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

NWT DEPARTMENT OF HEALTH AND SOCIAL SERVICES

2022-2023 Annual Report

Rapport annuel 2022-2023

MINISTÈRE DE LA SANTÉ ET
DES SERVICES SOCIAUX DES TNO

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

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

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

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

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

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.
Cree

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

ʔerıhtł'ís Dëne Sųłıné yatı t'a huts'elkër xa beyáyatı 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 ᐅᖃᓕᓴᐃᓐᓇᖅᑐᑎᑦ.
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 2022-23. This is the third year of reporting on our operations and progress toward the goals outlined in the Health and Social Services system's Strategic Planning Framework. Our focus remains steadfast on achieving Best Health, Best Care, for a Better Future.

The NWT has one of the highest per capita costs for healthcare delivery in Canada. The HSS system continues to see significant growth in spending. This growth requires our best efforts to deliver effective and efficient services.

In 2022-23, the Department spent $636.9 million; $436.1 million went directly to the Health and Social Services Authorities to administer and deliver programs and services. The Department's total spending increased $431,000 over the prior year. This increase offset additional costs for Physician Services, Medical Travel, the Yellowknife Combined Day Shelter and Sobering Centre, the Territorial Cancer Care Programs, and the expansion of the Healthy Family Program. The Department invested an additional $36.7 million in capital infrastructure projects.

The Health and Social Services system's primary objective is to ensure long-term sustainability while consistently delivering health and social services that effectively meet the needs of NWT residents. To this end, the Department invested in Anti-Poverty, health promotion, and on-the-land program initiatives, community-based mental wellness and addictions aftercare programs, and ongoing primary health care reform. These actions, combined with focusing on the retention and recruitment of healthcare workers and enhancing the financial sustainability of the system, are two examples of work done towards achieving this objective. I would like to thank the staff of the whole health and social services system for their dedication in providing care to all NWT residents.

ACCOUNTABILITY STATEMENT

This Annual Report fulfills the obligation to report to the Legislative Assembly on the preceding year's operations and financial position of the Department of Health and Social Services. As Minister of Health and Social Services, I ensured that this Annual Report was prepared with respect to the implementation of the Strategic Planning Framework. This report is used to review and analyze the progress of the health and social services system on financial activities and strategic areas of priority conducted in the 2022-23 fiscal year as part of the commitment of the Department of Health and Social Services to sustain and strengthen performance and accountability across operations and to ensure transparency on an ongoing basis. This report also meets the obligation to annually table a report on the operations of the Medical Care Plan.

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 2022-2023 sur le système de santé et des services sociaux des Territoires du Nord-Ouest (TNO). C'est la troisième année que nous rendons compte de nos activités et des progrès réalisés dans l'atteinte des objectifs fixés dans le cadre de la planification stratégique du système de santé et des services sociaux. Notre point de mire demeure avant tout de garantir une santé optimale, des soins optimaux et un avenir prometteur.

Les TNO supportent l'un des coûts de prestation de soins de santé par habitant les plus élevés du Canada. Les dépenses du système de santé et des services sociaux continuent d'augmenter à un rythme soutenu. Au vu d'une telle augmentation, nous ne devons ménager aucun effort pour fournir des services efficaces.

En 2022-2023, le ministère a dépensé 636,9 millions de dollars, dont 436,1 millions ont été utilisés par les administrations des services de santé et des services sociaux pour administrer et fournir les programmes et services. Les dépenses totales du ministère ont augmenté de 431 000 dollars par rapport à l'année précédente. Cette augmentation a compensé les coûts supplémentaires des services médicaux, des déplacements pour des raisons médicales, du centre de dégrisement et refuge de jour de Yellowknife, des programmes territoriaux de soins oncologiques et de l'expansion du programme Familles en santé. Le ministère a investi 36,7 millions de dollars supplémentaires dans des projets d'infrastructure.

Le système de santé et des services sociaux a pour but d'assurer sa viabilité à long terme, tout en offrant constamment des services de santé et des services sociaux qui répondent efficacement aux besoins des Ténois. En conséquence, le ministère a investi dans des initiatives anti-pauvreté et de promotion de la santé, des programmes sur les terres ancestrales et des programmes communautaires de mieux-être mental et de suivi après le traitement des dépendances, ainsi que dans la réforme en cours des soins de santé primaires. Ces mesures, conjuguées à la priorité accordée au maintien en poste et au recrutement des travailleurs de la santé, et à l'amélioration de la viabilité financière du système, sont deux exemples du travail accompli pour atteindre cet objectif. Je tiens à remercier le personnel du système de santé et des services sociaux dans son intégralité pour son dévouement à prodiguer des soins à tous les Ténois.

DÉCLARACTION DE RESPONSABILITÉ

Le présent rapport annuel répond à l'obligation de rendre compte à l'Assemblée législative des opérations et de la situation financière du ministère de la Santé et des Services sociaux au cours de l'exercice précédent. En qualité de ministre de la Santé et des Services sociaux, j'ai veillé à ce que ce rapport annuel soit rédigé en tenant compte de la mise en œuvre du Cadre de planification stratégique. Le rapport sert à examiner et à analyser les progrès du système de santé et des services sociaux eu égard aux activités financières et aux axes d'intervention stratégiques prioritaires menés au cours de l'exercice 2022-2023, dans le cadre de l'engagement du ministère de la Santé et des Services sociaux à soutenir et à améliorer le rendement et la reddition de compte dans l'ensemble des activités, et à assurer la transparence de façon permanente. Ce rapport répond également à l'obligation de présenter un rapport annuel sur les activités du régime d'assurance-maladie.

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Executive Summary

The Northwest Territories (NWT) Department of Health and Social Services (The Department) 2022-23 Annual Report represents the third year of reporting on the Strategic Priorities set out in the 2020-2024 Health and Social Services (HSS) Business Plan.

OUR STRATEGIES

In 2022-23, 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 comprised of the Department of Health and Social Services 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 2022-23.

HEALTH OF THE POPULATION AND EQUITY OF OUTCOMES

This goal focuses on the HSS system's efforts on health promotion, disease prevention, providing culturally respectful and community-based programs and services informed by unique population needs and priorities. In 2022-23, the Department adopted a similar approach to COVID-19 as with other respiratory illnesses where the focus shifted from territory-wide emergency responses to public health recommendations, personal risk assessment, and measures to protect high risk populations.

The Department continued to advance the vision for Primary Health Care Reform (PHCR) to build a culturally safe and relationship based HSS system. The portfolio was expanded to include all regions in 2022-23, with project identification underway in Beaufort Delta and Hay River.

To improve the availability and quality of services for vulnerable populations, the Department advanced several actions items in 2022-23 including:

- Completion of the Supported Living (SL) Review to identify gaps in service, future demand, and best practices to support adults with disabilities within the NWT. This review included a report with 33 recommendations to improve SL services to better meet the needs of adults with disabilities to reduce reliance on out-of-territory SL placement resources;

- Public engagement on the GNWT-funded supplementary health benefit programs which was compiled into the What We Heard Report and released in January 2023;
- Continued support for food security through the Anti-Poverty Fund, Healthy Choices Fund, Collective Kitchens, and Nutrition North Nutrition Education program; and
- Administration of 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 2022-23, the Department worked toward fulfilling the GNWT Mandate priorities to *Increase the number and variety of culturally respectful, community based mental health and addictions programs, Enable seniors to age in place with dignity and Improve early childhood development indicators for all children.* Key activities included:

- Continued implementation of a Stepped Care 2.0 approach (within the CCP), including an evaluation of the first two years of the approach's implementation;
- Continued collaboration with ECE to make improvements to the Child and Youth Counselling (CYC) initiative in NWT schools and communities;
- Implementation of a one-year Child and Family Services (CFS) action plan to act as a "Bridge plan" to link the 2019-2021 Quality Improvement Plan with a broader plan for system transformation initiatives; and
- Administration of the On the Land (OTL) Healing Fund, Community Suicide Prevention Fund, Addictions Recovery Peer Support Fund, and Addictions Recovery and Aftercare 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.

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

Capital investments that are in progress or planned are summarized in this Report, as are 2022-23 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 2022-23, the *NWT HSS System Human Resources Plan 2021-2024* was publicly released. This plan aligns with the priority of the 19th Legislative Assembly's Mandate and the Department's Business Plan to *Increase the number of resident health care professionals by 20 percent*. Several of the plan's initiatives were specifically designed to attract Indigenous and Northern residents to pursue careers in the health and social services field. Additionally, all the initiatives in the plan were guided by a commitment to address systemic racism and promote cultural safety and anti-racism within the NWT HSS system.

Sommaire

Le Rapport annuel 2022-2023 du ministère de la Santé et des Services sociaux (MSSS) des Territoires du Nord-Ouest (TNO) fait le point pour une troisième année sur les priorités stratégiques énoncées dans le Plan d'activités 2020-2024 du système de santé et des services sociaux.

NOS STRATÉGIES

En 2022-2023, 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). Le rapport met l'accent sur les principales initiatives proposées par le ministère en 2022-2023.

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 2022-2023, le ministère a adopté une démarche similaire pour la COVID-19, comme pour les autres maladies respiratoires, mettant l'accent non plus sur les interventions d'urgence à l'échelle du territoire, mais les recommandations de santé publique, l'évaluation des risques personnels et les mesures visant à protéger les populations à risque élevé.

Le ministère a continué de faire avancer les ambitions de la réforme des soins primaires afin de mettre en place un système de santé et des services sociaux fondé sur la culture et les relations. Le portefeuille a été élargi pour inclure toutes les régions en 2022-2023, la détermination des projets étant entamée dans les régions de Beaufort-Delta et de Hay River.

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 2022-2023, y compris :

- l'achèvement de l'Examen de l'aide à la vie autonome afin de cerner les lacunes de service, la demande future et les pratiques exemplaires en matière de soutien aux adultes handicapés. Cet examen a donné lieu à 33 recommandations visant à améliorer les services d'aide à la vie autonome afin de mieux répondre aux besoins des adultes handicapés et de réduire le recours à des placements à l'extérieur des TNO;
- des échanges avec le public sur les régimes d'assurance-maladie supplémentaires financés par le gouvernement des Territoires du Nord-Ouest, dont les résultats ont été compilés dans le Rapport sur ce que nous avons entendu, publié en janvier 2023;
- 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 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 réduire les temps d'attente, à renforcer le respect des cultures et à développer un système plus fort.

En 2022-2023, le MSSS a travaillé au respect des priorités du mandat du GTNO, à savoir *augmenter le nombre et la variété des programmes communautaires de santé mentale et de traitement des dépendances qui sont respectueux de la culture; permettre aux personnes âgées de vieillir chez elles dans la dignité et améliorer les indicateurs du développement de la petite enfance pour tous les enfants*. Parmi les principales activités figurent les suivantes :

- Poursuite de la mise en œuvre de *Stepped Care 2.0*, l'approche intégrée par étapes en matière de prestation de services (au sein du PCC), notamment une évaluation des deux premières années de mise en œuvre de l'approche;
- Poursuite de la collaboration avec le MÉCF pour améliorer le Programme de conseillers des enfants et des jeunes (PCEJ) dans les écoles et les collectivités ténoises;
- Mise en œuvre d'un plan d'action d'un an pour les Services à l'enfance et à la famille, qui servira de « plan de transition » liant le Plan d'amélioration de la qualité de 2019-2021 à un plan plus large d'initiatives de transformation du système;
- Administration du Fonds pour la guérison sur les terres ancestrales, du Fonds communautaire de prévention du suicide, du Fonds pour le soutien par les pairs en rétablissement des dépendances, et du Fonds pour la guérison des dépendances et le maintien des acquis.

QUALITÉ, EFFICACITÉ ET VIABILITÉ

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

Garantir des soins de qualité signifie garantir des soins qui respectent la culture. Le Service de respect de la culture et de lutte contre le racisme, qui a continué de diriger les efforts déployés à l'échelle du système pour lutter contre le racisme anti-autochtone et le racisme systémique, a été responsable de l'élaboration, de l'amélioration continue et de la mise en œuvre de la formation à la sécurité culturelle et à la lutte contre le racisme pour le personnel du secteur des soins de santé.

Les investissements en capitaux en cours ou prévus sont résumés dans le présent rapport, tout comme les faits saillants financiers de l'exercice 2022-2023. En outre, et dans le cadre du rapport sur l'avancement des objectifs, le MSSS continue de rendre compte de plus de 40 mesures du rendement qui attestent de la performance du système de santé et des services sociaux.

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 2022-2023, le *Plan des ressources humaines de 2021 à 2024 du système de santé et de services sociaux des Territoires du Nord-Ouest* a été rendu public. Ce plan se conforme à la priorité du mandat de la 19e Assemblée législative et au plan d'activités du ministère, qui consiste à augmenter le nombre de professionnels de la santé résidents d'au moins 20 %. Plusieurs initiatives du plan ont été précisément conçues pour attirer les résidents autochtones et du Nord vers des carrières dans ce domaine. De plus, toutes les initiatives du plan sont guidées par un engagement visant à s'attaquer au racisme systémique et à promouvoir la sécurité culturelle et la lutte contre le racisme au sein du système de santé et des services sociaux des TNO.

Introduction

The purpose of this Annual Report is to provide an overview of the performance of the Government of the Northwest Territories (GNWT) Department of Health and Social Services (the Department). This Annual Report does not intend to comprehensively outline the operations of each Health and Social Services Authority (HSS Authorities). Details on the operations of each HSS 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 Health and Social Services (HSS) System.

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

The GNWT, like other Canadian jurisdictions, is taking a proactive approach to improving accountability for the delivery of publicly funded health and social services. The HSS system budget makes up 28.9 percent of the overall GNWTs budget[1] . Decision makers and the public want to know if HSS funding is being spent effectively 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 Northwest Territories (NWT): Beaufort Delta, Dehcho, Sahtú, Fort Smith and Yellowknife. The NTHSSA represents the five regions and Stanton Territorial Hospital under a one-system approach and single organizational structure through the NTHSSA. The Hay River Health and Social Services Authority (HRHSSA) delivers health and social services in the Hay River region and remains outside of the NTHSSA. The Tłı̨chǫ Community Services Agency (TCSA) is established through the *Tłı̨chǫ Intergovernmental Services Agreement* and as per the terms of the *Tłı̨chǫ Land Claims and Self-Government Agreement* and the *Tłı̨chǫ Community Services Agency Act*, delivering education as well health and social services to clients in communities within the Tłı̨chǫ region of the NWT.

[1] Based on 2022-2023 Main 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 six southern facilities, located in Alberta, British Columbia, and Ontario, to provide specialized treatment to residents of the NWT.

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

- Early childhood development;
- Family violence shelters and awareness;
- Health promotion activities;
- In-home and in-facility respite services for caregivers of seniors, children, or adults with special needs;
- Supportive services for seniors and persons with disabilities;
- Long-term care;
- On-the-land programs;
- 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 2022-23, 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 health systems. The four aims, serving as goals for the HSS system, are:

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

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

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

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

GOAL: BETTER ACCESS TO BETTER SERVICES

We need to 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, address them where possible, and avoid contributing to barriers to access for marginalized populations. This is directly aligned with the 19th Assembly's Mandate Commitment to: *Improve Early Childhood Development Indicators; Enable Seniors to Age in Place with Dignity; and Increase the number and variety of culturally-respectful, community-based mental health and addictions programs including aftercare*.

