique pour les personnes âgées du GTNO;
- Mise en œuvre de l'Orientation stratégique et du plan d'action 2023-2028 des services aux enfants, aux adolescents et aux familles.

QUALITÉ, EFFICACITÉ ET VIABILITÉ

Cet objectif consiste à améliorer la qualité et l'efficacité des services de santé et de services sociaux ainsi qu'à garantir que les données, les recherches et les technologies soient utilisées pour continuer de répondre aux besoins des patients et des professionnels de la santé. Garantir des soins de qualité signifie garantir des soins qui respectent la culture. Le Service de respect de la culture et de lutte contre le racisme, qui a continué de diriger les efforts déployés à l'échelle du système pour lutter contre le racisme anti-autochtone et le racisme systémique, a été responsable de l'élaboration, de l'amélioration continue et de la mise en œuvre de la formation à la sécurité culturelle et à la lutte contre le racisme pour le personnel du secteur des soins de santé.

Le ministère a maintenu son intérêt pour les partenariats avec divers intervenants du système de santé et des services sociaux et de l'extérieur du système, comme les établissements d'enseignement, les ministères territoriaux et fédéraux, les gouvernements et organisations autochtones, les collectivités ainsi que le secteur privé, afin de faire progresser les priorités de recherche du système de santé et des services sociaux des TNO.

Les investissements en capitaux en cours ou prévus sont résumés dans le présent rapport, tout comme les faits saillants financiers de l'exercice 2023-2024. En outre, et dans le cadre du rapport sur l'avancement des objectifs, le MSSS continue de rendre compte de plus de 40 mesures du rendement qui attestent de la performance du système de santé et des services sociaux.

Des mesures visant la viabilité budgétaire ont été intégrées au régime d'assurance-maladie complémentaire du GTNO (Prestations complémentaires d'assurance-maladie et Régime d'assurance-maladie pour les Métis) en 2023-2024, notamment la rémunération des pharmacies et le remboursement des honoraires professionnels, la conclusion d'ententes relatives aux listes de produits, et la mise en place du comité de gestion de la liste des médicaments assurés des TNO, afin d'assurer l'accès continu à des avantages semblables à ceux d'autres provinces et territoires.

PERSONNEL STABLE ET REPRÉSENTATIF

Cet objectif consiste à définir les besoins et les demandes du système de santé et des services sociaux afin de garantir la stabilité et la représentativité du personnel. En 2023-2024, le MSSS et les administrations des services de santé et des services sociaux ont poursuivi leur collaboration pour faire avancer les initiatives décrites dans le Plan des ressources humaines de 2021 à 2024 du système de santé et de services sociaux des Territoires du Nord-Ouest. Ce plan se conforme à la priorité du mandat de la 19e Assemblée législative et au plan d'activités du ministère, qui consiste à augmenter le nombre de professionnels de la santé résidents d'au moins 20 %. *Plusieurs initiatives du plan ont été précisément conçues pour attirer les résidents autochtones et du Nord vers des carrières dans le secteur des services de santé et des services sociaux*. De plus, toutes les initiatives du plan sont guidées par un engagement visant à s'attaquer au racisme systémique et à promouvoir la sécurité culturelle et la lutte contre le racisme au sein du système de santé et des services sociaux des TNO.

Introduction

The purpose of this Annual Report is to provide an overview of the performance of the Government of the Northwest Territories (GNWT) Department of Health and Social Services (the Department). This Annual Report does not intend to comprehensively outline the operations of each Health and Social Services Authority (HSS Authorities). Details on the operations of HSS Authorities can be found in their individual Annual Reports. However, this report does present progress on strategic areas of priority and performance measures for the Health and Social Services (HSS) System.

This Annual Report fulfills the Department's obligations to report to the Legislative Assembly on the preceding year's operations and financial position, operations of the Medical Care Plan, and significant strategies and initiatives under departmental action plans in accordance with the *Financial Administration Act*, the *Hospital Insurance and Health and Social Services Administration Act*, and the *Medical Care Ac*t.

The GNWT, like other Canadian jurisdictions, is taking a proactive approach to improving accountability for the delivery of publicly funded health and social services. The HSS system budget makes up 27.7% of the overall GNWT budget[1]. Decision makers and the public want to know if HSS funding is being spent effectively, and if it is progressing on key priorities.

Public reporting on the performance of the HSS system is a key part of fulfilling the GNWT's commitment to improving accountability and transparency in an environment of growing expenditures and limited resources.

STRUCTURE OF OUR SYSTEM

The three HSS Authorities and the Department are one integrated territorial health and social services system, functioning under a one-system-approach and under a single governance structure. The Northwest Territories Health and Social Services Authority (NTHSSA) is responsible for delivering health and social services in five regions of the Northwest Territories (NWT): Beaufort Delta, Dehcho, Sahtú, Fort Smith and Yellowknife. The NTHSSA represents the five regions and Stanton Territorial Hospital under a one-system approach and single organizational structure through the NTHSSA. The Hay River Health and Social Services Authority (HRHSSA) delivers health and social services in the Hay River region and remains outside of the NTHSSA. The Tłı̨chǫ Community Services Agency (TCSA) is established through the *Tłı̨chǫ Intergovernmental Services Agreement* and as per the terms of the *Tłı̨chǫ Land Claims and Self-Government Agreement* and the *Tłı̨chǫ Community Services Agency Act*, delivering education as well as health and social services to clients in communities within the Tłı̨chǫ region of the NWT.

[1] Based on 2023-2024 Main Estimates. Government of the Northwest Territories, Main Estimates 2023-2024 p. xi.

WHAT WE DO

The role of the Department is to support the Minister of Health and Social Services in carrying out the GNWT's Mandate by setting the strategic direction for the system through the development of legislation, policy, and standards; establishing approved programs and services; establishing and monitoring system budgets and expenditures; and evaluating and reporting on system outcomes and performance. The Department remains responsible for ensuring that all statutory functions and requirements are fulfilled, ensuring professionals are appropriately licensed, and managing access to health insurance and vital statistics services.

The HSS Authorities are agencies of the GNWT governed by the Northwest Territories Health and Social Services Leadership Council. Regional Wellness Councils provide advice to the Leadership Council and provide valuable input on the needs and priorities of the residents in their regions. The Leadership Council is responsible to the Minister of Health and Social Services for governing, managing, and providing the following health and social services in accordance with the plan set out by the Minister:

- Diagnostic and curative services;
- Mental wellness and addictions recovery services;
- Public Health services;
- Promotion and prevention services;
- Long-term care, supported living, palliative care, and home and community care;
- Child and family services;
- In-patient services;
- Critical care services;
- Diagnostic and therapeutic services;
- Rehabilitation services; and
- Specialist services.

More specialized diagnostic and treatment services are accessed outside of the NWT through established relationships with other service providers.

In addition, the Department is responsible for providing access to facility-based addictions treatment services outside of the NWT, and holds contracts with six southern facilities, located in Alberta, British Columbia, and Ontario, to provide specialized treatment to residents of the NWT.

Non-governmental organizations (NGOs), and community and Indigenous Governments, also play a role in the delivery of promotion, prevention, and community wellness activities and services. The Department and the HSS Authorities support NGOs to provide services on behalf of the HSS system, and make funding available that community organizations access to deliver their programs, such as:

- Early childhood development;
- Family violence shelters and awareness;
- Health promotion activities;
- In-home and in-facility respite services for caregivers of seniors, children, or adults with special needs;
- Supportive services for seniors and persons with disabilities;
- Long Term Care;
- On-the-land programs; and
- Prevention, promotion, assessment, early intervention, counselling, and treatment services related to mental wellness and addictions recovery.

VISION

Best Health, Best Care, for a Better Future.

OUR MISSION

Through partnerships, our mission is to provide equitable access to quality care and services and encourage people of the Northwest Territories to make healthy choices to keep individuals, families, and communities healthy and strong.

OUR VALUES

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

ACCOUNTABLE: System outcomes are measured, assessed, and publicly reported.

RELATIONSHIPS: We work in collaboration with all residents, including Indigenous Governments, individuals, families, and communities.

EXCELLENCE: We pursue continuous quality improvement through innovation, integration, and evidence-based practice.

OUR STRATEGIES

In 2023-24, the Department continued to implement the strategic planning approach aligned with the Quadruple Aim Framework. The Quadruple Aim Framework is a balanced approach consistent with high performing health systems. The four aims, serving as goals for the HSS system, are:

- Health of the Population and Equity of Outcomes
- Better Access to Better Services
- Quality, Efficiency and Sustainability
- Stable and Representative Workforce

The four aims have been adopted as system goals and strategic priorities have been set under the goals. The four goals and associated activities form the basis and reporting structure of this report. This report will also address HSS contributions to the Mandate of the 19th Legislative Assembly, as well as reporting progress made on action plans.

GOAL: IMPROVE THE HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

This goal focuses on the HSS system's efforts on promotion, disease prevention and targeted access to programs and services for high-risk populations. This includes actions aimed at achieving the Mandate Priorities of supporting the development of the food industry through a meat inspection regulatory framework and supporting our government's climate change initiatives.

GOAL: BETTER ACCESS TO BETTER SERVICES

This goal focuses on improving access, reducing wait times, strengthening cultural safety, and creating a more robust system of supports. To improve patient experience and health outcomes, programs and services must consider issues of equity, address them where possible, and avoid contributing to barriers that reduce access for marginalized populations. This is directly aligned with the 19th Assembly's Mandate Commitment to: *Improve Early Childhood Development Indicators, Enable Seniors to Age in Place with Dignity*, and *Increase the number and variety of culturally respectful, community-based mental health and addictions programs including aftercare*.

GOAL: QUALITY, EFFICIENCY AND SUSTAINABILITY

Cost pressures and the increasing demand for programs and services require efforts to manage the growth in expenditures and maximize the return on all system investments. The HSS system needs to consider changes to the suite of services currently considered "core" and set fiscal parameters for health system planning. This goal focuses on improving the quality and operational efficiency of core health and social services, ensuring that data, research, and technology are used to remain responsive to patient and provider needs.

GOAL: STABLE AND REPRESENTATIVE WORKFORCE

Human resources planning identifies needs and areas of demand so that appropriate workforce supply is available when required. Stronger, evidence-based planning ensures job design and skill mix keeps pace with changing delivery models and modes of work. By focusing on workforce planning, recruitment, and retention practices, improving overall management practices, and organizational culture we will reduce costs (direct and indirect) associated with high rates of turnover and heavy reliance on locums.

As part of reporting progress on these goals, the Department continues to report on over 40 performance measures that speak to the HSS system's performance. See ***Performance Measures***.

Reporting Progress on Our Strategic Priorities

Health of the Population and Equity of Outcomes

PRIORITY: IMPROVE CAPACITY AND COORDINATION TO SUPPORT CORE PUBLIC HEALTH FUNCTIONS

NWT 811 HEALTH ADVICE LINE

The NWT 811 Health Advice Line (811) is in place to ensure ease-of-access to a trusted source of health information for NWT residents via telephone. In November 2023, the 811-line merged with the NWT Helpline and Quitline, allowing callers to access all three services through one number. 811 provides free and confidential 24-hour health information, mental health and wellness support, and tobacco cessation advice. The service puts residents in contact with an NWT-registered nurse who will evaluate their situation and provide advice on non-urgent health issues.

Callers can also request to remain anonymous while receiving support in over 200 languages, including Indigenous languages. Anyone in the NWT can call 811 through a landline, cell phone, or if hearing impaired, Canada Video Relay Service (VRS). The 811 Health Advice Line is one of the few services that provides care across the NWT at all hours of the day.

811 has been used by callers in all 33 communities across the NWT. The Department found a 33% increase in call volumes from the first half of the fiscal year (April 2023 to September 2023) with 2,566 calls received to the second half of fiscal year (October 2023 to March 2024) where 3,418 calls were received. This increase in call volumes may be attributed to increased advertising by the Department or the merge of services. The Department has found that more than half of the calls are received after hours and on weekends when clinics are closed.

RESPONSE TO ILLICIT DRUG POISONINGS

Nationally and across the NWT, there was an increase in drug poisoning deaths during the COVID-19 pandemic. In response, the Department continued to collaborate with communities to promote harm reduction and prevention in 2023-24.

Naloxone kits are available free of charge in all communities in the NWT and can be obtained at pharmacies, health centres, and health cabins. Every NWT Indigenous Government office was offered a small stock of naloxone spray to have on hand as part of their first aid kit, with over 1,500 doses distributed in 2023-24. Additionally, fentanyl testing strips have been soft launched to organizations that indicated interest and in communities that required an enhanced response such as the Beaufort Delta Region and Hay River. The Department has also been investigating other avenues to provide additional community access to naloxone and fentanyl testing strips.

To spread awareness, the Department released five public health advisories about the potential contamination of illicit drugs in the NWT in 2023-24. The Department has also presented at several Regional Wellness Council meetings, and to community leadership upon request.

SYPHILIS OUTBREAK RESPONSE

In response to the ongoing syphilis outbreak in the NWT, in 2023-24 the Department developed educational resources on syphilis and continued the widespread condom access program in public washrooms around the territory. Since the program's inception, over 280,000 condoms have been distributed.

PRIORITY: ENHANCE PRIMARY HEALTH CARE IN THE COMMUNITIES THROUGH DELIVERY OF CULTURALLY SAFE AND RELATIONSHIP-BASED HEALTH AND SOCIAL SERVICES

WEAVING OUR WISDOM

In 2023-24, the Department hosted it's second Weaving our Wisdom Gathering, welcoming approximately 300 people to Yellowknife, including wellness leaders, Elders, and knowledge holders from across the NWT, to celebrate and share Indigenous community-driven wellness knowledge. The Gathering was centered around Indigenous knowledge sharing through various guest speakers, workshops, and group discussions, to gain insight on the social determinants of health and to identify communities' wellness needs. The themes of the Gathering were culture and care, self-recognition and healing, community care and wellness, and land-based healing. Teachings included the impacts of colonization and climate change, innovation within the health/helping systems, models for suicide prevention and healthy living, and approaches that centre culture and land-based wellness.

Priorities for Indigenous health and wellness were identified through the Gathering and in-depth community engagement across the NWT. These priorities will inform the Community Wellness Initiatives and the renewal of the Northern Wellness Agreement with Indigenous Services Canada. The identified priorities will also guide the future work of the HSS system and assist a whole-of-government understanding of how the determinants of health - such as housing, climate change, poverty, early childhood development, education, and self-determination - can impact Indigenous Peoples.

PRIMARY HEALTH CARE REFORM

Primary Health Care Reform (PHCR) is part of system transformation and is recognized as an essential part of building a culturally safe and anti-racist HSS system. PHCR is implemented through a portfolio of regional initiatives driven by community priorities and health and social services system data. The organizational culture change and transformation involved in PHCR is intended to improve patient experience, health and social services system performance and outcomes. In 2023-24, the Department, in partnership with the HSS Authorities, led several activities, including:

- Renewing the vision and identifying seven foundational elements required for the success of PHCR across the territory;
- Stabilizing existing Integrated Care Teams sites in Yellowknife and Fort Smith;
- Delivering team building, change management, conflict resolution and cultural safety training to members of integrated care teams and other HSS staff; and
- Regional initiative project scoping in the Beaufort-Delta and Hay River Regions.

PRIORITY: IMPROVE HEALTH PROMOTION, CHRONIC DISEASE PREVENTION AND SELF-CARE IN THE COMMUNITIES

CANCER PREVENTION, SCREENING AND MANAGEMENT

In 2023-24, the Department worked to improve early cancer detection by increasing cancer awareness, screening participation rates and follow up for those most at risk. A territorial approach to cancer prevention, screening, and management has been implemented regionally for colorectal, breast and cervical cancers. This approach is guided by the Charting our Course: Northwest Territories Cancer Strategy.

Let's Talk About Cancer
In 2023-24, the Department continued to maintain the "Let's Talk About Cancer" website which offers information on cancer care in the NWT, covering prevention, screening guidelines, early detection, and patient resources. It details the Cancer Navigation Program, NWT Cancer Pathway, a cancer glossary, and tools for community action, while emphasizing culturally appropriate care and resources in NWT's Official Languages.

Colorectal Cancer Screening Program
The Department released updated clinical practice guidelines for colorectal cancer screening in 2023-24. The territorial colorectal cancer screening program helps improve early cancer detection by providing fecal immunochemical test (FIT) kits to eligible residents. If the test is positive, a follow-up colonoscopy is done. Future screening is scheduled based on the FIT results. This approach helps to provide regular screening and timely follow-up based on risk. FIT kits have been distributed to all eligible residents across the NWT except for Yellowknife, which is expected to occur over the next two years.

Breast Cancer Screening Program
In 2023-24, the Department released updated breast cancer screening guidelines to support screening recommendations and to provide clear information on breast density, risk levels, and screening options for breast cancer. The recommended screening age was lowered to 45-74 years and now includes recommendations for those age 40-44 years to discuss the risks and benefits of screening with their health care provider.

Cervical Cancer Prevention
In 2023-24, the Canadian Partnership Against Cancer (CPAC) provided funding to support the territory's targeted immunization campaign for Human Papillomavirus (HPV), including efforts to address vaccine hesitancy among NWT residents and to provide access to immunizations for cervical cancer prevention. The Department also offered training to public health nurses and Community Health Representatives on the HPV vaccine and how to engage sensitively and effectively on immunization concerns using motivational interviewing techniques.

Cancer Prevention Activities
Throughout 2023-24, the Department developed several initiatives aimed to support NWT residents to lead healthy lifestyles that reduce their risk of cancer. These activities included the development and implementation of the "Build a Stronger You" campaign, which explains the power of tobacco cessation, alcohol moderation, healthy eating, and physical activity as cornerstones of disease prevention and a strong and healthy immune system. The Department also launched a pilot smoking cessation clinic at Yellowknife Primary Care which offers same day, virtual and evening appointments to support NWT residents looking to quit smoking or vaping.

COMMUNITY WELLNESS INITIATIVES

Community Wellness Initiatives funding was established to reduce health disparities and improve the health and wellness of Indigenous individuals, families, and communities in the NWT. In 2023-24, funding was distributed to 31 Indigenous Governments and 22 territorial organizations that support Indigenous Peoples' health and wellness.

The Community Wellness Initiatives aim to promote community-driven wellness solutions tailored to local Indigenous communities by using an innovative funding model, and building capacity for the development, implementation, and reporting of Community Wellness Plans. During 2023-24, all Indigenous Governments developed new Community Wellness Plans through community engagement, which will inform community wellness priorities across the HSS system for the next five years. The new Northern Wellness Agreement between the Department and Indigenous Services Canada will be finalized in 2024-25.

HEALTHY CHOICES FUND

The Healthy Choices Fund helps eligible non-governmental organizations, community and Indigenous Governments, and HSS Authorities maximize the impact of health promotion and prevention activities that support NWT communities and their residents in making positive lifestyle choices. Funded initiatives in 2023-24 included a wide range of community health priorities, such as nutrition, physical activity promotion, and substance use awareness.

PRIORITY: IMPROVE AVAILABILITY AND QUALITY OF SERVICES FOR VULNERABLE POPULATIONS

ANTI-POVERTY INITIATIVES

In 2023-24, the Department worked with other GNWT departments towards eliminating poverty and ensuring residents have access to the supports they need so that they can live with dignity. Through initiatives like the Anti-Poverty Roundtable, Anti-Poverty Fund, and the Territorial Anti-Poverty Action Plan, the GNWT has taken steps to address poverty in key areas like income support, food security, and homelessness. The Department provided support for food security through the Anti-Poverty Fund, Healthy Choices Fund, Collective Kitchens, and Nutrition North Nutrition Education program. The Department was responsible for the annual administration of the Anti-Poverty Fund to community-based organizations to support local poverty reduction projects. In 2023-24, the value of the fund was $1.75 million, and 58 projects led by community and Indigenous organizations from all NWT regions were awarded funding. Since the fund's inception, approximately $11.4 million has been distributed.

MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS: CHANGING THE RELATIONSHIP GNWT ACTION PLAN

In response to the Calls for Justice on Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ (MMIWG), the GNWT released the action plan *Changing the Relationship Action Plan* (Action Plan). The Action Plan explains how the GNWT will work to change the relationship between the departments, agencies, employees, policies, and processes and our daily encounters with Indigenous women, girls, and 2SLGBTQQIA+ people. The Department has several actions and initiatives identified as part of this Action Plan. For detailed information on activities completed in 2023-24, please refer to the 2023-24 MMIWG Annual Report, titled *2023-2024 Annual Report Second year of progress on: Changing the Relationship*, which is available on the Department of Executive and Indigenous Affairs website.

EXTENDED HEALTH BENEFITS

The Extended Health Benefits Policy gives NWT residents additional health benefits beyond those covered under the NWT Health Care Plan. In 2023-24, the Department updated the policy to ensure fair access to extended health benefits for NWT residents with low income who were not covered under the old policy.

