

Caring for our People



Improving the Northwest Territories Health and Social Services System

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MESSAGE FROM THE MINISTER

It has been 25 years since the Government of the Northwest Territories assumed responsibility for health care from the Government of Canada. It's time to ask ourselves if we are providing the best possible care to residents of the Northwest Territories. Are we doing all that we can to support and encourage people to make healthy choices? Are we making the best use of our limited resources?

In partnership with the Chairs and Public Administrators of our eight Health and Social Services Authorities, I have reached out to stakeholders across the NWT over the past few months to see how they think our Health and Social Services System is working. We have talked to communities, Aboriginal leaders, patients and clients, and to staff. We heard that while we have a great system, one that provides excellent care in challenging circumstances, there is a lot of room for improvement.

This paper shares the Department's vision of how we will make changes to the Health and Social Services System to support our vision of achieving the best health, providing the best care, and building a better future for all residents.

I welcome your comments and ideas on our proposals. We are up to the challenge!

Glen Abernethy, Minister

EXECUTIVE SUMMARY

Extensive consultations by the Department have found people are largely happy with the Northwest Territories' Health and Social Services System, but there is room to improve.

As a Department, our goal is to provide the Best Health and Best Care while helping support a Better Future for NWT residents. Along with comprehensive background information about our current system's successes and challenges, this Discussion Paper summarizes issues various stakeholders have identified within the system and clearly lays out how we plan to address each area of concern.

Under the topic Best Health we heard about the need to focus on wellness, improve Aboriginal health and prevent chronic disease. Under Best Care we heard about the need to remove barriers, improve service quality and access while working to build stronger families and support seniors and elders. Looking ahead to a Better Future, we find the need to streamline the system, increase efficiency, improve efficiency, retain and recruit talent while improving our accountability.

Everyone wants a system that better meets the changing needs of all NWT residents. Today's technology improvements are one way to help us do this in every NWT community. But before we can take full advantage of the benefits offered by these advancements, we need a more coordinated system of management and administration.

One way to do this is by integrating our eight Health and Social Services Authorities into a single authority responsible for overseeing the entire NWT Health and Social Services System. Along with reducing administration and professional recruitment costs, this will increase access to services for our residents. One way to do this is by integrating our eight Health and Social Services Authorities into one system to standardize and improve the level of care available.

This Discussion Paper is an important part of a plan to make our Health and Social Services System even better. We welcome your input into this important process.

NWT HEALTH AND SOCIAL SERVICES SYSTEM STRATEGIC PLANNING FRAMEWORK

Vision

Best Health, Best Care, for a Better Future

Mission

Working in partnership to provide the highest quality care and services and encourage our people to make healthy choices to keep individuals, families and communities healthy and strong.

Values

- Caring – we treat everyone with compassion, respect, fairness and dignity and we value diversity
- Accountable - system results are measured, assessed and publicly reported
- Relationships - we work together with all of our residents, including Aboriginal governments, individuals, families and communities
- Excellence - we pursue continuous quality improvement through innovation, integration and evidence-based practice

Guiding Principles

A system that:

- Is focused on the patient/client
- Supports individuals and families to stay healthy
- Ensures regions have a voice at the territorial level
- Ensures equitable access to care and services
- Emphasizes quality care
- Is sustainable
- Respects diversity and all culture

BACKGROUND

Overall, the NWT Health and Social Services System is doing a good job. However, we are not doing well in some key areas and the NWT faces many challenges in delivering a high quality of Health and Social Services.

Over the years, the NWT has been highly successful making sure quality care is available on a timely basis to residents in all regions of the NWT, but we know we can do better. With the staff, technology and resources we have today, we are able to offer better care to our residents. To make better use of what we have, we need to modernize our Health and Social Services Authorities so we can provide **the best health, best care, for a better future for all NWT residents.**

The Story of the NWT Health and Social Services System

In 1988, the responsibility for health was transferred to the Government of the Northwest Territories (GNWT) from the Government of Canada. At that time, health care and social services, such as child protection, were combined into a single department and a number of regional Health and Social Services Authorities were established to manage and deliver programs.

