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

NWT DEPARTMENT OF HEALTH AND SOCIAL SERVICES

2021-2022 Annual Report

Rapport annuel 2021-2022

MINISTÈRE DE LA SANTÉ ET
DES SERVICES SOCIAUX DES TNO

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

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

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

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English

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French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
Cree

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

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

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

K'áhshó got'ı̨ne xədə k'é hederı 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 ᑎᑎᕋᖅᑕᖅ ᐱᓕᒍᐃᖏᑦ ᐃᓄᒃᑎᑐᓕᕋᓱᒃ, ᐅᓪᓚᑦᑎᓐᓄᑦ ᐅᖃᓕᓕᓐᓂᖅᑎᑦ.
Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.
Inuinnaqtun

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Message from the Minister

Hon. Julie Green

Minister of Health and Social Services

Minister Responsible for Persons with Disabilities

Minister Responsible for Seniors

I am pleased to present the Northwest Territories (NWT) Health and Social Services System Annual Report for 2021-22. This report provides the second year of reporting on operations and the progress made on goals and strategic priorities outlined in the Health and Social Services system's Strategic Planning Framework: A Quadruple Aim Framework. It highlights key activities undertaken to achieve our vision of Best Health, Best Care, for a Better Future.

The end of the fiscal year marked the end of the Public Health Emergency implemented to keep residents safe during the COVID-19 pandemic. This report includes the initiatives of the Health and Social Services system that supported a continued response. I would like to thank all the health and social services staff who worked to keep residents safe during the height of the pandemic.

The NWT has among the highest per capita costs in Canada for the delivery of health services, requiring an intentional and specific focus on effective and efficient delivery of services. Factors related to demographics, geography, population health, and reliance on specialized services in other jurisdictions pose a challenge to system sustainability.

Ensuring ongoing sustainability while continuing to improve access to services in response to the needs of NWT residents remain key goals of the Health and Social Services system. Increased funding investments for Anti-Poverty initiatives, resources and supports for community-based mental wellness and addictions aftercare programs and primary health care reform, an ongoing focus on meeting residents' needs with health human resources and work on the financial sustainability of our system are examples of how we remain focused on achieving our key goals.

Mot de la ministre

L'hon. Julie Green

Ministre de la Santé et des Services sociaux

Ministre responsable des personnes handicapées

Ministre responsable des aînés

J'ai le plaisir de présenter le rapport annuel 2021-2022 sur le système de santé et des services sociaux des Territoires du Nord-Ouest (TNO). Il s'agit de la deuxième année où nous produisons un rapport sur les opérations et les progrès accomplis par rapport aux objectifs et priorités stratégiques établis dans le Cadre de la planification stratégique à quatre objectifs du système de santé et des services sociaux. Le rapport souligne les principales activités menées afin de parvenir à mettre en œuvre notre projet, qui consiste à garantir une santé optimale, des soins optimaux et un avenir prometteur.

La fin de l'exercice financier a été marquée par la levée de l'état d'urgence sanitaire, instauré dans le but de préserver la santé des résidents pendant la pandémie de COVID-19. Le rapport reprend notamment les initiatives du système de santé et des services sociaux qui ont contribué à apporter une réponse soutenue à cette crise. Je souhaite remercier l'ensemble du personnel du ministère de la Santé et des Services sociaux qui s'est efforcé de maintenir les Ténois en bonne santé au plus fort de la pandémie.

Au Canada, ce sont les TNO qui engagent le plus de frais par personne pour la prestation de services de santé, c'est pourquoi il est nécessaire de mettre l'accent, de façon intentionnelle et précise, sur une offre de services efficace et efficiente. Plusieurs facteurs liés à la démographie, à la géographie, à la santé de la population et à la dépendance à certains services spécialisés offerts dans d'autres régions sont autant d'obstacles à la pérennité du système.

Le maintien de cette pérennité ainsi que l'amélioration continue de l'accès aux services permettant de répondre aux besoins des Ténois demeurent des objectifs clés du système de santé et des services sociaux. Voici notamment comment nous nous concentrons sur la réalisation de ces objectifs clés : accroître les investissements visant à financer des initiatives anti-pauvreté, des ressources et des soutiens pour les programmes communautaires de suivi en matière de santé mentale et de lutte contre les dépendances, et la réforme des soins de santé primaires; tâcher continuellement de répondre aux besoins des résidents au moyen de ressources humaines en santé; et travailler sur la pérennité financière de notre système.

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Executive Summary

The Northwest Territories (NWT) Department of Health and Social Services (The Department) 2021-22 Annual Report represents the second year of reporting on the Strategic Priorities set out in the 2020-2024 Health and Social Services (HSS) Business Plan.

OUR STRATEGIES

In 2021-22, the HSS system continued to progress on goals and priorities under the HSS Strategic Planning Framework:

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

The four aims serve as goals for the HSS system, which is compromised of the Department of Health and Social Services (the Department) and the three Health and Social Services Authorities (HSS Authorities): the Northwest Territories Health and Social Services Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA), and the Tłı̨chǫ Community Services Agency (TCSA). This report focuses on key initiatives advanced by the Department in 2021-22. This report also summarizes program areas that had to pivot or adapt operations to ensure continued availability of services through the pandemic.

HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

This goal focuses on the HSS system's efforts on health promotion, disease prevention and to provide culturally respectful and community-based programs and services informed by unique population needs and priorities. In 2021-22, many public health initiatives were directed by the COVID-19 response. To support safe food production in the NWT, the Department advanced Meat Safety Regulations with aims of implementing a meat inspection regulatory framework for locally produced and sold meat products.

The Department continued to fulfill commitments made under the *GNWT Climate Change Action Plan* by taking action on findings and recommendations from the Climate Change Health Vulnerability Assessment Report that was completed to understand the risks of climate change on the health and wellbeing of NWT residents. Stakeholder engagement activities with NTHSSA, the Department of Environment and Natural Resources, Municipal and Community Affairs, and Industry, Tourism and Investment have been ongoing in the common topic areas such as emergency preparedness and response to food security and agricultural development. The HSS Climate Change Coordinator has participated in the NWT Climate Change Advisory Committee to engage with stakeholders and the NWT Climate Change Council to engage with Indigenous Governments and organizations. An engagement plan was developed in conjunction with the Department of Environment and Natural Resources.

Recognizing the interconnection between climate change and wildfires, the wildfire smoke FAQ was developed (re: health impacts of wildfire smoke, actions to take to protect health, at-risk populations, etc.). In addition, the landmark visibility index (tool used to predict air quality based visual range during a wildfire event) was updated. A jurisdictional review of the standard operating procedures (SOP) in Alberta and British Columbia has been completed. Based on that review, the GNWT-DHSS SOP for the release of public health advisories for wildfire smoke exposure was completed.

In 2021-22, the Department continued to implement demonstration projects as part of the Primary Health Care Reform initiative focused on enhancing culturally safe, relationship-based care. Additionally, to advance the vision of a culturally safe health and social services system and address anti-Indigenous racism, the Department established a new Cultural Safety and Anti-Racism unit and rolled-out the made in-the-north Cultural Safety and Anti-Racism training to HSS system staff. In 2021-22, six sessions were delivered to HSS staff.

To advance health promotion and chronic disease prevention in 2021-22, the Department developed regulations to ban the sale of flavoured vapour products in the Northwest Territories and launched an oral health social campaign to raise awareness about the importance of good oral health and to help change oral health behaviours.

To improve the availability and quality of services for vulnerable populations, the Department advanced several actions items in 2021-22 including:

- Continued implementation of the *GNWT Disability Action Plan*, including conducting a Supported Living Services review;
- Continued support for food security through the Anti-Poverty Fund, Healthy Choices Fund, Collective Kitchens, and Nutrition North Nutrition Education program;
- Partnering with the NTHSSA, the Department of Municipal and Community Affairs, the City of Yellowknife, and local contractors, to open a new temporary day shelter;
- Completing stakeholder engagement meetings to confirm the preferred suite of programs to be incorporated in the planned Wellness and Recovery Centre, including shelter, consultation, and community wellness spaces; and
- Administering the Anti-Poverty Fund to support projects led by community and Indigenous governments and organizations in the NWT.

BETTER ACCESS TO BETTER SERVICES

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

In 2021-22, the Department worked toward fulfilling the GNWT Mandate priority to *Increase the number and variety of culturally respectful, community-based mental health and addictions programs and* the Mandate priority *of Enabling seniors to age in place with dignity*.

The Department continued to implement the *Child and Youth Mental Wellness Action Plan* and supported key initiatives outlined in the *Mind and Spirit: Mental Wellness Addictions Recovery Action Plan*. Some key activities in mental wellness and addictions recovery included:

- Implementation of the Stepped Care 2.0 approach to mental wellness and addictions recovery within the Community Counselling Program (CCP), which helped reduce wait times;

- Expansion of the Child and Youth Counsellor (CYC)[1] Program, with one Clinical Supervisor position and nine new CYC positions rolled-out; and
- Establishment of an Addictions Recovery and Aftercare Fund and a Peer Support Fund.

QUALITY, EFFICIENCY AND SUSTAINABILITY

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

The Department continued to work with the HSS Authorities and the Department of Finance to carry out the NWT HSS System Sustainability Plan. Progress in 2021-22 included significant administrative changes to the publicly funded supplementary health benefits programs with the implementation of the lowest cost equivalent drug policy and long-term dispensing policy.

Capital investments that are in progress or planned are summarized in this Report, as are 2021-22 financial highlights. In addition, as part of reporting progress on goals, the Department continues to report on over forty performance measures that speak to the HSS system's performance.

STABLE AND REPRESENTATIVE WORKFORCE

This goal is focused on identifying needs and areas of demand across the HSS system to ensure a stable and representative workforce is available. In 2021-22, the Department continued to work on the development of a 3-year HSS System Human Resources Plan in collaboration with the HSS Authorities to identify labour force needs and recruitment and retention strategies. The Plan was launched in June 2022.

In 2021-22, the Department supported the introduction of the following positions and workforce initiatives:

- Sixteen positions in Child and Family Services;
- Four positions on the Early Childhood Development team;
- Ten positions for expansion of the CYC program into the South Slave region (nine CYC positions and one Clinical Supervisor position);
- Three positions to specifically support advancing Aging in Place Mandate commitments;
- Two Content Specialist, Cultural Safety positions on the Cultural Safety and Anti-Racism team;
- Three Regional Coordinator positions for the Healthy Family Program; and
- Continued partnership and funding for Aurora College to deliver expanded education programs for Personal Support Workers and Licensed Practical Nurses in the NWT.

A new Cultural Safety and Anti-Racism unit was created to lead system-wide efforts to tackle anti-Indigenous racism, including delivering Cultural Safety and Anti-Racism training and to support work on the completion of the *Caring for Our People: Cultural Safety Action Plan 2018-2020*. Funding for the implementation of Indigenous Patient Advocate positions in acute care facilities was also added in 2021-22. Indigenous Patient Advocates in Inuvik, Fort Smith, Hay River, and at Stanton Territorial Hospital will bring cultural knowledge and connection to spiritual and emotional support for clients accessing health care.

[1] In 2022/2023 the Child and Youth Care Counselling Initiative (CYCC) was rebranded to Child and Youth Counselling Initiative (CYC) to improve recruitment efforts and increase the number of candidates received for these positions. While this change occurred in 2022-2023 for consistency this updated program language will be used throughout this document.

Sommaire

Le Rapport annuel 2021-2022 du ministère de la Santé et des Services sociaux (MSSS) des Territoires du Nord-Ouest (TNO) fait le point pour une deuxième année sur les priorités stratégiques énoncées dans le Plan d'activités 2020-2024 du système de santé et des services sociaux.

NOS STRATÉGIES

En 2021-2022, le système de santé et des services sociaux a continué d'accomplir des progrès à l'égard des objectifs et des priorités du Cadre de planification stratégique du système de santé et des services sociaux :

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

Les quatre objectifs ci-dessus sont ceux du système de santé et de services sociaux, qui est composé du MSSS et des trois administrations des services de santé et des services sociaux suivantes : l'Administration des services de santé et des services sociaux des TNO (ASTNO), l'Administration des services de santé et des services sociaux de Hay River (ASSSSHR) et l'Agence de services communautaires tłı̨chǫ (ASCT). En plus de mettre l'accent sur les initiatives clés du MSSS en 2021-2022, le présent rapport fournit un résumé sur les secteurs de programme qui ont dû adapter ou réorienter leurs activités pour garantir la disponibilité des services pendant la pandémie.

SANTÉ DE LA POPULATION ET ÉQUITÉ DES BIENFAITS

Cet objectif couvre les efforts déployés par le système de santé et des services sociaux pour promouvoir la santé, prévenir les maladies et offrir des programmes et des services communautaires qui sont respectueux de la culture et qui prennent en compte les besoins et les priorités uniques de la population. En 2021-2022, bon nombre des initiatives de santé publique étaient des mesures en réponse à la COVID-19. Pour favoriser la production alimentaire sûre aux TNO, le MSSS a poursuivi l'élaboration du Règlement sur la salubrité des viandes dans le but de mettre en œuvre un cadre réglementaire d'inspection des viandes pour les produits de viande transformés et vendus localement.

Le MSSS a continué de respecter les engagements pris dans le cadre du Plan d'action sur le changement climatique du gouvernement des Territoires du Nord-Ouest (GTNO) en agissant dans le sens des constatations et des recommandations du rapport sur l'évaluation du changement climatique et de la vulnérabilité de la santé. Ce rapport visait à comprendre les risques posés par les changements climatiques pour la santé et le bien-être de la population ténoise. Le MSSS mène aussi des échanges avec l'ASTNO, le ministère de l'Environnement et des Ressources naturelles (MERN), le ministère des Affaires municipales et communautaires (MAMC) et le ministère de l'Industrie, du Tourisme et de

l'Investissement (MITI) sur des questions d'intérêt commun telles que la préparation et la réponse aux urgences ainsi que la sécurité alimentaire et le développement agricole. Le coordonnateur du changement climatique du système de santé et des services sociaux a siégé au Comité consultatif sur le changement climatique des TNO pour échanger avec les intervenants et au Conseil sur le changement climatique des TNO pour collaborer avec les gouvernements et les organisations autochtones. Le MSSS a élaboré un plan sur les échanges de concert avec le MERN.

Reconnaissant le lien entre le changement climatique et les feux de forêt, on a préparé une foire aux questions sur la fumée des feux de forêt (répercussions sur la santé, mesures de protection de la santé, populations vulnérables, etc.). De plus, on a actualisé l'indice de visibilité utilisant des points de repère, qui est un outil de prédiction de la portée visuelle fondée sur la qualité de l'air pendant un feu de forêt. Enfin, on a effectué une analyse des procédures opérationnelles normalisées (PON) de l'Alberta et de la Colombie-Britannique et on a ensuite rédigé la PON du MSSS sur la publication d'avis de santé publique sur l'exposition à la fumée des feux de forêt.

En 2021-2022, le Ministère a continué à mettre en place des projets de démonstration en lien avec l'initiative de réforme des soins primaires qui vise à améliorer l'accès à des soins ancrés dans le respect de la culture et dans un rapport de confiance. De plus, pour concrétiser la vision d'un système de santé et des services sociaux adapté à la culture et contrer le racisme à l'égard des Autochtones, il a créé un service de respect de la culture et de lutte contre le racisme et a lancé la formation sur le respect de la culture et la lutte contre le racisme créée dans le Nord et destinée à son personnel. En 2021-2022, six séances de formation ont été présentées au personnel.

Le MSSS a aussi cherché à faire progresser les dossiers de la promotion de la santé et de la prévention des maladies chroniques en 2021-2022, notamment en élaborant un règlement sur l'interdiction de vente de produits de vapotage aromatisés aux TNO et en lançant une campagne sur la santé buccodentaire sur les médias sociaux visant à sensibiliser le public à l'importance d'une bonne santé buccodentaire et à favoriser l'adoption de saines habitudes dans ce domaine.

Dans un souci d'amélioration de la disponibilité et de la qualité des services offerts aux populations vulnérables, le MSSS a fait progresser plusieurs mesures en 2021-2022, y compris :

- la poursuite de la mise en œuvre du Plan d'action du GTNO sur l'incapacité, notamment en réalisant un examen des services d'aide à la vie autonome;

- le soutien continu à la sécurité alimentaire par l'entremise du Fonds anti-pauvreté, du Fonds pour les choix santé, du programme Cuisine collective et du programme d'éducation nutritionnelle de Nutrition Nord;

- la mise en place d'un partenariat avec l'ASTNO, le MAMC, la Ville de Yellowknife et des entrepreneurs locaux pour l'ouverture d'un refuge de jour temporaire;

- la tenue de rencontres avec les intervenants afin de confirmer les programmes à privilégier pour le centre de mieux-être et de rétablissement prévu, y compris les espaces réservés au refuge, aux consultations et au mieux-être communautaire;

- la gestion du Fonds anti-pauvreté pour appuyer des projets dirigés par des organisations communautaires ainsi que par des organisations et des gouvernements autochtones aux TNO.

MEILLEUR ACCÈS POUR DES SERVICES AMÉLIORÉS

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

En 2021-2022, le MSSS a travaillé au respect de deux des priorités du mandat du GTNO, c'est-à-dire *augmenter le nombre et la variété des programmes communautaires de santé mentale et de traitement des dépendances qui sont respectueux de la culture* et *permettre aux personnes âgées de vieillir chez elles dans la dignité.*

Le MSSS a poursuivi la mise en œuvre du Plan d'action sur le mieux-être mental des enfants et des jeunes et a appuyé certaines initiatives clés énoncées dans le document *Tête et esprit : Plan d'action sur le mieux-être psychologique et le traitement des dépendances*, y compris :

- la mise en œuvre de l'approche Stepped Care 2.0 en matière de mieux-être psychologique et de traitement des dépendances dans le cadre du Programme de counseling communautaire (PCC), qui a contribué à réduire les temps d'attente;

- l'expansion du Programme de conseillers en soins à l'enfance et à la jeunesse[1], avec l'ajout d'un poste de superviseur clinique et de neuf postes de conseillers;

- l'établissement du Fonds pour la guérison des dépendances et le maintien des acquis et du Fonds pour le soutien par les pairs dans le rétablissement des dépendances.

QUALITÉ, EFFICACITÉ ET VIABILITÉ

Cet objectif consiste à améliorer la qualité et l'efficacité des services de santé et de services sociaux ainsi qu'à garantir que les données, les recherches et les technologies soient utilisées pour continuer de répondre aux besoins des patients et des professionnels de la santé.

Le MSSS a poursuivi sa collaboration avec les administrations des services de santé et des services sociaux et le ministère des Finances pour exécuter le Plan de viabilité du système de santé et des services sociaux des TNO. Parmi les progrès réalisés en 2021-2022, citons les importants changements administratifs apportés aux régimes d'assurance-maladie supplémentaire financés par l'État avec la mise en œuvre de la politique sur les médicaments équivalents au prix le plus bas et de la politique d'exécution d'ordonnances à long terme.

Les investissements en capitaux en cours ou prévus sont résumés dans le présent rapport, tout comme les faits saillants financiers de l'exercice 2021-2022. En outre, et dans le cadre du rapport sur le progrès des objectifs, le MSSS continue de rendre compte de plus de 40 mesures du rendement qui attestent de la performance du système de santé et des services sociaux.

[1] En 2022-2023, le Programme de counseling pour les enfants et les jeunes a été renommé Programme de conseillers en soins à l'enfance et à la jeunesse afin d'améliorer les efforts de recrutement et d'augmenter le nombre de candidatures reçues pour ces postes. Bien que ce changement ait eu lieu en 2022-2023, le nouveau nom du programme est utilisé dans le présent document par souci d'uniformité.

PERSONNEL STABLE ET REPRÉSENTATIF

Cet objectif consiste à définir les besoins et les demandes du système de santé et des services sociaux afin de garantir la stabilité et la représentativité du personnel. En 2021-2022, le MSSS a poursuivi l'élaboration d'un plan de ressources humaines triennal pour le système de santé et des services sociaux en collaboration avec les administrations des services de santé et des services sociaux pour cerner les besoins en main-d'œuvre et développer des stratégies de recrutement et de maintien en poste. Ce plan a été lancé en juin 2022.