GOAL: QUALITY, EFFICIENCY AND SUSTAINABILITY

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

GOAL: STABLE AND REPRESENTATIVE WORKFORCE

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

As part of reporting progress on these goals, the Department continues to report on over 40 performance measures that speak to 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 AS ENDEMIC

While COVID-19 continued to circulate in NWT communities in 2022-23, the rate of severe outcomes decreased significantly, and the Department adopted a similar approach to COVID-19 as with other respiratory illnesses. The focus shifted from territory-wide emergency responses to public health recommendations, personal risk assessment, and measures to protect high risk populations. Beginning April 1, 2022, the NWT ceased tracking individual cases of COVID-19, and instead tracked severe outcomes, and monitored wastewater for changes over time to detect high or increasing levels of COVID-19 activity in a community. Wastewater monitoring has also been expanded beyond COVID-19 to detect other respiratory viruses of public health importance such as RSV and Influenza A. The program will be in place until March 2024. For more information refer to the **Wastewater Monitoring Dashboard**, which is available on the HSS website.

In 2022-23, the Department and all three HSS Authorities partnered to conduct a serological survey using anonymized discarded blood samples to estimate the prevalence of antibodies to COVID-19 in the population resulting from natural infection and immunization. The Office of the Chief Public Health Officer (OCPHO) worked with the HSS Authorities to test discarded blood samples from routine health tests of NWT residents over four different time periods, dating back to April 1, 2022. This seroprevalence survey was another way the Department assessed the impact of COVID-19 and will be used to optimize health system planning.

RESPONSE TO ILLICT DRUG POISONINGS

In 2022, there were six deaths associated with fentanyl or carfentanil drug poisoning in the NWT. All six cases occurred in Hay River and were drug poisonings, as opposed to drug overdoses, meaning the individuals did not know there was fentanyl or carfentanil in the drugs. In response to these deaths a coordinated response was initiated to support front line services and the impacted community members in Hay River. The response included a targeted awareness campaign that spoke to the presence of fentanyl and carfentanil, outlined harm reduction measures to prevent an overdose or drug poisoning and helped to destigmatize substance use and addictions. Naloxone kits were made more available in Hay River and additional training was conducted to teach people how to use naloxone. To further support the public health response, the

HRHSSA obtained the services of outreach nurses to reach harder-to-reach populations and form an outreach team. In addition, OCPHO and HRHSSA staff have worked with NGOs in the community to access funding to conduct various activities, programs and enhance community supports. Plans have been put in place to scale up the awareness campaign to the whole of NWT in 2023-24.

NWT 811 HEALTH ADVICE LINE

On November 9, 2022, the Department launched a toll-free NWT 811 Health Advice Line to ensure ease-of-access to a trusted source for health information and advice for residents via telephone. The service enables residents to easily access high quality medical advice, in their language, at a time and place that is convenient for them. The toll-free service puts residents in contact with a registered nurse who can evaluate their situations and provide advice on non-urgent health issues. Callers can also request to remain anonymous while accessing this confidential service. Anyone living in the NWT can call 811 through a landline, cell phone; or if hearing impaired, Canada Video Relay Service (VRS).

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

In 2022-23, 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 an initiative to create a system that provides 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 continued to be locally led and driven by community priorities and health system data.

PHCR launched in 2019 with six initial demonstration projects, located in the Dehcho and Tłı̨chǫ regions, Fort Smith, and Yellowknife (three projects). The focus in 2022-23 was on stabilization and sustainability of the projects that have launched, using a continuous quality improvement approach, as well as expansion to all regions of the NWT when and where appropriate. The portfolio was expanded to include all regions in 2022-23, with project identification underway in Beaufort Delta and Hay River.

INTEGRATED CARE TEAM EVALUATION

The Department continued to contribute to a research project in partnership with Hotìì ts'eeda and the Institute of Health Economics (Alberta) to evaluate the Integrated Care Team (ICT) demonstration projects in Yellowknife and Fort Smith. The project looked at patient and care-provider perspectives and the economic impact of the project. In 2022-23, the Hotìì ts'eeda initial report was completed and released to the public in August 2022. The report found that Integrated Care Teams at the Yellowknife Frame Lake and Fort Smith Clinics support access to different types of appointments and health care providers. It also identified areas for improvement including ICT staffing, appointment access, clinical spaces, staff training, and treatment that incorporates Indigenous culture. These findings inform the ongoing collaboration by the Department and the HSS Authorities to refine the implementation of ICTs.

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

ORAL HEALTH SERVICES

Oral health is a key indicator of general health, wellbeing, 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.

The Department continued to advance Oral Health Action Plan initiatives, such as completing the "Speak the Tooth" social marketing campaign in April 2022. The campaign featured 16 children from all regions of the territory to raise awareness of the importance of good oral health and to help change oral health behaviours. "Speak the Tooth" campaign won a 2022 Silver MUSE Creative Award, an international award program that inspires creativity and sets new standards of excellence in media.

Work also continued with Aurora College to strengthen the oral health content in the Bachelor of Science in Nursing, and Community Health Representative programs to support oral health education, promotion, and fluoride varnish application. Oral health content was expanded into the Personal Support Worker and Early Learning and Child Care programs in fall 2022.

Additionally, an oral health book for the early school years population (Junior Kindergarten to grade 3) was developed in collaboration with an NWT author and artist, and with support from the Department of Education, Culture and Employment (ECE). This book complemented the introduction of the new elementary school curriculum and was distributed to NWT schools in fall 2022.

SEXUAL HEALTH AND SEXUALLY TRANSMITTED BLOOD BORNE INFECTION PROGRAM

In 2022-23, the NWT faced rates of sexually transmitted and blood borne infections that were higher than the national average. The NWT continued to experience an outbreak of syphilis, and the rates continued to rise. To combat the high rates of sexually transmitted and blood borne infections in the NWT, the Department launched several new programs including:

- Continued syphilis education and awareness campaign;
- The launch of the Condom Access Pilot Program in October 2022 that installed 303 free condom dispensers in public locations across the NWT;
- The training of health care practitioners on the use of the point of care test (POCT) for syphilis and HIV began on July 18, 2022; and
- A pop-up POCT clinic was hosted by Yellowknife on December 2, 2022, and several communities have set up mini clinics to provide additional testing using these tests.

COMMUNITY WELLNESS PLANS

Community Wellness Initiatives Funding was established to reduce health disparities and improve the health and wellness of Indigenous individuals, families, and communities in the NWT. In 2022-23, funding was distributed to 31 Indigenous Governments and community organizations and several territorial organizations that support Indigenous people's health and wellness throughout the territory based on their priorities. The Department's approach is a unique funding model because it emphasizes capacity building and community-identified Indigenous health and wellness priorities with the use of funds guided by locally created Community Wellness Plans. In 2024, the existing Community Wellness Plans are scheduled for renewal; therefore, in 2022-23, the Department began engagement with communities to support their programming visions and priorities for the next five years of multi-year block funding.

PRIORITY: IMPROVE AVAILABILITY AND QUALITY OF SERVICES FOR VULNERABLE POPULATIONS

DISABILITY ACTION PLAN

The GNWT Disability Action Plan, 2018-19 to 2021-22, focused on improving communication and collaboration, increasing access to disability related programs and services, and addressing the social determinants of health and disability. Although the Action Plan ended in March 2022, the goals of the NWT Disability Strategic Framework that guided the Action Plan remained relevant in 2022-23. During 2022-23, the Department advanced Action Plan activities including the NWT Supported Living Review. The Department also worked with other GNWT departments to summarize what was achieved through the Action Plan and where work is ongoing. A Final Report on the achievements of the Action Plan was compiled and is anticipating a public release in fall 2023.

SUPPORTED LIVING REVIEW

Supported living (SL) services provide support to adults with disabilities so that they can live as independently as possible in their own homes or in accommodations provided by a supported living service provider. The Department conducted a review on SL services to identify gaps in service, future demand, and best practices to support adults with disabilities within the NWT. The Review was finalized in September 2022 and tabled with the Department's response on March 1, 2023. The report highlighted the broad range of SL needs of adults with disabilities, and the gaps and challenges of current SL services in meeting these needs. Findings from the review came from engagement with service users, stakeholders, and the public, as well as a jurisdictional scan of best practices and supported living models. The review made 33 recommendations to improve SL services to better meet the needs of adults with disabilities to reduce reliance on out-of-territory SL placement resources. Work to implement the recommendations began in 2022-23 and continues to be led by a Steering Committee composed of staff from the Department and HSS Authorities.

SUPPLEMENTARY HEALTH BENEFITS REVIEW

The GNWT-funded supplementary health benefit programs provide important coverage to many NWT residents for health services beyond what is covered by the NWT Health Care Plan. The Department committed to review the suite of government-funded supplementary health benefit programs and develop a new policy framework for consideration during the life of the 19th Legislative Assembly. As part of the review process, public engagement was completed between August to November of 2022. The feedback received was compiled into the What We Heard Report, released January 25, 2023, and is informing the development of a new policy currently.

ANTI-POVERTY INITIATIVES

In 2022-23, the Department worked with other GNWT departments to ensure residents have access to the 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, Anti-Poverty Fund, and the Territorial Anti-Poverty Action Plan, the GNWT has taken steps to address poverty in key areas like income support, food security, and homelessness. The Department provided support for food security through the Anti-Poverty Fund, Healthy Choices Fund, Collective Kitchens, and Nutrition North Nutrition Education program.

The Department was responsible for the annual administration of the Anti-Poverty fund to community-based organizations to support local poverty reduction projects. In 2022-23, the value of the fund was $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 $9 million has been distributed.

OFFICE OF THE PUBLIC GUARDIAN

The Department undertook several activities to enhance the Office of the Public Guardian (OPG) service capacity. In 2022-23, a new Deputy Public Guardian position was added to support the intake and delivery of guardianship services. In addition, the Department collaborated with the HSS Authorities to improve the application process for guardianship, services coordination, and case management for guardianship clients receiving services. A new intake referral package to improve efficiency of the intake process was developed and is anticipating release and implementation in 2023-24.

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

On November 2, 2022, the Minister Responsible for the Status of Women tabled *Changing the Relationship Action Plan* (Action Plan) in response to the Calls for Justice on Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+. The Action Plan explains how the Government of the Northwest Territories and more specifically the Department will work to change the relationship between the departments, agencies, employees, policies, and processes and our daily encounters with Indigenous women, girls, and 2SLGBTQQIA+.

With 28 actions and initiatives identified as part of this Action Plan, the Department continues to actively seek feedback on new and existing programs and services and communicate new initiatives and planned improvements to address these Calls for Justice.

Better Access to Better Services

PRIORITY: CONTINUOUS QUALITY IMPROVEMENT

Continuous quality improvement (CQI) refers to HSS system efforts to improve the quality of our services in response to regular program and service monitoring. CQI initiatives were primarily led by NTHSSA and supported by the Department. The focus area in 2022-23 was cancer screening.

PRIORITY: IMPROVE THE EXPERIENCE OF PATIENTS

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

The HSS system conducts regular questionnaires to measure self-reported satisfaction and experiences with HSS system services, including the Patient Experience Questionnaire (PEQ) and the CCP Client Satisfaction Questionnaire. The 2022 PEQ (Inpatient and Outpatient) was distributed from March 2022 until May 2022, with a focus on greater translation services and ensuring residents have options to provide feedback. The PEQ is part of the HSS system's regular monitoring and reporting system.

In May 2022, the Department released results of the 2021 Community Counselling Program (CCP) Client Satisfaction Questionnaire. Results demonstrated that nearly three-quarters of service users were satisfied or very satisfied with their overall counselling experience. This is the fourth time the questionnaire has been used to better understand the extent to which services and supports meet the needs of individuals and families. Findings from the questionnaire help the HSS system identify what it is doing well and where it can improve.

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

The HSS system 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*.

Key activities in 2022-23 included:

- Continued implementation of a Stepped Care 2.0 approach (within the CCP). Including the completion of an evaluation of the first two years of its implementation within the CCP in partnership with the Mental Health Commission of Canada. The final report is expected to be released in June 2023;
- Continued implementation of the Child and Youth Counsellor (CYC) initiative;
- Continued implementation of the My Voice, My Choice campaign, which distributed six different youth-identified themed boxes throughout the year;
- 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 Access to Alcohol Programming[2];
- Completion of engagement and tabling of the NWT Alcohol Strategy;
- Development of standards for Transitional Housing for Addictions Recovery, including work to review service delivery models and determine resource requirements with the four organizations who expressed interested in operating transitional housing programs through an Expression of Interest issued in 2021; and
- New *Psychology Profession Regulations* were brought into force on August 15, 2022, requiring all psychologists in the NWT to complete continuing competency activities every year with a focus on Indigenous issues and/or Indigenous cultural awareness training.

OFFICE OF THE AUDITOR GENERAL RECOMMENDATIONS FOR ADDICTIONS SERVICES IN THE NORTHWEST TERRITORIES

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. In May 2022, the Office of the Auditor General (OAG) tabled their final report and recommendations resulting from their audit of addictions services in the Northwest Territories. The Department, along with the three HSS Authorities, developed a workplan to address all seven of the OAG's recommendations to build a strong continuum of coordinated and easily accessible addictions supports for all residents. In November 2022, the Standing Committee on Government Operations (SCOGO) provided feedback on the workplan. The final *Addictions Prevention and Recovery Services Work Plan* (2022-2024) was released in March 2023.

MENTAL WELLNESS AND ADDICTIONS RECOVERY (MWAR) COMMUNITY SUPPORT FUNDS

In 2022-23, the Department administered the On the Land (OTL) Healing Fund, Community Suicide Prevention Fund, Addictions Recovery Peer Support Fund, and Addictions Recovery and Aftercare Fund. The On the Land Healing Fund supports Indigenous Governments to deliver culturally appropriate mental wellness and addictions recovery on the land programs that are specific to the needs of their communities. The Community Suicide Prevention Fund supports the delivery of culturally safe programs focusing on prevention of suicide by increasing community wellness and reducing stigma. The Addictions Recovery Peer Support Fund supports the delivery of community led support programs, groups, and/or activities specific to addictions recovery. Examples include but are not limited to: Alcoholics Anonymous, Wellbriety, Self-Management and Recovery Training, and healing circles. The Addictions Recovery and Aftercare Fund supports the hiring of local community-based counsellors who can support individuals working toward recovery, as well as addictions aftercare programming at the community level. The establishment of these community support funds aligns with the priority of the 19th Legislative Assembly to *Increase the number and variety of culturally respectful, community-based mental wellness and addictions programs, including aftercare* in the NWT.

Following discussions with the Council of Leaders, the Department decided to combine three of the mental wellness and addictions funds (Addictions Recovery and Aftercare Fund, On the Land Healing Fund and the Addictions Recovery Peer

[2] On April 1st, 2023, the Managed Alcohol Program (MAP) was rebranded to the Access to Alcohol Program (AAP) based on lessons learned while delivering a MAP in 2022-23 and to ensure the model is flexible and translates to more communities. While this change occurred in 2023-24 for consistency this updated program language will be used throughout this document.

Support Fund) into one Community Wellness and Addictions Recovery Fund in the next fiscal year. The fund will prioritize Indigenous Governments and will help to reduce administrative burden and provide Indigenous Governments with enhanced flexibility to determine what kinds of programs are needed and how funds are allocated.

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, developed an NWT Alcohol Strategy that was released to the public in March 2023. The creation of an NWT Alcohol Strategy was in response to the Canadian Alcohol Policy Evaluation (CAPE) and feedback from stakeholders. The purpose of the Alcohol Strategy for the NWT is to reduce alcohol-related harm for the whole population of the NWT. The strategy was shaped by a thorough literature review and engagement activities, undertaken using a Gender-Based Analysis Plus lens. Multiple rounds of feedback were collected from community and Indigenous leaders and advisory bodies with cultural knowledge and lived expertise to help validate the strategy. There are 15 actions in the strategy, focusing on communications, policy development, prevention, public safety, and treatment. The actions align with many of the calls to action published by the Truth and Reconciliation Commission and will help address the recommendations that emerged from the Office of the Auditor General Report on Addictions Prevention and Recovery Services in the NWT. The strategy was accompanied by a work plan developed collaboratively by several divisions within the department as well as with other GNWT Departments.

