

## **Reporting Our Actions - A Foundation for Change**

### **Quarterly Update January 1 – March 31, 2011**

#### **Success Stories**

##### **Working Together to Improve Life for Northerners Living with Chronic Disease**

One of the key actions set out under accessibility in 'A Foundation for Change' is establishing a Chronic Disease Management model for the NWT.

Chronic disease is a disease that lasts for a long time and may have periods when symptoms are better or worse. Some examples include diabetes, certain types of cancer, kidney or heart disease, and some mental illnesses. People living with chronic disease often receive care from many different care providers within the Health and Social Services system – specialists, general practitioners, public health nurses, technicians, medical travel, etc.

A Chronic Disease Management model will allow the processes, decisions and information shared to be managed as well as possible using evidence and research. This should lead to improved care, including self-care, which should in turn improve the quality of life of those living with chronic disease.

The first step in this process is engaging people from different clinical backgrounds to look at the overarching system. This has been done in the last year through a series of workshops facilitated by the Canadian Health Research Foundation (CHSRF) who have expertise in evidence-based policy. In a series of four workshops experienced policy researchers from the CHSRF have engaged a group of thirty-six clinical and healthcare leaders from across the NWT to help identify problems with current chronic disease service delivery and to identify solutions.

The Health and Social Services team is now beginning to engage with Northerners with chronic disease to learn more about their side of the experience, and ensure that the model created works for individual needs as well as the system.

Implementation of the results of this work should begin in late 2011.

##### **Planning for Change in Health Human Resources**

The model of health care used both in the NWT and nationally, has changed over the last few decades. We have been moving to a system that puts the client at the centre of care and uses a variety of caregivers (beyond the family doctor and the general nurse). We want to make sure that the best care possible is available, using the most efficient

model of service delivery. Most of the actions within 'A Foundation for Change' are about moving in this direction.

Planning around Human Resources is particularly key. Our Health and Social Services system is driven by care providers. There have been health-specific human resources recruitment and retention programs at the Government of the Northwest Territories for over a decade, but we continue to face new challenges in ensuring our communities have the caregivers that are needed. These challenges include increasing numbers of staff reaching retirement age, increasing national shortages of health professionals and resulting competition, changing expectations of professionals, and requirements around practice.

Planning around health and social services human resources includes both the need to adapt to the changing model of care, and the need to deal with the challenges. Within 'A Foundation for Change' we are doing this through careful review of the existing training, recruitment and retention. This review is initiating in 2011, and will be used to inform the overarching plan for the system.

## Priorities under Wellness Updates to March 31, 2011

### 1.1 Priority – Improve community services by developing community wellness plans

#### **Action – Survey Program Staff, RCMP and health care professionals to evaluate current service**

- The Yellowknife Health and Social Services Authority has completed an operational review of the Yellowknife Primary Care Centre project after the first 8 months of operation. The review worked with staff and clients and focused on the rotational schedule of staff, walk-in services, and telephone access. The results of this review will be available in the spring.

#### **Action – Expand Respite care for families of children and youth with special needs**

- An inter-authority respite committee has been formed, and will be providing recommendations to the Deputy Minister of Health and Social Services in June 2011.
- The Yellowknife Health and Social Services Authority has signed a contribution agreement with the Yellowknife Association for Community Living to sustain respite service levels for 2011-12.
- The Hay River Health and Social Services Authority continues to work with families to discuss their needs and obtain their input about services that will best serve their family. Individual case management plans can be developed to assist families who are providing care for children/youth with special needs. Plans to support the family are developed on a case by case basis and often will include respite care of children/youth.

#### **Action – Increase supports for Fetal Alcohol Spectrum Disorder (FASD) prevention**

- Stanton Territorial Hospital's FASD Diagnostic Services Team has had funding extended for the 2011-12 year. Between January and March 2011, the team supported 3 clients.

## 1.2 Priority – Improve Services for children in care

### **Action – Expand and promote the existing extended family care model**

- This work has been incorporated into the draft Placement Services Standards and Procedures. Though their approval has been delayed they will be released as part of the larger Child and Family Services Standards and Procedures Manual to be released in the fall of 2011.

### **Action – Strengthen policies and practices to support children who are permanently in care**

- This action will be delivered as part of the response to the Review of the *Child and Family Services (CFS) Act*, with advice gathered in the Review.
- To date, Health and Social Services has reviewed the long term plans of approximately 70% of children and youth in permanent care in order to ensure they are up to date and meet best practices. This work will continue and collaboration with Case Managers will be ongoing.
- One of the Hay River Health and Social Services Authority's operation plan initiatives is to develop practices which better support children in the permanent care of the Director. This is being achieved by developing individual case plans and goals for each child that will support them in the future.