Au cours de l'année 2021-2022, le MSSS a soutenu la création des postes et initiatives ci-dessous :

- Seize postes dans les services à l'enfance et à la famille;
- Quatre postes dans l'équipe du développement de la petite enfance;
- Dix postes en lien avec l'offre du Programme de conseillers en soins à l'enfance et à la jeunesse dans la région du Slave Sud (neuf postes de conseiller et un poste de superviseur clinique);
- Trois postes voués expressément à la promotion des engagements du mandat Vieillir chez soi;
- Deux postes de spécialiste de contenu, respect de la culture dans le service de respect de la culture et de lutte contre le racisme;
- Trois postes de coordonnateur régional pour le programme Familles en santé;
- Partenariat avec le Collège Aurora pour le financement de programmes d'éducation élargis destiné aux préposés aux services de soutien à la personne et aux infirmiers auxiliaires autorisés des TNO.

Le service de respect de la culture et de lutte contre le racisme nouvellement créé coordonnera les efforts à l'échelle du système pour contrer le racisme à l'égard des Autochtones, donnera la formation sur le respect de la culture et la lutte contre le racisme et participera aux travaux liés à l'exécution de *Votre bien-être, notre priorité : Plan d'action sur le respect de la culture de 2018 à 2020.* Le MSSS a aussi financé la création de postes de défenseur des intérêts des patients autochtones dans les établissements de soins de courte durée en 2021-2022. Les défenseurs des intérêts des patients autochtones à Inuvik, à Fort Smith, à Hay River et à l'Hôpital territorial Stanton offriront savoir culturel et soutien spirituel et émotionnel aux clients qui accèdent aux soins de santé.

Introduction

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

This Annual Report fulfills the Department's obligations to report to the Legislative Assembly on the preceding year's operations and financial position, operations of the Medical Care Plan, and significant strategies and initiatives under departmental action plans in accordance with the *Financial Administration Act*, the *Hospital Insurance and Health and Social Services Administration Act*, and the *Medical Care Act*. This Annual Report also presents the financial results for the Department.

The GNWT, like other Canadian jurisdictions, is taking a proactive approach to improving accountability for the delivery of publicly funded health and social services. The HSS budget makes up 28.9 percent of the overall GNWT's budget[2]. 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 progressing on key organizational aims.

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

STRUCTURE OF OUR SYSTEM

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

[2] Based on 2021-22 Revised Estimates. Government of the Northwest Territories, *Main Estimates 2022-2023* p. xi.

WHAT WE DO

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

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

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

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

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

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

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

VISION

Best Health, Best Care, for a Better Future.

OUR MISSION

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

OUR VALUES

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

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

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

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

OUR STRATEGIES

In 2021-22, the Department continued to implement the renewed strategic planning approach aligned with the Quadruple Aim Framework. The Quadruple Aim Framework is a balanced approach consistent with high performing heath systems. The four aims, serving as goals for the HSS system, are:

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

Several strategic priorities continued to be implemented under each system goal in 2021-22. This Report focuses on key initiatives advanced by the Department. This Report also summarizes the HSS response to the COVID-19 pandemic by the Office of the Chief Public Health Officer (OCPHO) and the COVID-19 Coordinating Secretariat, as well as other program areas that had to pivot or adapt operations to ensure continued availability of services through the pandemic.

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

This goal focuses on the HSS system's efforts on promotion, disease prevention, and targeted access to programs and services for high-risk populations. This includes actions aimed at achieving the Mandate Priorities of: *Increasing food security through locally produced, harvested, and affordable food*, specifically through the implementation of a meat inspection regulatory framework; and *Strengthen the government's leadership and authority on climate change*, through supporting our government's climate change initiatives.

GOAL: BETTER ACCESS TO BETTER SERVICES

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

GOAL: QUALITY, EFFICIENCY AND SUSTAINABILITY

Cost pressures and the increasing demand for programs and services require efforts to manage the growth in expenditures and maximize the return on all our investments. The HSS system is focused on improving the quality and operational efficiency of core health and social services, ensuring that data, research, and technology are used to remain responsive to patient and provider needs.

GOAL: STABLE AND REPRESENTATIVE WORKFORCE

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

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

Reporting Progress on Our Strategic Priorities

Health of the Population and Equity of Outcomes

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

COVID-19 OVERVIEW

In 2021-22, activity at the Department continued to be impacted by the COVID-19 pandemic. In preparing for the transition from a pandemic response to a sustained endemic response to COVID-19, the Department continued to focus on its four key objectives: i) providing a coordinated response to COVID-19 while planning for the transition from pandemic response to endemic response, ii) communicating with residents and key stakeholders, iii) maintaining transparency to residents and key stakeholders, and iv) realizing efficiencies. The COVID-19 Coordinating Secretariat worked with the Department and the HSS Authorities to implement public health orders related to the easing of restrictions, to develop messaging, and provide regular updates to Indigenous leaders, the NWT Association of Communities, and other key stakeholders and residents.

Vaccination was an essential component of the Department's response to the pandemic in 2021-22. In June 2021, ***Emerging Wisely 2021: Step by Step Together***, a framework that outlined the strategy for safely resuming activities in the NWT, was released by the Chief Public Health Officer (CPHO). Under this plan, decisions on how and when to relax public health measures were outlined, based on vaccination levels in the NWT and across Canada, and the number of daily new cases in Canada.

As waves of the new COVID-19 variants swept through the NWT and the rest of Canada, the CPHO adjusted public health orders, and implemented temporary restrictions in affected communities when necessary to contain transmission and protect NWT residents. By following these temporary measures and public health recommendations, case counts in affected communities came down and the temporary public health measures were lifted. The HSS system was also able to quickly mobilize increased testing clinic hours and provided the option to business, organizations, and gatherings, to adopt a proof of vaccination requirement, which would allow for higher occupancy. In late 2021, in an effort to reduce severe outcomes and respond to the impact of waning immunity, the HSS system started offering booster doses to everyone 12 years of age and over and began rolling out vaccines to children aged 5-11.

On March 1st, 2022, because of a significant decrease in cases and reaching territorial target vaccination rates, the CPHO eased restrictions on self-isolation requirements, travel restrictions and gatherings. The NWT remained under the Public Health Emergency until March 31, 2022, when the last remaining public health orders were lifted and the COVID-19 Coordinating Secretariat was set to dissolve in April 2022.

PUBLIC HEALTH MEASURES

The pandemic remained a top priority of the Department in 2021-22, with most of the public health measures directed by the COVID-19 response. Public health measures included:

- On October 12, 2021, a Proof of Vaccination Credential (PVC) system was launched which allows residents to access and download their COVID-19 vaccination records through an online form, consistent with federal requirements;
- DetectNWT was launched which provided free rapid antigen test kits to allow organizations, businesses, schools, and daycares to administer rapid screening in their workplaces;
- DetectNWT also provided rapid antigen kits to travellers entering the NWT at airports and road crossings, to help identify asymptomatic individuals with COVID-19 to prevent spreading the virus;
- Also in October 2021, the At-Home COVID-19 Student Screening Program, a joint initiative between the Department and the Department of Education, Culture and Employment, was rolled out in select NWT schools to maintain frequent testing of students in the interim period before a vaccine was available to children between the ages of 5-11 years old;
- The OCPHO worked with the Authorities to guide and build capacity related to contact tracing and protect the public through early identification and isolation guidance;
- To help support the GNWT's goal to vaccinate as many residents as possible, with targeted efforts to address hesitancy in the unvaccinated population, the NTHSSA offered drop-in hours and pop-up clinics in high traffic locations and had the vaccine available in all communities with nursing staff on a regular basis;
- Increased the rollout of COVID-19 vaccines to all eligible residents 5 years and older in all NWT communities. As of March 31, 2022, 85% of the NWT population aged 5 and older is partially vaccinated, 81% of the total population is fully vaccinated, and 98, 521 doses were administered; and
- The Department implemented a wastewater surveillance program in a number of NWT communities as a cost-effective means to test for COVID-19 in a wide population. Wastewater samples continued to be accurate indicators of COVID-19 activity in 2021-22, and the Department was provided $126,000 for resources and equipment by Health Canada.

Public health measures were followed until March 31, 2022, when the Declared State of Public Health Emergency Order was lifted.

PUBLIC HEALTH INITIATIVES

The Meat Safety Regulations support the NWT Agriculture Strategy and the 19th Legislative Assembly's Mandate commitment to *Increase food security through locally produced, harvested, and affordable food* while supporting safe food production by NWT food producers. The Department is committed to the implementation of a meat inspection regulatory framework for locally produced and sold meat products by Spring 2023. To advance this work in 2021-22, public engagement was done including letters sent to stakeholders and a discussion paper posted on the GNWT's *Have Your Say* website.

The Department also supported the Mandate commitment to *Ensure climate change impacts are specifically considered when making government decisions.* As part of the *NWT Climate Change Strategic Framework 2019- 2023 Action Plan*, the Department completed a comprehensive *Climate Change and Health Vulnerability Assessment Report* (Assessment) to assess health risks of residents that are posed by climate change. Data was analyzed to identify current and potential future climate change impacts for each eco-region within the NWT. The Assessment's findings and recommendations will help refine the existing Action Plan and program activities, and several broad areas of focus for next steps under the Action Plan were identified. In 2021-22, the Department continued to work with other GNWT Departments to support commitments under the Action Plan that included:

- Participation in the NWT Climate Change Council to share the results of the Assessment;
- Working with the ENR Climate Change Air Quality Unit to plan further engagement with affected parties, specifically Indigenous populations, on the Assessment and climate change impacts on health;
- Production of educational materials regarding key climate change impact concerns, including flooding and air quality; and
- Participation and collaboration in interdepartmental work on issues of mental health and social well-being, injuries, food and water security, environmental contaminants, extreme weather events and natural disasters, chronic diseases, and infectious disease. Planning has also included health system readiness in response to increased wildlife activity due to climate change.

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

In 2021-22, the Department continued to advance the vision for Primary Health Care Reform (PHCR) to build a culturally safe and relationship-based health and social services system. PHCR is a system initiative focused on enhancing primary health care across the NWT by providing residents with the right care, from the right provider, at the right time and place. It includes a portfolio of demonstration projects that take a holistic approach to health and wellness recognizing the impacts of issues like poverty and intergenerational trauma. Projects are locally led and driven by community priorities and health system data.

In 2021-22, PHCR demonstration projects sought to test different approaches for enhancing primary health care. Integrated Care Team projects initially launched in 2020-21 in Yellowknife. Fort Smith continued implementation, and design and planning work for a new project in Fort Good Hope continued.

Early planning for testing intergenerational diabetes prevention and management land-based camps was completed in partnership with the Tłı̨chǫ Government, Dehcho First Nations, Tłı̨chǫ Community Services Agency, and NTHSSA – Dehcho Region. Project scoping and identification continued in Hay River and the Beaufort Delta region.

The Department continued to partner with Hotìì Ts'eeda and the Institute of Health Economics of Alberta for an external evaluation of the impact of the transition to Integrated Care Teams.

In addition, HSS continued to work towards eliminating systemic racism by establishing a new Cultural Safety and Anti-Racism unit. This unit continued to support work on the completion of activities identified in the *Caring for Our People: Cultural Safety Action Plan 2018-2020*, that continued to be carried out in 2021-22. This included the development and delivery of Cultural Safety and Anti-Racism training; the made-in-the-NWT training program, designed by an all-Indigenous staff team, launched in June 2021. Although the delivery of this in-person training was impacted by COVID-19, in 2021-22, five training sessions took place in Yellowknife, and one in-person training session took place in Fort Providence. A total of 127 staff participated in training sessions.

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

ORAL HEALTH SERVICES

Oral health is a key indicator of general health, well-being, and quality of life. Through the *Northwest Territories Oral Health Action Plan* that was extended to 2022-23, the Department continued to focus on improving oral health, particularly in children and youth, through innovative oral health promotion, supporting the integration of oral health into primary health care, improving systemic supports, and providing sustainable, culturally safe services.

HSS continued to advance Oral Health Action Plan initiatives, such as launching the "Speak the Tooth" social marketing campaign in October 2021. This strength-based campaign featured 16 children from all regions of the territory to raise awareness on the importance of good oral health and to help change key oral health behaviours, particularly in families. Two runs of the campaign took place where a 60 second video and 30 second video were released in both English and French.

In response to community engagement revealing that access to affordable oral health supplies is a barrier to families achieving good oral health, the Department began an initiative to ensure that free oral health hygiene supplies were available to all NWT residents. Between February 2021 and December 2021, health centres, public health units, community-based organizations, schools, and some Indigenous Governments received and distributed a variety of oral hygiene products, such as toothbrushes, toothpaste, and dental floss sticks.

Beginning in January 2021, in partnership with Aurora College the development and inclusion of oral health content has been underway within curriculum for their professional training programs. Two oral health books were developed and implemented, one for preschoolers and one for the early school years population (grades 1-3). Further, in 2021-22 an animated short story for school-age children on the importance of oral health care began development with plans for translation into all 11 official languages.

DENTAL SERVICES TO NWT COMMUNITIES

In 2021-22, dental services were resumed in ten communities following the suspension of services in March 2020 by Indigenous Services Canada (ISC) due to safety concerns resulting from COVID-19.

The dental treatment services that are provided in communities are services funded by the federal government's Non-Insured Health Benefits Program (NIHB). The Department recognizes the need for access to dental services and takes seriously the role of assisting ISC and dentists in providing these services in communities where feasible and safe to do so, by supporting coordination of dental team visits and facilitating access to space in community health centres for dental services.

PRIORITY: IMPROVE AVAILABILITY AND QUALITY OF SERVICES FOR VULNERABLE POPULATIONS

MEDICAL ASSISTANCE IN DYING

On March 17, 2021, amendments to the Criminal Code of Canada came into effect to expand the eligibility criteria for persons seeking medical assistance in dying (MAID) based on whether a person's natural death is reasonably foreseeable. The Department revised the GNWT Medical Assistance in Dying Interim Guidelines and corresponding forms used by practitioners to align with the new provisions of the Criminal Code. The Department continues to monitor federal work examining options for further expansion of the MAID regime. The Department along with health and social services partners, are working with the Canadian Association of MAID Assessors and Providers (CAMAP) to offer training to health care providers. Training will include an overview of the federal MAID framework, process required to complete MAID assessments, and information to provide MAID in the NWT context.

DISABILITY ACTION PLAN

In 2021-22, the Department continued to implement commitments identified within the GNWT Disability Action Plan, that focus on improving communication and collaboration, increasing access to disability related programs and services, and addressing the social determinants of health and disability.

In May 2021, the Department initiated a review of Supported Living (SL) Services for adults with disabilities. The goals of the SL Review (Review) were to identify strengths and gaps in current services, develop a renewed person and family-centered, culturally safe, and inclusive model for delivering SL services in the NWT, and examine how to reduce reliance on out-of-territory

SL services and strengthen services in the NWT. Strategic advice and leadership for the Review was provided by the Supported Living Steering Committee and by the Supported Living Advisory Group which the Department formed to gather knowledge and feedback from persons with lived experience. The Review involved significant engagement with SL service users, service providers, family and caregivers, and the public. The Review activities were completed in 2021-22; the Review report was scheduled to be complete in 2022-23.

BUILDING FETAL ALCOHOL SPECTRUM DISORDER KNOWLEDGE AND AWARENESS

In September 2021, to improve knowledge related to Fetal Alcohol Spectrum Disorder (FASD) and to support FASD awareness month, the Department collaborated with the Youth and Adult FASD coordinators in the NTHSSA and with NGOs in the disability sector to create two awareness videos. These videos are highlighted on the Department's website and social media platforms.

WELLNESS AND RECOVERY CENTRE

The Department continued to work with the NTHSSA and the Department of Infrastructure to find a suitable, long-term location in Yellowknife for the Wellness and Recovery Centre. The Wellness and Recovery Centre will provide shelter, consulting, and community wellness spaces to support vulnerable populations under the *Mental Wellness and Addictions Recovery Action Plan*.

In 2021-22, stakeholder engagement meetings with Indigenous groups, the NTHSSA, the City of Yellowknife, Housing NWT[3], NGOs, friends and neighbours of the project, and other interested parties, as well as internal stakeholders were completed. Through these meetings, the preferred suite of programs to be incorporated in the facility was confirmed. The facility will be developed with a cultural safety lens and will incorporate Indigenous culture into the facility design with a community hall space enabling traditional healing practices. The list of program occupancies for the new facility includes a Day Shelter; Sobering Centre; administration area; community hall/ traditional healing and ceremonial space; and multi-departmental service space. Upon a request for proposal process, a contract for the design of the facility was awarded in August 2021.

TEMPORARY DAY SHELTER

Following the closure of the temporary day shelter in the Mine Rescue Building in Yellowknife, the GNWT issued a local State of Emergency on October 19, 2021. This allowed for the use of the former Northern Frontier Visitor's Centre lot for the provision of day sheltering services. Working with the NTHSSA in partnership with the Department of Municipal and Community Affairs, the City of Yellowknife, and local contractors, the new temporary day shelter opened at this location on December 6, 2021. Due to the high risk of community spread within the population accessing shelters, efforts continued to support shelter users across the territory to receive the COVID-19 vaccine. This facility will remain in service until the Wellness and Recovery Centre is in place.

[3] Beginning April 1, 2022 the NWT Housing Corporation became known as Housing NWT. While this change occurred in 2022-2023 for consistency this updated language will be used throughout this document.

ANTI-POVERTY INITIATIVES

The Department works with other GNWT departments to ensure residents have access to supports they need so that they can live in dignity, are free from poverty, and are active members in their communities. Through initiatives like the Anti-Poverty Roundtable, the Anti-Poverty Fund and *Working Together II: An Action Plan to Reduce Poverty in the NWT* (Territorial Anti-Poverty Action Plan 2019-2022), the GNWT is taking steps to address poverty in key areas like income support, food security, and homelessness. The Department provides support for food security through the Anti-Poverty Fund, Healthy Choices Fund, Collective Kitchens, and Nutrition North Nutrition Education program.

The Department is responsible for the annual administration of the Anti-Poverty fund to community-based organizations to support local poverty reduction projects. In 2021-22, the value of the fund increased from $1 million to $1.75 million, and fifty-two projects led by community and Indigenous organizations from all NWT regions were awarded funding. Since the fund's inception, approximately $7.75 million has been distributed.

Better Access to Better Services

PRIORITY: CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement (CQI) refers to efforts to improve the quality of our services in response to regular program and service monitoring. CQI initiatives were primarily led by NTHSSA and supported by the Department. Areas of focus in 2021-22 were cancer screening, chronic disease management, and rapid testing.

PRIORITY: IMPROVE THE EXPERIENCE OF PATIENTS

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

The HSS system conducts regular questionnaires to measure self-reported satisfaction with HSS services, including the Patient Experience Questionnaire (PEQ) and the Community Counselling Program Client Satisfaction Questionnaire. The 2022 PEQ (Inpatient and Outpatient) were distributed beginning in March 2022, with a focus on greater translation services and ensuring residents have options on how to provide feedback.

INDIGENOUS PATIENT ADVOCATES

The introduction of Indigenous Patient Advocates (IPAs) align with the HSS system's commitment under the *Caring for Our People: Cultural Safety Action Plan 2018-2020* Objective 4 - Improve Client and Community Experience. This objective sets out a "Nothing About Us Without Us" approach to Indigenous experience. IPAs will work to improve cultural safety and patient experience by supporting Indigenous patients in resolving concerns, complaints, and questions, and bridging cultural and language barriers. This includes ensuring access to cultural, spiritual, and emotional support such as connection to family, Elders, and community partners, and ensuring the provision of culturally safe care.

New funding was provided in 2021-22 to establish IPAs in Acute Care Units located in Inuvik, Hay River, Fort Smith, and at the Stanton Territorial Hospital. The IPA program will roll out in 2022-23. In addition to providing front line service, the IPAs will contribute to the design and implementation of a pilot project to establish an Indigenous Client Experience Council. This will ensure program and policy design are informed by direct client experience and will help to identify barriers caused by systemic racism.

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

The HSS priority to ensure that mental wellness and addictions recovery services are available and accessible to NWT residents aligns with the Mandate commitment of the 19th Legislative Assembly to *Increase the number and variety of culturally respectful, community based mental health and addictions programs, including aftercare*.

