

**NWT Health  
and Social  
Services System**

# **Action Plan**

**2002-2005**

# **Status Report**

**October 2003 - March 2004**





## Message From the Minister



I am pleased to provide the final status report on implementation of the *Health and Social Services System Action Plan 2002-2005*. This status report highlights activities of the Department and Authorities for each of the 45 action items, and includes new information on activities completed during October 2003 to March 2004.

Over the past two years, 39 action items have either been completed or become part of the ongoing work of the health and social services system. By May of 2004, 43 action items will be completed, with the remaining actions to be addressed in the next six months. These include the development of a funding model for Authorities – which required a model for integrated service delivery to first be developed – and implementation of a common tracking and information system for human resources within the health and social services system.

Many of the accomplishments of the Action Plan are not necessarily “visible” to the public, but they are a critical foundation for the delivery of responsive, high quality programming. For example, we have finalized an *Integrated Service Delivery Model* that defines how health and social services should be provided in the NWT, including how the network of agencies and professionals should collaborate and integrate services. We are in the

process of restructuring the health and social services system so that the Department and Authorities are better able to fulfill their mandates and serve communities better. And we are introducing system-wide mechanisms for planning, reporting, financial accountability, human resource development, and informatics management. This makes the health and social services more effective and more accountable to the people of the NWT.

With these structural improvements in place, activities for the 2004-2005 year can shift to work that improves programs and services, particularly in the areas of prevention and promotion. For example, a toll-free family health and support line will be activated very shortly – this new service will build on current services by providing the public with round-the-clock advice and information from health professionals. In addition, we will be making investments into mental health and addictions services. And we are implementing a system-wide human resource plan so that professionals are in place to deliver frontline services.

It has been my pleasure to provide status reports on our progress over the past two years. I would be pleased to answer questions on our activities.

J. Michael Miltenberger



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## Introduction

In February 2002, the Minister of Health and Social Services released an action plan to reform and improve the NWT health and social services (HSS) system. This plan identifies 45 action items with specific deliverables and timelines for improvements in the following areas:

- **services to people** - actions to support people in taking care of themselves and improve support they receive from the HSS system;
- **support to staff** - actions to attract and retain the wide range of HSS professionals that are essential to the delivery of high quality services;
- **system-wide management** - actions to improve the organizational structure and management of the HSS system;
- **support to trustees** - actions to fully develop the leadership role and capacities of the Boards of Trustees for HSS Authorities; and
- **system-wide accountability** - actions to clarify and increase accountability of the HSS system to the public, and the Department and HSS Authorities to the Minister and with each other.

This status report highlights progress made during the last two years since the release of the action plan. Reports are posted on the Department's public website at [www.hlthss.gov.nt.ca](http://www.hlthss.gov.nt.ca) (see "Initiatives") to ensure public access to this information. Hard copies are also distributed to key stakeholders and are available to interested members of the public.

For more information on the *HSS System Action Plan* or to request a copy of this report, contact:

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# 1 Improving Services to People

Action	Deliverables	Timelines		Status
		Original	Revised	
5.1.1 Publish a core services document and distribute it to all households in the NWT.	A published core services document  ✓ Complete	Sep 2002	Mar 2003	The core services brochure describes the set of publicly funded services provided by the HSS system. The brochure was distributed, along with the self-care handbook (Action Item 5.1.2), to all NWT households in March and April 2003. The French version of the brochure was made available to the NWT francophone community along with the self-care handbook (Action Item 5.1.2) in spring 2003. Both the English and French versions of the brochure are available on the Department's public website ( <a href="http://www.hltss.gov.nt.ca">www.hltss.gov.nt.ca</a> ).
5.1.2 All households in the NWT will receive a self-care handbook.	A self-care handbook published and distributed to all households in the NWT.  ✓ Complete	Nov 2002	Mar 2003	See Action Item 5.1.1.
5.1.3 Establish a 1-800 family health and social supports call centre.	Call centre operational	Dec 2002	May 2004	The Department and Authorities have identified operational requirements for a toll-free call centre. Discussions are underway on logistical considerations, including how the call centre will be accessed in smaller communities with limited telephone access. The call centre will be operational early in the 2004-2005 fiscal year. The call centre will be funded, in part, by the Healthcare Reform Funding, as per the Health Accord that resulted from the First Ministers meeting in 2003.