### **Action – Establish a territory-wide system for foster care training**

- PRIDE (Parent's Resource for Information on Development and Education) training continues to be delivered in partnership with the NWT Foster Family Coalition.
- Additional work under this action has been incorporated into Health and Social Service's plan to implement the *CFS Act* recommendations.

### **Action – Improve transition services including mentoring and life skills instruction for older youth in foster care**

- Health and Social Services will be working collaboratively with the Department of Justice to determine how best to meet the needs of common clients.
- At Hay River Health and Social Services Authority, an initiative has been introduced to the staff to develop plans and goals for children and youth that address each individual's unique circumstances. Plans need to encourage focus on the future. This may include discussions surrounding secondary school and ensuring they are guided to appropriate resources. Caregivers also play a key role in the planning.

**Action – Update and distribute revised adoption standards to all adoption workers**

- This action is completed.

**Action – Increase community involvement in planning for children in care**

- Health and Social Services has committed to establishing five Child and Family Services (CFS) Committees by March 2012. A plan is being developed to allocate staff and/or funding to support the establishment of the Committees. Great effort is being made to communicate with all NWT communities in order to generate support and interest and to identify communities with the capacity to implement a CFS Committee. (Also see Priority 1.9)

**1.3 Priority – Promote healthy living and wellness**

**Action – Update and promote the Healthy Choices Framework to the public**

- Short-term funding is available in 2011-12 for NWT communities or regions who want to develop or improve local interagency work around healthy choices
- A website that provides NWT residents with information about Healthy Choices Framework activities including a calendar of events and program listing will be launched in the spring of 2011.

**Action - Expand the Healthy Foods north project which coordinates community awareness and access to nutritious foods**

- 'We Cook You Cook, Fish as a healthy choice' workshops were held in Deline, Colville Lake, Fort Good Hope, Tulita and Norman Wells in March 2011. Community response was positive with attendance being between 20 to 50 participants per session. Response was so positive that the presentations will continue in 2011/12.

**Action - Increase funding and supports around nutrition promotion and food security**

- Over the month of February, *Drop the Pop* was delivered in 43 schools that registered to participate. This is a campaign that provides schools with funding to deliver community-based projects that emphasize the importance of healthy foods and avoiding sugary drinks.

## **Action - Promote breastfeeding and healthy pregnancies**

- The Yellowknife Health and Social Services Authority is exploring options about a group prenatal pilot project, with a target date of September 2011 for the first phase of implementation.
- Hay River Health and Social Services sends out prenatal packages to all expectant moms during each trimester. Information is included on healthy pregnancies and breastfeeding. Newsletters and links to various websites help to deliver this information along with encouragement to attend prenatal classes.

## **Action –Provide mental health programs targeted to youth that focus on addictions, suicide prevention, self-awareness and self-esteem.**

- The Department of Health and Social Services funded three youth resiliency projects in the 2010-11 fiscal year, including:
  - Yellowknives Dene First Nation hosted two workshops in the community targeted at youth. The “High Risk Kids” workshop brought together elders, grandparents, parents, counsellors and other professionals working with youth in order to build their capacity to work together to help high risk youth. The “Bridging the Gap” workshop brought together youth and adults in order for them to build relationships and increase the likelihood of youth going to adults when they have problems.
  - Yellowknife Catholic Schools supported four students for the local high school to attend the Re:Action Conference in Ontario. The purpose of the conference was to raise awareness and reduce stigma around youth with disabilities in order to improve their mental health and well being.
  - Fort Smith Health and Social Services Authority was supported to expand their successful “Matrix” adult drug and alcohol program to youth at the high school. The new program was called “Teen Matrix” and was an educational awareness and treatment program for youth with a short term goal of harm reduction and along term goal of abstinence. The program took place after school for 2 hours per week over a period of 12 weeks.
- Sahtu Health and Social Services Authority started a Weekly Girls Group in January 2011 in Tulita, focusing on issues of self awareness and self esteem with the Mental Health Counsellor. Afternoon Café programs were also implemented in schools in Tulita and Norman Wells. Nurses and Mental Health Counsellors take turns making small presentations to junior and senior high school students on various health and mental health topics.
- Yellowknife Health and Social Services completed the third year of suicide prevention programming in Dettah, N’dilo, and Yellowknife.