To ensure a robust new policy, the Department conducted a comprehensive review of coverage across various jurisdictions to align with provincial and territorial programs. The Department also gained valuable insights by listening to the lived experiences of people accessing extended health benefits. This feedback from more than 700 people shaped the final policy and was released in the *What We Heard: Proposed Changes to the Extended Health Benefits Policy* report. The new Policy no longer requires residents to have a specified disease condition to access benefits; instead, there is a suite of benefits available to all residents, each with its own terms and conditions for eligibility and levels of coverage. The new Extended Health Benefits Policy comes into effect in 2024-25.

Better Access to Better Services

PRIORITY: CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement (CQI) refers to HSS system efforts to improve the quality of our services in response to regular program and service monitoring. CQI initiatives were primarily led by NTHSSA and supported by the Department. The focus areas in 2023-24 were on chronic disease prevention and management for diabetes, addressing maternal care gaps, cancer prevention and care, enhancing capacity in our public health functions and emergency management.

Expansion of the Territorial Midwifery Program

The Department and the HSS Authorities collaborated on midwifery services in the NWT, including work towards the establishment of midwifery regulations under the Health and *Social Services Professions Act*. Between October 1, 2022, and October 1, 2024, a temporary labour market supplement was implemented to enhance the recruitment and retention of employees, which included midwives.

Public Health Program Standards

The Department released the NWT Immunization, NWT Tuberculosis Program and NWT Infection Prevention and Control Standards during 2023-24 to help improve access to safe, culturally competent immunization and tuberculosis services across the territory. These program standards provide expectations for NWT's immunization and tuberculosis programs, and how they are monitored and evaluated. The Department also updated the Communicable Disease Manual and Communicable Disease Reporting Forms to reflect changes in the amended *Disease Surveillance Regulations and Immunization Regulations*.

Emergency Response

In 2023-24, the Department began working on the HSS Wildfire Response summary. This summary will offer a detailed examination of the HSS system's actions and recovery efforts during the 2023 wildfire season, along with recommendations to enhance future emergency response planning and strategies.

Further, during 2023-24 the Department established a Health and Social Services Emergency Management Working Group with representation from all three HSS Authorities. This group meets frequently with a focus on the development of a comprehensive Health Emergency management program within the HSS system that includes oversight, guidance, standardization and a HSS system lens to emergency response.

PRIORITY: IMPROVE THE EXPERIENCE OF PATIENTS

Understanding patient and client experience is important for assessing quality of care, highlighting where the HSS system is doing well, and identifying areas for improvement. The Department is committed to increasing residents' awareness of programs and services, as well as their ability to navigate the HSS system, and to improve the overall patient and client experience in the NWT.

The HSS system conducts a biennial Mental Wellness and Addictions Recovery (MWAR) survey to measure self-reported satisfaction and experiences with MWAR supports and services across the territory, including the Community Counselling Program (CCP), facility-based addictions treatment programs, virtual care options, community-based supports, etc.

As recommended in the Office of the Auditor General of Canada's (OAG) report from 2022, *Addictions Prevention and Recovery Services in the NWT*, the MWAR Survey was developed by combining the previous CCP Satisfaction Survey and the Addiction Recovery Experiences Survey into one overarching survey. This combined survey was distributed NWT-wide from January to April 2024. The survey was available to all residents, including those who may benefit from these services in the future, to participate in shaping the future of mental wellness and addictions recovery in NWT communities. The Department will use the survey results to better understand public awareness, accessibility, and satisfaction with mental wellness and addictions recovery services and supports. Feedback received will also contribute to improving the services residents, their loved ones, or their community already use or may need to use in the future.

PRIORITY: PROVIDE ACCESS TO THE RIGHT COMBINATION OF MENTAL HEALTH AND ADDICTIONS SERVICES, TREATMENTS AND SUPPORTS, WHEN AND WHERE PEOPLE NEED THEM

MWAR COMMUNITY SUPPORT FUNDS

2023-24 was the first year that the Department administered the Community Wellness and Addictions Recovery (CWAR) Fund. The CWAR is the combination of the former Addictions Recovery Aftercare Fund, On the Land Healing Fund and the Addictions Recovery Peer Support Fund. The CWAR fund prioritizes Indigenous Governments and supports the delivery of community-based mental wellness and addiction recovery programs that meet the unique needs of the respective communities. There was a total of seven signed agreements in 2023-24, three of which were carried over from previous multi-year agreements.

The Community Suicide Prevention Fund remains separate from the CWAR fund, and supports the delivery of culturally safe programs focusing on the prevention of suicide by increasing community wellness, reducing stigma, and supporting the development and implementation of suicide prevention strategies. In 2023-24, the Community Suicide Prevention Program supported eight agreements, including agreements with the Tulita Land Corporation, Aboriginal Sport NT, Hay River Youth Centre, Tuk Community Corporation, Tetlit Gwich'in Band Council, Chief Sunrise Education Centre, Dene Nation, and Community Government of Gametì.

ALCOHOL STRATEGY

In response to the Canadian Alcohol Policy Evaluation (CAPE) and feedback from stakeholders, the NWT Committee on Problematic Substance Use was tasked with the development of an NWT Alcohol Strategy which was released on March 29, 2023. The Alcohol Strategy aims to reduce alcohol-related harms and improve wellness for all NWT residents. Work began on the strategy's actions during 2023-24, including:

- Distributing funding through the federal Substance Use and Addiction Program (SUAP), in partnership with the Healthy Choices Fund, to support substance use prevention activities for youth in the summer of 2023;
- Providing funding through Inclusion NWT to Yellowknife bars and restaurants to offer free "mocktails" (non-alcoholic cocktails) to patrons for Dry February, continuing into the spring of 2024; and
- Collaborating with NTHSSA to identify opportunities to build substance use service capacity, particularly outside of Yellowknife.

The Alcohol Strategy is continuously improved and expanded where possible, incorporating lessons learned from these initiatives.

In 2023-24, the Department continued to work towards developing community-based withdrawal management, however withdrawal management for regular or sustained alcohol use is currently only available on a case-by-case basis in the NWT; there is no formal program or established model for how this is offered within the health care system. Treatment protocols to guide medical management for clients admitted for withdrawal will be updated and be piloted at Stanton Territorial Hospital in 2024-25.

CHILD AND YOUTH MENTAL HEALTH AND SERVICES

The Department along with the Department of Education, Culture and Employment (ECE), continued to work together to make improvements to the Child and Youth Counselling (CYC) Initiative in NWT schools and communities. This included an independent evaluation of the CYC Initiative, with a final report and government response released in February 2024. The evaluation found that the CYC Initiative was, in large part, working for children and youth in the NWT, and the final report offered 42 recommendations to improve services. Many of these recommendations have been addressed by the GNWT's redesign of the CYC Initiative. Such changes included redistributing a portion of the existing funding to the Education system, to allow them to provide school-based prevention and early intervention services while access to clinical counselling remains available through the CCP. This redesign enhances the range of supports available by building on the strengths of both the Education and the HSS systems, and addresses recommendations made in the evaluation about the importance of having a range of support options beyond just clinical counselling.

STEPPED CARE 2.0

In March 2020, the GNWT partnered with the Mental Health Commission of Canada (MHCC) and Stepped Care Solutions (SCS) to implement a Stepped Care 2.0 (SC2.0) approach starting territory-wide in the NWT's CCP. The foundation of the SC2.0 approach to service delivery is that if people have access to a diverse range of service options, they are more likely to get the right care at the right time for their own needs and preferences. The goal of initiating SC2.0 in the NWT was to increase access to mental wellness and substance use/addictions recovery services by reducing or eliminating waitlists for counselling, expanding options for care, and reducing barriers and pre-cursers to care.

The evaluation report of the initial implementation of SC2.0 in the CCP, titled *Partnering Together for Person-and-Family Centric Care*, was released in 2023-24. Key highlights of the report included a 79% reduction in wait time for mental wellness and addictions recovery counselling between 2020 and 2022. Further, the report highlighted the Department's launch of eMental health options and the establishment of the Mental Wellness and Addictions Recovery Advisory Group to guide future efforts based on lived experience.

OFFICE OF THE AUDITOR GENERAL RECOMMENDATIONS FOR ADDICTIONS SERVICE IN THE NWT

The OAG conducted an audit of addictions prevention and recovery services in the NWT from August 1, 2016, to July 31, 2021. The objective of the audit was to determine whether the Department and the HSS Authorities provided addictions prevention and recovery services to meet the needs of NWT residents. The Auditor General's findings focused on seven areas: equitable access, needs of diverse subpopulations, aftercare planning, coordination of addictions services, cultural safety,

the use of disaggregated data, and outcomes for addictions services. In response to these results, the Department created the *Addictions Prevention and Recovery Services Work Plan* (2022-2024). All work plan activities were completed on schedule. Key activities completed in 2023-24 included:

- Development of a definition of equitable access for addictions services based on the results of engagement with Indigenous Governments and communities.
- Finalized a system map of existing and requested addictions services with accompanying equity and gap analyses.
- Establishment of a Territorial Addictions Working Group.
- Administration of the Mental Wellness and Addictions Recovery Survey between January and April 2024. The results of this survey will be analyzed and made available to the public in late 2024.
- Work towards establishing consistent approaches to treatment referrals and aftercare planning within the NTHSSA.
- A Cultural Safety and Anti-Racism Guide was developed to support HSS staff as they develop internal and external HSS documents, including programs and policies. This Cultural Safety and Anti-Racism Guide was used to review the existing CCP Standards and the Facility Based Addictions Treatment Program Manual.
- Work towards developing an approach to data collection and disaggregation to better inform program planning for key program areas.

PRIORITY: REDUCE GAP AND BARRIERS TO PROMOTE AGING IN PLACE FOR SENIORS AND ELDERS

SENIORS' STRATEGIC FRAMEWORK

To meet the needs of the increasing number of seniors in the NWT, and to support seniors to remain in their home communities, the GNWT committed to *Enable seniors to age in place with dignity* as a priority of the 19th Legislative Assembly. This is a whole-of-government effort.

In collaboration with other GNWT departments, engagement with key shareholders, and through partnerships with communities and Indigenous Governments, the Department released the *GNWT Seniors' Strategic Framework* in September 2023. This framework identifies 20 focus areas to be advanced to support aging in place with dignity. Additionally, in 2023-24, the Department funded twelve Age-Friendly Community projects to support the health and wellbeing of NWT seniors.

PRIORITY: IMPROVE SERVICES AND SUPPORTS FOR CHILDREN AND THEIR FAMILIES

EARLY CHILDHOOD DEVELOPMENT

Improved early childhood development is both an outcome and a strategic priority of the Department, but also a key social determinant of health. Community engagement with caregivers and families across the NWT has emphasized that caregivers who have support, access to good information, and feel connected to community and culture are more able to support child growth and development. In 2023-24, the Department continued to prioritize actions to transform the early childhood system so that care is integrated and responsive to children and family needs. Work focused on improving the governance approach and building a curriculum to guide change at a community and regional level.

The Department also prioritized resource development and information exchange with families and communities. The Department published seven resources to support families with new infants, including information on vitamin D, Well Child Visits, safe infant sleep, and calming a crying baby.

BABY BUNDLE

The Baby Bundle program, launched in 2022, is delivered in partnership with De Beers Group and Indigenous Services Canada. The program seeks to address gaps in perinatal, infant and child health outcomes, encourage access and uptake of health and community services, and provide every family with equitable access to essential and developmentally appropriate items needed in the first year of life. The program is connected to prenatal care visits and supported by community-based programs, including the Healthy Family Program. It is an entry point to receiving supportive care and resources and forms a strong beginning for building relationships of trust with HSS staff as part of a culturally safe HSS system. As a social innovation, the Baby Bundle program is improved annually based on feedback from caregivers, families and staff delivering the program. Dedicated training, including a Practice Support Tool and Discussion Guide, have been provided to HSS staff to support program implementation and discussions with families.

A dedicated resource that shares words of encouragement and cultural teachings was developed through consultation with local Elders and Knowledge Holders and included in every Baby Bundle delivered to new families. Baby Bundles are available in every community. Since the program was launched, between 600-650 Baby Bundles are distributed annually based on the average birth rates calculated by each community.

BABY-FRIENDLY INITIATIVE

The Baby-Friendly Initiative is a quality improvement program endorsed by the World Health Organization (WHO) to enhance maternity and newborn care services. In the NWT, the Baby-Friendly Initiative is grounded in Indigenous traditional knowledge, drawing from the wisdom shared by NWT grandmothers and Knowledge Holders. The Department collaborates closely with the HSS Authorities and the Breastfeeding Committee for Canada to promote high-quality care and health promotion in infant feeding and lactation support.

The Department and the HSS Authorities participated in a National Quality Improvement Coach Mentorship program in 2023-24. Four regional teams in Fort Smith, Hay River, Inuvik, and Yellowknife were supported by dedicated coaching in quality improvement. Collaboration across regional and territorial teams prioritized work to finalize policies and procedures, develop patient resources, and collect data with the goal of implementing best practices in maternity and newborn care and improving health outcomes.

Training in lactation support is central to changing practices and improving experiences of families during the perinatal period. During 2023-24, the Department worked to finalize an online and group-facilitated learning course, *Infant Feeding Education for Health care Professionals*. The course aims to provide culturally relevant, anti-racist, and trauma-informed training on lactation and infant feeding, equipping health care providers and care professionals across the territory with knowledge and confidence to support families in their infant feeding journey.

HEALTHY FAMILY PROGRAM

The Healthy Family Program renewal is a multi-year project informed by families and communities, that responds to the Truth and Reconciliation Commission call to develop culturally appropriate early childhood education programs for Indigenous families. Within the renewed program, Healthy Family Program staff fill a unique position within the HSS system by providing culture-based prevention activities, family and community-driven programming, and collaboration between early childhood programs and organizations.

A comprehensive scope of practice that defines the role of the Healthy Family Program staff was developed by the Department in 2023-24 and is intended to support program staff in implementing the foundational principles of the renewed program. Additionally, the Department supported the adaptation of a developmental play kit to ensure relevance and meaning for a Northern Indigenous context. The developmental play kits were implemented in communities across the NWT and Healthy Family Program staff were provided practice resources to support communication and relationship-building activities with families by leveraging developmentally appropriate toys for infants and children.

CHILD AND FAMILY SERVICES

In October 2023, the Child, Youth and Family Services Strategic Direction and Action Plan (2023-2028) was released to fundamentally shift the Child and Family Services (CFS) system towards a culturally safe HSS system. The Action Plan is intended to help address the overrepresentation of Indigenous children and youth in prevention and protection services.

Progress on key actions in 2023-24 included:

- Tailored existing Cultural Safety and Anti-Racism (CSAR) Training to address harmful historical and current CFS policies that contribute to anti-Indigenous racism and systemic barriers.
- Launched a Working Group titled "Care Rooted in Indigenous Practices" in February 2024 to guide the "Redesigning of Care Models" initiative.
- Piloted two Family, Community, and Culture Connection Worker positions to work directly with families and inform the development of the Family, Community, and Culture Connection project.
- Participated in the Child Welfare League of Canada's pilot project to support equitable transitions to adulthood for youth in care.
- Sent letters in January 2024 to Indigenous Governments across the NWT, inviting them to nominate additional Custom Adoption Commissioners to support and enhance cultural, community, and regional representation.

Additionally, amendments to the *Child and Family Services Act* (CFSA) began in 2023-24, to support the transformation of the CFS system. The Legislative Assembly's Standing Committee on Social Development initiated their review of the *CFSA* during the 19th Legislative Assembly. On May 2, 2023, the results of Department's public engagement on the proposed amendments were released in a What We Heard Report. The proposed amendments, which will be introduced in the House during the 20th Legislative Assembly, align with the federal *Act respecting First Nations, Inuit and Métis children, youth, and families*.

> ***Note:*** *For more details on CFS activities, please refer to the Directors of Child and Family Services Annual Report 2023-24.*

AN *ACT RESPECTING FIRST NATIONS, INUIT AND MÉTIS CHILDREN, YOUTH AND FAMILIES* (FEDERAL ACT)

The federal *Act respecting First Nations, Inuit and Métis children, youth and families* (Federal Act) sets out minimum principles and standards for service provision that apply across Canada. Since the implementation of the Act in January 2020, the Department continuously revises practice standards and procedures to ensure best alignment with the national principles under the Federal Act.

As part of the commitment to open and ongoing dialogue in the delivery of CFS, the Department has reached out to Indigenous Governments in the NWT with an offer to meet and discuss the Federal *Act*, particularly on Section 12 (significant measure notice), and determine pathways that support collaborative planning for children and youth.

The Department has also been participating in coordination agreement discussions with the Inuvialuit Regional Corporation and the federal government since April 2022 to identify how it can support the successful implementation of the *Inuvialuit Qitunrariit Inuuniarnikkun Maligaksat* in the NWT. This work continued in 2023-24.

Quality Efficiency and Sustainability

PRIORITY: IMPROVE QUALITY, OPERATIONAL EFFICIENCY AND REDUCE GROWTH IN COSTS

CULTURAL SAFETY AND ANTI-RACISM

Ensuring quality care means ensuring culturally safe care. Cultural safety aims to address inequities experienced by Indigenous residents when accessing health and social services. To work towards achieving cultural safety, the Cultural Safety and Anti-Racism (CSAR) division within the Department aims to create a system-wide environment where Indigenous Peoples feel safe, respected, and free of racism and discrimination when accessing health and social services.

Throughout 2023-24, the CSAR division continued to lead system-wide efforts in tackling anti-Indigenous racism and systemic racism and was responsible for the development, continuous improvement, and delivery of cultural safety and anti-racism training. Ten CSAR training sessions were offered during 2023-24, including a specialized session for MLAs as part of their orientation. During these 10 training sessions, a total of 169 HSS staff participated.

CHANGE-OF-NAME FEE WAIVED

In June 2023, the Department announced that the change-of-name fee for Indigenous residents of the NWT will be waived on an ongoing basis. The GNWT initially committed to waive the change-of-name fee for a period of five years as part of the Truth and Reconciliation Commission's Call to Action #17. Making this change permanent respects the intergenerational impacts of residential schools by allowing Indigenous people to reclaim their names at any point in their lives, and protects that ability for future generations. Waiving the change-of-name fee for residential school survivors and their families advances the GNWT's commitment to improve the lives of Indigenous residents and help further the cause of reconciliation.

PRIORITY: IMPROVED CAPACITY FOR EVIDENCE-INFORMED PRACTICE AND POLICY THROUGH DATA AND RESEARCH

The Department is committed to supporting health and social services-related research to inform evidence-based decision making. The Department maintains interest in partnerships with collaborators across the HSS system and external to the system, such as academic institutions, territorial and federal government departments, Indigenous Governments and organizations, communities, and the private sector to advance the research priorities of the HSS System. The NWT HSS system research priority areas are published in the *GNWT Health and Social Services Research Agenda*.

The current priorities include:

- Improving the health status of the population through prevention and education
- Improving access to primary care services
- Mental health and addictions
- Child and family services
- Addressing disparities in Indigenous[2] health

[2] The Department recognizes that the GNWT Health and Social Services Research Agenda uses the term "Aboriginal", however, this term is no longer appropriate and has been replaced by "Indigenous" in this report.

HSS RESEARCH PARTNERSHIPS

Yellowknife Health Effects Monitoring Program (YKHEMP)
YKHEMP is a longitudinal study (2017-2028) monitoring the health effects for residents in Yellowknife, Ndilǫ, and Dettah exposed to arsenic and other metals of concern. The Department continued to participate as a member of the YKHEMP Advisory Committee during 2023-24. This project is led by the University of Ottawa.

SPARK Research Advisory Committee
The Department began participating in the SPARK Research Advisory Committee in 2023, in support of the ongoing research project titled *Spark Inspiration: Policy Strategy for Retention and Support of Indigenous and Northern Youths' Pursuit of Health care Careers in the Northwest Territories*, a research project being led by Aurora College.

Hotìì ts'eeda NWT Strategy for Patient-Oriented Research (SPOR) Support Unit
Hotìì ts'eeda is a research support centre for community members, organizations, and researchers involved in NWT health and health research. Hotìì ts'eeda and the Department collaborate to connect researchers with communities and Indigenous organizations, to support recognition of NWT health research priorities, and develop a health system that is culturally competent and inclusive of Indigenous methodologies and ways of knowing. In May 2023, the Department also participated in the Hotìì ts'eeda Eɬèts'ehdèe Gathering which had the theme of Land: Relations and Resilience.

PRIORITY: INVEST IN SUSTAINABLE TECHNOLOGY TO KEEP PACE WITH CHANGING PATIENT/PROVIDER NEEDS

The NWT health information framework depends on multiple information systems to manage territorial health services for patients and clients. Moving to new health information systems presents an opportunity to review future information system needs, and advancements in technology to enhance changes such as Primary Health Care Reform. The pandemic highlighted longstanding issues and gaps in pan-Canadian health data management, and fragmented information technologies that require attention to enable timely public health response to communicable infection and care closer to a client's home community.

Planning for the retirement and replacement of core health information systems is part of a broader goal to create a more complete patient record and to improve information sharing for providers, partners, and clients. The Electronic Health Record (EHR) initiative is a coordinated modernization of eHealth systems across the territory. The EHR project was continued during 2023-24, and the Department progressed by replacing the storage and core radiology system which was end-of-service-life technology. The territorial Pharmacy Information System replacement rollout was completed with the Hay River Regional Health Centre in February 2024.

