Government of Northwest Territories | Gouvernement des Territoires du Nord-Ouest

NWT Health and Social Services System
ANNUAL REPORT
2019-2020

Best *health* | **Best *care*** | **Better *future***

Système des services de santé et des services sociaux des TNO
Rapport annuel
2019-2020

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

OCTOBER | OCTOBRE 2020

Contents

Executive Summary

The NWT Health and Social Services System 2019-2020 Annual Report presents the final year of reporting progress on the *2017-2020 HSS System Strategic Plan: Caring for Our People*. This Annual Report fulfills the obligation to report to the Legislative Assembly on the preceding year's operations and financial position of the Department of Health and Social Services (hereafter referred to as the Department), as outlined in the *Government of the Northwest Territories Planning and Accountability Framework* and in accordance with the *Financial Administration Act* and the *NWT Hospital Insurance and Health and Social Services Administration Act*. This report also meets the obligation to annually table a report on the operations of the Medical Care Plan.

Strategic Priorities

Over the 2019-2020 fiscal year, the Department, Authorities, and key partners continued to advance early childhood development as a strategic priority. Progress on the *Right from the Start* Early Childhood Development Framework and Action Plan included work to expand the Territorial Midwifery Model, facility achievement of the Baby Friendly Initiative, review of the Healthy Family Program, and implementation of various oral health initiatives. Other activities under this strategic priority included continued implementation of the GNWT Disability Action Plan and investments to improve access to rehabilitation services for children.

Commitments under the Child and Family Services Quality Improvement Plan continued to be implemented under the areas of culture of quality, human resource planning, building staff capacity, and engagement. Under this plan, a Foster Care Recruitment and Retention Strategy was completed, refresher training on assessment tools was delivered to Child and Family Services staff, and core statutory training for Child Protection Workers was enhanced. In an effort to further advance child and family services as a strategic priority, new human resources were added early in the 2019-2020 fiscal year.

Under the strategic priority of mental health and addictions, the Mental Wellness and Addictions Recovery Action Plan was released in June 2019 to improve and adapt programming to better meet the unique needs of individuals, families and communities. Under this action plan, same day access to counselling, reduced wait times, and e-mental health options were introduced. Aftercare options were enhanced for individuals recovering from addictions, and training and professional development was provided for Community Counselling Program staff to promote trauma-informed culturally respectful and recovery-oriented practice. Other activities under this priority included:

- continued expansion of existing mental health services for youth through the Child and Youth Care Counsellor initiative;
- continued work with Indigenous Governments to deliver On the Land Healing Programs for mental wellness and addictions recovery;
- new policies for the Combined Day Shelter and Sobering Program to improve services delivery to individuals experiencing homelessness;
- work on suicide prevention and crisis response; and
- work on cannabis education and a territorial strategy for alcohol.

Activities under the strategic priority of chronic disease management continued in 2019-2020. The NWT Chronic Disease Prevention and Management Strategic Framework released in March 2019 included the following key activities related to cancer and diabetes that were completed in 2019-2020:

- re-launching Cancer Nurse Navigation services to guide patients through the cancer care system and improve continuity and coordination of holistic care;
- community engagement to increase knowledge on prevention and screening for colorectal, cervical and breast cancer; and
- work on targeted diabetes education and care programming in some regions of the NWT.

Other activities under this strategic priority included a community project to develop better surveillance for latent tuberculosis infection and multiple initiatives to manage outbreaks of sexually transmitted infections and improve testing and early detection.

Interdepartmental work continued to advance the GNWT Agriculture Strategy, including changes to the NWT's *Food Establishment Safety Regulations* and plans for the creation of new *Meat Inspection Regulations*, both under the *Public Health Act*.

The Department continued to implement activities within the Continuing Care Services Action Plan for 2017-2018 to 2021-2022 as part of advancing seniors and elders as a strategic priority of the health and social services system. The Home and Community Care Review was completed in 2019-2020 and included 22 recommendations that will inform key decisions within Home and Community Care Services. The Department continued preparing for the implementation of the interRAI Continuing Care Information System that will support assessment, monitoring and evaluation, and continuous quality improvement within Long Term Care and Home and Community Care.

As part of the Department's commitment to contributing towards an effective and efficient health and social services system, the Department enhanced information systems technology to enable the delivery of quality care to NWT residents. The Department also continued to monitor patient experience through the administration of the 2019 Patient Experience Questionnaire. The results of the questionnaire will inform continuous quality improvement initiatives throughout the health and social services system.

In 2019-20, the Department continued to address systemic racism and advance cultural safety by progressing on commitments made in the Caring for Our People: Cultural Safety Action Plan for 2018-2020 as well as implementation of primary health care reform.

Financial Highlights

In 2019-20, the Department spent $545.9 million; $335 million went directly to the Health and Social Services Authorities as core funding to administer and deliver programs and services. The Department's total expenditures increased $59.2 million over the prior year. The increase was due mainly to the operationalization of the new Stanton Territorial Hospital, as well as investments in Child and Family Services, the establishment of the Combined Day Shelter and Sobering Centre, and the addition of NWT School and Community Child and Youth Care Counsellors in the Beaufort Delta and Sahtu regions. Other investments included enhanced services for children and adults with mental and physical disabilities, as well as increased costs associated with foster care and continuing care services. In addition, DHSS invested $22.6 million in capital infrastructure projects and received $35.2 million from third parties for shared priorities. This resulted in an operating deficit of $25.9 million. At March 31, 2020, the accumulated deficit was $120.7 million.

Performance Measures

Public reporting on the performance of the NWT Health and Social Services system is a key part of fulfilling the Government of the Northwest Territories' (GNWT) commitment to improving accountability and transparency in an environment of growing expenditures and limited resources.

Some positive long term trends include:

- decreases in potentially avoidable mortality due to preventable causes, as well as those due to treatable causes;
- an increase in screening for colorectal cancer;
- a decrease in the rate of children in permanent care;
- a decrease in hospitalization rate for ambulatory care sensitive conditions;
- a decrease in the proportion of mental health hospitalizations due to alcohol or drugs;
- a decrease in the rate of no shows for family/ nurse practitioners;
- and a decrease in workplace safety claims.

Sommaire

Le rapport annuel 2019-2020 du système des services de santé et des services sociaux des Territoires du Nord-Ouest (TNO) résume les progrès réalisés au cours de la dernière année de mise en œuvre du plan stratégique 2017-2020 intitulé *Votre bien-être, notre priorité*. Ce rapport remplit l'obligation de rendre compte devant l'Assemblée législative des activités et de la situation financière du ministère de la Santé et des Services sociaux (le Ministère) pour l'exercice écoulé, conformément au cadre de planification et de responsabilisation du GTNO, à la *Loi sur la gestion des finances publiques* et à *la Loi sur l'assurance-hospitalisation et l'administration des services de santé et des services sociaux*. Il répond également à l'obligation de déposer annuellement un rapport sur les activités du régime d'assurance-maladie.

Priorités stratégiques

Au cours de l'exercice 2019-2020, le Ministère, les administrations et les partenaires clés ont continué à faire du développement de la petite enfance une priorité stratégique. Parmi les progrès réalisés concernant le cadre et plan d'action pour le développement du jeune enfant *Partir du bon pied*, on compte l'élargissement du modèle territorial de services de sages-femmes, l'obtention de la certification Amis des bébés, l'examen du programme Familles en santé et la mise en œuvre de nombreuses initiatives de santé bucco-dentaire. Parmi les autres activités réalisées dans le cadre de cette priorité stratégique, on compte la poursuite de la mise en œuvre du Plan d'action du GTNO sur l'incapacité et des investissements pour améliorer l'accès aux services de réadaptation pour les enfants.

Les engagements pris dans le *Plan d'amélioration de la qualité des services à l'enfance et à la famille* continuent d'être mis en œuvre dans les domaines de la culture de la qualité, de la planification des ressources humaines, du renforcement des capacités du personnel et de la mobilisation. En vertu de ce plan, une stratégie de recrutement et de rétention des familles d'accueil a été créée, une formation de perfectionnement sur les outils d'évaluation a été donnée au personnel des Services à l'enfance et à la famille, et la formation de base obligatoire pour les préposés à la protection de l'enfance a été améliorée. Dans le but de faire progresser les services à l'enfance et à la famille en tant que priorité stratégique, de nouveaux postes ont été créés au début de l'exercice 2019-2020.

En ce qui concerne la priorité stratégique de la santé mentale et de la lutte contre les dépendances, le *Plan d'action sur le mieux-être psychologique et le traitement des dépendances* a été publié en juin 2019 pour améliorer et adapter les programmes afin de mieux répondre aux besoins uniques des individus, des familles et des collectivités. En vertu de ce plan, nous avons introduit l'accès au counseling le jour même, des temps d'attente réduits et des options de cybersanté mentale. Les méthodes de suivi ont été améliorées pour les personnes qui se rétablissent d'une dépendance, et nous avons offert une formation et du perfectionnement professionnel au personnel du Programme de counseling communautaire pour promouvoir des pratiques tenant compte des traumatismes, respectueuses des différentes cultures et axées sur le rétablissement. Parmi les autres activités entreprises dans le cadre de cette priorité, on compte :

- L'expansion continue des services de santé mentale existants pour les jeunes par l'entremise de l'initiative des conseillers en soins à l'enfance et à la jeunesse;
- La poursuite de la collaboration avec les gouvernements autochtones pour offrir des programmes de guérison dans la nature qui favorisent le bien-être mental et la guérison des dépendances;
- L'adoption de nouvelles politiques pour le programme combinant un refuge de jour et un centre de dégrisement afin d'améliorer les services offerts aux sans-abri;
- Les activités de prévention du suicide et d'intervention en cas de crise;
- Les activités d'éducation sur le cannabis et la stratégie territoriale concernant l'alcool.

Les activités liées à la priorité stratégique de la gestion des maladies chroniques se sont poursuivies en 2019-2020. Des activités importantes concernant le cancer et le diabète ont été réalisées en 2019-2020 en lien avec le *Cadre de gestion et de prévention des maladies chroniques* des TNO publié en mars 2019 :

- Reprise des services d'orientation pour les soins oncologiques pour guider les patients dans le système de soins du cancer et améliorer la continuité et la coordination des soins holistiques;
- Participation communautaire pour accroître la sensibilisation sur la prévention et le dépistage du cancer colorectal, du cancer du col de l'utérus et du cancer du sein;
- Poursuite des programmes ciblés sur l'éducation et les soins concernant le diabète dans certaines régions des TNO.

Les autres activités en lien avec cette priorité stratégique comprennent un projet communautaire pour améliorer la surveillance des infections à la tuberculose latentes et de nombreuses initiatives pour gérer les éclosions d'infections transmissibles sexuellement et améliorer le dépistage et la détection précoce.

Les travaux interministériels se sont poursuivis pour faire avancer la stratégie agricole des TNO, notamment en apportant des modifications au *Règlement sur la sécurité dans les établissements alimentaires* des TNO et en planifiant la création d'un nouveau règlement sur l'inspection des viandes en vertu de la *Loi sur la santé publique*.

Le Ministère a poursuivi la mise en œuvre des mesures du *Plan d'action de 2017-2018 à 2021-2022 des services de soins continus* dans le cadre de la priorité stratégique du système de santé et des services sociaux portant sur les personnes âgées et les aînés. L'Examen des soins à domicile et des soins communautaires a été achevé en 2019-2020. Il comprend 22 recommandations qui éclaireront les principales décisions prises par les Services de soins à domicile et dans la collectivité.

Les travaux de préparation de la mise en œuvre du Système d'information interRAI sur les soins continus se sont également poursuivis. Ce système aidera à réaliser les activités d'évaluation, de suivi et d'analyse, et contribuera à améliorer la qualité des services de soins à domicile et de soins communautaires.

Dans le cadre de son engagement à développer un système de santé et de services sociaux efficace, le Ministère a continué de soutenir l'adoption de technologies de l'information pour appuyer la prestation de soins de qualité aux Ténois. Nous avons continué le suivi de l'expérience des patients à l'aide du Questionnaire de 2019 sur l'expérience des patients. Les résultats du questionnaire sont très utiles pour éclairer les initiatives d'amélioration de la qualité dans l'ensemble du système de santé et des services sociaux.

En 2019-2020, le Ministère a continué d'aborder les questions de racisme systémique et de respect de la culture en faisant des progrès dans la réalisation des engagements pris dans le document *Votre bien-être, notre priorité : Plan d'action sur le respect de la culture de 2018 à 2020*, et en mettant en œuvre la réforme des soins de santé primaires.

Faits saillants financiers

En 2019-2020, le Ministère a dépensé 545,9 millions de dollars. De ce total, 335 millions de dollars sont allés directement aux ASSSS pour l'administration et la prestation de services et de programmes. Cette augmentation de 59,2 millions de dollars par rapport à l'année précédente est principalement due à la mise en service du nouvel Hôpital territorial Stanton et aux investissements réalisés dans les Services à l'enfance et à la famille, à la création d'un programme combinant un refuge de jour et un centre de dégrisement et à l'ajout de conseillers à l'enfance et à la jeunesse dans les écoles et les collectivités des régions de Beaufort-Delta et du Sahtu. Parmi les autres investissements, on compte l'amélioration des services pour les enfants et les adultes atteints d'un handicap mental et physique, ainsi que l'augmentation des coûts liés au placement en famille d'accueil et aux services de soins continus. De plus, le Ministère a investi 22,6 millions de dollars dans des projets d'immobilisations et a reçu 35,2 millions de dollars de tiers pour des priorités communes. Il en a résulté un déficit d'exploitation de 25,9 millions de dollars pour le système. Au 31 mars 2020 le déficit accumulé s'élevait à 120,7 millions de dollars.

Mesure du rendement

La publication de rapports publics sur le rendement du système de santé et de services sociaux est un élément clé dans la réalisation de l'engagement du gouvernement des Territoires du Nord-Ouest (GTNO) à améliorer la responsabilisation et la transparence dans un contexte de dépenses croissantes et de ressources limitées.

Parmi les tendances positives à long terme, mentionnons :

- La diminution de la mortalité attribuable à des causes évitables ou traitables;
- L'augmentation des taux de dépistage du cancer colorectal;
- La diminution du nombre d'enfants sous garde permanente;
- La diminution de la proportion d'hospitalisations pour des problèmes propices aux soins ambulatoires; la diminution de la proportion d'hospitalisations en santé mentale attribuables à l'alcool ou aux drogues;
- La diminution du taux d'absence pour les consultations des médecins de famille et des infirmiers praticiens;
- La diminution des réclamations concernant les accidents de travail.

Introduction

The purpose of this Annual Report is to provide an overview of the performance of the NWT health and social services system (HSS). This Annual Report does not intend to comprehensively outline the operations of each Authority. Details on the operations of each Authority can be found in their individual Annual Reports.

This Annual Report fulfills the obligation to report to the Legislative Assembly on the preceding year's operations and financial position of the Department, report on the operations of the Medical Care Plan, and significant strategies and initiatives under departmental action plans. This Annual Report is also used to review and analyze the progress of the health and social services system on strategic areas of priority, financial activities, and performance measures for the 2019-2020 fiscal year.

The NWT, like other Canadian jurisdictions, is taking a proactive approach to improving accountability for the delivery of publicly funded health and social services. The NWT HSS budget makes up 27.5 percent of the overall Government of the NWT's budget.[1] Decision makers and the public want to know if HSS funding is being spent effectively, how the system is performing relative to its peers, and if it is achieving its intended outcomes.

Public reporting on the performance of the NWT 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 Northwest Territories Health and Social Services Authority (NTHSSA), Hay River Health and Social Services Authority (HRHSSA), and Tłı̨chǫ Community Services Agency (TCSA), collectively referred to as the Authorities, are one integrated territorial health and social services system, functioning under a one-system-approach and under a single governance structure. The NTHSSA is responsible for delivering health and social services in five regions: Beaufort Delta, Dehcho, Sahtu, Fort Smith and Yellowknife regions of the NWT. It is also responsible for the operation of the Stanton Territorial Hospital. The HRHSSA remain outside of the NTHSSA, as does the TCSA as per the terms of the Tłı̨chǫ Land Claims and Self-Government Agreement.

[1]Government of the Northwest Territories, *Main Estimates 2019-2020* p. ix.

What We Do

The role of the Department is to support the Minister of Health and Social Services in carrying out the Government of the NWT'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 of 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 Authorities are agencies of the GNWT governed by the Northwest Territories Leadership Council. Regional Wellness Councils provide advice to the Leadership Council and valuable input on the needs and priorities of the residents in their regions. The Territorial 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 health and addictions 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 contractual arrangements with Alberta Health Services.

In addition, the Department is responsible for providing access to facility based addictions treatment services outside of the NWT, and holds contracts with four southern facilities, located in Alberta and British Columbia, 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 Authorities fund NGOs for activities such as:

- Prevention, assessment, early intervention, and counselling and treatment services related to mental health and addictions;
- Early childhood development;
- Family violence shelters and awareness;
- Long term care;
- Dementia care;
- Tobacco cessation;
- In-home and in-facility respite services for caregivers of seniors or children and adults with special needs; and
- Health promotion activities.

VISION

Best Health, Best Care, for a Better Future

OUR MISSION

Through partnerships, provide equitable access to quality care and services and encourage our people 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 on.

Relationships

We work in collaboration with all of our residents, including Indigenous governments, individuals, families and communities.

Excellence

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

Our Strategic Priorities

As outlined in the *2017-2020 Health and Social Services System Strategic Plan: Caring for Our People*, the high level objectives of the HSS system are represented through the following strategic priorities: Early Childhood and Development, Child and Family Services, Mental Health and Addictions, Chronic Disease, Seniors and Elders, and System Sustainability. This Annual Report allows for reporting on the activities carried out under the Strategic Plan

Reporting Progress on our Strategic Priorities

PRIORITY 1: EARLY CHILDHOOD DEVELOPMENT

Early Childhood Development Action Plan

The Department of Education, Culture and Employment (ECE) and Health and Social Services (HSS) continued to implement the joint Right from the Start Early Childhood Development (ECD) framework and Action Plan and focused on increasing and strengthening the supports, services and programming for NWT families with young children.

Key actions completed in 2019-2020 included:

- Investing $9.4 million in early childhood development, with more than half going towards children experiencing developmental delays or disabilities and the most vulnerable.
- Enhancing access to family-centered birthing services and pre and postnatal care, by expanding the Territorial Midwifery Model.
- Working with facilities to improve family-centered maternity and newborn care practices by participating in a national quality improvement project and supporting facilities to achieve the Baby-Friendly Initiative (BFI). The BFI is a globally recognized and evidence-based quality improvement program that establishes best practices in maternity care and infant feeding.
- Completing an extensive review of the Healthy Family Program in partnership with Hotii ts'eeda. The review presented 11 recommendations grounded in community knowledge, contextual realities and best practices learned from other innovative parenting programs. Work has been initiated to implement these practices, the renewed program, and a curriculum through a phased approach in 14 sites across the NWT.
- Developing a comprehensive social marketing campaign on the theme of attachment and Indigenous children's oral health to increase participation to the Well Child Visits, access to material supplies, and skill building workshops. This includes the release of *Brushing up on Oral Health* story book.
- Expanding the rehabilitation services positions within the Stanton Team, including an Occupational Therapist and Speech Language Pathologist, to increase access and follow up rehabilitation services in small communities.
- Supporting community health nurse and community health representative education, knowledge, and competencies related to infant feeding through the delivery of the 20-hour Baby-Friendly training in Hay River and Inuvik.
- Supporting the development of community-based peer support programs and volunteer training in partnership with the NWT Breastfeeding Peer Support Group, Moms, Boobs and Babies.
- Hosting the 2019 National Breastfeeding Committee for Canada Baby-Friendly Initiative Symposium which included experts, administrators, policy makers, community members, and health care workers from across Canada to investigate how health equity and social justice approaches can inform the BFI in Canada.

Midwifery Services

The Government undertook the NWT Midwifery Stakeholder Engagement in 2017 to identify gaps in the current maternity care system and explore ways in which a territorial midwifery program could enhance services for women, families, particularly for vulnerable populations and those living in small communities. Of the 10 recommendations provided in the report, 4 recommendations have been completed. These include: providing an escort for women who must leave their community to give birth, exploring the feasibility of expansion of midwifery services, finalizing and adopting the revised NWT Midwifery Practice Framework, and incorporating the recommended principles of maternity care in the proposed NWT Territorial Midwifery program. These include: providing an escort for women who must leave their community to give birth, exploring the feasibility

of expansion of midwifery services, finalizing and adopting the revised NWT Midwifery Practice Framework, and incorporating the recommended principles of maternity care in the proposed NWT Territorial Midwifery program.

Based on the recommendation in the report, and with the input of the NWT Advisory Committee, the Department identified strategic priorities for further action. These included:

- strengthening the existing midwifery teams in Fort Smith and Hay River
- expanding the Hay River midwifery program to provide support and services in the Dehcho and South Slave regions,
- developing a territorial midwifery recruitment and retention plan, and
- creating a Territorial Midwifery Program based in Yellowknife with the capacity to extend support to the Sahtu and Tłı̨chǫ regions, with an initial focus on the community of Behchokǫ̀.

Oral Health Initiatives

The Department continued to work towards improving oral health in the NWT, focusing on the promotion of good oral health and the prevention of oral disease. This included a range of oral health promotion projects and initiatives to support services within primary health care and education settings, and individual clinical services. Activities that were implemented to improve territorial oral health included:

- Consultation on knowledge, attitudes and beliefs on oral health conducted through 5 focus groups and 10 stakeholder interviews, with representation from all territorial regions between November 2019 and February 2020.
- Development of an Oral Health Social Marketing Campaign, including videos, social media, radio and print ads for launch in 2020-2021. The Department also supported the NTHSSA in delivering an Oral Health Month promotional campaign in April 2019, including posters, brochures, fact sheets, radio spots, colouring contest, and provision of oral health supplies to the general population and target groups.
- An Oral Health Literacy Project was developed in partnership with the NWT Literacy Council. Communities were engaged during February and March 2020 to deliver student-led oral health-themed puppet shows to young children, and host Community Oral Health Gatherings.
- In partnership with the DHSS Indigenous Health & Community Wellness Division, an oral health-themed preschool book and animatic for school age children titled "*Our Ever Awesome NWT Brushing Song*!" was written by NWT author Richard van Camp.
- Investing $116,000 in dental equipment for school and community health center dental rooms, to support the delivery of dental services in communities, where there are no established dental clinics.
- Conducting surveillance on oral health behaviours through the 2019 NWT Community Survey.
- Delivery of oral health education in May 2019 to representatives from local Indigenous organizations and governments, community wellness planners, and community health representatives at the NWT Community Wellness Gathering. Oral health education was also delivered to early childhood educators at the Early Childhood Education Right from the Start Symposium in August 2019.