The current governance structure involves six regional Health and Social Services Authorities, one regional community services agency (responsible for health, social services and education programs), and one territorial hospital authority. These authorities are corporate structures created under the authority of the *Hospital Insurance and Health and Social Services Administration Act*. Under the Act, each Authority has a Board of Management, with members appointed by the Minister of Health and Social Services, and is managed by a Chief Executive Officer appointed by the Board.

Very generally, the Authorities are responsible for delivering all Health and Social Services to NWT residents. The Department's role is to develop policies and standards, to ensure that Authorities are complying with these policies and standards, to provide technical support and expertise, to allocate funding and audit financial reports, and to provide leadership on territorial and system-wide initiatives. Each Authority is bound by territorial legislation, GNWT and the department of Health and Social Services' (HSS) policy, and Ministerial directives; but beyond that, each Authority establishes and manages its own organization, programs and services.

The Minister of Health and Social Services is ultimately accountable for the system, but his authority is limited by the legislated mandate provided to the Boards of Management. This has meant the Minister is unable to provide acceptable financial and results-based accountability to the Legislative Assembly. More importantly, this fragmented structure makes it difficult for the Minister to deliver on his mandate to "promote, protect and provide for the health and well-being of the people of the Northwest Territories."

In 2001, to provide more coordinated leadership within the system, the Minister of Health and Social Services created a Joint Leadership Council (JLC) that included the Chairs of each of the Boards of Management, the Minister and the Deputy Minister of Health and Social Services. At the same time, an informal body of Authority and Department senior managers was formed to work with the new JLC. This Joint Senior Management Committee (JSMC) includes the CEOs of all authorities, and Senior Management from Health and Social Services, and works closely together to oversee system-wide operations.

Over the past several years, Ministers have exercised their legislative authority to remove Boards of Management and establish a Public Administrator for four of the Authorities – the Stanton Territorial Health Authority (STHA), Hay River Health and Social Services Authority (HRHSSA), the Beaufort-Delta Health and Social Services Authority (BDHSSA) and the Deh Cho Health and Social Services Authority (DHSSA). This was done for a variety of reasons based on the circumstances of each Board at the time.

The world of health care and social services is changing

Technology has changed

Today, health care delivery uses complex technology and specialization. The cost of complex machines and procedures – e.g. MRIs and specialized surgeries – makes it impossible to provide everything in any one location.

Advances in communications technology have also greatly improved the way services are delivered to NWT residents. New technology brings many services directly to patients in communities via telehealth, digital imaging and other relatively new approaches. For example, through the Department's new Diagnostic Imaging Picture Archive and Communication System, images such as X-Rays and ultrasounds no longer need to be shipped to various locations and are now available to health professionals across the NWT.

Another important factor is the coming possibility of electronic medical records (EMR) to greatly change how care is delivered. With records available at any time in any facility, the EMR system will allow patients to receive care more quickly, and will reduce the need for expensive medical travel.

Legal and political needs and expectations are evolving

Compared to 25 years ago, today there is a much greater emphasis on risk management in both Health and Social Services. This has led to new and strict legal requirements, standards for care and standards for operations and maintenance in health care facilities. Accreditation requirements have become more complex and multi-faceted. Maintenance of health facilities is subject to increasingly rigorous infection control standards. Failing to achieve standards in these areas now means facing increased legal liability. Similarly, in social services programs there are stronger legal requirements to make sure risks are managed.

There is also a growing political requirement across Canada for greater accountability. Politicians and the public want to know what results are being achieved through spending public money.

Our population is changing and so is the need for services

Demands on the Health and Social Services System have also changed because of population health trends, demographics and social/cultural factors.

Our population in the NWT is aging, leading to a change in the kinds of health care and social services needed. This means there is an increased focus on chronic disease management and prevention. The NWT also has a large proportion of people with mental health and addictions issues. As understanding grows about the need to deal with these issues, the demand for services will increase and change.