The EHR initiative is also aligned with the pan-Canadian Interoperability initiative that requires the collaboration of stakeholders, including the federal government, Canada Health Infoway, provincial and territorial governments, and other organizations involved in the delivery of health care.

PRIORITY: STRATEGIC INVESTMENTS TO EFFICIENTLY MANAGE OUR ASSETS FOR THE DELIVERY OF PROGRAMS AND SERVICES

Strategic investment in infrastructure that will improve the delivery of programs and services will better position the territory to efficiently manage its assets. To support the GNWT mandate, capital investments are focused on Elders, health technology, vulnerable populations, small communities, and leased assets.

A table containing the areas where significant projects were undertaken in 2023-24 is identified below.

INFRASTRUCTURE ACQUISITION PLAN APPROVED PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Tulita	Health and Social Services Centre - Replacement	Construction stopped due to COVID-19 travel restriction impacts. Project construction renegotiated and began summer of 2024.
Inuvik	Long Term Care Facility	Project in planning phase.
Hay River	Long Term Care Facility	Stakeholder engagement and facility design.
Fort Simpson	Long Term Care Facility	Project Planning - Site Analysis, Functional Programming.
Fort Simpson	Health and Social Service Centre - Replacement	Project Planning - Site Analysis, Functional Programming.
Yellowknife	Łıwegǫ̀atì (Stanton Legacy) Building – LTC, Extended Care, Primary Care Clinic, Physical Rehab	Construction is complete with minor deficiencies and is currently occupied and in operation.
Yellowknife	Kitchen and Laundry Development - AVENS	Construction in progress – Contribution Agreement Complete.
Fort Smith	Long Term Care Facility	Project Planning - Site Analysis, Functional Programming.

THE PROFESSIONAL LICENSING OFFICE

The Professional Licensing Office (PLO) is responsible for the administration of all legislation and frameworks governing GNWT regulated health and social services professionals, with the mandate of ensuring protection of the public in the provision of health and social services. On March 31, 2024, the PLO was responsible for the regulation of 14 different professions.

On March 31, 2024, there were a total of 1241 registered professionals licensed to practice in the NWT. The total number does not include any registrations or licenses that expired prior to March 31, 2024. The PLO's registrant count is steadily growing with approximately 100+ new registrants annually.

Physicians: 739	Physician Education Permits: 7	Social Workers: 154
Psychologists: 107	Pharmacists: 76	Dentists: 51
Dental Hygienists: 39	Veterinarians: 25	Ophthalmic Medical Professionals: 14
Midwives: 15	Corporations: 8	Dental Therapists: 3
Naturopathic Doctors: 2	Denturists: 1	Optometrists: 0

During 2023-24, the complaint-handling function, necessitated by the profession legislation, moved internally from previously being contracted out to a variety of out of territory third parties. A dedicated Complaint Officer was on-boarded and is responsible for the handling of public complaints regarding alleged misconduct by professionals regulated by the Department.

Stable and Representative Workforce

The three strategic priorities under the system goal of Stable and Representative Workforce are:

- Improve labour force planning to better meet the system's needs and reduce vacancies and reliance on locums;
- Remove barriers to hiring local people; and
- Improve workforce engagement and develop strategies and initiatives aimed at improving hiring practices and retention.

A majority of HSS system initiatives aimed at addressing these priorities, as well as the Mandate commitment of the 19th Legislative Assembly to increase the number of resident health care professionals by at least 20 percent, are being led by the HSS Authorities in partnership with the Department. The Department supports workforce development and sustainability at the service delivery level through the review of workload standards and by funding new roles and training.

NWT HSS HUMAN RESOURCE PLAN

The 2021-2024 *Northwest Territories Health and Social Services System Human Resources Plan* (HR Plan) was developed to *Increase the number of resident health care professionals by 20%* and address continuing challenges related to recruitment and retention of health care providers. The goals, objectives, and actions being carried out through the plan aim to address the medium- and long-term HR needs of the HSS System, addressing core challenges negatively impacting recruitment and retention in the coming years. The Department and HSS Authorities continued to collaborate to progress initiatives outlined in the HR Plan during 2023-24.

Legislative Projects in Support of Modern Health and Social Services System

The Department moved forward on several legislative initiatives in 2023-24.

MEDICAL PROFESSION REGULATIONS

Amendments to the *Medical Profession Regulations* under the *Medical Profession Act* came into force November 1, 2023, to adopt the Canadian Medical Association's *Code of Ethics and Professionalism* and NWT-specific Standards of Practice.

NURSING PROFESSION ACT

A new *Nursing Profession Act* replaced the previous Act on November 1, 2023, to regulate all nursing professions, including Licensed Practical Nurses, Registered Nurses, Nurse Practitioners, and the new nursing designations of Registered Nurse Authorized Prescribers, Registered Psychiatric Nurses, and Registered Psychiatric Nurse Authorized Prescribers, through a single regulatory body, the College and Association of Nurses of the Northwest Territories and Nunavut. The new Act also modernized the complaints and discipline process. The coming into force of the new Act resulted in the repeal of the *Licensed Practical Nurses Act*.

IMMUNIZATION REGULATIONS

Amendments to the Immunization Regulations (*Public Health Act*) came into force December 1, 2023, to make changes to the collection of information and what is considered notifiable.

DISEASE SURVEILLANCE REGULATIONS

Amendments to the Disease Surveillance Regulations (*Public Health Act*) came into force December 1, 2023, to update the current schedules, create additional registers, and update reporting requirements.

VITAL STATISTICS REGULATIONS

Amendments to the *Vital Statistics Regulations* (*Vital Statistics Act*) came into force May 25, 2023, to allow the Registrar General of Vital Statistics to enter into an information sharing agreement (ISA) for the disclosure of information with the Inuvialuit Regional Corporation. The ISA would allow IRC to access to birth and death certificates to assist in registering Inuvialuit with the IRC on birth pursuant to the *Inuvialuit Final Agreement* and enable enrollment to the Inuvialuit Trust on attaining the age of 18.

MEAT PROCESSING SAFETY REGULATIONS

Drafting of the new *Meat Processing Safety Regulations* under the *Public Health Act* was underway in 2023-24 following the 2022 public engagement. The new regulations will provide a framework for the safe processing and sale of locally produced meat products.

CHILD AND FAMILY SERVICES ACT

Work to amend the *Child and Family Services Act* continued in 2023-24. A *What We Heard Report* was released on May 2, 2023, summarizing feedback from the 2022 engagement. Work to finalize key elements for the amendments continued based on the engagement, as well as the Standing Committee on Social Development's 2022 "*Report on the Child and Family Services Act--Lifting NWT Children, Youth and Families: An all of Territory Approach to Keeping Families Together*", and the federal *Act respecting First Nations, Inuit and Métis children, youth and families*. The finalized key elements will inform the final Legislative Proposal.

HEALTH AND SOCIAL SERVICES PROFESSIONS ACT

Work to develop key elements for proposed amendments to the *Health and Social Services Professions Act* was underway in 2023-24, prior to public engagement. Proposed amendments include clarifying the role of the registration committee, clarifying the role of the registrar, requiring mandatory employer reporting of employee unprofessional conduct, providing a path for self-regulation, and modernizing language, including the use of gender-neutral pronouns.

MIDWIFERY PROFESSION REGULATIONS

Work to develop new *Midwifery Profession Regulations* under the *Health and Social Services Professions Act* was underway following an application for regulation by the Midwives Association of the Northwest Territories in November 2022. The Department formed an Advisory Committee with representatives from the Association to inform key elements for the regulatory framework prior to public engagement. This work will result in a modernized regulatory framework for midwives, including a scope of practice that is aligned with other Canadian jurisdictions. These regulations will result in the repeal of the existing *Midwifery Profession Act*.

PHARMACY PROFESSION REGULATIONS

Work to develop new *Pharmacy Profession Regulations* under the *Health and Social Services Professions Act* was underway. The Department formed an Advisory Committee with representatives from the Northwest Territories Pharmaceutical Association to inform key elements for the regulatory framework prior to public engagement. This work will support the Department's previous commitments to modernize the legislative framework for pharmacists, including expanding their scope of practice to align with the scope of practice for pharmacists in the provinces. These regulations will move the regulation of the pharmacy profession from the *Pharmacy Act* to regulations under the HSSPA.

DENTAL HYGIENIST PROFESSION REGULATIONS

Work to develop new *Dental Hygienist Profession Regulations* under the *Health and Social Services Professions Act* was underway in 2023-24 following assent of the *Dental Hygienists Statutes Amendment Act* (Private Members Bill 80) on October 6, 2023. The Department formed an Advisory Committee with NWT dental hygienists to inform key elements for the regulatory framework prior to public engagement. These regulations will move the regulation of dental hygienists from the *Dental Auxiliaries Act* to profession-specific regulations under the HSSPA. The regulations are required to be completed by December 1, 2025.

VITAL STATISTICS ACT

Work to advance amendments to the *Vital Statistics Act* continued in 2023-24. A *What We Heard Report* was released in May 2023 following the 2022 public engagement. Work has focused on finalizing the Legislative Proposal. Amendments are being proposed to correct a legal error with respect to mature minors' applications to change gender indicated on documents; allow for more than two parents on certificates; allow for certificates without gender indicator; add professionals that can certify a death; and allow for gender change certificates when not born in NWT.

CHANGE OF NAME ACT

Work to advance amendments to the *Change of Name Act* continued in 2023-24. A *What We Heard Report* was released in May 2023 following the 2022 public engagement. Work has focused on finalizing the Legislative Proposal. Amendments are being proposed to require fingerprinting; restrict sex offenders from changing their name; formalize the ability to revert to a person's birth name at any time; and add situations where consent is not required.

STATUTORY REVIEW – *MENTAL HEALTH ACT*

Work to prepare for the Statutory Review of the *Mental Health Act* commenced in 2023-24. Section 105 of the *Act* requires the Legislative Assembly or one of its committees to begin a review of the *Act*, which may include recommendations for changes, within 5 years of the *Act* coming into force. The *Act* came into force on September 1, 2018. The Standing Committee on Social Development (SCOSD) is leading the review process. The Department reached out to the 19th Assembly SCOSD in March 2023 to initiate the review and has been working with 20th Assembly SCOSD since February 2024 to provide information on the *Act* and its implementation to inform its review.

STATUTORY REVIEW – *HEALTH INFORMATION ACT*

Work to complete a Statutory Review of the *Health Information Act* (HIA) was underway in 2023-24. Section 195.1 of the HIA requires the Minister of Health and Social Services to review the *Act* and table a report in the Legislative Assembly every 10 years after the *Act* came into force. HIA came into force on October 1, 2015. The first Minister's report is due October 1, 2025. The Department's efforts have focused on gathering previous HIA feedback and best privacy practices to inform the report.

Financial Highlights

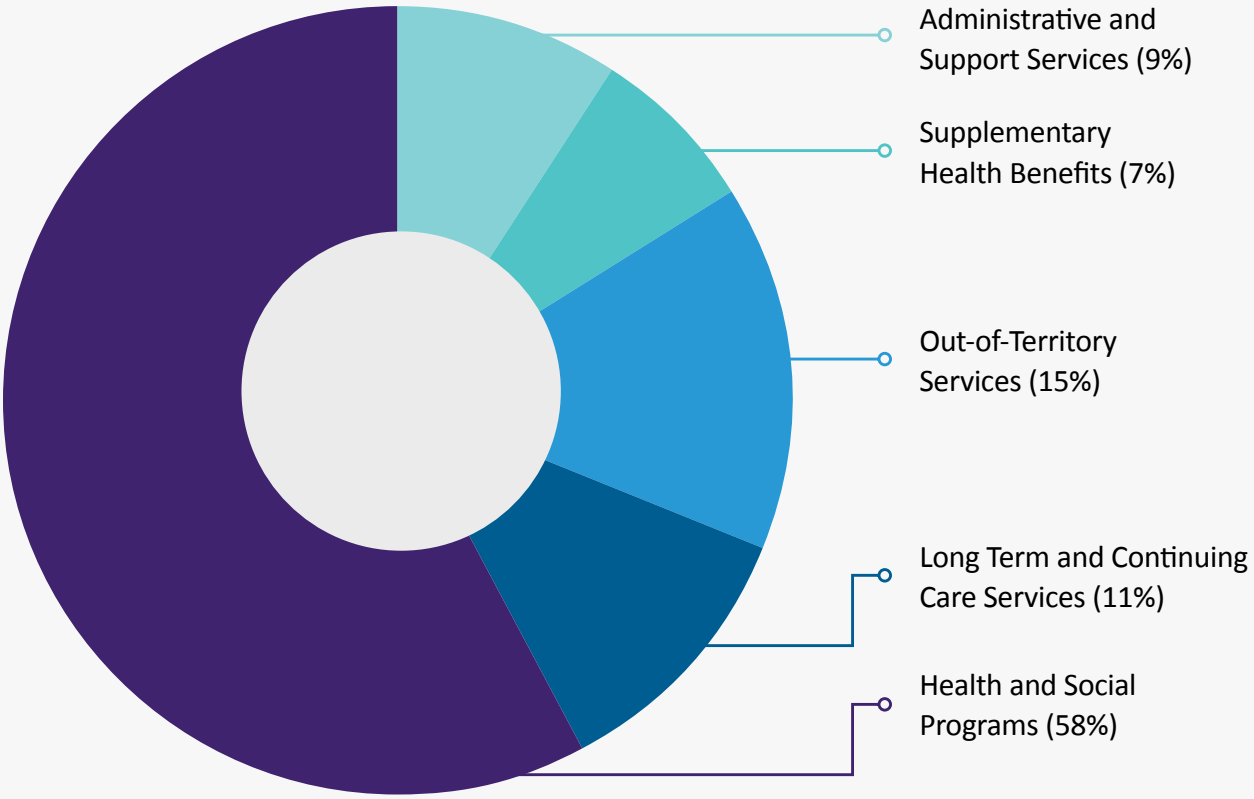
EXPENSES

In 2023-24, the Department spent $687.5 million, of which $463 million went directly to the HSS Authorities to administer and deliver programs and services. This represents 69% of the Department's total expenditures. The Department invested $14.6 million in capital infrastructure projects in 2023-24.

2023-24 ACTUAL EXPENDITURES BY ACTIVITY (IN THOUSANDS)

	2023-24	2022-23
ACTIVITY	ACTUALS	ACTUALS
Administrative and Support Services	60,843	59,600
Health and Social Programs	393,925	385,934
Long Term and Continuing Care Services	71,567	64,742
Out of Territory Services	99,817	84,465
Supplementary Health Benefits	46,756	43,031
COVID Secretariat	14	444
	$672,922	**$638,217**
Capital Expenditures	14,589	36,701
	$687,511	**$673,552**

2022-23 PROPORTION OF EXPENDITURES BY ACTIVITY



The Department's total expenditures increased by a net change of $34.7 million over the prior year, or 5.16%.

- At the Department, increases were incurred for Facility-Based Addictions Treatment, Out of Territory Hospitals and Physicians services, and for Hospital and Physician Services to Non-NWT Residents.

- Additional resources were required to offset costs at the HSS Authorities for Adult Out of Territory Supported Living, Medical Travel, Agency Nurses, Radiology Services, In-Territory Child and Family Services and for the Yellowknife Day Shelter and Sobering Centre.

REVENUES

The Department received $95.9 million in funding in 2023-24 from third parties for shared priorities. Funding from federal partners supports the delivery of programs and services by the Department. The Department recently finalized 4 significant agreements.

- Territorial Health Investment Fund (THIF) Agreement is for $10 million annually over five years, ending March 31, 2028.

- Shared Health Priorities – Working Together to Improve Health Care for Canadians Agreement, the initial 3-year action plan and agreement have been finalized for $24.18 million over the first three years with $8.06 million available each year.

The funding is for:

- Family Health Services
- Health Workers and Backlogs
- Mental Health and Substance Use
- Modernizing Health Systems

- Aging With Dignity Agreement, the initial 5-year action plan and agreement have been finalized for $12.2 million over the first five years with $2.58 million available each year in 2023-24 through 2026-27, and $1.88 million in 2027-28. The funding is for:

  - Home and Community Care Services
  - Improvements for Long Term Care Standards

- Non-Insured Health Benefits, a new $94.6 million agreement over 2 years covering 2023-24 and 2024-25 has recently been signed.

FISCAL SUSTAINABILITY

The Department remains committed to achieving fiscal sustainability within the HSS system. Our goal is to maintain quality, efficiency, and sustainability in health and social services, while balancing the impact of increasing cost pressures and rising demand for programs and services. There are now three key plans and initiatives working concurrently to achieve this goal.

The Health and Social Services System Sustainability Plan (2020) was a multi-tiered approach to addressing the financial challenges facing the HSS system, overseen by a steering committee of leaders within the Health and Social Services system and the Department of Finance. As of March 31, 2024, a substantial amount of work was completed or was in-progress focused on internal controls and cost containment, operational review and quality improvement, and funding and service level review.

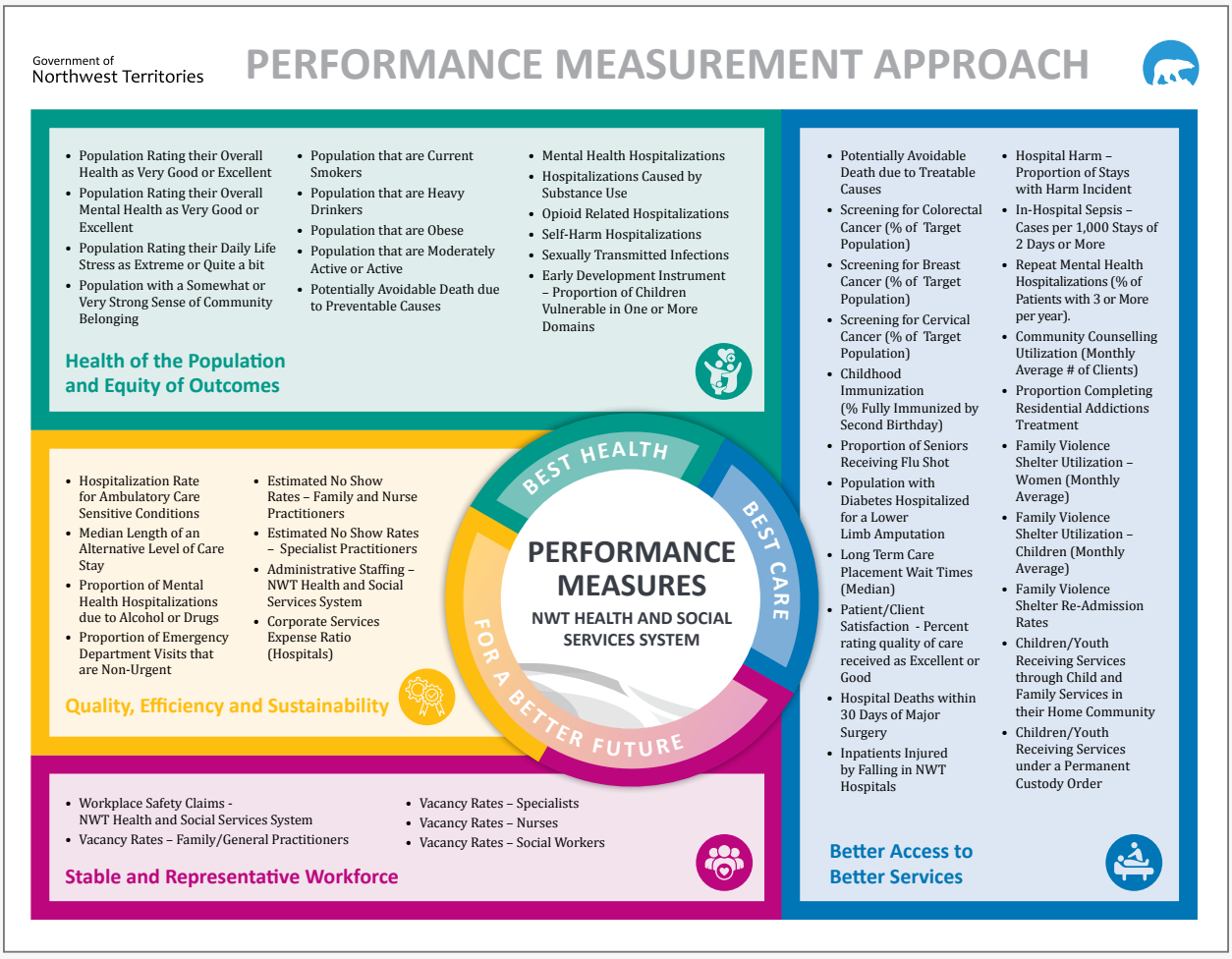
In addition to the System Sustainability Plan, the NTHSSA Deficit Reduction Plan is also in place. The Minister of Health and Social Services requested that the NTHSSA Leadership Council develop a Deficit Reduction Plan in the spring of 2023. This plan targeted structural causes of the growing deficit like the identified areas of underfunding, and focuses on seeking and maintaining right funding, realizing cost savings and improving efficiency of revenue-related activities.