Rehabilitation Services

The Department has been making investments to improve access to rehabilitation services for children. Over the past two years, 8 newly funded rehabilitation services positions have been added to the Beaufort Delta and Stanton Rehabilitation Teams to enhance services for children. In 2019-2020, four rehabilitation services positions within the Stanton Rehabilitation Team were filled to enhance services across the system. Positions included 1 Occupational Therapist, 1 Speech Language Pathologist, 1 Hearing and Speech Aid, and 1 Administrative Assistant. Work has been underway to develop performance measures for a system wide data collection framework for rehabilitation services, in collaboration with the Health Authorities. This framework was planned to monitor performance in a standardized manner across the system, including access to services, in order to make more informed decisions over how rehab services for children and adults are supported.

PRIORITY 2: CHILD AND FAMILY SERVICES

Child And Family Services – Quality Improvement Plan

In August 2019, the Department released the Child and Family Services' Quality Improvement Plan (QIP) for 2019-2021. The QIP allows the Department to better manage, resource, and structure the Child and Family Services System to ensure the sustainability of the significant changes completed through the Building Stronger Families Action Plan. The QIP follows four underlying strategic directions: Culture of Quality, Human Resource Planning, Building Staff Capacity, and Engagement. As a result of this plan, 21 new positions were added to the Child and Family Services System in April 2019. A third of these positions were focused on design and training, which has helped to advance a number of actions within the QIP. The remainder were frontline positions, which will directly support children, youth and families. Key actions that were implemented included:

- Delivery of refresher webinars on specific Structured Decision Making© Assessment Tools to all Child and Family Services staff.
- Completion of a Foster Care Recruitment and Retention Strategy from NTHSSA in October 2019. The strategy was informed by a foster care survey that was sent to all foster caregivers throughout the NWT to assess their satisfaction with the support, services and training provided by the Department, NTHSSA, Regions and Foster Family Coalition of the NWT.
- Enhancing the core statutory training for Child Protection Workers. As part of the enhanced Child Protection Statutory Core Training, a full day of on-the-land learning experiences was delivered in partnership with the Arctic Indigenous Wellness Foundation.
- Hiring a Prevention and Family Preservation Lead in November 2019 to guide the development and implementation of the family preservation program.
- Revising the minimum contact standard to ensure best practice approach to engagement with children, youth and families.
- Providing training in March 2020 to a number of foster caregivers and foster care staff from across the NWT on how to support children and youth with Fetal Alcohol Syndrome Disorder.

The Department and the Authorities recognized the critical importance of stabilizing the system through a focused Northern approach to hiring in an effort to reduce staff turnover and vacancy rates. As a result, the Child and Family Services staff recruitment and retention plan was finalized in May 2019. The staff recruitment model has led to the successful recruitment of a number of Community Social Services Workers positions across a number of regions. As a result, the overall vacancy rate for the Child and Family Services System has decreased from 25% to 8.6%.

Update On Status Of The Office Of The Public Guardian

The Department invested funding in 2018-2019 and 2019-2020 to plan and initiate work to address recommendations of a 2016 Operational Review of the Office of the Public Guardian (OPG) and the 2018 OPG Current State and Recommendations Moving Forward Report. The investments increased the capacity of the Department through hiring of an additional staff to plan for and initiate the redesign and modernization of OPG processes. The planned changes will ensure timely and consistent processes are in place to access Guardianship services that reflect cross-jurisdictional best practices. In October 2019, a Capacity Assessment Training Workshop was delivered to increase the capacity of the Health and Social Services system to provide capacity assessments, which are used by the court to determine if an individual requires guardianship. The OPG is establishing processes to enhance communication and collaboration between the OPG, referral sources, and family members. The Department has also worked with the Authorities to identify areas for improving coordination and for strengthening case management for guardianship clients.

PRIORITY 3: MENTAL HEALTH AND ADDICTIONS

Mental Health And Addictions Programs And Services

The Department released the Mental Wellness and Addictions Recovery (MWAR) Action Plan in June 2019. The Action Plan was developed to focus on four key objective areas: 1) Reduce Stigma and Increase Awareness and Prevention; 2) Increase Supports and Transform the Culture of Practice within the Mental Wellness and Addictions Recovery System to fully reflect a Seamless Care Pathway Model in the NWT; 3) Improve Quality, Coordination, and Integration of Services; and 4) Strengthen Peer Support, Aftercare, and Community-Based Options for People Living with Addictions. This Action Plan promotes quality improvement by adapting programming to better meet the unique needs of individuals, families and communities. Key activities completed and initiated under the action plan in 2019-2020 included:

- Increasing access to counselling services by reducing wait times and establishing same day access and e-mental health and/or telephone-based options.
- Developing the GNWT Opioid Task Force (this name was changed in January 2020 to the 'Committee on Problematic Substance Use'), including planning for a Territorial Alcohol Strategy.
- Developing a standardized approach to collecting counselling wait-time information.
- Partnering with the Arctic Indigenous Wellness Foundation to deliver training at the 2019 Annual Community Counselling Program Conference.
- Ensuring legal counsel was available to any individual who applied to the Mental Health Act Review Board for assistance, legal advice, or representation at a Mental Health Act Review Board Hearing.
- Focusing the 2019 Annual Community Counselling Program Conference on Addictions Recovery and Skills Training and enhanced knowledge in addictions recovery.
- Providing multiple training/professional development opportunities for CCP staff in trauma-informed, culturally respectful and recovery-oriented practices.

Action has been taken to implement the Seamless Care Pathway approach to mental wellness and addictions recovery service delivery, which included a Stepped Care 2.0 Model. The Stepped Care 2.0 model was planned to ensure that individuals would have access to a variety of supports and would be matched with the right level of service according to their unique wants and needs. This model is grounded in a person- and family-centered and recovery-oriented approach to care that aims to empower service-users, maximize choice, reduce wait times, and remain responsive to the unique and changing needs of those entering the system for support. Through this model, the Department has been working to improve access to counselling services by implementing a drop-in/same day model and the use of e-mental health options. The first eMental Health option implemented in the NWT was the Strongest Families Institute (SFI). This program was launched by the Department in January 2020 in partnership with Bell Let's Talk. SFI provides support primarily through telephone coaching sessions to support children and families experiencing mild to moderate mental health and behavioural concerns.

Mental Health Services For Youth

The Department has worked to improve and expand upon existing services through the establishment of Child and Youth Care Counsellors (CYCC) in NWT schools and communities. The Child and Youth Care Counsellor initiative has been implemented in a phased approach beginning in 2018-2019. During Phase 1 of implementation in 2018-2019, 9 CYCC positions were added to the Tłı̨chǫ and Dehcho regions.

In 2019-2020, the Department implemented Phase 2 of the Child and Youth Care Counsellor (CYCC) initiative, with Sahtu and Beaufort Delta regions having received 13 CYCCs. Planning for Phase 3 (Yellowknife) of the initiative has begun through engagement with the NTHSSA–Yellowknife Region and the 3 Yellowknife School Boards.

On The Land Healing Programs And Aftercare

The Department continued to work with Indigenous Governments to deliver On the Land Healing Programs for mental wellness and addictions recovery. In 2019-2020, the On the Land Healing Fund was increased by $730,000; total funding now amounts to nearly $2 million annually. This new funding was provided to support Indigenous Governments to expand delivery of mobile addictions treatment, family based treatment and aftercare programming. To support this work, the Department has developed a list of potential contractors to provide land-based mobile addictions treatment and aftercare programming who could potentially assist Indigenous Governments.

Combined Day Shelter And Sobering Program

In December 2019, new policies were implemented at the Combined Day Shelter and Sobering Program in Yellowknife to improve service delivery to individuals experiencing homelessness. The NWT Disabilities Council implemented a change to who can access the day centre services. This change was implemented in partnership with the Department, the NTHSSA, and other NGOs and community partners such as the RCMP and the City of Yellowknife. The new criteria redirected people who had access to regular housing to community agencies by focusing services on service-users who were most vulnerable and in need (those who did not have access to other supports elsewhere). Outcomes for the new admission policy are monitored to ensure that service providers have an opportunity to provide feedback on the impact of the policy to service-users.

Suicide Prevention And Crisis Response Network

The Department has planned to develop a comprehensive Suicide Prevention and Crisis Response Network to address the root causes of suicide and to better support affected families and communities. Work achieved during the 2019-2020 year included:

- A draft protocol was developed in February 2020 that outlined a coordinated, interdepartmental approach to providing timely response in the immediate aftermath of a crisis and in the days, weeks and months that follow. Approval of this protocol was put on hold due to COVID-19. Lessons learned from the Departmental COVID Response may be used to update the draft protocol.
- Provision of prevention funding support to the NWT Recreation and Parks to develop mental health training for recreation leaders across the NWT.

- Development and implementation of two common suicide risk assessment tools (one for adults, one for children/youth) by NTHSSA used for NWT front line staff and responders to provide immediate support for intervention.
- A monitoring and evaluation framework was developed to track progress and outcomes to ensure the right steps were taken to address suicide.
- Delivery of Applied Suicide Intervention Skills Training (ASIST) across the territory to educate NWT residents on providing support to individuals considering suicide.

Cannabis Public Education And Awareness

In 2018, the Department launched the public education campaign about cannabis use to protect NWT residents, especially children and youth, from second hand cannabis smoke exposure and substance use. This campaign was designed to raise awareness around substance use, and the risks on brain development and other health risks to children, youth, pregnant and nursing women, and people with mental health issues. Initiatives completed for this campaign included:

- Delivery of a polysubstance workshop tour called "The Dope Experience". This workshop utilized arts and digital media to engage youth in important conversations about substance use, mental wellness, and the importance of taking care of ourselves and each other. The workshop series has been delivered in communities across the NWT during the 2019-2020 school year through one-time funding from Health Canada and the GNWT. As of March 2020, the workshop has been delivered in 17 communities across the NWT.
- A magazine focused on health information on cannabis and other legal substances has been planned for release on October 2020. The magazine featured smaller versions of the augmented reality posters on cannabis launched last year as well as new interactive features on alcohol and other substances.
- Regular delivery of "Ask the Expert" events to NWT residents, including the general public, health care providers and schools. The most recent "Ask the Expert" event focused on addressing public concerns and questions about vaping during a Facebook Live event in January 2020.

In June 2019, amended federal regulations were announced to address the public health and safety risks associated with edibles, extracts and topicals. The legal production and sale of these items came into force on October 2019.

Facility-Based Addictions Treatment

The Department continued to provide NWT residents with facility-based treatment in southern Canada for addictions treatment and recovery. Through a request for proposals for facilities interested in providing addictions treatment to NWT residents, the Department hopes to expand the range of treatment facilities available to residents while reducing wait times for treatment, and ensuring quality and cost efficiencies. There were a total of 220 approved referrals to facility-based treatment programs from April 1, 2019 to March 31, 2020. Of these referrals, 192 NWT residents attended one of the four facility-based addictions treatment programs (28 appointment cancellations in total).

Expenses for 2019-2020 were $2,313,397 plus an additional $240,000 for medical travel.

Nwt Alcohol Strategy

In January 2020, the Opioid Task Force group was renamed as the Territorial Committee on Problematic Substance Use. Its mandate is to develop a comprehensive response to the ongoing issues related to problematic substance use in the NWT. One of the deliverables for the NWT is a whole-of government Alcohol Strategy.

A five-year funding agreement with Indigenous Services Canada will support the position of Senior Advisor, Problematic Substance Use, who is responsible to support various initiatives to address the impacts of problematic substance use, including the work involved in the development, implementation and evaluation of the NWT Alcohol Strategy.

PRIORITY 4: CHRONIC DISEASE

Chronic Disease Prevention And Management

The Department continued work to implement The NWT Chronic Disease Prevention and Management Strategic Framework, which was released in March 2019. The Framework aims to reduce the impacts of chronic disease through prevention, early detection through screening, and effective medical and self-management. The Framework identifies key priorities for planning future initiatives necessary to strengthen the system, and prioritizes support through partnerships with individuals, families, and communities. Key activities related to chronic disease, cancer, and diabetes were completed in 2019-2020 under this Framework.

CHRONIC DISEASE

- Planning has occurred for two Primary Health Care Reform demonstration projects focused on improving Chronic Disease Management in the Dehcho and Tłı̨chǫ regions. Planning involved stakeholder feedback from residents and staff to inform culturally appropriate program development.
- Community engagement on chronic disease prevention and management occurred regularly through the annual Community Healthy Living Fairs.

CANCER

- The Department developed Clinical Practice Guidelines for screening breast, cervical, and colorectal cancers. A pilot program in the Beaufort-Delta Region launched in February 2020 targeted to increase participation in colorectal cancer screening. This is currently being done by mailing eligible participants fecal immunochemical tests (FIT) and having nurses from the screening program work with community health representatives to follow-up and provide additional information and assistance, when necessary.
- In partnership with the University of Alberta, the Department developed and released a series of eleven videos to promote cancer engagement including screening for colorectal, cervical and breast cancer, as well as general cancer knowledge.
- Cancer Nurse Navigation services re-launched in July 2019, and have been able to connect with approximately 121 NWT residents. In 2019-2020, two Cancer Nurse Navigators were hired by NTHSSA to guide patients through the cancer care system, expedite patients' access to services and resources, and improve continuity and coordination of holistic care.
- Community engagement program kits were created to increase knowledge on prevention and screening for colorectal, cervical, and breast cancer. These kits were sent to each community, from October 2019 to February 2020, to coincide with other promotional initiatives and assist Community Health Representatives with health promotion activities in their communities.
- Through funding by the Canadian Partnership against Cancer (CPAC), in December 2019, Canadian Health Representatives (CHR) from all regions of the NTHSSA, TCSA, and HRHSSA were invited to attend a two-day workshop on cancer screening and cancer awareness. CHRs also received training on the use of survivor care plans to assist patients through their cancer journey.

DIABETES

- Targeted Diabetes Education and Care Programs continued to be offered in Fort Smith, Inuvik, Hay River and Yellowknife by teams of diabetes educators including nurses, nurse practitioners, dietitians, and physicians.

Latent Tuberculosis Infection (LTBI) Project

The Department has worked to implement an LTBI Project that aims to reduce Tuberculosis (TB) disease across the NWT. This project is supported through funding from the Public Health Agency of Canada. In 2019-2020, the Department engaged with the community of Behchokǫ̀ to develop stronger community surveillance for LTBI within community members, and incorporate approaches to testing and treatment in a culturally appropriate way. The project is using lessons learned from the project to engage further work in the Beaufort Delta region. Final resources such as public education materials, territorial standardization of surveillance approaches, training for frontline providers, and streamlined testing and treatment options are underway.

Sexually Transmitted Infections (STI) Action Plan

The Chief Public Health Officer officially declared a syphilis outbreak in August 2019. In 2019-2020, the Department introduced several new initiatives to address STIs. This included a prenatal registry to support syphilis testing three times during pregnancy with the purpose of early identification and treatment of syphilis in pregnancy to reduce the risk of congenital syphilis. Other initiatives conducted by the Department included; introduction of a dedicated STI cell phone in the Yellowknife Region to provide people with confidential advice about STI through call or text; extended dedicated clinic hours; enhanced social marketing and advertising to reach at-risk populations; minor changes to reporting forms and lab requisitions that reminded providers to test for syphilis and other STIs; and a feasibility review of new testing options.

The Department also supported two youth focused initiatives, which included a theater tour group "SExT" that toured across the NWT reaching 1,500 youths. The second initiative supported the Dene Nations in hosting a virtual workshop series that spoke with youths across the NWT on sexual health, Dene traditions and core leadership skills.

The Department drafted a two-year STI Action Plan that focused on STI-related service improvements. The action plan has a regional focus that permits each region to develop their own key objectives and goals, in addition to an overarching territorial committee that will help coordinate approaches scaled for larger implementation.

Contaminants

The Office of the Chief Public Health Officer (OCPHO) continued to provide expertise and support to the Department on the human health implications of local source and long range environmental contaminants, and land use management processes and activities in the Northwest Territories. Activities conducted under the OCPHO included:

- Providing letters of support to its academic partners on contaminants related monitoring and research projects.
- Updating public health messaging in light of new data and information gleaned from research projects to its stakeholders, (e.g., fish consumption advisories, arsenic levels in freshwater bodies, and contaminant related FAQs). Messaging was posted on the Department's website.
- Providing knowledge translation to NWT communities by participating in various informational workshops (e.g., "Temporal Trend Study of Organic Compounds and Mercury in Burbot Study" in Fort Good Hope, "Arsenic Need-to-Know: Local Food" Workshop in Yellowknife, "PFOS and PFOA in Arctic Caribou" discussion with the ISR, and "Arsenic in Soil and Agriculture Produce" in Yellowknife)
- Continuing its participation at the Giant Mine Remediation Project Health Effects Monitoring Program (HEMP) in data evaluation, and provided guidance in the development of communication materials related to the HEMP results. A summary of the HEMP results will be presented to the public in the fall of 2020.

PRIORITY 5: SENIORS AND ELDERS

The Department continued work on activities within the Continuing Care Services Action Plan 2017-2018 to 2021-2022 that was released in September 2017. The Action Plan aims to promote equitable access to high quality long term care services for seniors and elders, improve home and community services, and enhance palliative care services.

During 2019-2020, the Department prepared for implementation of the interRAI Continuing Care Information System (CCIS) within Long Term Care and Home (LTC) and Home and Community Care (HCC) service areas. The interRAI assessment tools aim to help the Department in determining HCC services that clients need to remain living in their home, and when their needs are best met in LTC. The interRAI CCIS will also enable the Department to monitor the effectiveness and efficiency of HCC and LTC services and meet reporting requirements.

Long Term Care		**Dementia**		Extended Care		**Total**	
# of Residents Admitted	Average Age	# of Residents Admitted	Average Age	# of Residents admitted	Average Age	# of Residents admitted	Average Age
29	78	7	75	1	90	37	78

Other key activities completed in 2019-2020 in each program area under this Action Plan included:

Home And Community Care Services

- Completing the Home and Community Care (HCC) Review, which was initiated in July 2018 to determine the capacity of the current Home and Community Care program to meet the growing demand for services as the NWT population ages. The Review was conducted by an external contractor and was based on existing HCC services and reviewing the demand for services by regions and communities across the NWT. Seven communities across the NWT were visited to complete stakeholder interviews and focus group sessions. HCC clients were included in focus groups in the communities of Behchokǫ̀, Fort Good Hope, Fort Simpson, Hay River, Inuvik, Norman Wells, and Yellowknife. The Final Report was received in September 2019 and included 22 recommendations that will inform decisions on future investments and allocation of resources in Home and Community Care. The Department completed its response to the Report recommendations, including a work plan identifying specific work that the Department intends to complete to improve home and community care services in the NWT.
- Partnering with the NWT Housing Corporation to implement adult day programming in two new independent housing complexes for seniors and elders in Fort McPherson and Fort Good Hope. This dedicated space allows regional health centres to partner with communities to offer socialization and other supports to help seniors and elders remain in their communities longer.
- Collaborating with the three Authorities to design and develop the Paid Family/ Caregiver Pilot project. The pilot provides clients and caregivers additional options for accessing supports according to their needs, such as: home maintenance, laundry, meal preparation, grocery shopping, wood cutting/ snow shoveling, and assistance to and from appointments and community events. The communities of Yellowknife (including Dettah and N'Dilǫ), Behchokǫ̀, Hay River (including Hay River Reserve and Enterprise), and Fort

Resolution were selected by the Authorities for the pilot, based on size and diversity. A Coordinator was hired to support the implementation of the pilot, which began in Behchokǫ̀ in December 2019, while implementation in Dettah and N'dilǫ began in January 2020 and Yellowknife began in February 2020. Implementation of the project in Hay River and Fort Resolution was delayed to find a community organization with which to partner.

- Planning for adult day program in Yellowknife to promote independence and a healthy and active lifestyle. To support this work, the NTHSSA released a questionnaire that targeted seniors and elders in Yellowknife, N'Dilo and Dettah in August 2019 to understand how older adults want to be involved in social activities, and the types of barriers older adults face with access to social engagement. The Department worked with the Steering Committee and the NTHSSA to use the questionnaire results to inform an adult day program to begin in 2020-2021.

Long Term Care

- Developing specific standards for Long Term Care, which replaced the Continuing Care Standards implemented in 2015. These standards help to support the safe and efficient delivery of high quality Long Term Care services.
- Working in collaboration with the NTHSSA and AVENS to address recommendations from the operational review of AVENS Manor & Cottages.

Palliative Care

Working in collaboration with the NTHSSA, the following palliative care activities were completed in 2019-2020:

- Delivering a standardized palliative care curriculum for health and social services providers and support workers in LTC and HCC.
- Implementing a palliative care support network for healthcare providers who are looking for resources and information for client care.
- Developing policies and tools to support delivery of a palliative approach to care, including development of Goals of Care policies, forms and tools, and palliative care order sets for all health care program areas.
- Procuring equipment and supplies for HCC programs to support the delivery of home based palliative care.

PRIORITY 6: EFFECTIVE AND EFFICIENT SYSTEM

Patient Experience And Quality Assurance

The Department prepared the 2019 Patient Experience Report after administering the Patient Experience Questionnaire in February and March 2019. The Report is part of the Department's monitoring and reporting system, where patient experience is considered a key dimension of service quality. Information in the 2019 Patient Experience Report was used to improve service delivery and program planning so that the needs of individuals and families are better met.

As a result of the questionnaire, the NTHSSA has undertaken a number of initiatives to improve patient experiences:

- Participated in cultural competency training pilots delivered throughout the system to improve cultural safety.
- Six Primary Health Reform demonstration projects were selected in Fort Smith, Yellowknife, Dehcho, and Tłı̨chǫ regions to improve health care in the community.
- System-wide Accreditation, through Accreditation Canada, was used to identify areas across our system that could be improved.
- A draft Quality Management Framework was implemented by the NTHSSA to support system-wide quality management. The Framework is built on the pillars of quality improvement, quality assurance, patient safety and risk management.
- A robust quality assurance process for dealing with concerns, reviews, investigations, and recommendations has been piloted in the NWT over the last 6 months and will be implemented by December 2020.
- The NTHSSA Quality, Safety and Client Experience Division will continue to work on a client engagement framework which will assist in the development of an Office of Client Relations, to support a single central point of contact for all patients, families and individuals in the NWT.