Primary Care philosophy

The NWT Health and Social Services System is based on a primary care philosophy – meaning that we try to organize our services to respond to the needs of the individual or family. Bringing health care and social programs together into one management structure is the first step towards providing a “circle of care” around the patient or client. In an effective primary care environment, Health and Social Services professionals work together to respond to all the health and social needs of an individual. The decision to adopt a primary care approach helped determine how the system would be structured. Although there are many changes we can make to improve how our system responds to the needs of patients and clients, we are still firmly committed to a primary care philosophy.

In this paper, the term “health” refers to an individual’s overall well-being – in other words, “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Organization for Economic Cooperation and Development). The term “care” is used to refer to the whole range of programs and services provided by the GNWT to maintain and improve the physical and mental health and well-being of residents.



PUTTING PEOPLE FIRST

Most people in the NWT are generally pleased with the support and services they receive from the Health and Social Services System. But there is also a widespread perception that our system is not focused on the health care patient or social services client. We have heard the system creates unnecessary barriers, that it doesn't always support people in the ways they feel are important, and that sometimes services are not provided in a way that is culturally sensitive or appropriate.

In this paper, we use the terms "patients" and "clients" to describe the people who access services. Whether someone is a patient receiving a health care service, or a client of other programs offered by our system, we need to remember that the system is here to serve their needs – not the other way around.

To ensure we don't forget this important priority, the JLC has adopted a set of guiding principles. As we make changes to the Health and Social Services System, we will work to develop a system that:

- Is focused on the patient/client,
- Supports individuals and families to stay healthy,
- Is respectful of diversity and all cultures,
- Ensures regions have a voice at the territorial level,
- Ensures equitable access to care and services,
- Emphasizes quality care, and,
- Is sustainable.

The sections that follow provide a brief overview of what people have told us needs to change and how we plan to move forward in line with these guiding principles to achieve our vision.



BEST HEALTH

FOCUS ON WELLNESS

What needs to change?

The NWT compares poorly to other parts of Canada when it comes to smoking rates, alcohol abuse and suicide. The rates of lifestyle-related chronic disease, such as diabetes and cancer, are increasing. Many people do not have a healthy diet due to things like poverty, changes in traditional lifestyle or an inability to access healthy food. The number of obese people is increasing while rates of physical activity are decreasing. To make a real difference in people's health, we must build healthier communities and promote healthy lifestyles. In Aboriginal communities particularly, rapid changes to traditional lifestyles and the legacy of the residential school experience have negatively affected individual and community well-being. But our communities are also filled with people passionate about healthy living, who have strong ties to their traditional cultures and who are leading change.

What will we do?

We will make sure our system puts increased focus on healthy living, wellness and disease prevention. New Regional Wellness Councils will replace existing Boards of Management. With representatives from local communities and Aboriginal governments, these advisory groups will work with local and regional Health and Social Services staff to identify priority needs for prevention and promotion programs while supporting delivery of culturally effective and appropriate programs and services at the community, regional or territorial level. The Department will support communities to implement Community Wellness Plans, which will outline local priorities. Aboriginal communities will receive increased Health Canada Wellness funding targeted to support key priority areas including healthy children and families, mental health and addictions and healthy living. We will continue to promote Healthy Choices through our inter-departmental Healthy Choices Framework, focusing on areas identified as priorities by the 17th Legislative Assembly.

IMPROVE ABORIGINAL HEALTH

What needs to change?

There are major differences between the health status of Aboriginal and non-Aboriginal people in the NWT. Aboriginal population health trends on key indicators, such as smoking, binge drinking and injury rates, are higher than for non-Aboriginal people. Most children in care with social services are Aboriginal. We have heard that sometimes Aboriginal people do not feel comfortable seeking help in our system, and they don't always feel that the services offered respond to their cultural needs and priorities.

What will we do?

We will work to make sure that cultural diversity is understood and respected by all staff and service providers. We will expand the mandate of the Stanton Territorial Hospital Elders' Advisory Council so they can provide advice on all parts of Health and Social Services program design and delivery. We will work with local communities to make sure the design of our facilities is culturally appropriate and we will ask communities to help give our service providers cultural orientation to their communities. We will support on-the-land healing programs and explore other ways to provide programs rooted in Aboriginal culture and values to combat addictions. We will work with local communities and Aboriginal groups to explore the potential to expand traditional healing practices.