## Improving Services to People

Action	Deliverables	Timelines		Status
		Original	Revised	
5.1.4 Evaluate our consumer's satisfaction with the health and social services system.	Annual consumer satisfaction report completed and reported to the public.	Jun 2003	May 2004	<p>A community health centre satisfaction survey was field-tested in the Deh Cho region in February, and is available for Authorities to use. A similar survey for use in NWT hospitals is under development, and should be available for field testing in spring 2004.</p> <p>In addition to these surveys, the Canadian Community Health Survey provides client satisfaction and service quality ratings in four areas:</p> <ul style="list-style-type: none"> <li>• overall health services;</li> <li>• hospital services;</li> <li>• physician services; and</li> <li>• community based services.</li> </ul> <p>NWT data from this survey were first published in September 2002 in the <i>Report to Residents of the Northwest Territories on Comparable Health and Health System Indicators</i>. Due to the limited sample size of the Canadian Community Health Survey, these data are only available at the territorial level, not regional or community level. Data from the 2002-2003 survey will be available in 2005.</p>
5.2.1 Formalize an integrated Health and Social Services Delivery Model for the NWT.	<p>Service Delivery Model that details:</p> <ul style="list-style-type: none"> <li>• Primary, secondary and tertiary services,</li> <li>• Referral patterns,</li> <li>• Speciality services,</li> <li>• Access to services,</li> <li>• Location of services,</li> <li>• Services providers,</li> <li>• Staffing mode,</li> <li>• Clarify role of NGOs in the system.</li> </ul> <p>✓ <b>Complete</b></p>	Sep 2002	Mar 2004	<p>The <i>Integrated Service Delivery Model</i> has been approved by the Joint Leadership Council, and includes sections on specific areas of service delivery:</p> <ul style="list-style-type: none"> <li>• continuing care services;</li> <li>• addictions and mental health services;</li> <li>• protection services;</li> <li>• promotion, prevention and screening;</li> <li>• diagnostic and curative services; and</li> <li>• rehabilitation services.</li> </ul> <p>The detailed description and plain language summary will be distributed in April 2004 and available on the Department's public website (<a href="http://www.hlthss.gov.nt.ca">www.hlthss.gov.nt.ca</a>).</p> <p>An important component of this work is an assessment of the service and staffing requirements for this model. Service levels have been agreed to and a long term staffing model was completed in 2003.</p>

## Improving Services to People

Action	Deliverables	Timelines		Status
		Original	Revised	
5.2.2 Establish integration demonstration projects based on the Primary Health Care model.	<p>At least three operational projects. Lessons learned from the projects incorporated into the service delivery and program integration models.</p> <p>✓ <b>Complete/ongoing</b></p>	Oct 2002	Apr 2003	<p>The NWT submitted a proposal to the federal Primary Health Care Transition Fund in order to advance work on primary health care reform in the NWT. Eleven projects were submitted by the Department and HSS Authorities, including:</p> <ol style="list-style-type: none"> <li>1. NWT Primary Community Care Coordination (Department),</li> <li>2. NWT Multi-disciplinary Forum (Department),</li> <li>3. Public Education Plan for the NWT Health Care System (Department),</li> <li>4. Beaufort Delta Wellness Teams Project (Inuvik Regional HSS Authority),</li> <li>5. Integrated Wellness Centre Project (Dogrib Community Services Board),</li> <li>6. Yellowknife Community Clinic Project (Yellowknife HSS Authority) - under review,</li> <li>7. Introduction of Midwifery Services (Fort Smith HSS Authority),</li> <li>8. Northern Women's Health Program (Stanton Territorial Health Authority) - under review,</li> <li>9. Nurse Practitioner Clinical Teaching Project (Dogrib Community Services Board),</li> <li>10. Community Health Dental Program (Inuvik Regional HSS Authority), and</li> <li>11. Aboriginal Community Health Worker Training Program (Deh Cho HSS Authority).</li> </ol> <p>Health Canada approved the NWT submission in March 2003. Following a formal public announcement and signing of the contribution agreement with Health Canada in June 2003, individual project contribution agreements have been signed.</p>
5.2.3 Implement coordinated discharge planning throughout the system.	<p>Coordinated discharge planning protocol implemented throughout the system.</p> <p>✓ <b>Complete/ongoing</b></p>	Sep 2002	Mar 2003	<p>A <i>Coordinated Discharge Planning Model</i> is being implemented which will coordinate the client's discharge through collaboration between members of the interdisciplinary health care team. The discharge planning process assists in early identification and assessment of the client's needs, and the development of timely discharge plans that reflect an integrated continuum of care. The process ensures efficient use of hospital and community resources with an emphasis on effective on-going communication with the health care team, clients and families.</p> <p>A discharge planner has been hired at Stanton and will be in place in early April to facilitate these activities in consultation with HSS Authorities, southern health service providers and boarding homes.</p>

## Improving Services to People

Action	Deliverables	Timelines		Status
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5.2.4 Establish Collaborative Service Networks.	<p>Collaborative Service Networks that support delivery and innovation in identified service delivery areas.</p> <p>✓ <b>Complete</b></p>	Sep 2002	Apr 2003	<p><i>A Framework for Collaborative Service Networks</i> has been developed to provide a common approach to sharing expertise and specialized services within the HSS system. The framework has been approved and an online database of collaborative service agreements between various agencies within the HSS system is now available on the Department's InfoWeb (an intranet site for the Department and Authorities).</p> <p>The following pilot projects are also in place:</p> <ul style="list-style-type: none"> <li>• nurse practitioner clinics in Yellowknife; and</li> <li>• single system of credentialing NWT physicians by Stanton Territorial Health Authority.</li> </ul>
5.2.5 Work with affected communities and industry to define and respond to the health and social impacts of development.	<p>A five-year plan that supports and addresses health and social issues. This plan will identify potential project activities that will help alleviate targeted social issues.</p> <p>✓ <b>Ongoing</b></p>	Jun 2002	<p>Jul 2003</p> <p>Mar 2006</p>	<p>The Department is working with other GNWT departments to develop a comprehensive approach to monitoring and mitigating health and social impacts of development, under the broad leadership and coordination of the Department of Resources, Wildlife and Economic Development.</p> <p>A related initiative includes the implementation of community demonstration projects – as part of the <i>Social Agenda</i> initiative – to assess the effectiveness of mitigation measures relating to current development activities. Some demonstration projects will involve working with impacted communities on preparing for development. Eight demonstration projects have been approved for funding in the following communities: Norman Wells, Inuvik, Tsiigehtchic, Fort McPherson, Wha Ti, Fort Providence, Lutselk'e, and N'Dilo (Yellowknife).</p>