Cultural Safety

The Department has continued to address systemic racism through cultural safety initiatives across the HSS system. The Caring for Our People: Cultural Safety Action Plan 2018-2020 was released in February 2019 and outlined a series of commitments to embed cultural safety throughout the NWT HSS system. Key activities completed in 2019-20 under this Action Plan included:

- Piloting 9 cultural competency training sessions to 157 staff across the Department and Health Authorities between May 2019 and February 2020. The training included content around: Indigenous medicine teachings; Indigenous experiences of residential schools and inter-generational impacts; settler colonialism and privilege; and racism at interpersonal and systemic levels within the health and social services system. Findings from the evaluation cycle will inform the development of a Cultural Competency Training Framework which is expected to be completed in fall 2020.
- Develop an engagement toolkit for staff to improve and promote respectful engagement processes when working with Indigenous peoples and communities on areas of concern and to inform policies and programs.
- Formalize a project team dedicated to incorporating relationship-based care in primary health care.

Indigenous Advisory Body

The Indigenous Advisory Group was developed to provide guidance and advice on incorporating Indigenous tradition, culture, and healing practices within the NWT HSS system. The establishment of an Indigenous Advisory Body was one of the commitments in Building a Culturally Respectful Health and Social Services System, a Commitment to Action, tabled in November 2016. Membership of the Indigenous Advisory Body is comprised of Indigenous Government appointees, and staff from the Department and the three Authorities.

The Indigenous Advisory Body met in January 2020 and toured the Stanton hospital; learned about primary health care reform and cultural safety initiatives; and provided guidance on key activities in the Caring for Our People: Cultural Safety Action Plan 2018-2020.

Primary Health Care Reform

Primary Health Care Reform was established to advance cultural safety and relationship-based care as key priorities of the HSS system. It is focused on meeting the needs of communities and building culturally safe and patient centered relationships with individuals and their families. Six initial Primary Health Reform demonstration projects were selected and located in Fort Smith, Yellowknife, Dehcho and Tłı̨chǫ regions. Projects included:

- Launching Expanded Same Day Access in Yellowknife in July 2019. This project provided more options for patients to get access to care, and has resulted in an increase in available appointments.
- Planning an Integrated Care Team model in Yellowknife to provide clients access to a dedicated, interdisciplinary primary care team. This was designed to ensure patients have quick access to care with the right provider, and are able to develop relationships with each member of the team to enhance continuity of care. The new model was implemented in March and April 2020.
- Planning an Integrated Care Team model in Fort Smith to provide clients access to a dedicated, interdisciplinary primary care team. This was designed to ensure patients have quick access to care with the right provider, and are able develop relationships with each member of the team to enhance continuity of care. Planning for this project is ongoing.
- Exploring opportunities for an Outreach Community Care project in Yellowknife to better understand individual and community needs and priorities, and explore possibilities for flexible and responsive delivery of care and services within the community.
- Working with Dehcho region to design more effective support services and resources for chronic disease management, in partnership with clients and communities. Initial community and client engagement was completed to better understand individual and community needs and priorities for this project.
- Working with Tłı̨chǫ region to design more effective support services and resources for chronic disease management, in partnership with clients and communities.
- Initial scoping for additional projects in the Sahtu, Beaufort Delta, and Hay River regions.

Accreditation Canada Certification

The three Authorities completed activities for Accreditation Canada Certification in 2019, where on-site visits occurred from September 2019 to December 2019 across the NWT. Accreditation is an ongoing four year process that examines the systems, practices and culture of the organization to ensure an organization has been providing the best care and acting in ways that support continuous quality improvement and patient safety. Over 80 NTHSSA teams, 11 TCSA teams, and 15 HRHSSA teams worked on reviewing the standards, compared current practices with best practices, and implemented changes that would improve the organizations' ability to provide care and services to the public.

The NTHSSA received a 97.2% compliance rate with Accreditation Canada. The NTHSSA was assessed on 3565 criterion with 3232 met, 148 unmet and 94 not applicable at the time. The NTHSSA is currently developing action plans to address the unmet criterion. During the on-site survey, Accreditation Canada identified several areas of excellence which will be submitted as national and international examples of leading practices.

Stanton Legacy Building

The new Stanton Territorial Hospital opened its first patient day on May 26, 2019, and began accepting patients at the new hospital. All services were transferred over from the Stanton Legacy building to the new Hospital allowing the vacated building to be repurposed for other programs. Currently, the Legacy Stanton is being redeveloped as part of the Stanton Health Campus to include:

- Outpatient Rehabilitation Services;
- Primary Care Clinic with 32 exam rooms and 4 isolation rooms;
- Facility Management;
- Extended Care Unit (ECU) (18 beds);
- Long Term Care (LTC) (72 beds);
- Kitchen Services to serve ECU and LTC;
- Minor procedure room;
- Office spaces for all health care staff working in the facility.

Operational planning for the new facility is underway to determine the staff count and facility operational procedures. Additional staff requirements are expected based on preliminary estimates.

The project schedule includes demolition of old interior spaces in 2020. Tenant Improvements will start in fall 2020 and to be completed in the spring of 2022. Transition to the new building will start in the summer of 2022.

Climate Change

The Department's Climate Change Coordinator is responsible for developing and refining the Department's climate change action plan and its activities. The Coordinator is the point of contact and lead on collaboration efforts and consultation work with GNWT partner departments and other stakeholders.

The Department has committed to completing a health vulnerability assessment as part of the NWT Climate Change Strategic Framework – 2019-2023 Action Plan. The Department plans to work with a contractor to conduct and complete a climate change and health vulnerability and adaptation assessment. This work will help the Department better understand the short, medium and long term risks of climate change to human health and wellbeing in the NWT, identify key areas of vulnerability, and refine potential adaptation activities to support NWT communities and residents.

LEGISLATIVE PROJECTS IN SUPPORT OF A MODERN HEALTH AND SOCIAL SERVICES SYSTEM

The Department of Health and Social Services moved forward on a number of legislative initiatives in 2019-20, including bringing a few new pieces of legislation and regulations into force.

Legislation

Tobacco and Vapour Products Control Act and Regulations

The new *Tobacco and Vapour Products Control Act* and regulations, which came into force on March 31, 2020, responds to recent changes to the federal *Tobacco and Vaping Products Act*, and aligns the NWT with increasing tobacco and vapour product control measures taking place across Canada, to address public health concerns around the increasing number of tobacco and tobacco related products available on the market. The establishment of this new legislation was a significant step forward in providing residents, particularly children and youth, with greater health protection, as this is the first time that vaping products are regulated under territorial legislation. Retailers are now subject to following strict rules around the display and promotion of both tobacco and vapour products. In addition, the legal age to purchase tobacco and vapour products was increased from 18 to 19 years of age.

Smoking Control and Reduction Act and Regulations

The new *Smoking Control and Reduction Act* and regulations came into force on March 31, 2020. The intention of the new Act is to protect the public, particularly children and youth, from second hand smoke exposure and vaping aerosol by implementing measures that deter uptake and reduce the risk of normalization. These measures include health warning sign requirements for those retail outlets that sell smoking products, sign requirements informing the public of places where smoking is prohibited, and prohibiting the general act of smoking (of any substance including tobacco, cannabis, vaping) in public places including:

- motor vehicles when a minor is present in the vehicle;
- schools and school grounds;
- health and social services facilities and their grounds;
- long term care and supported living facilities and their grounds;
- outdoor bus shelters; and
- the following outdoor public places, and areas open to the public within 30meters from the boundary of those public places:
    - outdoor playgrounds intended for children's recreational use;
    - outdoor fields, courts or rink used for sports or other athletic activities;
    - outdoor skateboard or bicycle parks; and,
    - a park that is located in a community, for the duration of any event that takes place in the park.

Nursing Profession Act

A Working Group with membership from the Department of Health and Social Services and the Registered Nurses Association of the Northwest Territories and Nunavut proposed amendments to the *Nursing Profession Act* with the goal of creating one regulatory framework for all nursing professionals in the NWT.

These recommendations have been summarized in a Discussion Paper scheduled for release in 2020-2021.

Regulations

Health and Social Services Professions Act Regulations

Work on profession specific regulations under the Act continued throughout 2018-2019 for:

- Psychologists; and
- Naturopathic Doctors.

Other professions currently unregulated in the Northwest Territories may also be regulated, upon application, under the *Act* in the future.

Public Health Act Regulations

Public Pool Regulations

Work on the *Public Pool Regulations* under the *Public Health Act* continues. The amendments to the Public Pool Regulations will reflect changes in water treatment technology, lifeguard certification, and the inclusion of standards to better address changes in pool operations.

Food Establishment Safety Regulations

Amendments to the *Food Establishment Safety Regulations* came into force on August 15, 2019 and authorize farm-gate sales of locally grown low-risk food, and also make it easier to sell locally grown and home-produced food from home and, at farmers markets.

Meat Inspection Regulations

The Department has begun work on *Meat Inspection Regulations* under the *Public Health Act* to regulate meat production and sales including farm gate sales, farmers markets, food establishment sales, and sales through retail outlets. Our goal is to ensure that public health is protected in the production and sale of local foods.

Cremation Regulations

The *Cremation Regulations* came into force on January 15, 2020 and allow providers to offer cremation services in the territory.

STRATEGIC INVESTMENTS IN INFRASTRUCTURE

The Department of Health and Social Services continued to strategically invest in infrastructure. The follow represents the areas where significant projects have been undertaken in 2019-2020.

Infrastructure Acquisition Plan Approved Projects

Community	Project Type	Status
Sambaa K'e	Health and Social Services Centre - Replacement	Construction Completed
Tulita	Health and Social Services Centre - Replacement	Construction Contract Awarded. Design Completed / Construction impacted by COVID
Inuvik	Long Term Care Facility	Design in Progress
Hay River	Long Term Care Facility	Design in Progress
Ft. Simpson	Long Term Care Facility	Planning in Progress
Yellowknife	Vulnerable Person's Shelter	Planning in Progress
Yellowknife	Stanton Legacy Building – LTC, Primary Care Clinic, Rehab	Construction tender closed in August 2020 and to be awarded in October 2020.
Yellowknife	Long Term Care Facility Upgrade – AVENS Kitchen and Laundry	The partnership established with AVENS for a combined facility. Construction projected to start 2020

Strategic initiatives/Other projects

Community	Project Type	Status
Hay River	Community Health and Social Services Program Building	Construction in Progress
Ft. McPherson	Combined Use Building – Mental Health and Addictions and Child and Family Services	Construction in Progress

Strategic initiatives/Other projects

Community	Project Type	Status
Ft. Simpson	Health and Social Services Center - Replacement	Identification of a possible site in progress
Łutselk'e	Health and Social Services Center - Replacement	Identification of a possible site and program confirmation in progress
Jean Marie River	Health and Social Services Center - Replacement	Identification of a possible site in progress

Partnering To Improve Health Outcomes

The Department partners with other GNWT Departments and NWT organizations on actions to improve health outcomes.

Anti-Poverty

In August 2019, the GNWT released a renewed territorial action plan, Working Together II – An Action Plan to Reduce Poverty in the NWT, to help guide work with partners, communities and residents to reduce poverty and promote wellness priorities. The renewed action plan highlighted key initiatives and activities that require a collaborative approach to reducing poverty in the NWT. It built upon the five pillars of the NWT's strategic framework for the reduction and elimination of poverty: Children and Family Support, Healthy Living and Reaching Our Potential, Safe and Affordable Housing, Sustainable Communities, and Integrated Continuum of Services.

The GNWT remained committed to reducing poverty in the NWT by implementing commitments in the Action Plan, continuing to work with GNWT partners, and supporting communities' wellness priorities. An example of our government's collaborative work in addressing poverty is the Territorial Anti-Poverty Fund. Funding goes to non-government organizations, Indigenous organizations, and community based organizations to advance specific priorities of the Anti-Poverty Action Plan. In 2017-2018, our government increased its annual investment in the fund to $1 million and in 2019-2020 supported 47 projects across the NWT. An Interdepartmental Anti-Poverty Team was established on April 2019 to advance poverty reduction efforts in the NWT and review and research options related to income support programs, food security and meaningful targets for poverty reduction.

Government Of The Northwest Territories Disability Action Plan

The Department worked in collaboration with other GNWT departments to continue to implement the GNWT Disability Action Plan that was released in 2018 to address the needs of NWT residents with disabilities and ensured effective supports and programs are in place. Work has been underway across multiple GNWT departments on the five key objectives of the action plan to, increase income security and reduce poverty; build awareness and knowledge through education and training; improve transition planning and options; encourage universal design and living options; and improve access and quality of caregiver supports.

In addition to investments made to increase rehabilitation supports for children, the government has established a territorial FASD Adult Diagnosis and Support Program in partnership with the NTHSSA. In January 2020, the first Adult FASD diagnostic clinic took place in Yellowknife. Youth FASD diagnostic clinics continued to be offered by Stanton, but with increased capacity to support individuals going through the diagnostic process. Other Disability Action Plan activities completed in 19-20 include updating "Good Building Practice for Northern Facilities" to include a section on accessibility, drafting an accessibility toolkit for general office space design for GNWT Buildings, completing a jurisdictional scan on best practices and common themes regarding public service diversity and inclusion, implementing "Career and Education Advisors" in high schools to delivered educational and career counselling, and implementing a new High School Pathway model.

Under the Action Plan, the Department also:

- Updated its GNWT Services for Persons with Disabilities Inventory. This inventory provides a list of programs and services available for persons with disabilities and their caregivers delivered by GNWT Departments, agencies, and partners.
- Initiated a review of the Supported Living Program, including a jurisdictional scan to examine Supportive Living best practices and models.
- Reviewed jurisdictional approaches to health benefit programs for persons with disabilities.
- Identified opportunities to enhance and improve transition processes for youth with disabilities within existing health and social services programs.
- Initiated work to ensure integration of mental wellness services for children with disabilities into the seamless care pathway model of the Child and Youth Mental Wellness Action Plan.

Family Violence Programs

The Department continued to work with the Authorities, the Department of Justice, and the Status of Women Council to reduce family violence in the NWT through emergency shelter services and prevention and intervention initiatives.

The Department provided funding for five family violence shelters to the Authorities who then entered into contribution agreements with NGO's to operate the shelters. Operational Standards for family violence shelters were finalized in September 2019. The Department also worked to implement a new funding model for family violence shelters, in partnership with the Shelter Network. In 2019-2020, the Department increased territorial shelter funding by $500,000.

Work continued to support regions without shelters to implement community specific family violence protocols and training to reduce family violence in the NWT. This included a regional family violence workshop hosted in the Sahtu region in April 2019. Dehcho region staff also attended two family violence conferences to help build capacity to respond to family and community violence.

The Department continued to fund the Territorial Family Violence Shelter Network which enabled shelter staff across the territory to collaborate and build capacity to serve women and children fleeing violence.

The Department also continued to support new and ongoing initiatives to reduce family violence including enhancing education and awareness of family violence through initiatives like the What Will It Take? Campaign in partnership with FOXY, and related public education activities in

Agriculture Strategy – *Public Health Regulations*

The Department worked with the departments of Environment and Natural Resources; Industry, Tourism, and Investment; and Lands to support the implementation of the Agricultural Strategy. The role of the Department in this strategy is to ensure public health safety in the production and sale of foods in the NWT. Changes to the NWT's *Food Establishment Safety Regulations* under the *Public Health Act* came into force August 15, 2019. These changes permit farm-gate sales of locally grown, low-risk foods; and enable an easier process for locally grown and home-produced foods to be sold from home and at farmers markets. The Department also worked to ensure training and education regarding safe food handling in food establishments was provided, and food establishments were inspected to ensure compliance with the new requirements under the *Food Establishment Safety Regulations*.

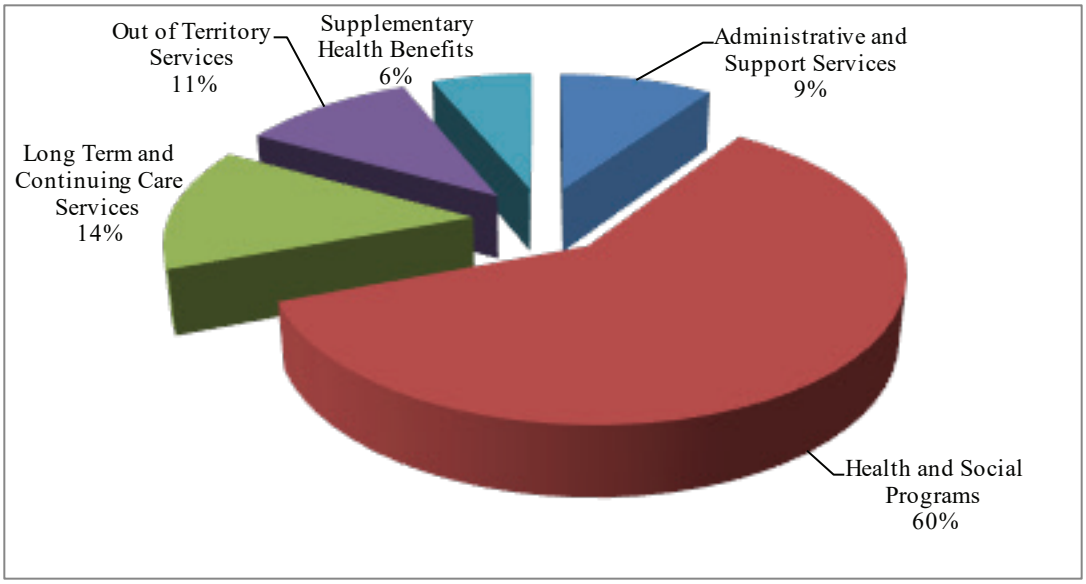
The Department conducted a policy review for development of new *Meat Inspection Regulations* under the *Public Health Act*. This work included consultations with other jurisdictions on regulations and programming requirements to identify best practices and requirements for the NWT. The *Meat Inspection Regulations* will regulate the slaughter of animals and the safe preparation, storage, and distribution of meat for sale and human consumption in food establishments, grocery stores, farm gate sales and at farmers markets. Drafting of the regulations is set to occur in 2020-2021.

Financial Highlights

In 2019-2020, the Department spent $545.9 million; $335 million went directly to the Health and Social Services Authorities as core funding to administer and deliver programs and services. The Department's total expenditures increased $59.2 million over the prior year. The increase was due mainly to the operationalizing of the new Stanton Territorial Hospital, as well as investments in Child and Family Services, the establishment of the Combined Day Shelter and Sobering Centre, and the addition of NWT School and Community Child and Youth Care Counsellors in the Beaufort Delta and Sahtu regions. Other investments included enhanced services for children and adults with mental and physical disabilities, as well as increased costs associated with foster care and continuing care services.

In addition, DHSS invested $22.6 million in capital infrastructure projects and received $35.2 million from third parties for shared priorities.

2019-2020 Department of Health and Social Services Proportion of Actual Expenditures by Activity



2019-20 Health and Social Services Actual Expenditures by Activity *(in thousands)*

Activity	2019-20 Actuals	2018-19 Actuals
Administrative and Support Services	52,345	50,622
Health and Social Programs	326,050	280,417
Long Term and Continuing Care Services	74,561	44,548
Out of Territory Services	58,894	75,513
Supplementary Health Benefits	34,063	35,617
	$545,913	**$486,717**

2019-2020 Health and Social Services Actual Expenditures by Authority *(in thousands)*

Authority	Revenue	Expenses	Operating Surplus (Deficit)	Accumulated Surplus (Deficit)
Northwest Territories Health and Social Services Authority	392,412	418,541	(26,129)	(126,991)
Hay River Health and Social Services Authority	34,484	33,096	1,388	11,214
Tłı̨chǫ Community Services Agency	19,180	20,349	(1,169)	(4,940)
Total	**$446,076**	**$471,986**	**$(25,910)**	**$(120,717)**

In 2019-2020, the Authorities received approximately 75% of their revenue from the Department. Expenditures were $471.9 million and total revenue was $446.1 million, resulting in an operating deficit of $25.9 million. At March 31, 2020, the accumulated deficit was $120.7 million.

2019-2020 System Pressures

Human Resources continue to be the most significant cost pressure for the Authorities, particularly costs associated with staff turnover and the impacts of operating in 24/7 environments and requirements for service continuity. Compensation and benefits accounted for 59% of total expenditures in 2019-20; Authorities spent $276.3 million on staff.

The cost of NWT residents accessing and receiving services outside the NWT, when those services are not available in the NWT, is another significant pressure. The Department spent $41 million for residents to receive hospital and physician services outside the NWT. Total expenditure on medical travel (both in territory and out of territory) in 2019-2020 was $44.2 million; $16.9 million was funded by the GNWT, $5 million was funded by Health Canada, and the balance was recovered through third parties. The cost of medical travel and the cost of NWT residents receiving services in the south are closely tied, both driven by the volume of residents accessing services and in the case of hospital and physician services are dependent upon the rates charged for specific services, which are set nationally.

2019-20 Investments

The Department invested new money across a number of program areas in 2019-2020, including:

- Increased resources for Family Violence Shelters;
- Increased funding to begin implementation of a Territorial Midwifery Program; and
- Resources to increase capacity in Child and Family Services.

The Department continues to invest money across a number of program areas in 2019-2020, including:

- Enhanced Rehabilitation Services for Children initiative;
- Enhanced Services for those impacted by Fetal Alcohol Spectrum Disorder and Autism;
- NWT School and Community Child and Youth Care Counselors;
- The combined Day Shelter and Sobering Centre; and
- The new Stanton Territorial Hospital in Yellowknife.

Performance Measures

This section organizes indicators under the three categories of best health, best care and better future and is informed by the NWT Health and Social Services Performance Measurement Framework.

The indicators under best health are focused on the overall health and wellness of the population. The goals of best health 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 disparties in health status and impacts of social determinants.

Under best care, indicators presented look at access, quality and responsiveness of care and services provided to children, individuals, families and communities. The goals of best care are to ensure that care and services are responsive to children, individuals, families, and communities; as well as provide equitable access to safe, quality, care and services that are appropriate for our 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 better future 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 goals of better future are to build a sustainable health and social services system; enhance the skills, abilities and engagement of the HSS workforce; support innovation in service delivery; improve accountability and manage risk; and appropriate and effective use of resources.