The Department is also participating in the GNWT-wide approach to economic recovery and sustainability, Restoring Balance. As part of this work in 2023-24, the Department reduced the HSS system budget for 2024-25 by $2.984 million, and secured a number of third-party funding agreements that address system pressures and support sustainability of programs and services.

The HSS system budget was reduced in part through implementing fiscal sustainability measures to the GNWT's supplementary health benefit programs (Extended Health Benefits and Métis Health Benefits). These measures included adjustment to pharmacy compensation and reimbursement fees, entering into more product listing agreements and establishment of the NWT Pharmacare formulary management committee to ensure continued access to benefits similar to other provinces and territories. The adjustments to the pharmacy compensation and reimbursement fee structure implemented a cap on the maximum amount a pharmacy is reimbursed for dispensing a drug product. This adjustment addressed the rising costs associated with the increasing availability and dispensing of high-cost drug products. Product listing agreements combined with formulary management initiatives have allowed for the Department to continue to benefit from the savings associated with pan-Canadian Pharmaceutical Alliance negotiated pricing and ensured that GNWT's supplementary health benefit programs are sustainable.

Performance Measures

The performance measures reported in this section are informed by the NWT Health and Social Services Performance Measurement Framework, and are aligned with the HSS system vision of Best Health, Best Care, for a Better Future, and Quadruple Aim Strategic Planning Framework (see graphic below).



The indicators under **Health of the Population and Equity of Outcomes** are focused on the overall health and wellness of the population. The objectives of this goal are to support the health and wellness of the population; promote healthy choices and personal responsibility through awareness and education; protect health and prevent disease; provide targeted access to services for high-risk populations; and reduce disparities in health status and impacts of social determinants.

Under **Better Access to Better Services**, indicators presented look at access, quality and responsiveness of care and services provided to children, individuals, families, and communities. The objectives of this goal are to ensure that care and services are responsive to children, individuals, families, and communities; provide equitable access to safe, quality, care and services that are appropriate for residents' needs; reduce gaps and barriers to current programs and services; enhance the patient/client experience; and ensure programs and services are culturally safe and respond to community wellness needs.

Under **Quality, Efficiency and Sustainability** the indicators focus on measuring the efficiency of the system as it relates to the future sustainability of the overall health and social services system. The objectives of this goal are to support innovation in service delivery; improve accountability and manage risk; and ensure appropriate and effective use of resources.

Under **Stable and Representative Workforce** the indicators reflect efforts to recruit and retain staff in essential positions and to ensure a safe working environment. The objectives of this goal are to build a sustainable health and social services workforce and enhance the skills, abilities, and engagement of the HSS workforce.

STATISTICAL SUMMARY

The following summary of performance indicators provides a snapshot of the current status of NWT HSS system performance, and overall population health and wellness, including long-term trends and short-term changes. The full report on Public Performance Indicators follows this summary.

The long-term trend is based on seven or more years of data, whereas the short-term change is the difference between the most recent year of data available and the previous year. Where possible, a trend or change is determined to have occurred through statistical significance testing. This testing allows one to rule out changes that may have occurred by chance. Coloured arrows are used to mark the direction of the change or trend and to indicate whether the direction was positive (green) or negative (red). In some cases, it is not possible to determine whether a change is positive or negative (i.e., the nature of the change is uncertain).

ARROW COLOUR (TREND)	Positive	Negative

PAGE NUMBER	BEST HEALTH INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p. 45	Population Rating their Overall Health as Very Good or Excellent	57.0%	54.0%	No	n/a
p. 45	Population Rating their Mental Health as Very Good or Excellent	58.9%	62.2%	No	n/a
p. 45	Population Rating their Daily Life Stress as Extreme or Quite a Bit	20.1%	18.4%	No	n/a
p. 45	Population with a Somewhat or Very Strong Sense of Community Belonging	79.7%	80.4%	No	n/a
p. 46	Population that are Current Smokers	24.7%	35.0%	↓	n/a
p. 46	Population that are Heavy Drinkers	27.7%	29.0%	No	n/a
p. 46	Population that are Obese	37.1%	39.8%	No	n/a
p. 46	Population that are Moderately Active or Active	N/A	58.8%	No	n/a
p. 47	Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000)	23.7	21.5	No	↓
p. 48	Mental Health Hospitalizations (Discharges per 1,000)	14.7	15.1	No	↑
p. 49	Hospitalizations Caused by Substance Use (Discharges per 1,000)	18.0	19.0	No	↑
p. 50	Opioid Related Hospitalizations (Discharges per 10,000)	5.9	5.3	No	↑
p. 51	Self-Harm Hospitalizations (Discharges per 10,000)	23.9	23.7	No	↑
p. 52	Sexually Transmitted Infections (Cases per 1,000)	26.9	23.8	↑	Stable
p. 53	Early Development Instrument - Proportion of Children Vulnerable in One or More Domains	38.8%	37.9	No	n/a

ARROW COLOUR (TREND)	Positive	Negative

PAGE NUMBER	BEST CARE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p. 54	Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000)	9.3	9.7	No	↓
p. 55	Screening for Colorectal Cancer (% of Target Population)	28.3%	29.5%	No	Stable
p. 55	Screening for Breast Cancer (% of Target Population)	56.1%	58.1%	No	↓
p. 55	Screening for Cervical Cancer (% of Target Population)	45.3%	44.4%	No	↓
p. 56	Childhood Immunization (% Fully Immunized by Second Birthday)	72.5%	73.1%	No	n/a
p. 57	Seniors receiving the Flu Shot	46%	50%	No	Stable
p. 58	Diabetes Prevalence	9.2%	9.0%	No	↑
p. 59	Long-Term Care Placement Wait Times (Days)	76.0	29.0	↑	↑
p. 60	Patient/Client Experience – Excellent or Good	59%	81%	↓	n/a
p. 61	Hospital Deaths within 30 Days of Major Surgery	0.6%	0.0%	No	↓
p. 62	Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges)	11.5	12.2	No	↑
p. 63	Hospital Harm – Proportion of Stays with Harm Incident	2.9%	2.8%	No	Stable
p. 64	In-Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More)	4.0	2.8	No	Stable
p. 65	Repeat Mental Health Hospitalizations (% with 3 or More in a Year)	15.7%	16.9%	No	↑
p. 66	Community Counselling Utilization (Monthly Average # of Clients)	999	939	No	Stable
p. 67	Proportion Residential Addiction Treatment Sessions Completed	73.0%	72.0%	No	Stable
p. 68	Family Violence Shelter Utilization – Women & Children (Monthly Average)	32	29	No	↓
p. 68	Family Violence Shelter Re-Admission Rates	60%	66.0%	↓	↑
p. 69	Proportion of Children/Youth Receiving Services through Child and Family Services in their Home Community	93%	95%	No	n/a
p. 70	Rate of Children/Youth Receiving Services under a Permanent Custody Order (# per 1,000)	9.7	9.2	No	↓

ARROW COLOUR (TREND)	Positive	Negative

PAGE NUMBER	BETTER FUTURE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p. 71	Hospitalizations for Ambulatory Care Sensitive Conditions (Discharges per 1,000)	5.5	4.7	No	↓
p. 72	Median Length of an Alternative Level of Care Stay (Days)	40	71	↓	↑
p. 73	Proportion of Mental Health Hospitalizations due to Alcohol or Drugs	49.5%	52.4%	No	Stable
p. 74	Emergency Department Visits that are non-Urgent	6.3%	7.2%	No	Stable
p. 75	No Show Rates - Family/Nurse Practitioners	10.1%	7.3%	↑	↓
p. 75	No Show Rates - Specialists	12.7%	12.5%	No	↑
p. 76	Administrative Staffing - NWT Health and Social Services System	25.4%	25.6%	No	↓
p. 77	Corporate Expense Ratio (Hospitals)	7.3%	7.4.%	No	Stable
p. 78	Vacancy Rates - Family Practitioners	48.8%	39.7%	↑	n/a
p. 78	Vacancy Rates - Special Practitioners	48.4%	31.8%	↑	n/a
p. 79	Vacancy Rates - Nurses	15.0%	13.3%	No	n/a
p. 79	Vacancy Rates - Social Workers	15.0%	13.0%	No	n/a
p. 80	Workplace Safety Claims (# per 100 employees - NWT Health and Social Services System)	7.0	6.3	No	↓

STATISTICAL SUMMARY NOTES

The "most recent time period" refers to the indicator results for the latest year, or point in time, of data availability. "Previous time period" refers to the year, or point in time, one year before the most recent time period (e.g., if the most recent period is 2023-24 then the previous time period is usually 2022-23). Short term change is the difference between the two. The long-term trend is the direction the numbers are heading over a period of time of several years (seven or more). Certain measures lack sufficient years of comparable data to ascertain the direction of any potential trend.

A green arrow means the short or long-term change is positive. A red arrow is a negative change. "Stable" means that the long-term trend is neither up nor down (i.e., flat). "n/a" means that there is not sufficient information available (e.g., not enough years of data to establish a trend or there are substantial inconsistencies in what is being measured over time).

The directions of the short-term change and the long-term trend have been determined by statistical significance testing where possible. When working with NWT statistics, results may be based on a small population and/or a small number of events (e.g., cases of hospital deaths following surgery) – in these cases, statistical significance testing can tell us if differences between two numbers occurred by chance or whether there has been a significant change in the statistics. When a numerical difference is said to be *statistically significant* (e.g., arrows in the summary above) it means that any apparent difference between two numbers, or the direction of the trend, was unlikely to have occurred by chance. In contrast, it is important to note that with large numbers (e.g., appointment no shows), even a very small percentage change between two numbers (e.g., a three percent change from one year to the next year) can be statistically significant.

DATA SOURCES AND LIMITATIONS

The data for this report primarily originates from the HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, the Department of Education, Culture and Employment, the Department of Finance (Human Resources), the Workers Safety and Compensation Commission and the NWT Bureau of Statistics. These different data sources require different timelines for collection, preparation, and data access – in some cases, there can be delays of up to a year or more before the data is available for use.

All rates in this section are calculated based on the NWT population (e.g., number of discharges per 10,000 population or 1,000 cases per population etc.) unless indicated otherwise. The numbers and rates in this report are subject to future revisions and are not necessarily comparable to numbers in other calculations and reports. The numbers and rates in this report rely on information systems and population estimates that are continually updated and often revised. Any changes that do occur are usually small.

The quality of data available varies across the HSS system and is contingent upon the data collection mechanisms in place. Some information systems are paper-based, and others are electronic, some have long histories and others are relatively new, some collect a lot of detail and others do not. The statistics in this section have been presented with careful consideration of the possible limitations.

A hospitalization refers to care delivered in a hospital setting that requires admission and is counted when the patient is admitted. A discharge is a count of the number of patients who are officially released from the hospital after having an episode of care.

Health of the Population and Equity of Outcomes

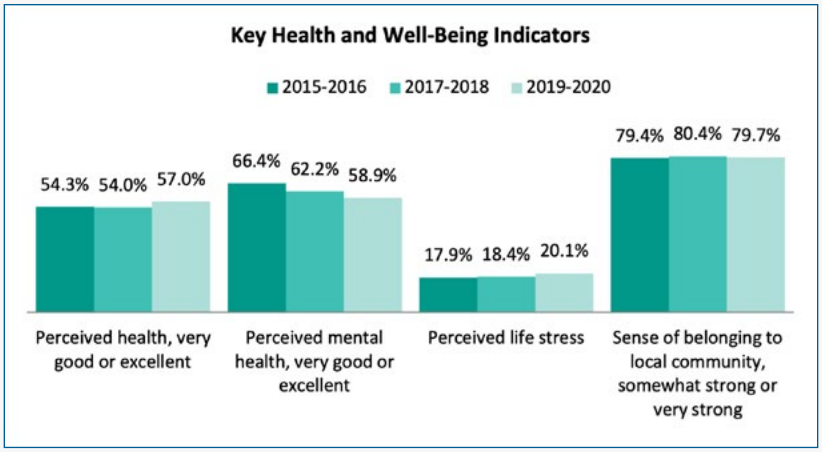
BEST HEALTH – HEALTH STATUS AND WELL-BEING

WHAT IS BEING MEASURED?

Four measures of health status and well-being where the proportion of the population surveyed (age 12 & over) rated/ reported: their overall health as very good or excellent; their mental health as very good or excellent; perceived that most days in their life were quite a bit or extremely stressful and having a strong or somewhat strong sense of community belonging.

WHY IS THIS OF INTEREST?

Self-reported health serves as a subjective measure of one's well-being and is a significant predictor of future health care utilization and mortality rates. Perceived mental health gives a general sense of the prevalence of mental and emotional challenges within a population. The adverse impact of stress on physical and mental well-being is well-established, contributing to negative behaviours like substance abuse and unhealthy dietary choices. There is a strong link between sense of community belonging and physical and mental health.



HOW ARE WE DOING?

Between 2017-2018 and 2019-2020 survey results, there have not been any significant changes on all four measures in the NWT. Compared to Canada 2019-2020, results were mixed. There was no significant difference between NWT and Canadian residents rating their overall health as very good or excellent (57% versus 61.8%). NWT residents were less likely to rate their mental health as being very good or excellent than the Canadian average (58.9% versus 66%). NWT residents, compared to the national average, were no more likely to report that most days in their life were quite a bit or extremely stressful (20.1% versus 20.8%) and NWT residents were more likely than the national average to report having a somewhat or a very strong sense of community of belonging (79.7% versus 70.0%).[3]

SOURCE

Statistics Canada, Canadian Community Health Survey (National File).

[3] In 2015, Statistics Canada changed the content and the design of the Canadian Community Health Survey. Because of these changes, historical trending (comparisons to pre-2015 results) has not been included in this report.

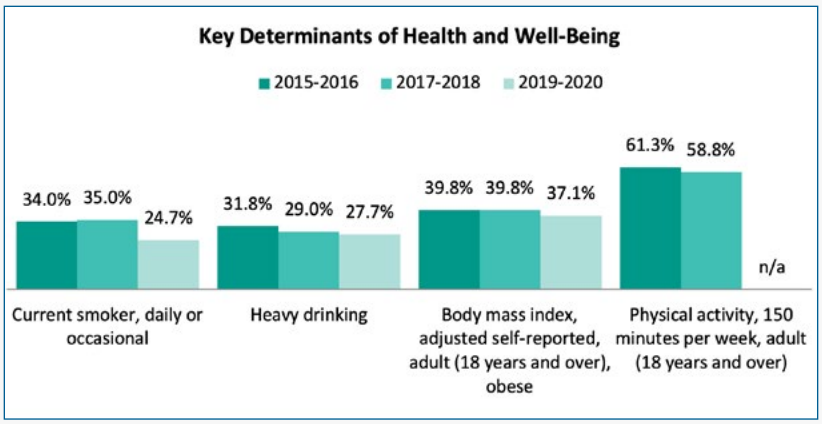
BEST HEALTH – DETERMINANTS OF HEALTH AND WELL-BEING

WHAT IS BEING MEASURED?

Four measures of behaviours that have a strong influence on health and well-being: the proportion of the population who are current daily or occasional smokers (age 12 and over); the proportion who are heavy drinkers (age 12 and over); the proportion that are obese (age 18 and over); and the proportion who are physically active (age 18 and over).

WHY IS THIS OF INTEREST?

Smoking is a highly preventable risk factor contributing to several chronic diseases, including lung and other cancers, chronic lung problems, Type II diabetes, and cardiovascular diseases (heart attacks and strokes). Heavy drinking is a factor in family violence and injuries. Prolonged heavy alcohol consumption can lead to or exacerbate several health conditions, including cardiovascular diseases (heart attacks and strokes), liver failure, and certain cancers. Regular heavy drinking can result in dependency and frequently acts as a contributing factor in other mental health issues. Obesity is a potentially preventable factor in several chronic diseases, including Type II diabetes, cardiovascular diseases (heart attacks and strokes), and some cancers. Engaging in regular physical activity plays a vital role in preventing chronic disease, promoting a healthy weight, and enhancing overall well-being.



HOW ARE WE DOING?

Between 2017-2018 and 2019-20, the proportion of NWT residents smoking (daily or occasionally) dropped from 35% to just under 25%. Rates of heavy drinking and obesity did not decrease during this time. Physical activity was not surveyed in the NWT, and most of Canada, in 2019-2020 due to pandemic-related challenges. While the NWT experienced a large drop in the smoking rate, the territory continues to have higher rates of smoking relative to the national average (24.7% versus 13.9%). The NWT also continues to have higher rates of heavy drinking (27.7% versus 17.5%) and obesity (37.1% versus 28%) compared to national averages. When it comes to physical activity, there was no statistically significant difference between the NWT and Canada (58.8% versus 56%) for 2017-2018.[4]

SOURCE

Statistics Canada, Canadian Community Health Survey (National File).

[4] In 2015, Statistics Canada changed the content and the design of the Canadian Community Health Survey. Because of these changes, historical trending (comparisons to pre-2015 results) has not been included in this report.

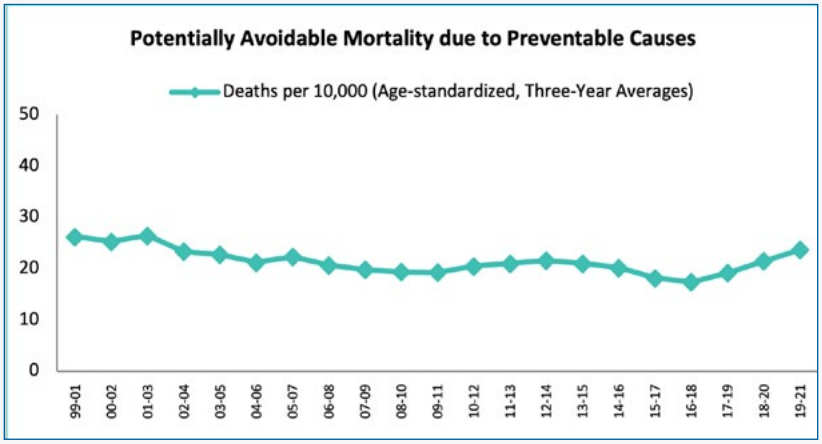
BEST HEALTH – AVOIDABLE DEATH DUE TO PREVENTABLE CONDITIONS

WHAT IS BEING MEASURED?

The age-standardized rate of deaths due to preventable conditions (deaths per 10,000 population, under the age of 75 years).

WHY IS THIS OF INTEREST?

This indicator focuses on premature deaths due to conditions that are considered preventable. These deaths could potentially be avoided through improvements in lifestyle (e.g., smoking cessation and healthy body weight management) or health promotion efforts (e.g., injury prevention).



HOW ARE WE DOING?

The rate of avoidable mortality due to preventable conditions has decreased over the last 30 years – from an average of 33 deaths per 10,000 in the 1980s to 20 deaths per 10,000 in the last 10 years.

The rate of avoidable death in the NWT has been historically higher than the national average with the latest available national figure being 13.3 per 10,000 (2019-2021).

SOURCE

NWT Department of Health and Social Services, Statistics Canada, and NWT Bureau of Statistics.

BEST HEALTH – MENTAL HEALTH HOSPITALIZATIONS

WHAT IS BEING MEASURED?

The annual age-standardized rate of mental health hospitalizations, overall and by diagnostic category, for NWT residents.[5]

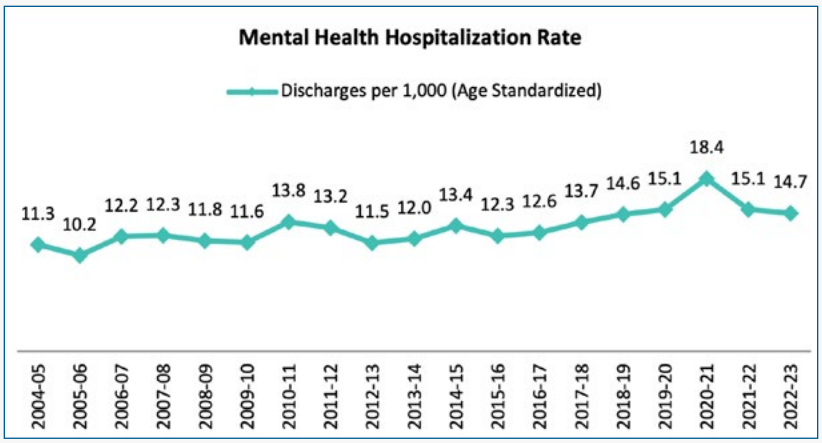
WHY IS THIS OF INTEREST?

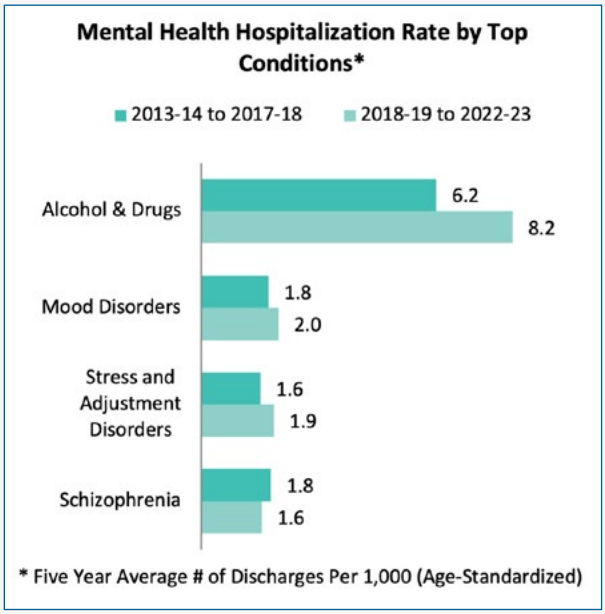
Mental health hospitalizations, while sometimes unavoidable, can often be prevented through appropriate treatment and care (e.g., counselling and outpatient psychiatric services, and addiction treatment programs).