## 2 Improving Supports to Staff

Action	Deliverables	Timelines		Status
		Original	Revised	
6.1.1 Establish a comprehensive Human Resource Plan.	<p>A comprehensive human resource plan resulting from a review of the current human resources practices.</p> <p>✓ <b>Ongoing</b></p>	Jun 2003	Apr 2004	<p>The <i>Comprehensive System-Wide Human Resource Plan</i> has been developed and consists of a number of strategies to assist in achieving the following goals:</p> <ol style="list-style-type: none"> <li>1. Building and developing a skilled workforce in the North that is representative of the people and communities that are served by the HSS system. This encompasses building a northern workforce and supporting those committed to living and working in the North.</li> <li>2. Investing in employees, technology and the workplace to promote safety, excellence, collaboration and innovation, today and in the future.</li> <li>3. Respecting and recognizing achievements of employees and the HSS system.</li> </ol> <p>The plan was reviewed by the Joint Senior Management Committee and will be forwarded to the Joint Leadership Council April 2004.</p>
6.1.2 Implement a competency-based model for recruiting, training, and supporting staff.	<p>A competency based model to support the recruitment, development and evaluation of front-line staff will ensure a consistent level of service delivery across the north.</p> <p>✓ <b>Ongoing</b></p>	Jan 2004	Jan 2004	<p>Corporate Human Resource Services (Department of the Executive) is developing competency modules for management and human resource positions. The Department is working with Corporate Human Resource Services to develop competencies specific to health and social services professions in front-line positions. Currently, competencies are being developed for the Community Health Representative position.</p>

## Improving Supports to Staff

Action	Deliverables	Timelines		Status
		Original	Revised	
6.1.3 All new staff will receive a standardized orientation to the NWT Health and Social Service System and cross-cultural training that reflects the character of the NWT and the region in which they are employed.	<p>All new staff will receive an orientation to their work and community.</p> <p>✓ <b>Complete</b></p>	Sep 2002	Jan 2003	<p>A standardized orientation package for HSS employees has been completed and includes:</p> <ul style="list-style-type: none"> <li>• an Orientation Manual designed to permit the Department and each Authority the ability to add additional information specific to their organization; and</li> <li>• an online orientation site (accessible only by HSS employees).</li> </ul> <p>The manual and orientation site are online, and modifications to these resources will be made on an as-needed basis to reflect the information needs of employees. Hard copy distribution of the manual will occur when the Sahtu HSS Authority is operational, as the manual will be updated to reflect this new Authority.</p> <p>A related activity is the development of a standard orientation manual for NWT physicians to assist both full-time and locum physicians in their orientation to practice in the NWT. This manual reflects input from the Medical Directors of the Authorities. It is scheduled for printing and distribution in April 2004.</p>
6.1.4 Establish coordinated Professional Development activities for all system staff.	<p>An Integrated Employee Development Program that:</p> <ul style="list-style-type: none"> <li>• Consolidates funding,</li> <li>• Catalogues programs,</li> <li>• Includes a human resource development plan for all employees.</li> </ul> <p>✓ <b>Complete/ongoing</b></p>	Jun 2002	Jun 2003	<p>A calendar of professional development opportunities has been provided to all Authorities. Training opportunities will be updated and distributed annually, and placed online.</p> <p>Enhanced professional development as per the <i>Retention and Recruitment Plan for Allied Health Care Professionals, Nurses and Social Workers</i> was approved in November 2002. This initiative guarantees professional development for front-line health and social services workers in 25 professions.</p>