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 | Uncertain

	Best Health Indicators	Most Recent Time Period	Previous Time Period	Short Term Change	Long Term Trend
p.42	Population Rating their Overall Health As Very Good or Excellent	54.0%	54.3%	n/a	n/a
p.42	Population Rating their Mental Health as Very Good or Excellent	62.2%	66.4%	n/a	n/a
p.42	Population Rating their Daily Life Stress as Extreme or Quite a Bit	18.4%	17.9%	n/a	n/a
p.42	Population with a Somewhat or Very Strong Sense of Community Belonging	80.4%	79.4%	n/a	n/a
p.43	Population that are Current Smokers	35.0%	34.0%	n/a	n/a
p.43	Population that are Heavy Drinkers	29.0%	31.8%	n/a	n/a
p.43	Population that are Obese	39.8%	39.8%	n/a	n/a
p.43	Population that are Moderately Active or Active	58.8%	61.3%	n/a	n/a
p.44	Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000)	18.2	18.2	No	↓
p.45	Mental Health Hospitalization Rate (Discharges per 1,000)	15.2	14.6	No	↑
p.46	Hospitalizations Caused by Substance Use (Discharges per 1,000)	20.1	19.0	No	↑
p.47	Opioid Related Hospitalizations (Discharges per 10,000)	4.9	4.9	No	↑
p.48	Self-Harm Hospitalizations (Discharges per 10,000)	26.2	28.0	No	↑
p.49	Sexually Transmitted Infections (Cases per 1,000)	30.4	28.7	No	↑
p.50	Early Development Instrument - Proportion of Children Vulnerable in One or More Domains	42.1%	38.1%	↑	n/a

	Best Care Indicators	Most Recent Time Period	Previous Time Period	Short Term Change	Long Term Trend
p.52	Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000)	9.4	8.9	No	↓
p.53	Screening for Colorectal Cancer (% of Target Population)	21.9%	22.9%	No	↑
p.53	Screening for Breast Cancer (% of Target Population)	50.4%	53.7%	↓	↓
p.53	Screening for Cervical Cancer (% of Target Population)	45.0%	47.3%	↓	↓
p.54	Childhood Immunization (% Fully Immunized by Second Birthday)	62.7%	63.4%	No	n/a
p.55	Seniors receiving the Flu Shot	52.1%	38.1%	↑	n/a
p.56	Population Hospitalized for a Lower Limb Amputations (Per 1,000 Persons with Diabetes)	2.8	2.4	No	Stable
p.57	Long Term Care Placement Wait Times (Days)	91	71	No	Stable
p.58	Patient/Client Satisfaction - Excellent or Good	81%	90%	↓	n/a
p.59	Hospital Deaths within 30 Days of Major Surgery	1.2%	2.8%	No	Stable
p.60	Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges)	5.9	10.2	No	Stable
p.61	Hospital Harm – Proportion of Stays with Harm Incident	2.2%	2.7%	No	n/a
p.62	In Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More)	6.2	5.2	No	Stable
p.63	Repeat Mental Health Hospitalizations (% with 3 or More in a Year)	13.5%	11.9%	No	n/a
p.64	Community Counselling Utilization (Monthly Average # of Clients)	926	891	No	n/a
p.65	Proportion Completing Residential Addictions Treatment	70.8%	75.0%	No	n/a
p.66	Family Violence Shelter Utilization - Women (Monthly Average)	26.3	27.8	No	Stable
p.66	Family Violence Shelter Utilization - Children (Monthly Average)	14.6	17.7	No	Stable
p.66	Family Violence Shelter Re-Admission Rates	69.4%	76.7%	↓	↑
p.67	Child Welfare - % Receiving Services in Home Community	93.0%	84.5%	↑	n/a
p.68	Child Welfare – Rate of Children in Permanent Care (per 1,000)	10.8	10.7	No	↓

	Better Future Indicators	Most Recent Time Period	Previous Time Period	Short Term Change	Long Term Trend
p.70	Hospitalization Rate for Ambulatory Care Sensitive Conditions (per 1,000)	6.7	6.1	No	↓
p.71	Median Length of an Alternative Level of Care Stay (Days)	41	50	No	Stable
p.72	Proportion of Mental Health Hospitalizations due to Alcohol or Drugs	52.8%	46.5%	↑	↓
p.73	Emergency Department Visits that are Non-Urgent	8.3%	6.4%	↑	Stable
p.74	No Show Rates - Family/Nurse Practitioners	10.1%	12.0%	↓	↓
p.74	No Show Rates - Specialists	11.9%	12.0%	No	↑
p.75	Vacancy Rates - Family Practitioners	38.3%	36.5%	No	Stable
p.75	Vacancy Rates - Special Practitioners	17.4%	17.4%	No	Stable
p.76	Vacancy Rates - Nurses	4.7%	5.4%	No	n/a
p.76	Vacancy Rates - Social Workers	4.5%	6.4%	No	n/a
p.77	Workplace Safety Claims (# per 100 employees - NWT Health and Social Services System)	11.7	14.7	↓	↓
p.78	Administrative Staffing - NWT Health and Social Services System	26.6%	27.3%	No	Stable
p.79	Cost of a Standard Hospital Stay	$9,089	$10,470	↓	n/a

Statistical Summary Notes

The "most recent time period" refers to the indicator results for the latest year, or point in time, of data available. "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 2019-20 then the previous time period is usually 2018-19). Short term change is the difference between the two. The long term trend is the direction the numbers are heading over a time period of several years (seven or more). In some cases there are not enough years of comparable data to determine the direction of the trend.

A green arrow means the short or long term change is positive. A red arrow is a negative change. An arrow that is outlined in black means it is not clear if the change was positive or negative. For example, a decrease in the number of community counselling clients may be due to a shortage of available services (e.g. staff vacancies) but also could be an indication of a drop in the demand for the service. "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 results are based on a small population and/or a few events (e.g. cases of hospital deaths following surgery), as is often the case in the NWT, numerical differences between two numbers may have occurred by chance. 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. 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 came from the NWT HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, the NWT Department of Education, Culture and Employment, the NWT Department of Human Resources, the Workers Safety and Compensation Commission and the NWT Bureau of Statistics. Depending on the source of data, there can be delays of up to a year or more for when the data are available for use.

Unless stated otherwise, all rates are population based (e.g. number of discharges per 10,000 population or 1,000 cases per population etc.).

The numbers and rates in this report are subject to future revisions and are not necessarily comparable to numbers in other tabulations 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 dependent on the mechanism available to collect data. 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.

Best *health*

- Health Status and Well-Being
- Determinants of Health and Well-Being
- Avoidable Death due to Preventable Conditions
- Mental Health Hospitalizations
- Hospital Stays for Harm Caused by Substance Use
- Opioid Hospitalizations
- Self-Harm Hospitalizations
- Sexually Transmitted Infections
- Child Development

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?

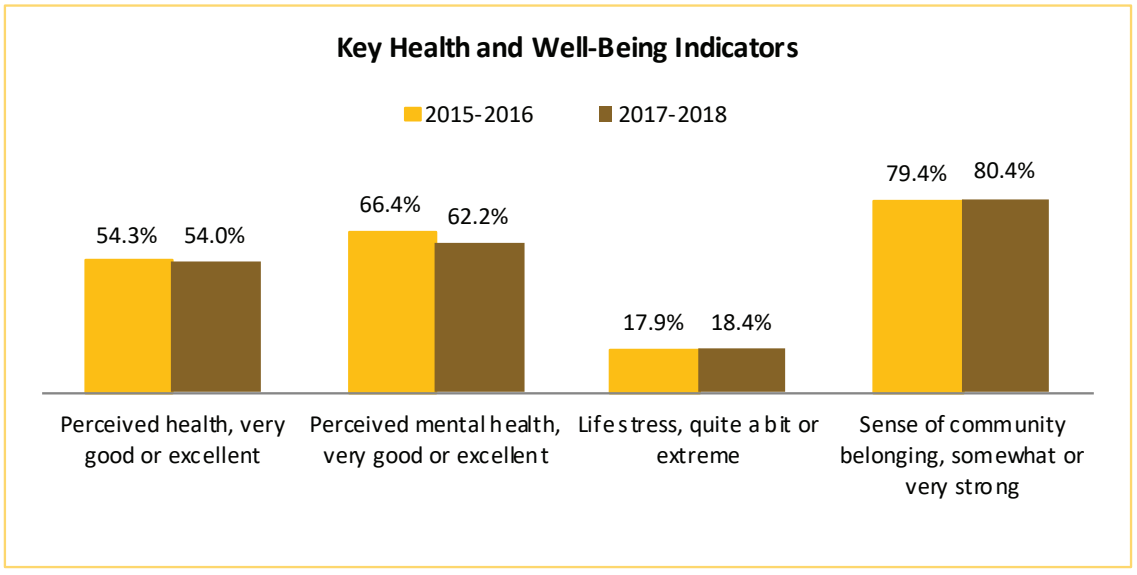
Self-reported health relates to how healthy a person feels, and is an important predictor of future health care use and mortality rates. Perceived mental health gives a general sense of the population afflicted from some sort of mental or emotional disorder or issue. Stress can negatively affect one's physical and mental well-being as well as influence negative behaviours such as substance abuse and poor dietary choices. There is a strong link between sense of community belonging and physical and mental health.

How are we doing?

Compared to Canada results were mixed with NWT residents being less likely to rate their overall health or mental health as being very good or excellent. NWT residents, compared to national rates, were less likely to report experiencing a quite a bit or extreme levels of stress and NWT residents were more likely to report having a somewhat or very strong sense of community of belonging.[2]

Source

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



[2] 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?

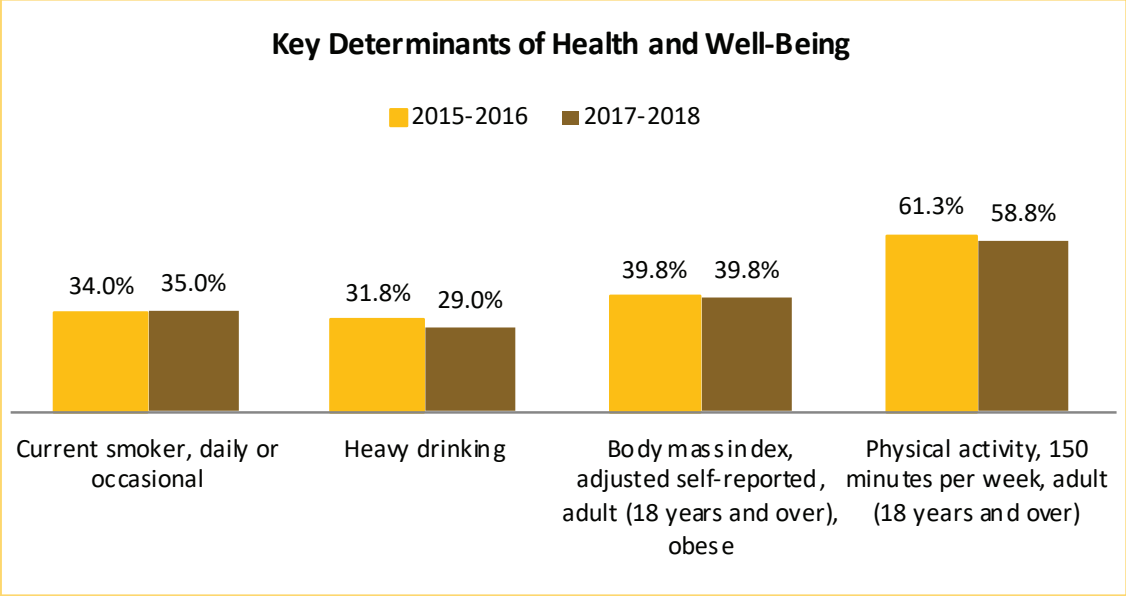
Smoking is a largely preventable factor in a number of chronic diseases, including lung and other cancers, chronic lung problems, Type II diabetes, and cardiovascular diseases (heart attacks and strokes). Not only can smoking increase the risk of acquiring Type II diabetes, it can also increase the risk of severe complications of diabetes (such as lower limb amputations). Heavy drinking is a factor in family violence and injuries. Heavy alcohol consumption, over many years, can contribute to a number of chronic diseases, including cardiovascular diseases (heart attacks and strokes), liver failure and some cancers. Regular heavy drinking can also lead to dependency, and is often a co-factor in other mental health issues. Obesity is a largely preventable factor in a number of chronic diseases, including Type II diabetes, cardiovascular diseases (heart attacks and strokes), and some cancers. Regular physical activity can be a role in preventing chronic disease, maintaining a healthy weight and help with one's overall sense of well-being.

How are we doing?

Between 2015-2016 and 2017-2018 survey results, there have not been any significant changes on all four measures in the NWT. The NWT population continues to have higher rates of smoking (35% versus 16%), heavy drinking (29% versus 19.3%), and obesity (39.8% versus 26.9%) than the national averages. When it comes to physical activity, there is not a statistically significant difference between the NWT and Canada (58.8% versus 56%).[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 – 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 weights) or health promotion efforts (e.g. injury prevention).

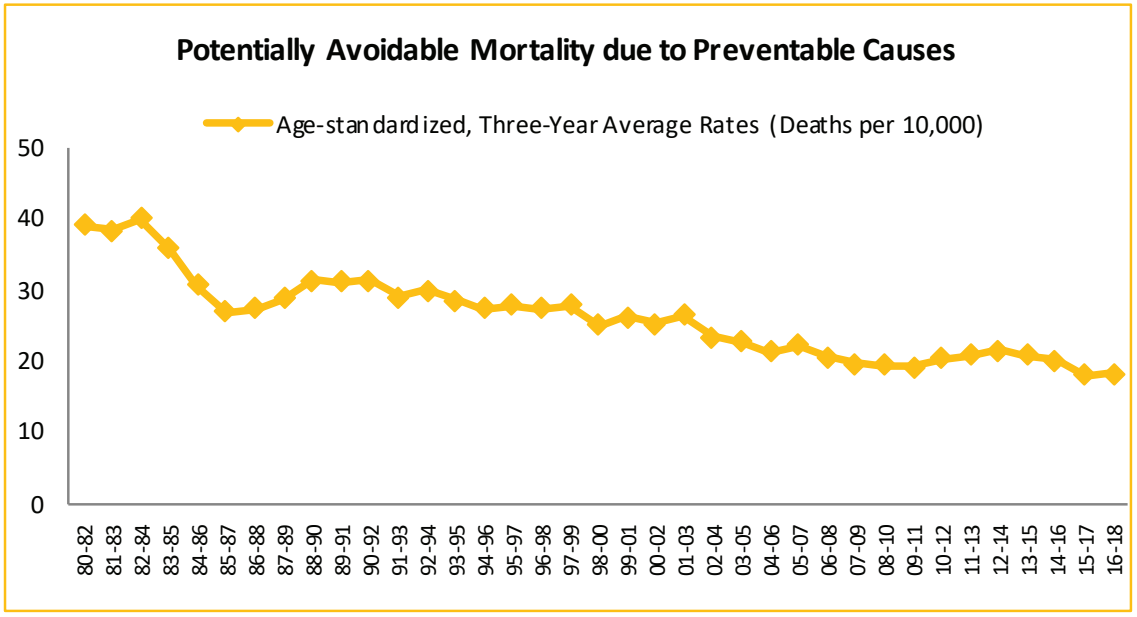
How are we doing?

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

The rate of avoidable death is higher in the NWT than in Canada – at 18.2 versus 12.8 per 10,000 (2015-2017).

Sources

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.[4]

Why is this of interest?

Mental health hospitalizations, while unavoidable at times, are often preventable through the treatment of issues in other venues (e.g., counselling and outpatient psychiatric services, and treatment programs for addiction)

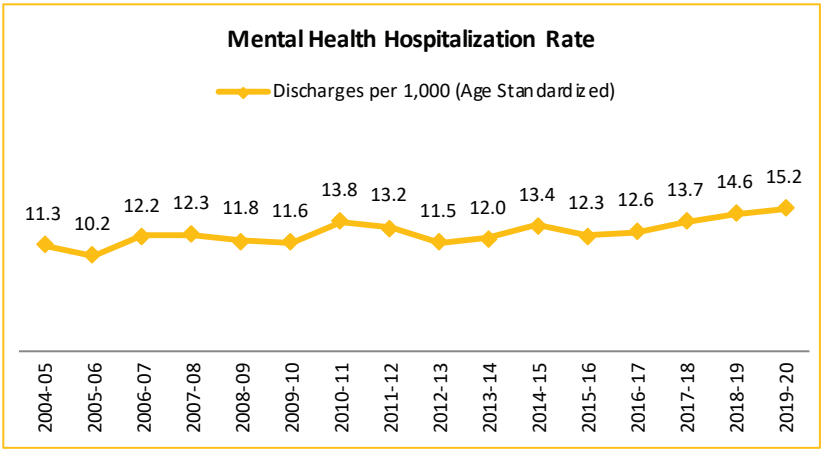
How are we doing?

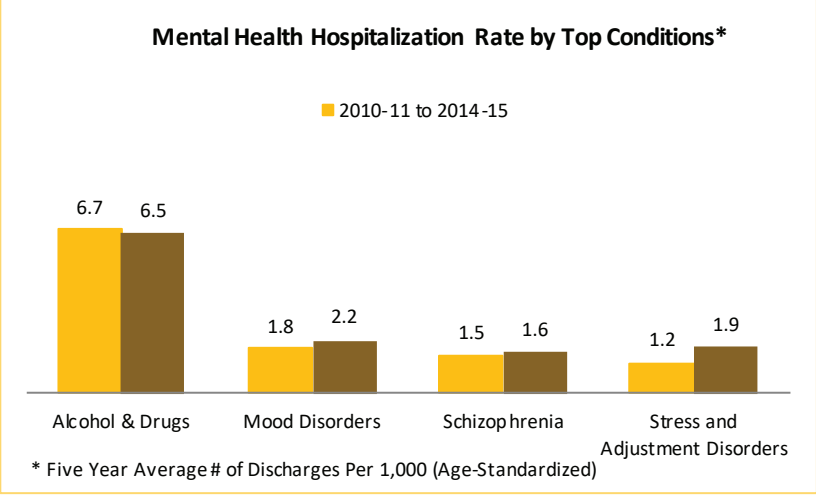
Over the last 16 years, the rate of hospitalizations has been trending upwards. Alcohol and drug issues (dependency/use) represented just under half of all mental health hospitalizations. Together with the three next largest categories (mood disorders, schizophrenia/psychotic disorders, and stress and adjustment disorders), they accounted for almost 9 out of 10 mental health hospitalizations between 2015-16 and 2019-20.

The NWT's overall mental health hospitalization rate is over twice the Western Canadian average (2015-16 to 2019-20).[5] Compared to Western Canadian rates, the NWT has especially higher rates of alcohol/drug hospitalizations (four times) and stress and adjustment disorder hospitalizations (three times).

Sources

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





[4]Only hospitalizations of NWT residents where the primary reason for the hospitalization was a mental health issue are included in the measure.
[5]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, other central nervous system depressants (e.g. benzodiazepines), cocaine, other central nervous system stimulants (e.g. methamphetamine), 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 a number of health conditions and is a leading factor in preventable death and disease. The harmful use of alcohol and drugs puts an unnecessary strain on the health, social services and justice systems.

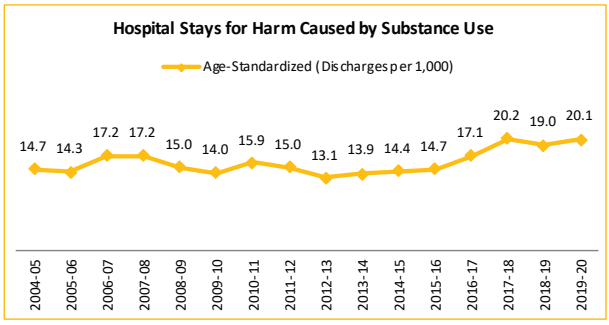
How are we doing?

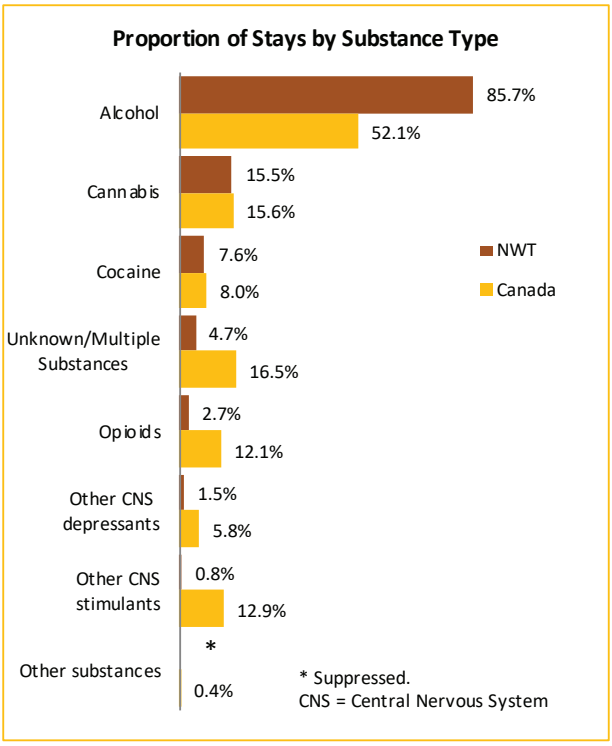
The rate of hospitalizations for harm caused by substance use has increased between 2004-05 and 2019-20 from 14.7 to 20.1 discharges per 1,000.

In 2018-19, the NWT rate was over three times the national average (19.0 versus 5.1 per 1,000). The majority of these hospitalizations involved alcohol in the NWT at 85.7% compared to 52.1% nationally. Cannabis was the second highest at 15.5% versus 15.6% nationally and cocaine third at 7.6% versus 8.0% nationally. Reasons for hospitalization can include more than one substance.

Sources

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 for opioid use and poisoning (discharges per 10,000).[6]

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.

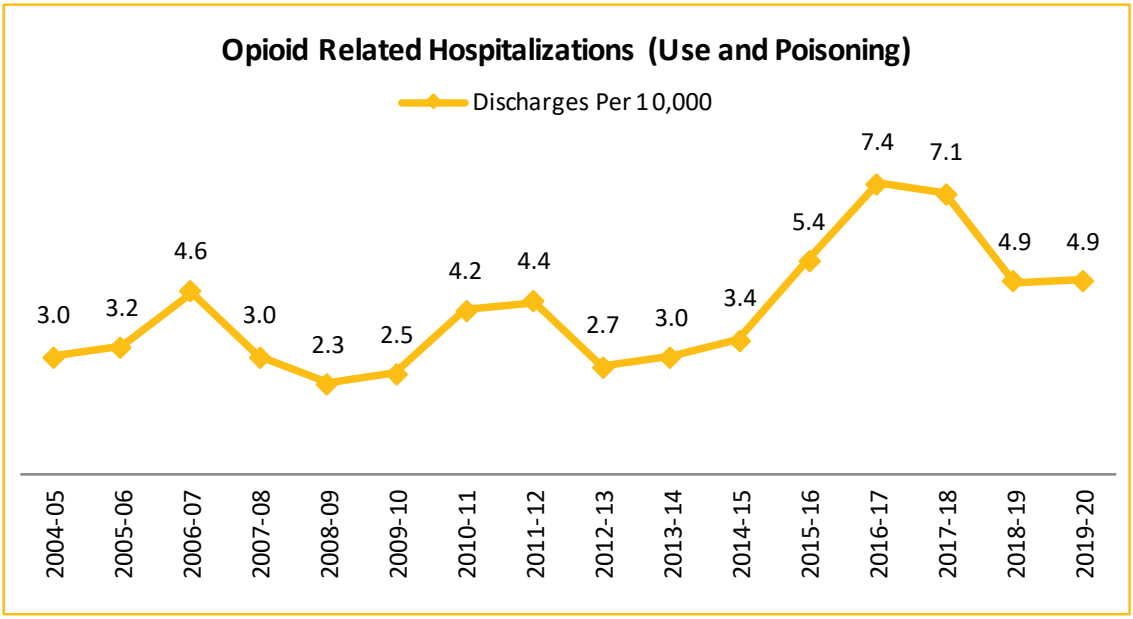
How are we doing?