- In partnership with the local high school, Hay River Health and Social Services Authority has established programming for youth within the school system. Programming is determined based on input/surveys which are completed by youth at the start of the school year. Some programming revolves around addictions, self esteem and depression. This is provided within the school from October to June of each year.

**Action – Develop a social marketing campaign around mental health and addictions**

- Health and Social Services' contractor for this project, Tait Communications, hired REEL Youth, a not-for-profit specialist, to facilitate community-based workshops and video projects in the three identified pilot communities of Fort Simpson, Deline and LutselK'e. To date, workshops have taken place in both Fort Simpson and Deline.
- In Lutsel K'e, the contractor has met with the stakeholders including HSS staff and the Band staff regarding the campaign, however, at this time, the community has requested a project that will take longer to complete.
- In Fort Simpson and Deline, REEL youth facilitated school-based discussion with youth around the issue of drugs and alcohol and the feelings and opinions youth have about the issue of addictions. Following this, video workshops for adults and youth were held. The main goal of the workshops was to provide youth an opportunity and a creative outlet to express their feelings about drugs and alcohol and the impact they have on themselves and their communities.
- In Fort Simpson, 4 videos were created and in Deline, 8 videos were produced. The videos are being shared within the community through local viewings.
- Health and Social Services will now work with the contractor to develop a plan for a large scale social marketing campaign using the messages contained in the videos.
- Yellowknife Health and Social Services Authority used Health Canada funding to hire a "Youth Leadership Facilitator" in joint project with local school systems to enhance addictions awareness and engage youth in developing/implementing wellness strategies. This partnership includes YK 1, Yellowknife Catholic Schools, GNWT Department of Justice, RCMP, and the City of Yellowknife.

**Action – Work with the Department of Education, Culture and Employment to ensure resources on comprehensive school health and curriculum are maximized**

- Hay River Health and Social Services worked with the local high school to set up a confidential health service within the school for the students. The Purple Door opened to students March 30<sup>th</sup> and provides a variety of health services.

**1.4 Priority - Increase supports and services for people who experience family violence through the Family Violence Framework partnership**

**Action - Provide financial assistance to family violence shelters to address staff retention issues and operations and maintenance costs**

- The Hay River Family Support Centre received funding that was utilized to enhance existing resources by attending to repairs within the Centre. In addition, funding was utilized to provide training to staff as a way of staff retention, and in doing so, improve client services. The Centre was also able to offer evening programming for clients within the centre and from the community.

**1.5 Priority – Work with partners and stakeholders to improve the quality of life for Northerners with disabilities**

**Action – Consult with stakeholders to develop a plan that ensures a spectrum of programs and services that improve the quality of life for persons with disabilities**

- Hay River Health and Social Services Authorities Paediatric Occupational Therapy and Speech Language Pathology consulted with the staff of Harry Camsell Elementary School and the parents of children with severe developmental disabilities in the community of Hay River.

**1.7 Priority – Focus on Early Childhood Development**

**Action – Ensure parents have a coordinated array of supports and education to assist them in raising safe, healthy children through the Early Childhood Framework for Action**

- The Tlicho Community Services Agency has reorganized the Infant and Child Health program throughout the region and ensured programs comply with Health and Social Services Standards around program delivery.

## 1.8 Priority – Deliver vaccine programs and improves communication around diseases

### **Action – Update the NWT Pandemic Plan as part of updated Territorial Emergency Response Planning**

- A space within the Department of Health and Social Services has been designated and adapted to be ready to serve as the Health Emergency Operations Centre for use during pandemics and other major health emergencies.
- Operational procedures for the departmental stockpile of Personal Protection Equipment for use during pandemic and other major health emergencies have been drafted with feedback/input from the Health Emergency Management Advisory Group.

### **Action – Implement the Sexually Transmitted Infections (STI) Strategy**

- The sexual health social marketing initiative ([www.respectyourself.ca](http://www.respectyourself.ca)) continues to be promoted to the public -through classroom presentations to Dehcho youth attending the MacKenzie Regional Youth Conference in Ft. Providence, and at presentations to Tlicho youth at the Tlicho Youth Conference in Gameti.
- A Sexual Health Education Lesson Plan Kit for health educators complimentary to the [respectyourself.ca](http://www.respectyourself.ca) website has been developed and is in a process of review and revision. It will be posted on the [respectyourself.ca](http://www.respectyourself.ca) website.
- There has been a Tlicho Community Services Agency-wide focus on the prevention, treatment and follow-up of Sexually Transmitted Infections since January 2010 and continuing. Health Services staff, Community Actions Research Team (CART), Education staff, and other community members have worked to identify, evaluate and reduce the incidence of STI's within the community. A dramatic decrease in STI rates from previous years has been achieved.