## Improving Supports to Staff

Action	Deliverables	Timelines		Status
		Original	Revised	
6.1.5 Implement succession planning to ensure that all staff have access to career advancement opportunities in coordination with other Departments.	Succession planning model developed and implemented.  ✓ <b>Ongoing</b>	Mar 2003	May 2003	<p>Corporate Human Resource Services (Department of the Executive) is responsible for establishing government-wide parameters and activities for succession planning. This initiative will ensure all GNWT staff have access to career advancement opportunities.</p> <p>Corporate Human Resource Services launched the Management Assignment Program in June 2003. The program is part of the GNWT's succession planning effort to increase management and leadership skills of individuals in the organization so they are better prepared for management jobs. The first phase of the program resulted in 101 employees, including employees of the HSS system, being nominated for the program. Of these nominees, four HSS employees were selected to participate in the program that accommodated a total of 22 GNWT participants for the 2003-2004 fiscal year.</p>
6.1.6 Expand mentorship programs to include all health and social services system staff.	A mentorship program that includes all health and social services system employees.  ✓ <b>Ongoing</b>	Mar 2003	Mar 2003	<p>The Department has had a nurse mentorship program in place since 1997. A mentorship skill development workshop was delivered to 30 mentors in April 2003. As of March 2004, 73 individuals have been mentored under this program.</p> <p>Work on the advanced nurse mentorship program and social work mentorship program is in progress. Development of mentorship programs for allied health care professionals will be ongoing.</p>
6.1.7 Implement a relief pool of professional health and social services employees.	Staff relief pool for selected occupational categories.  ✓ <b>Complete/ongoing</b>	Sep 2002	Sep 2002	<p>A centralized relief pool (accessible by all Authorities) was established to include nurses, social workers and other health and social services personnel.</p> <p>The Joint Leadership Council has also provided direction to the Department to establish a float pool consisting of full time nurse practitioners and nurses with the experience required to practice in remote locations. A staffing competition for two full time float nurses is currently underway.</p> <p>A separate relief pool is also in place for physicians. The Department has a partnership with Alberta to access their <i>Rural Physician Action Plan</i> relief pool for locum work in the NWT.</p>

## Improving Supports to Staff

Action	Deliverables	Timelines		Status
		Original	Revised	
6.1.8 A common human resource tracking and information system will be implemented.	GNWT – HRIS operational in all regions.	Apr 2003	Deferred	<p>The Department and Authorities are examining the HSS system’s requirements for human resource tracking and information management. The Department and Financial Management Board Secretariat have assessed implementation and financial considerations for converting all Authorities to the current GNWT human resource information system.</p> <p>The Stanton Territorial Health Authority and the Yellowknife HSS Authority (in conjunction with the Department) are currently exploring options that would maximize the current resources in the provision and tracking of human resources within these two authorities.</p> <p>Given the GNWT’s current fiscal situation, a decision to ensure a common human resource tracking system for all Authorities will not be made until the GNWT has completed the government-wide reviews that are currently underway. This will ensure the decision supports the direction of the Government.</p>
6.2.1 Unify all staff under a single employer.	<p>All Hay River, Lutselk’e and Fort Resolution staff will be GNWT employees.</p> <p>✓ <b>Complete/ongoing</b></p>	Mar 2003	Jun 2003	<p>Staff of Lutselk’e and Fort Resolution are GNWT employees with the Yellowknife HSS Authority.</p> <p>Legislative amendments to the <i>Hospital Insurance and Health and Social Services Administration Act and Public Service Act</i> were approved in June 2003 by the Legislative Assembly to exempt employees of the Hay River Community Health Board from the GNWT public service but allow the organization to be a Board of Management. These amendments came into force November, 2003 and the Hay River board is now referred to as the Hay River Health and Social Services Authority.</p>
6.2.2 Implement a single credentialing process for physicians.	<p>A single credentialing process in place and operational for physicians.</p> <p>✓ <b>Complete/ongoing</b></p>	Jul 2002	Nov 2002	<p>A single physician credentialing committee has been established. With this in place, all Authorities have access to a single committee to review credentials of all physicians who wish to practice in the NWT.</p>



## Improving Supports to Staff

Action	Deliverables	Timelines		Status
		Original	Revised	
6.2.3 Establish an expedited transfer process within the health and social services system.	System-wide coordination and articulation of current GNWT guidelines and policy that allows for an expedited transfer process  ✓ <b>Complete</b>	Mar 2002	Apr 2003	Lutselk'e and Fort Resolution employees are now GNWT employees with the Yellowknife HSS Authority, and therefore have been included in the existing transfer policy maintained by the GNWT.  The GNWT has been unsuccessful in establishing a transfer process for employees of the Hay River HSS Authority due to different collective agreements and bargaining agents. Without the cooperation of the bargaining agents, a transfer process cannot be accomplished to the level desired.
6.2.4 Ensure a safe workplace.  and  6.2.5 Increase community acceptance and support of workers.	Agreements in place with communities to ensure workplace safety for all workers  Agreements in place with communities to assist the integration of new employees into the community  ✓ <b>Ongoing</b>	Jun 2002	Jun 2003	A sample agreement (between HSS Authorities and representative community organizations) was approved by the Joint Senior Management Committee as a starting point for discussions with community leadership. Authorities are working with community leaders to sign off agreements. A small fund was contributed to each Authority to support this exercise.