The rate of opioid abuse and poisoning hospitalizations has increased since the mid 2000s, peaking in 2016-17.

The NWT age-standardized rate of 5.4 opioid hospitalizations per 10,000 (2017-18 to 2019-20) was not significantly different than the Canadian rate of 4.8.[7]

Sources

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



[6]Rate includes hospitalizations for opioid use, opioid poisoning, and newborn withdrawal symptoms from maternal use of drugs of addiction.
[7]Canadian rate excludes Quebec.

Best Health – Self-Harm Hospitalizations

What is being measured?

The age-standardize rate of hospitalizations for self-harm (self-injury) per year (discharges per 10,000 patients age 10 years and over).[8]

Why is this of interest?

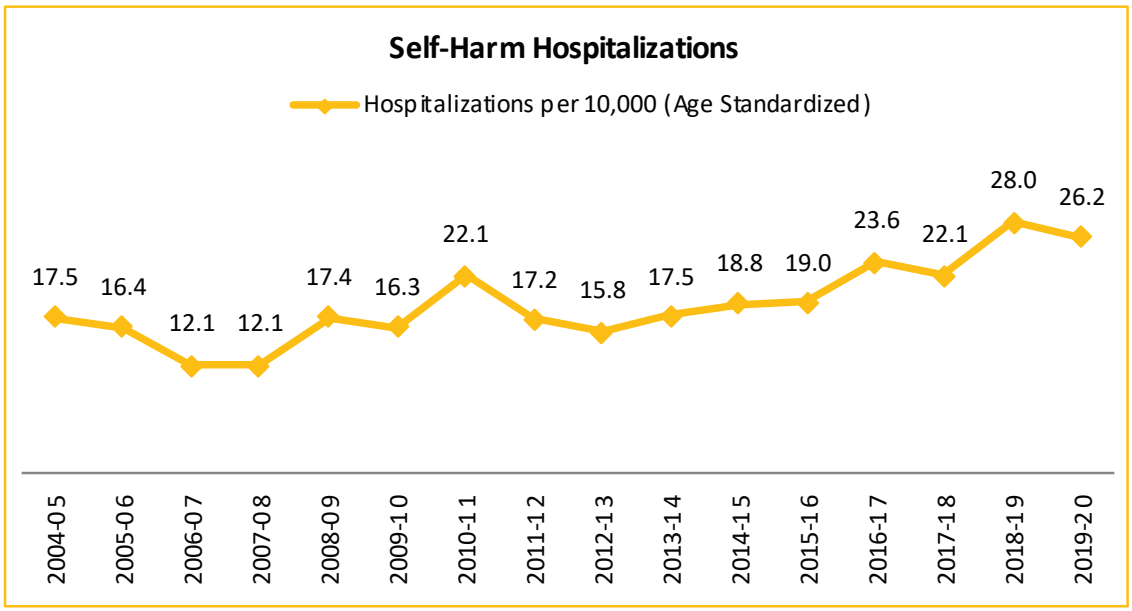
Self-injury can be the result of self-harming behaviours and/or suicidal behaviours. "Self-injury can be prevented, in many cases, by early recognition, intervention and treatment of mental illnesses. While some risk factors for self-injury are beyond the control of the health system, high rates of self-injury hospitalization…" may be attributed to a lack of appropriate programs and supports aimed at preventing self-injury hospitalizations.[9]

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 24 per 10,000 in the last five years. The NWT rate is four times higher than the national rate at 28.0 versus 6.7 per 10,000 (2018-19).

Sources

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



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

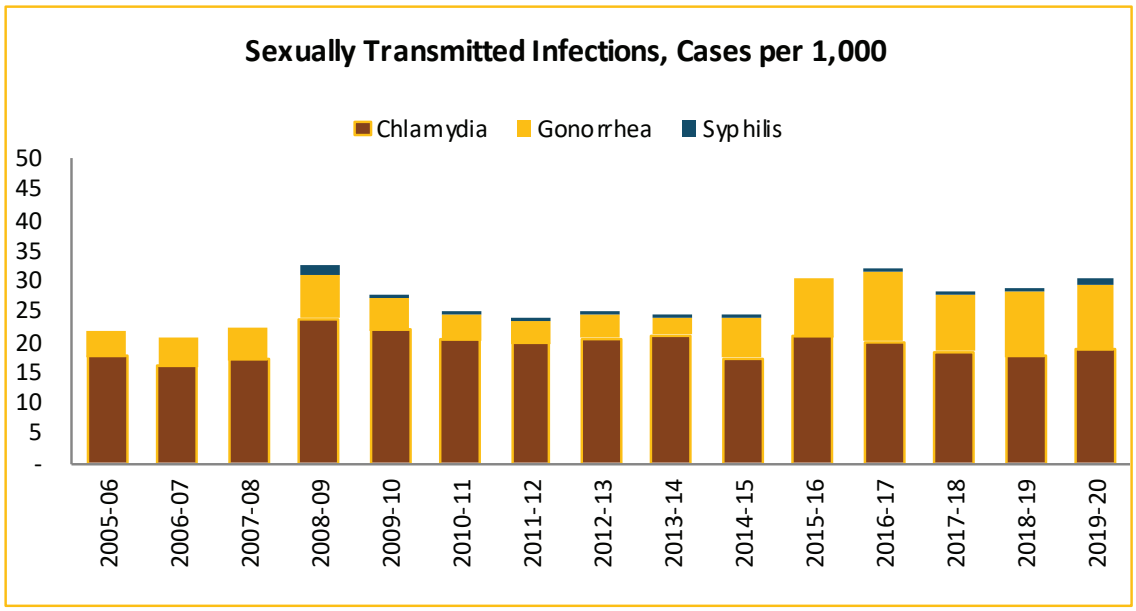
STIs are spread through practicing unsafe sex, and can cause infertility, ectopic pregnancies, premature births and damage to unborn children. The rate of STIs can provide a proxy of the degree to which unsafe sex is being practiced.

How are we doing?

Over the last 15 years, the rate of STIs peaked both in 2008-09 (33 cases per 1,000), primarily due to an increase in the rate of chlamydia, and in 2016-17 (31 cases per 1,000), primarily due to an increase in the rate of gonorrhea. The rate remains high at 30 cases per 1,000 compared to the national average of just over 4.4 cases per 1,000 (2017). The NWT is currently undergoing an outbreak of Syphilis – the worst seen since the last outbreak in 2008-09.

Sources

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



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 kindergarten teacher-completed checklist 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 a number of reasons. It is a determinant of how well a child will do in school, as well as health and well-being in later life. It may also be used as a high level measure of the collective success of interventions into improving the early development of children.

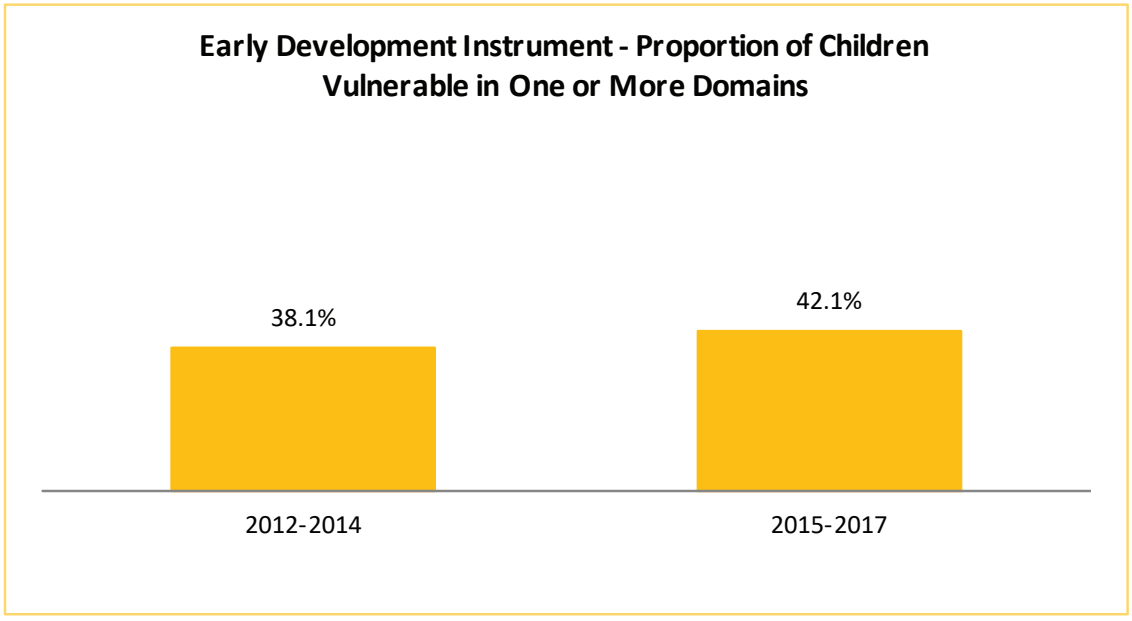
How are we doing?

The proportion of NWT kindergarten students who are vulnerable in one or more developmental areas was 42.1% in 2015-2017 school years - higher than the normative cut off of 25.4% (based on a national cohort).

For the same time period, 22.6% of children were found to be vulnerable in the domain of physical health and well-being, 20.5% were vulnerable in terms of emotional maturity 20.2% were found to be vulnerable in the domain of communication skills and general knowledge, 17.3% were vulnerable in the domain of language and cognitive development, and 16.3% were vulnerable in terms of social competence.

Sources

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



Best *care*

- Avoidable Mortality due to Treatable Causes
- Cancer Screening
- Childhood Immunization
- Influenza Immunization for Seniors
- Lower Limb Amputations
- Long Term Care Placement Wait Times
- Patient/Client Experience
- Hospital Deaths Following Major Surgery
- Inpatient Falls
- Hospital Harm
- In-Hospital Sepsis Rate
- Repeat Hospital Stays for Mental Illness
- Community Counselling Utilization
- Residential Addictions Treatment
- Family Violence and Safety
- Receiving Services in Home Community
- Permanent custody

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."[10]

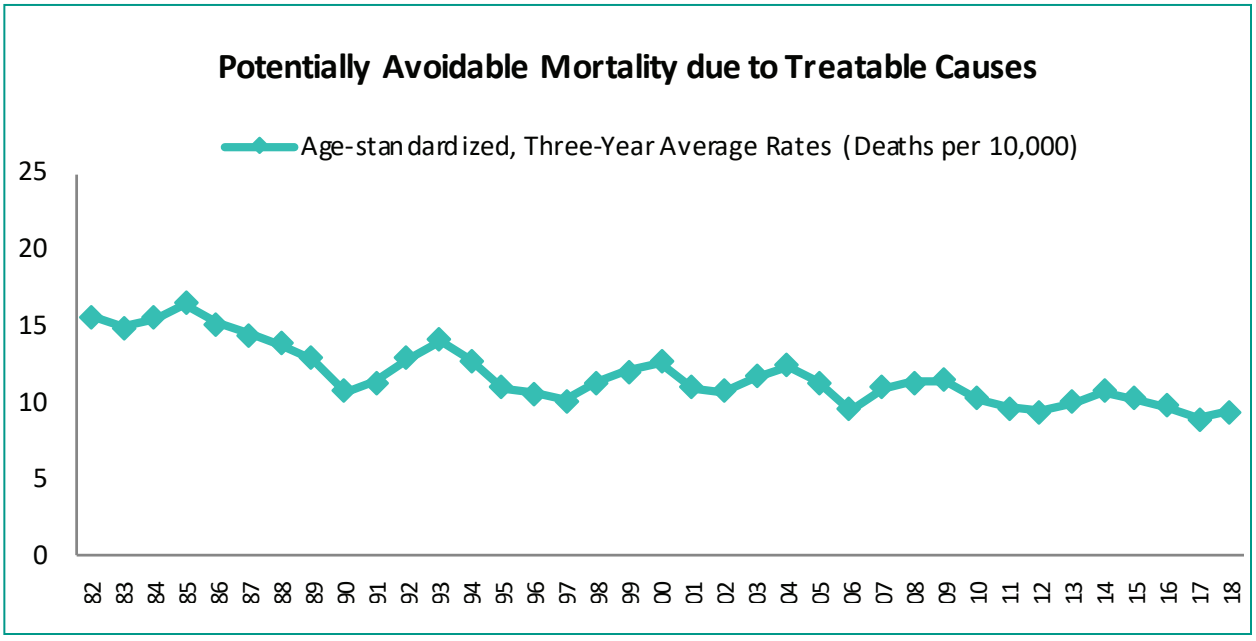
How are we doing?

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.

The NWT has a higher rate of avoidable deaths due to treatable conditions than the national average – 8.9 versus 6.7 per 10,000 (2015-2017).

Sources

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



[10] 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 (age 50 to 74), breast cancer (females, age 50 to 74) and cervical cancer (females age 21 to 69) within a two-year period. The population targeted for screening is based on the age group found to be effective in testing specific to each cancer type.

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 to avoid death and significant illness through 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%.[11] In the NWT colorectal cancer is the second leading cause of cancer death. Breast cancer is second 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 screened for and treated.

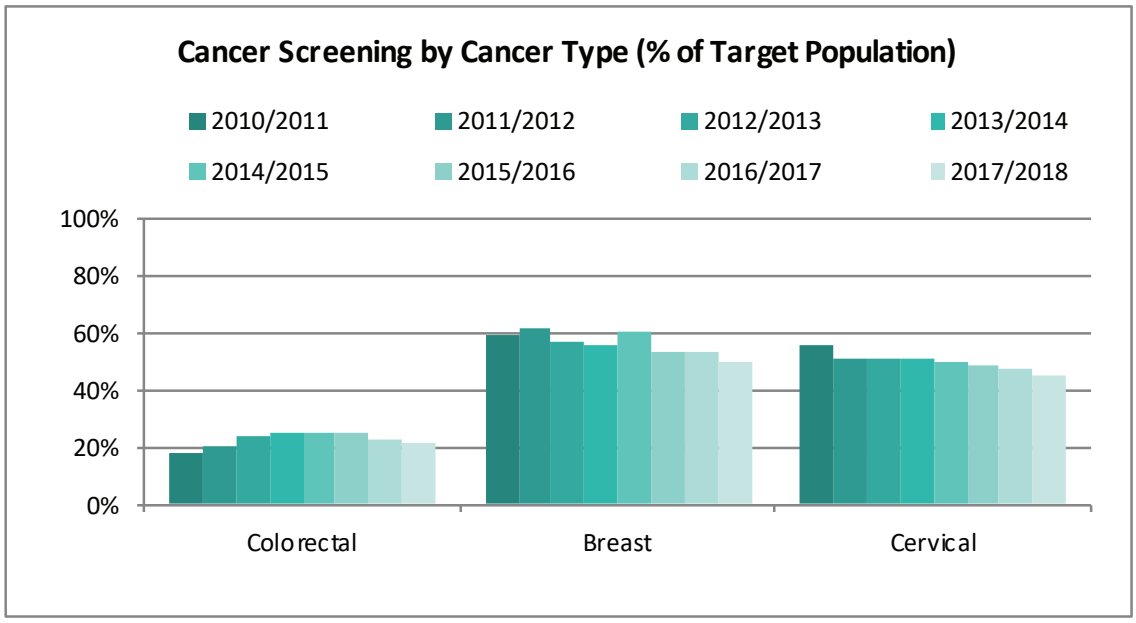
How are we doing?

Between the two-year periods 2010/2011 and 2017/2018 the proportion of the population who received a fecal immunochemical test (designed to detect blood in one's stool) has varied from a low of 18% to a high of 26%. Over the same time period, the rate of women receiving a mammogram varied from a low of 50% to a high of 62%. And, between 2010/2011 and 2017/2018, the proportion of women receiving the Papanicolaou test (Pap test), has ranged from a low of 45% to a high of 56%.

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.



[11] 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. 2012) 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 2012, the latest immunization coverage study in 2015 revealed an immunization coverage rate of 62.7% by the child's second birthday for six vaccines in total. In comparison, the last study of children born in 2011, found that the coverage rate was 63.4%.

As seen in the table, NWT coverage rates are much higher per vaccine. For four out of five vaccines, the NWT does not meet national goals. The one exception is the vaccination for varicella (chickenpox).

Source

NWT Department of Health and Social Services.

Vaccine by Diseases Protected Against and Coverage Rate (By 2nd Birthday)	NWT 2015*	National Goal	Meet National Goal
DaPT IPV-HIB Diphtheria, pertussis, tetanus, polio and haemophilus influenza type b	74%	95%	No**
Hep B Hepatitis B	81%	n/a	n/a
Meningococcal C conjugagte Meningitis, meningococcemia, septicemia	83%	97%	No
MMR Measles, mumps and rubella	85%	97%	No**
Pneumococcal conjugate Streptococcus pneumoniae	73%	90%	No
Varicella Varicella (Chickenpox)	88%	85%	Yes

*Children born in 2012. n/a Not applicable.
** National goal only includes pertussis and rubella respectively.

Best Care – Influenza Immunization for Seniors

What is being measured?

The proportion of the population age 65 and over who received the annual flu shot.

Why is this of interest?

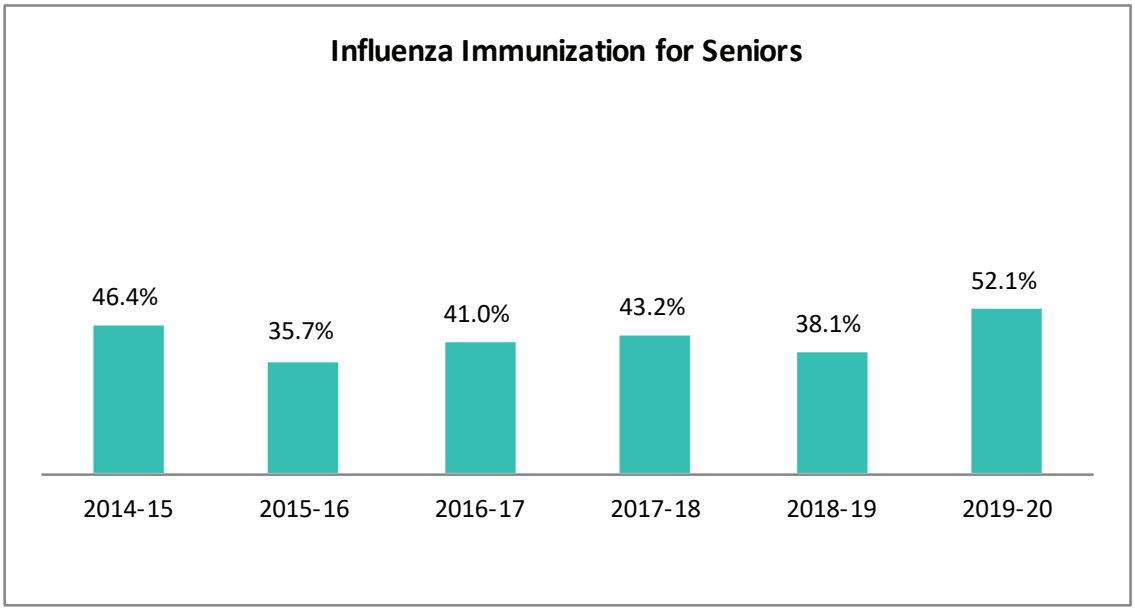
As immune defences become weaker with age, the senior population is of greater risk for serious complications from the flu. The flu shot can be effective in preventing the flu.

How are we doing?

Between 2014-15 and 2019-20 the proportion of NWT seniors who had their annual flu shot ranged from 36% to 52% - averaging 43% over the six years. While direct national comparisons are not available, survey results found that on average 60% of Canadian seniors received the flu shot annually between 2015 and 2018.

Sources

NWT Department of Health and Social Services, and Statistics Canada, Canadian Community Health Survey (National File).



Best Care – Lower Limb Amputations

What is being measured?

The three-year average rate of the population with diabetes hospitalized one or more times a year for a lower limb amputation (patients age 40 and over per 1,000).

Why is this of interest?

Lower limb amputations (non-injury related) are often preventable in diabetes patients. People with diabetes are more prone to foot ulcers and infections. Ulcers and infections, if not successfully treated, can lead to an amputation.

How are we doing?