The Department is committed to the ongoing enhancement of mental wellness and addictions recovery programming with the recognition that recovery looks different for every individual. The Department continued to implement the *Child and Youth Mental Wellness Action Plan* (2017-2022). Also, the Department continued to address priorities set out under the *Mental Wellness and Addictions Recovery Plan* (2019-2021). This Plan outlines the actions across the continuum of services to address gaps and enhance services using person- and family-centered and culturally safe approaches, and support those with mental wellness and addictions challenges.

Key activities in 2021-22 included:

- Continued implementation of a Stepped Care 2.0 approach (within the CCP);
- Continued implementation of the Child and Youth Counsellor (CYC) initiative;
- Establishment of two new funds: Addictions Recovery and Aftercare Fund and Addictions Recovery Peer Support, and administration of four funds to support community-based initiatives, including: On the Land Healing, Addictions Recovery Aftercare, Addictions Recovery Peer Support, and Community Suicide Prevention;
- Development and implementation of Managed Alcohol Programming;
- Engagement to inform an initial draft of the NWT Alcohol Strategy;
- Development of standards and procedures for Transitional Housing for Addictions Recovery; four organizations interested in operating transitional housing programs were identified through an Expression of Interest.

STEPPED CARE 2.0

The HSS system continues to advance mental wellness and addictions recovery services, guided by the Child and Youth Mental Wellness Action Plan and the GNWT Mandate commitment, and under the four key directions of the *Mind and Spirit Strategic Framework.* The Department has adopted the Stepped Care 2.0 approach within the CCP and continues to ensure individuals and families have access to the right level of care when and where they need it. The goal of this recovery-oriented approach is to empower residents, offer more choice, and reduce gaps and barriers in service. In 2021-22, same day and drop-in services were available across all regions of the NWT. Implementation, training, and orientation to eMental Health initiatives and Stepped Care 2.0 has been continuous and ongoing. An evaluation of the approach is taking place with support of the Mental Health Commission of Canada (MHCC). With the implementation of this approach the Department has improved access to community-based counselling by eliminating waitlists and reducing wait times to five days in 2021-22, compared to 19 days in 2019-20. To work towards cultural safety in the delivery of services, the Department, in partnership with the NTHSSA, has also increased support and training opportunities for supervisory, management, and front-line staff in the CCP in cultural safety and anti-racism, addictions recovery, and key components of Stepped Care 2.0.

CHILD AND YOUTH COUNSELLING INITIATIVE

The Department and the Department of Education, Culture and Employment (ECE) partnered with the ten Education Authorities and the three HSS Authorities to improve and expand on existing counselling services through the establishment of the CYC initiative in NWT schools and communities. This initiative is an important expansion of the CCP as it provides communities across the territory with specialized mental health care to meet the unique needs of children and youth. 2021-22 marked the final year of the initiative's four-year implementation plan, and the roll out of the initiative concluded with the hiring of nine additional Counsellors and one Clinical Supervisor in the South Slave region, bringing the territory to a total of 42 Counsellors and seven Clinical Supervisors hired.

NWT ALCOHOL STRATEGY

The NWT Committee on Problematic Substance Use, a committee co-chaired by the Department and the Department of Justice with partners from other GNWT departments, continued work on the development of an NWT Alcohol Strategy. The creation of an NWT Alcohol Strategy was in response to the Canadian Alcohol Policy Evaluation (CAPE) and feedback from stakeholders. The intent of the NWT Alcohol Strategy is to provide recommendations for a whole-of-government approach to reducing alcohol-related harm.

The Committee presented to the Indigenous Advisory Body in May 2021 to collect feedback on the development of the Alcohol Strategy and a follow up presentation was provided in December 2021. Addictions medicine pathway mapping occurred as well as engagement with sub-populations. The Department held a virtual meeting in March 2022 to gather feedback from Indigenous Governments, community governments and Indigenous organizations. Draft recommendations are currently being circulated to stakeholders, with an anticipated release date of recommendations of Winter 2023. Direct community engagement, with supports provided if there is an interest in creating a community-led, local alcohol strategy, began in Spring 2022.

ADDICTIONS RECOVERY AND AFTERCARE FUND

In August 2021, the Department established an Addictions Recovery and Aftercare Fund to increase access to addictions recovery and aftercare support and programming in communities. The Fund, which is application-based and valued at $750,000 annually, supports the hiring of local community-based counsellors who can support individuals working towards addictions recovery, and/or addictions aftercare programming at the community level. The Department has seen a great deal of interest in this Fund since its launch, with 14 proposals received and nine agreements in place in 2021-22 totaling a combined $470,463.

ADDICTIONS RECOVERY SURVEY

An Addictions Recovery Experiences Survey was distributed across the NWT to analyze the effectiveness of addictions recovery services in meeting the needs of residents, aligning with commitments under the *Mental Wellness and Addictions Recovery Action Plan* (2019-2021) to understand where objectives are being met. The survey was conducted to elicit feedback from residents who identified as having lived/living experience in addictions recovery and it explored people's experiences with a variety of addictions recovery supports and services available across the NWT. The results of the Addictions Recovery Experiences Survey were tabled in the Legislative Assembly in November 2021. Results identified the priorities for those using the services and will inform next steps around the need for an NWT-based treatment facility and a Territorial Alcohol Strategy. The Department is committed to improving services based on the common themes identified through the survey (i.e., the need for

coordination and integration, more supports at the community level, and better aftercare support) to provide the best possible services and care to help people achieve their recovery and wellness goals.

ON THE LAND HEALING PROGRAMS AND AFTERCARE

The Department administers the On the Land Healing Fund, a fund that is available to Indigenous Governments and Indigenous organizations in the NWT to support land-based healing initiatives. The aim of the fund is to support community-based and operated on-the-land programs that have clear community-stated goals and outcomes for mental wellness and addictions recovery.

In 2021-22, support for On-the-Land Healing programs totaled $1.825M, including nine agreements with Indigenous Governments and community organizations as well as the Department's contribution to the NWT On The Land Collaborative, which in 2021-22 totaled $100,000.

The Department conducted an evaluation of the On the Land Healing Fund, which was completed in April 2021, and a report on findings was made available to Indigenous Governments in June 2021. The evaluation resulted in 13 recommendations to the Department to improve overall administration of the On the Land Healing Fund. The Department has taken steps to address recommendations resulting from the evaluation and continues to work with Indigenous Governments to further support the important work they are leading.

MANAGED ALCOHOL PROGRAM

Controlled access to alcohol was provided as part of the COVID-19 response for individuals experiencing homelessness. This response was not a formalized managed alcohol program, but rather an interim measure to help people stay isolated when necessary and reduce the chance of withdrawal. Since May 2020, the Department has supported the Yellowknife Women's Society (YWS) to operate the Spruce Bough (former Arnica Inn) as part of the COVID-19 response. In May 2021, a Managed Alcohol Program Advisory Committee was also established to oversee the development of Managed Alcohol Program (MAP) Standards and Program Guidelines with input from service-providers and service-users. The Department completed a review of these COVID-19 response activities and developed a report, *The Alcohol Distribution Services in the Northwest Territories: Lessons Learned* which was finalized in October 2021. This work informed the development of standards and a monitoring approach for an NWT Managed Alcohol Program. Plans are underway to support the Yellowknife Women's Society to pilot a more formalized MAP in 2022-2023.

PEER SUPPORT PROGRAMS

Peer support programs offer emotional, social, and informational support to individuals who share common experiences. Common examples of peer support in addictions recovery include Alcoholics Anonymous and Wellbriety. In 2021-22, the Department established a Peer Support Fund to increase access to addictions recovery peer support programming in communities. The Peer Support Fund provides funding for training and/or operational expenses (i.e., space rental, refreshments) with the goal of reducing any financial or knowledge-based barriers to the delivery of community-based peer support and to assist communities to build capacity for the delivery of community-based aftercare supports. In 2021-2022, there were two agreements in place totaling $55,975. Additional work is being done to advertise all mental wellness and addictions recovery funds and it is anticipated as funds become more well known that demand will increase.

SUICIDE PREVENTION AND CRISIS RESPONSE

The NWT faces high rates of suicide which are approximately twice the national average. The HSS system offers a variety of supports to prevent suicide and support those impacted, including services such as the Community Counselling Program, land-based healing programs, NWT Helpline, and psychiatric care and treatment. In addition, in 2021-22 the Department and the NTHSSA continued work to support a Suicide Prevention and Crisis Response Network focused on three key areas to address suicide: Prevention; Intervention; and Crisis Response. The establishment of a Suicide Prevention and Crisis Response Network is a commitment in the *Child and Youth Mental Wellness Action Plan* (2017-2022). The Community Based Suicide Prevention Fund was fully allocated in 2021-22, with six agreements in place to support community-based suicide prevention initiatives totalling $224,384. Other work completed includes the development and implementation of two Suicide Risk Assessment tools, one for adults and one for youth, that can be used by health professionals across the system; the development and implementation of Suicide Risk Assessment training; and the establishment of a regional response approach to provide crisis support and surge capacity when required.

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

AGING IN PLACE

Between 2020 and 2035, the NWT senior population, age 65 and over, is projected to nearly double, with the number of older seniors (75+) expected to increase by 166%. This growth in the senior population will drive demand for Long-Term Care and Home and Community Care services, as well as other social supports. To meet the needs of the increasing number of seniors in the NWT, and to support seniors to remain in their home communities, the GNWT has committed under the 19th Legislative Assembly Mandate to enable seniors to age in place with dignity.

In 2021-22 the Department continued implementation of the *Continuing Care Services Action Plan*. The Action Plan has guided the work of the Department across Home and Community Care and Long-Term Care programs from 2017-18 to 2021-22. The Action Plan aimed to reduce some of the gaps in the HSS system for seniors and other adults who require supportive services to remain living at home.

The Department initiated planning to advance Mandate activities to enable seniors to remain living in community. This involved working with other GNWT departments and community partners to plan for the development of an NWT Seniors Strategy and the delivery of Age Friendly Community Grants.

HOME AND COMMUNITY CARE

In 2021-22, the Department began addressing 15 of the 22 recommendations outlined in the Home and Community Care Review, using federal funding to enhance key areas for improvement. Federal funding was provided to the HSS Authorities for Home Care positions to improve oversight for Home Support Workers in small communities; increase clinical supports for clients with complex health needs; expand hours of service to better meet the needs of Home and Community Care clients; and improve data collection to monitor Home and Community Care service delivery more accurately.

In June 2021, the Department collaborated with Indigenous Services Canada to hold an engagement session with Indigenous Governments with the goal of receiving input to improve the Home and Community Care program's responsiveness to the needs of Indigenous residents. The Department shared the findings of the Home and Community Care Review with Indigenous Governments and highlighted work the Department is taking to address recommendations of the Review.

LONG-TERM CARE

The Department is committed to providing equitable access to high-quality Long-Term Care (LTC) services for seniors whose care needs can no longer be met in their own homes and communities. An updated LTC plan was developed and approved in 2021-22 based on the results of updated bed projections completed in summer 2020. The revised plan reduces the overall number of beds to be developed in alignment with the LTC bed projections, and proposes smaller facilities being developed in more communities. In April 2021, the Department held engagements with stakeholders in Hay River and the Beaufort Delta regions to discuss these new projections.
The Department also shared updated plans and received feedback from community partners on how to enhance services in home care and work with community partners to enhance aging in place.

To ensure LTC services are safe and meet residents' needs, standards for LTC are being updated and the HSS system is preparing for implementation of interRAI assessment tools. In 2021-22, the median wait time for a LTC placement was 73.5 days.

OFFICE OF THE PUBLIC GUARDIAN

The Department is committed to improving the continuum of supports for decision-making for adults with intellectual disabilities. The Guardianship and Trusteeship Act enables a family member, friend, or the Public Guardian to be appointed as legal guardian for adults who do not have the capacity to make personal or healthcare decisions. The Department initiated work to ensure timely access to Guardianship services and to streamline and modernize the processes of the Office of the Public Guardian. A Performance Monitoring Framework was developed in 2021-22 and the Department continues to research options to improve client data management and facilitate program data collection to allow more efficient and effective monitoring of Office of the Public Guardian services based on the recommendations of the Office of the Public Guardian reviews. Improvements based on the recommendations are expected over the next two fiscal years.

As of February 11, 2022, the Office of the Public Guardian's caseload included 84 represented persons under Public Guardianship; 94 represented persons under private guardianship; 59 new referrals for private and public guardianship in various stages of the application process; and 37 overdue reviews of guardianship orders.

PAID FAMILY/COMMUNITY CAREGIVER PILOT PROJECT

The Paid Family/Community Caregiver (PFCG) pilot project was implemented in five communities in 2020-21 and 2021-22 in collaboration with community organizations. The PFCG project was identified as an activity under the *Continuing Care Services Action Plan* to improve Home and Community Care services and caregiver supports. The pilot project gives clients and caregivers an option for accessing supports according to their assessed care needs, while reducing pressure on the Home Care system, and also supports family caregivers when the care needs of their loved ones exceed their capacity.

An evaluation of the pilot was completed in January 2022, and it was decided to continue the PFCG for another year to allow the Department time to also review findings of the Supported Living Review and Senior Strategy engagement process before determining how this service option will continue in the future.

SENIORS PROTECTION

Older adults can be vulnerable to abuse if they rely on others, including family members or caregivers, for assistance and support in daily living. The Department began research and work related to service and regulatory approaches to preventing senior abuse in Fall 2021, starting with a jurisdictional scan. The Department continues to work with the NWT Seniors' Society as the lead of the Network to Prevent Abuse of Older Adults and are looking at additional ways to increase awareness and educate Elders, communities, and service providers about Elder abuse.

GNWT SENIORS STRATEGY

To meet the needs of the increasing number of seniors in the NWT, and to support seniors to remain in their home communities, the GNWT has committed to *Enabling seniors to age in place with dignity* as a priority of the 19th Legislative Assembly. This is an all-of-government effort. The Department worked with GNWT departments and community organizations to develop an online survey to collect feedback from residents and stakeholders about what supports and services are required to support aging in place. The Department also initiated work to implement an Age Friendly Community Grant program. In early February 2022, the Department amalgamated the Age-Friendly Community funding within the Healthy Choices Fund for 2022-23. This aligns with GNWT efforts to create more stream-lined and efficient processes to support and build community capacity.

PRIORITY: IMPROVE SERVICES AND SUPPORTS FOR CHILDREN AND THEIR FAMILIES

CHILD AND FAMILY SERVICES

*Note: For more detailed information, please refer to the **Director of Child and Family Services Annual Report 2021- 2022**, which was publicly released in October 2022.*

The Department made steady progress in transforming Child and Family Services to better meet the needs of children and youth. The *Child and Family Services (CFS) Quality Improvement Plan (QIP*) guided system improvement initiatives throughout 2021-22.22. As of March 31, 2022, 40 action items are completed (57.1%), 27 are on track (38.6%), 1 is on temporary hold (1.4%), while 2 are delayed (2.8%).

Key highlights from the Department related to the QIP in 2021-22 include:

- Key investments in the CFS system, which introduced 16 positions focused on frontline capacity, family preservation, placement services, supervisory support, and training and cultural safety.
- Creation of a streamlined approach to re-appoint Child Protection Workers returning to the system following a leave of absence. This continues to alleviate delays related to the Appointment process and assist with retention of qualified staff.
- Delivery of mandatory refresher trainings for all CFS staff based on key internal audit findings.
- Development of an online learning platform to ensure CFS training resources and virtual training opportunities are accessible to all staff.
- Development and implementation of an enhanced Adoption Worker training.
- Practice standards updated to align with the principles of the federal *Act respecting First Nations, Inuit and Métis children, youth and families*.
- Continued implementation of support services to youth and young persons who would ordinarily age out of receiving CFS during the COVID-19 pandemic.
- Continued availability of Brief Service Agreements during the COVID-19 pandemic to families for short-term or one-time financial assistance for necessities, such as for diapers, food, or fuel.

In 2021-22, Child and Family Services worked to evolve a one-year action plan to act as a "bridge plan" to link the 2019-21 QIP with a broader plan for system reform initiatives. This one-year action plan will be implemented in April 2022.

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

The federal *Act respecting First Nations, Inuit and Métis children, youth and families* (Federal Act) sets out minimum principles and standards for service provision that apply across Canada. Since January 2020, the Department has been working to advance the mandate of the Federal Act by implementing the national principles and standards in the delivery of CFS in the NWT. In 2021-2022, Child and Family Services continued to work with Indigenous governments and communities by sharing data and information, engaging in ongoing dialogue on service delivery, and by supporting Indigenous governments in planning for children and youth.

In 2021, the Inuvialuit Regional Corporation passed the *Inuvialuit Qitunrariit Inuuniarnikkun Maligaksat* and made a request under the Federal Act to enter into a coordination agreement. As a result, the Department has been working in collaboration with the Inuvialuit Regional Corporation and the federal government to finalize a coordination agreement.

FAMILY VIOLENCE PROGRAMS

The Department provides a number of services and supports for individuals impacted by family violence. The Department participates in an Interdepartmental Family Violence Working Group that is developing a GNWT approach to family violence in the context of work that is underway to help set priorities.

Key activities to reduce family violence also included the development and distribution of a series of 'Did You Know?' Public service announcements in collaboration with our community partners; the delivery of the 'What Will it Take?' social marketing campaign; working in collaboration with NTHSSA and the family violence shelters to support them in implementing standards and developing an audit plan; and Support for the Shelter Network to help build capacity of shelters.

EARLY CHILDHOOD DEVELOPMENT

The HSS system, in partnership with the Department of Education, Culture and Employment, is tasked with advancing the Mandate commitment of the 19th Legislative Assembly to improve early childhood development indicators for all children.

The early childhood development (ECD) system is complex; the issues are interconnected and involve many stakeholders. Through stakeholder engagement, families and community members have told us that they want access to information and support, access to culturally centered development opportunities, and to services and programs that are connected. The Department has engaged with staff across the ECD system about the importance of defining a shared purpose, working across professional and program boundaries by breaking down siloes, and valuing the expertise of staff to continue to support children and families.

The Department plays a key role in the early childhood development system by leading renewal and innovation, and supporting the delivery of programs and services that address elements of early childhood development, including:

- Prenatal and postnatal education and care;
- Baby-Friendly Initiative;
- Well Baby and Well Child Services;
- Healthy Family Program and Collective Kitchens;
- Early Intervention and Rehabilitation Services, including Occupational Therapy, Physiotherapy, Speech Therapy and Audiology;
- Oral Health Services; and,
- Child and Family Services.

The HSS system designed a portfolio of actions (2021-2024), taking a transformational approach to promote, support and protect families' connectedness and create enabling environments for positive ECD. Actions seek to increase access to primary preventative services and information; redesign early childhood programs and services according to Indigenous knowledge and worldviews; and to address the broader social inequities and determinants of health.

INTEGRATED SERVICE DELIVERY MODEL

ECD is a strategic priority that requires a holistic and whole-of-government approach to achieve transformation and provide integrated service delivery that is culturally safe and trauma-informed. Integrated service delivery is a child-focused and family-centered approach to improving early childhood outcomes by strengthening collaboration among departments, service providers, and communities. The development of an integrated service delivery approach to early childhood programs and services has been included in the Mandate of the 19th Legislative Assembly, and in the *NWT Right from the Start Framework (2013-2023)*. From 2021-23, the Department is collaborating with partner departments, including the Department of Education, Culture, and Employment as co-lead for ECD Mandate items, to transform its system. In 2021-22, a Memorandum of Understanding was created between the two departments and a work plan was established for an ECD-Integrated Service Delivery working group. The workplan outlined the actions needed to develop an approach for ECD Integrated service delivery in the NWT. A needs assessment, literature review of integrated models, and community-capacity building tools and resources are being developed in 2022-23 to support local planning and testing of integrated approaches.

MATERNAL CARE

The Department is working to strengthen high quality and skilled care within the maternity, newborn and reproductive care system that is grounded in cultural safety and principles of relationship-based care. From 2021-2024, the HSS system is addressing gaps in ECD through the establishment of a reproductive, perinatal, infant, child health and Indigenous birthwork model of care, including the expansion of the Territorial Midwifery Program. A new governance structure, with multidisciplinary membership from across the HSS system as well as participation by community organizations, was established in 2021-22 to support the identification of issues and gaps within the system, recommendations for change, and the development a holistic model of care that supports collaboration and continuity across maternity, newborn and reproductive care services. The Department is taking action to support efforts by communities to revitalize and embed Indigenous knowledge and practice in the areas of prenatal and postnatal education, infant feeding, and parenting.