PREVENT CHRONIC DISEASE

What needs to change?

Chronic diseases are diseases that last a long time and generally progress slowly. As the number of people with chronic diseases continues to increase, they are becoming a greater burden on the health care system. Many chronic diseases are linked to lifestyle choices like smoking, drinking, diet and exercise. Others are associated with an aging population. The increasing number of residents with chronic disease requires a new model of care; we need to do more to educate people about how to make healthy choices. We have too many residents who don't seek help from a health care practitioner until their disease is far along, when an early proper diagnosis and management would let many people manage their own health at home.

What will we do?

Through community-based prevention and promotion initiatives, we will continue efforts to prevent the onset of lifestyle-related chronic diseases through education about healthy eating, tobacco use and healthy lifestyles. We will continue to build on the findings of pilot projects that have been completed to support better diagnosis and management of Type 2 Diabetes, early diagnosis of renal disease and better care pathways for mental illness. We will expand the use of the tools developed through the BETTER project so that practitioners throughout the NWT have the skills they need to identify adults at risk of developing chronic disease and mitigate the risks. We will continue to roll out the Cancer Awareness Strategy, which focuses on community involvement and education, promoting earlier diagnosis, development of terminology in Aboriginal languages, as well as increased support for survivors and families. We will use new technology to support chronic disease management – for example, by tracking treatment needs of patients with chronic disease in the EMR.

BEST CARE

REMOVE BARRIERS

What needs to change?

The structure of our system creates barriers for patients and clients. Because we have eight Health and Social Services Authorities that are considered separate legal entities, there are restrictions on sharing patient information between them. This makes it harder for residents who are referred to services in another Authority, or who travel or move between communities. People in South Slave and Deh Cho communities want to be able to drive to the nearest large health centre when they need care, but because of the way our regions are structured, they often have to travel farther. When one authority has a shortage of professional staff, we can't easily bring someone in from another Authority. This means some patients are "falling through the cracks" – returning home from hospital or addictions treatment without proper aftercare plans, or communication between health care providers to ensure they are properly supported.

What will we do?

We will change our legislation to establish one integrated NWT Health and Social Services System. This will allow patients to access care where they need it, when they need it, without having to go through complicated paperwork. It will reduce the need to repeat tests when patients travel from one region to another. It will also allow professional staff and service providers across the NWT to work in teams together to get the best results for patients and clients.

IMPROVE ACCESS TO SERVICES

What needs to change?

As a territory, we know we can't provide the full range of programs and services in every community. Our communities are too small for this to be feasible. But some communities are concerned that they do not have enough coverage for emergencies, or do not have enough access to specialist clinics or counseling programs. Timely access to services also becomes an issue when key positions are not staffed, or when patients need to travel to get to appointments.

When there is an emergency situation in a remote community, there is no single standardized procedure to respond. Some regions have physicians on call, others contact the Stanton Territorial Hospital Emergency Room. This creates confusion and delays for community health nurses when they need a response right away in an emergency.

What will we do?

By moving to one integrated Health and Social Services System, we can make sure the right staff are available in the right place, at the right time. We will complete a clinical services plan that outlines the right mix of Health and Social Services practitioners in every region and community, considering changing scopes of practice and new delivery models. When one region has a vacancy, another region will step in quickly to provide support.

We will expand our use of telehealth and modern technology to provide rapid responses to emergency situations in remote communities and make a range of services available without patients or clients needing to travel out of their home community – including psychiatry, counseling, routine appointments to manage chronic diseases and consultations with specialists. We will continue to advance midwifery practice across the NWT.

When people do need to travel, we will streamline and modernize the administration to reduce the paperwork and number of trips whenever possible.

The new MedResponse system at Stanton Territorial Hospital will ensure that community health nurses and other practitioners will have real-time, immediate access to a physician, while also coordinating air ambulance response.

IMPROVE QUALITY

What needs to change?

People are not receiving a standard quality of care across the NWT. Most Authorities do not have dedicated quality and risk management positions. There are no standardized auditing and reporting processes across the system. Infection control practices are handled differently among Authorities. Some Authorities lack adequate orientation or training for staff, adequate prevention practices and/or adequate reporting. There is no system-wide monitoring and reporting to allow us to learn from mistakes, and no requirement for reporting of adverse events. A recent review by the Auditor General of Canada of services for children in care uncovered substantial gaps in compliance with program requirements set by legislation and policy.