ACCESS TO ALCOHOL PROGRAM

In 2022-23, the Department continued taking steps to implement the Access to Alcohol Program (AAP) in the NWT. The establishment of an AAP aligns with the priority of the 19th Legislative Assembly to *Increase the number and variety of culturally respectful, community-based mental wellness and addictions recovery supports in the NWT*. AAP supports a harm reduction approach that focuses on managing alcohol consumption to reduce harm for people with severe alcohol dependence and chronic homelessness. The goal of AAP is not to provide treatment or lead to abstinence, but to decrease harms by reducing binge drinking, consumption of non-beverage alcohol, such as mouthwash, and consumption in unsafe environments. In 2022-23, the Yellowknife Women's Society provided an AAP as part of the Spruce Bough supported housing program through a contract with the Department.

SUICIDE PREVENTION AND CRISIS RESPONSE NETWORK

On average the NWT experiences high rates of suicide which are approximately twice the national average. The HSS system offers a variety of supports that work to prevent suicide and to support those impacted. In 2022-23, services included the CCP which includes access to same day, drop-in services, eMental Health supports, land-based healing programs, NWT Helpline, and psychiatric care and facility-based addictions treatment. Additionally, 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 Community Based Suicide Prevention Fund was fully allocated in 2022-23, with nine contribution agreements in place to support community-based suicide prevention initiatives totaling $242,647.

CHILD AND YOUTH COUNSELLING INITIATIVE

The Department along with ECE continued to work together to make improvements to the Child and Youth Counselling (CYC) initiative in NWT schools and communities. In 2022-23, the Department and ECE worked together to take the following steps to improve the CYC program:

- Fast tracked an NWT-wide evaluation of the CYC initiative during the 2022-23 school year with the final report anticipated be released in August 2023;
- Changed job titles and hiring practices to improve recruitment efforts and increase the hiring of local NWT residents for improved retention; and
- Completed engagement within the Health and Social Services and Education systems to identify opportunities to improve the design of the initiative.

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

SENIORS PROTECTION

Elder abuse is complex with no single cause or solution. Common risk factors for elder abuse include living in a lower income household; suffering from depression and other mental health issues; diminished physical health and functional impairments; cognitive impairments; prior experience of trauma including adverse childhood experiences; unhealthy family relationships; living with family in interdependent circumstances; and social isolation and loneliness.

The Department conducted engagement activities, held elder abuse focused discussion meetings with key government stakeholders, and completed a comprehensive literature review and data analysis to inform the review of legislation and service delivery relevant to helping protect seniors from abuse or neglect (elder abuse). In 2022-23, activities included:

- Engagement activities conducted from April to October 2022 to inform the development of the Seniors' Strategic Framework which identifies areas of focus to enable seniors to age in place with dignity. Personal and property safety concerns, including the prevalence of elder abuse, the lack of specific and dedicated resources, and the need to improve service delivery, were identified throughout the engagement activities;
- Meetings held with stakeholders from ECE, Executive and Indigenous Affairs (EIA), the Department of Justice, HSS Authorities, the Department, NWT Human Rights Commission, Public Prosecution Services of Canada and the RCMP between January and March 2023 to learn more about the legislative and service delivery realities, restraints, and challenges and changes that would help to protect seniors-elders from abuse or neglect;
- A report summarizing seniors' protection findings and outlining possible regulatory and service delivery changes to help protect seniors-elders from abuse or neglect is to be completed by the fall of 2023;
- A comprehensive literature review and analysis of statistical data relevant to elder abuse; and
- A public awareness campaign from March 27-31, 2023, on preventing abuse of older adults, with a focus on senior's and elder's rights to be safe in their home and communities.

SENIOR 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 *Enable seniors to age in place with dignity* as a priority of the 19th Legislative Assembly. This is a whole of-government effort. On October 31, 2022, engagement with seniors and older adults, their families and caregivers, community and Indigenous Governments, and community organizations concluded, and helped to inform the Seniors' Strategic Framework (Framework). An inter-departmental working group provided insights and feedback which shaped the Framework. The resulting Framework is to be tabled in summer 2023 and identifies 20 areas of focus to enable seniors aging in place with dignity. The Department also provided funding to various organizations in 2022-23 to support Age-Friendly Community initiatives.

HOME AND COMMUNITY CARE

In 2022-23, the Department continued addressing 15 of the 22 recommendations outlined in the Home and Community Care Review, using federal funding to enhance key areas for improvement. To ensure that all Home Support Workers (HSWs) are certified and receive consistent training, the Department provided standard training for all HSWs on dementia care through the supportive pathways model, palliative care, and cultural safety and anti-racism training. Funding was also provided to Aurora College to increase the number of available seats in the Personal Support Worker program to deliver online program options and flexibility in course loads to allow current HSWs to continue working as they upgrade their studies. The HSS system continued the Paid Family Caregiver Pilot Project in 2022-23 in the same five communities (Behchokǫ̀; Yellowknife; Dettah and Ndilǫ; Tuktoyaktuk and Hay River) and has committed to extending the Pilot in 2023-24. The Pilot gives clients and caregivers an option for accessing supports according to their assessed support needs while reducing pressure on the Home Care system. Additionally, the Department continued with the implementation of interRAI assessment tools for use in the Home and Community Care and Long-Term Care programs. interRAI provides a standardized and evidenced-based method to assess the care and service needs of clients and align resources to support them. Work also began to create new *Long Term Care Regulations* under the *Hospital Insurance and Health and Social Services Administration Act*. The Regulations will support the adoption of Long-Term Care Standards, enable inspections and enforcement, and support the admission and discharge of clients in all facilities.

PRIORITY: IMPROVE SERVICES AND SUPPORTS FOR CHILDREN AND THEIR FAMILIES

CHILD AND FAMILY SERVICES

In 2022-23, the Department continued to advance quality improvement initiatives related to Child and Family Services (CFS) to improve outcomes for children, youth, and families. This work is related to the priority of the Mandate of the 19*th* Legislative Assembly to *Improve early childhood development indicators for all children* by ensuring better coordinated services for children and their families; ensuring programs and services respect the cultural needs of children and their families; and by providing greater supports to parents.

In April 2022, the Child and Family Services system implemented a one-year action plan to act as a "Bridge plan" to link the 2019-2021 Quality Improvement Plan with a broader plan for system transformation initiatives. The "Bridge Plan" outlines 12 actions the Department committed to improve service delivery for children, youth, families, and the entire CFS system. Part of this commitment is to work closely with the Cultural Safety and Anti-Racism (CSAR) division to embed cultural safety and anti-racism principles throughout the CFS system. In 2022-23, the CSAR division tailored the existing CSAR training specifically to focus on harmful historical and present-day CFS policies that have contributed to anti-

Indigenous racism and systemic barriers for clients. This CFS specific CSAR training was delivered to 17 CFS staff in November 2022, with the future goal to offer this training annually. Furthermore, CFS leadership met with the Indigenous Advisory Body[3] (IAB) throughout 2022-23 to discuss general updates, data, and receive guidance on the proposed direction of the CFS Action Plan. Guidance from the CSAR division and IAB, along with key documents including recommendations from the Standing Committee on Social Development on their review of the *Child and Family Services Act*, serve as a foundation for the development of the new five-year action plan. Beginning in March 2023, CFS initiated focused discussions with a variety of partners to receive their feedback on the overarching vision and activities for the Action Plan. With the aim of providing better supports to children and youth in ways that promote their overall safety and wellbeing, the CFS Action plan has an anticipated release in August 2023.

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

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

The Department has reached out to all Indigenous Governments in the NWT with an offer to meet and discuss its implementation of the *Federal Act*. This offer remains active, should an Indigenous Government want more information on the GNWT's implementation of the Act. Throughout 2022-23, the Department has continued to share data with Indigenous Governments who have voiced their interest in receiving such information about the services offered to members of their communities.

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

EARLY CHILDHOOD DEVELOPMENT

In partnership with ECE, the Department is committed to advancing the Mandate priority of the 19th Legislative Assembly to Improve early childhood development indicators for all children.

The Department continued to advance a portfolio of actions, aimed to take a holistic and whole-of-government approach to promote, support and protect families' connectedness, and create enabling environments for positive early childhood development (ECD). In 2022-23, the Department continued to work towards:

- Setting the intention by working together with a shared vision to create a connected system of care;
- Enhancing quality and building connections between existing projects, programs, and services;
- Developing an integrated model for ECD that is informed by user experience and community-based projects in partnership with the ECE;
- Designing a reproductive, perinatal, and infant health model of care; and
- Designing early intervention services.

[3] The Indigenous Advisory Body was established to provide guidance and advice on incorporating Indigenous tradition, culture, and healing practices within the NWT HSS system. Membership is comprised of Indigenous Government appointees, and staff from the Department, NTHSSA, TCSA and HRHSSA.

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 (2013-23). In 2022-23, the Department collaborated with ECE and other GNWT Departments to transform its system by developing an integrated model for early childhood development across the spectrum of care from prevention to intervention that is informed by user experience and community-based projects.

In February 2022, an internal GNWT working group was convened to identify systemic barriers, address inequities in ECD, and explore solutions that focus on enhanced access to integrated ECD programs and services. Additionally, a governance structure was established to oversee the development of a reproductive, perinatal, infant, child health and Indigenous birthwork model of care, including the expansion of the Territorial Midwifery Program. Work also began on the development of new *Midwifery Profession Regulations under the Health and Social Services Professions Act* in consultation with the Midwives Association of the Northwest Territories.

BABY BUNDLE PROGRAM

In October 2022, the Department partnered with Indigenous Services Canada and Gahcho Kué Mine's joint venture partners, De Beers Group and Mountain Province Diamonds, to launch a new social innovation project, the Baby Bundle Program. The project connects families with supports to give babies a strong start to life, with essential care items as well as information and resources to help parents and caregivers, including foster and adoptive families. Each bundle includes more than 35 items for newborns and parents, with items like Vitamin D drops, diapers and a diaper bag, baby clothes, a resource package, children's books, and more.

Quality Efficiency and Sustainability

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

Ensuring quality care means ensuring culturally safe care. Cultural safety aims to address inequities experienced by Indigenous residents when accessing health and social services. To work towards achieving cultural safety, the Cultural Safety and Anti-Racism (CSAR) division within the Department aims to create a system-wide environment where Indigenous peoples feel safe, respected, and free of racism and discrimination when accessing health and social services. The CSAR division continued to lead the system-wide efforts in tackling anti-Indigenous racism and systemic racism and was responsible for the development, continuous improvement, and delivery of cultural safety and anti-racism training. A CSAR Design Lab was established in September 2022 to strengthen staff capacity to deliver culturally safe and anti-racist care, programs, and services. The Design Lab develops and evaluates evidence-based resources, tools, and training to address anti-Indigenous racism. Delivery of the CSAR Training model began in June 2021 and since its inception, a total of 407 HSS staff have participated. In 2022-23, 266 HSS staff participated in the training.

PRIORITY: IMPROVED 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 for 2022-23 being released in March 2023. 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 patients and clients. Moving to new health information systems presents an opportunity to review future information system needs, and advancements in technology to enhance changes such as Primary Health Care Reform. The pandemic highlighted longstanding issues and gaps in pan-Canadian health data management, and fragmented information technologies that require attention to enable timely public health response to communicable infection and care closer to a client's home community. In 2022-23, the Department initiated work to address those gaps which involved

developing a framework on data standardization, assessments of existing information technologies and workflows. These activities are aligned with the broader Electronic Health Record (EHR) modernization initiative.

Planning for the 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. The EHR initiative is a coordinated modernization of eHealth systems across the territory. In 2022-23, the Electronic Health Record (EHR) project was continued, and progress was made procuring and preparing the NWT for the portion related to replacement of the current storage and core radiology system which is end-of-service-life technology.

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

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

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

A table containing the areas where significant projects were undertaken in 2022-23, and one with future large capital priorities projects, are identified below.

INFRASTRUCTURE ACQUISITION PLAN APPROVED PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Tulita	Health and Social Services Centre - Replacement	Construction stopped due to COVID-19 travel restriction impacts. Project restart negotiations with the construction underway.
Inuvik	Long Term Care Facility	Project option analysis and planning
Hay River	Long Term Care Facility	Stakeholder engagement and facility design
Fort Simpson	Long Term Care Facility	Project Planning - Site Analysis, Functional Programming
Yellowknife	Wellness and Recovery Center	Revised site Selection Analysis, Detailed Design, Development Permit Application
Yellowknife	Stanton Legacy Building – LTC, Extended Care, Primary Care Clinic, Rehab	Construction
Yellowknife	Kitchen and Laundry Development - AVENS	Construction in progress – Contribution Agreement Complete
Fort Smith	Long Term Care	Project Planning - Site Analysis, Functional Programming

FUTURE PROJECTS

COMMUNITY	PROJECT TYPE	STATUS
Łutselk'e	Health and Social Services Center – Replacement	Site Identification
Jean Marie River	Health and Social Services Center – Replacement	Site Identification
Paulatuk	Health and Social Services Center – Replacement	Facility Assessment and Prioritization Analysis

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". 2022-23 was the last year for new investment in the building. This continued development of the Stanton Campus of Care provides several health care services including outpatient rehabilitation services, a primary care clinic, and facility management services. Levels two and three will contain an Extended Care Unit (ECU) (18 beds), Long Term Care (72 beds), and kitchen services for the ECU and LTC units. Substantial completion, commissioning, and operationalization are planned for 2023-24.

THE PROFESSIONAL LICENSING OFFICE

The Professional Licensing Office (PLO) is responsible for the administration of all legislation and frameworks governing GNWT regulated health and social services professionals, with the mandate of ensuring protection of the public in the provision of health and social services. On March 31, 2023, the PLO was responsible for 14 different professions.

On March 31, 2023, there were a total of 1451 registered professionals that practiced in the NWT; the highest registrant count in NWT history. The total number does not include any temporary registrations that expired prior to March 31, 2023. The PLO's registrant count is steadily growing with approximately 100+ new registrants annually.

Physicians: 772 Education Permits: 15	Licensed Practical Nurses: 175	Social Workers: 143
Psychologists: 106	Pharmacists: 77	Dentists: 55
Dental Hygienists: 39	Veterinarians: 24	Ophthalmic Medical Professionals: 14
Midwives: 14	Corporations: 11	Dental Therapists: 3
Naturopathic Doctors: 2	Denturists: 1	Optometrists: 0

In 2022-23, the PLO made progress on developing a new comprehensive database, including a publicly accessible online registry. Public launch of this database is anticipated in Winter 2024. This work assists in modernizing existing operational processes in the PLO; will provide registrants immediate access to their documents and allow them to apply for and renew their registrations online; and will provide employers and the public access to the full roster of registered professionals in 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 the Mandate commitment of the 19th Legislative Assembly to *Increase the number of resident health care professionals by at least 20 percent*, are being led by the HSS Authorities and in partnership with the Department. The Department supports workforce development and sustainability at the service delivery level through the review of workload standards and by funding new roles and training.