Key initiatives in 2021-2022 included:

- Continued development of the NWT Baby-Friendly Initiative e-learning module-based education for staff and health care providers.
- Co-leadership (with NTHSSA) of four birthing facilities in the Baby-Friendly quality improvement initiative to improve family-centered maternity, newborn care practices and safe infant feeding.
- Establishment of the first, one-year pilot of a Lactation Consultant position, supported by the Territorial Midwifery Program, to provide specialized knowledge and clinical expertise in breast/chest feeding support, lactation and safe infant feeding to families, caregivers, and staff in the NWT.
- Planning for the launch of a new social innovation project, the Baby Bundle, with projected release of the project for October 2022 in partnership with the DeBeers Group. The Baby Bundle will include items to assist with caring for a new baby during the first 6 months of life and to provide information to support new and expectant caregivers as they begin the parenting journey.

INDIGENOUS DOULA AND BIRTHWORK

Birthing on or near traditional territories in the presence of family and community support is a long-standing practice that holds Indigenous cultural significance and contributes to well-being.

In 2019, the Department funded a Doula training session to expand the available workforce and to pilot Indigenous doula training. The evaluation report findings identified a need for a NWT-specific Indigenous doula training program. Building on this pilot project, the Department supported the development of the Northern Birthwork Collective (NBC) and provided initial funding. In 2021-22, the Department continued to provide funding to NBC to support their organizational goal to develop an Indigenous Doula Training program for the NWT.

Actions to expand the midwifery workforce also create the potential for more support and development of Indigenous birthworkers at the community level, and pathways for Indigenous birthworkers who wish to pursue a northern midwifery education.

MIDWIFERY SERVICES

The Department values the contribution and role midwives play in the HSS system and is committed to the ongoing expansion of the Territorial Midwifery Program. In response to 2017 Midwifery Stakeholder Engagement, the Territorial Midwifery Program was developed including a territorial midwifery recruitment and retention plan, phased over two years to March 31, 2022, with a focus on developing a northern workforce. The newly funded positions have been successfully recruited, with ongoing staffing activities to support a full complement.

HEALTHY FAMILY PROGRAM

The Healthy Family Program (HFP) renewal is a multi-year project that seeks to learn from families and communities and respond to the Truth and Reconciliation Commission of Canada call to develop culturally appropriate early childhood education programs for Indigenous families. The program was originally available in 14 communities. From 2020-2023, the Department, together with the NTHSSA and HRHSSA, expanded the implementation and delivery of the HFP into additional communities including Łutselk'e, Fort Resolution, Aklavik, and a float position added to the Dehcho region providing services to Wrigley, Fort Liard, and Jean Marie River. The renewed program supports culturally based prevention, family and community-driven programming, and collaboration between early childhood programs and organizations.

The implementation of the renewed Healthy Family Program has been occurring since February 2021 and will continue through to April 2023; the renewal is informed by a robust implementation plan at all sites, aside from the communities of Behchoko and Whati, where the Healthy Family Support Program is delivered independently by the Tłı̨chǫ Government. To date, implementation activities have focused on activities related to organizational design, process and procedures, communication and knowledge dissemination, staff training, and monitoring and evaluation. Implementation is being supported by activities at the Department, the NTHSSA, and the HRHSSA. An implementation evaluation report was completed in April 2022 and reported on data from October 2021 to March 2022. The evaluation found:

- The renewed HFP is on track for full implementation at all sites in 2022-23.
- From October 2021 to March 2022, the revised HFP reached over 500 families with a total of over 1200 children at eleven active delivery sites. This represents approximately 30% of NWT children aged 0-6 years in 2021.
- Participant-reported experience strongly indicates that HFP is accomplishing the following implementation outcomes: programming considers culture; programming is easy to access; programming is inclusive; and programming treats participants with respect and dignity.

In June 2021, through extensive community engagement and under the guidance of health experts, Elders, caregivers, and a curriculum expert, the Department worked with Hotìì ts'eeda to create a prototype for the HFP, entitled *Families Together: Weaving Wellness and Wisdom (Families Together Toolkit)*. The prototype provides the initial approach to a curriculum framework and three practice guides aligned with each of the program streams: one-on-one, group, and community hub. From 2021-2023, the Department and NTHSSA are working together to finalize the curriculum framework, curriculum modules and practice tools; this includes review by an external advisory committee and piloting the content with staff.

In 2021-2022, a team of three Regional Coordinators, Change and Innovation was established, with positions located in the Dehcho/ South Slave, North Slave and Beaufort Delta/ Sahtú Regions. They function as stewards of change by supporting collaboration and integration with the HFP, delivering training, and providing change management expertise and creating a community of practice.

Quality Efficiency and Sustainability

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

The HSS Authorities continue to experience significant and growing deficits. All jurisdictions in Canada continue to face financial challenges in delivering services. However, the fiscal issues are greater in the NWT compared to the rest of Canada due in large part due to the high cost of delivering services, lack of economies of scale, reliance on accessing specialized services in other jurisdictions, and disproportionate need based on health status, as compared to the rest of Canada, resulting from colonization, systemic racism, and associated health disparities and social determinants.

In 2021-22, the Department continued to work with the HSS Authorities and the Department of Finance to carry out the NWT Health and Social Services System Sustainability Plan. This plan is a multi-year and multi-pronged approach to address the financial challenges facing the HSS system. The Sustainability Plan contains three major work streams:

- Internal Controls and Cost Containment.
- Operational Review & Quality Improvement.
- Funding and Service Levels.

In 2021-22, the RFP to undertake an Operational Review of the HSS system management structures and non-clinical support services models, with a focus on improving efficiency, was awarded to a contractor. An initial engagement with the contractor occurred in November 2021, followed by a project kickoff meeting with HSS system stakeholders in December 2021.

In continued efforts to mitigate expenditure increase, the Department made two significant administrative changes to the publicly funded supplementary health benefits programs in August 2021 with the implementation of the lowest cost equivalent drug policy and the long-term dispensing policy. The third significant administrative change was a six-month transition to the biosimilar initiative (implemented December 2021). These three changes will result in reduced program expenditures without compromising patients' treatment and outcomes.

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

COVID-19 SOCIAL INDICATORS

In May 2020, the Department put together a working group to begin examining whether public health measures during the pandemic were having unintended negative consequences on the well-being of residents. This report is updated quarterly, with the latest update being released in March 2022. The key social indicators reported on included child maltreatment, mental health and addictions, alcohol related harm, and family violence. For more detailed information, please refer to the full report, titled ***Social Indicators COVID-19 Pandemic***, which is available on the HSS website.

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

The NWT health information framework depends on multiple information systems to manage territorial health services for clients (patients). Two years into COVID-19 response, HSS has a backlog of aging systems, deferred maintenance, and replacement needs.

While projects were delayed previously to support the COVID-19 response, two information system investments were completed in 2021-22:

- July 2021: Pharmacy Information System replacement in Inuvik Regional Hospital; and
- November 2021: Health Care Card Application and Renewal Online form (part of the GNWT eServices Portal Project).

Moving to new health information systems presents an opportunity to review future information system needs, and to take advantage of advancements in technology to better support changes such as Primary Health Care Reform. The pandemic highlighted gaps in information, integration and tools that enable care closer to a client's home community.

Planning for retirement of core health information systems is part of a broader goal to create a more complete patient record and to improve information sharing for providers, partners, and clients. In 2021-22, the Electronic Health Record (EHR) project was initiated.

The EHR initiative is a coordinated modernization of eHealth systems across the territory. In 2021-22, progress was made to prepare the NWT for this work:

- A central fund was created from multiple streams of COVID-19 Relief Funds, to support requirements gathering, engagement efforts, and additional support resources;
- Initiatives focused on supporting COVID-19 response needs, such as the Federal Proof of Vaccine Credentials program, were aligned with EHR planning efforts wherever possible;
- Patient care record initiatives that are planned or already underway are being aligned to determine the most appropriate sequence of system replacements and new implementations; and
- Additional system replacements are planned in 2022/23.

In 2021-22, efforts were focused on requirements gathering to ensure we are best prepared to evaluate solutions based on our needs. Impact assessments will be ongoing.

Implementing EHRs is a pan-Canadian initiative that requires the collaboration of stakeholders, including the federal government, Canada Health Infoway, and the provincial and territorial governments, as well as other organizations involved in the delivery of health care.

PRIORITY: STRATEGICALLY INVEST TO EFFICIENTLY MANAGE ASSETS FOR THE DELIVERY OF PROGRAMS AND SERVICES

The Department continues to strategically invest in new infrastructure that will improve the delivery of programs and services and to better position the territory to efficiently manage assets. To support the GNWT Mandate, capital investments are focused on elders, health technology, vulnerable populations, and small communities.

Significant projects advanced in 2021-2022, and planned future projects, are listed on the following page.

INFRASTRUCTURE ACQUISITION PLAN APPROVED PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Tulita	Health and Social Services Center – Replacement	Project schedule to resume construction Spring 2023 from impact of COVID-19 delays
Inuvik	Long-Term Care Facility	Facility planning and design
Fort Simpson	Long-Term Care Facility	Planning
Yellowknife	Wellness and Recovery Center	Design
Yellowknife	Stanton Legacy Building – Long-Term Care, Primary Care Clinic, Rehab Clinic	Construction Completion in 2022-23
Yellowknife	Kitchen and Laundry Development – AVENS	Construction
Fort Simpson	Health and Social Services Center	Planning
Fort Smith	Long-Term Care Facility	Planning
Territorial	Biomedical Equipment Evergreening	Planning, Procurement, Implementation stages for various pieces of equipment

FUTURE PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Łutselk'e	Health and Social Services Center	Site Identification and Identification as a priority project
Jean Marie River	Health and Social Services Center	Site Identification and Identification as a priority project
Paulatuk	Health and Social Services Center	Site Identification and Identification as a priority project

The former Stanton Territorial Hospital is being renovated and redeveloped to provide several services as a part of the Stanton Territorial Hospital Health Campus, temporarily named the "Stanton Legacy Building". Many programs are to be included in the building, including Outpatient Rehabilitation Services, a Primary Care Clinic, Extended Care Unit (18 beds), and Long-Term Care (72 beds). The consolidation of a range of programs and services to a single health campus will support Primary Health Care Reform and Integrated Care Teams. The project began in Winter 2021 and will be complete in Winter 2023.

In 2021-22, the Department worked with the HSS Authorities to invest federal Safe Long-Term Care funding to improve infection prevention and control and health system capacity within LTC facilities. Funding was used to replace older medical equipment and purchase additional medical equipment in LTC facilities across the NWT.

Stable and Representative Workforce

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

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

A majority of HSS system initiatives aimed at addressing these priorities and supporting the 19th Legislative Assembly's Mandate priority to *Increase the number of resident health care professionals by twenty percent* are being led by the NTHSSA.

The Department supports workforce development and sustainability at the service delivery level through the review of workload standards and by funding new roles and training. In 2021-22, the Department supported the introduction of the following positions and workforce initiatives:

- Sixteen positions in Child and Family Services;
- Four positions on the Early Childhood Development team;
- Ten positions for expansion of the CYC program into the South Slave region (nine CYC positions and one Clinical Supervisor position);
- Three positions to specifically support advancing Aging in Place Mandate commitments;
- Two Content Specialist, Cultural Safety positions on the Cultural Safety and Anti-Racism team;
- Three Regional Coordinator positions for the Healthy Family Program; and
- Continued partnership and funding for Aurora College to deliver expanded education programs for Personal Support Workers and Licensed Practical Nurses in the NWT.

Cultural Safety and Anti-Racism training and program support stem from the *Caring for Our People: Cultural Safety Action Plan 2018-2020*, which sets out objectives directed at policy and service delivery levels:

- Creating an organizational culture of cultural safety;
- Strengthening staff capacity for cultural safety;
- Honouring traditional knowledge and healing approaches in care; and
- Improving client and community experience.

A new Cultural Safety and Anti-Racism unit was established in 2021-22 to lead system-wide efforts to eliminate anti-Indigenous racism and support work on the completion of the Action Plan. This unit is responsible for the development and delivery of Cultural Safety and Anti-Racism training for HSS system staff. Training rolled out in June 2021 with six sessions occurring in 2021-22. Funding for Indigenous Patient Advocate positions in acute care facilities was also approved in 2021-22 and will be implemented in 2022-23.

The Department also worked on the development of a 3-year HSS System HR Plan in collaboration with the HSS Authorities to identify labour force needs and recruitment and retention strategies. This HR Plan includes programs that promote careers within the HSS system, and that help identify gaps and develop strategies to address issues affecting staff morale and retention.

Legislative Projects in Support of Modern Health and Social Services System

The Department moved forward on several legislative initiatives in 2021-2022.

HEALTH AND SOCIAL SERVICES PROFESSIONS ACT

The *Health and Social Services Professions Act* (HSSPA) came into force on March 1, 2022, along with the first set of professional regulations for Naturopathic Practitioners. The HSSPA sets out general provisions applicable to any profession to which the HSSPA applies, such as registration, licensing, and complaints against services providers, and other profession-specific details such as scope of practice and title protection.

MEDICAL PROFESSION ACT

Work began to amend the *Medical Profession Act* to remove barriers for specialist physicians outside of the NWT being licensed in the NWT and to support the adoption of standards of practice for medical practitioners (Physicians and Specialists), through a new regulation-making power.

NURSING PROFESSION ACT

Work began to amend the *Nursing Profession Act* to facilitate the regulation of all nursing professions, including Licensed Practical Nurses and Psychiatric Nurses, under one regulator and to allow Registered Nurses to prescribe certain medications.

PHARMACY ACT

Bill 31 – an Act to amend the *Pharmacy Act* came into force December 10, 2021. The amendment authorizes electronic prescribing to reduce unnecessary visits to a pharmacy, and to support broader distribution of naloxone outside of the health and social services system.

VITAL STATISTICS ACT

Work began to make amendments to the *Vital Statistics Act* to correct a legal error with respect to mature minors' applications to change gender indicated on documents. Several other amendments are contemplated; more than two parents on certificates, certificates without gender indicator, the addition of professionals that can certify a death, and the provision of gender change certificates when not born in NWT.

NATUROPATHIC PROFESSION REGULATIONS

The first regulated profession under the HSSPA, the Naturopathic Profession Regulations came into force March 1, 2022.

TOBACCO AND VAPOUR PRODUCTS CONTROL REGULATIONS

An important strategy for chronic disease prevention is the regulation of tobacco, drugs, and alcohol. Between December 22, 2021, and January 22, 2022, NWT residents and stakeholders were invited to provide feedback on the proposed Tobacco and Vapour Products Control Regulations. Feedback was exceptionally supportive of banning flavoured vapour products. As a result, amendments were made to the *Tobacco and Vapour Products Control Act* and as of March 25, 2022, the sale of prescribed and non-prescribed flavoured vapour products has been prohibited.

MÉTIS HEALTH BENEFITS POLICY

The Métis Health Benefits Policy was amended in May 2021. The policy was amended with changes that remove barriers for applicants and more closely uphold and align with the United Nations Declaration on the Rights of Indigenous Peoples' principle of self-identification.

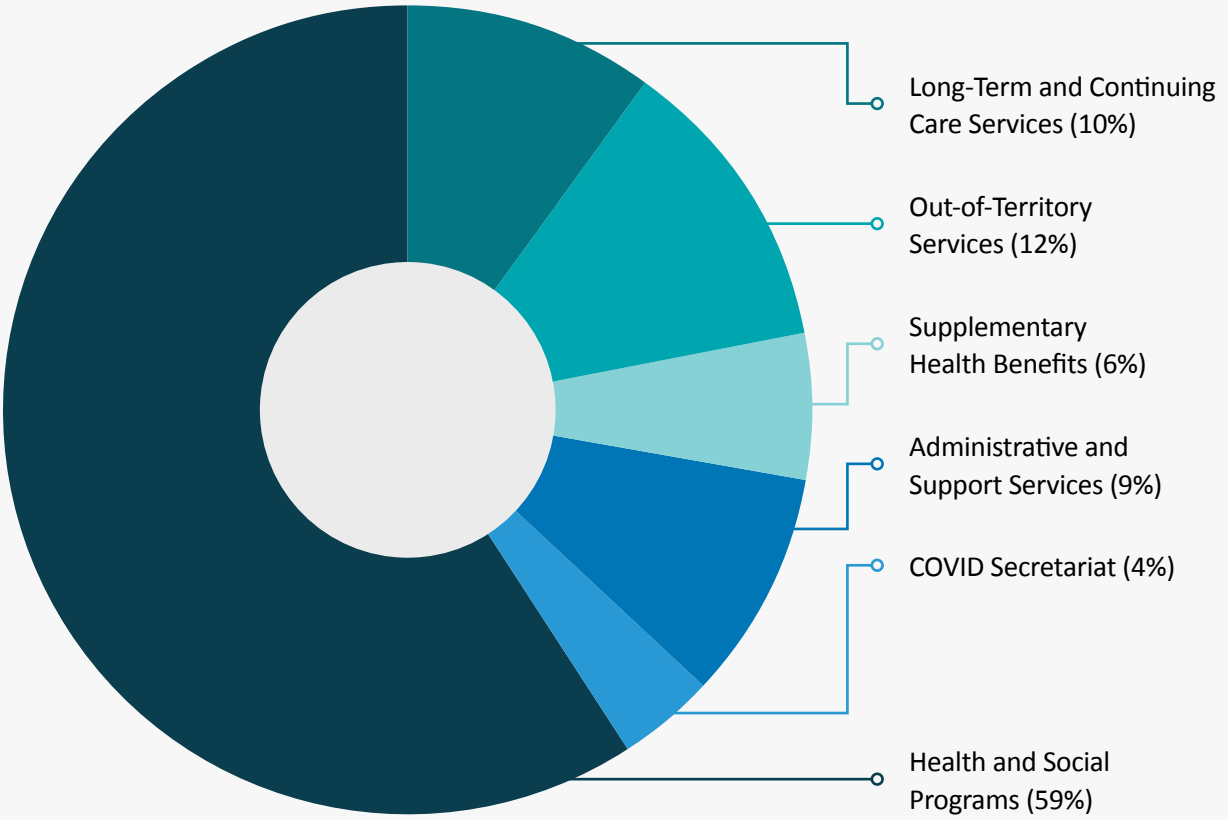
Financial Highlights

In 2021-2022, the Department spent $636.4 million; $403.0 million went directly to the HSS Authorities as core funding to administer and deliver programs and services. The Department's total expenditures increased $41.2 million over the prior year.

The increase was due mainly to investments related to the COVID-19 pandemic. Other investments included increased funding for Anti-Poverty initiatives, funding to expand the Territorial Midwifery Program, resources and supports for community-based mental wellness and addictions aftercare programs, and resources from the Territorial Health Investment Fund, an agreement with Health Canada to continue to support Medical Travel, System Sustainability, and Primary Health Care Reform.

In addition, the Department invested $38.4 million in capital infrastructure projects and received $20.4 million from third parties for shared priorities.

2021-2022 DEPARTMENT OF HEALTH AND SOCIAL SERVICES PROPORTION OF ACTUAL EXPENDITURES BY ACTIVITY



2021-2022 HEALTH AND SOCIAL SERVICES ACTUAL EXPENDITURES BY ACTIVITY (IN THOUSANDS)

ACTIVITY	2021-22 ACTUALS	2020-21 ACTUALS
Administrative and Support Services	58,443	55,114
COVID Secretariat	26,860	26,296
Health and Social Programs	373,134	352,400
Long Term and Continuing Care Services	64,293	54,703
Out of Territory Services	76,733	75,006
Supplementary Health Benefits	36,957	31,736
	$ 636,420	$ 595,255

2021-2022 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	463,893	497,655	(33,762)	(193,864)
Hay River Health and Social Services Authority	37,096	36,217	879	10,333
Tłı̨chǫ Community Services Agency	22,107	22,886	(779)	(6,318)
Total	**$523,096**	**$556,758**	**($33,662)**	**($189,669)**

Authority expenditures were $556.8 million and total revenue was $523.1 million, resulting in combined operating deficit of $33.7 million. At March 31, 2022, the accumulated deficit for the HSS Authorities totalled $189.7 million. In 2021-2022, the HSS Authorities received approximately 77% of their revenue from the Department. A majority of that went toward compensation and benefits for staff.