HOW ARE WE DOING?

Over the last 19 years, the rate of mental health hospitalizations has been trending upwards. After a notable increase in 2020-21, rates returned to pre-pandemic levels in 2021-22 - driven primarily by a decrease in hospitalizations due to alcohol and drug use.

In the last five years, alcohol and drug issues (dependency/use) represented over 50% of all mental health hospitalizations. Together with the three next largest categories (mood disorders, schizophrenia/psychotic disorders, and stress and adjustment disorders), they accounted for almost nine out of ten mental health hospitalizations. The NWT's overall mental health hospitalization rate is over twice the Western Canadian average (2018-18 to 2022-23).[6]





SOURCE

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

[5] Only hospitalizations of NWT residents where the primary reason for the hospitalization was a mental health issue are included in the measure.

[6] Western Canadian rate includes British Columbia, Alberta, Saskatchewan, Manitoba, the Yukon, the Northwest Territories and Nunavut.

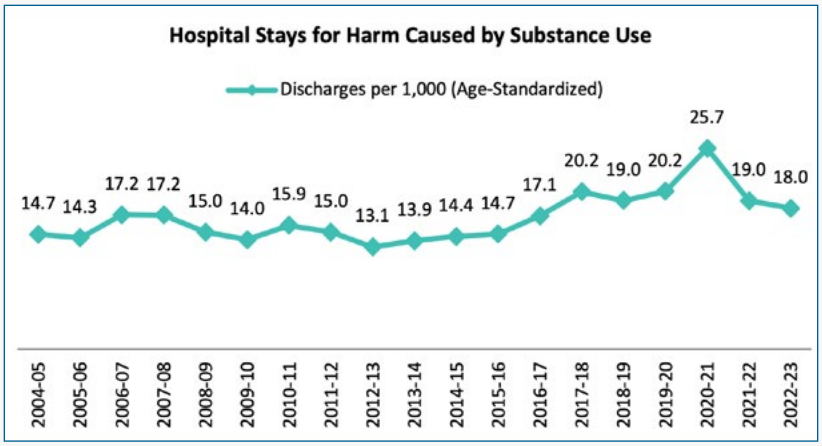
BEST HEALTH – HOSPITAL STAYS FOR HARM CAUSED BY SUBSTANCE USE

WHAT IS BEING MEASURED?

The age-standardized rate of hospitalizations for harm caused by substance use (discharges per 1,000, age 10 years and over). Conditions included can range from alcohol and drug abuse and dependency to alcoholic cirrhosis of the liver and alcoholic gastritis. Substances include alcohol, opioids, cannabis, cocaine, other central nervous system stimulants (e.g., methamphetamine, benzodiazepines), and other substances (e.g., hallucinogens).

WHY IS THIS OF INTEREST?

The harmful use of alcohol and drugs is a cause or a contributing factor in several health conditions and is a leading factor in preventable death. The detrimental misuse of alcohol and drugs places undue pressure on health care, social services, and justice systems.



HOW ARE WE DOING?

Over the last 19 years, the rate of hospitalization due to harm caused by substance use has been trending upwards. After increasing dramatically in the first year of the pandemic to 25.5 hospitalizations per 1,000, the rate dropped down to 19.0 per 1,000 in 2021-22 and 18.0 in 2022-23. In 2022-23, the NWT rate was over three times the national average (18.0 versus 5.2 per 1,000). More than seven out of ten of these hospitalizations involved alcohol in the NWT, compared to around half nationally.

SOURCE

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

BEST HEALTH – OPIOID HOSPITALIZATIONS

WHAT IS BEING MEASURED?

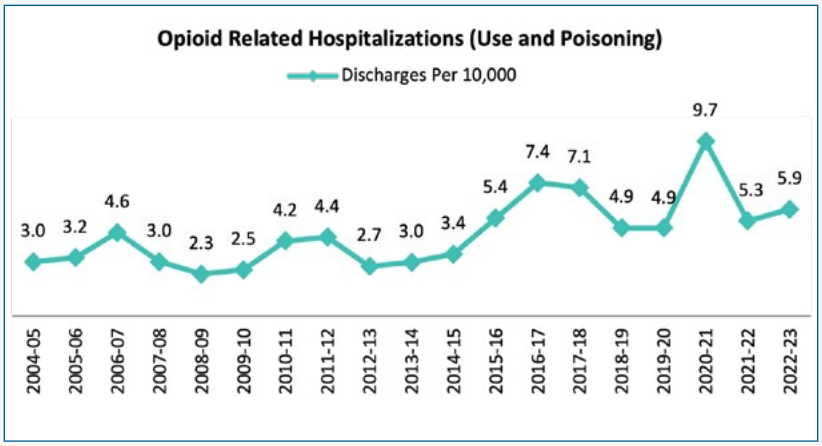
The rate of hospitalizations The rate of hospitalizations for opioid use and poisoning (discharges per 10,000).[7]

WHY IS THIS OF INTEREST?

Across the country, opioid addiction is a public health crisis. Fentanyl overdoses have resulted in a record level of deaths due to opioids.

HOW ARE WE DOING?

The rate of opioid abuse and poisoning hospitalizations has increased since the mid 2000s, with the largest increase occurring since 2015-16. The annual number of opioid hospitalizations is relatively small, averaging under 20 over the last 19 years, but can vary considerably from one year to the next. In the first year of the pandemic the rate nearly doubled to 9.7 from 4.9 hospitalizations per 1,000, but by 2021-22, the rate had fallen back to around pre-pandemic levels.



Over the last three-years, the NWT age-standardized rate was slightly lower than the average for Western Canada (7 versus 8.7 per 10,000).[8]

SOURCE

NWT Department of Health and Social Services, Canadian Institute for Health Information and NWT Bureau of Statistics.

[7] Rate includes hospitalizations for opioid use, opioid poisoning, and newborn withdrawal symptoms from maternal use of drugs.

[8] NWT rate was age-standardized to compare to Western Canada (British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut).

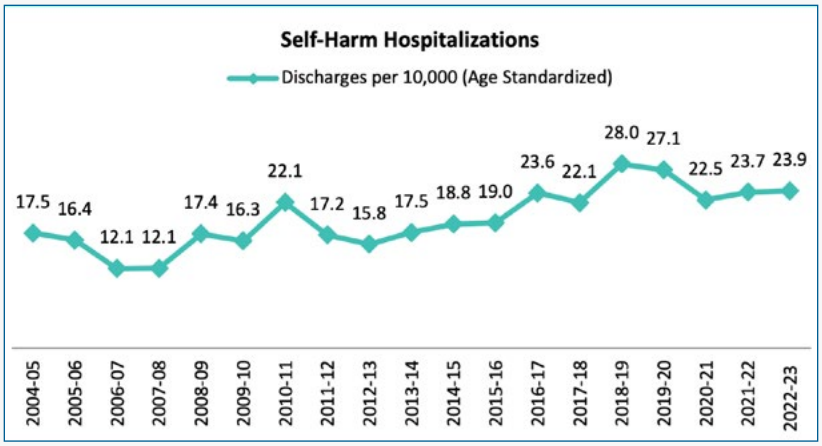
BEST HEALTH – SELF-HARM HOSPITALIZATIONS

WHAT IS BEING MEASURED?

The age-standardized rate of hospitalizations for self-harm (self-injury) per year (discharges per 10,000 population age 10 years and over).[9]

WHY IS THIS OF INTEREST?

Self-injury can be the result of self-harming behaviours and/or suicidal behaviours. "Self-injury can be prevented, in many cases, by early recognition, intervention and treatment of mental illnesses. While some risk factors for self-injury are beyond the control of the health system, high rates of self-injury hospitalization…" may be attributed to a lack of appropriate programs and supports aimed at preventing self-injury hospitalizations.[10]



HOW ARE WE DOING?

The rate of the self-harm hospitalizations has increased from an average of 15 per 10,000 per year in the latter half of the 2000s to an average of 25.1 per 10,000 in the last five years. The current NWT rate of self-harm hospitalizations is over three times higher than the national rate at 23.9 versus 6.2 per 10,000 (2022-23).

SOURCE

NWT Department of Health and Social Services, Canadian Institute for Health Information, NWT Bureau of Statistics and Statistics Canada.

[9] Any diagnosis (primary or secondary) for a self-injury is included.

[10] Canadian Institute for Health Information, ***http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114197***.

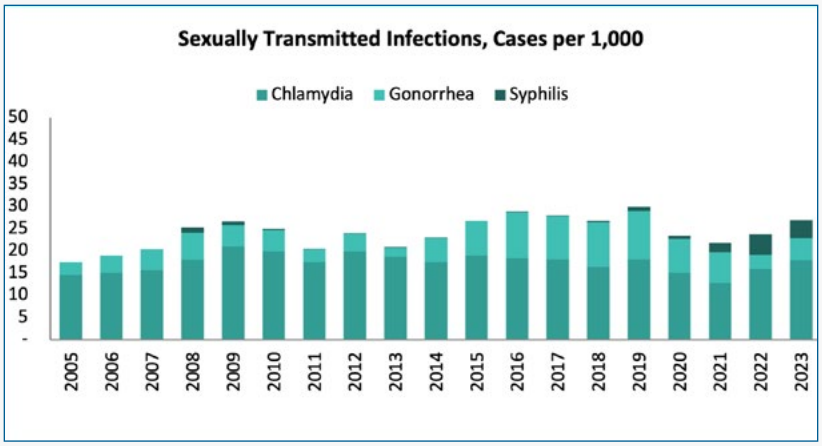
BEST HEALTH – SEXUALLY TRANSMITTED INFECTIONS

WHAT IS BEING MEASURED?

The incidence of Sexually Transmitted Infections (STIs): the number of STIs per 1,000 population per year. STIs include chlamydia, gonorrhea, and syphilis.

WHY IS THIS OF INTEREST?

STIs are spread through practicing risky sexual activity, and can cause infertility, ectopic pregnancies, premature births, and damage to developing fetuses. The rate of STIs can give an indication of safe sex practices in the NWT population.



HOW ARE WE DOING?

Over the last 18 years, the rate of STIs peaked both in 2016 (29 cases per 1,000), primarily due to an increase in the rate of gonorrhea, and in 2019 (30 cases per 1,000), due to an increase in the rate of all three. The rate increased in the last year, with the NWT STI rate remaining high at 27 cases per 1,000 (2023) compared to the national average of 4 cases per 1,000 (2021). The NWT is currently experiencing an outbreak of syphilis – the worst seen since the last outbreak in 2008-09. Results from 2020, 2021, and 2022 should be interpreted with caution, due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case management during the COVID-19 pandemic.

SOURCE

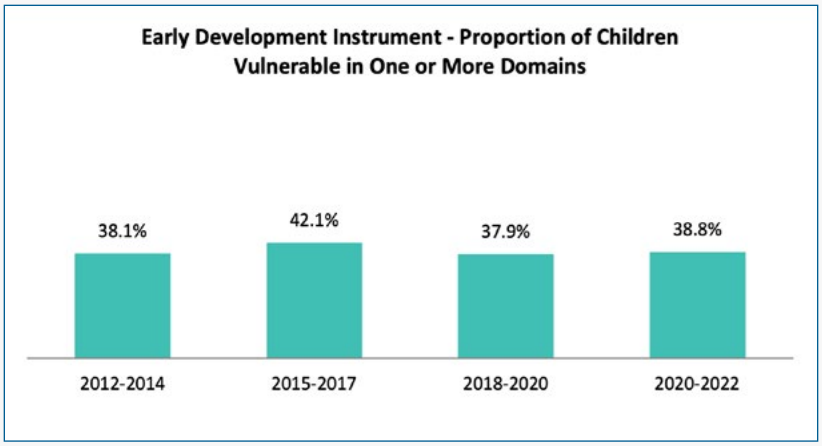
NWT Department of Health and Social Services, Canadian National Disease Surveillance System.

BEST HEALTH – CHILD DEVELOPMENT

WHAT IS BEING MEASURED?

The proportion of kindergarten students who are vulnerable in one or more areas (domains) of their development, as measured by the Early Development Instrument (EDI).

The EDI is a checklist, completed by kindergarten teachers, that measures five areas of a child's development: physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skills and general knowledge.



WHY IS THIS OF INTEREST?

This indicator is an important measure for several reasons: it is a determinant of how well a child will do in school, as well as their health and well-being in later life. It may also be used as a high-level measure of the collective success of initiatives aimed at improving the early development of children.

HOW ARE WE DOING?

The proportion of NWT kindergarten students who are vulnerable in one or more developmental areas was 38.8% in 2020-2022 school years - higher than the national average of 27.6%.

SOURCE

NWT Department of Education, Culture and Employment, Offord Centre for Child Studies, McMaster University, and Canadian Institute for Health Information.

Better Access to Better Services

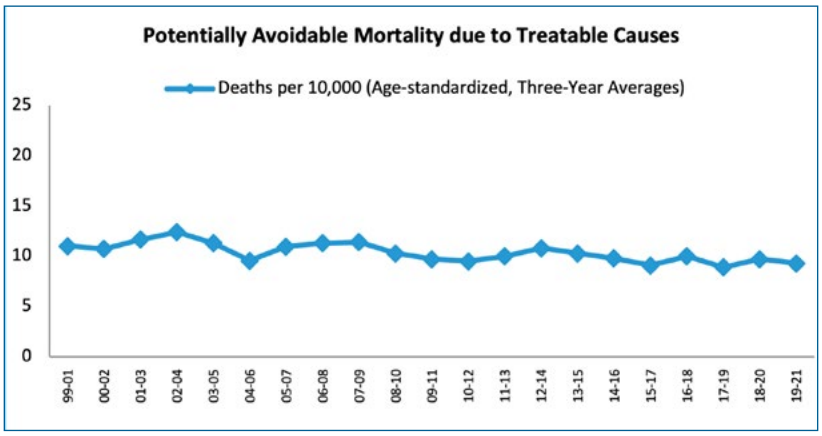
BEST CARE – AVOIDABLE MORTALITY DUE TO TREATABLE CAUSES

WHAT IS BEING MEASURED?

The age-standardized three-year average rate of potentially avoidable deaths due to treatable conditions (deaths per 10,000 population, under the age of 75 years).

WHY IS THIS OF INTEREST?

"Mortality from treatable causes focuses on premature deaths that could potentially be avoided through secondary and tertiary prevention efforts, such as screening for and effective treatment of an existing disease."[11] Monitoring the rates of potentially avoidable deaths can give an overall indication of how well the system is managing preventable loss of life.



HOW ARE WE DOING?

The rate of avoidable death due to treatable causes has significantly decreased over the last three decades – dropping from an average of around 14 deaths per 10,000 in the 1980s, to an average of around 10 deaths per 10,000 in the last ten years. Since 2000 the rate has been relatively steady, dropping slightly from 11.0 (1999-2001) to 9.3 (2019-2021).

The NWT rate of avoidable deaths due to treatable conditions has been historically higher than the national average with the latest available national figure being 6.6 per 10,000 (2019-2021).

SOURCE

NWT Department of Health and Social Services, Statistics Canada, and NWT Bureau of Statistics.

[11] Canadian Institute for Health Information, ***http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114185***.

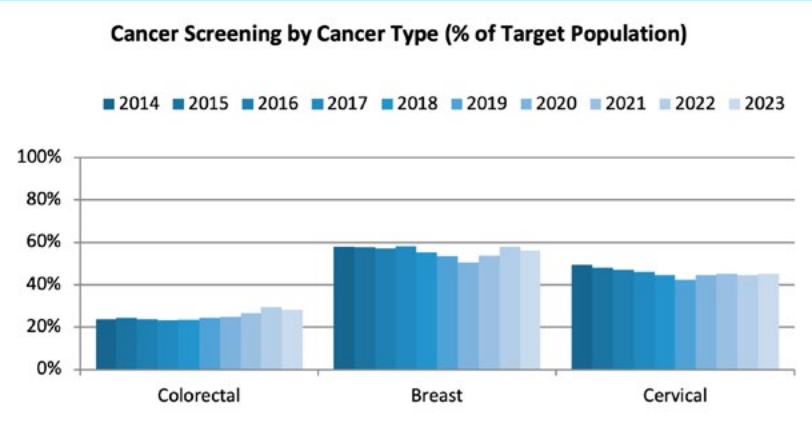
BEST CARE – CANCER SCREENING

WHAT IS BEING MEASURED?

The proportion of the target population who have been screened for colorectal cancer (ages 50 to 74), breast cancer (women, ages 50 to 74) and cervical cancer (women, ages 21 to 69) within the past 2 years. Each type of screening targets a different age group, based on research evidence of the most effective screening practice for each type of cancer. In the NWT, there are three routine screening programs in place: mammography for breast cancer, Papanicolaou (Pap) tests for cervical cancer, and Fecal Immunochemical Tests (FIT) or Fecal Occult Blood Tests (FOBT) for colorectal cancer screening.

WHY IS THIS OF INTEREST?

In general, screening allows for early detection of cancer. Early detection of cancer (i.e., finding it in the early stages) provides the best chance for the patient of avoiding death and significant illness by way of early interventions. For example, colorectal cancer cure rates are almost 90% when detected early; when detected in later



stages, the cure rate drops to 12%.[12] Colorectal cancer is the second leading cause of cancer death in the NWT. Breast cancer is the most common diagnosed cancer in NWT females. While cervical cancer is not a leading cause of cancer in the NWT, a large proportion of cervical cancers are caused by certain types of the human papillomavirus (HPV) – a disease that can be prevented, screened for, and treated.

HOW ARE WE DOING?

From 2014 to 2023, the proportion of the population ages 50 to 74 receiving a FIT or FOBT has increased from 23% to 28%, the proportion of women ages 21-69 receiving a Pap test has dropped from 50% to 45% and the proportion of women ages 50-74 receiving a mammogram has stayed relatively consistent from 58% in 2014 and 56% in 2023. Some of the variability in screening over time can be attributed to changes in the availability of health services and health seeking behaviour during the COVID-19 pandemic. The NWT does not meet the national minimum screening targets for colorectal cancer screening (60%), breast cancer (70%) and cervical cancer (80%).

SOURCE

NWT Department of Health and Social Services.

[12] Ontario Ministry of Health and Long-Term Care, Colon Cancer Check (2013). ***http://www.health.gov.on.ca/en/pro/programs/coloncancercheck/pharmacists_faq.aspx#1***.

BEST CARE – CHILDHOOD IMMUNIZATION

WHAT IS BEING MEASURED?

The proportion of the population born in a given year (e.g., 2023) having received full immunization coverage by their second birthday.

WHY IS THIS OF INTEREST?

Immunization has been shown to be one of the most cost-effective public health interventions available. Maintaining high vaccine coverage is necessary for preventing the spread of vaccine preventable diseases and outbreaks within a community. The recent outbreaks of measles in Canada, as well as the United States highlight the importance of achieving and maintaining high vaccination rates.

HOW ARE WE DOING?

For children born in 2021, the latest immunization coverage is estimated at a rate of 73% by the child's second birthday for six vaccines in total. In comparison, the last study of children born in 2015, found that the coverage rate was 63%. As seen in the table, NWT coverage rates are lower than the national goals for all vaccines.

SOURCE

NWT Department of Health and Social Services.

Vaccine by Diseases Protected Against and Coverage Rate (By 2nd Birthday)	NWT 2023	National Goal	Meet National Goal
DaPT IPV-HIB Diptheria, pertussis, tetanus, polio and haemophilus influenza tybe b	70%	95%	No
Hep B Hepatitis B	73%	95%	No
Meningococcal C conjugate Meningitis, meningococcemia, septicemia	77%	95%	No
MMR Measles, mumps and rubella	74%	95%	No
Pneumococcal conjugate Streptococcus pneumoniae	68%	95%	No
Varicella Varicella (Chickenpox)	73%	95%	No

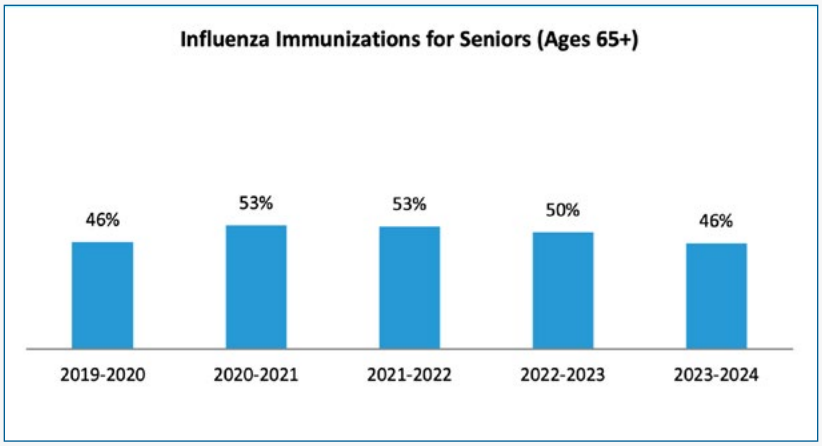
BEST CARE – INFLUENZA IMMUNIZATION FOR SENIORS

WHAT IS BEING MEASURED?