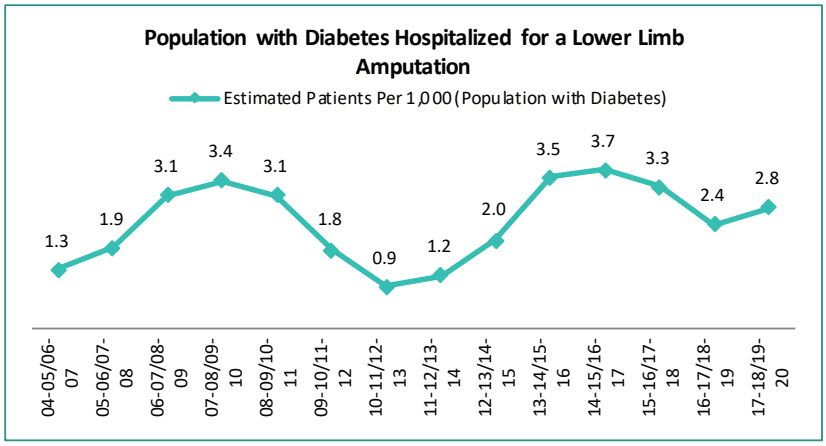
Since 2004-05 to 2006-07 the three-year average rate of the population with diabetes hospitalized for a lower limb amputation has ranged from 0.9 to 3.7 patients per 1,000. It is important to point out that the actual number of patients is small, ranging from 1 to 12 in any given single year. A direct comparison to a national average is not available but when examined by the rate of hospitalizations for lower limb amputations, there was not a significant difference between the NWT and Canada at 3.2 versus 2.2 per 1,000 (2017-18-2019-20).[12]

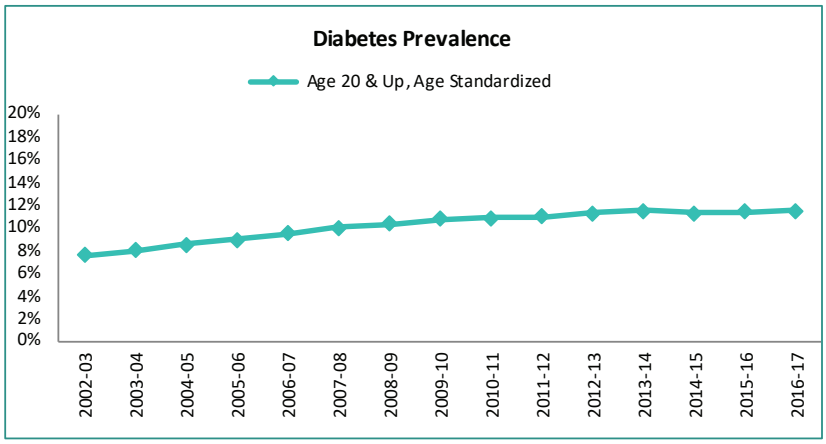
Other Information

The prevalence of diabetes, in general, continues to increase each year from just below 8% of the population (age 20+) in the early 2000s to over 11% in recent years.

Sources

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





[12]Canadian rate is an estimate and excludes Quebec. NWT rates are estimates post 2016-17.

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?

While 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?

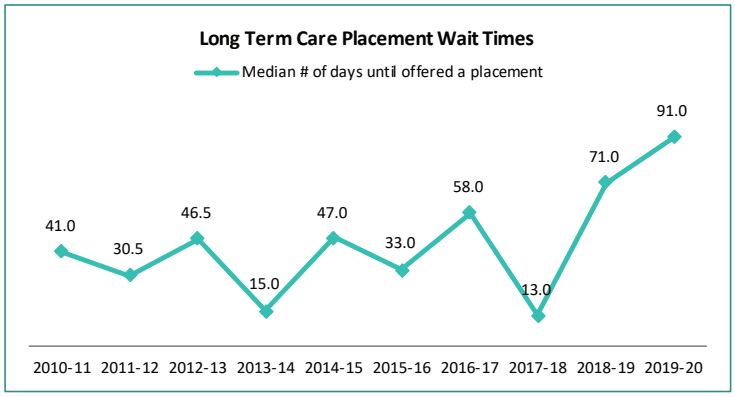
Long term care facilities have been running near full occupancy in recent years and demand for long term care services has been increasing.

Between 2013-14 and 2019-20, the number of new clients - those still waiting from the prior year plus those applying in the current year – increased by 3% from 74 to 76.

Over the last ten years, the median wait time to be offered a placement in a long term care facility was 39 days and has ranged from 13 days to 91 days. Over the same time period, 44% 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											
	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	10 Years
Average (Days)	67	55	112	56	100	82	120	76	171	154	98
Median (Days)	41	31	47	15	47	33	58	13	71	91	39
Proportion of Clients by Number of Days before Placement Offer											
<8	13%	25%	18%	27%	8%	15%	18%	49%	13%	8%	19%
8 to 14	14%	22%	3%	20%	15%	18%	11%	7%	4%	8%	12%
15 to 21	8%	0%	12%	11%	8%	5%	5%	5%	11%	11%	8%
22 to 28	6%	3%	6%	9%	5%	8%	0%	2%	7%	0%	5%
29 to 92	25%	25%	24%	16%	28%	23%	29%	15%	18%	24%	23%
93 to 182	30%	19%	15%	9%	10%	18%	15%	10%	9%	14%	15%
183 & Up	3%	6%	24%	9%	26%	15%	22%	12%	38%	35%	18%

[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 provide a means for the NWT HSS system to improve the delivery of services.

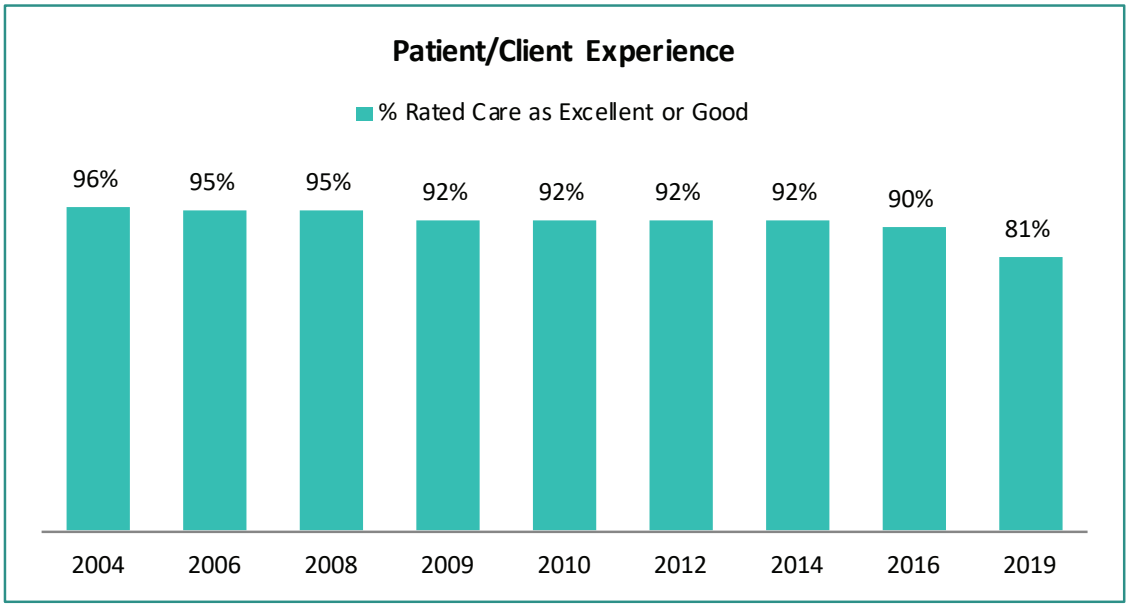
How are we doing?

Patient experience questionnaires have been delivered across the NWT HSS system over the last few years. Results have shown that 81% to 96% of those who fill out the questionnaires rated the quality of care they received as excellent or good. In 2019, 81% of patients rated the quality of the care they received as excellent or good.

Long term trends are difficult to measure currently, as the last nine questionnaires have varied in terms of which service areas were surveyed.

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?

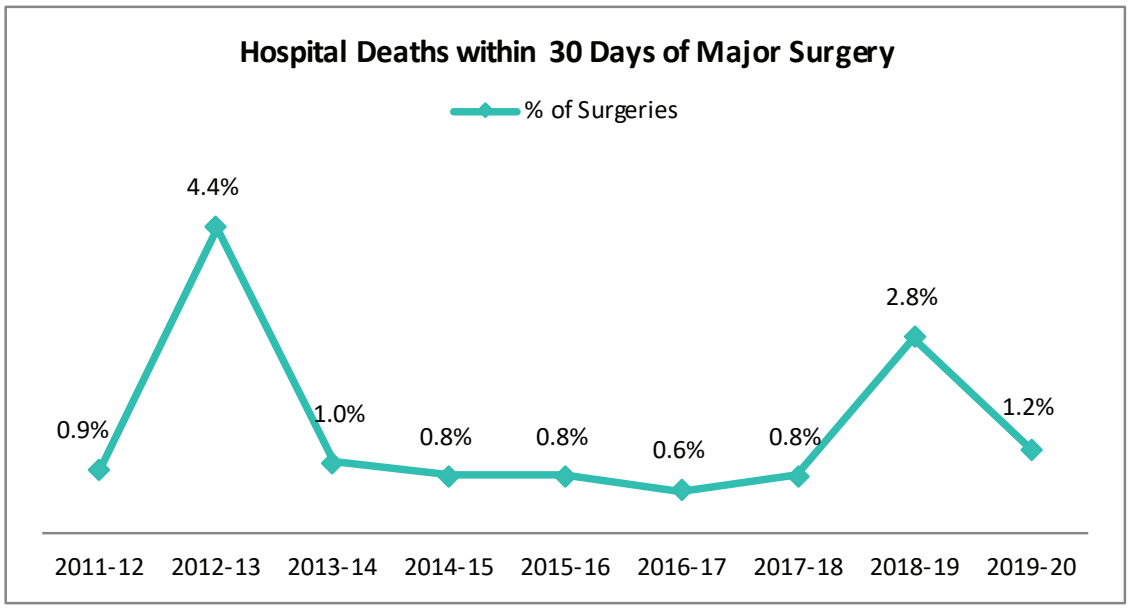
"Although not all deaths are preventable, reporting on and comparing mortality rates for major surgical procedures may increase awareness of surgical safety and act as a signal for hospitals to investigate their processes of care before, during or immediately after the surgical procedure for quality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

How are we doing?

Over the last nine years, the proportion of major surgeries resulted in a patient death in NWT hospitals (within 30 days) averaged 1.5% - similar to the national average of 1.6% (2018-19). In terms of the actual numbers per year, there have been between one and five deaths in NWT hospitals following major surgery in the last five years.

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.

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?

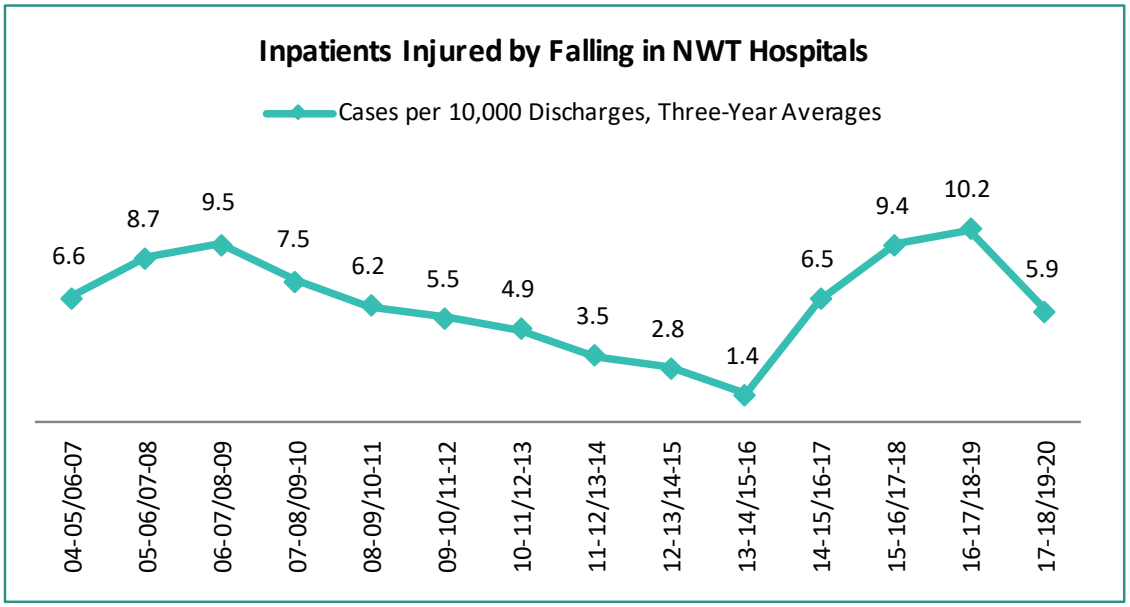
After declining from the mid- 2000s, the average annual number has risen in recent years. In terms of counting actual patients, the numbers vary widely from zero to seven cases per year.

Notes

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.

Sources

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



Best Care – Hospital Harm

What is being measured?

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

Why is this of interest?

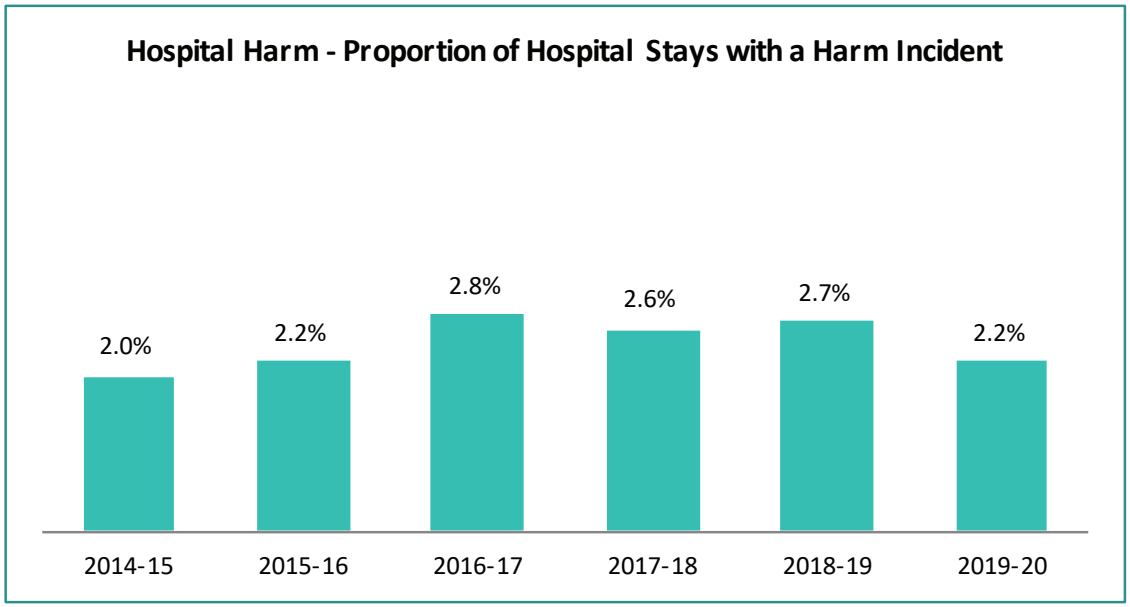
"Hospitals are expected to treat and care for patients with serious conditions in a safe and effective manner. The effectiveness of the treatment and care received by patients should not be lessened by an injury or infection sustained during a hospital stay. "Tracking and reporting harmful events is a vital first step to investigating, monitoring and understanding patient safety improvement efforts."[15]

How are we doing?

In the last six years, 2.4% of stays at NWT hospitals involved one or more incidents of harm to the patient. Direct comparisons between NWT and Canada as whole do not exist given the southern facilities are different (e.g., treat more complex cases) relative to NWT facilities.

Source

Canadian Institute for Health Information.



[15]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 NWT hospital (cases per 1,000 hospital stays of two days or longer). Sepsis is a systemic inflammatory response that occurs as a complication of an infection.

Why is this of interest?

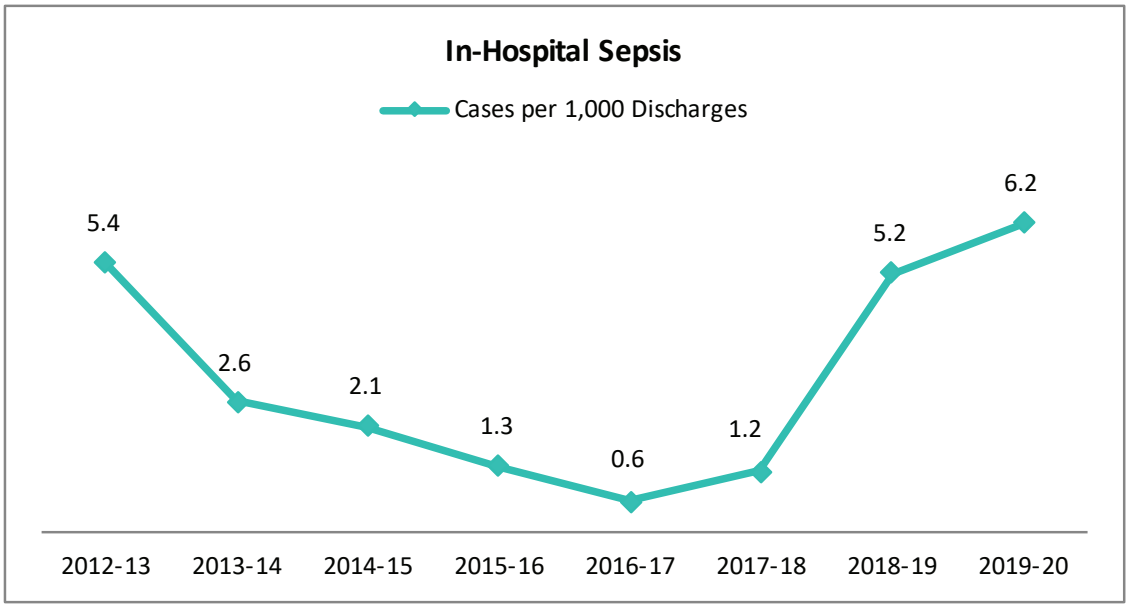
"Sepsis is a leading cause of mortality and is linked to increased hospital resource utilization and prolonged stays in intensive care units. Appropriate preventive and therapeutic measures during a hospital stay can reduce the rate of infections and/or progression of infection to sepsis. The indicator addresses the extent to which acute care hospitals are effective in preventing the development of sepsis."[16]

How are we doing?

In the last eight years, NWT hospitals have averaged 3.1 cases of sepsis per 1,000 discharges (hospital stays) per year – not significantly different than the national average of 3.9 per 1,000 (2018-19). It is important to point out that the actual number of cases is small with numbers varying from 1 to 11 cases annually in the last five years.

Source

Canadian Institute for Health Information.



[16]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?

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 within a given year.

Why is this of interest?

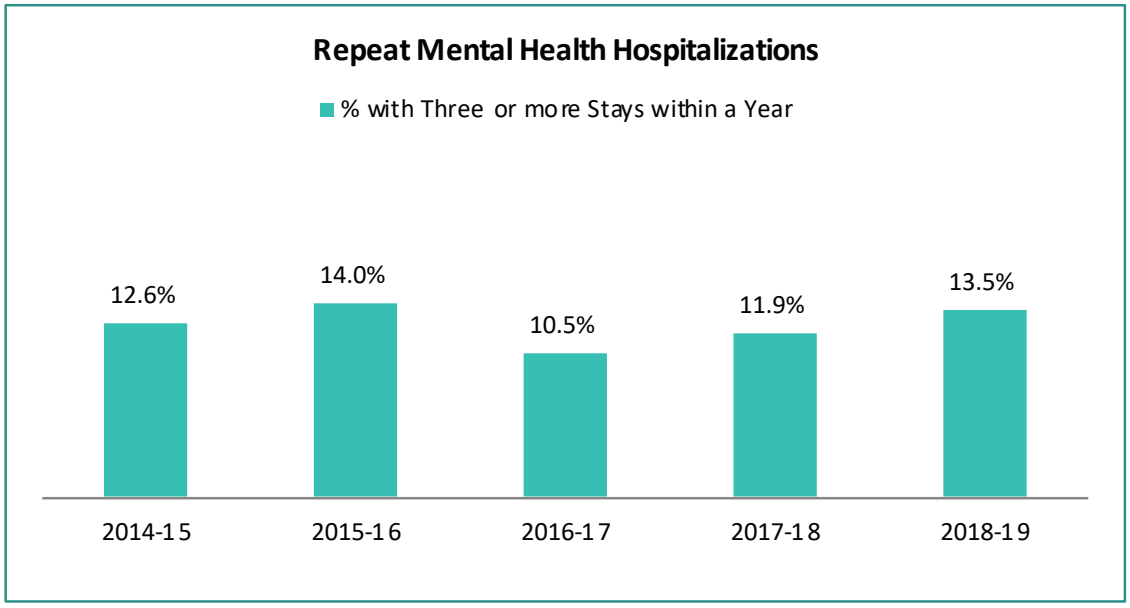
This measure can point to a problem of frequent users and may indicate a problem with the appropriateness of care in both the hospital and in the community at large.

How are we doing?

For 2018-19, the proportion of patients with repeat mental health related hospitalizations was 13.5% in the NWT compared to the national average of 12.4%. For the time frame examined, the rate of repeat hospitalizations has fluctuated between 10.5% and 14.0% per year. The NWT's readmission rate for mental health hospitalizations has not been significantly different from the national average over the last five years.

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 five years, there have been an average 919 clients seen per month by the CCP.

Other information

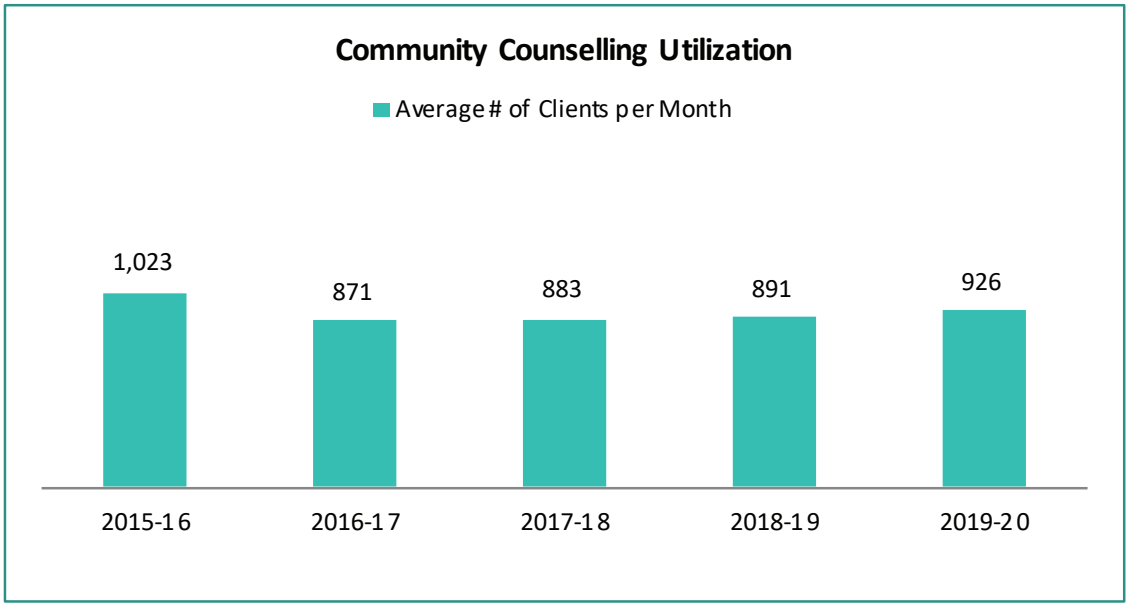
In 2019-20, the top five documented primary reasons (issues the client presented with) for counselling were addictions (25%), a diagnosed mental illness (11%), trauma (8%), stress management (6%) and relationship issues (5%).