PROPORTION OF TOTAL AUTHORITY BUDGET THAT COMES FROM THE DEPARTMENT

AUTHORITY	REVENUE FROM THE DEPARTMENT (IN THOUSANDS)
Northwest Territories Health and Social Services Authority	345,923
Hay River Health and Social Services Authority	35,684
Tłı̨chǫ Community Services Agency	21,342
Total	**$402,949**
Proportion	**77%**

The primary system financial pressures in 2021-22 were compensation and benefits, the COVID-19 pandemic, physician services and out-of-territory (OOT) residential care for adults. Total COVID-19 expenses across the HSS system (excluding COVID Secretariat) were $38.6 million, offset by $8.7 million in Federal Funding. OOT residential care for adults refers to supportive living arrangements for adults in a residential and/or group home setting for extended periods of time in specialized facilities outside the NWT. Total expenses for the Adult program were $32.7 million.

In 2021-22, the Department continued to work with the HSS Authorities and the Department of Finance to carry out the NWT Health and Social Services System Sustainability Plan. In 2021-22, a team was established to lead the Sustainability Office and implement the System Sustainability Plan. Further, in 2021-22 cost reduction measures were realized with three significant administrative changes to the Supplementary Health Benefits program and the long-term dispensing policy.

Performance Measures

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

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

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

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

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

Government of
Northwest Territories

PERFORMANCE MEASUREMENT APPROACH

Health of the Population and Equity of Outcomes

- Population Rating their Overall Health as Very Good or Excellent
- Population Rating their Overall Mental Health as Very Good or Excellent
- Population Rating their Daily Life Stress as Extreme or Quite a bit
- Population with a Somewhat or Very Strong Sense of Community Belonging
- Population that are Current Smokers
- Population that are Heavy Drinkers
- Population that are Obese
- Population that are Moderately Active or Active
- Potentially Avoidable Death due to Preventable Causes
- Mental Health Hospitalizations
- Hospitalizations Caused by Substance Use
- Opioid Related Hospitalizations
- Self-Harm Hospitalizations
- Sexually Transmitted Infections
- Early Development Instrument – Proportion of Children Vulnerable in One or More Domains

Quality, Efficiency and Sustainability

- Hospitalization Rate for Ambulatory Care Sensitive Conditions
- Median Length of an Alternative Level of Care Stay
- Proportion of Mental Health Hospitalizations due to Alcohol or Drugs
- Proportion of Emergency Department Visits that are Non-Urgent
- Estimated No Show Rates – Family and Nurse Practitioners
- Estimated No Show Rates – Specialist Practitioners
- Administrative Staffing – NWT Health and Social Services System
- Corporate Services Expense Ratio (Hospitals)

Stable and Representative Workforce

- Workplace Safety Claims - NWT Health and Social Services System
- Vacancy Rates – Family/General Practitioners
- Vacancy Rates – Specialists
- Vacancy Rates – Nurses
- Vacancy Rates – Social Workers

Better Access to Better Services

- Potentially Avoidable Death due to Treatable Causes
- Screening for Colorectal Cancer (% of Target Population)
- Screening for Breast Cancer (% of Target Population)
- Screening for Cervical Cancer (% of Target Population)
- Childhood Immunization (% Fully Immunized by Second Birthday)
- Proportion of Seniors Receiving Flu Shot
- Population with Diabetes Hospitalized for a Lower Limb Amputation
- Long Term Care Placement Wait Times (Median)
- Patient/Client Satisfaction - Percent rating quality of care received as Excellent or Good
- Hospital Deaths within 30 Days of Major Surgery
- Inpatients Injured by Falling in NWT Hospitals
- Hospital Harm – Proportion of Stays with Harm Incident
- In-Hospital Sepsis – Cases per 1,000 Stays of 2 Days or More
- Repeat Mental Health Hospitalizations (% of Patients with 3 or More per year).
- Community Counselling Utilization (Monthly Average # of Clients)
- Proportion Completing Residential Addictions Treatment
- Family Violence Shelter Utilization – Women (Monthly Average)
- Family Violence Shelter Utilization – Children (Monthly Average)
- Family Violence Shelter Re-Admission Rates
- Children/Youth Receiving Services through Child and Family Services in their Home Community
- Children/Youth Receiving Services under a Permanent Custody Order

STATISTICAL SUMMARY

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

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

ARROW COLOUR (TREND)	Positive	Negative

PAGE NUMBER	BEST HEALTH INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.49	Population Rating their Overall Health as Very Good or Excellent	57.0%	54.0%	No	n/a
p.49	Population Rating their Mental Health as Very Good or Excellent	58.9%	62.2%	No	n/a
p.49	Population Rating their Daily Life Stress as Extreme or Quite a Bit	20.1%	18.4%	No	n/a
p.49	Population with a Somewhat or Very Strong Sense of Community Belonging	79.7%	80.4%	No	n/a
p.50	Population that are Current Smokers	24.7%	35.0%	↓	n/a
p.50	Population that are Heavy Drinkers	27.7%	29.0%	No	n/a
p.50	Population that are Obese	37.1%	39.8%	No	n/a
p.50	Population that are Moderately Active or Active	58.8%	61.3%	No	n/a
p.51	Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000)	22.9	20.1	No	↓
p.52	Mental Health Hospitalizations (Discharges per 1,000)	15.1	18.4	↓	↑
p.53	Hospitalizations Caused by Substance Use (Discharges per 1,000)	19.0	25.7	↓	↑
p.54	Opioid Related Hospitalizations (Discharges per 10,000)	5.3	9.7	↓	↑
p.55	Self-Harm Hospitalizations (Discharges per 10,000)	23.4	22.5	No	↑
p.56	Sexually Transmitted Infections (Cases per 1,000)	22.2	24.8	↓	↑
p.57	Early Development Instrument - Proportion of Children Vulnerable in One or More Domains	37.9%	42.1%	↓	n/a

ARROW COLOUR (TREND)	Positive	Negative

PAGE NUMBER	BEST CARE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.58	Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000)	9.8	8.4	No	↓
p.59	Screening for Colorectal Cancer (% of Target Population)	23.5%	20.5%	↑	Stable
p.59	Screening for Breast Cancer (% of Target Population)	42.4%	38.3%	↑	↓
p.59	Screening for Cervical Cancer (% of Target Population)	46.9%	44.6%	↑	↓
p.60	Childhood Immunization (% Fully Immunized by Second Birthday)	62.7%	63.4%	No	n/a
p.61	Seniors receiving the Flu Shot	63%	65%	No	↑
p.62	Population Hospitalized for a Lower Limb Amputations (Per 1,000 Persons with Diabetes)	2.7	2.5	No	Stable
p.63	Long-Term Care Placement Wait Times (Days)	73.5	51	No	↑
p.64	Patient/Client Experience – Excellent or Good	59%	81%	↓	n/a
p.65	Hospital Deaths within 30 Days of Major Surgery	0.0%	0.5%	No	↓
p.66	Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges)	12.2	7.9	No	Stable
p.67	Hospital Harm – Proportion of Stays with Harm Incident	2.8%	2.3%	No	Stable
p.68	In-Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More)	2.8	4.4	No	Stable
p.69	Repeat Mental Health Hospitalizations (% with 3 or More in a Year)	16.9%	18.0%	No	↑
p.70	Community Counselling Utilization (Monthly Average # of Clients)	1,117	1,075	No	↑
p.71	Proportion Residential Addiction Treatment Sessions Completed	68.2%	65.2%	No	Stable
p.72	Family Violence Shelter Utilization – Women & Children (Monthly Average)	20.3	20.5	No	↓
p.72	Family Violence Shelter Re-Admission Rates	67.5%	69.1%	No	↑
p.73	Proportion of Children/Youth Receiving Services through Child and Family Services in their Home Community	91.9%	92.3%	No	n/a
p.74	Rate of Children/Youth Receiving Services under a Permanent Custody Order (# per 1,000)	8.6	8.3	No	↓

ARROW COLOUR (TREND)	Positive	Negative

PAGE NUMBER	BEST FUTURE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.75	Hospitalizations for Ambulatory Care Sensitive Conditions (Discharges per 1,000)	4.7	6.2	↓	↓
p.76	Median Length of an Alternative Level of Care Stay (Days)	71	25	↑	Stable
p.76	Proportion of Mental Health Hospitalizations due to Alcohol or Drugs	52.4%	62.1%	↓	↓
p.78	Emergency Department Visits that are non-Urgent	6.0%	7.2%	↓	↓
p.79	No Show Rates - Family/Nurse Practitioners	10.1%	7.3%	↑	↓
p.79	No Show Rates - Specialists	12.7%	12.5%	No	↑
p.80	Administrative Staffing - NWT Health and Social Services System	25.5%	26.7%	No	↓
p.81	Corporate Expense Ratio (Hospitals)	7.4%	5.5%	↑	↓
p.82	Vacancy Rates - Family Practitioners	47.8%	40.8%	No	Stable
p.82	Vacancy Rates - Special Practitioners	30.7%	33.8%	No	Stable
p.83	Vacancy Rates - Nurses	15.0%	13.3%	No	n/a
p.83	Vacancy Rates - Social Workers	19.0%	13.0%	No	n/a
p.84	Workplace Safety Claims (# per 100 employees - NWT Health and Social Services System)	9.5	12.8	↓	↓

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 2021-22 then the previous time period is usually 2020-21). 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). For some measures, 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. "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 HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, the Department of Education, Culture and Employment, the Department of Finance (Human Resources), the Workers Safety and Compensation Commission, and the NWT Bureau of Statistics. Depending on the data source, there can be delays of up to a year or more for when the data is available for use.

Unless otherwise stated, 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.

Health of the Population and Equity of Outcomes

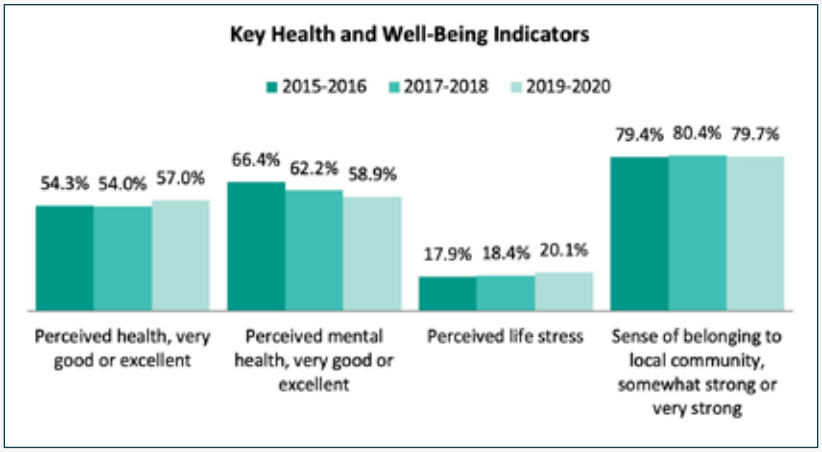
BEST HEALTH – HEALTH STATUS AND WELL-BEING

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

Self-reported health 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?

Between 2017-2018 and 2019-2020 survey results, there have not been any significant changes on all four measures in the NWT. Compared to Canada 2019-2020, results were mixed. There was no significant difference between NWT and Canadian residents rating their overall health as very good or excellent (57% versus 61.8%). NWT residents were less likely to rate their mental health as being very good or excellent (58.9% versus 66%). NWT residents, compared to the national average, were no more likely to report that most days in their life were quite a bit or extremely stressful (20.1% versus 20.8%) and NWT residents were more likely to report having a somewhat or a very strong sense of community of belonging (79.7% versus 70.0%).[4]

SOURCE

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

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

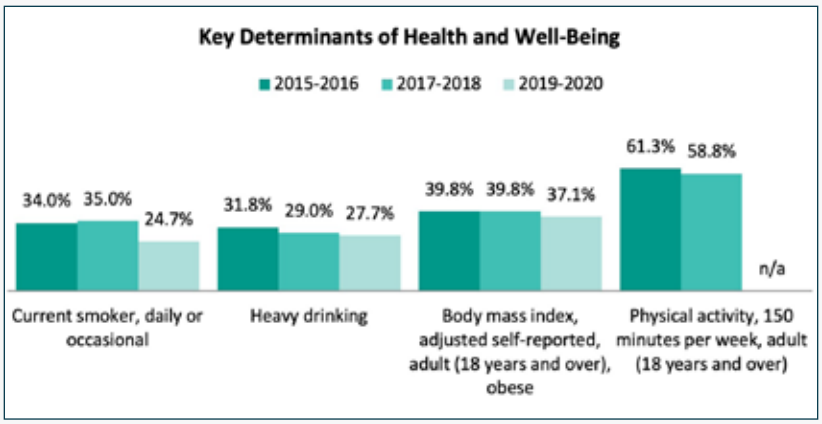
BEST HEALTH – DETERMINANTS OF HEALTH AND WELL-BEING

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 several chronic diseases, including lung and other cancers, chronic lung problems, Type II diabetes, and cardiovascular diseases (heart attacks and strokes). Heavy drinking is a factor in family violence and injuries. Heavy alcohol consumption, over many years, can contribute to or cause several health conditions, 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 several 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 2017-2018 and 2019-20 the proportion of NWT residents smoking (daily or occasionally) dropped from 35% to just under 25%. Rates of heavy drinking and obesity did not decrease during this time. Physical activity was not surveyed in the NWT, and most of Canada, in 2019-2020. While the NWT experienced a large drop in the smoking rate, we continue to have higher rates of smoking relative to the national average (24.7% versus 13.9%). The NWT also continues to have higher rates of heavy drinking (27.7% versus 17.5%) and obesity (37.1% versus 28%) than the national averages. When it comes to physical activity, there was not a statistically significant difference between the NWT and Canada (58.8% versus 56%) for 2017-2018.[5]

SOURCE

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

[5] 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.

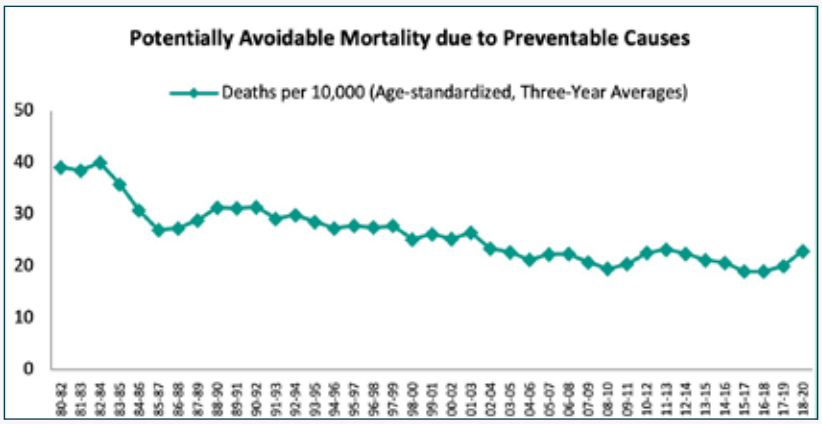
BEST HEALTH – AVOIDABLE DEATH DUE TO PREVENTABLE CONDITIONS

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 21 deaths per 10,000 in the last ten years.

The rate of avoidable death has been historically higher than the national average with the latest available national figure being 12.5 per 10,000 (2016-2018).

SOURCE

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

BEST HEALTH – MENTAL HEALTH HOSPITALIZATIONS

WHAT IS BEING MEASURED?

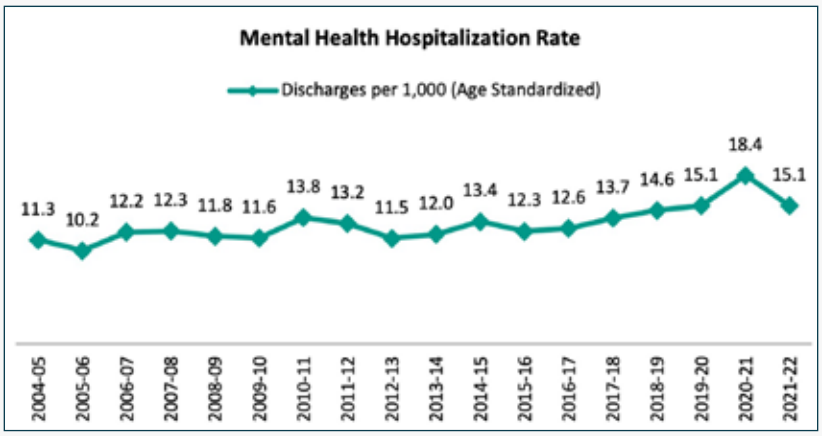
The annual age-standardized rate of mental health hospitalizations, overall and by diagnostic category, for NWT residents.[6]

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 addiction treatment programs).

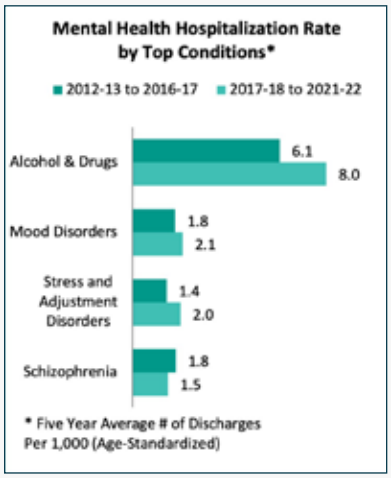
HOW ARE WE DOING?

Over the last 18 years, the rate of mental health hospitalizations has been trending upwards. After a jump in 2020-21, rates dropped back down to pre-pandemic levels in 2021-22 - driven primarily by a decrease in hospitalizations due to alcohol and drug use.



In the last five years, alcohol and drug issues (dependency/ use) represented over 50% of all mental health hospitalizations. Together with the three next largest categories (mood disorders, schizophrenia/ psychotic disorders, and stress and adjustment disorders), they accounted for almost nine out of ten mental health hospitalizations.

The NWT's overall mental health hospitalization rate is over twice the Western Canadian average (2017-18 to 2021-21).[7] Compared to Western Canada, the NWT has much higher hospitalization rates of alcohol and drugs (four times) and stress and adjustment disorder (three times).



SOURCE

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

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

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

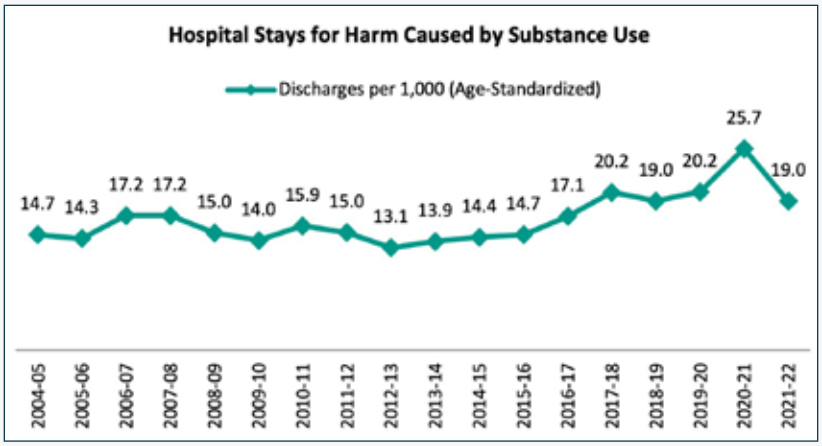
BEST HEALTH – HOSPITAL STAYS FOR HARM CAUSED BY SUBSTANCE USE

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 several health conditions and is a leading factor in preventable death. The harmful use of alcohol and drugs puts an unnecessary strain on the health, social services, and justice systems.



HOW ARE WE DOING?

Over the last 18 years, the rate of hospitalization due to harm caused by substance use has been trending upwards. After increasing dramatically in the first year of the pandemic to 25.5 hospitals per 1,000, the rate dropped down to 19.0 per 1,000 in 2021-22. In 2021-22, the NWT rate was over three times the national average (19.0 versus 5.6 per 1,000). More than eight out of ten of these hospitalizations involved alcohol in the NWT compared to around half nationally.