The proportion of the senior population (ages 65 and older) who have received at least one influenza vaccine during the respiratory season.

WHY IS THIS OF INTEREST?

As immune defences become weaker with age, the senior population is at greater risk of contracting influenza (the flu) and developing serious complications. The influenza vaccine (flu shot) is the best way to prevent the spread of flu and the progression to severe disease. This can significantly reduce associated health care costs and resource utilization including hospitalizations, long-term care, and other medical interventions.



HOW ARE WE DOING?

Between 2019-20 and 2023-24, the proportion of NWT seniors having had their annual flu shot has been steady, with some yearly variation. The NWT rate of 46% is much lower than the Canadian average of 73% for the latest flu season (2023-24).

SOURCE

NWT Department of Health and Social Services, Canadian Seasonal Influenza Vaccination Coverage Survey.

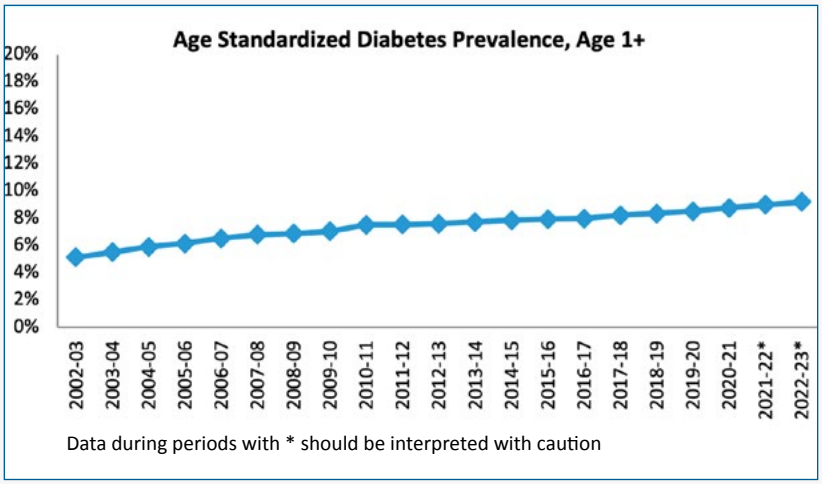
BEST CARE – DIABETES PREVALENCE

WHAT IS BEING MEASURED?

The proportion of the total population with diagnosed diabetes age-standardized to the 2011 Canadian population to adjust for differences in population age structure. Type 1 and Type 2 Diabetes are combined, excluding gestational diabetes, undiagnosed diabetes, and prediabetes.

WHY IS THIS OF INTEREST?

Diabetes is one of the most common chronic diseases affecting people living in Canada. Diabetes-related complications can be very serious and even life-threatening, including but not limited to chronic kidney disease, eye disease (retinopathy) that can lead to blindness, heart attack, stroke, nerve damage, and sexual dysfunction. These chronic issues contribute to increased health care costs and resource utilization. Costs include direct medical expenses such as medications, ongoing monitoring, and treatment. As prevalence continues to rise, so too does the economic and health system burden. Monitoring the prevalence informs the appropriate targeting of prevention, treatment, and intervention strategies.



HOW ARE WE DOING?

Since the 2002-03 fiscal year, the age standardized prevalence of diabetes in the NWT population increased from 5.1% to 9.2% (2022-23). This increase mirrors the Canadian age-standardized rate, which rose from 5.3% to 8.3% (2021-22). The NWT has the highest estimated prevalence of all three territories (2021-22) with Yukon and Nunavut, both of which have rates of 7.2%.

SOURCE

NWT Department of Health and Social Services, Canadian Chronic Disease Surveillance System.

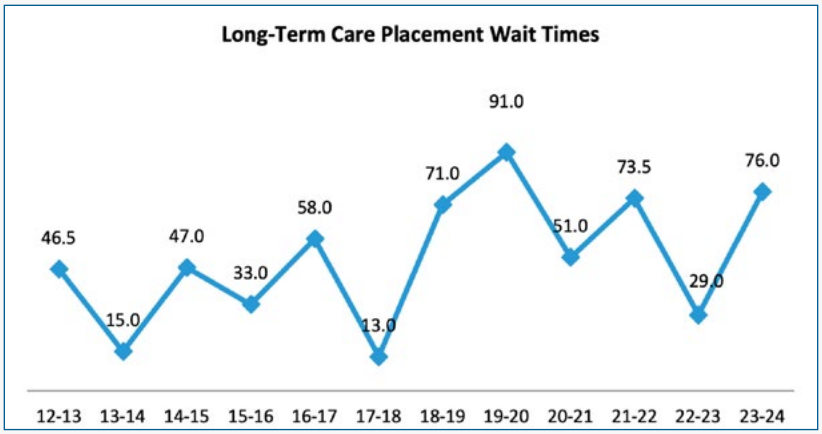
BEST CARE – LONG-TERM CARE PLACEMENT WAIT TIMES

WHAT IS BEING MEASURED?

The median number of days a patient waits to receive an offer of a placement in a long-term care facility.[13] The median is the number of days in which 50% of the clients have been offered a placement.

WHY IS THIS OF INTEREST?

Providing timely access to long-term care services is a priority for the NWT HSS system. It is also a goal to use system resources as efficiently as possible. People awaiting long-term care are sometimes placed in expensive acute care beds.



HOW ARE WE DOING?

Long-term care facilities have been running near full occupancy in recent years and demand for long-term care services has been increasing. Between 2013-14 and 2022-23, the number of new clients - those still waiting from the prior year plus those applying in the current year – decreased by 7% from 74 to 69.

Over the last 12 years, the median wait time to be offered a placement in a long-term care facility was 42 days and has ranged from 13 days to 91 days. Over the same period, 42% of clients have been offered a placement within four weeks, and two-thirds of clients have been offered a placement within three months.

SOURCE

NWT Department of Health and Social Services.

Long Term Care Wait Times													
	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	12 Years
Average (Days)	112	56	100	82	120	76	171	154	119	157	96	124	114
Median (Days)	47	15	47	33	58	13	71	91	51	74	29	76	42
Proportion of Clients by Number of Days Before Placement Offer													
<8	18%	27%	8%	15%	18%	49%	13%	8%	32%	18%	23%	15%	20%
8 to 14	3%	20%	15%	18%	11%	7%	4%	8%	9%	9%	11%	2%	10%
15 to 21	12%	11%	8%	5%	5%	5%	11%	11%	0%	2%	9%	10%	7%
22 to 28	6%	9%	5%	8%	0%	2%	7%	0%	0%	2%	4%	5%	4%
29 to 92	24%	16%	28%	23%	29%	15%	18%	24%	26%	20%	26%	24%	23%
93 to 182	15%	9%	10%	18%	15%	10%	9%	14%	3%	18%	11%	20%	13%
183 & Up	24%	9%	26%	15%	22%	12%	38%	35%	29%	30%	15%	24%	23%

[13] The wait time is the time between the date when it is determined that an individual requires placement in a LTC facility to the date they are offered a placement. When a client refuses a placement, they end up starting over in the wait list queue.

BEST CARE – PATIENT/ CLIENT EXPERIENCE

WHAT IS BEING MEASURED?

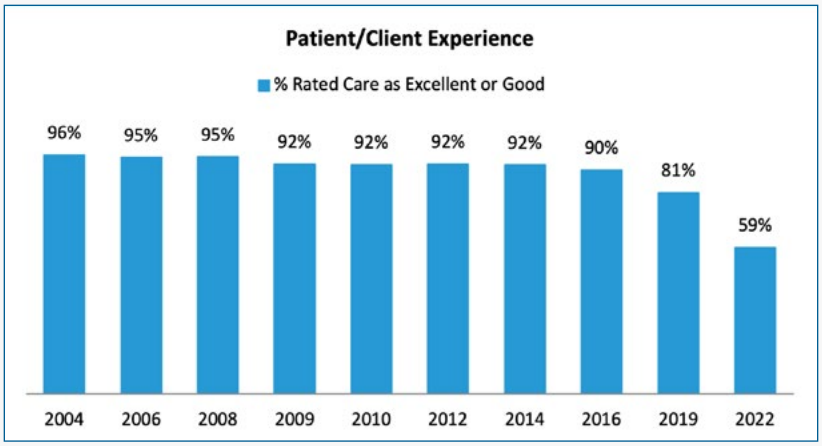
The percentage of NWT residents who rated the health care services they received as being excellent or good.

WHY IS THIS OF INTEREST?

Assessing the quality of the care that patients have received can help the NWT HSS system improve the delivery of services.

HOW ARE WE DOING?

Over the last 18 years, results have shown that between 59% and 96% of those filling out patient satisfaction questionnaires rated the quality of care they received as excellent or good. In 2022, 59% of patients rated the quality of the care they received as excellent or good. Factors that may have contributed to the decline include the impacts of the COVID-19 pandemic that limited in-person services, as well as causing reductions and cancelations of procedures or services such as surgeries. Additionally, required visitor restrictions, and significant demands on staff leading to burnout, retention issues, and national shortages resulted in ongoing service impacts within the system.



Long term trends are difficult to measure, as questionnaires have varied prior to 2012 in terms of which service areas were surveyed and are not necessarily directly comparable.

SOURCE

NWT Department of Health and Social Services.

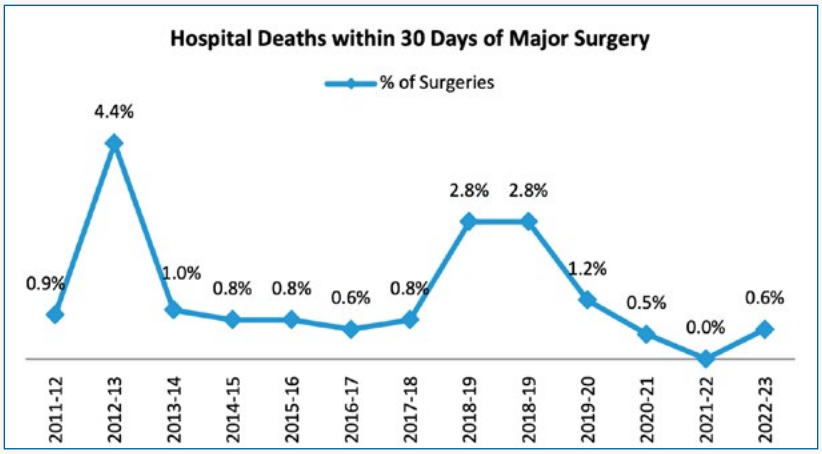
BEST CARE – HOSPITAL DEATHS FOLLOWING MAJOR SURGERY

WHAT IS BEING MEASURED?

The proportion of patients dying within 30 days of a major surgery at NWT hospitals.

WHY IS THIS OF INTEREST?

"Although not all deaths are preventable, reporting on and comparing mortality rates for major surgical procedures may increase awareness of surgical safety and act as a signal for hospitals to investigate their processes of care before, during or immediately after the surgical procedure for quality improvement opportunities."[14] Monitoring this indicator helps the HSS system assess and increase the safety of surgical intervention and care.



HOW ARE WE DOING?

Over the last five years, 1.0% of major surgeries in NWT hospitals resulted in a patient death (within 30 days) compared to the national average of 1.8%. Over the last five years, the actual annual number of deaths varied between zero and five in the NWT.

SOURCE

Canadian Institute for Health Information.

[14] Canadian Institute for Health Information, ***http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=5111812***.

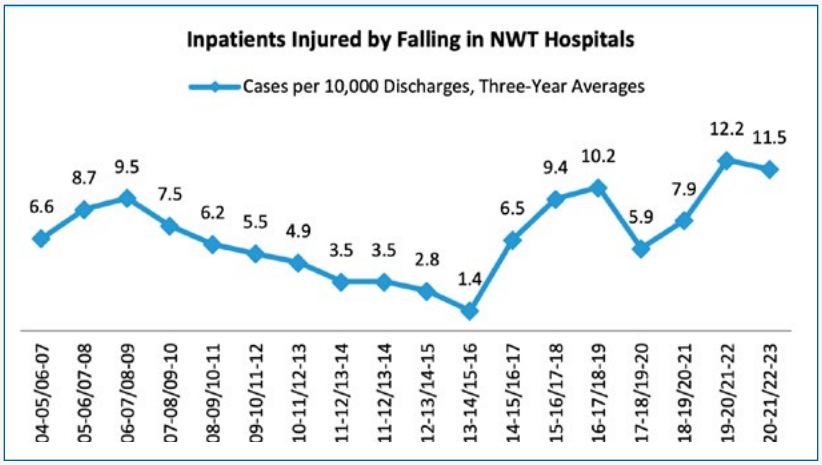
BEST CARE – INPATIENT FALLS

WHAT IS BEING MEASURED?

The number of inpatients per 10,000 discharges (hospital stays) who experienced an injury due to a fall while they were in an NWT hospital.[15]

WHY IS THIS OF INTEREST?

Hospitals are expected to treat and care for patients with serious conditions. The effectiveness of the treatment and care received by patients should not be lessened by an injury sustained during a hospital stay. Falls are preventable and, as such, preventing them from happening is an important part of patient-centered quality care.



HOW ARE WE DOING?

After declining from the mid-2000s, the average annual number of injuries from falls among inpatients in the NWT has risen in recent years. In terms of counting actual patients, the numbers vary widely from zero to ten cases per year.

SOURCE

NWT Department of Health and Social Services and Canadian Institute for Health Information.

[15] The rate of inpatients experiencing falls only includes those patients where the fall resulted in an injury serious enough to be documented on their chart.

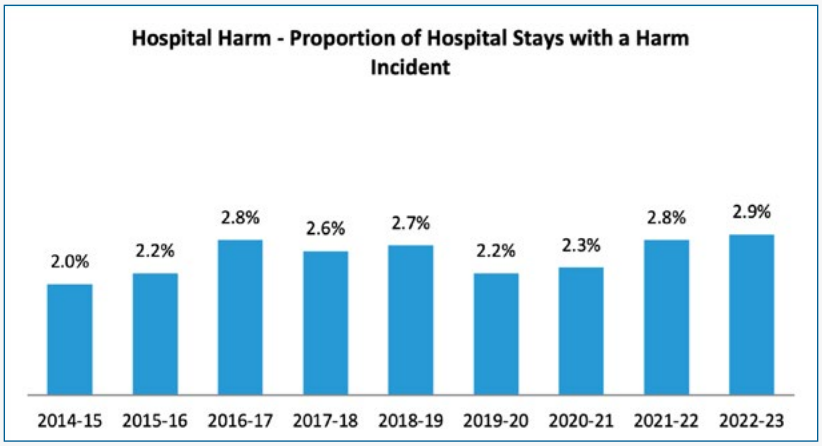
BEST CARE – HOSPITAL HARM

WHAT IS BEING MEASURED?

The proportion of stays at NWT hospitals where at least one incident of unintended harm occurred to the patient. Incidents of harm include pressure ulcers, falls, sepsis, and injury during surgical procedures.

WHY IS THIS OF INTEREST?

Hospitals are expected to treat and care for patients with serious conditions in a safe and effective manner. The effectiveness of the treatment and care received by patients should not be lessened by an injury or infection sustained during a hospital stay. "Tracking and reporting harmful events is a vital first step to investigating, monitoring and understanding patient safety improvement efforts."[16]



HOW ARE WE DOING?

In the last nine years, 2.5% of stays at NWT hospitals involved one or more incidents of harm to the patient. Direct comparisons between NWT and national statistics are not possible, as different data and analysis are used in southern facilities since they have capacity to treat more complex cases than NWT facilities.

SOURCE

Canadian Institute for Health Information.

[16] Canadian Institute for Health Information, ***http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=10453027***.

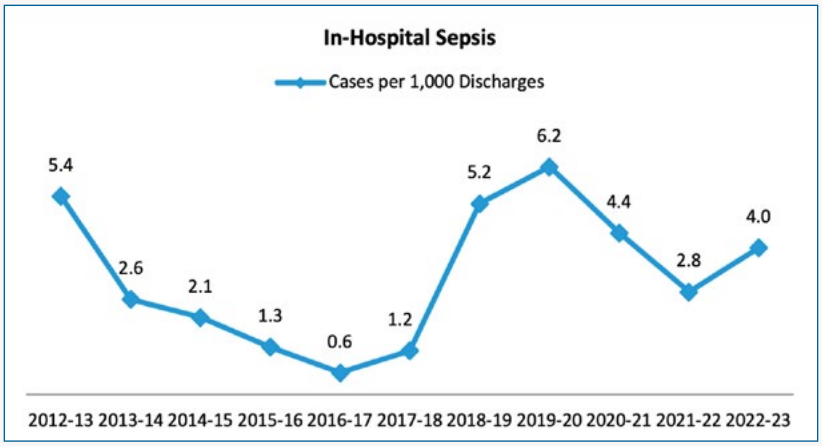
BEST CARE – IN-HOSPITAL SEPSIS RATE

WHAT IS BEING MEASURED?

The rate of sepsis occurring during a patient's stay in a hospital (cases per 1,000 hospital stays of two days or longer) in the NWT. Sepsis is a systemic inflammatory response that occurs as a complication of an infection.

WHY IS THIS OF INTEREST?

"Sepsis is a leading cause of mortality and is linked to increased hospital resource utilization and prolonged stays in intensive care units. Appropriate preventive and therapeutic measures during a hospital stay can reduce the rate of infections and/or progression of infection to sepsis. The indicator addresses the extent to which acute care hospitals are effective in preventing the development of sepsis."[17]



HOW ARE WE DOING?

In the last five years, NWT hospitals have averaged 4.5 cases of sepsis per 1,000 discharges (hospital stays) per year – not significantly different than the national average of 4.3 per 1,000. It is important to point out that the actual number of cases is small - between 1 and 11 cases annually.

SOURCE

Canadian Institute for Health Information.

[17] Canadian Institute for Health Information, ***http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=5111838***.

BEST CARE – REPEAT HOSPITAL STAYS FOR MENTAL ILLNESS

WHAT IS BEING MEASURED?

In a given year, the proportion of patients who had three or more hospital stays for a mental illness among all those patients who had at least one hospital stay for a mental illness.

WHY IS THIS OF INTEREST?

This measure identifies the most frequent users of these services and may indicate a problem with the appropriateness of care in both the hospital and in the community at large.

HOW ARE WE DOING?

For 2022-23, the proportion of NWT patients with repeat mental health hospitalizations was 15.7% compared to the national average of 13.2%. Except for 2020-21, the NWT's repeat mental health hospitalization rate has not been significantly different from the national average. Hospitalization data generated during the COVID-19 pandemic should be interpreted with caution.

SOURCE

Canadian Institute for Health Information and NWT Department of Health and Social Services.

BEST CARE – COMMUNITY COUNSELLING UTILIZATION

WHAT IS BEING MEASURED?

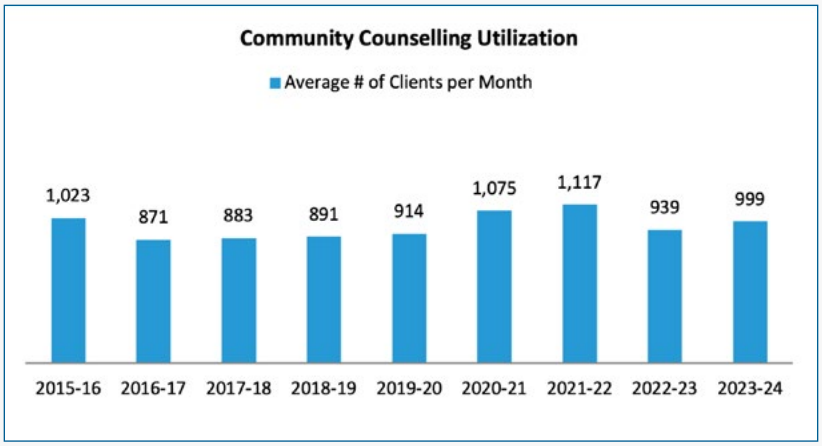
The average number of community counselling clients seen per month.

WHY IS THIS OF INTEREST?

The basic descriptive measure allows for tracking changes in the utilization of the Community Counselling Program (CCP) that provides us with an indication of the appropriateness of services being delivered.

HOW ARE WE DOING?

Over the course of seven years, there have been an average 968 clients seen per month by the CCP. During 2020-21, the HSS system added 15 Child and Youth Community Counsellor positions, increasing the monthly average number of clients being seen between 2019-20 and 2020-21, and into 2021-22.



OTHER INFORMATION

In 2023-24, the top five primary reasons clients provided for seeking counselling were: addictions (19%), trauma (10%), undiagnosed mental illness (9%), family conflict (7%), and stress management (6%). The remaining reasons included such concerns as diagnosed mental illness, relationship issues, bereavement, and anger management.