### **Action – Increase surveillance and education around antibiotic-resistant organisms and infections**

- MRSA/Hand washing presentation completed in Colville Lake in October, 2010. Lack of running water identified as a problem area for keeping clothes and bedding clean. Interim strategies discussed with lay dispensers to assist with this issue.
- An NWT-wide awareness campaign will roll out in the spring of 2011.

## 1.9 Priority – Reduce the gap in health and wellness between Aboriginal and Non-Aboriginal Northerners

### **Action – Collaborate with Aboriginal organizations to reduce the gap between Aboriginal and non-Aboriginal health status and overall wellbeing**

- In July 2010, Health and Social Services received funds for an Aboriginal Diabetes Initiative (ADI) Capacity Building Project, which includes delivery of (4) capacity building workshops designed to provide a base of knowledge and skills for community NWT support workers in the area of diabetes prevention and management.
- Aurora College delivered the workshops to home support workers (HSW), community health representatives (CHR) and people living with diabetes by the end of March 2011.
- Workshops were held in:
  - Yellowknife (with participants from N'dilo, Dettah, Fort Resolution and Lutselk'e and the Tlicho communities)
  - Fort Simpson
  - Norman Wells
  - Hay River (with Fort Smith participating).
- Approximately eighty (80) participants completed the 3 day training. The planning included collaboration with the Dene Nation. The Dene Nation's CHRs participated in training sessions in Yellowknife and Hay River.

### **Action – Work with NWT Aboriginal organizations at a community level to implement Child and Family Services Committees (see also Priority 1.2)**

- The Department is working hard to communicate with all NWT communities in order to generate support and interest and to identify communities with the capacity to implement a Child and Family Services (CFS) Committee.
- The Sahtu Health and Social Services Authority has requested to meet with local Aboriginal Governments to discuss the potential of the Committees.
- Yellowknife Health and Social Services Authority scheduled a community meeting in Lutsel K'e to for April 14, 2011 and will review health and social services programming and educate community members about role and work of CFS committees.

## Priorities under Accessibility Updates to March 31, 2010

### 2.1 Priority – Provide the right services, through the right providers, in the right places

#### **Action – Adjust the primary community care model using information gathered**

- Yellowknife Health and Social Services Authority has developed a Collaborative Practice Working Group for Primary Health Care Clinics to establish collaborative teams that enhance the quality and efficiency of the primary health care service.

#### **Action – Expand the Midwifery Program**

- A commitment has been made to conduct a review of midwifery services in the NWT and provide options on more effective integration into the provision of maternal health services.

#### **Action - Adjust staffing models to include nurse practitioners effectively**

- A Sahtu Health and Social Services Authority Implementation Role Document for Nurse Practitioners was completed in April 2010 and implementation started November 2010.
- Yellowknife Health and Social Services is using short term federal funding to support one unfunded NP position and ensure service capacity to the community.
- The Hay River Health and Social Services Authority has two Nurse Practitioners who have participated in the Nurse Practitioner Bursary Program. One has successfully completed the program and the other will do so in September. Both practitioners are involved in advancing chronic disease management care and also improving and enhancing client access to primary community care services.
- 2010-2011 saw the implementation of Nurse Practitioner services at the Marie Adele Bishop Health Centre in the Tlicho. 2 Nurse Practitioners are currently working at the Health Centre.

#### **Action – Enhance oral health promotion to young children**

- Through the Tlicho Community Services Agency, children's dental health support is continuing throughout the region partially through integration into the Health Centre's Infant and Child Health programs.
- Planning and development around a Sahtu Health and Social Services Authority Dental Initiative is underway with implementation targeted for September 2011. Target groups are Prenatal to 2 years old and 2-5 years old.

- The Hay River Health and Social Service Authority continues to provide oral health by providing dental surgical support to the Northwest Territories. Annually, the Authority provides 10 weeks of dental surgery for children between the ages of 2 and 6. This is accomplished with the support of the Hay River dental clinic and Yellowknife Health and Social Services Authority, providing the anaesthetists.