NWT HSS HUMAN RESOURCE PLAN

On June 3, 2022, the *NWT HSS System Human Resources Plan 2021-2024* was publicly released. This plan aligns with the priority of the 19th Legislative Assembly's Mandate and the Department of Health and Social Services' Business Plan to *Increase the number of resident health care professionals by 20 percent*. The goals, objectives, and actions being carried out through the plan aim to address the medium- and long-term HR needs of the HSS System, addressing core challenges negatively impacting recruitment and retention in the coming years. The HR Plan is a collaborative initiative of the Department, HRHSSA, NTHSSA and TCSA. Several of the plan's initiatives were specifically designed to attract Indigenous and Northern residents to pursue careers in the health and social services field. Additionally, all the initiatives in the plan were guided by a commitment to address systemic racism and promote cultural safety and anti-racism within the NWT HSS system.

Legislative Projects in Support of Modern Health and Social Services System

The Department moved forward on several legislative initiatives in 2022-23.

MEDICAL PROFESSION ACT

The *Medical Profession Act* was amended 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 through a new regulation-making power. Bill 40 was passed in the Legislative Assembly in June 2022 and came into force on August 8, 2022. Amendments to the *Medical Profession Regulations* were subsequently proposed to adopt The Canadian Medical Association's *Code of Ethics and Professionalism* and NWT-specific Standards of Practice for medical practitioners. Between November 1-30, 2022, NWT residents and stakeholders were invited to provide feedback on the proposed regulations. Work to finalize the NWT-specific Standards of Practice remains underway and the Regulation will be brought into force in 2023-24.

NURSING PROFESSION ACT

Work continued to replace the *Nursing Profession Act* with a modernized Act that will facilitate the regulation of all nursing designations, including Licensed Practical Nurses and Registered Psychiatric Nurses, through a single regulatory body. The new Act also proposes to modernize the complaints and discipline process and to allow Registered Nurses and Registered Psychiatric Nurses to prescribe certain medications. Bill 77 was introduced in the Legislative Assembly on March 28, 2023.

VITAL STATISTICS ACT

Work continued 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 the NWT. Public engagement on key elements occurred in September and October 2022.

VITAL STATISTICS REGULATIONS

A minor amendment was proposed to the Vital Statistics Regulations to allow the Registrar of Vital Statistics to enter an information sharing agreement with the Inuvialuit Regional Corporation. This agreement would assist the IRC in registering Inuvialuit with the IRC on birth pursuant to the *Inuvialuit Final Agreement* and enable their enrollment in the Inuvialuit Trust. On March 7, 2023, the public was invited to provide feedback on the proposed amendment for a period of 30 days.

SOCIAL WORK PROFESSION GENERAL REGULATIONS

A minor administrative amendment was made to the *Social Work Profession General Regulations* under the *Social Work Profession Act* to update a secondary late fee for registrants required to apply for a new license between 60 days and six months of license expiry. The fee was adjusted to align with the standard late fee to ensure consistency with the approach to late fee structures for other health and social services professions, who are not subject to a secondary late fee. The amendment came into force on January 19, 2023.

PSYCHOLOGY PROFESSION REGULATIONS

New *Psychology Profession Regulations* were brought into force on August 15, 2022, making psychologists the second profession to be regulated under the *Health and Social Services Professions Act*.

OPHTHALMIC MEDICAL ASSISTANTS REGULATIONS

A minor administrative amendment was made to the *Ophthalmic Medical Assistants Regulations* to address a discrepancy between the registration requirements for students and the program entry requirements for the NTHSSA's Ophthalmic Medical Technologist Training Program. The amendment came into force March 23, 2023.

MIDWIFERY PROFESSION REGULATIONS

Work on the development of new *Midwifery Profession Regulations* under the *Health and Social Services Professions Act* began in consultation with the Midwives Association of the Northwest Territories following an application from the Association to have the profession regulated under the Act in November 2022. This work will see the regulation of midwives moved to the *Health and Social Services Professions Act* from the *Midwifery Profession Act*, which will be repealed once the new regulations are brought into force.

PHARMACY PROFESSION REGULATIONS

Preliminary work began on the development of new *Pharmacy Profession Regulations* under the *Health and Social Services Professions Act* to support the modernization of the legislative framework for pharmacists, including expanding their scope of practice to align with the scope of practice for pharmacists in other Canadian jurisdictions. In collaboration with the NWT Pharmaceutical Association, this work will see the regulation of pharmacists moved to the *Health and Social Services Professions Act* from the *Pharmacy Act*, which will be repealed once the new regulations are brought into force.

MEAT PROCESSING SAFETY REGULATIONS

Work continued to develop a new regulatory framework to support safe meat processing and sales. The results of the 2021-22 public engagement were published in a What We Heard Report in May 2022 and will inform the development of the Regulations.

DISEASE SURVEILLANCE REGULATIONS

Work began on amendments to the *Disease Surveillance Regulations* under the Public Health Act to provide for more effective analysis of health indicators and to better monitor existing and emerging infectious and non-infections diseases.

IMMUNIZATION REGULATIONS

Work began on amendments to the *Immunization Regulations* under the *Public Health Act* to provide for more effective analysis of health indicators and to better monitor immunizations.

LONG TERM CARE REGULATIONS

Work began to create new Long Term Care Regulations under the *Hospital Insurance and Health and Social Services Administration Act*. The Regulations will support the adoption of Long-Term Care Standards, enable inspections and enforcement, and support the admission and discharge of clients in all facilities, whether government run or government funded.

EXTENDED HEALTH BENEFITS POLICY

Work continued to modernize the GNWT's approach to supplementary health benefit programs to address gaps for individuals without access to medical supports, such as prescription drugs, and to manage coverage to treat rare and/or costly diseases. The public and stakeholders were invited to provide feedback on a discussion paper outlining proposed changes to the Extended Health Benefits Policy between August 29 and November 23, 2022. A What We Heard Report was released January 25, 2023.

Financial Highlights

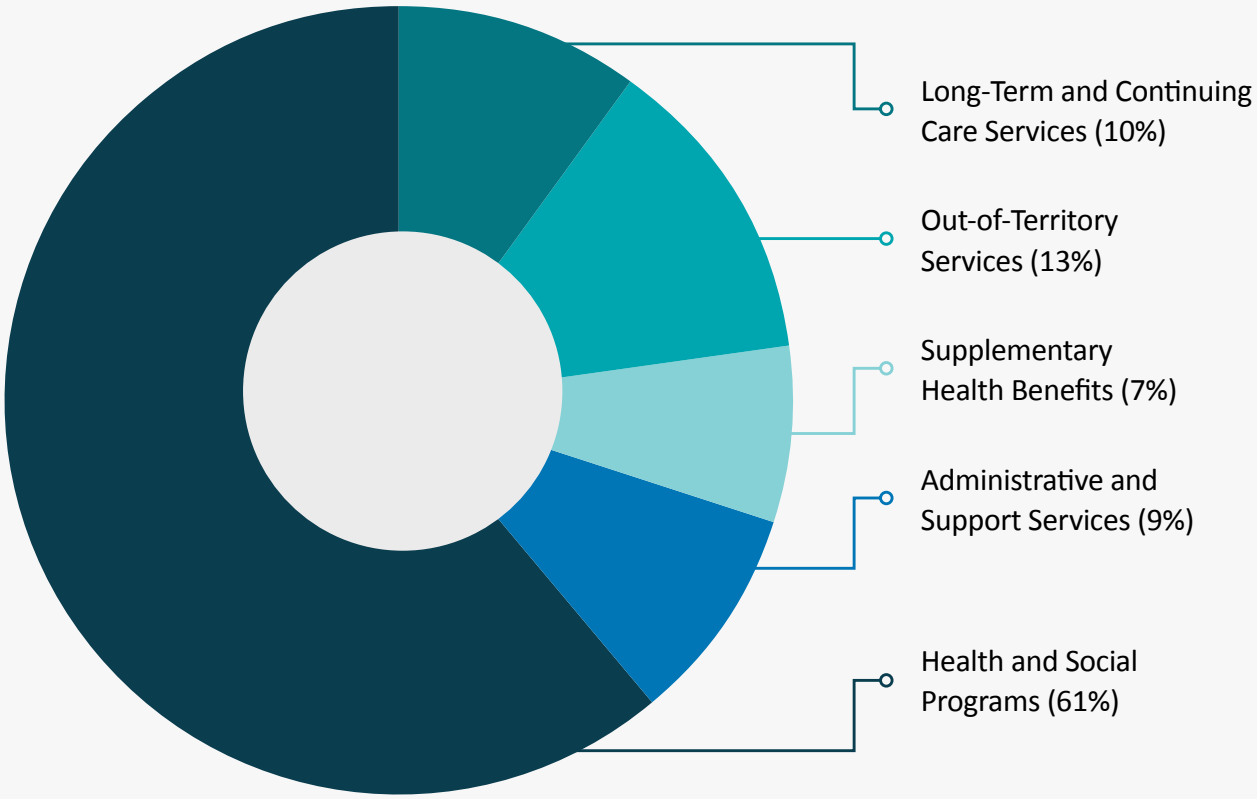
EXPENSES

In 2022-23, the Department spent $636.9 million, of which $436.1 million went directly to the HSS Authorities to administer and deliver programs and services. This represents 68% of the Department's total expenditures. The Department invested $36.7 million in capital infrastructure projects in 2022-23.

2022-23 ACTUAL EXPENDITURES BY ACTIVITY (IN THOUSANDS)

	2022-23	2021-22
ACTIVITY	ACTUALS	ACTUALS
Administrative and Support Services	59,600	58,443
COVID Secretariat	444	26,860
Health and Social Programs	384,569	373,134
Long Term and Continuing Care Services	64,742	64,293
Out of Territory Services	84,465	76,733
Supplementary Health Benefits	43,031	36,957
	$ 636,851	**$ 636,420**
Capital Expenditures	36,701	38,428
	$ 673,552	**$ 674,848**

2022-23 PROPORTION OF EXPENDITURES BY ACTIVITY



The Department's total expenditures increased by a net change of $431,000 over the prior year, or 0.07%.

- At the Department, increases in costs were incurred in the Office of the Public Guardian, and Child and Family Services
- Additional resources were required to offset increased costs at the Authorities for Physician Services, Medical Travel, the Yellowknife Combined Day Shelter and Sobering Centre, the Territorial Cancer Care Programs, and the expansion of the Healthy Family Program. There were increased costs for the HSS Authorities to enhance recruitment and retention initiatives, including a labour market supplement.
- Increased costs for the HSS System were offset by the closure of the COVID Secretariat given the transition from managing COVID-19 as a pandemic to endemic disease.

REVENUES

In 2022-23, the Department received $93.5 million in funding from third parties for shared priorities. Funding from federal partners supports the delivery of programs and services by the Department.

Performance Measures

The performance measures reported in this section are informed by the NWT Health and Social Services Performance Measurement Framework and are aligned with 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.40	Population Rating their Overall Health as Very Good or Excellent	57.0%	54.0%	No	n/a
p.40	Population Rating their Mental Health as Very Good or Excellent	58.9%	62.2%	No	n/a
p.40	Population Rating their Daily Life Stress as Extreme or Quite a Bit	20.1%	18.4%	No	n/a
p.40	Population with a Somewhat or Very Strong Sense of Community Belonging	79.7%	80.4%	No	n/a
p.41	Population that are Current Smokers	24.7%	35.0%	↓	n/a
p.41	Population that are Heavy Drinkers	27.7%	29.0%	No	n/a
p.41	Population that are Obese	37.1%	39.8%	No	n/a
p.41	Population that are Moderately Active or Active	N/A	58.8%	No	n/a
p.42	Potentially Avoidable Mortality due to Preventable Causes (Deaths per 10,000)	22.9	20.1	No	↓
p.43	Mental Health Hospitalizations (Discharges per 1,000)	15.1	18.4	↓	↑
p.44	Hospitalizations Caused by Substance Use (Discharges per 1,000)	19.0	25.7	↓	↑
p.45	Opioid Related Hospitalizations (Discharges per 10,000)	5.3	9.7	↓	↑
p.46	Self-Harm Hospitalizations (Discharges per 10,000)	23.4	22.5	No	↑
p.47	Sexually Transmitted Infections (Cases per 1,000)	22.2	24.8	↓	↑
p.48	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.49	Potentially Avoidable Mortality due to Treatable Causes (Deaths per 10,000)	9.8	8.4	No	↓
p.50	Screening for Colorectal Cancer (% of Target Population)	23.5%	20.5%	↑	Stable
p.50	Screening for Breast Cancer (% of Target Population)	42.4%	38.3%	↑	↓
p.50	Screening for Cervical Cancer (% of Target Population^)	46.9%	44.6%	↑	↓
p.51	Childhood Immunization (% Fully Immunized by Second Birthday)	62.7%	63.4%	No	n/a
p.52	Seniors receiving the Flu Shot	63%	65%	No	↑
p.53	Population Hospitalized for a Lower Limb Amputations (Per 1,000 Persons with Diabetes)	2.7	2.5	No	Stable
p.54	Long-Term Care Placement Wait Times (Days)	29.0	73.5	↓	↓
p.55	Patient/Client Experience – Excellent or Good	59%	81%	↓	n/a
p.56	Hospital Deaths within 30 Days of Major Surgery	0.0%	0.5%	No	↓
p.57	Inpatients Injured by Falling in NWT Hospitals (per 10,000 Discharges)	12.2	7.9	No	Stable
p.58	Hospital Harm – Proportion of Stays with Harm Incident	2.8%	2.3%	No	Stable
p.59	In-Hospital Sepsis (Cases per 1,000 Hospital Stays of 2 Days or More)	2.8	4.4	No	Stable
p.60	Repeat Mental Health Hospitalizations (% with 3 or More in a Year)	16.9%	18.0%	No	↑
p.61	Community Counselling Utilization (Monthly Average # of Clients)	1,117	1,075	No	↑
p.62	Proportion Residential Addiction Treatment Sessions Completed	72.0%	68.2%	No	Stable
p.63	Family Violence Shelter Utilization – Women & Children (Monthly Average)	29	20.0	No	↓
p.63	Family Violence Shelter Re-Admission Rates	66%	67%	No	↑
p.64	Proportion of Children/Youth Receiving Services through Child and Family Services in their Home Community	91.9%	92.3%	No	n/a
p.65	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	BETTER FUTURE INDICATORS	MOST RECENT TIME PERIOD	PREVIOUS TIME PERIOD	SHORT TERM CHANGE	LONG TERM TREND
p.66	Hospitalizations for Ambulatory Care Sensitive Conditions (Discharges per 1,000)	4.7	6.2	↓	↓
p.67	Median Length of an Alternative Level of Care Stay (Days)	71	25	↑	Stable
p.68	Proportion of Mental Health Hospitalizations due to Alcohol or Drugs	52.4%	62.1%	↓	↓
p.69	Emergency Department Visits that are non-Urgent	6.3%	7.2%	↓	↓
p.70	No Show Rates - Family/Nurse Practitioners	10.1%	7.3%	↑	↓
p.70	No Show Rates - Specialists	12.7%	12.5%	No	↑
p.71	Administrative Staffing - NWT Health and Social Services System	25.6%	25.5%	No	↓
p.72	Corporate Expense Ratio (Hospitals)	7.3%	7.4.%	↑	Stable
p.73	Vacancy Rates - Family Practitioners	47.8%	40.8%	No	Stable
p.73	Vacancy Rates - Special Practitioners	30.7%	33.8%	No	Stable
p.74	Vacancy Rates - Nurses	15.0%	13.3%	No	n/a
p.74	Vacancy Rates - Social Workers	19.0%	13.0%	No	n/a
p.75	Workplace Safety Claims (# per 100 employees - NWT Health and Social Services System)	6.3	9.5	↓	↓

STATISTICAL SUMMARY NOTES

The “most recent time period” refers to the indicator results for the latest year, or point in time, of data availability. “Previous time period” refers to the year, or point in time, one year before the most recent time period (e.g., if the most recent period is 2022-23 then the previous time period is usually 2021-22). Short term change is the difference between the two. The long-term trend is the direction the numbers are heading over a period of time of several years (seven or more). Certain measures lack sufficient years of comparable data to ascertain the direction of any potential trend.