What will we do?

By moving to one integrated Health and Social Services System, we can make sure that quality and risk management expertise is available throughout the system. We will set standards and policies and share expertise throughout the system. Monitoring, auditing and reporting practices will be standardized. Legislation will be updated to ensure that adverse events are reported and followed up on. Infection control practices will be standardized, best practices implemented and compliance with standards will be monitored.



BUILD STRONGER FAMILIES

What needs to change?

Recent reports by the Auditor General of Canada and the Standing Committee on Government Operations highlight the urgent need to improve how child and family services are delivered in the NWT. We will improve our ability to ensure that proper support is available for children who need protection due to abuse or neglect. More importantly, we will improve our ability to provide families with the specific supports they need to address issues stemming from addictions, poverty and multi-generational trauma of the residential school experience. This new approach must be rooted in culture, appropriate to the community, and will focus on building stronger families.

Through community wellness projects, early childhood initiatives and other programs, we will find better ways to reach out to families at risk and help them identify the support they need to succeed.

What will we do?

We will develop an Action Plan that responds to recommendations made by the Auditor General of Canada and the Standing Committee on Government Operations to improve services for children in care. The Legislation will be updated to respond to the needs for improvement of our *Child and Family Services Act*. We will develop tools and train child protection workers to improve their ability to support families so that fewer children will need to be taken into care. We will continue to advance key priorities like the Addictions and Mental Health Action Plan, the Early Childhood Development Framework and the Anti-Poverty Action Plan, all of which include actions that will improve supports for families.

SUPPORT SENIORS AND ELDERS

What needs to change?

Elders are the fastest growing age group in the NWT. In the next 25 years it is expected that the number of people 65 years and older will increase significantly. As the number of Elders increase so will the burden placed on the Health and Social Services System and informal caregivers. Many seniors live with one or more chronic conditions – like heart disease, dementia, diabetes and mental health problems – that compromise their quality of life. Some of these elders will need medical care that can only be provided in a long-term care facility. But as they age, most seniors want to stay in their own homes, and their home communities.

What will we do?

We will continue to expand home care services in all our communities and involve communities in making decisions about how these services should be delivered. We will work with the NWT Housing Corporation to increase the availability of independent living options for seniors. We will encourage communities to increase the number of day programs for seniors and ensure that new infrastructure is designed to include gathering places for seniors. We will enhance support for caregivers, including respite programs, and continue to promote healthy living for seniors.

A BETTER FUTURE

STREAMLINE THE SYSTEM

What needs to change?

Our system is not even a system – it consists of seven separate Health and Social Services Authorities, and one territorial Hospital Authority, each with its own Board. Our legislation does not clearly outline the roles and responsibilities of the Minister and the individual Boards. Within NWT legislation and some very general Ministerial directives, each Board sets its own by-laws and standards while designing its own programs. The result is that all people in the NWT do not receive the same standard of care. Some regions provide midwifery services, while others provide unique addictions treatments programs. Even territorial standards are interpreted differently in different regions.

At the same time, regional Authorities do not have a say in the design or delivery of territorial programs like medical travel. The Chairs of the eight Authorities meet with the Minister of Health and Social Services as a JLC, but this body has no formal status and meets at the good will of the Minister and the Chairs. Most importantly, the system does not support the effective delivery of modern-day health care. There will always be a need for local priorities to be addressed and for program delivery to respect local traditions and culture. But the system also needs to be able to embrace new approaches, like EMR, and to share resources in key areas, like providing dialysis or moving patients to available beds. These require integrated, consistent information systems and platforms.

Over the years, many dedicated and passionate volunteers have contributed to their communities and regions by sitting on Health and Social Services Authority Boards. We value their efforts, but the system itself has not been structured to help the boards succeed.

What will we do?