**Action – Pilot community treatment options are educate Northerners about addiction aftercare services available in the Beaufort Delta**

- The Inuvialuit Regional Corporation(IRC) successfully implemented the first year of the Tuktoyaktuk Addictions Aftercare project. The IRC is submitting year-end reporting for this project and has submitted a proposal for the second year of this project.
- The Gwich'in Tribal Council (GTC) did not finalize their proposal in time for 2010/11, therefore an agreement was not signed. Health and Social Services has provided assistance to the GTC around the planning of an addictions aftercare pilot project in Aklavik for 2011/12. GTC is currently working with its Aklavik partners to finalize this 2011/12 proposal.

**2.2 Priority – Manage Chronic Disease**

**Action – Establish a Chronic Disease Management model for the NWT**

- A draft Chronic Disease Management (CDM) strategy has been completed and is being reviewed.
- One of the actions identified in the strategy is to engage stakeholders in this process. Health and Social Services is leading a series of CDM workshops comprised of approximately 35 clinicians and leaders from each Health and Social Services Authority across the NWT. These workshops are to inform the assessment, planning, implementation, and evaluation of the chronic disease management strategy in the NWT. The first was held in December 2010 and the second in January 2011.
- These workshops are facilitated by The Canadian Health Services Research Foundation (CHSRF) who are experts in assisting organizations to identify and utilize data to make evidence-informed policy and select appropriate indicators.
- Four areas have been identified for the groups to initially evaluate: diabetes, renal disease, mental health, and system organization. One of the primary goals of these workshops is to identify evidence and indicators for chronic disease management and to educate leaders and clinicians on the need to collect and measure this data.

- Staff have also started to engage clients in dialogue about the work being undertaken on CDM.

**Action – Promote nutrition, physical activity and other preventative healthy choices**

- See 1.3
- Elders in Motion programs have been started in Norman Wells and Fort Good Hope. Norman Wells sustained the program throughout the fiscal year – varying the physical activities from Yoga to Nordic Walking to stretching exercises. Weekly meetings in Norman Wells also provide a nutritious lunch and discussion on various health and mental health topics.
- Prevention Health Promotion Staff deliver information on various topics each month in Deline/Norman Wells.
- The Tlicho Community Services Authority is promoting healthy nutrition choices by offering cooking workshops, and working with community stores to provide healthier choices (through the Diabetes Capacity Building Project).

**Action – Address Colorectal Cancer through staged screening of stool samples**

- As part of Colorectal Cancer month, nurses in Norman Wells set up an Education Booth at a local restaurant. Information and hand out were given to 42 individuals based on the NWT Colorectal Screening Guidelines. Discussion around risk factors and screening took place. A screening list for “FIT Testing” has been initiated in Norman Wells based on the guidelines. This test is also part of the Well Adult clinic if the adults qualify for screening as per the guidelines.

**Action – Implement a territorial screening mammography program and increase education about modifiable risk factors and screening**

- The Hay River Health and Social Services Authority Diagnostic Imaging department began providing mammography services to outlying communities in June of 2010.
- An educational DVD is available for viewing explaining breast self exam. The DVD was made by women from across the NWT and has been widely accepted by Hay River Health and Social Services clients.

### **2.3 Priority – Enhance and customize continuing care, while ensuring access and administration is optimized**

#### **Action – Ensure continuing care clients enter into care through a coordinated referral and assessment process**

- Health and Social Services continues to work with Authorities to achieve standardized assessments across the Continuing Care core service area (home care, supported living and long term care) through the use of the Continuing Care Assessment and Placement tool.
- Draft new Continuing Care Standards were completed March 31, 2011. The draft standards include a standard for *Application for Continuing Care Services*. The draft standards will be reviewed by the Continuing Care Committee.

#### **Action – Increase accessibility to Home care in the NWT**

- Additional funds were provided to Health and Social Services Authorities to increase the level of home care and support at the community level.

#### **Action – Establish a territorial admission committee to develop and manage access to long-term care**

- As of March 4, 2011, the Territorial Admissions Committee had received 104 applications: 82 clients had been placed in Long Term Care, 7 clients did not meet eligibility requirements, 3 applications were pending review, 2 applications had been withdrawn, and 7 clients were on the Territorial wait list for Long Term Care.

#### **Action – Standardize the delivery of Continuing Care Services across the NWT**

- Draft new Continuing Care Standards were completed March 31, 2011.