The remaining reasons for presenting included such issues as family conflict, undiagnosed mental illnesses, and bereavement.

Every effort is made to get a client into see a CCP counsellor in as short of time as possible. Residents in an immediate crisis, or at immediate risk, do not have to wait. For other clients, wait times vary from community to community. Some communities do not have a wait list while others the wait can be up to two or more months – depending on the type of counselling in question.

Source

NWT Department of Health and Social Services.



Best Care – Residential Addictions Treatment

What is being measured?

The proportion of people who start and complete a full session of residential addictions treatment.

Why is this of interest?

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

How are we doing?

Over the last six years, on average, almost three-quarters of those who began treatment completed treatment.

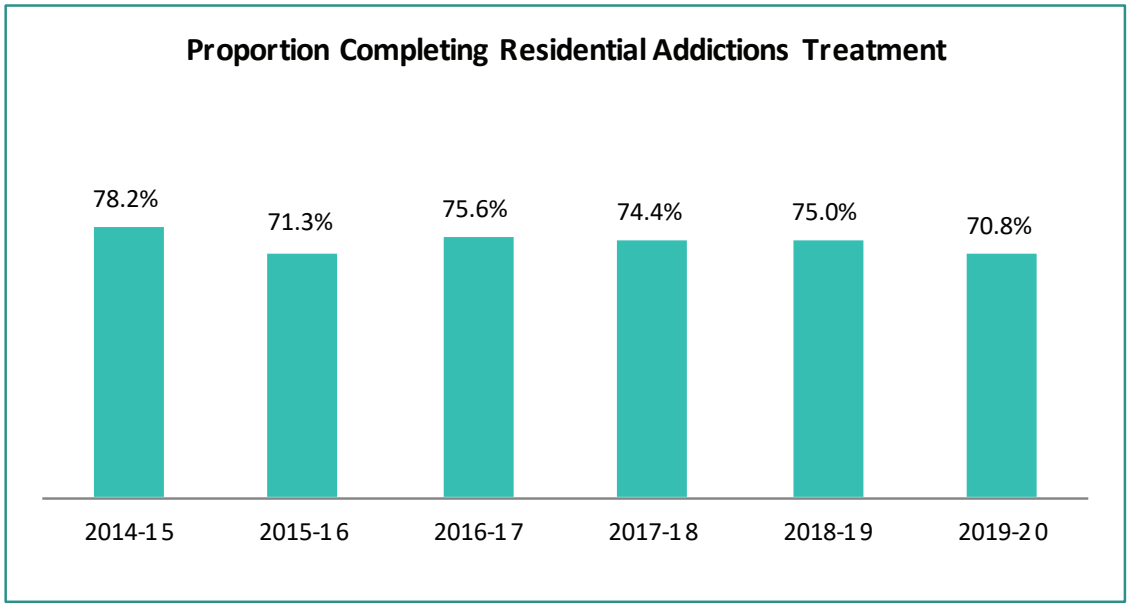
Other Information

NWT residents have access to a variety 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.

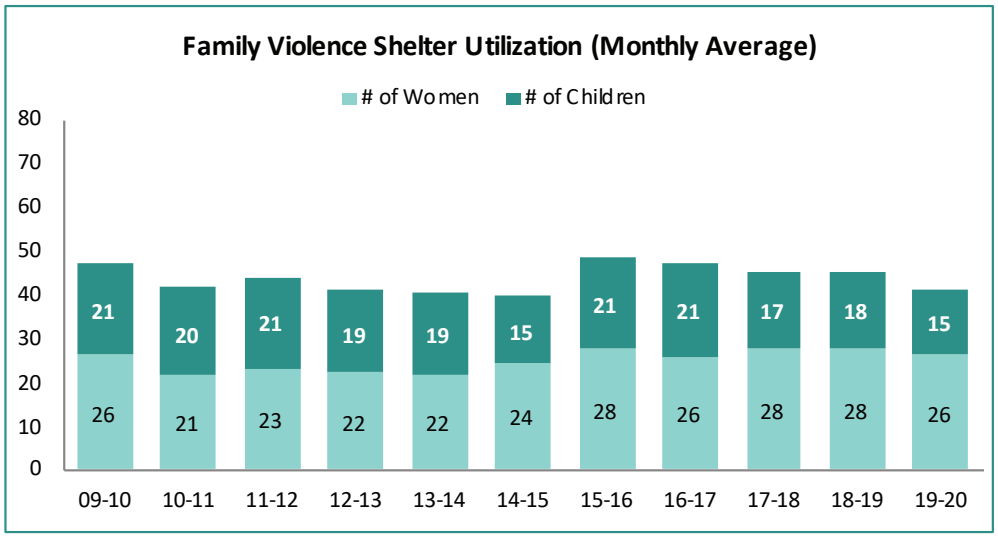
How are we doing?

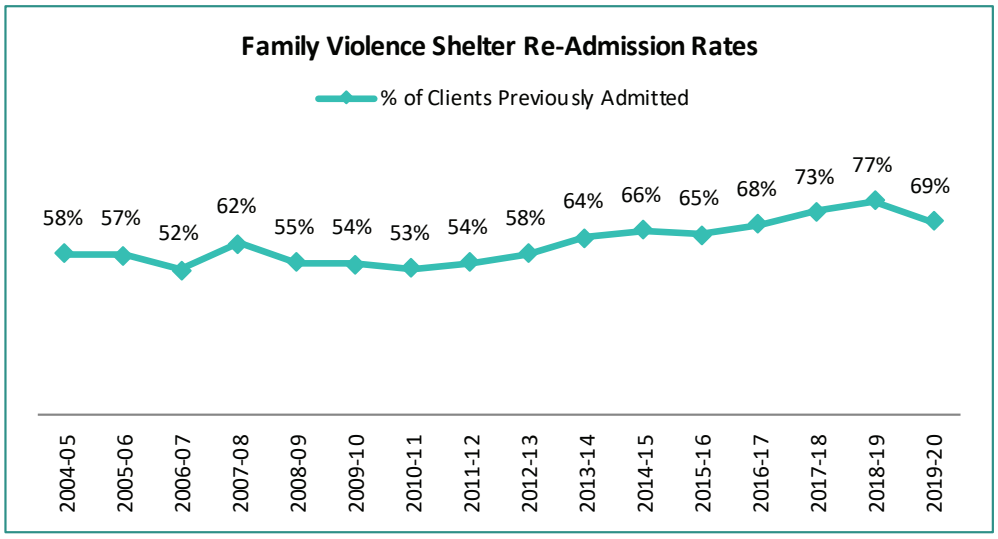
Over the last 11 years, shelter usage has remained relatively consistent – averaging around 25 women and 19 children admitted per month.

Over the last 16 years, the proportion of re-admissions to shelters has been increasing - from 58% (2004-05) to 69% (2019-20).

Source

NWT Department of Health and Social Services.





Best Care – Receiving Services in Home Community

What is being measured?

The proportion of locations of children receiving services in their own home community.

Why is this of interest?

Whenever possible, children and youth are supported to live in their family home or within their home community. This helps the child and youth maintain connections with culture, friends, family and other supports.

How are we doing?

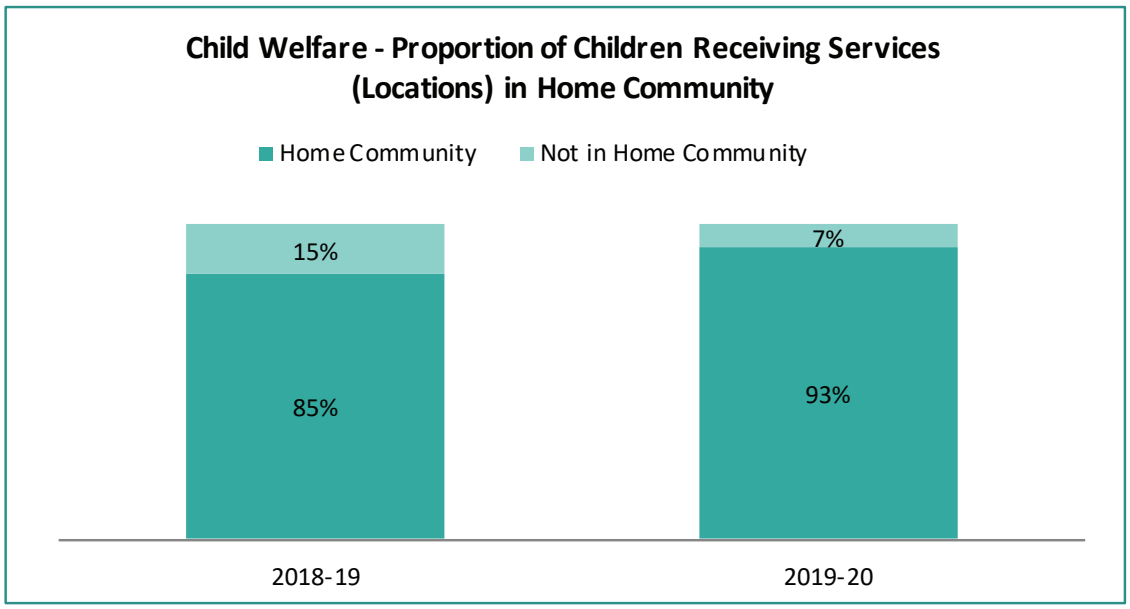
In 2019-20, 93% of placements were in the home community of the child. Comparative data prior to 2018-19 are not available. The information system that collects information on children receiving child welfare services has recently been replaced. The new system collects information in a different manner which does not allow for direct comparisons to years prior to 2018-19.

Note

A child may reside at more than one location within a given year. More detail on the state of child welfare in the NWT can be found in the annual reports 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 who are in permanent care and custody of the Director of Child and Family Services.

Why is this of interest?

The strength and capacity of families and communities to care for their children is shown through a continued decrease in the number of children/youth in permanent care over the past ten years. When children can remain in the care of family, extended family and within their own community, it strengthens their identity and allows them to remain connected to their community and culture. The reduction in the number of Indigenous children/youth in care directly aligns with the Federal *Act respecting First Nations, Inuit and Métis children, youth and families* and the Truth and Reconciliation Commission's Calls for Action.

How are we doing?

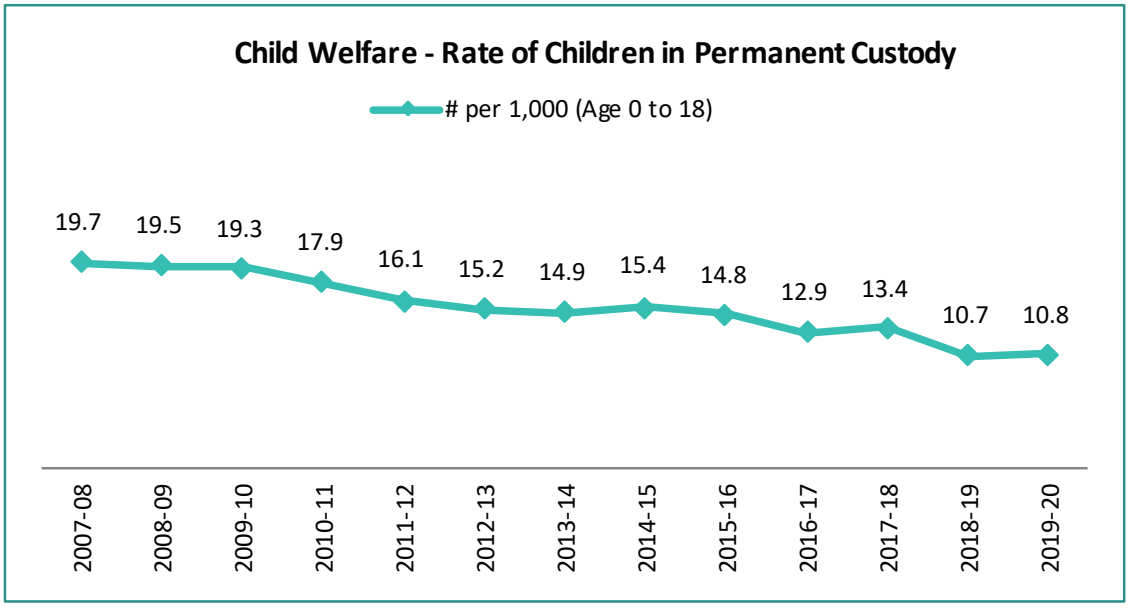
The rate of children in permanent custody has been decreasing since 2007-08.

Note

More detail on the state of child welfare in the NWT can be found in the annual reports of the Director of Child and Family Services.

Source

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



Better *future*

- Ambulatory Care Sensitive Conditions
- Alternative Level of Care
- Alcohol and Drug Hospitalizations
- Non Urgent Emergency Department Visits
- No Shows
- Physician Vacancies
- Nurse and Social Service Worker Vacancies
- Staff Safety
- Administrative Staffing Ratios
- Cost of a Standard Hospital Stay

Better Future – Ambulatory Care Sensitive Conditions

What is being measured?

The hospitalization rate for ambulatory care sensitive conditions (ACSC). An ACSC hospitalization is where the main reason (most responsible diagnosis) 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?

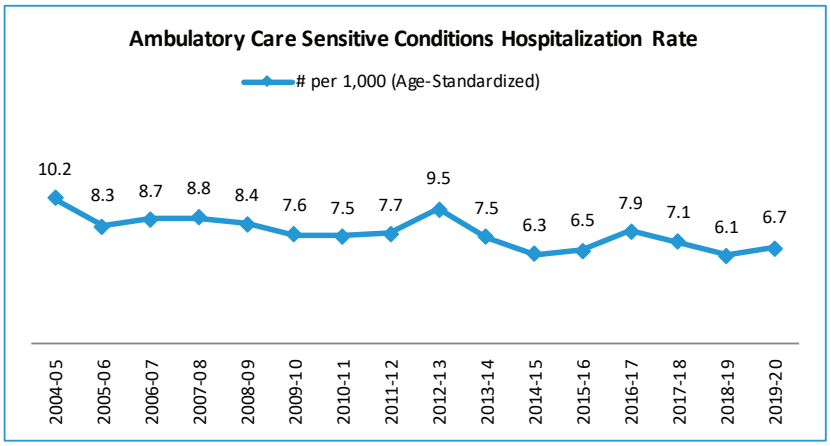
A hospitalization where the primary diagnosis is an ACSC represents "... a measure of access to appropriate primary health care. While not all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or condition, control 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."[17]

How are we doing?

The rate of hospitalizations for ambulatory care sensitive conditions has declined since the mid-2000s – from 10.2 per 1,000 in 2004-05 to 6.7 per 1,000 in 2019-20. While the overall rate has declined, COPD has grown from a quarter of all ACSC hospitalizations in the mid-2000s to account for 35% in the last three-year period. Relative to Canada as a whole, the NWT has a higher rate at 6.1 per 1,000 versus 3.3 per 1,000 (2018-19).

Source

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



Ambulatory Care Sensitive Condtions

Proportion of Hosptializations by Condition

Condition	2004-05 to 2006-07	Rank	2017-18 to 2019-20	Rank
COPD	25%	1	35%	1
HFPE	12%	4	16%	2
Diabetes	12%	5	16%	3
Epilepsy	11%	6	13%	4
Angina	15%	3	10%	5
Asthma	20%	2	7%	6
Hypertension	5%	7	3%	7

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

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

Best 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?

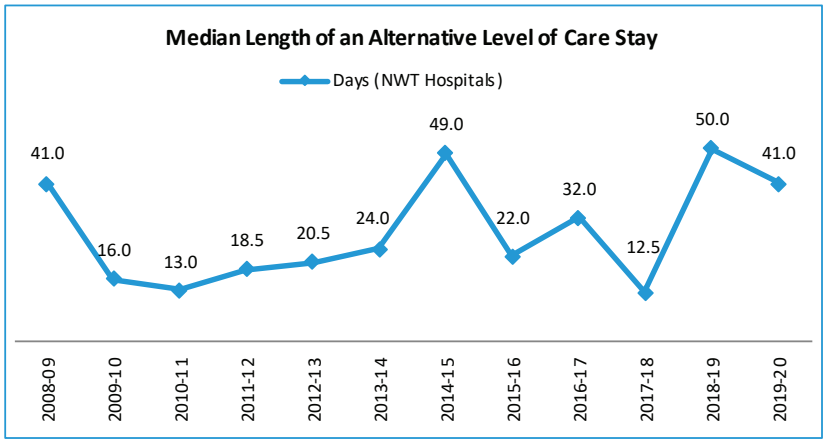
Acute care is the most expensive cost area in the health care system. ALC patients result in inappropriately used acute care beds, reducing the availability of space for patients who actually require acute care. The sooner a patient requiring non-acute care is able to be discharged the better it meets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

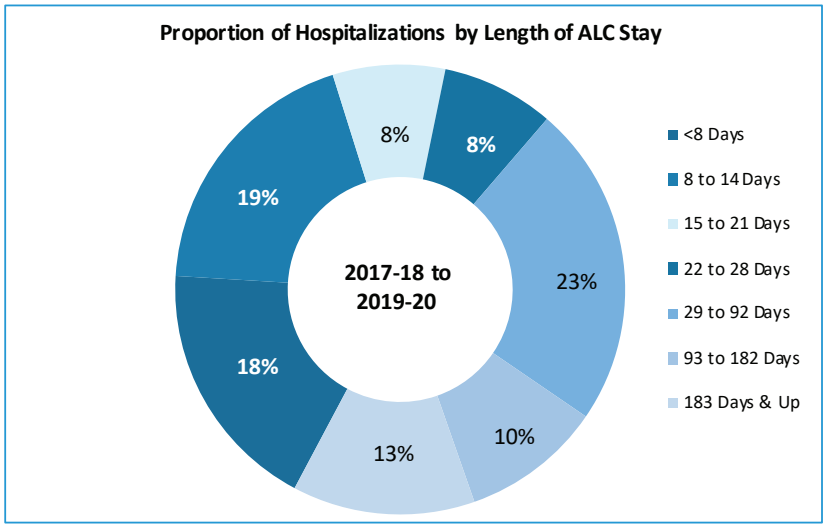
How are we doing?

Between 2008-09 and 2019-20 the median length of stay has fluctuated between 12.5 and 50 days. In the last three years, 18% of ALC stays were seven days or less and 19% were between 8 and 14 days.

Sources

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





Best Future – Alcohol and Drug Hospitalizations

What is being measured?

The proportion of mental health hospitalizations for alcohol and/or drug (A&D) use issues.

Why is this of interest?

Acute care is the most expensive cost area in the health care system. Treating addiction issues in a hospital setting may be viewed as an inappropriate use of hospital resources and may indicate that existing programs are not effective in supporting patients that have a history of substance abuse.

Hospitalizations for alcohol and drugs remain high in the NWT – at four times the Western Canadian average (2015-16 to 2019-20).

Notes

This indicator only tracks hospitalizations, at NWT hospitals by NWT residents, where the primary reason for hospitalization was an A&D issue.

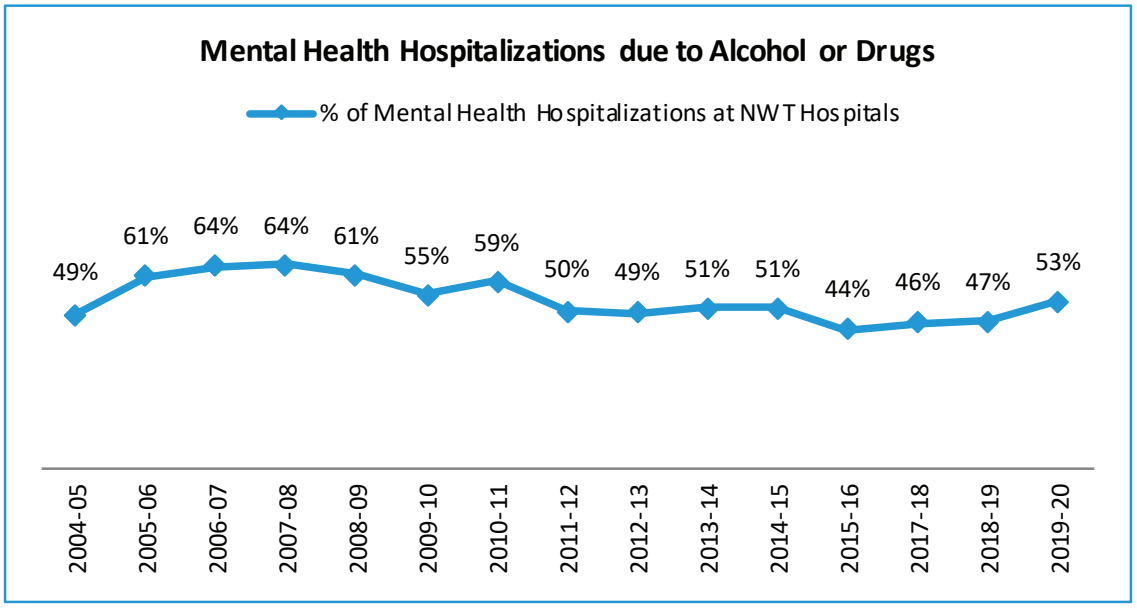
Patients with A&D issues could also have a secondary mental health issue(s) and/or a secondary physical issue(s) that have contributed to their hospitalization. This indicator does not track hospitalizations due to other types of damage resulting from long term alcohol and drug abuse (e.g. alcohol induced liver disease).

How are we doing?

In the time period shown, the proportion of mental health hospitalizations due to A&D issues has decreased from an average of 58% in the mid-2000s to an average of 49% in the last three years.

Sources

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



Best 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).[18]

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?