## Improving Supports to Staff

Action	Deliverables	Timelines		Status
		Original	Revised	
6.2.6 Review and enhance the marketing strategy to include recruitment and retention of all health and social services staff.	<p>Implement a revised and expanded marketing strategy that will include all health and social services staff.</p> <p>✓ <b>Complete/ongoing</b></p>	Oct 2002	Oct 2002	<p>Recruitment and retention for our NWT workforce remains a top priority for the HSS system. Current recruitment efforts by the Department and Authorities include participation in job fairs, web marketing, ad placements, etc. In addition, the <i>Recruitment and Retention Plan for Allied Health Care Professionals, Nurses, and Social Workers</i> and the <i>Interim Health Profession Fund</i> provides additional funding for initiatives to retain and recruit nursing, allied health professions and social workers. Improvements have also been made to finding employment opportunities for nurse graduates from Aurora College. This includes a coordinated approach to employment placement as well as a direct appointment process. A similar program will be in place for upcoming graduates of the Social Work program.</p> <p>In May 2003, an analysis of human resource functions and services for the HSS system was completed. This review included a component on recruitment and retention activities. Based on this review, the Joint Leadership Council agreed to reallocate of some of the recruitment and retention functions from the Department to Authorities where economies of scale permit. Reallocation took place September 1, 2003, to the Stanton, Yellowknife, Hay River and Inuvik Authorities.</p> <p>In addition, the following approaches to alleviate difficulties in recruiting temporary nurses are being assessed:</p> <ul style="list-style-type: none"> <li>• a working group has been established to open the Memorandum of Understanding with the Union of Northern Workers to define exceptional circumstances where agency nurses can be utilized;</li> <li>• contracts have been signed with recruitment agencies where they provide temporary nurses that can be hired as casuals and, if the Union of Northern Workers agrees, where they provide temporary nurses on contract as a last resort in exceptional circumstances;</li> <li>• a float pool has been established that consists of full time nurse practitioners and nurses with the necessary experience and training to work as community health nurses; two float nurses have been recruited; and</li> <li>• developing a list of nurses within the Department and Aurora College that have experience working as community health nurses and are interested in temporary assignments to provide coverage.</li> </ul> <p>A report on <i>Physician Recruitment and Retention in the Northwest Territories</i> was completed in September 2003. This report contains a number of recommended actions with respect to the retention and recruitment of physicians in the NWT. A working group, consisting of representatives of the Medical Directors Forum, the Department and Authorities, has been established to review and make recommendations on the initiatives contained in the report.</p>

### 3 Improving System-Wide Management

Action	Deliverables	Timelines		Status
		Original	Revised	
7.1.1 Establish the Joint Leadership Council (JLC) as the stewards of the health and social services system.	Terms of reference ratified by the JLC <b>✓ Complete</b>	Feb 2002	Feb 2002	Terms of Reference for the Joint Leadership Council were ratified in February 2002 and amended in September 2003 to include the role of the Council in providing advice and general guidance to the Public Administrator for Stanton Territorial Health Authority. The Council has been meeting quarterly (in person) and monthly (by teleconference).  Direction provided by the Joint Leadership Council for the HSS system will be consistent with that of the Government of the NWT, and will recognize self-government agreements.
7.1.2 Establish the Joint Senior Management Committee (JSMC) as a forum for the collaboration and direction setting for system-wide operations.	Terms of reference ratified by the JLC. <b>✓ Complete</b>	Mar 2002	Mar 2002	Terms of Reference for the Joint Senior Management Committee were ratified. The Committee has been meeting quarterly (in person) and monthly (by teleconference) as required.
7.1.3 Clarify roles and responsibilities in the health and social services system and reflect these in revised Agreements between the Department and the Authorities.	Clarify roles and responsibilities, and reflect these clearly in the Memoranda of Understanding with Authorities.	Feb 2003	Apr 2004	Performance agreements between the Department and Authorities will be developed to reflect the <i>Accountability Framework</i> (Action Item 9.1), the <i>NWT Model of Trustee Leadership</i> (Action Item 8.1), the <i>Integrated Service Delivery Model</i> (Action Item 5.2.1) and the <i>Framework for the Collaborative Services Network</i> (Action Item 5.2.4). Once the Agreements have been approved, they will be implemented during the 2004-2005 fiscal year.
7.1.4 Realign the organizational structure and business operations of the Authorities and the Department in order to increase clarity of roles and responsibilities.	A system-wide detailed organizational structure that reflects roles and responsibilities. <b>✓ Ongoing</b> (Authorities) <b>✓ Complete</b> (Department)	Mar 2002	Apr 2004	Authorities will review their structures and business operations once their roles and responsibilities have been described and set out in their performance agreements (see Action Item 7.1.3).
		Sep 2002	Sep 2002	The Department's organizational structure was changed to more closely align business operations with its mandated roles and responsibilities.

## Improving System-Wide Management

Action	Deliverables	Timelines		Status
		Original	Revised	
7.1.5 The organizational structures that deliver health and social services programs and services will be referred to as Authorities.	<p>Change the names of the Boards to Authority to reflect the current organizational structure, role and responsibility.</p> <p>✓ Ongoing</p>	Feb 2003	Jul 2003	<p>Regulations changing the names of the Yellowknife and Fort Smith Authorities came into effect April 1, 2002, while regulations changing the names of the Deh Cho, Inuvik, and Stanton Authorities came into effect June 1, 2002.</p> <p>The Hay River Community Health Board changed its name when amendments to the <i>Hospital Insurance and Health and Social Services Administration Act</i> came into force on November 7, 2003. In June 2003, the Legislative Assembly approved changes to this Act and the <i>Public Service Act</i> that would allow the existing Hay River Board to become an Authority with non-Public Service employees.</p> <p>The Dogrib Community Services Board will be changing its name to the Tli Cho Community Services Agency. This name change will occur once the new agency is established under the Tli Cho Self-Government Agreement.</p>
7.1.6 Realign Authority boundaries.	<ul style="list-style-type: none"> <li>• Establish Sahtu Authority</li> </ul> <p>✓ Complete</p> <ul style="list-style-type: none"> <li>• Dissolve Deninu Kue and Lutselk'e</li> <li>• Establish alternate arrangement for the participation of Deninu Kue and Lutselk'e communities in directing health and social services in their communities</li> </ul> <p>✓ Complete</p>	Apr 2003	Jun 2003	<p>Cabinet has approved a plan for the establishment of the Sahtu HSS Authority. Funding to support the incremental costs has been approved, a Public Administrator has been appointed and a Chief Executive Officer has been recruited. Both individuals started their duties in October 2003. The Authority staff are being hired with the goal of being fully staffed in April 2004. The Inuvik Regional HSS Authority continues to manage all functions in the Sahtu region until April 1, 2004.</p> <p>The communities of Lutselk'e and Fort Resolution receive services through the Yellowknife HSS Authority.</p>