SOURCE

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

BEST HEALTH – OPIOID HOSPITALIZATIONS

WHAT IS BEING MEASURED?

The rate of hospitalizations for opioid use and poisoning (discharges per 10,000).[8]

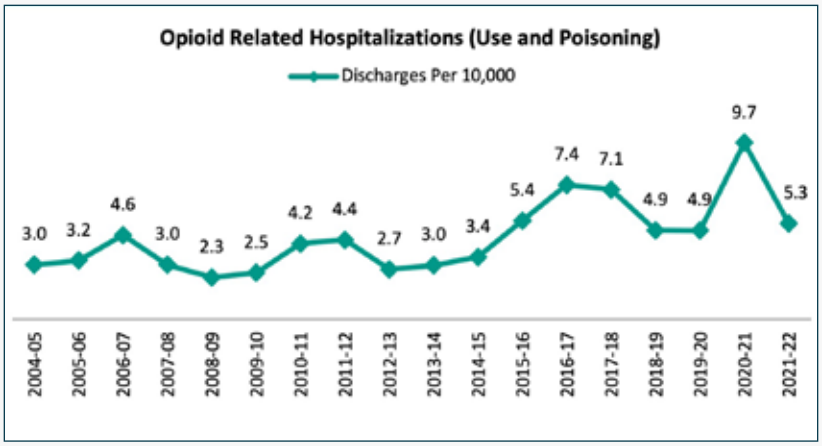
WHY IS THIS OF INTEREST?

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

HOW ARE WE DOING?

The rate of opioid abuse and poisoning hospitalizations has increased since the mid 2000s, with the largest increase occurring since 2015-16. The annual number of opioid hospitalizations is relatively small, averaging under 20 over the last 18 years, but can vary considerably from one year to the next. In the first year of the pandemic the rate nearly doubled to 9.7 from 4.9 hospitalizations per 1,000, but by 2021-22, rate had decreased back to around pre-pandemic levels.

Over the last three-years, the NWT age-standardized rate was not significantly different than the average for Western Canada (6.5 versus 8.3 per 10,000).[9]



SOURCE

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

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

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

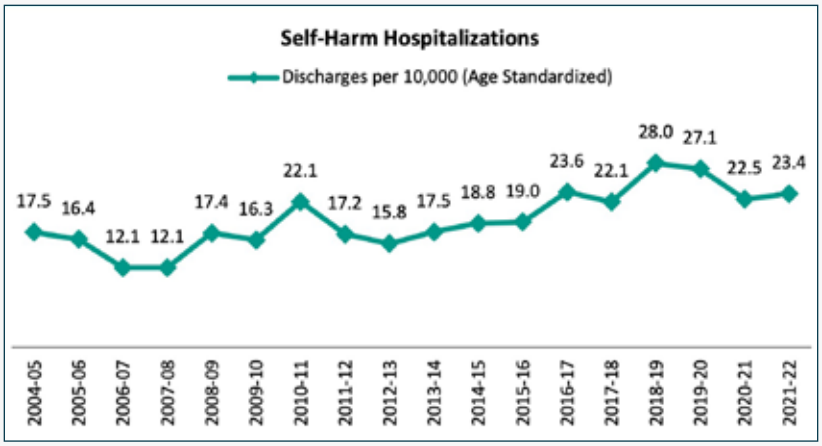
BEST HEALTH – SELF-HARM HOSPITALIZATIONS

WHAT IS BEING MEASURED?

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

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.[11]



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 almost 25 per 10,000 in the last five years. The NWT rate is over three times higher than the national rate at 22.5 versus 6.1 per 10,000 (2020-21).

SOURCE

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

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

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

BEST HEALTH – SEXUALLY TRANSMITTED INFECTIONS

WHAT IS BEING MEASURED?

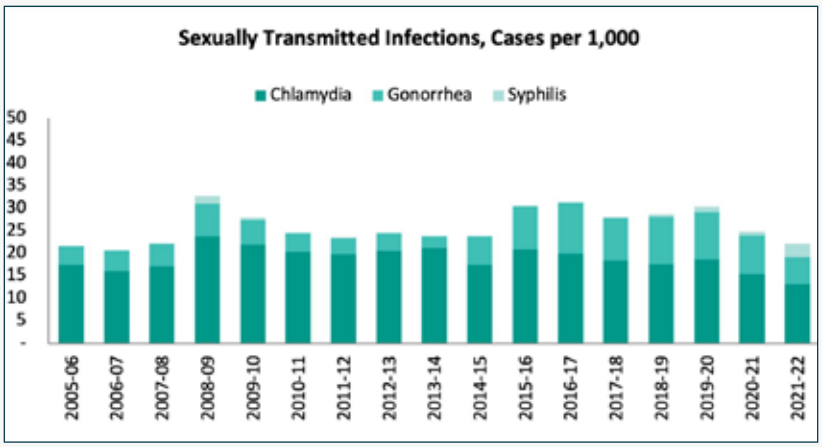
The incidence of Sexually Transmitted Infections (STIs): the number of STIs per 1,000 population per year. STIs include chlamydia, gonorrhea, and syphilis.

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 17 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. While the rate dropped in the last year, the NWT STI rate remains high at just under 22 cases per 1,000 (2021-22) compared to the national average of 5 cases per 1,000 (2019). The NWT is currently experiencing an outbreak of syphilis – the worst seen since the last outbreak in 2008-09.



Results from 2020, 2021, and 2022 should be interpreted with caution due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case management during the COVID-19 Pandemic.

SOURCE

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

BEST HEALTH – CHILD DEVELOPMENT

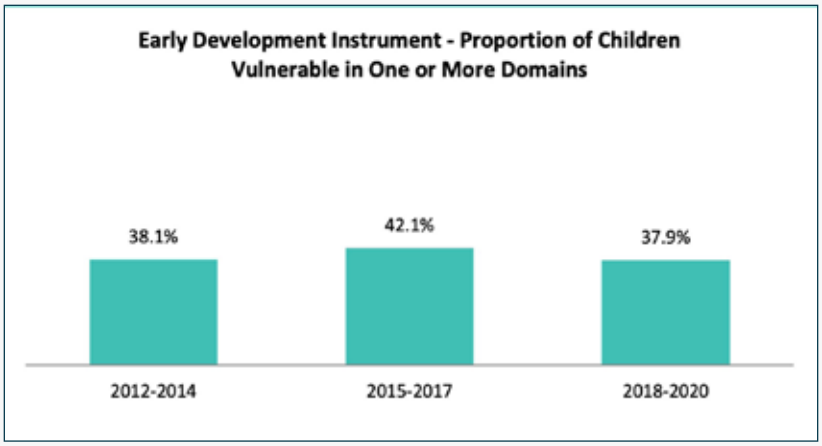
WHAT IS BEING MEASURED?

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 several reasons. It is a determinant of how well a child will do in school, as well as their health and well-being in later life. It may also be used as a high-level measure of the collective success of 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 37.9% in 2018-2020 school years - higher than the national average of 27.6% (most recent years available by jurisdiction).

SOURCE

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

Better Access to Better Services

BEST CARE – AVOIDABLE MORTALITY DUE TO TREATABLE CAUSES

WHAT IS BEING MEASURED?

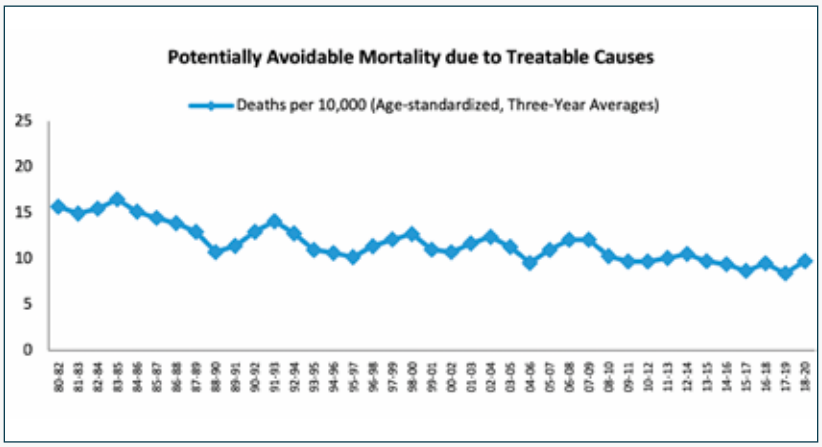
The age-standardized three-year average rate of potentially avoidable deaths due to treatable conditions (deaths per 10,000 population, under the age of 75 years).

WHY IS THIS OF INTEREST?

"Mortality from treatable causes focuses on premature deaths that could potentially be avoided through secondary and tertiary prevention efforts, such as screening for and effective treatment of an existing disease."[12]

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 rate of avoidable deaths due to treatable conditions has been historically higher than the national average with latest available national figure being 6.5 per 10,000 (2016-2018).

SOURCE

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

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

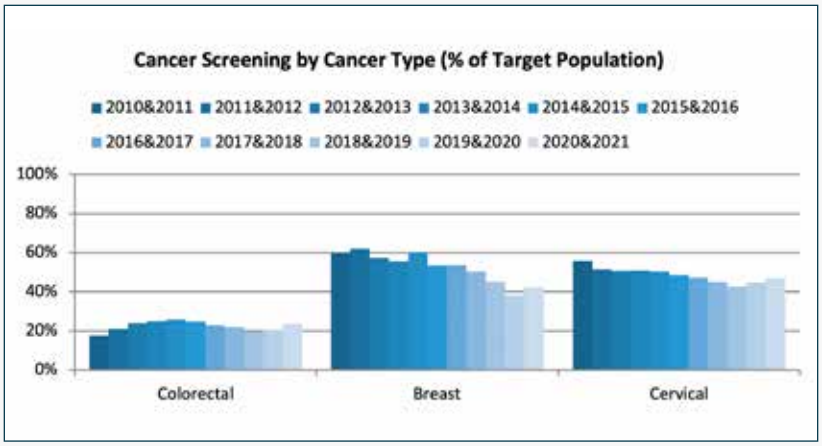
BEST CARE – CANCER SCREENING

WHAT IS BEING MEASURED?

The proportion of the target population who have been screened for colorectal cancer (age 50 to 74), breast cancer (women, age 50 to 74) and cervical cancer (women, 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 at avoiding death and significant illness by way of early interventions. For example, colorectal cancer cure rates are almost 90% when detected early; when detected in later stages, the cure rate drops to 12%.[13] Colorectal cancer is the second leading cause of cancer death in the NWT. Breast cancer is the most common diagnosed cancer in NWT females. While cervical cancer is not a leading cause of cancer in the NWT, a large proportion of cervical cancers are caused by certain types of the human papillomavirus (HPV) – a disease that can be screened for and treated.



HOW ARE WE DOING?

Over the last eleven years, 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 years, the rate of women receiving a mammogram has dropped from around 60% to 42% and the proportion of women receiving the Papanicolaou test (Pap test) has dropped from 56% to 47%.

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.

[13] 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.

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

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

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.

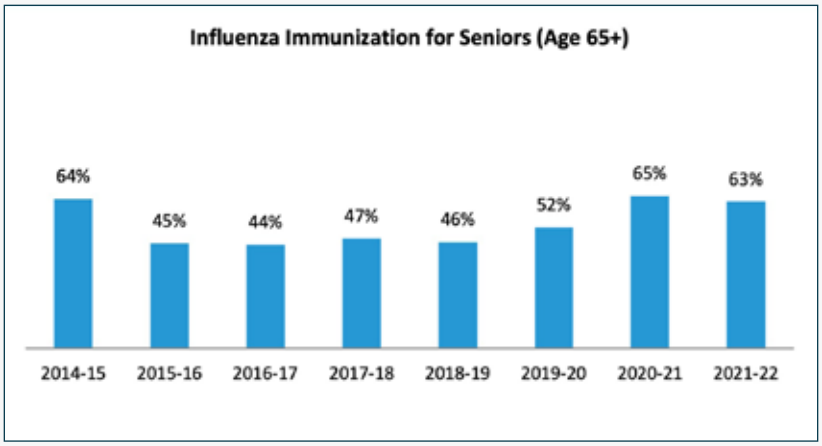
BEST CARE – INFLUENZA IMMUNIZATION FOR SENIORS

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 2021-22, the proportion of NWT seniors having had their annual flu shot has been trending upwards. While direct national comparisons are not available, survey results found similar flu vaccination rates for seniors in the NWT and nationally with 60.8% of NWT seniors and 62.5% of Canadian seniors reporting they received a flu shot in the last 12 months between 2019 and 2020.

SOURCE

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

BEST CARE – LOWER LIMB AMPUTATIONS

WHAT IS BEING MEASURED?

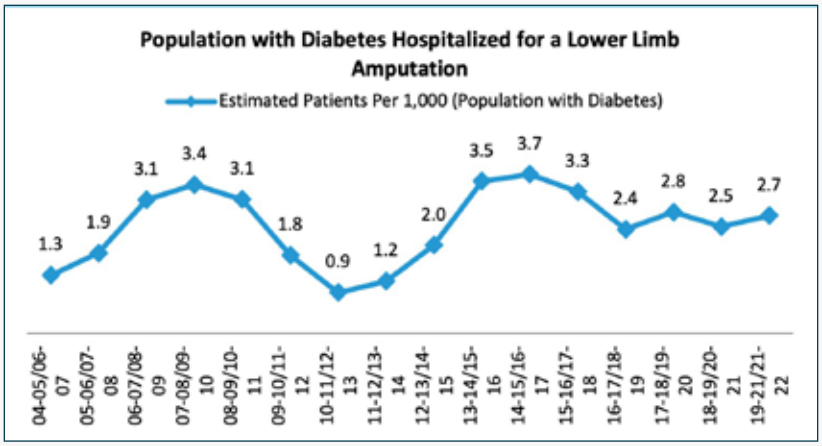
The three-year average rate of the population with diabetes hospitalized one or more times a year for a lower limb amputation (patients age 40 and over per 1,000).

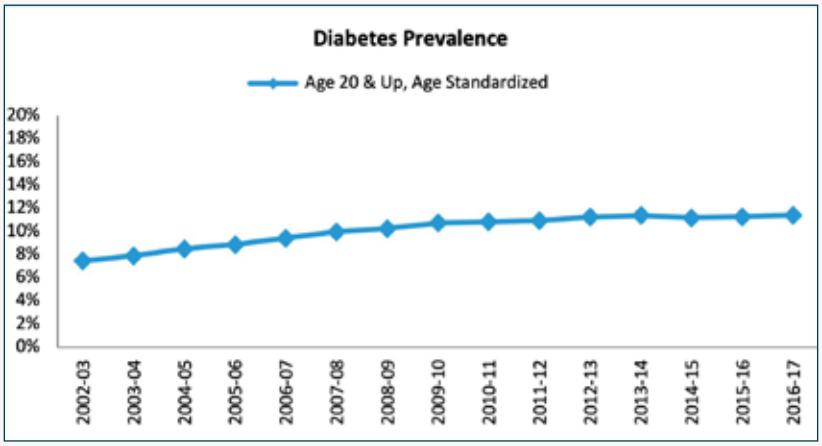
WHY IS THIS OF INTEREST?

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 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 3.4 versus 2.2 per 1,000 (2019-19-2021-22).[14]





OTHER INFORMATION

Current diabetes prevalence rates are not available for the NWT. From historical information, the prevalence of diabetes increased each year from just below 8% of the population (age 20+) in the early 2000s to over 11% in the middle of the 2010s.

SOURCE

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

[14] 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 . The median is the number of days in which 50% of the clients have been offered a placement.

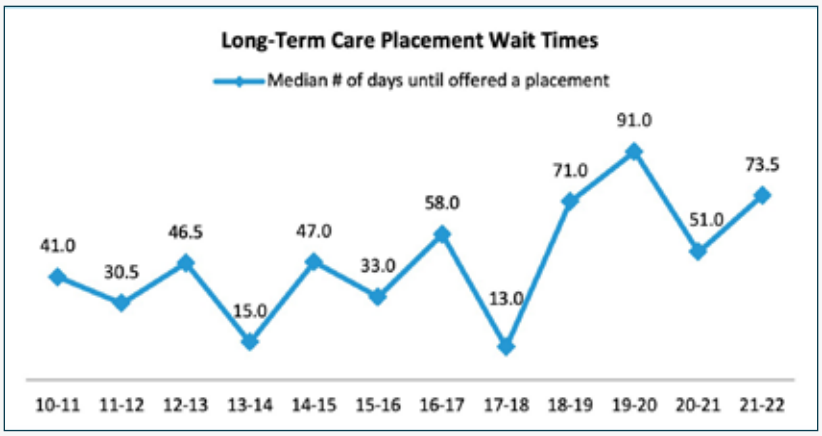
WHY IS THIS OF INTEREST?

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 2021-22, the number of new clients - those still waiting from the prior year plus those applying in the current year – decreased by 7% from 74 to 69.

Over the last 12 years, the median wait time to be offered a placement in a long-term care facility was 41 days and has ranged from 13 days to 91 days. Over the same years, 42% of clients have been offered a placement within four weeks, and two-thirds of clients have been offered a placement within three months.



SOURCE

NWT Department of Health and Social Services.

[15] 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.

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	20-21	21-22	12 Years
Average (Days)	67	55	112	56	100	82	120	76	171	154	119	157	105
Median (Days)	41	31	47	15	47	33	58	13	71	91	51	74	41
Proportion of Clients by Number of Days before Placement Offer													
<8	13%	25%	18%	27%	8%	15%	18%	49%	13%	8%	32%	18%	20%
8 to 14	14%	22%	3%	20%	15%	18%	11%	7%	4%	8%	9%	9%	12%
15 to 21	8%	0%	12%	11%	8%	5%	5%	5%	11%	11%	0%	2%	7%
22 to 28	6%	3%	6%	9%	5%	8%	0%	2%	7%	0%	0%	2%	4%
29 to 92	25%	25%	24%	16%	28%	23%	29%	15%	18%	24%	26%	20%	23%
93 to 182	30%	19%	15%	9%	10%	18%	15%	10%	9%	14%	3%	18%	15%
183 & Up	3%	6%	24%	9%	26%	15%	22%	12%	38%	35%	29%	30%	20%

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?

Over the last 18 years, results have shown that 59% to 96% of those filling out patient satisfaction questionnaires rated the quality of care they received as excellent or good. In 2022, 59% of patients rated the quality of the care they received as excellent or good.

Long term trends are difficult to measure currently, as questionnaires have varied prior to 2012 in terms of which service areas were surveyed.

SOURCE

NWT Department of Health and Social Services.

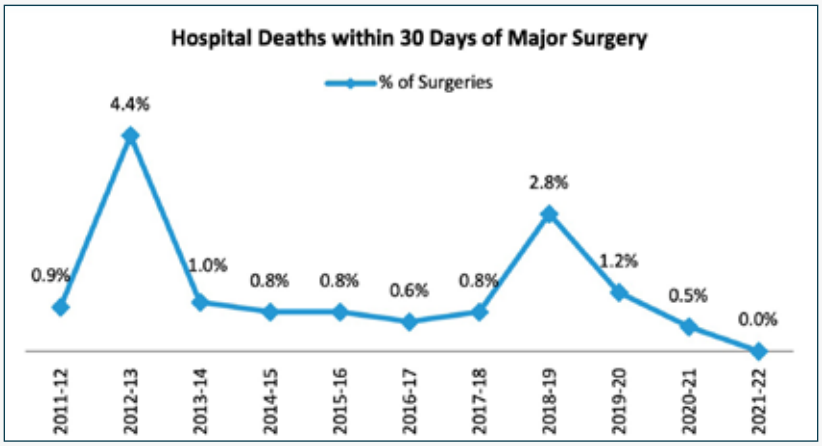
BEST CARE – HOSPITAL DEATHS FOLLOWING MAJOR SURGERY

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."[16]



HOW ARE WE DOING?

Over the last five years, 1.0% of major surgeries in NWT hospitals resulted in a patient death (within 30 days) compared to the national average of 1.7%. The actual annual number of deaths varied between zero and five over the last five years in the NWT.

SOURCE

Canadian Institute for Health Information.