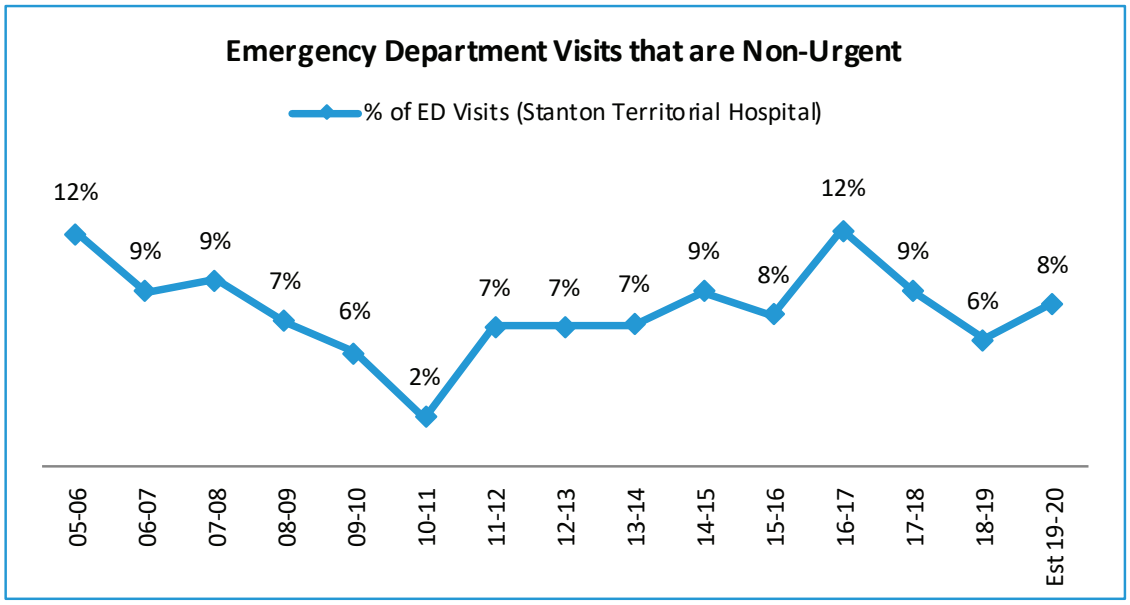
Patients who access emergency department services for health issues that could be seen at a primary care clinic (level 5 – non-urgent), that day or in the next day or two, are taking up staff time that could be made available to higher priority patients.

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 an estimated 8% in 2019-20.

Sources

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



[18]Emergency department visits that did not have a CTAS scored were excluded.

Best 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?

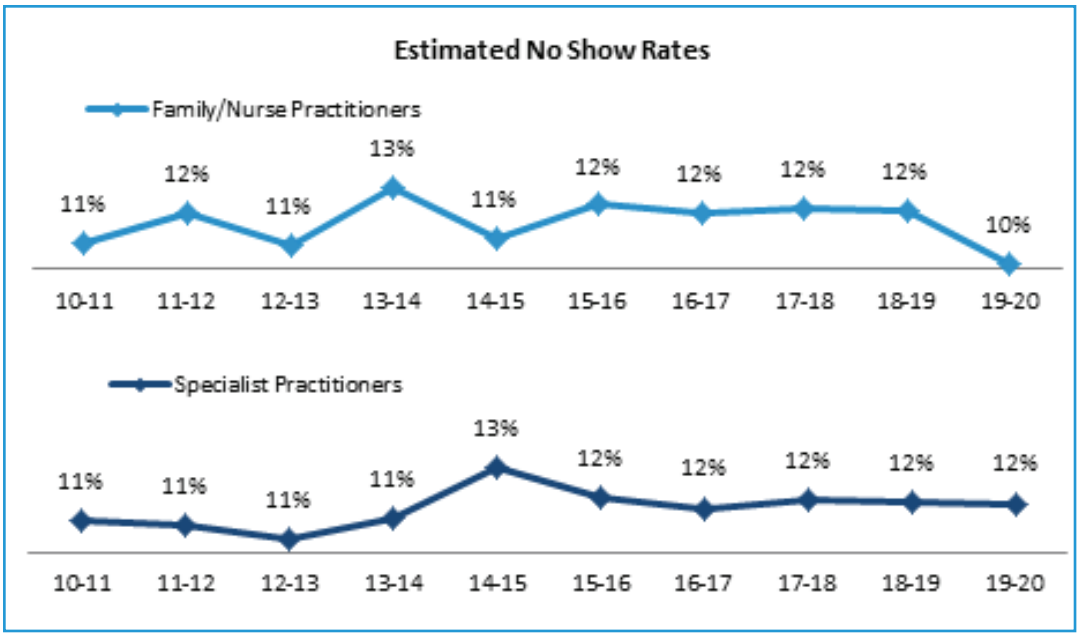
In the last ten years, the no show rate to family and nurse practitioners ranged between 10 and 13%.[19] For specialists, the no show rate ranged between approximately 11 to 13% over the same time period.[20]

Notes

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

Sources

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



[19]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.

[20]Specialist no show rates exclude Ophthalmologists.

Best Future – Physician Vacancies

What is being measured?

The vacancy rate for family practitioners and specialist practitioners.[21]

Why is this of interest?

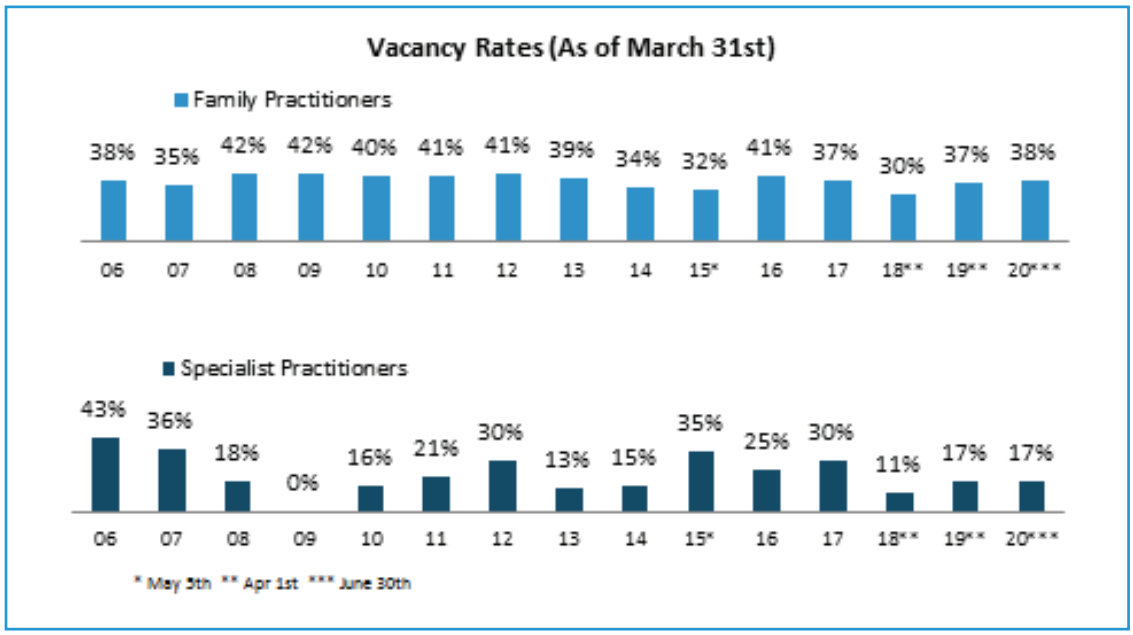
Physicians are key components of the NWT HSS system. Vacancies in these positions significantly impact the capacity of health and social services system.

How are we doing?

Since 2006, vacancy rates have fluctuated between 30% and 42% for family practitioners and between 0% and 43% for specialists. Recent vacancy rates for family practitioners and specialist practitioners are 37% and 17% respectively.

Source

Department of Health and Social Services.



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

Best 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?

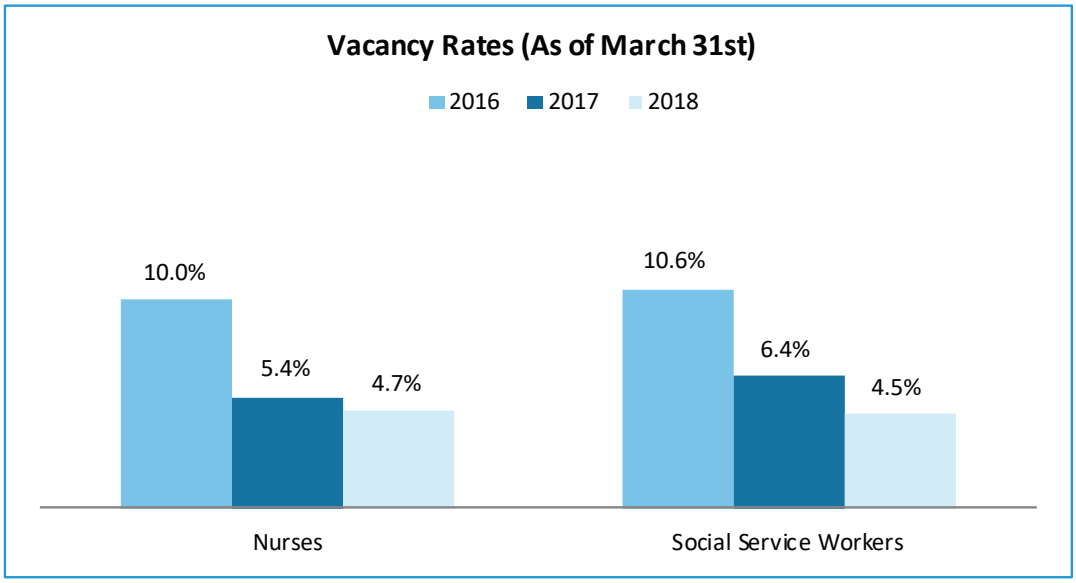
Nurses and social workers are key components of the NWT HSS system. Vacancies in these positions significantly impact the capacity of health and social services system.

How are we doing?

As of March 31, 2018, the vacancy rates for nurses and social service workers were 4.7% and 4.5%, respectively. Due to a change in methodology, historic vacancy rates for nurses and social service workers are not available.[22]

Sources

Department of Finance and Department of Health and Social Services.



[22]No 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. March 31, 2016 rates are estimated.

Best 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 relatively more vulnerable to injury in performing their daily tasks than most other GNWT employees.

How are we doing?

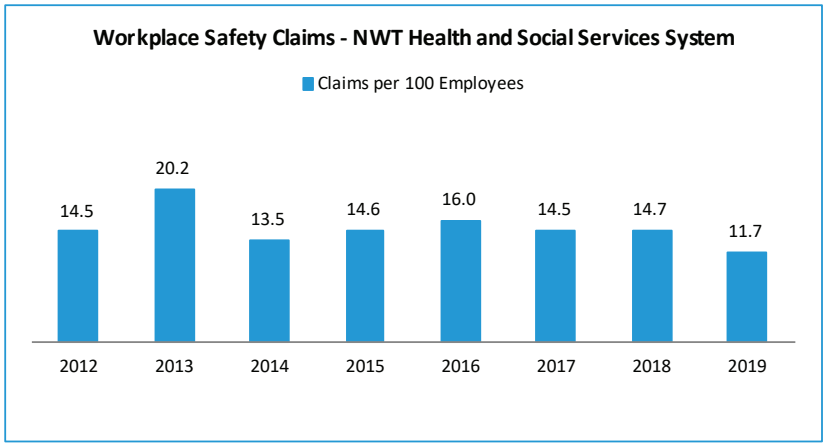
The overall rate of safety claims has declined from 14.5 to 11.7 claims per 100 employees. On average, over the last eight years, the rate for the HSS system has been over twice that of the rate for the rest of the GNWT.

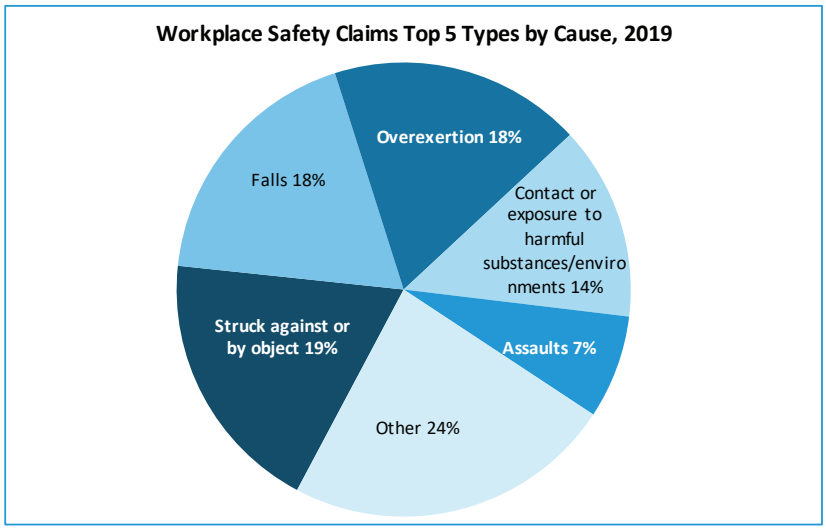
Other Information

In 2019, the top five causes for workplace safety claims were where the worker was struck by or struck against an object (19%), where the working fell (18%), overexerted themselves (18%), contacted/exposed to harmful substances such as infectious diseases and chemicals (14%), and where the worker was assaulted (7%). The remaining causes were primarily needle related (e.g., pricked or scratched) and where the employee was jammed or pinched in between objects.

Sources

NWT Department of Finance, Workers Safety and Compensation Commission of the NWT and Nunavut, and HRHSSA.





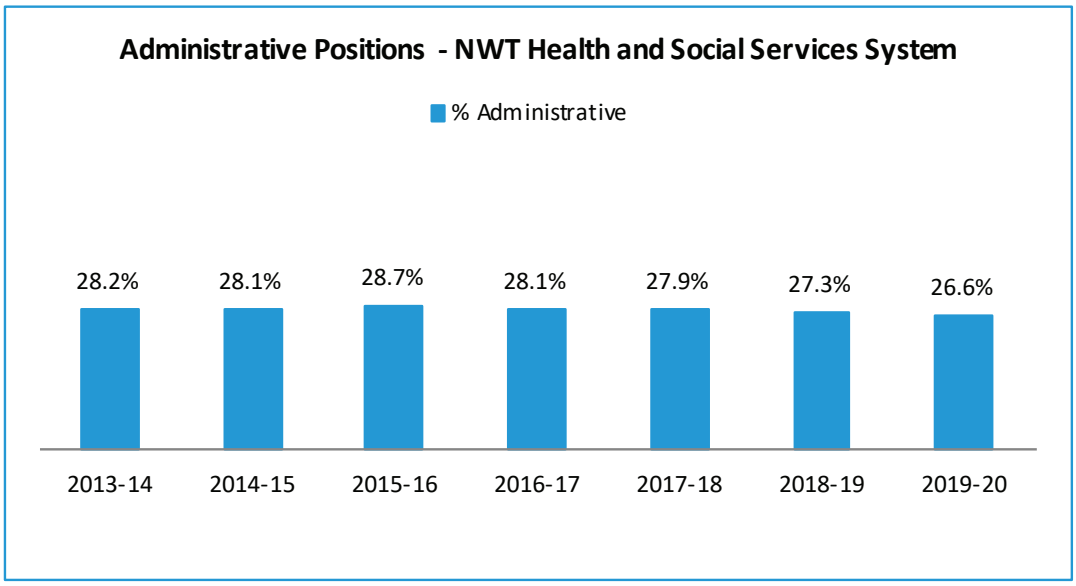
Best Future – Administrative Staffing Ratios

What is being measured?
The proportion of overall staff in the HSS system that are in administrative roles.

Why is this of interest?
A goal of the health and social services system is to provide the best care as efficiently as possible in order for the system to be sustainable into the future. Increases in the proportion of administrative staff may reflect changes in the system that need to be investigated.

How are we doing?
The proportion of administrative staff has averaged around 28% over the last seven years.

Source
NWT Department of Health and Social Services.



Best Future – Cost of a Standard Hospital Stay

What is being measured?
The average cost to treat a patient during their stay in hospital.

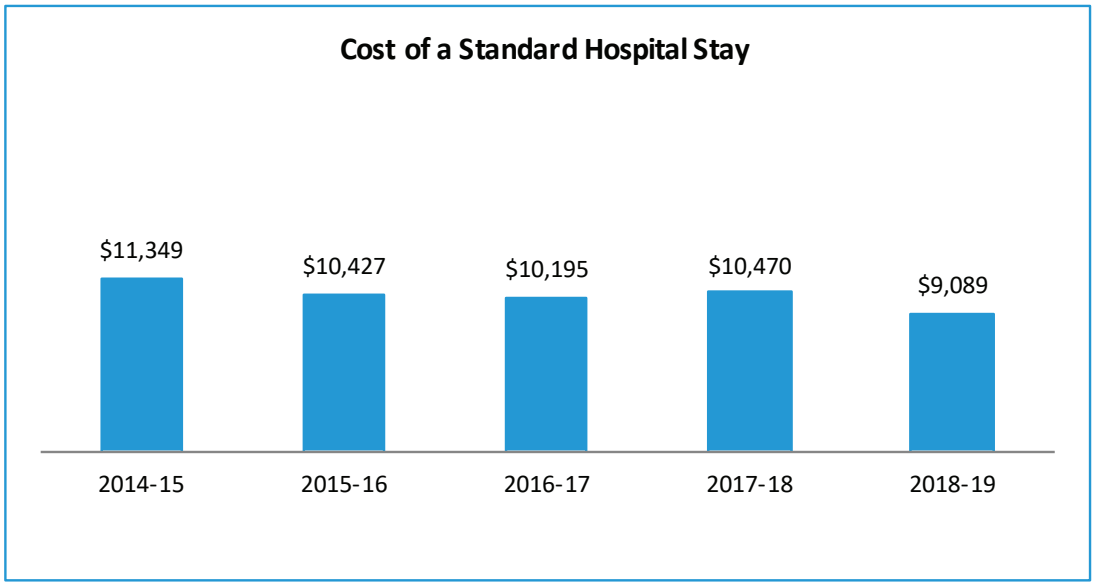
Why is this of interest?
A goal of the health and social services system is to provide the best care as efficiently as possible in order for the system to be sustainable into the future. Increases in the average cost per stay may reflect changes in the system that need to be investigated.

How are we doing?
In the last five years, the cost of a standard hospital stay has ranged from $9,089 to $11,349. The NWT has higher health care delivery costs than most of the rest of Canada ($6,162 - 2018-19). Hospitals, such as Stanton Territorial, have a relatively lower hospitalization and occupancy rates than their southern Canadian peers.

A certain level of staffing is required in order to keep a facility operational regardless of patient demand leading to relatively high fixed costs. Higher wage and benefit costs, relative to southern Canada, also contribute to the higher cost of a standard hospital stay.

Notes
The cost of a standard hospital stay for the NWT is based only on Stanton Territorial Hospital.

Source
NWT Department of Health and Social Services.



Appendices

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 contains important medical services that residents may receive.

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 of these 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 are able to 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, 2020 there were 42,501 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, 2020, there were 613 physicians licensed to practice in the NWT, and 12 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, almost $59.3 million was the amount for physician and clinic expenses for insured physician services provided to residents within the NWT.

Insured Hospital Services

Authorities are responsible for delivering inpatient and outpatient services to residents in hospitals and health centres. Contribution agreements between the Department and the 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, $50.2 million was paid to approved inpatient and outpatient facilities and physicians outside the NWT for the treatment of NWT residents.

Appendices
APPENDIX 2: PUBLICATIONS

Reports and Strategic Documents

- Hay River Community Wellness Plan (West Point First Nation)
- NWT Community Counselling Program Client Satisfaction Report 2018
- Mental Wellness and Addictions Recovery Action Plan
- What We Heard Report - Continuing Care Facilities Legislation for the Northwest Territories
- Report on Seniors Access to GNWT Programs and Services
- Report on Progress Under the Strategic Framework to Reduce Poverty in the NWT: 2013-2018
- Working Together II; An Action Plan to Reduce and Eliminate Poverty in the Northwest Territories 2019-2022
- NWT Health Status Chart Book
- NWT Help Directory
- NWT Home and Community Care Review
- Annual Report of the Director of Child and Family Services, 2018-2019
- NWT Health and Social Services Annual Report 2018-2019
- Child and Family Services Quality Improvement Plan 2019-2021

Brochures and Facts Sheets

- 2019 Easy and Healthy Home Cooking Recipe Contest - Regional Winners
- Mental Health - Where to get help in the NWT
- Preventing Suicide - Where to get help in the NWT
- Addictions - Where to get help in the NWT
- NWT Help Line
- NWT Help Line (Info Card)
- Métis Health Benefits
- Specified Disease Conditions Program Extended Health Benefits
- Seniors Program Extended Health Benefits
- General Fish Consumption Guidelines for the NWT
- NWT Health Care Plan - Information for NWT Residents
- Bacterial Meningitis - Frequently Asked Questions
- Intranasal Naloxone: Instructions for Use
- Bed Bugs in the NWT (Booklet)
- Arsenic in the Environment Around Yellowknife
- Strongest Families Institute (FAQs)
- Healthy Respiratory Practices
- Healthy Respiratory Practices (Inuktitut)
- Healthy Respiratory Practices (Inuinnaqtun)
- Healthy Respiratory Practices (North Slavey)
- Healthy Respiratory Practices (Tłı̨chǫ)
- Healthy Respiratory Practices (South Slavey)
- Coronavirus Disease (COVID-19)
- Coronavirus Disease (COVID-19) and Other Respiratory Illnesses
- Our Ever Awesome NWT Brushing Song!

Flyers and Poster

- Chlamydia Rates in the NWT
- NWT Help Line (Poster)
- Gonorrhea Rates in the Northwest Territories
- I'm a Lifesaver: Toni Enns
- I'm a Lifesaver: Dean MacInnis
- I'm a Lifesaver: Chelsea Thacker
- I'm a Lifesaver: Athena Sharp
- Map of Arsenic Concentrations Measured in Water Bodies in the Yellowknife area
- When Should I Wash My Hands?
- Syphilis Rates in the Northwest Territories
- Handwashing Steps
- Manual Dishwashing 2 Compartment Sink
- Manual Dishwashing 3 Compartment Sink
- Important Temperatures
- Syphilis in on the rise in the NWT
- Syphilis Facts
- Get a simple prick, and have a healthy...
- Before you rock, check your…
- Smoking in the NWT
- E-Cigarette/Vaping Use in the NWT
- Cannabis Use in the NWT
- Heavy Drinking in the NWT
- Addictions Recovery Journey
- Tobacco Health Warnings

Videos

- Syphilis in the NWT

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

English

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

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

Tłı̨chǫ yatı k’ę̀ę̀. Dı wegodı newǫ dè, gots’o gonede.

Tłı̨chǫ

ʔerıhtł’ís Dëne Sųłıné yatı t’a huts’elkër xa beyáyatı theɔ́ą ɔat’e, nuwe ts’ën yółtı.

Chipewyan

Edı gondı dehgáh got’ı̨e zhatıé k’ǫ́ǫ́ edatł’éh enahddhę nıde naxets’ǫ́ edahłí.

South Slavey

K’áhshó got’ı̨ne xədə k’é hederı ɔedı̨htl’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

ᑖᒃᑯᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᐅᕆᑦ ᐃᓄᒃᑎᑐᑦᓯᒪᓕᑐᑎᒃ, ᐅᕐᓂᑦᑎᓐᓄᑦ ᐅᖃᒃᓚᓕᔪᓐᓇᖅᑐᑎᑦ.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

1-855-846-9601