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

The directions of the short-term change and the long-term trend have been determined by statistical significance testing where possible. When 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 originates from the HSS system, as well as the Canadian Institute for Health Information, Statistics Canada, the Department of Education, Culture and Employment, the Department of Finance (Human Resources), the Workers Safety and Compensation Commission and the NWT Bureau of Statistics. Depending on the 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 contingent upon the data collection mechanisms in place. Some information systems are paper based, and others are electronic. Some have long histories and others are relatively new. Some collect a lot of detail and others do not.

Health of the Population and Equity of Outcomes

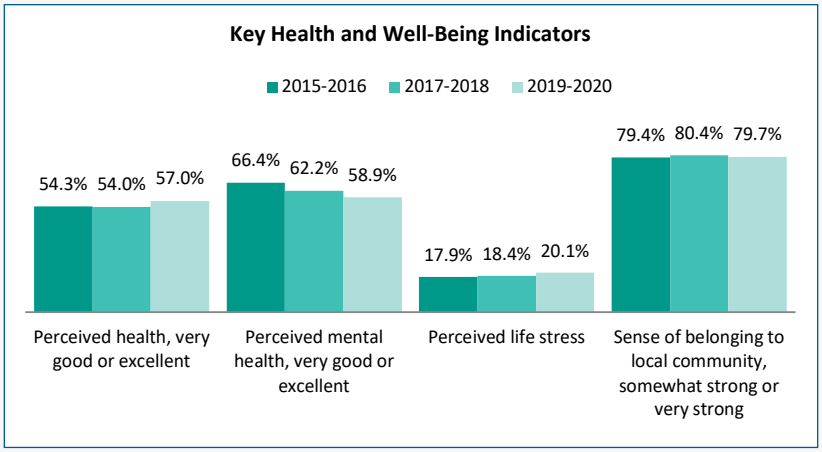
BEST HEALTH – HEALTH STATUS AND WELL-BEING

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

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



HOW ARE WE DOING?

Between 2017-2018 and 2019-2020 survey results, there have not been any significant changes on all four measures in the NWT. Compared to Canada 2019-2020, results were mixed. There was no significant difference between NWT and Canadian residents rating their overall health as very good or excellent (57% versus 61.8%). NWT residents were less likely to rate their mental health as being very good or excellent (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.

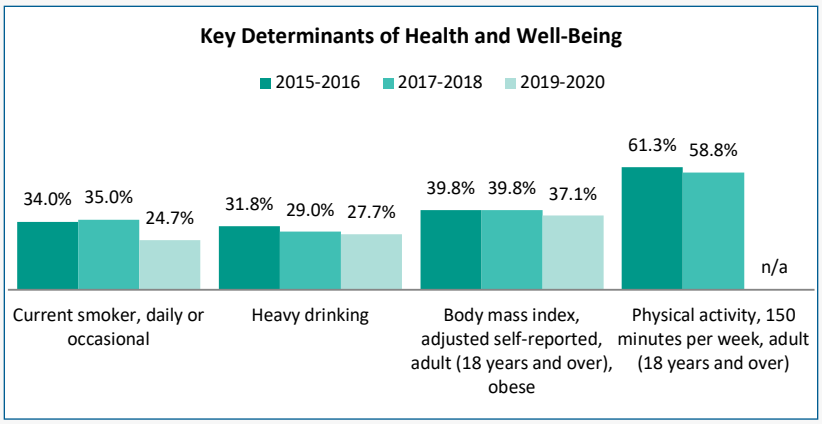
BEST HEALTH – DETERMINANTS OF HEALTH AND WELL-BEING

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



HOW ARE WE DOING?

Between 2017-2018 and 2019-20 the proportion of NWT residents smoking (daily or occasionally) dropped from 35% to just under 25%. Rates of heavy drinking and obesity did not decrease during this time. Physical activity was not surveyed in the NWT, and most of Canada, in 2019-2020. 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 no 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.

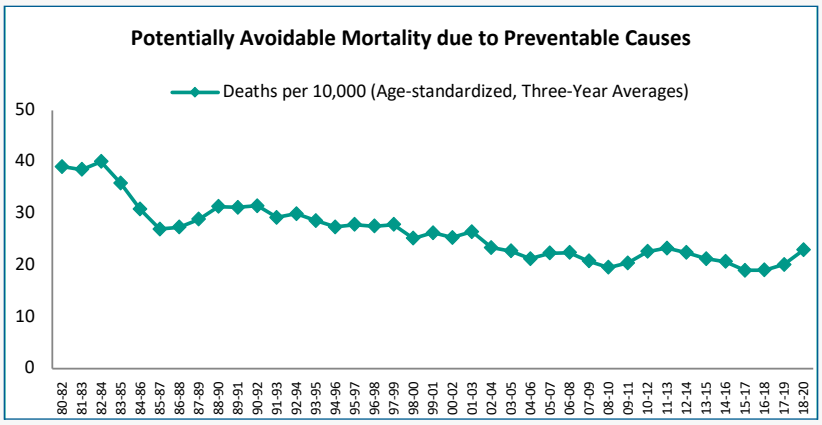
BEST HEALTH – AVOIDABLE DEATH DUE TO PREVENTABLE CONDITIONS

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?

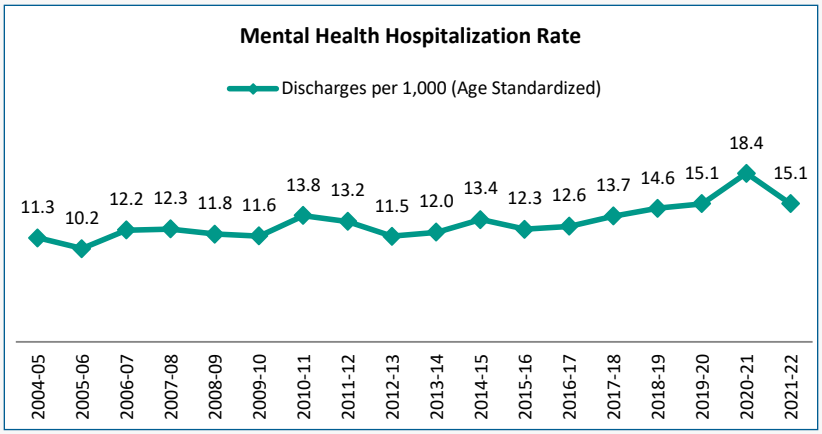
The annual age-standardized rate of mental health hospitalizations, overall and by diagnostic category, for NWT residents.[6]

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).

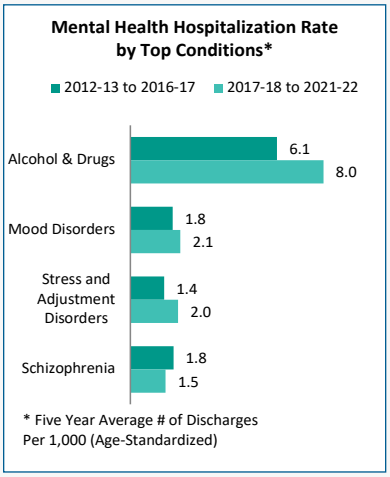
HOW ARE WE DOING?

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.

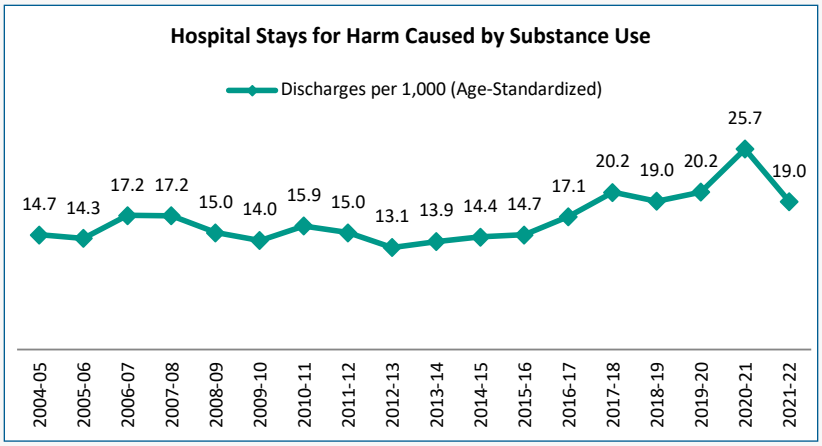
BEST HEALTH – HOSPITAL STAYS FOR HARM CAUSED BY SUBSTANCE USE

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, cocaine, other central nervous system stimulants (e.g., methamphetamine, benzodiazepines), and other substances (e.g., hallucinogens).

WHY IS THIS OF INTEREST?

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

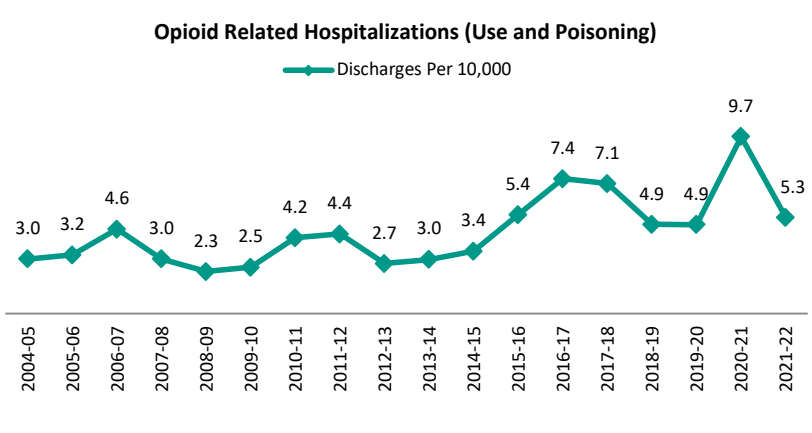
The rate of hospitalizations for opioid use and poisoning (discharges per 10,000).[8]

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).

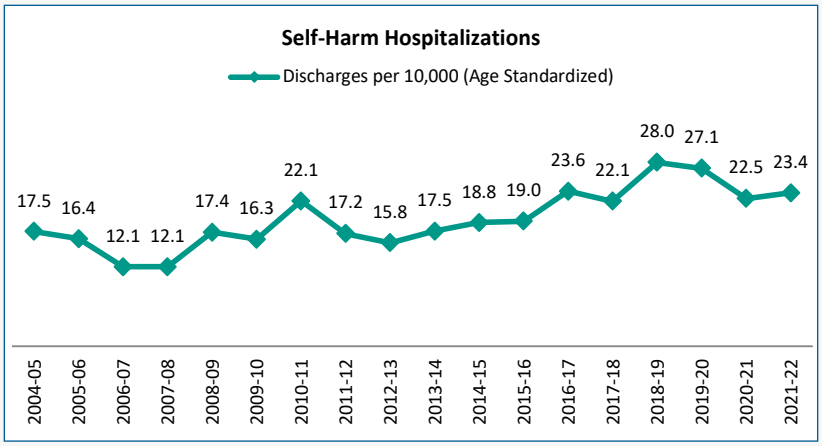
BEST HEALTH – SELF-HARM HOSPITALIZATIONS

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.

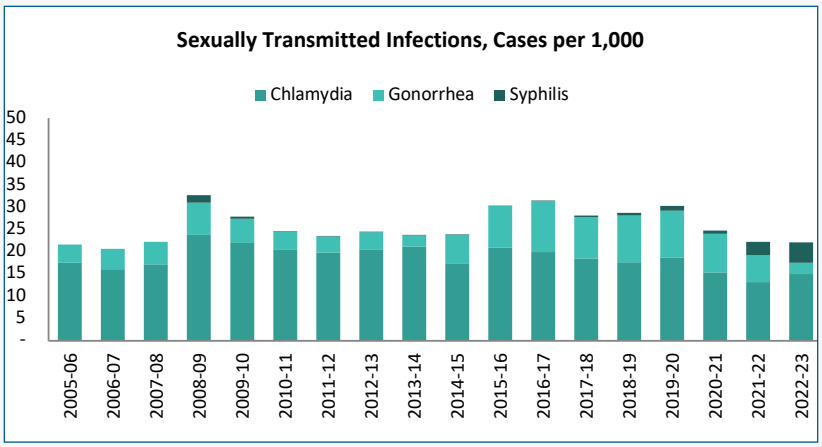
BEST HEALTH – SEXUALLY TRANSMITTED INFECTIONS

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 18 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 22 cases per 1,000 (2022-23) compared to the national average of 4 cases per 1,000 (2021). The NWT is currently experiencing an outbreak of syphilis – the worst seen since the last outbreak in 2008-09. Results from 2020, 2021, and 2022 should be interpreted with caution due to changes in the availability of health care, health seeking behaviour, public health follow-up, and case management during the COVID-19 Pandemic.

SOURCE

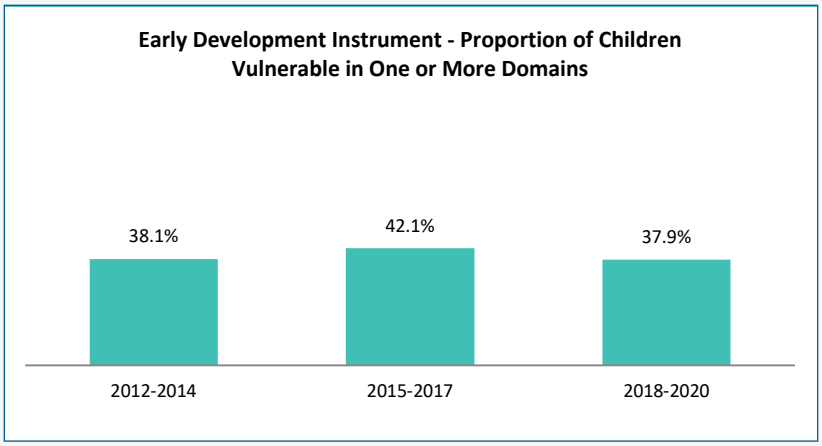
NWT Department of Health and Social Services, Public Health Agency of Canada, and NWT Bureau of Statistics.