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

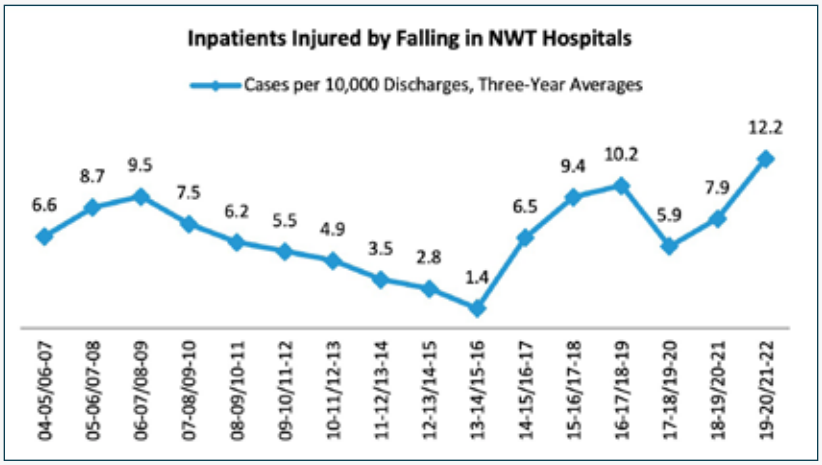
BEST CARE – INPATIENT FALLS

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 nine 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.

SOURCE

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

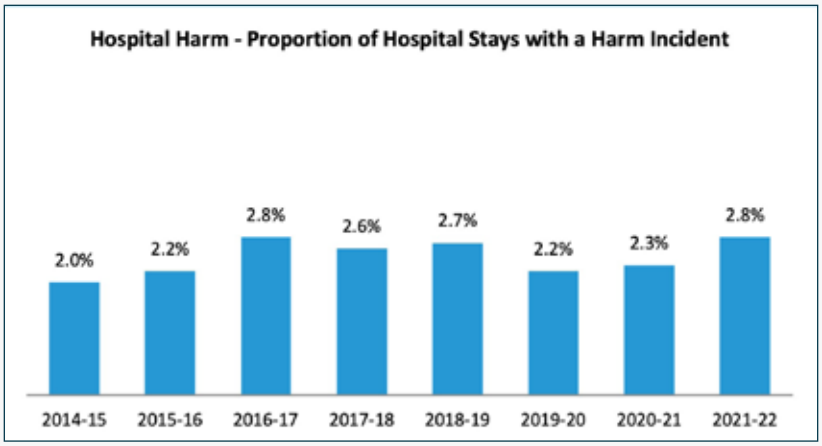
BEST CARE – HOSPITAL HARM

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."[17]



HOW ARE WE DOING?

In the last eight 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 southern facilities are different (e.g., treat more complex cases) relative to NWT facilities.

SOURCE

Canadian Institute for Health Information.

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

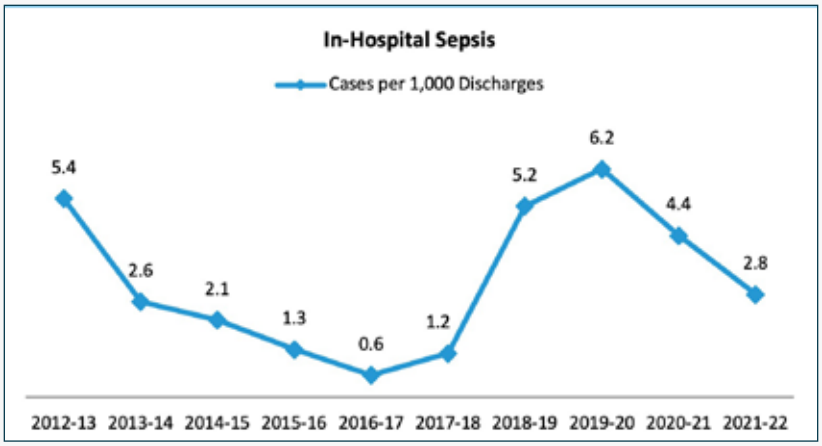
BEST CARE – IN-HOSPITAL SEPSIS RATE

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

"Sepsis is a leading cause of mortality and is linked to increased hospital resource utilization and prolonged stays in intensive care units. Appropriate preventive and therapeutic measures during a hospital stay can reduce the rate of infections and/or progression of infection to sepsis. The indicator addresses the extent to which acute care hospitals are effective in preventing the development of sepsis."[18]



HOW ARE WE DOING?

In the last five years, NWT hospitals have averaged 3.9 cases of sepsis per 1,000 discharges (hospital stays) per year – not significantly different than the national average of 4.2 per 1,000. It is important to point out that the actual number of cases is small - varying from 1 to 11 cases annually over the same years.

SOURCE

Canadian Institute for Health Information.

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

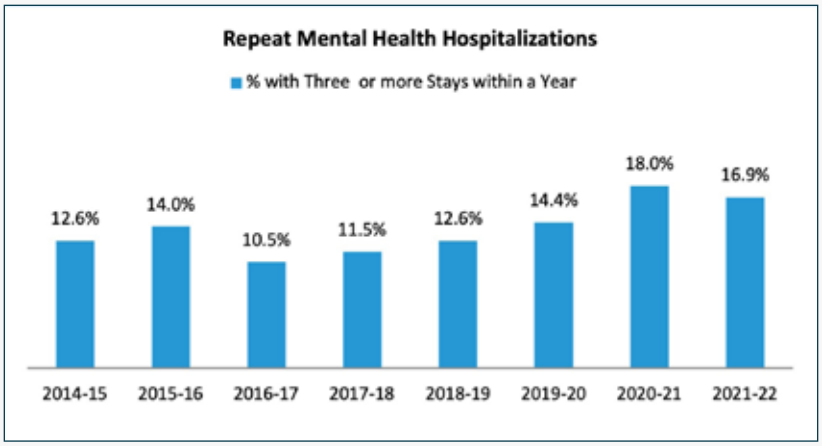
BEST CARE – REPEAT HOSPITAL STAYS FOR MENTAL ILLNESS

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 2021-22-21, the proportion of NWT patients with repeat mental health hospitalizations was 16.9% compared to the national average of 13.5%. Except for 2020-21, the NWT's repeat mental health hospitalization rate has not been significantly different from the national average. Most of the recent increase involved hospitalizations for alcohol and/or drug use.

SOURCE

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

BEST CARE – COMMUNITY COUNSELLING UTILIZATION

WHAT IS BEING MEASURED?

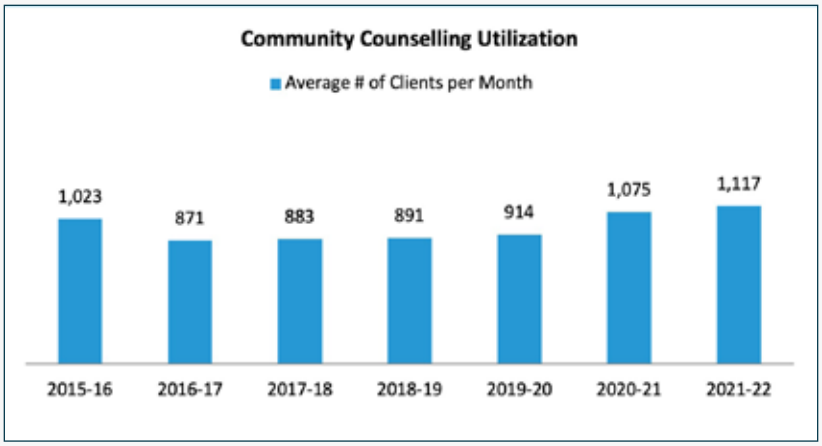
The average number of community counselling clients seen per month.

WHY IS THIS OF INTEREST?

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

HOW ARE WE DOING?

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



OTHER INFORMATION

In 2021-22, the top five documented primary reasons (concerns the client presented with) for counselling were addictions (18%), undiagnosed mental illness (13%), trauma (9%), stress management (7%) and family conflict (6%). The remaining reasons for presenting included such concerns as diagnosed mental illness, relationship issues, bereavement, and anger management.

As part of the Stepped Care 2.0 implementation, same day access to counselling has been introduced throughout the territory. This has led to a reduction in wait times and the elimination of waitlists across the territory. In 2021-2022 the median wait time was five days although residents in an immediate crisis or at immediate risk do not have to wait.

SOURCE

NWT Department of Health and Social Services.

BEST CARE – FACILITY BASED ADDICTIONS TREATMENT

WHAT IS BEING MEASURED?

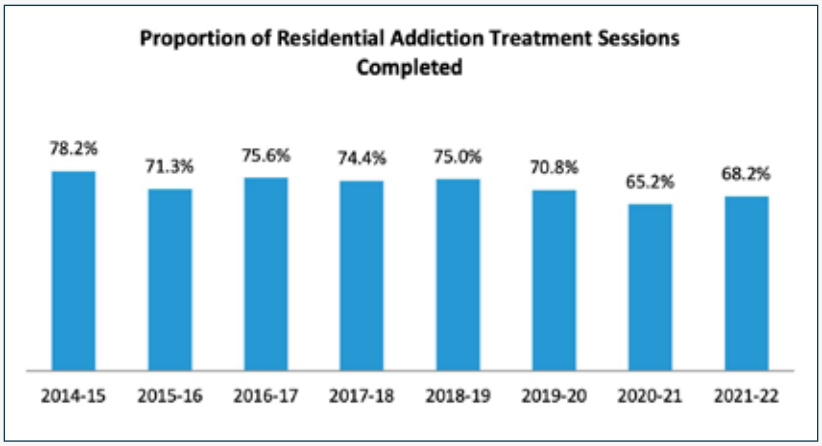
The proportion of facility-based addiction treatment sessions started that were completed in full.

WHY IS THIS OF INTEREST?

This 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.

HOW ARE WE DOING?

Over the last eight years, 73% of residential treatment sessions started were completed.



OTHER INFORMATION

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

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

SOURCE

NWT Department of Health and Social Services.

BEST CARE – FAMILY VIOLENCE AND SAFETY

WHAT IS BEING MEASURED?

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

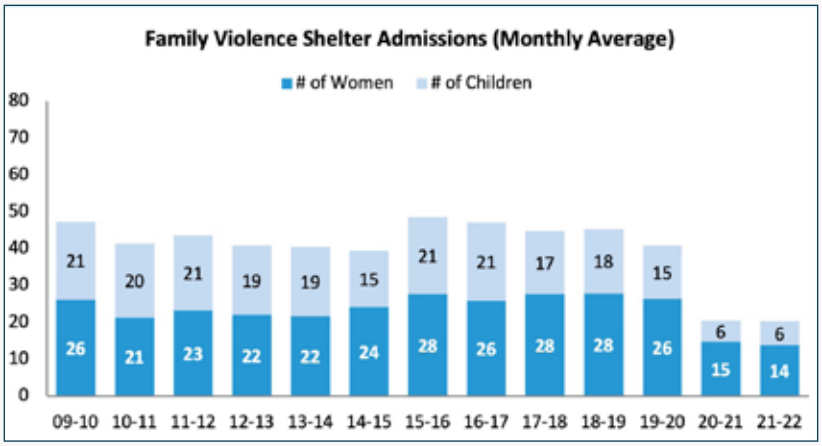
WHY IS THIS OF INTEREST?

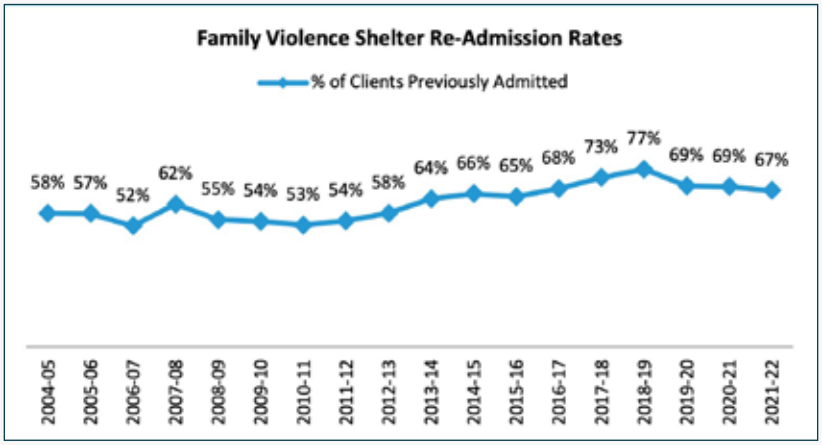
The average monthly shelter admission count allows for the ability to track changes in client uptake over time. Shelter re-admission rates track the re-victimization of women.

HOW ARE WE DOING?

Over most of the last 13 years, shelter usage has remained relatively consistent – averaging around 40 admissions (23 women and 17 children) per month.

During the pandemic, monthly admissions fell considerably in 2020-21 from historical averages.





Over the last 18 years, the proportion of re-admissions to shelters has been increasing - from 58% (2004-05) to 67% (2021-22).

SOURCE

NWT Department of Health and Social Services.

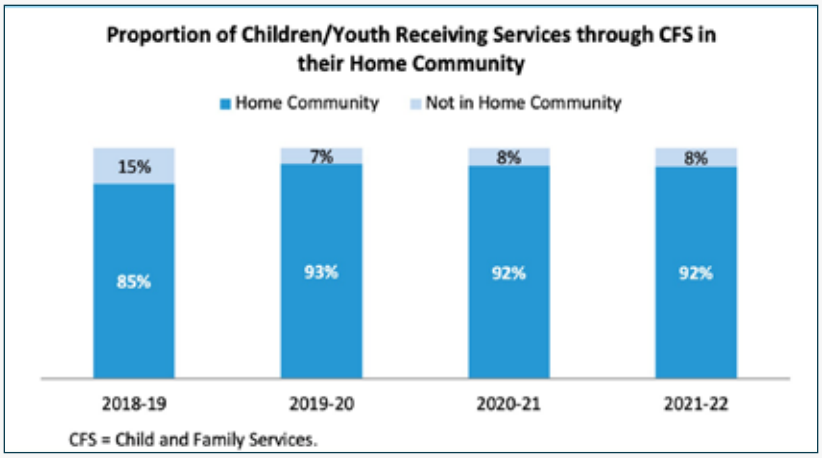
BEST CARE – RECEIVING SERVICES IN HOME COMMUNITY

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

Home, family, community, and cultural connection are all integral parts of a person's identity and efforts must be made to protect and promote their presence in a child/youth's life. When services are requested or required, CFS makes every effort to provide these in the child/youth's parental or family home. Community ties are directly related to the presence of and accessibility to extended family, friends, and cultural activities which form a child/youth's social world. These relationships are best maintained within the child/youth's home community and are significant to their wellbeing, particularly when services are being provided through CFS.



HOW ARE WE DOING?

In 2021-22, 92% of placements were in the home community of the child/youth. Comparative data prior to 2018-19 is not available because a new information system was implemented on October 10, 2017, which collects and reports on the delivery of Child and Family Services differently.

NOTE

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

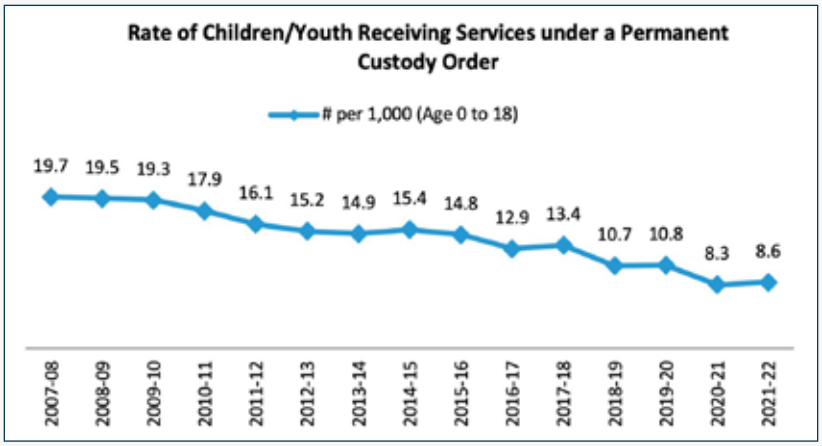
WHY IS THIS OF INTEREST?

When children/youth stay in the care of their family and extended support network, it allows them to remain rooted in their community and culture.

HOW ARE WE DOING?

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

This decrease is important because it speaks to the resiliency of families and communities and a shared dedication to maintaining nurturing and supportive environments in which a child can grow. The reduction in the number of children/youth in care represents the broader systemic change which CFS is currently undertaking through system reform initiatives and reflects changes in practice that promote family unity, and the engagement of community and family in the care and support of their children/youth. These initiatives also directly align with the *Federal Act respecting First Nations, Inuit and Métis children, youth and families* and the Truth and Reconciliation Commission's Calls for Action.



NOTE

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

SOURCE

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

Quality, Efficiency and Sustainability

BETTER FUTURE – AMBULATORY CARE SENSITIVE CONDITIONS

WHAT IS BEING MEASURED?

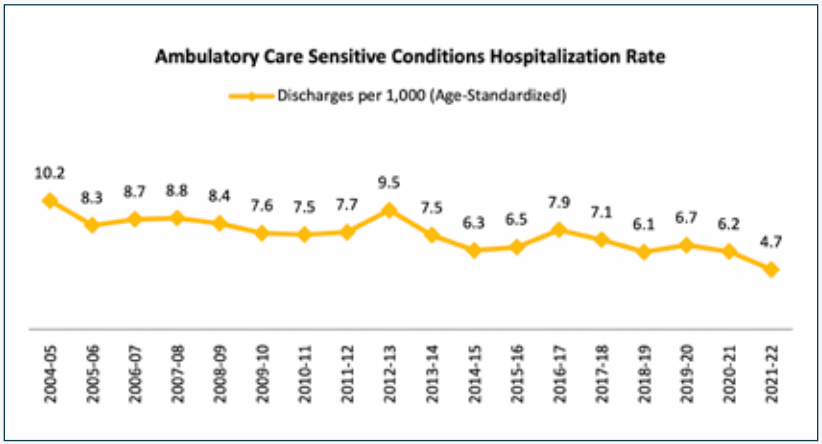
The hospitalization rate for ambulatory care sensitive conditions (ACSC). An ACSC hospitalization is where the main reason (most responsible diagnosis) for the hospitalization (under age 75 years) is one of the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy,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

WHY IS THIS OF INTEREST?

A hospitalization where the most responsible 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."[19]

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 4.7 per 1,000 in 2021-22. While the overall rate has declined, diabetes has grown from 12% of all ACSC hospitalizations in the mid-2000s to account for 19% in the last three-year period. Asthma and angina have dropped from 20% and 15% of all ACSC hospitalizations in the mid-2000s to 9% and 8% in the last three years. Relative to Canada as a whole, the NWT has a higher ACSC rate at 4.7 per 1,000 versus 2.4 per 1,000 (2021-22).



Ambulatory Care Sensitive Condtions
Proportion of Hosptializations by Condition

Condition	2004-05 to 2006-07	Rank	2019-20 to 2021-22	Rank
COPD	25%	1	29%	1
Diabetes	12%	5	19%	2
HFPE	11%	6	16%	3
Epilepsy	12%	4	16%	4
Asthma	20%	2	9%	5
Angina	15%	3	8%	6
Hypertension	5%	7	3%	7

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

SOURCE

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

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

BETTER FUTURE – ALTERNATIVE LEVEL OF CARE

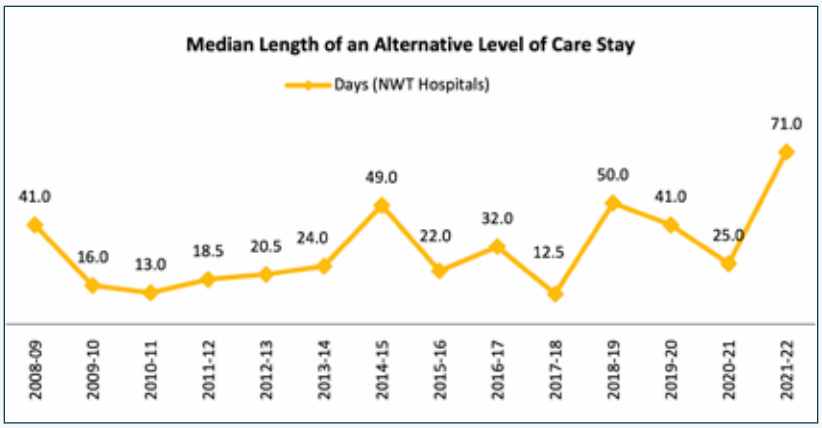
WHAT IS BEING MEASURED?