#### **Action – Standardize models of care, direct care hours and staffing so that they are consistent across the NWT**

- A draft approach to the model of care, direct hours of care and staffing has been completed. In addition to the hours of direct care, the staffing model for Long Term Care provides for a mix and ratio to ensure facilities have the capacity to accommodate the acuity of clients. The options laid out in the paper are currently being reviewed for cost.

## 2.4 Priority – Work with Public Works and Services to ensure facilities are modern, effective and aligned with current and future service delivery

### Action – Develop 5 year medical equipment plan and 20 year facility plan

- The successful development of the Prototypes for Health and Social Services Centres and Long Term Care Facilities resulted in the approval of several HSS projects in the 2011-12 GNWT Capital Plan that are now in the Design and Construction phases including:
  - Norman Wells Health and Social Services Centre (replacement)
  - Norman Wells Long Term Care Facility (NEW)
  - Fort Providence Health and Social Services Centre (replacement)
  - Behchoko Long Term Care Facility (replacement)
- The approval 2011-12 GNWT Infrastructure Plan also included funding for Planning Studies for a number of critical facilities/projects including;
  - Fort Simpson Health and Social Services Centre
  - Stanton Territorial Hospital (mid-life renewal)
  - Tulita Health and Social Services Centre
  - Lutsel K'e Health and Social Services Centre

## 2.5 Priority – Use information technologies to bring timely, quality services to Northerners

### Action – Update and provide Telehealth equipment in health centres and schools

- Phase 3 satellite sites have been installed and unit training has been provided. One site unit has had a failure out of the box and is being replaced on warranty. Sites continue to wait on the new Digital Communication Network (DCN 3) for bandwidth. All Phase 3 non-satellite sites have met their adoption targets.

### Action – Develop and implement a spectrum of electronic technologies to improve connections between Northerners and service providers, and improve access and integration of records and medical information

**This spectrum will include the Electronic Health Record System, Electronic Medical Records, Digital Imaging/Picture Archiving and Communications, the Lab Information System, and the Internet Public Health Information System**

- In support of system-wide change management the Department of Health and Social Services (HSS) launched an e-Health Newsletter to inform staff of current and upcoming e-Health initiatives; this publication will be released bi-annually.
- Testimonials and positive experience examples continue to be received from practitioners, support staff, and patients who report positive transformation in

service delivery as a result of investments in e-Health and technology that is enabling service delivery, sustainability and improving patient outcomes.

- Please see individual actions under this section for more detailed update.

**Action – Implement and continue to evolve the Electronic Health Record System (HealthNet) across the territory. This will allow sharing of information that includes text reports from all 4 NWT hospitals and laboratory results from Stanton, Hay River and Inuvik laboratories as well as those referred by NWT to out-of-territory laboratories**

- The HealthNet support model continues to mature as access is extended to new users across the Northwest Territories.
- Work for the next release is underway, including making specialist reports available in the HealthNet Viewer, and enhanced auditing functionality.
- Physician Specialist ‘Consult Letters’ were integrated into the viewer during this quarter

**Action – Implement Electronic Medical Records (EMR) where services are required**

- An investment agreement has been signed with Canada Health Infoway for planning an NWT EMR program that will include detailed implementation planning and pan-Canadian EMR vendor requirements and standards.
- A professional services team with extensive experience in EMR implementations has been engaged for the detailed implementation planning, to be completed October 2011.

**Action – Implement Diagnostic Imaging/Picture Archiving and Communications System (DI/PACs) at Stanton, Hay River, Inuvik, and Fort Smith**

- This action is completed and voice recognition tools are being added to improve the time required for diagnostic image reporting.
- Project extension negotiation with Canada Health Infoway began, to explore a stretch goal - interoperability opportunities with a southern jurisdiction and extend change management activities.
- Testimonials received from practitioners state that PACS has been an impressive advancement to healthcare in the Territories.

**Action – Install Computed Radiography readers in the 18 community health centres that currently provide diagnostic imaging services**

- Completed in Dec 2010.
- Practitioners in these centers are thrilled with the enhanced image quality and ease of use of the new CR system.

#### **Action – Replace Lab Information System**

- Activities to implement the new Soft Computer (SCC) Territory-wide Lab System are underway including hardware and software install, initial interface set-up, and initial Lab and Micro system design and build.
- The project team has begun training with key ‘Super users’ across the Health and Social Services Authorities

#### **Action - Plan iPHIS (internet Public Health Information System) replacement**

- Accomplishments from this period include completion of major milestones including the planning Privacy Impact Assessment and draft Future State documentation.
- Detailed costing information has been difficult to obtain and has resulted in minor delays.