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

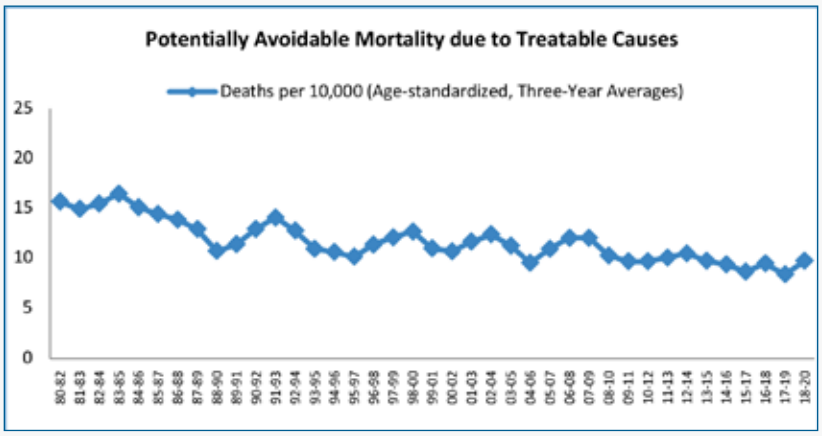
BEST CARE – AVOIDABLE MORTALITY DUE TO TREATABLE CAUSES

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

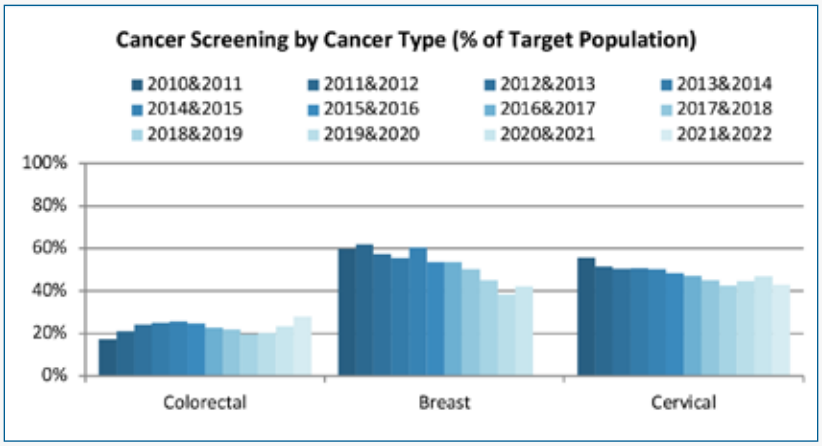
BEST CARE – CANCER SCREENING

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 twelve 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 27%. Over the same years, the proportion of women receiving the Papanicolaou test (Pap test) has dropped from 56% to 43%. Over the last eleven years the rate of women receiving a mammogram has dropped from around 60% to 42%.

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., 2020) 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 2022	National Goal	Meet National Goal
DaPT IPV-HIB Diptheria, pertussis, tetanus, polio and haemophilus influenza tybe b	73%	95%	No
Hep B Hepatitis B	74%	95%	No
Meningococcal C conjugate Meningitis, meningococcemia, septicemia	79%	95%	No
MMR Measles, mumps and rubella	70%	95%	No
Pneumococcal conjugate Stretococcus pneumoniae	72%	95%	No
Varicella Varicella (Chickenpox)	70%	95%	No

HOW ARE WE DOING?

For children born in 2020, the latest immunization coverage is estimated at a rate of 73.0% by the child's second birthday for six vaccines in total. In comparison, the last study of children born in 2015, found that the coverage rate was 62.7%.

As seen in the table, NWT coverage rates are lower than the national goals for all vaccines.

SOURCE

NWT Department of Health and Social Services.

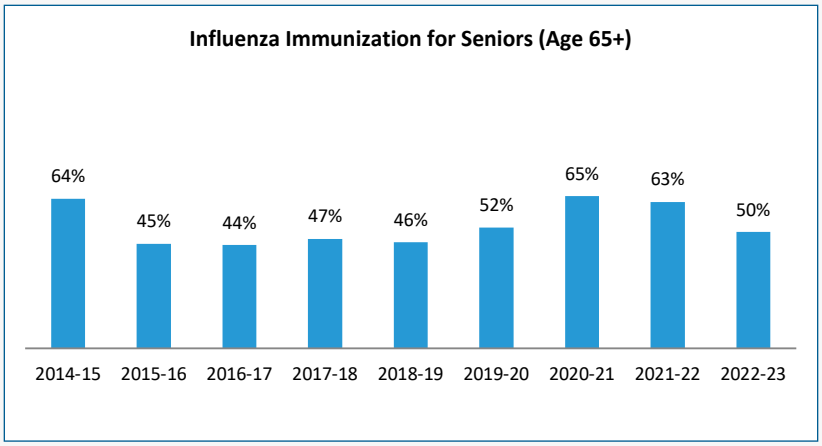
BEST CARE – INFLUENZA IMMUNIZATION FOR SENIORS

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 2022-23, the proportion of NWT seniors having had their annual flu shot has been steady, with some yearly variation. 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?

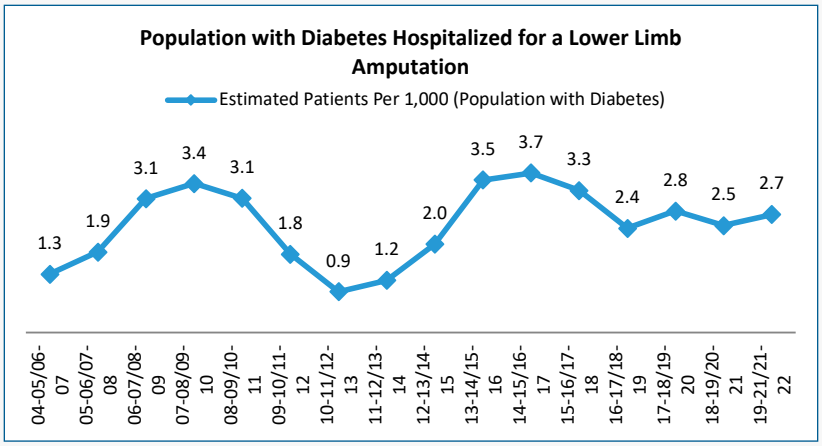
The three-year average rate of the population with diabetes hospitalized one or more times a year for a lower limb amputation (patients aged 40 and over per 1,000).

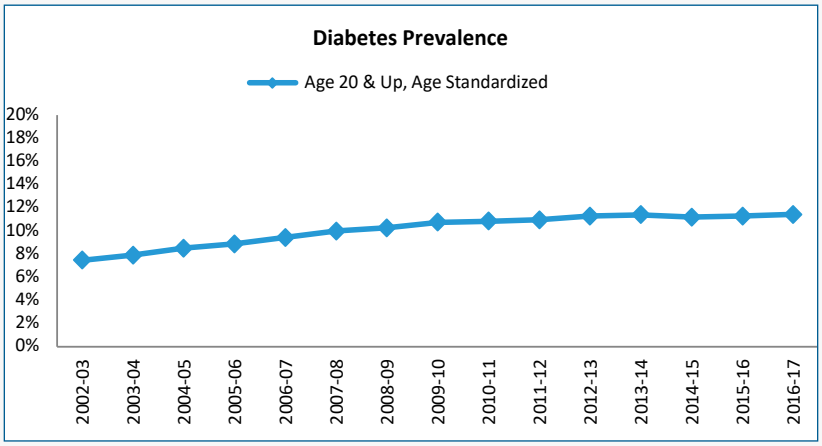
WHY IS THIS OF INTEREST?

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.

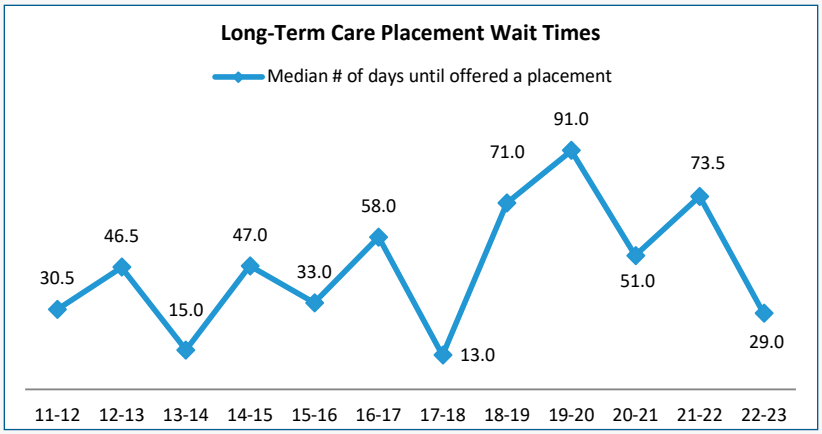
BEST CARE – LONG-TERM CARE PLACEMENT WAIT TIMES

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[15]. 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 2022-23, the number of new clients - those still waiting from the prior year plus those applying in the current year – decreased by 7% from 74 to 69.

Over the last 12 years, the median wait time to be offered a placement in a long-term care facility was 40 days and has ranged from 13 days to 91 days. Over the same period, 44% of clients have been offered a placement within four weeks, and two-thirds of clients have been offered a placement within three months.

SOURCE

NWT Department of Health and Social Services.

Long Term Care Wait Times

	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	12 Years
Average (Days)	55	112	56	100	82	120	76	171	154	119	157	96	108
Median (Days)	31	47	15	47	33	58	13	71	91	51	74	29	40
Proportion of Clients by Number of Days before Placement Offer													
<8	25%	18%	27%	8%	15%	18%	49%	13%	8%	32%	18%	23%	21%
8 to 14	22%	3%	20%	15%	18%	11%	7%	4%	8%	9%	9%	11%	12%
15 to 21	0%	12%	11%	8%	5%	5%	5%	11%	11%	0%	2%	9%	7%
22 to 28	3%	6%	9%	5%	8%	0%	2%	7%	0%	0%	2%	4%	4%
29 to 92	25%	24%	16%	28%	23%	29%	15%	18%	24%	26%	20%	26%	23%
93 to 182	19%	15%	9%	10%	18%	15%	10%	9%	14%	3%	18%	11%	13%
183 & Up	6%	24%	9%	26%	15%	22%	12%	38%	35%	29%	30%	15%	21%

[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.

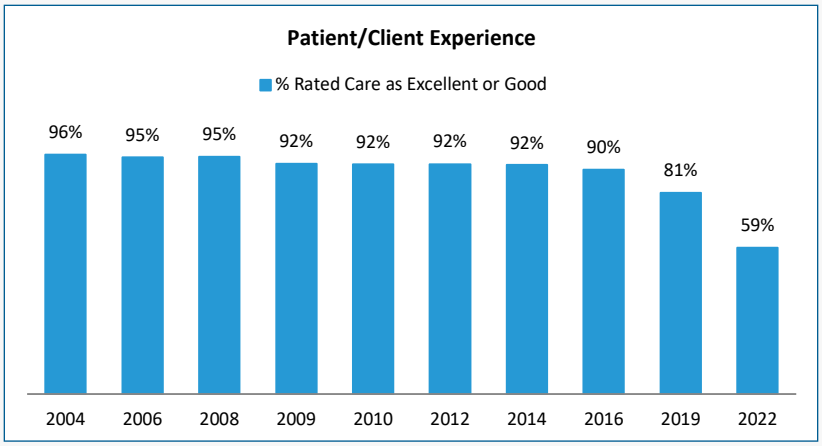
BEST CARE – PATIENT/ CLIENT EXPERIENCE

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.

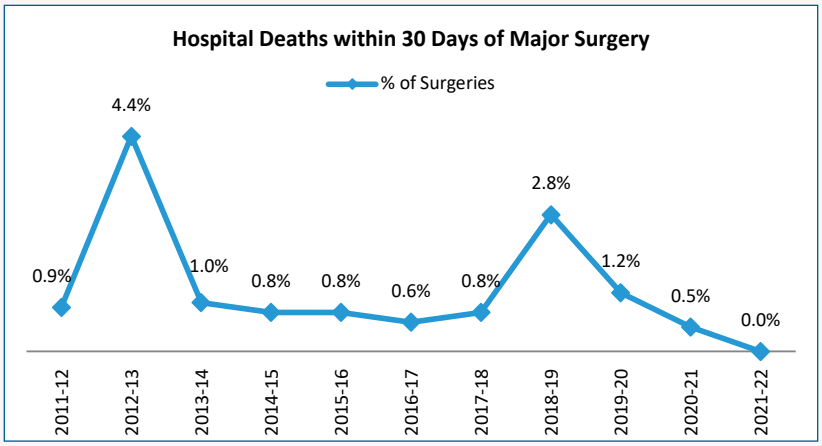
BEST CARE – HOSPITAL DEATHS FOLLOWING MAJOR SURGERY

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.

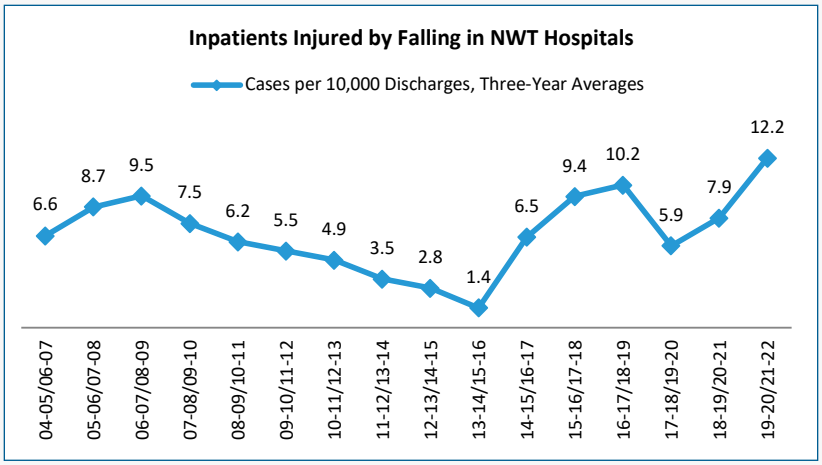
BEST CARE – INPATIENT FALLS

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.

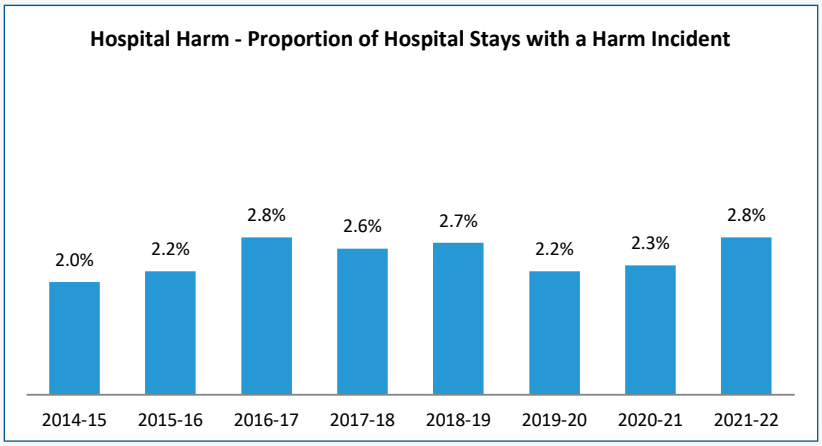
BEST CARE – HOSPITAL HARM

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

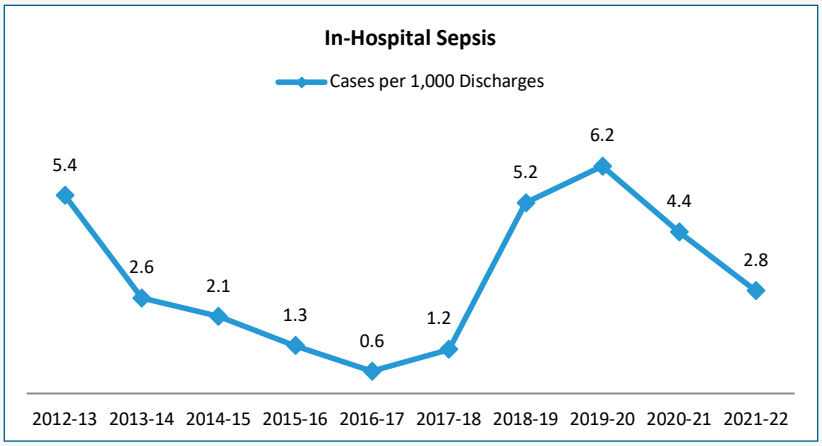
BEST CARE – IN-HOSPITAL SEPSIS RATE

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.