## Improving System-Wide Management

Action	Deliverables	Timelines		Status
		Original	Revised	
7.1.7 Establish forums for joint planning of interdepartmental initiatives.	<p>Report on lessons learned with the intent of improving collaboration across departments</p> <p>✓ <b>Complete/ongoing</b></p>	Mar 2003	Mar 2003	<p>Social Envelope Departments hold regular meetings to share information and improve inter-department coordination of programs and initiatives. In addition, there are numerous forums for joint planning on inter-departmental initiatives, including:</p> <ul style="list-style-type: none"> <li>the GNWT <i>Seniors Action Plan 2002-2003</i> (Executive, HSS, ECE, MACA, NWT Housing Corporation, NWT Seniors Society);</li> <li>the <i>GNWT's Response to the Social Agenda</i> (Executive, Finance, FMBS, HSS, ECE, Justice, MACA, NWT Housing Corporation);</li> <li>the <i>GNWT Action on Tobacco</i> (Finance, HSS, ECE, MACA, Workers Compensation Board); and</li> <li>the <i>GNWT Early Childhood Development Initiative</i> (HSS, ECE).</li> </ul> <p>Committees for each of these initiatives have been established with representation from the noted departments and agencies. These committees also work with other stakeholders, including key non-government organizations and service providers. The Department will work with these committees to determine how inter-departmental collaboration can be improved for these initiatives specifically, and provide a general summary report on lessons learned.</p>
7.1.8 All strategies and framework documents will demonstrate linkages and directly support the strategic plan.	<p>Demonstrate linkage and finalize all outstanding strategy documents.</p> <p>✓ <b>Complete/ongoing</b></p>	Feb 2002	Feb 2002	<p>The Department and Authorities use the strategic plan, <i>Shaping Our Future</i>, in setting direction for all HSS initiatives. Linkages are also made between HSS initiatives and related GNWT initiatives, including:</p> <ul style="list-style-type: none"> <li><i>Seniors Action Plan</i>,</li> <li><i>Action on Tobacco</i>, and</li> <li><i>GNWT Response to the Social Agenda</i>.</li> </ul>

## Improving System-Wide Management

Action	Deliverables	Timelines		Status
		Original	Revised	
7.2.1 Implement a system-wide planning and reporting model.	<p>Comprehensive, strategic, business, operational and capital planning model.</p> <p>✓ <b>Complete</b></p>	May 2002	Mar 2003	<p>The GNWT identifies specific tasks, timeframes and reporting requirements for all departments to prepare three-year business plans. Preparation of the business plan for the HSS system requires effective and meaningful consultation between the Department and Authorities.</p> <p>An <i>Integrated Planning and Reporting Model</i> describes annual activities that result in the production of business plans, and meet system-wide accountability and reporting requirements. The model has been implemented for business planning activities. The <i>Integrated Planning and Reporting Model</i> is available on the Department's public website (<a href="http://www.hlthss.gov.nt.ca">www.hlthss.gov.nt.ca</a>).</p>
7.2.2 Design and implement a revised funding model.	<p>A defined funding allocation model for all Authorities.</p> <p>Implement funding allocation model.</p>	Apr 2003	Sep 2004	<p>The <i>Integrated Service Delivery Model</i> (Action Item 5.2.1) defines levels of service across the HSS system. This delivery model will be used as the basis for determining how funds will be allocated to Authorities.</p>
		Apr 2004	Apr 2005	
7.2.3 Implement a standard financial accounting system.	<p>A standard financial system implemented across all HSS Authorities.</p>	Apr 2003	Apr 2004	<p>The Department, in consultation with Authorities, completed a needs assessment in 2002. A standard chart of accounts was approved by the Joint Senior Management Committee in March 2004 and will be used in the 2004-2005 fiscal year.</p>

## Improving System-Wide Management

Action	Deliverables	Timelines		Status
		Original	Revised	
7.2.4 Implement a system-wide approach to fiscal accountability.	<p>Fiscal accountability structure that will have the ability to take a system-wide approach to deficit reduction, forced growth and spending on service enhancements will enhance the sustainability of the system.</p> <p>✓ Complete</p>	Apr 2003	Apr 2003	The fiscal accountability structure has been incorporated into the <i>Performance Measurement System</i> (Action Item 9.2). This document is available on the Department's public website ( <a href="http://www.hlthss.gov.nt.ca">www.hlthss.gov.nt.ca</a> ).