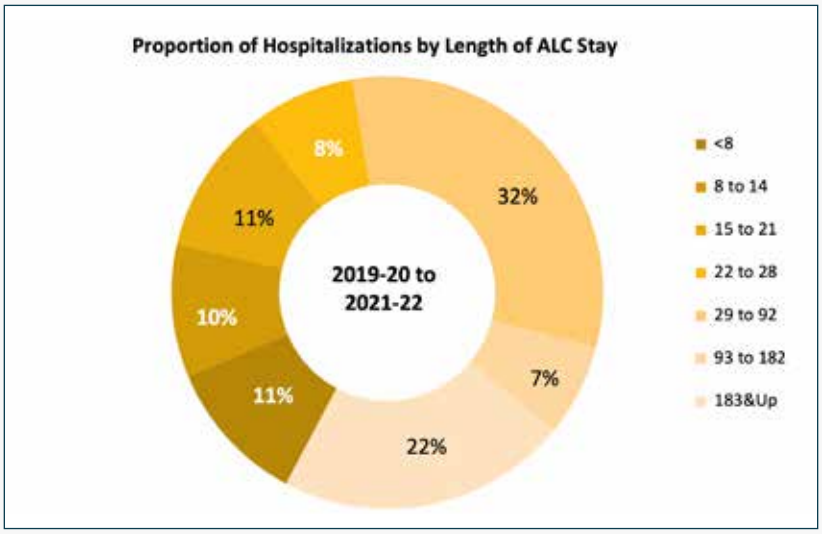
The median number of days for an alternative level of care stay at NWT hospitals for NWT residents.

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

WHY IS THIS OF INTEREST?

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





HOW ARE WE DOING?

Between 2008-09 and 2021-22 the median length of stay has ranged between 12.5 and 71 days. In the last three years, 11% of ALC stays were seven days or less and a further 29% were between 8 and 28 days.

SOURCE

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

BETTER FUTURE – ALCOHOL AND DRUG HOSPITALIZATIONS

WHAT IS BEING MEASURED?

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

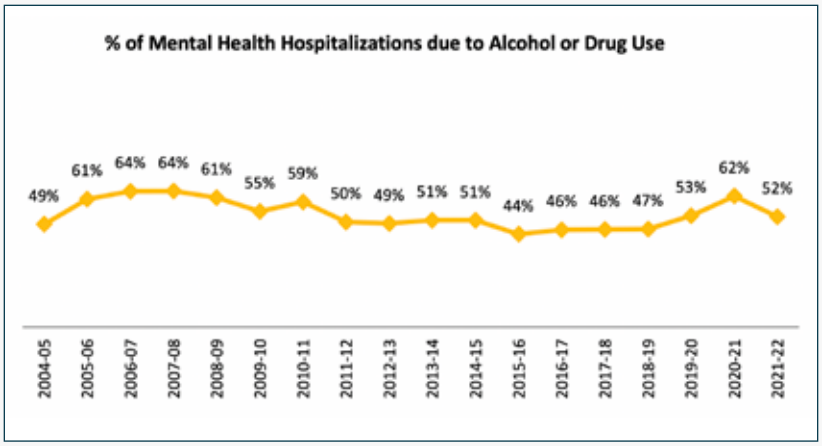
WHY IS THIS OF INTEREST?

Acute care is the most expensive cost area in the health care system. While care is often necessary, treating addiction issues in a hospital setting may 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.

The rate of hospitalizations for alcohol and drugs is high in the NWT – at four times the Western Canadian average (2017-18 to 2021-22).

HOW ARE WE DOING?

While the proportion of mental health hospitalizations due to alcohol and drug issues has trended downward over the last 18 years it has increased over the last three years. It is difficult to tell if this increase was largely due to the impact of the pandemic or part of a longer-term trend.



NOTES

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

SOURCE

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

BETTER FUTURE – NON-URGENT EMERGENCY DEPARTMENT VISITS

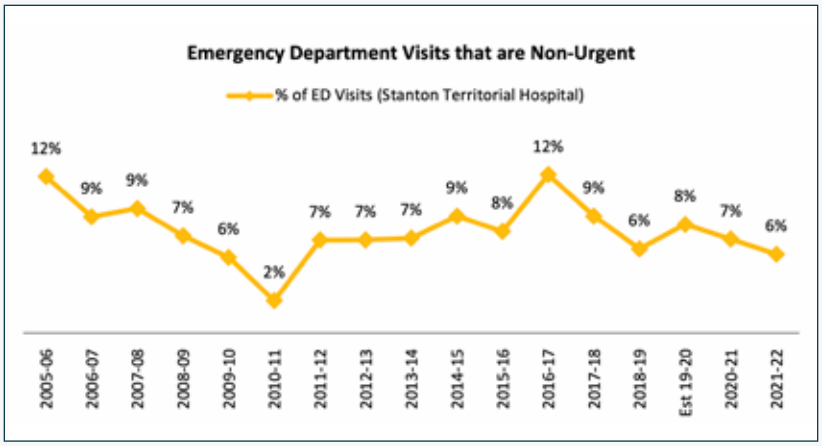
WHAT IS BEING MEASURED?

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

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

WHY IS THIS OF INTEREST?

Patients who access emergency department services for health issues that could be seen at a primary care clinic (level 5 – non-urgent), that day or in the next day or two, are 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 6% in 2021-22.

SOURCE

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

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

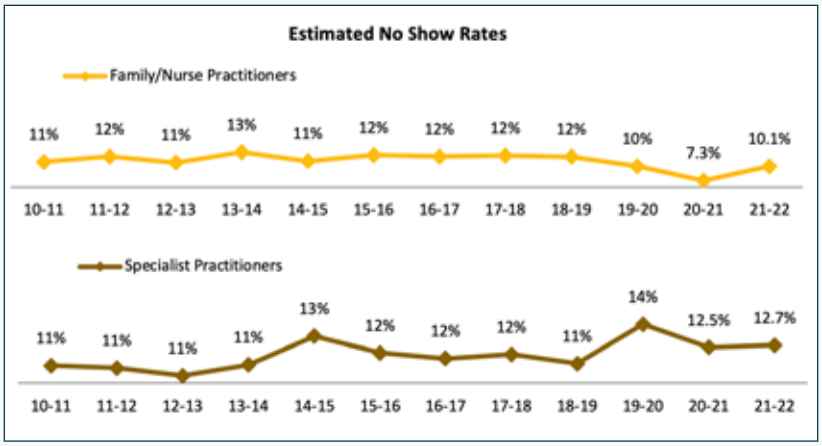
BETTER FUTURE – NO SHOWS

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

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



HOW ARE WE DOING?

For most of the last twelve years, the no show rate to family and nurse practitioners ranged between 10 and 13%.[21] For specialists, the no show rate ranged between approximately 11 and 14% between 2010-11 and 2021-22.[22]

SOURCE

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

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

[22] Specialist no show rates exclude Ophthalmologists.

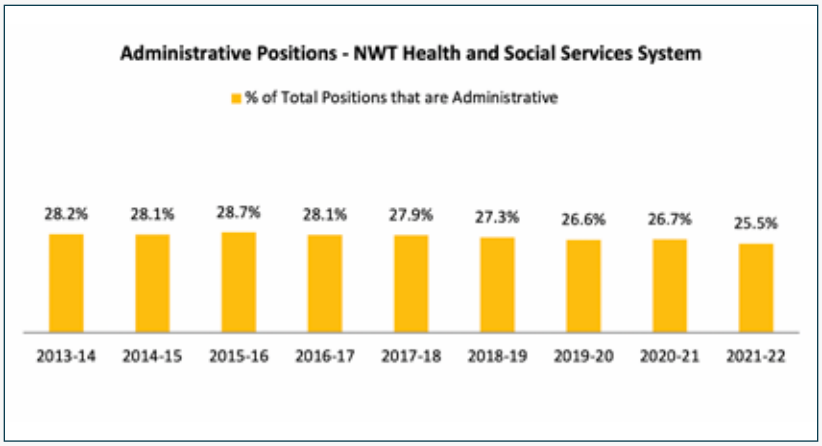
BETTER FUTURE – ADMINISTRATIVE STAFFING RATIOS

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

A 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 inefficiencies in the system that need to be investigated.



HOW ARE WE DOING?

The proportion of staff that administrative has averaged decreased slightly in the last nine years from just over 28% to 25.5%.

SOURCE

NWT Department of Health and Social Services.

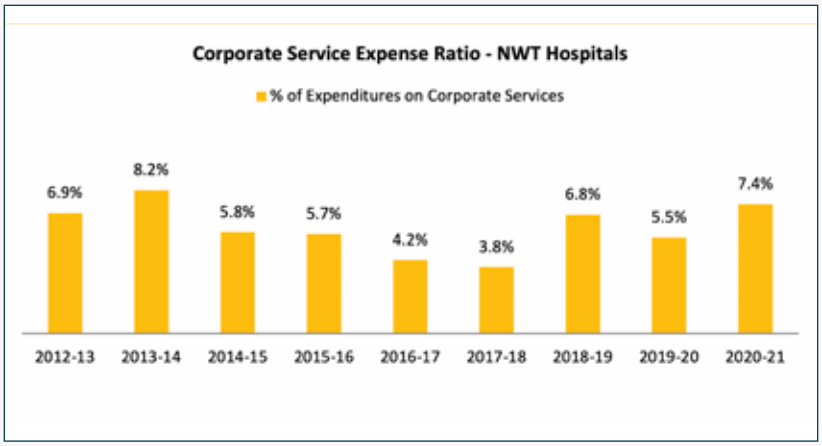
BETTER FUTURE – CORPORATE EXPENSE RATIO (HOSPITALS)

WHAT IS BEING MEASURED?

The proportion of overall hospital expenditures spent on administrative purposes.

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 to sustain the system into the future. Increases in the proportion of money spent on administration may reflect inefficiencies in the system that need to be investigated.



HOW ARE WE DOING?

The proportion of hospital expenditures dedicated to administration in the NWT was 7.4% in 2020-21 – higher than the national rate of 4.4%.

SOURCE

Canadian Institute for Health Information.

Stable and Representative Workforce

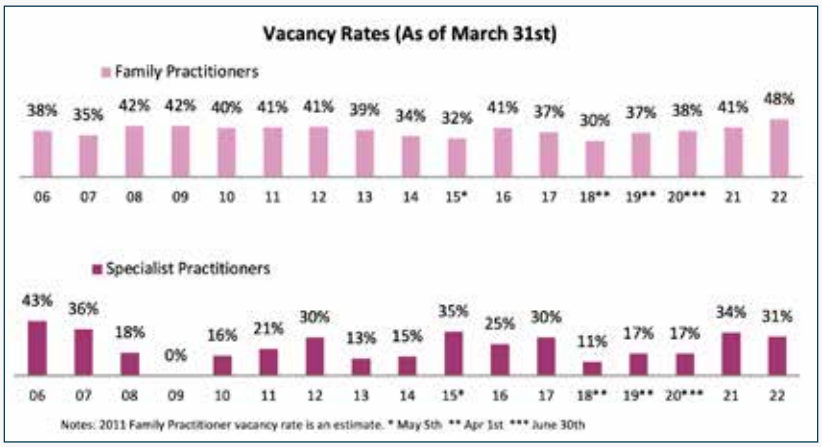
BETTER FUTURE – PHYSICIAN VACANCIES

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

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



HOW ARE WE DOING?

Since 2006, vacancy rates have fluctuated between 30% and 48% for family practitioners and between 0% and 43% for specialists. Recent vacancy rates for family practitioners and specialist practitioners are 48% and 31% respectively.

SOURCE

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

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

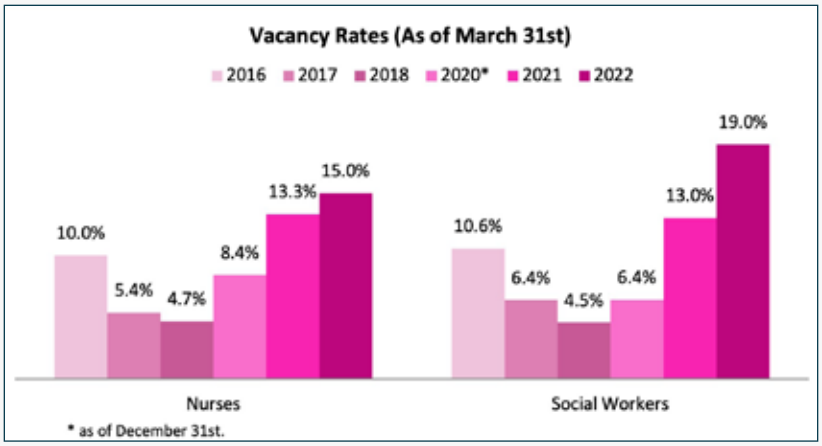
BETTER FUTURE – NURSE AND SOCIAL SERVICE WORKER VACANCIES

WHAT IS BEING MEASURED?

The vacancy rate for nurses and social service workers.

WHY IS THIS OF INTEREST?

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



HOW ARE WE DOING?

As of March 31, 2022, the vacancy rates for nurses and social service workers were 15.0% and 19.0%, respectively. Due to a change in methodology, pre-2016 vacancy rates for nurses and social service workers are not comparable to recent rates.[24]

SOURCE

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

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

BETTER FUTURE – STAFF SAFETY

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

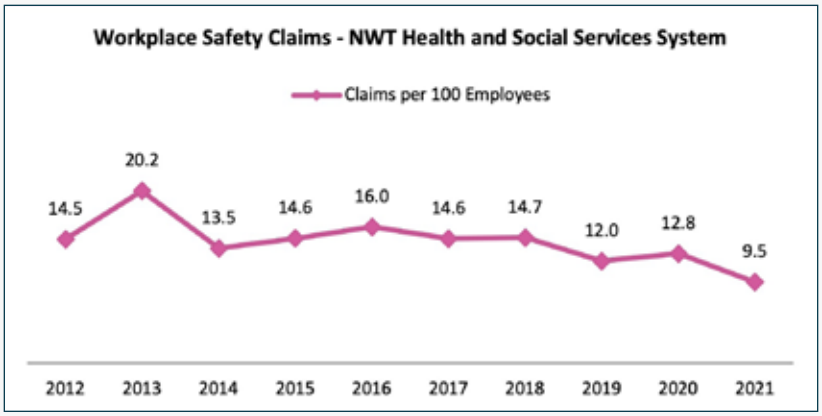
Ensuring staff safety is very important in any workplace but especially in health care and social services where front-line employees are presented with unique occupational challenges and are exposed at a higher frequency to the potential of injury than most other GNWT employees. Repeated secondary exposure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

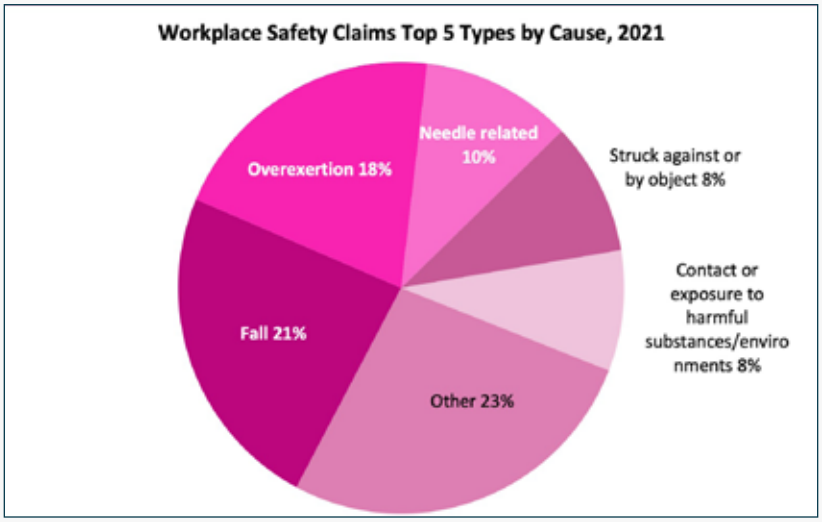
HOW ARE WE DOING?

The overall rate of safety claims has declined from 14.5 to 9.5 claims per 100 employees. On average, over the last 10 years, the rate for the HSS system has been over twice that of the rate for the rest of the GNWT.

OTHER INFORMATION

In 2021, the top five causes for workplace safety claims were where the worker fell (21%), where the worker overexerted themselves (18%), where the worker was pricked or scratched by a needle (10%), was struck by or struck against an object (8%), and where the worker was in contact with or exposed to harmful substances such as infectious diseases and chemicals (8%). The remaining causes were primarily assaults, slipping or tripping without falling, repetitive motion injuries, and injuries from bending and twisting.





SOURCE

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

Appendices

Appendix 1: Reporting on the Medical Care Plan

Appendix 2: Publications

Appendix 1: Reporting on the Medical Care Plan

Under the *Medical Care Act* (MCA), the Minister of Health and Social Services is obligated to table a report on the operations of the Medical Care Plan. This appendix fulfills this reporting obligation. Although there is no similar legislative requirement to report on the Hospital Insurance Plan, information on this plan is included as it 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, 2022, there were 43,902 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, 2022, there were 747 physicians licensed to practice in the NWT, and 10 physicians with education permits practicing in the NWT.

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

annual report on the operations of the medical care plan for the Minister.

During the reporting period, over $69.1 million was the amount for physician and clinic expenses for insured physician services provided to residents within the NWT.

INSURED HOSPITAL SERVICES

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

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

The NWT provides the following:

a) Insured inpatient services, meaning:

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

b) Insured out-patient services, meaning:

- Laboratory, radiological and other diagnostic procedures together with the necessary interpretations (not including simple procedures done in a doctor's office);
- Necessary nursing services;
- Drugs, biological and related preparations when administered in the hospital;
- Use of operating room, case room and anaesthetic facilities;
- Routine surgical supplies;
- Uuse 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, $35.7 million was paid to approved inpatient and outpatient facilities and physicians outside the NWT for the treatment of NWT residents.

Appendix 2: Publications

REPORTS AND STRATEGIC DOCUMENTS

- Action Plan for Critical Incident Investigation Report Recommendations - 2020-2021 Update
- Addiction Recovery Experiences Survey - Results and Analysis
- Annual Report of the Director of Child and Family Services, 2020-2021
- NWT Health and Social Services System Annual Report 2020-2021
- Social Indicators COVID-19 Pandemic (March 2022)
- Social Indicators COVID-19 Pandemic (November 2021)
- Social Indicators COVID-19 Pandemic (June 2021)
- What We Heard - Banning the Sale of Flavoured Vapour Products in the Northwest Territories
- What We Heard - Amendments to the Northwest Territories Nursing Profession Act Discussion Paper

BROCHURES AND FACT SHEETS

- Arctic Vaccinator Colouring Contest
- COVID-19 mRNA Vaccine Information Sheet
- Even After a Cancer Diagnosis It's Never Too Late To Stop Tobacco Use (Brochure)
- Fish Consumption Notice - Duck Lake
- Fish Consumption Notice - Lower Martin Lake
- Human Papillomavirus (HPV)
- Information for Patients and Families (Medical Assistance in Dying)
- Métis Health Benefits
- New Public Pools Regulations
- NWT Health Care Plan - Information for NWT Residents
- Questions and Answers for Patients and Families (Medical Assistance in Dying)

FLYERS AND POSTER

- BreathingRoom™ - Unlock the Real You
- Don’t make your lungs a dumping ground
- Get your head out of the clouds
- It’s not safe to vape
- Tooth Tips for Toddlers (Ages 1-3)
- Vaccination Tips for Parents and Caregivers

HAVE YOUR SAY ENGAGEMENT

- Meat Safety Regulations in the NWT Discussion Paper
- Proposed Naturopathic Profession Regulations
- Proposed Tobacco and Vapour Products Control Regulations

MINISTERIAL DIRECTIVES AND POLICIES

- Metis Health Benefits Policy
- Notification of Administrative Changes

EXPRESSION OF INTEREST

- Expression of Interest - Transitional Housing for Addiction Recovery Program

For more information, please visit:

www.hss.gov.nt.ca

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