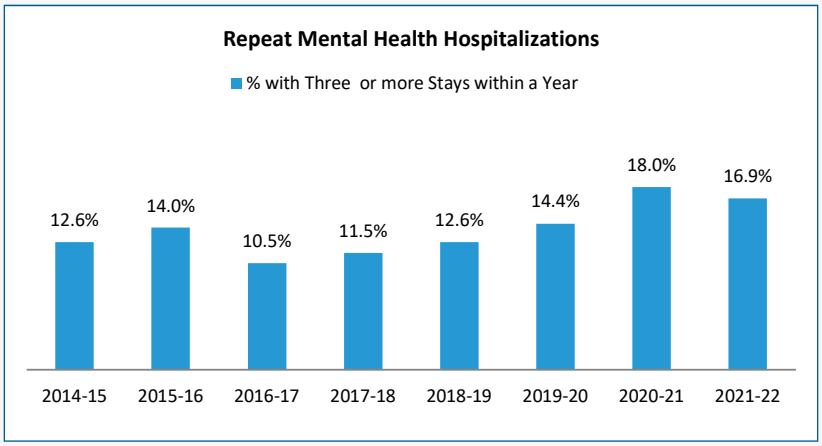
BEST CARE – REPEAT HOSPITAL STAYS FOR MENTAL ILLNESS

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, 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?

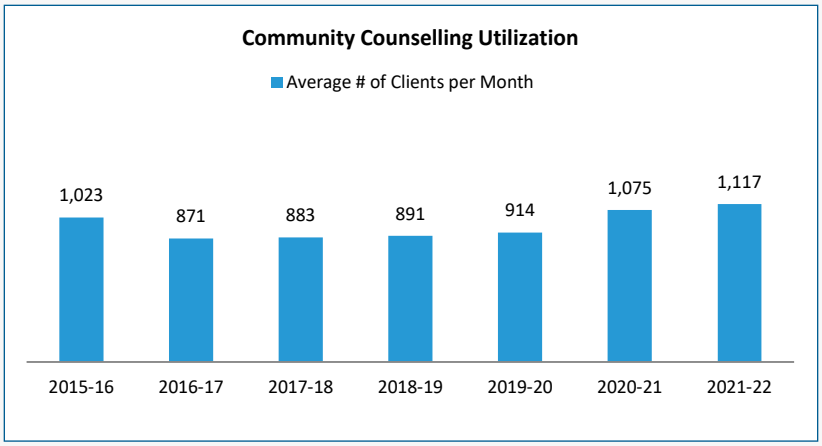
The average number of community counselling clients seen per month.

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?

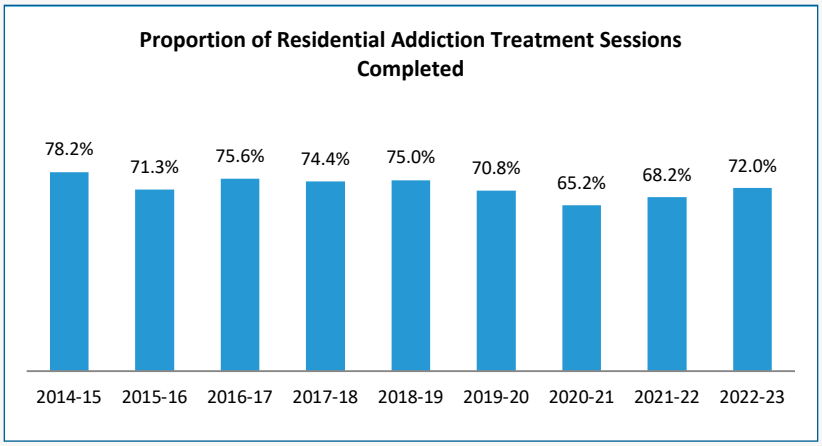
The proportion of facility-based addiction treatment sessions started that were completed in full.

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, 72% 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?

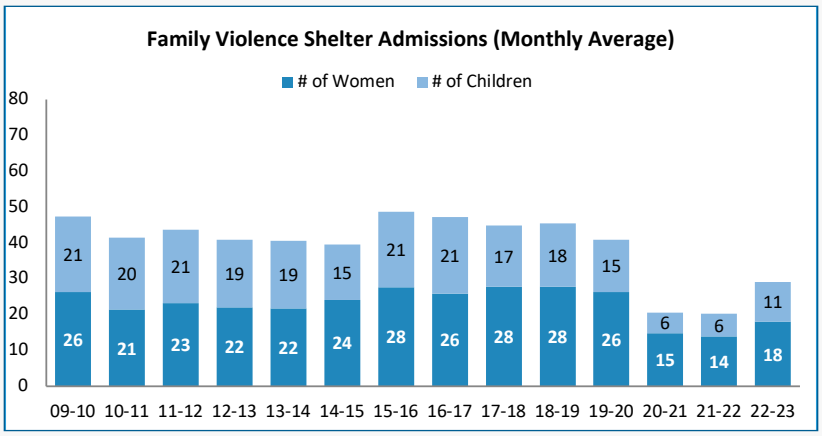
The average monthly number of admissions to family violence shelters in the NWT, and the proportion of women and children having stayed at the shelter before.

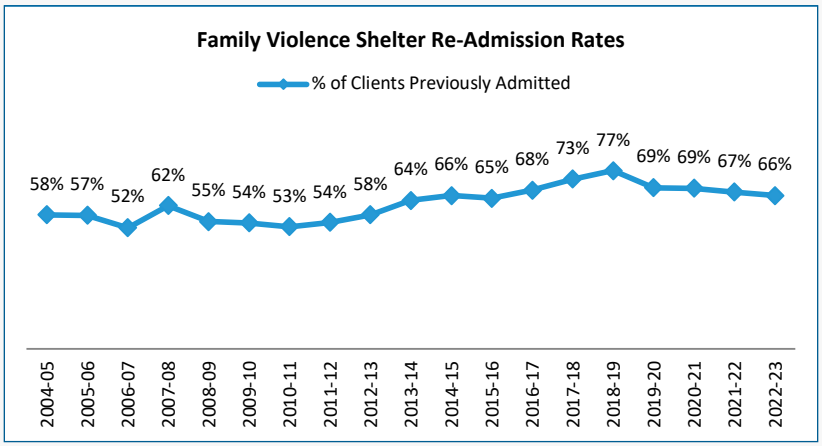
WHY IS THIS OF INTEREST?

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 39 admissions (23 women and 16 children) per month. During the COVID-19 pandemic (2020-21), monthly admissions fell considerably from historical averages. Over the last 19 years, the proportion of re-admissions to shelters has been increasing - from 58% (2004-05) to 66% (2022-23).





SOURCE

NWT Department of Health and Social Services.

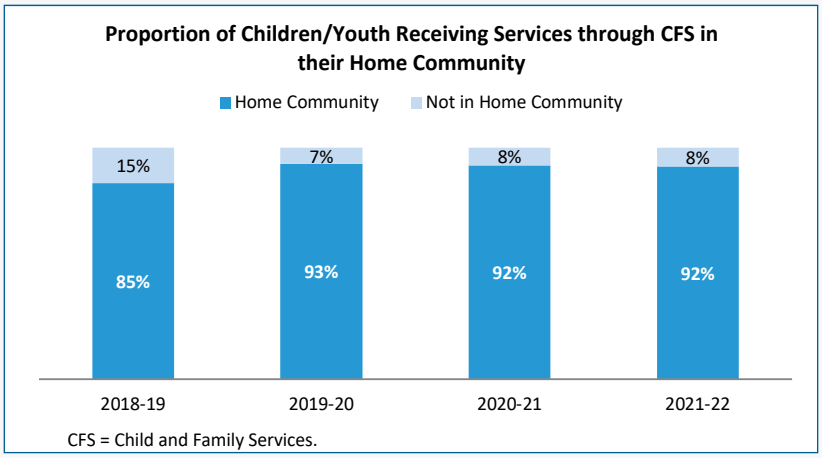
BEST CARE – RECEIVING SERVICES IN HOME COMMUNITY

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.



CFS = Child and Family Services.

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?

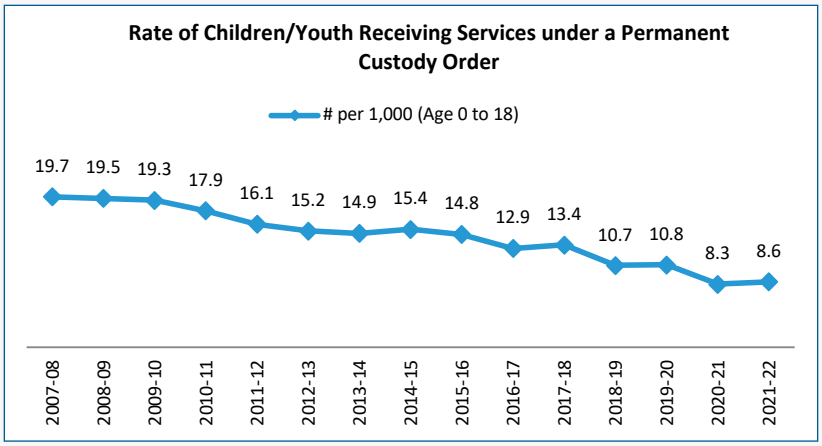
The rate of children/youth who are in the permanent care and custody of the Director of Child and Family Services.

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 amount 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

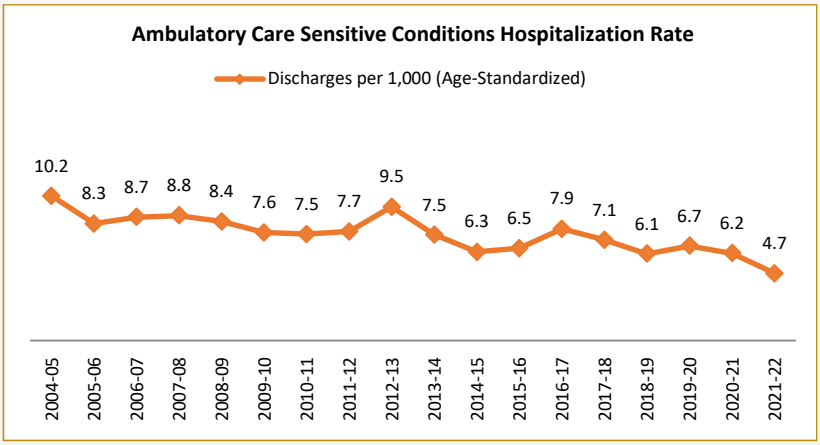
BETTER FUTURE – AMBULATORY CARE SENSITIVE CONDITIONS

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]



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.

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).

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

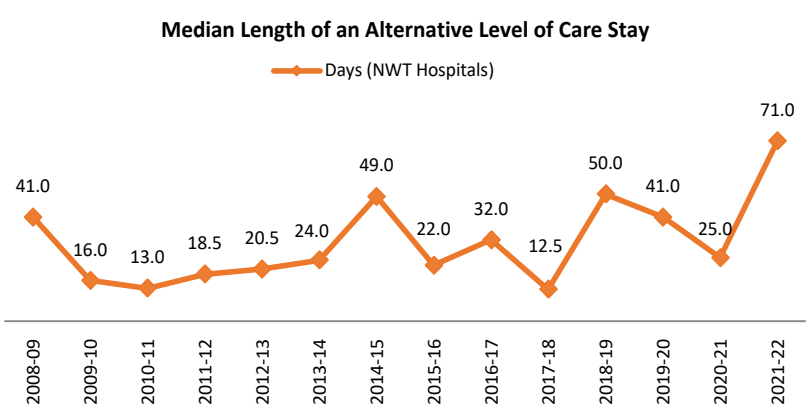
WHAT IS BEING MEASURED?

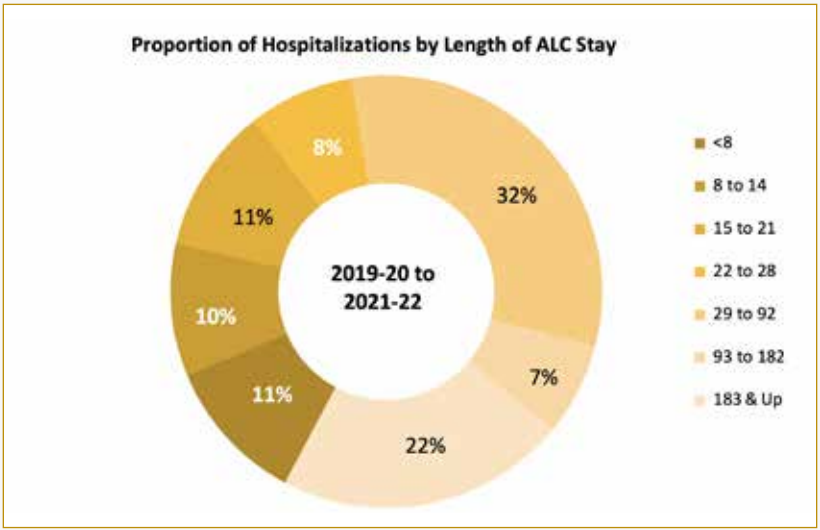
The median number of days for an alternative level of care stay at NWT hospitals for NWT residents.

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

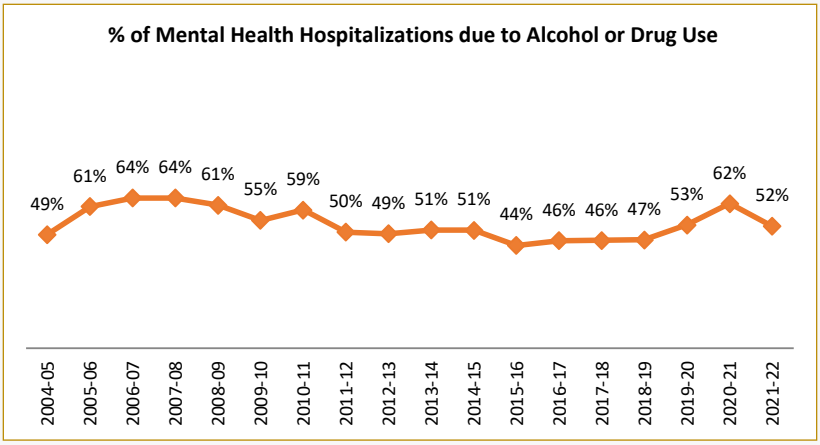
WHAT IS BEING MEASURED?

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

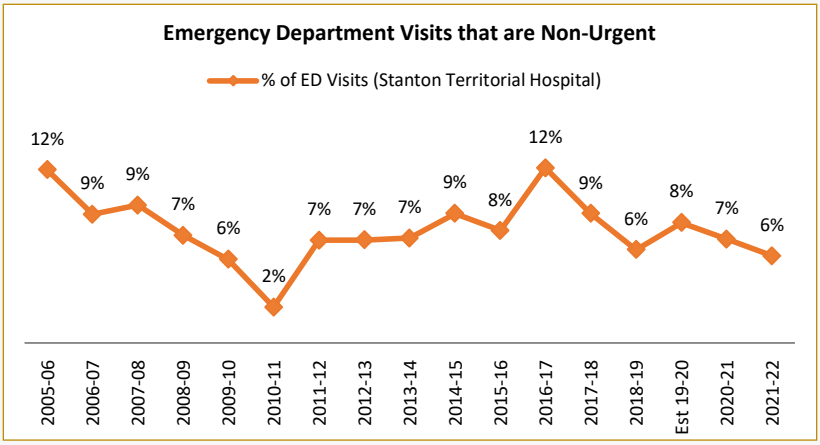
WHAT IS BEING MEASURED?

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 inadvertently occupying staff time that could otherwise be allocated to patients with more pressing and critical needs.