## Improving System-Wide Management

Action	Deliverables	Timelines		Status
		Original	Revised	
7.2.5 Implement an information management plan.	<p>Coordinated systems and quality management information.</p> <p>✓ Ongoing</p>	Jul 2003	Sep 2003	<p>The Joint Leadership Council endorsed the Informatics Blueprint in September 2003. This plan includes improvements to key information systems used throughout the HSS system:</p> <ul style="list-style-type: none"> <li>• Several multi-year capital projects are managed using the GNWT Systems Development Life Cycle project methodology: <ul style="list-style-type: none"> <li>• The replacement system for the Northern Health Information Management, Professional Licensing, Vital Statistics, Medi Vital and Medical Travel information systems has been contracted for startup in September 2004. Implementation is on target.</li> <li>• Software modifications for the Patient and Hospital Scheduling System are installed at each of the 4 hospitals. The targeted startup date remains on track for March 2004.</li> <li>• The pilot work on implementing Health Canada's system for Communicable Disease, Sexually Transmitted Disease and TB Registries has been completed and is being evaluated. Work has started to set out the terms of reference for a common system-wide solution for immunization and home care information management.</li> <li>• Users of the Children and Family Information System are testing version 2, with a projected implementation date of March 2004.</li> <li>• A new RFP to support the expansion of Telehealth is nearing completion.</li> </ul> </li> <li>• A limited experimental pilot project for electronic patient and medical records is underway at the Yellowknife HSS Authority.</li> <li>• An improved Informatics RFP and Pro-forma Contract template has been approved by Justice.</li> <li>• The Informatics Council and the Informatics Management Committee have been formed and are focused on implementing a system-wide approach. All new projects will be reviewed by these bodies.</li> </ul>
7.3.1 Legislative amendments and new legislation required.	<p>New and amended legislation:</p> <ul style="list-style-type: none"> <li>• <i>Health and Social Services Disciplines Act</i></li> <li>• <i>New Nursing Profession Act</i></li> <li>• <i>Hospital Insurance and Medical Care Act</i></li> </ul>	Jun 2003	<p>Deferred</p> <p>Jun 2003</p> <p>Deferred</p>	<p><b><i>Health and Social Services Disciplines Act:</i></b> Deferred to 15th Assembly. A discussion paper on health disciplines legislation was completed July 1, 2002, and circulated for comment to Authorities and professional associations. The first step was the development of the <i>Midwifery Profession Act</i> (see below).</p> <p><b><i>Nursing Profession Act:</i></b> The Bill was approved by the Legislative Assembly in June 2003. The Act came into force on January 1, 2004.</p> <p><b><i>Hospital Insurance and Medical Care Act:</i></b> Deferred to 15th Assembly. The Department is currently proposing to divide this project into two separate Acts:</p>



## Improving System-Wide Management

Action	Deliverables	Timelines		Status
		Original	Revised	
	<ul style="list-style-type: none"> <li>• <i>Hospital Insurance and Health and Social Services Administration Act</i></li> <li>• <i>Child and Family Services Act</i></li> <li>• <i>Agreement on Internal Trade Amendments Bill Discussion Paper</i></li> <li>• <i>Public Health Act</i></li> <li>• <i>Health Information Act</i></li> </ul>			<ul style="list-style-type: none"> <li>• <b><i>Health Care Plan Act</i></b>: A discussion paper was circulated internally proposing that the provisions of the <i>Hospital Insurance and Health and Social Services Administration Act</i> and the <i>Medical Care Act</i> that govern health insurance be combined into one new Act. A legislative proposal has been drafted. Once reviewed by stakeholders, the legislative proposal is expected to be submitted during this government.</li> <li>• <b><i>Health and Social Services Authorities Act</i></b>: A new Act would continue those provisions of the <i>Hospital Insurance and Health and Social Services Administration Act</i> that establish the system of health and social services Authorities. This Act together with the proposed <i>Health Care Plan Act</i> would replace the current <i>Hospital Insurance and Health and Social Services Administration Act</i> and <i>Medical Care Act</i>.</li> </ul>
	✓ Complete/ongoing		Jun 2003	<b><i>Hospital Insurance and Health and Social Services Administration Act</i></b> : This Bill was approved by the Legislative Assembly in June 2003 and came into force November 7, 2003. (See also Action Item 7.1.5).
			Oct 2003	<b><i>Child and Family Services Act</i></b> : Amendments to this Act were approved by the Legislative Assembly in October 2002. During the approval process for the Bill, the need for further amendments to the Act was identified. A new legislative proposal has been drafted for internal consultation purposes. The Department plans to consult with stakeholders shortly. Once consultations with stakeholders are concluded, the legislative proposal is expected to be submitted in 2004.
			Jun 2003	<b><i>Public Health Act</i></b> : A discussion paper on revising this Act was released in June 2003. The Department is in the process of drafting a legislative proposal based on feedback received from stakeholders. The proposal is expected to be submitted in 2004.
			Jun 2003	<b><i>Health Information Act</i></b> : Based on research to date, the Department plans to incorporate provisions to protect health information in the legislative proposal for the <i>Health Care Plan Act</i> . The Department, along with provincial and territorial jurisdictions, is reviewing the impact of the federal <i>Personal Information Protection and Electronic Document Act</i> with respect to territorial health information systems. The Department is also participating in the development of a <i>Pan-Canadian Framework on Confidentiality and Privacy Protection</i> . Once this framework is completed, the Department will revisit the need for legislative changes.
			Oct 2003	<b><i>Midwifery Profession Act</i></b> : The Bill for this Act was approved in October 2003. The Department is working toward implementing this Act in 2004.