### **2.6 Priority – Maximize Resources and Streamline Medical Facilities**

#### **Action - Coordinate services between regional authorities and Stanton Hospital**

- A Territorial Referral Form has been implemented.
- Yellowknife Health and Social Services is finalizing an agreement around sterilization of equipment services for the Primary Care Clinics with the Stanton Territorial Hospital.

#### **Action - Model service delivery to match utilization and demand, using the Primary Community Care model**

- At the Tlicho Community Services Agency, clinic structure and service delivery at the Marie Adele Bishop Health centre has been reorganized to focus on Primary Community Care and Health Promotion. This is being done through implementation of the Nurse Practitioner Role and ensuring Community Health Nurses are delivering core programs and services.

## 2.7 Priority – Provide supported and assisted living in smaller communities

### **Action – Implement a Supported Living Program in Hay River for residents of the NWT with moderate to severe disabilities**

- All 10 beds are filled in the Hay River program, and the two respite beds have been used on three occasions.
- The day program has been restructured with a Day Program facilitator hired in January. The focus has been in assessing residents and establishing short and long term goals. This information was used to determine the appropriate individual and group programming.

## 2.10 Priority – Provide clear communication about when, how and where to access the programs and services we provide

### **Action - Work with Northerners to identify gaps in understanding of programs and services**

- The Regional Health and Social Services Dialogues have been completed, and the results are being used by the Health and Social Services system to inform strategic planning and adjust communication activities.
- Yellowknife Health and Social Services has completed a Clinic Operational Review in March 2011 that included staff rotational schedules, the phone system and the Walk-in Clinic services.

### **Action - Develop communication tools and fill gaps and promote programs and services that help Northerners**

- Aboriginal Language content (in the form of audio, video and publications) is continually being added to the website.
- A Department of Health and Social Services YouTube channel was created in March 2011. YouTube search is the second most used search engine on the Internet (Google is number one). By having a YouTube channel, the Department can create greater awareness and understanding of HSS programs and services and provide an additional means for NWT residents to solicit information on HSS programs and services.
- The Department of Health and Social Services is also an active contributor to the Government of the Northwest Territories podcast, which launched in February 2011. The Podcast provides the latest news and information on GNWT initiatives to NWT residents through CKLB radio.

## Priorities under Sustainability Updates to March 31, 2010

### 3.1 Priority – Improve governance and accountability to ensure the delivery of quality programs and services and consistent financial management

#### **Action – Clarify roles and responsibilities through performance and service agreements with Health and Social Services Authorities**

- Successfully implemented a new Financial Contribution Agreement with HSS Authorities in 2010-11. Implementing for 2<sup>nd</sup> Year in 2011-12.
- Further changes related to performance and services levels will use input from a contracted system-wide review.

#### **Action – Implement a funding model for Health and Social Services Authorities**

- A contracted system-wide review has been initiated that will inform this action.

### 3.2 Priority – Develop ongoing system of reporting and evaluation

#### **Action – Introduce a system-wide performance measurement and reporting system**

- Pursuant to the Auditor General's Office recommendations, the Department has received approval from the Joint Senior Management Committee (JSMC) for a draft balanced scorecard and a preliminary list of performance indicators for the Health and Social Services system.
- As requested by the Auditor General's Office, performance indicators will be tied into the performance agreements entered into with the Health and Social Service Authorities.
- Performance reporting will be internal until baselines and targets are established.

#### **Action – Develop capacity for delivering the performance measurement and reporting system**

- An advisory committee has been established made up of Authorities representatives, Hospitals, and Department of Health and Social Services Advisors.
- A dashboard of performance measures has been developed and a second report has been generated for this quarter.

### **Action - Regularly report on this plan, 'A Foundation for Change'**

- An Update to December 31, 2010 has been completed and is available at [www.foundationforchange.ca](http://www.foundationforchange.ca) or on the Health and Social Services website at [www.hlthss.gov.nt.ca](http://www.hlthss.gov.nt.ca)

### **Action - Regularly evaluate client satisfaction**

- The results of the Hospital Satisfaction Questionnaire for Inuvik Regional Hospital (IRH) and Stanton Territorial Hospital (STH) are posted at <http://www.hlthss.gov.nt.ca>.
- High levels of satisfaction with health programs and services are evident according to the results of the NWT Hospital Satisfaction Report (2011). This report provides data on the level of satisfaction with access, safety, reception/administration, nurses, doctors, specialized care providers and treatment/procedures.