HOW ARE WE DOING?

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

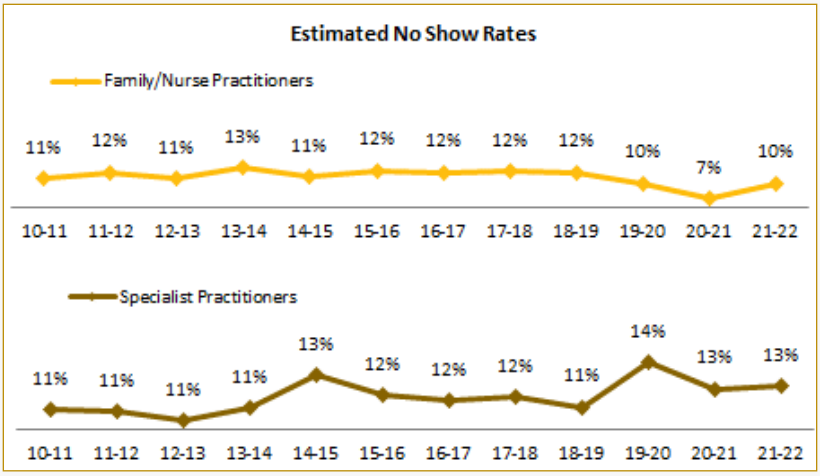
BETTER FUTURE – NO SHOWS

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.

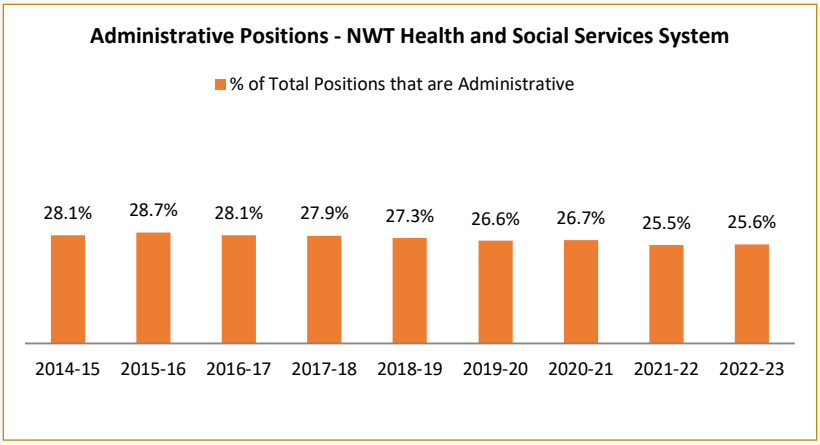
BETTER FUTURE – ADMINISTRATIVE STAFFING RATIOS

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

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



HOW ARE WE DOING?

The proportion of staff that administrative has averaged decreased slightly in the last nine years from just over 28% to 25.6%.

SOURCE

NWT Department of Health and Social Services.

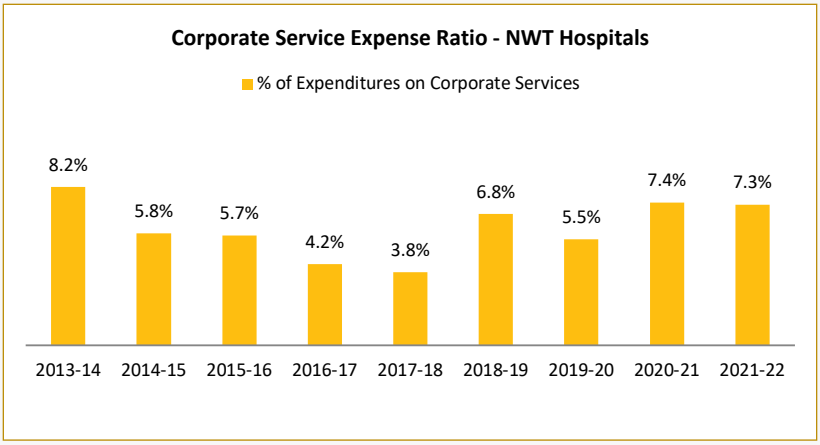
BETTER FUTURE – CORPORATE EXPENSE RATIO (HOSPITALS)

WHAT IS BEING MEASURED?

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

WHY IS THIS OF INTEREST?

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



HOW ARE WE DOING?

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

SOURCE

Canadian Institute for Health Information.

Stable and Representative Workforce

BETTER FUTURE – PHYSICIAN VACANCIES

WHAT IS BEING MEASURED?

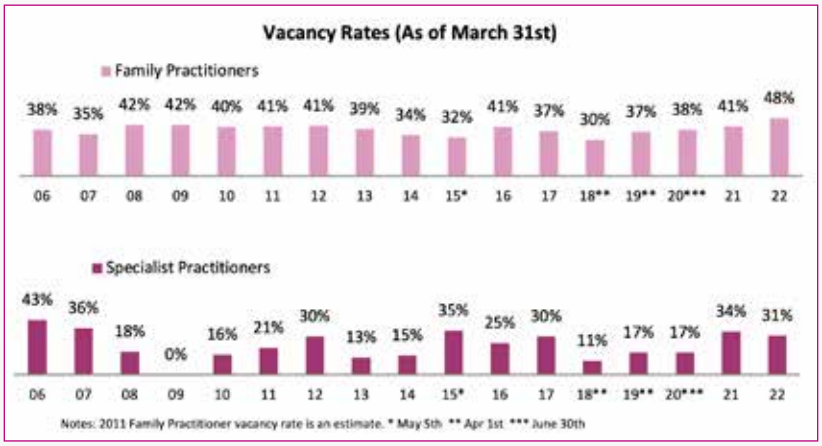
The vacancy rate for family practitioners and specialist practitioners.[23]

WHY IS THIS OF INTEREST?

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

HOW ARE WE DOING?

Since 2006, vacancy rates have fluctuated between 30% and 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?

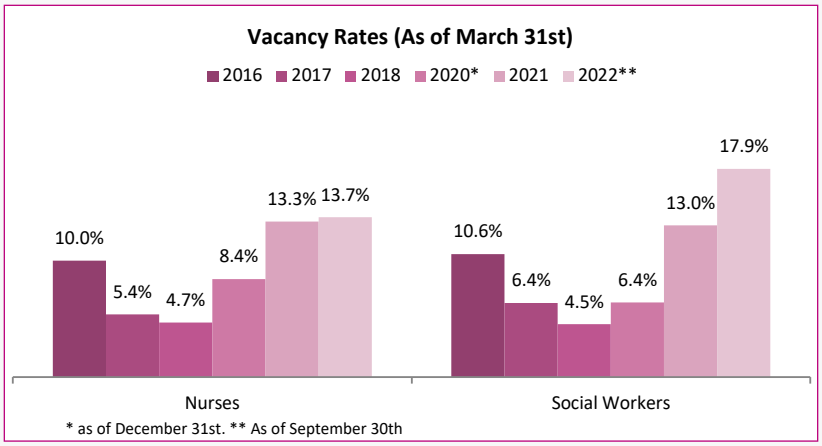
The vacancy rate for nurses and social service workers.

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?

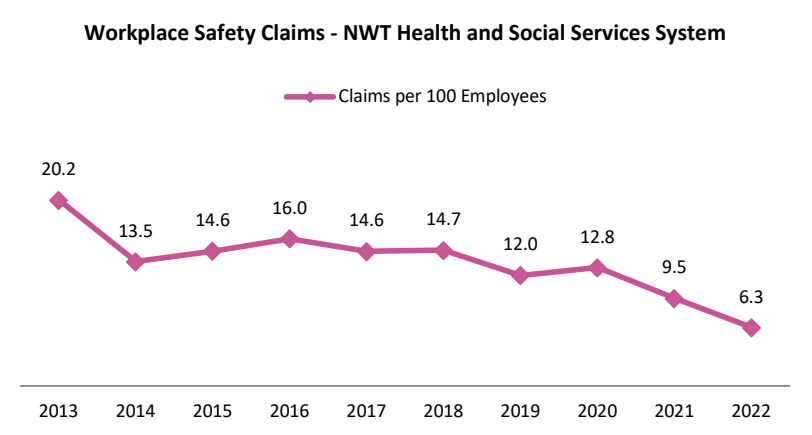
Ensuring staff safety is very important in any workplace but especially in health care and social services where front-line employees are presented with unique occupational challenges and are exposed at a higher frequency to the potential of injury than most other GNWT employees. Repeated secondary exposure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

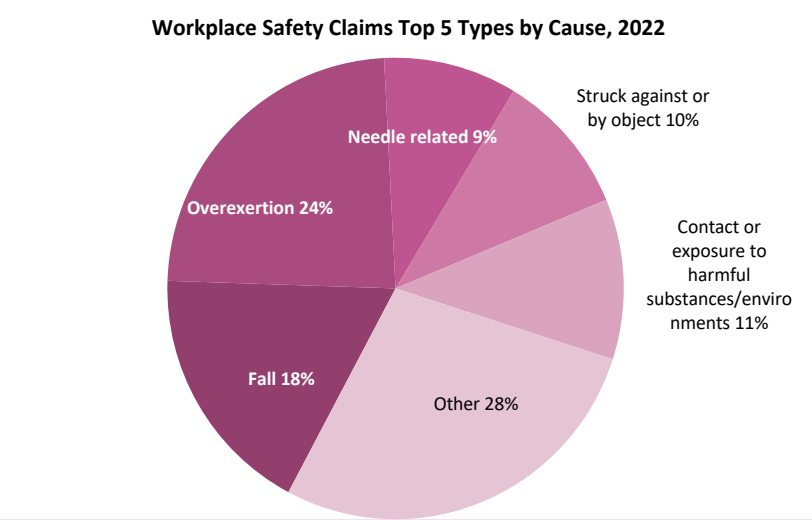
HOW ARE WE DOING?

The overall rate of safety claims has declined from 20.2 to 6.3 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 2022, the top five causes for workplace safety claims were, where the worker overexerted themselves (24%), where the worker fell (18, was struck by or struck against an object (10%), where the worker was in contact with or exposed to harmful substances such as infectious diseases and chemicals (11%), was struck by or struck against an object (10%), and where the worker was pricked or scratched by a needle (9%). The remaining causes were primarily assaults, slipping or tripping without falling, repetitive motion injuries, and injuries from bending and twisting.





SOURCE

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

Appendices

Appendix 1: Reporting on the Medical Care Plan

Appendix 2: Publications

Appendix 1: Reporting on the Medical Care Plan

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

NWT HEALTH CARE PLAN

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

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

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

Eligibility for the NWTHCP is assessed in accordance with guidelines that are consistent with interprovincial agreements on eligibility and portability. As of March 31, 2023, there were 41,131 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, 2023, there were 772 physicians licensed to practice in the NWT, and 15 physicians with education permits practicing in the NWT.

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

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

During the reporting period, over $79.8 million was the amount for physician and clinic expenses for insured physician services provided to residents within the NWT.

INSURED HOSPITAL SERVICES

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

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

The NWT provides the following:

a) Insured inpatient services, meaning:

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

b) Insured out-patient services, meaning:

- Laboratory, radiological and other diagnostic procedures together with the necessary interpretations (not including simple procedures done in a doctor's office);
- Necessary nursing services;
- Drugs, biological and related preparations when administered in the hospital;
- Use of operating room, case room and anaesthetic facilities;
- Routine surgical supplies;
- 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, $43.3 million was paid to approved inpatient and outpatient facilities and physicians outside the NWT for the treatment of NWT residents.

Appendix 2: Publications

REPORTS AND STRATEGIC DOCUMENTS

- 2022 NWT Patient Experience Report
- Addictions Prevention and Recovery Services Work Plan (2022-2024)
- An Alcohol Strategy for the Northwest Territories
- Annual Report of the Director of Child and Family Services, 2021-2022
- Department of Health and Social Services Response to Supported Living Review Recommendations
- Northwest Territories Supported Living Review Final Report
- NWT Community Counselling Program Client Satisfaction Report 2021
- NWT Health and Social Services System Annual Report 2021-2022
- NWT Health and Social Services System Human Resources Plan 2021-2024
- Quality Improvement Plan and the Strategic Approach to System Reform 2019-2021
- Social Indicators COVID-19 Pandemic (March 2023)
- Social Indicators COVID-19 Pandemic (June 2022)
- Social Indicators COVID-19 Pandemic (December 2022)
- *Tobacco and Vapour Products Control Act* Three Year Report
- What We Heard - Development of Meat Safety Regulations Under the *Public Health Act*
- What We Heard - Northwest Territories Nurse Retention and Recruitment Survey 2021
- What We Heard - Proposed Changes to the Extended Health Benefits Policy

BROCHURES AND FACT SHEETS

- Bacille Calmette-Guérin (BCG) Vaccine
- Community Counselling Program Postcard/Carte postale du Programme de counseling communautaire
- Designated Electronic Health Information Systems (HIA)
- Elder Abuse is Not ok! (Fact Sheet)
- Information for Patients and Families (Medical Assistance in Dying)
- Medical Assistance in Dying - Interim Guidelines for the Northwest Territories
- Monkeypox FAQs
- Monkeypox Vaccine
- My Voice My Choice Health Relationships Material
- My Voice My Choice Healthy Coping Material
- My Voice My Choice Self Harm and Suicide Prevention Material
- My Voice My Choice Sexual Health Material
- My Voice My Choice Substance Use and Mental Health Material
- My Voice My Choice Taking Care of Our Land Material
- NWT Facility Based Addictions Treatment Program - Beaufort Delta
- NWT Facility Based Addictions Treatment Program - Fort Smith
- NWT Facility Based Addictions Treatment Program - Hay River
- NWT Facility Based Addictions Treatment Program - Yellowknife
- Our Ever-awesome NWT Oral Health Book: A Guide to a HEALTHY, CLEAN and STRONG mouth
- Questions and Answers for Patients and Families (Medical Assistance in Dying)

FLYERS AND POSTER

- Always be Prepared
- Addictions Recovery from Home Poster
- Child and Youth Counselling Information Sheet
- Child and Youth Counselling Poster
- Community Counselling Program Postcard
- Community Counselling Program Poster
- Community Support Funds Poster
- Elder Abuse is not ok. Help is available.
- Facility-Based Addictions Treatment Poster
- Kids Help Phone Poster
- Let's practice cleaning your teeth!
- Look Who Quit!
- Mental Wellness and Addictions Recovery Supports Poster
- Mental Wellness Support from Home Poster
- Naloxone Saves Lives
- NWT Helpline Posters
- Proposed Changes to Extended Health Benefits Policy
- Save a Life in Minutes
- Syphilis - Symptoms To Look Out For
- Tobacco Signage - Legal Age Signage
- Tooth Tips During Pregnancy
- Use your imagination to fill in this colouring page

HAVE YOUR SAY ENGAGEMENT

- Amendments to Vital Statistics Act and Change of Name Act
- My Voice My Choice
- NWT Seniors Strategy Community Engagement
- Oral Health Advertising Survey (2022)
- Proposed amendments to the Child and Family Services Act
- Proposed Amendment to Vital Statistics Regulations
- Proposed Changes to Extended Health Benefits Policy
- Proposed Medical Profession Regulations – Physicians
- Proposed Psychology Profession Regulations
- Renaming the Legacy Stanton Building

MINISTERIAL DIRECTIVES AND POLICIES

- Locum Tenens Contract
- Remote Locum Tenens Contract
- Salaried Physician Standard Contract

EXPRESSION OF INTEREST

- Call for Nominations - Chairperson of the Northwest Territories Health and Social Services Leadership Council

For more information, please visit:

www.hss.gov.nt.ca

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