We will establish one integrated Health and Social Services System with an NWT Health and Social Services Leadership Council (NWT HSSLC) serving as the board of management for delivery of Health and Social Services across the NWT. We recognize the right of Aboriginal self-governments to draw down jurisdiction and Aboriginal governments will be welcome to participate in this new structure as they see fit.

We will establish Regional Wellness Councils, which will play an important role in providing advice on local and regional program and service delivery. These Councils will ensure that community concerns and knowledge are brought forward to the NWT HSSLC. Mandating the NWT HSSLC to deal with risk management, quality assurance, budgeting and other complex issues will allow Regional Wellness Councils to focus their efforts on the issues that really matter to communities and to advocate for their communities with the NWT HSSLC.

By having the Chairs of Regional Wellness Councils sitting as members of the NWT HSSLC, every region in the NWT will gain a voice in the design and delivery of territorial programs and services.

INCREASE EFFICIENCY

What needs to change?

Each Authority has its own strategic plan, performance measures and financial system, which makes it difficult to get a clear picture of what is happening across the NWT. We are not able to compile solid data which could help us identify critical population health trends, areas requiring action, or success stories. By fragmenting our budget among eight Authorities, we spend a lot of time, money and effort in duplicating work among regions. For the most part, each Authority does its own purchasing, quality assurance and physician recruitment.

What will we do?

Corporate services that are now duplicated among eight Authorities will be consolidated (for example, finance, purchasing, information systems and recruitment) – but this does not mean centralization.

We will develop one strategic plan for the Health and Social Services System. We will monitor and report on one set of common performance measures for the entire NWT. We will use resources more efficiently and free up resources to direct to other priorities.

IMPROVE ACCOUNTABILITY

What needs to change?

The legislation that establishes boards of management and outlines the role of the Minister is out-of-date and does not provide clarity about roles, responsibilities and accountability. This has led to confusion and gaps in ensuring compliance with standards, auditing and reporting. There are currently nine different strategic plans in our system, with different visions, goals, priorities and performance measures. Authorities collect different types of information, in different databases, using different definitions. We have very limited ability to track how resources are allocated to specific programs or track results across the system.

What will we do?

We will update the *Hospital Insurance and Health and Social Services Administration Act* to clarify the Minister's authority, as well as the accountability of the NWT HSSLC and Regional Wellness Councils. We will develop one strategic plan for the Health and Social Services System, which will identify a shared vision, goals and priorities. We will develop a funding model that includes performance requirements and supports enhanced accountability. We will report on key system-wide performance measures yearly, and ensure legislated reporting requirements are met. We will implement consistent approaches to data collection, analysis and reporting with a territorial focus.

RECRUIT AND RETAIN

What needs to change?

Like other places in Canada, the NWT is challenged to recruit and retain the full range of Health and Social Services professionals that we need to deliver programs and services. But we can do better. We duplicate efforts in physician recruitment, having staff from several Health and Social Services Authorities attend the same career fairs and advertise jobs in the same journals. We have not done a good job of anticipating needs in advance of market competition creating recruitment challenges. We are always struggling to recruit qualified CEOs for our Authorities.

What will we do?

By moving to one integrated system, we will allow professional expertise to be shared for the benefit of all the NWT. We will save money and improve results through targeted, collaborative physician recruitment. We will develop a medical residency program for the NWT. We will update and modernize our recruitment and retention support programs, to focus on today's needs and to be flexible enough to respond to changing market pressures. We will work with partners in other departments to attract northern youth into Health and Social Services careers. We will monitor labour market trends and plan ahead to fill vacant positions in advance.

CONCLUSION

This is an exciting and challenging time in the NWT Health and Social Services System. We have passionate, talented and committed staff dedicated to improving service. New drugs, technologies and programs offer faster, better care and new hope for patients and clients. New technology and professional scopes of practice are allowing us to bring services directly into remote communities in a way that was not dreamed of 25 years ago.

The time is right to reposition our system to put people first, to be more responsive and effective, to take advantage of new technologies and to respond to our population's changing needs. If we do this, we can truly realize our goal of the best health, best care and a better future for the NWT.



WHAT DO YOU THINK?

If you would like to provide comments on the proposed future Health and Social Services System, please send them to hss_comments@gov.nt.ca by September 30, 2014.