As part of the Stepped Care 2.0 implementation, same day access to counselling has been introduced throughout the territory. This has led to a reduction in wait times and the elimination of waitlists across the territory. In 2023-2024, the median wait time was four days, although residents in an immediate crisis or at immediate risk do not have to wait.

SOURCE

NWT Department of Health and Social Services.

BEST CARE – FACILITY BASED ADDICTIONS TREATMENT

WHAT IS BEING MEASURED?

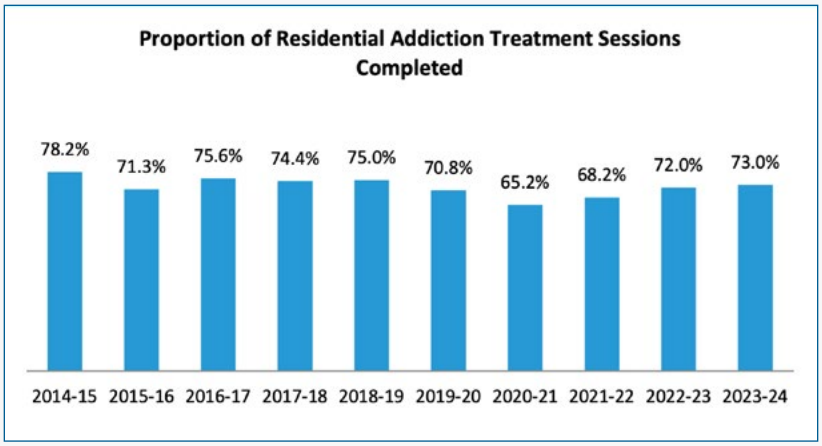
The proportion of facility-based addiction treatment sessions started that were completed in full.

WHY IS THIS OF INTEREST?

This measure is an indication of how well the system is meeting client needs by ensuring those clients wanting treatment have access to appropriate programs.

HOW ARE WE DOING?

Over the last ten years, 72% of residential treatment sessions started were completed on average.



OTHER INFORMATION

NWT residents have access to a variety of residential treatment programs, including gender specific treatment, culturally based treatment (First Nations, Metis, and Inuit), and treatment for trauma as well as concurrent (co-occurring) disorders.

There is no waitlist for accessing treatment. Most clients are admitted within two to three weeks of being approved by the facility.

SOURCE

NWT Department of Health and Social Services.

BEST CARE – FAMILY VIOLENCE AND SAFETY

WHAT IS BEING MEASURED?

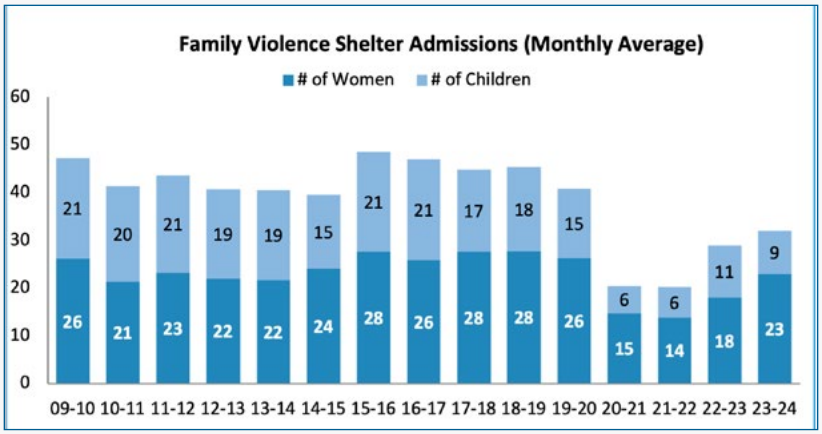
The average monthly number of admissions to family violence shelters in the NWT, and the proportion of women and children having stayed at the shelter before.

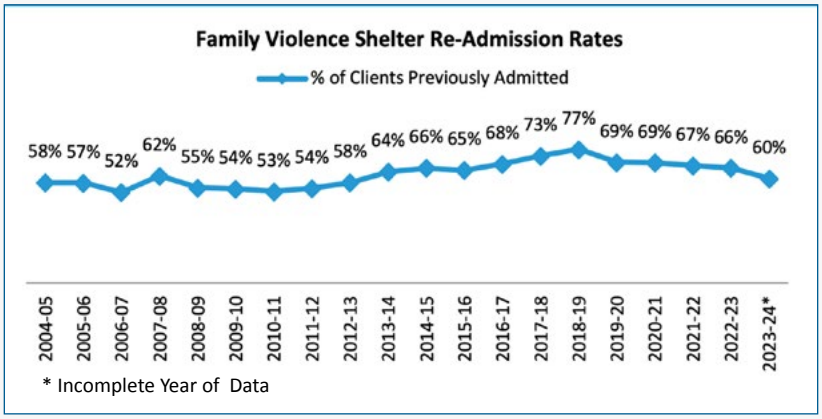
WHY IS THIS OF INTEREST?

The average monthly shelter admission count allows for the ability to track changes in client uptake over time. Shelter re-admission rates track the re-victimization of women.

HOW ARE WE DOING?

Over most of the last 15 years, shelter usage has remained relatively consistent – averaging around 39 admissions (23 women and 16 children) per month. During the COVID-19 pandemic (2020-21), monthly admissions fell considerably from historical averages. Over the last 20 years, the proportion of re-admissions to shelters has been increasing over time.





SOURCE

NWT Department of Health and Social Services.

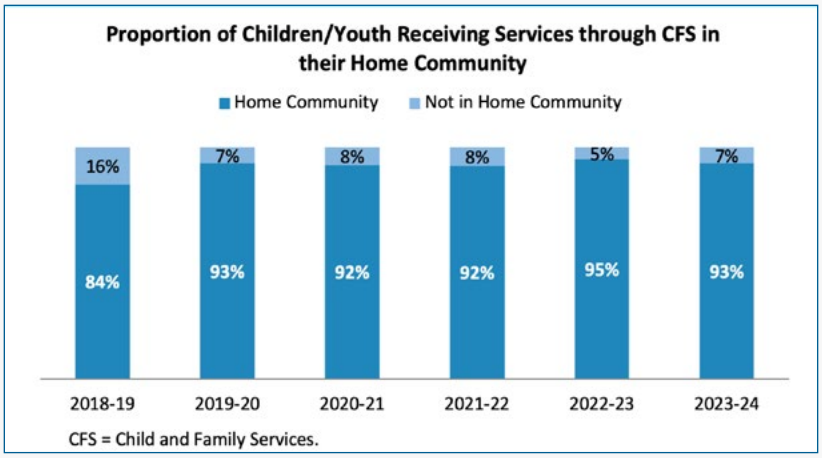
BEST CARE – RECEIVING SERVICES IN HOME COMMUNITY

WHAT IS BEING MEASURED?

The proportion of children/youth receiving services through Child and Family Services (CFS) in their own home community.

WHY IS THIS OF INTEREST?

Home, family, community, and cultural connections are all important parts of a person's identity and wellbeing. CFS recognizes that efforts must be made to protect and promote the social and cultural rights of a child/youth's life. When services are requested or required, CFS makes every effort to provide these in the child/youth's home community. Community ties include extended family, friends, and cultural activities, which form a child/youth's social world. These relationships are best preserved within the child/youth's home community, particularly when services are being provided through CFS.



HOW ARE WE DOING?

In 2023-24, 93% of placements were in the home community of the child/youth. Comparative data prior to 2018-19 is not available due to a new information system being implemented in 2017, which collects and reports on the delivery of Child and Family Services differently.

NOTE

A child/youth may move multiple times and thus have more than one location within a fiscal year. More detail on the delivery of Child and Family Services in the NWT can be found in the Annual Report of the Director of Child and Family Services.

SOURCE

NWT Department of Health and Social Services.

BEST CARE – PERMANENT CUSTODY

WHAT IS BEING MEASURED?

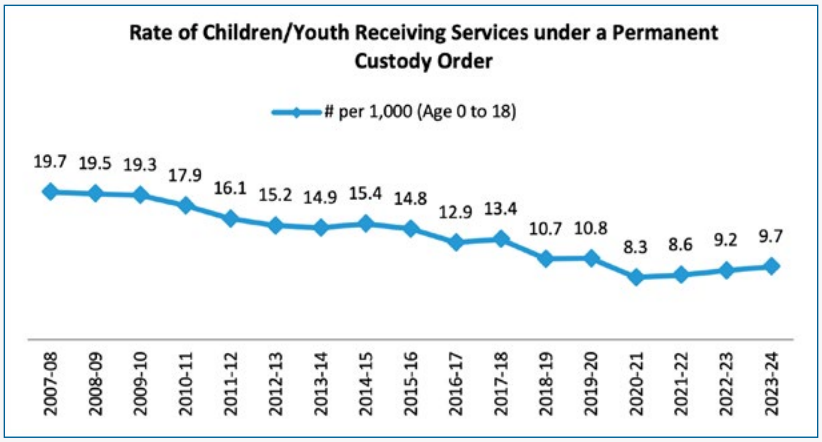
The rate of children/youth who are in the permanent care and custody of the Director of Child and Family Services.

WHY IS THIS OF INTEREST?

When children/youth are placed with extended family members, they can better maintain cultural and familial connections.

HOW ARE WE DOING?

The rate of children/youth in permanent custody has been decreasing since 2007-08. This decrease speaks to the resiliency of families and communities and a shared dedication to maintaining nurturing and supportive environments in which a child can grow. The reduction in the number of children/youth in permanent care may be representative of the broader system changes currently being undertaken by CFS. It can also suggest the changes in practice which promote family unity and the collaboration of community members, Indigenous Governments, and families in the care and support of children/youth. These initiatives also directly align with the Federal *Act Respecting First Nations, Inuit and Métis children, youth and families* and the Truth and Reconciliation Commission's Calls for Action.



NOTE

More detail on the delivery of Child and Family Services in the NWT can be found in the Annual Report of the Director of Child and Family Services.

SOURCE

NWT Department of Health and Social Services and NWT Bureau of Statistics.

Quality, Efficiency and Sustainability

BETTER FUTURE – AMBULATORY CARE SENSITIVE CONDITIONS

WHAT IS BEING MEASURED?

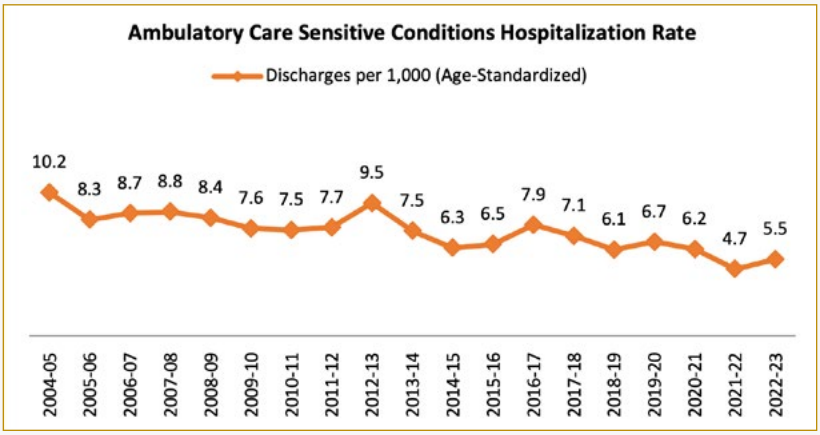
The hospitalization rate for ambulatory care sensitive conditions (ACSC). An ACSC hospitalization is when the main reason for the hospitalization (under age 75 years) is one of the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy, angina, heart failure and pulmonary edema (HFPE), or hypertension.

WHY IS THIS OF INTEREST?

A hospitalization due to ACSC represents "… a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care."[18]

HOW ARE WE DOING?

The rate of hospitalizations for ACSC has declined since the mid- 2000s – from 10.2 per 1,000 in 2004-05 to 5.5 per 1,000 in 2022-23. While the overall rate has declined, diabetes has grown from 12% of all ACSC hospitalizations in the mid-2000s to account for 17% in the last three-year period. Asthma and angina have dropped from 20% and 15% of all ACSC hospitalizations in the mid-2000s to 8% each in the last three years. Relative to Canada as a whole, the NWT has a higher ACSC rate at 5.5 per 1,000 versus 2.7 per 1,000 (2022-23).



Ambulatory Care Sensitive Conditions
Proportion of Hospitalizations by Condition

	2004-05 to 2006-07		2019-20 to 2022-23	
Condition	**Proportion**	**Rank**	**Proportion**	**Rank**
COPD	25%	1	35%	1
Diabetes	12%	5	17%	2
HFPE	11%	6	15%	3
Epilepsy	12%	4	15%	4
Asthma	20%	2	8%	5
Angina	15%	3	8%	6
Hypertension	5%	7	2%	7

COPD = Chronic obstructive pulmonary disease
HFPE = Heart failure and pulmonary edema

SOURCE

Canadian Institute for Health Information, NWT Department of Health and Social Services, Statistics Canada, and the NWT Bureau of Statistics.

[18] Canadian Institute for Health Information, ***http://indicatorlibrary.cihi.ca/pages/viewpage.action?pageId=1114181***

BETTER FUTURE – ALTERNATIVE LEVEL OF CARE

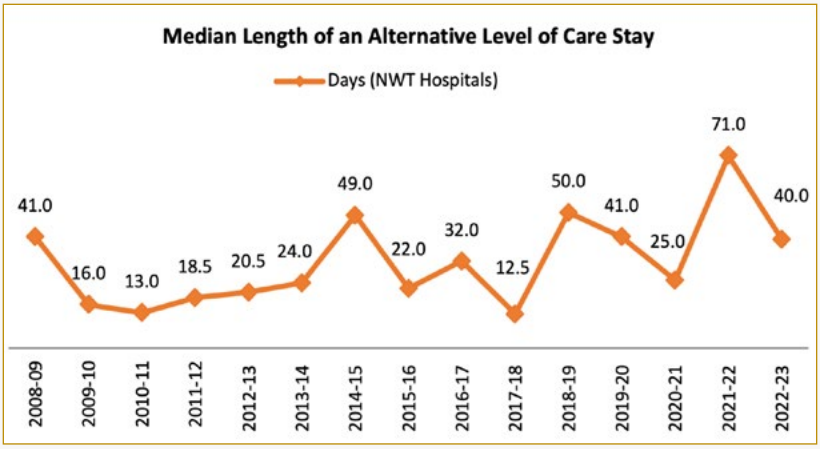
WHAT IS BEING MEASURED?

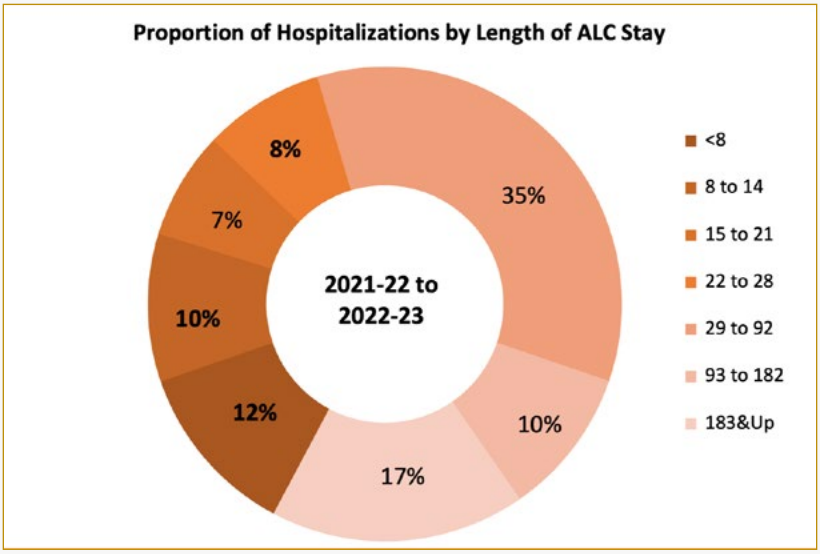
The median number of days for an alternative level of care stay at NWT hospitals for NWT residents.

Alternative level of care (ALC) refers to the status of a patient who no longer requires inpatient care but still occupies an acute care hospital bed. These patients cannot be released from the hospital because there is no alternative care available (e.g., home care, long-term care, etc.). The median number of days is the half-way point where 50% of the patients have stayed less than and 50% have stayed more than.

WHY IS THIS OF INTEREST?

Acute care is the most expensive cost area in the health care system. ALC patients result in inappropriately used acute care beds, reducing the availability of space for patients who require acute care. The sooner a patient requiring non-acute care can be discharged the better the patient needs are met and the greater the appropriateness of the use of health care resources.





HOW ARE WE DOING?

Between 2008-09 and 2022-23 the median length of stay has ranged between 12.5 and 71 days. In the last three years, 12% of ALC stays were seven days or less and a further 25% were between 8 and 28 days.

SOURCE

NWT Department of Health and Social Services and Canadian Institute for Health Information.

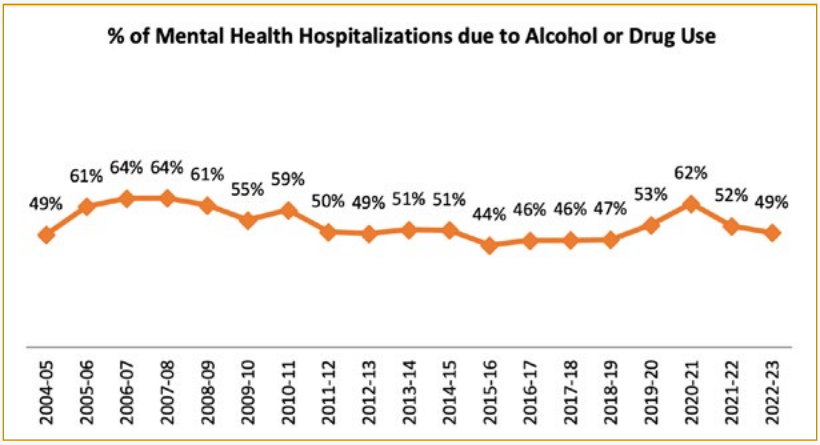
BETTER FUTURE – ALCOHOL AND DRUG HOSPITALIZATIONS

WHAT IS BEING MEASURED?

The proportion of mental health hospitalizations for alcohol and/or drug use.[19]

WHY IS THIS OF INTEREST?

Acute care is the most expensive cost area in the health care system. While care is often necessary, treating addiction issues in a hospital setting may not be the most effective or efficient use of hospital resources and can indicate that existing programs are not effective in supporting patients that have a history of substance abuse.



HOW ARE WE DOING?

The rate of hospitalizations for alcohol and drugs is high in the NWT – at three times the Western Canadian average (2018-19 to 2022-23). While the proportion of mental health hospitalizations due to alcohol and drug issues has trended downward over the last 19 years, it has increased over the last three years. It is difficult to tell if this increase was largely due to the impact of the pandemic or part of a longer-term trend.

SOURCE

NWT Department of Health and Social Services and Canadian Institute for Health Information.

[19] This indicator tracks hospitalizations, at NWT hospitals by NWT residents, where the primary reason for hospitalization was an alcohol or drug issue. Patients with substance-use issues could also have a secondary mental health issue(s) and/or a secondary physical issue(s) that contributed to their hospitalization. This indicator does not track hospitalizations due to other types of damage resulting from long term alcohol or drug use (e.g., alcohol-induced liver disease).

BETTER FUTURE – NON-URGENT EMERGENCY DEPARTMENT VISITS

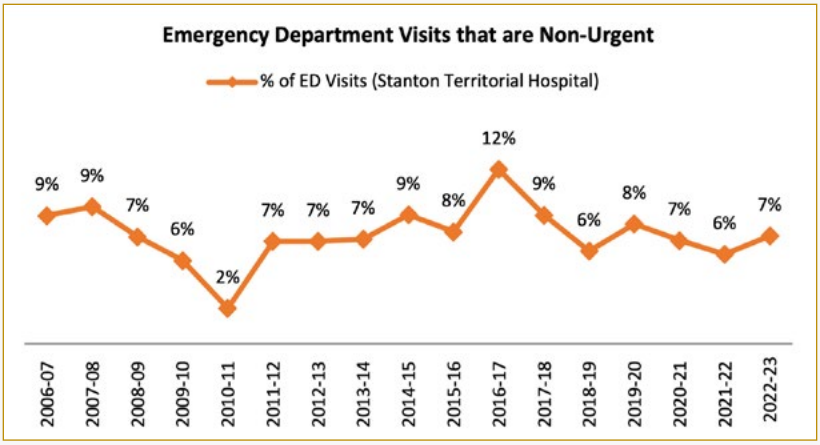
WHAT IS BEING MEASURED?

The proportion of emergency department visits that are non-urgent, as defined by the Canadian Triage and Acuity Scale (CTAS).[20]

CTAS categorizes the seriousness of a patient's condition in terms of the level of urgency required for their care. Level 1 is the highest urgency and level 5 (non-urgent) the lowest.

WHY IS THIS OF INTEREST?