### **3.3 Priority - Implement a system-wide risk management and quality improvement framework.**

#### **Action - Develop a risk management framework**

- To date, risk management plans have been developed for Information Services and Procurement Services. Risks areas were identified, assessments were completed, and actions plans were developed to mitigate identified risks.

### **3.4 Priority – Effective Information Technologies support delivery of Health and Social Services**

#### **Action - Implement a Territorial Information Technology governance model for delivering services across the NWT**

- A new eGovernance committee structure and terms of references within the Health and Social Services system have been developed.
- A report is being finalized, that includes the plan for tactical implementation of recommendations, change management, and policy development.
- Territory-wide Health and Social Services (operational) informatics service delivery models will be examined in 2011-12, in coordination with overall strategic planning and support services.

### 3.5 Priority – Innovative, Maximized use of Human Resources

#### **Action – Create staffing models for both Health and Social Services to maximize service delivery**

- Work is underway to update the Integrated Service Delivery Model and formalize the current Territorial Service model. That work will include updated staffing models.

#### **Action - Develop innovative training programs with Aurora College and other partners**

- A request for proposals to evaluate the current Health Human Resources programs has been issued. The results of this evaluation, as well as the upcoming system-wide Health and Social Services Human Resources plan will result in the identification of service and training gaps to be addressed.

#### **Action - Work with the Department of Human Resources to develop new ways to recruit and retain staff**

- Work is underway on a Social Work recruitment plan. A physician recruitment plan will be developed in 2011-2012, as well as the overall system-wide Human Resources Plan.

### 3.6 Priority – Modernize legislation to ensure change is possible

#### **Action - Propose updates to the *Medical Profession Act***

- Completed April 2010.

#### **Action - Propose a *Social Worker Act***

- The *Social Work Profession Act* passed in the fall 2010 Legislative Assembly Session. The *Act* will provide for the registration and licensure of social workers in the NWT. The *Act* also includes modern discipline and conduct provisions. Regulations on registration requirements, continuing competency, and standards of practice are currently being developed. The *Act* is expected to come into force in 2012.

#### **Action - Propose amendments to the *Vital Statistics Act***

- A new *Vital Statistics Act* is being drafted for introduction in the Legislative Assembly in 2011. The existing legislation evolved from the Vital Statistics Ordinance of 1927. The new legislation will be updated to reflect best practices in registration of vital events, including the maintenance and security of personal

information contained in the registry. The legislation will be modernized to ensure that provisions around registration of birth are no longer discriminatory.

#### **Action - Propose the *Health Information Act***

- Drafting of a new *Health Information Act* has begun. This new *Act* will provide up-to-date health-specific access and protection of privacy provisions that will apply to health providers, including private sectors providers, such as pharmacists. This will include standards for consent and notice, provisions for disclosure for research and system planning, as well as information systems management. Requirements for compliance and reporting will also be included.

#### **Action - Propose changes to the *Child and Family Services Act***

- Following from a previous amendment that came into effect in January 2008, an *Act to Amend the Child and Family Services Act* was passed in February 2010. The amendments clarified existing provisions in the *Act*.
- The amendments helped ensure the existing confidentiality provisions applied to all persons who have access to child protection files, including clerical, custodial, and information technology services staff.
- Amendments also clarified terminology throughout the *Act* and established a new subpoena process that will help eliminate any possible expense and unnecessary work in court proceedings.
- There may be further updates, as a result of the *GNWT Response to the Report of the Review of Child and Family Services*.

#### **Action - Implement Public Health Regulations**

- Since the new *Public Health Act* has come into force, the following new regulations have been developed and brought into force: Food Establishment Safety Regulations, Water Supply System Regulations, Disease Surveillance Regulations, and Reportable Disease Control Regulations. Immunization Regulations are set to come into force in January 2012. The following regulations are currently being developed: Personal Service Establishment Regulations, General Sanitation Regulations, and Sewerage Regulations.

#### **Action - Update additional *Acts* and regulations as required**

- The development of a legislative proposal for a new *Mental Health Act* is underway. A discussion paper is being prepared to seek stakeholder input on the proposed provisions for the new *Act*. This legislative proposal will be ready for introduction early in the life of the new government.