Patients who access emergency department services for health issues that could be seen at a primary care clinic (level 5 – non-urgent), that day or in the next day or two, are inadvertently occupying staff time that could otherwise be allocated to patients with more pressing and critical needs.



HOW ARE WE DOING?

After decreasing to a low of 2% in 2010-11, and then peaking at 12% in 2016-17, the proportion of emergency visits considered non-urgent has decreased to 7% in 2022-23.

SOURCE

Northwest Territories Health and Social Services Authority and NWT Department of Health and Social Services.

[20] Emergency department visits that did not have a CTAS score were excluded.

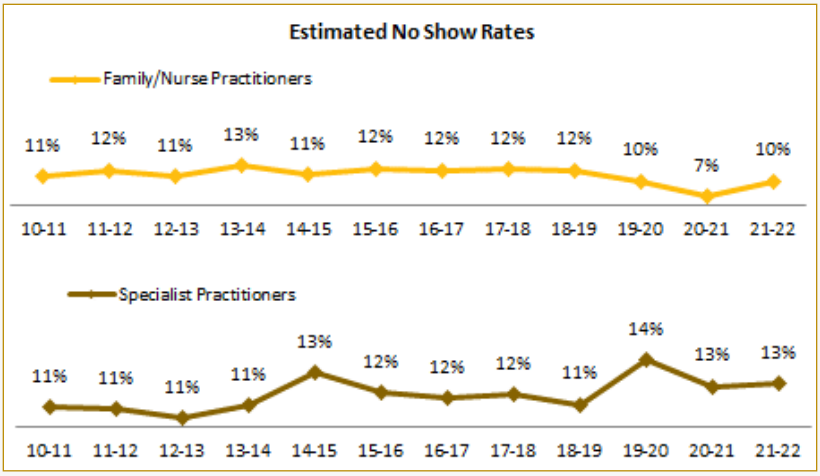
BETTER FUTURE – NO SHOWS

WHAT IS BEING MEASURED?

The no show rate for family/ nurse practitioners and specialist practitioners: the proportion of scheduled appointments where the patient does not show up.

WHY IS THIS OF INTEREST?

No shows to appointments with these professionals can represent a significant waste in their time as well as needlessly delaying other appointments. These no shows can result in lost appointment slots that cannot be readily filled. To maintain the sustainability of the NWT HSS system, while maximizing timely access, waste in the system must be minimized.



HOW ARE WE DOING?

Between 2010 and 2023, the no show rate to family and nurse practitioners ranged between 10 and 13%.[21] For specialists, the no show rate ranged between approximately 11 and 14%.[22]

SOURCE

NWT Health and Social Services Authorities and NWT Department of Health and Social Services.

[21] No show rates for family and nurse practitioner appointments came from data provided by the current HSSAs and their historical counterparts. Reporting has not been consistent over the years. Nurse and family practitioners cannot be separated in all cases, and thus have been lumped together for the purposes of this report.

[22] Specialist no show rates exclude Ophthalmologists.

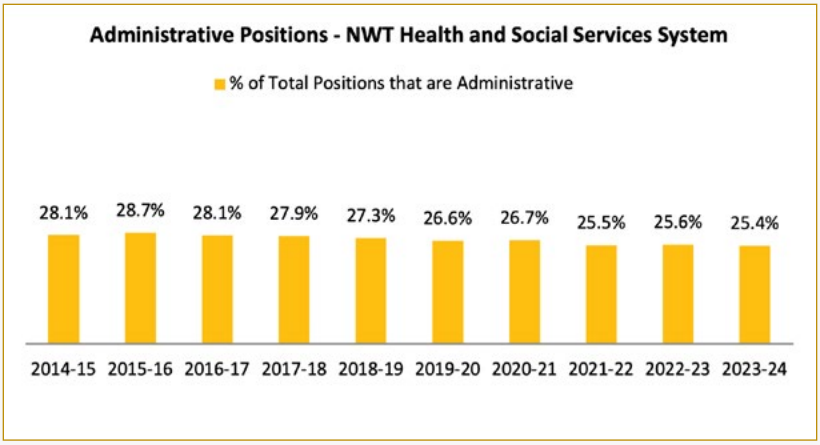
BETTER FUTURE – ADMINISTRATIVE STAFFING RATIOS

WHAT IS BEING MEASURED?

The proportion of overall staff in the HSS system that are in administrative roles.

WHY IS THIS OF INTEREST?

A primary objective of the HSS system is to deliver care while ensuring efficiency and ensuring long-term sustainability.
A key indicator of system effectiveness is the proportion of administrative staff; a significant increase in this aspect can signal potential inefficiencies within the system.



HOW ARE WE DOING?

The proportion of administrative staff has decreased slightly in the last ten years from just over 28% to 25.4%.

SOURCE

NWT Department of Health and Social Services.

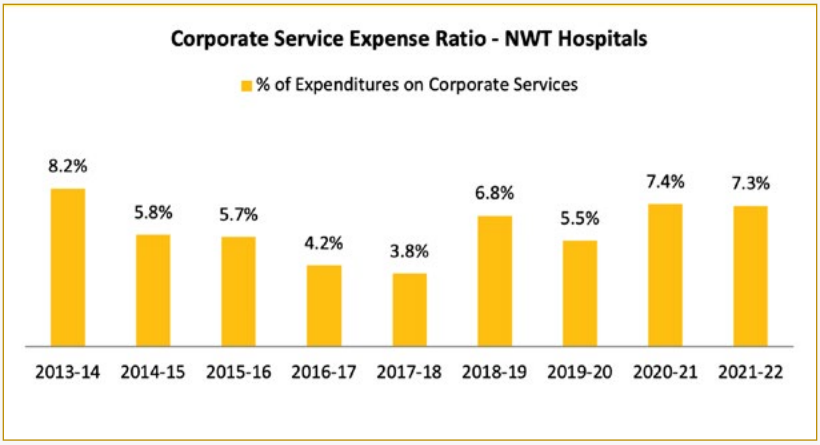
BETTER FUTURE – CORPORATE EXPENSE RATIO (HOSPITALS)

WHAT IS BEING MEASURED?

The proportion of overall hospital expenditures spent on administrative purposes. This number is influenced by finance, administrative, human resources and communications expenses, in proportion to total expenses.

WHY IS THIS OF INTEREST?

A goal of the HSS system is to provide the best care as efficiently as possible to promote future system sustainability. Increases in the proportion of money spent on administration may reflect inefficiencies in the system and warrant investigations to improve cost-efficiency.



HOW ARE WE DOING?

The proportion of hospital expenditures dedicated to administration in the NWT was 7.3% in 2021-22 – higher than the national rate of 4.3%.

SOURCE

Canadian Institute for Health Information.

Stable and Representative Workforce

BETTER FUTURE – PHYSICIAN VACANCIES

WHAT IS BEING MEASURED?

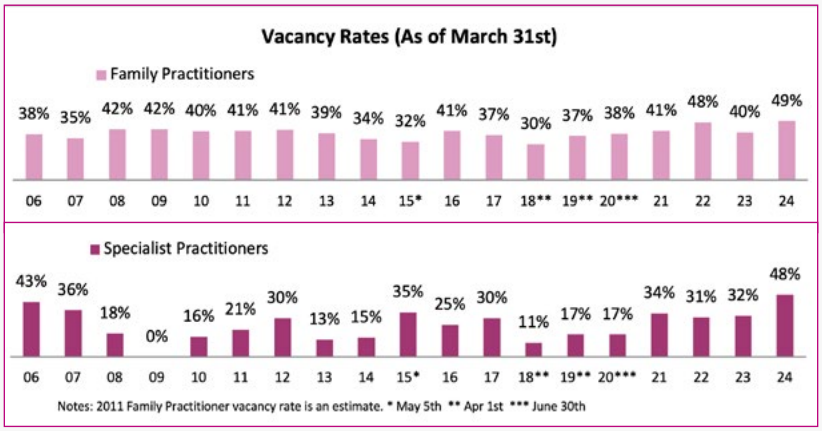
The vacancy rate for family practitioners and specialist practitioners.[23]

WHY IS THIS OF INTEREST?

Physicians are key components of the NWT health care system. Vacancies in these positions significantly impact the capacity of the health care system.

HOW ARE WE DOING?

Since 2006, vacancy rates have fluctuated between 30% and 49% for family practitioners and between 0% and 48% for specialists. Recent vacancy rates for family practitioners and specialist practitioners are at the highest they have been in the last 19 years. Canada, and the NWT, are facing a national shortage of health care professionals.



SOURCE

NWT Health and Social Services Authorities and NWT Department of Health and Social Services.

[23] Vacancies for physicians include positions staffed by locum or temporary physicians.

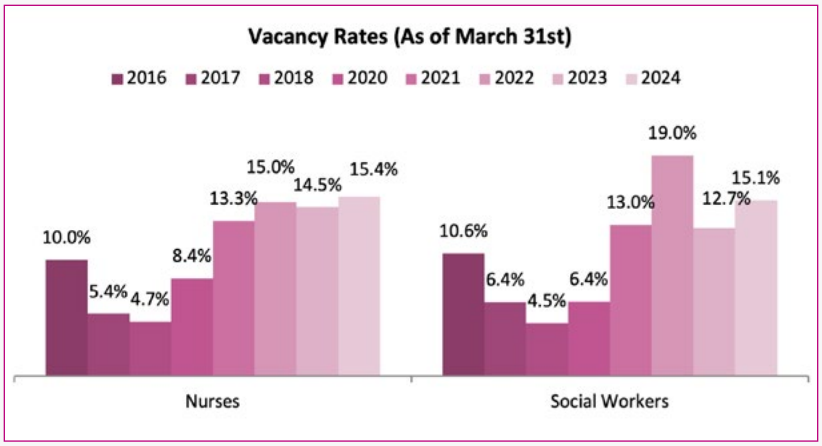
BETTER FUTURE – NURSE AND SOCIAL SERVICE WORKER VACANCIES

WHAT IS BEING MEASURED?

The vacancy rate for nurses and social service workers.

WHY IS THIS OF INTEREST?

Nurses and social workers are key components of the NWT HSS system. Vacancies in these positions significantly impact the capacity of HSS system.



HOW ARE WE DOING?

As of March 31, 2024, the vacancy rates for nurses and social service workers were 15.4% and 15.1%, respectively. Due to a change in methodology, pre-2016 vacancy rates for nurses and social service workers are not comparable to recent rates.[24]

SOURCE

Department of Finance, NWT Health and Social Services Authorities, and Department of Health and Social Services.

[24] Vacancy rates for nurses and social service workers exclude positions vacant but not staffed due to operational reasons. Vacancy rates for nurses also exclude relief nurses. December 31, 2020, and March 31, 2016, rates are estimated.

BETTER FUTURE – STAFF SAFETY

WHAT IS BEING MEASURED?

The number of workplace safety claims per 100 health and social services employees.

WHY IS THIS OF INTEREST?

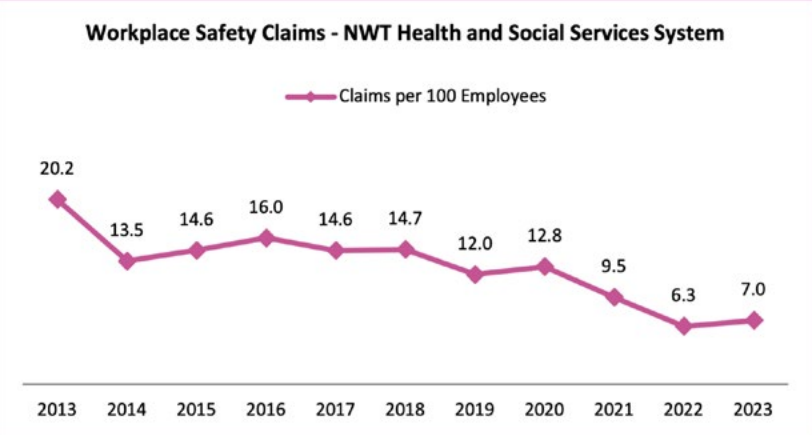
Ensuring staff safety is very important in any workplace but especially in health care and social services where front-line employees are presented with unique occupational challenges and are exposed at a higher frequency to the potential of injury than most other GNWT employees. Repeated secondary exposure to patients' trauma can potentially negatively impact a service provider's well-being.

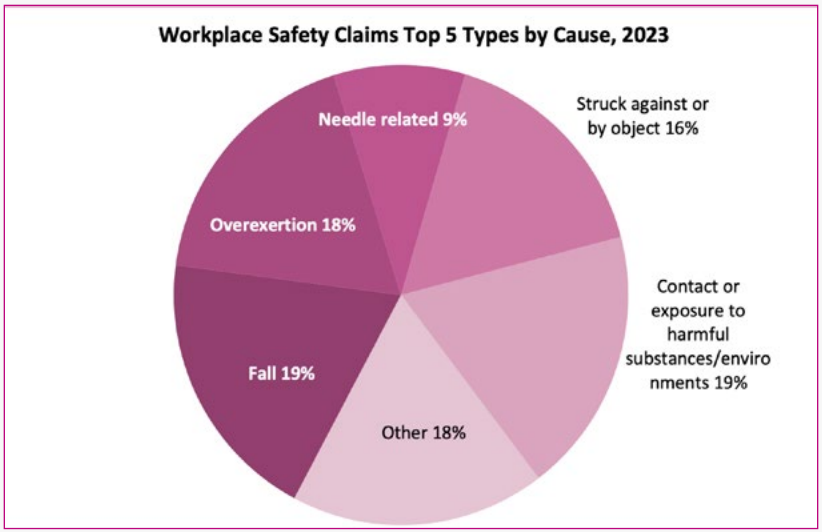
HOW ARE WE DOING?

The overall rate of safety claims has declined from 20.2 to 7.0 claims per 100 employees. On average, over the last 11 years, the rate for the HSS system has been over twice that of the rate for the rest of the GNWT.

OTHER INFORMATION

In 2023, the top five causes for workplace safety claims were, where the worker fell (19%), where the worker was in contact with or exposed to harmful substances such as infectious diseases and chemicals (19%), overexertion (18%), was struck by or struck against an object (10%), and where the worker was pricked or scratched by a needle (9%). The remaining causes were primarily assaults, slipping or tripping without falling, repetitive motion injuries, and injuries from bending and twisting.





SOURCE

NWT Department of Finance, Workers Safety and Compensation Commission of the NWT and Nunavut, and Hay River Health and Social Services Authority.

Appendices

Appendix 1:
Reporting on the Medical Care Plan

Appendix 2:
Publications

Appendix 1: Reporting on the Medical Care Plan

Under the *Medical Care Act* (MCA), the Minister of Health and Social Services is obligated to table a report on the operations of the Medical Care Plan. This appendix fulfills this reporting obligation. Although there is no similar legislative requirement to report on the Hospital Insurance Plan, information on this plan is included as it includes important medical services for residents.

NWT HEALTH CARE PLAN

Residents registered with the NWT Health Care Plan (NWTHCP) are eligible for:

- Insured hospital services under the Hospital Insurance Plan established under the *Hospital Insurance and Health and Social Services Administration Act* (HIHSSA); and
- Insured physician services under the Medical Care Plan established under the MCA.

The Department administers both Acts in accordance with the program criteria required by the *Canada Health Act.* The plan is publicly administered, benefits are universal and comprehensive, and residents can move freely (are portable) to access services that are medically required. The GNWT Medical Travel Policy provides assistance to residents who require insured services that are not available in their home community.

Eligibility for the NWTHCP is assessed in accordance with guidelines that are consistent with interprovincial agreements on eligibility and portability. As of March 31, 2024, there were 41,917 individuals registered under the NWTHCP.

INSURED PHYSICIAN SERVICES

Services provided under the MCA are medically necessary services provided by a physician in an approved facility. Some examples include:

- Diagnosis and treatment of illness and injury;
- Surgery, including anaesthetic services;
- Obstetrical care, including prenatal and postnatal care; and
- Eye examinations, treatment and operations provided by an ophthalmologist.

Physicians must be licensed under the *Medical Profession Act* in order to practice in the NWT. On March 31, 2024, there were 739 physicians licensed to practice in the NWT, and 15 physicians with education permits practicing in the NWT.

The Minister appoints a Director of Medical Insurance to administer the MCA and its regulations. The Director prepares a tariff of insured services which itemizes benefits payable for services provided on a fee-for-service basis for the Minister's approval. The Director also has the authority to enter into agreements for the delivery of insured services that are not on a fee-for-service basis. Almost all physicians in the NWT provide

their service by contract rather than by fee-for-service. The Director is required to prepare an annual report on the operations of the medical care plan for the Minister.

During the reporting period, over $78.1 million was the amount for physician and clinic expenses for insured physician services provided to residents within the NWT.

INSURED HOSPITAL SERVICES

The HSS Authorities are responsible for delivering inpatient and outpatient services to residents in hospitals and health centres. Contribution agreements between the Department and the HSS Authorities fund the services they provide. Allocated amounts are determined through the GNWT budgetary process.

During the reporting period, insured hospital services were provided to inpatients and outpatients in four acute care facilities, eighteen health centres, and one primary care clinic throughout the NWT. The *Hospital Insurance and Health and Social Services Administration Act*'s definition of insured inpatient and outpatient services are consistent with those in the *Canada Health Act*.

The NWT provides the following:

a) Insured inpatient services, meaning:

- Accommodation and meals at the standard or public ward level;
- Necessary nursing services;
- Laboratory, radiological and other diagnostic procedures together with the necessary interpretations;
- Drugs, biological and related preparations when administered in the hospital;
- Use of operating room, case room and anaesthetic facilities;
- Routine surgical supplies;
- Use of radiotherapy facilities;
- Use of physiotherapy facilities;
- Services rendered by persons who receive remuneration from the hospital; and
- Services rendered by an approved detoxification centre.

b) Insured out-patient services, meaning:

- Laboratory, radiological and other diagnostic procedures together with the necessary interpretations (not including simple procedures done in a doctor's office);
- Necessary nursing services;
- Drugs, biological and related preparations when administered in the hospital;
- Use of operating room, case room and anaesthetic facilities;
- Routine surgical supplies;
- Use of radiotherapy facilities;
- Use of physiotherapy facilities; and
- Services rendered by persons who receive remuneration for those services from the hospital.

Reciprocal billing arrangements with Canadian jurisdictions are in place so that NWT residents with a valid NWTHCP do not have to pay out of pocket if they access medically required inpatient or outpatient services in these jurisdictions. During the reporting period, $43.3 million was paid to approved inpatient and outpatient facilities and physicians outside the NWT for the treatment of NWT residents.

Appendix 2: Publications

REPORTS AND STRATEGIC DOCUMENTS

- *Annual Report of the Director of Child and Family Services, 2022-2023*
- *Child, Youth and Family Services Strategic Direction and Action Plan 2023-2028*
- *Immunization Regulations*
- *Government of the Northwest Territories Disability Action Plan 2018/19-2021/22 - Final Report*
- *Government of the Northwest Territories Seniors' Strategic Framework*
- *NWT Health and Social Services System Annual Report 2022-2023*
- *Partnering Together for Person- and Family-Centric Care*
- *Report on NWT Medical Travel Services: 2021-2022 and 2022-2023*
- *Social Indicators COVID-19 Pandemic (June 2023)*
- *Social Indicators COVID-19 Pandemic (September 2023)*
- *What We Heard - Proposed Amendments to Child and Family Services Act*
- *What We Heard - Proposed Amendments to Vital Statistics Act and Change of Name Act*

BROCHURES AND FACT SHEETS

- *Call 811 to speak with a Registered Nurse*
- *Elder Abuse is Not ok! (Fact Sheet)*
- *Facility-Based Addictions Treatment Program Brochure - Beaufort Delta*
- *Facility-Based Addictions Treatment Program Brochure - Fort Smith*
- *Facility-Based Addictions Treatment Program Brochure - Hay River*
- *Facility-Based Addictions Treatment Program Brochure - Yellowknife*
- *Information for Patients and Families (Medical Assistance in Dying)*
- *Iron Bacteria in Surface Water*
- *Medical Assistance in Dying - Interim Guidelines for the Northwest Territories*
- *Questions and Answers for Patients and Families (Medical Assistance in Dying)*
- *Reopening Your Food Establishment After a Wildfire*
- *The HPV vaccine is cancer prevention (Postcard)*
- *The HPV vaccine is cancer prevention*

FLYERS AND POSTER

- ***811 Health Advice Line (Infographic)***
- ***811 more than just general health advice!***
- ***Changes to Extended Health Benefits Policy***
- ***Syphilis Rates in the Northwest Territories***
- ***The HPV vaccine is cancer prevention***

HAVE YOUR SAY ENGAGEMENT

- ***Amendments to the Disease Surveillance Regulations***
- ***Amendments to the Immunization Regulations***
- ***Mental Wellness and Addictions Recovery Survey***

MINISTERIAL DIRECTIVES AND POLICIES

- ***Medical Travel Co-Payment Rate***
- ***Medical Travel Ministerial Policies***
- ***Privacy Standards, Policies and Procedures***

EXPRESSION OF INTEREST

- ***Seeking Nominations for NWT Regional Wellness Councils***

For more information, please visit:

www.hss.gov.nt.ca

or email at **hsscommunications@gov.nt.ca**