## 4 Improving Support to Trustees

Action	Deliverables	Timelines		Status
		Original	Revised	
8.1 Implement a NWT model of health and social services Authority leadership that reflects NWT priorities, roles and accountabilities.	Leadership model implemented and published.  ✓ <b>Complete</b>	Sep 2002	Mar 2003	The <i>NWT Model of Trustee Leadership</i> was approved by the Joint Leadership Council for inclusion in the Memoranda of Understanding with HSS Authorities. This module forms part of the training that all Trustees receive.  The <i>NWT Model of Trustee Leadership</i> is available on the Department's public website ( <a href="http://www.hlhss.gov.nt.ca">www.hlhss.gov.nt.ca</a> ).
8.2 Implement a standardized process to call for nominations and appoint trustees.	All new trustees appointed following guidelines.  ✓ <b>Complete</b>	Jun 2002	Mar 2003	A standardized process for nominations and appointments has been developed and implemented.
8.3 Implement an orientation training program that will be provided to all new Trustees.	Orientation manual and materials published and training schedule approved.	Jun 2002	Jun 2003	Thirteen (13) training modules have been developed as training tools for HSS trustees. Modules 1-12 include generic information that can be used by trustees of various agencies and sectors. Module 13 was developed by current Trustees for use by Trustees within the HSS system.
and 8.4 Implement a training program for all trustees as requested and on a regular basis.	Training Manual published and training delivered.  ✓ <b>Complete/ongoing</b>	Jun 2002	Jun 2003	Training sessions on Modules 1-12 have included band councilors, municipal employees and HSS Board Trustees, and have been held by the following Authorities: <ul style="list-style-type: none"> <li>• Dogrib - October 2002</li> <li>• Deh Cho - January 2003</li> <li>• Fort Smith - January 2003</li> <li>• Inuvik - January 2003</li> <li>• Hay River - February and March 2003</li> <li>• Yellowknife - November 2003</li> </ul> Training sessions will continue to be delivered on an on-going basis.

## 5 Improving System-Wide Accountability

Action	Deliverables	Timelines		Status
		Original	Revised	
9.1 Design and implement an accountability framework that details the expectation for monitoring and reporting at all levels across the system.	<p>A detailed accountability framework for all program components of the system focusing on outcomes.</p> <p>✓ <b>Complete</b></p>	Sep 2002	Oct 2002	The <i>Accountability Framework</i> for the NWT HSS system was tabled in March 2003 in the Legislative Assembly. The <i>Accountability Framework</i> is available on the Department's public website ( <a href="http://www.hlthss.gov.nt.ca">www.hlthss.gov.nt.ca</a> ).
9.2 Introduce a system-wide performance measurement and reporting system.	<p>A comprehensive plan for monitoring and reporting on system performance that focuses on program performance and includes:</p> <ul style="list-style-type: none"> <li>• Publication of annual reports on health status of NWT residents,</li> <li>• Annual reporting on measures of broad health and wellbeing.</li> </ul> <p>✓ <b>Complete/ongoing</b></p>	Jun 2002	Feb 2003	The <i>Performance Measurement and Reporting System</i> was approved by the Joint Senior Management Committee in January 2003. This document is available on the Department's public website ( <a href="http://www.hlthss.gov.nt.ca">www.hlthss.gov.nt.ca</a> ).

## Improving System-Wide Accountability

Action	Deliverables	Timelines		Status
		Original	Revised	
9.3 Develop and implement the capacity for program evaluation throughout our system with emphasis on collaborative practice.	Monitoring and evaluation frameworks in place for all new initiatives and programs  ✓ <b>Complete/ongoing</b>	Apr 2003	Apr 2003	<p>The Department has prepared a discussion document, entitled <i>Increasing Program Evaluation Capacity for the Health and Social Services System</i> in the Northwest Territories. This document is available on the Department’s public website (www.hlthss.gov.nt.ca).</p> <p>Based on feedback from the Joint Senior Management Committee, a draft evaluation booklet has been prepared for use in program monitoring and evaluation. A plain language toolkit was developed as part of this resource. It is being pilot tested with the Social Agenda community demonstration projects (see Action Item 5.2.5) prior to being used for other initiatives and programs. Results will be available by end of March 2004.</p>
9.4 Reporting on the implementation of the Action Plan.	Published status reports.  ✓ <b>Complete/ongoing</b>	Jul 2002	Oct 2002	<p>Communications requirements have implemented. Activities include the preparation of status reports every six months, interim communications with key stakeholders on project-specific progress and public announcements signaling achievements.</p> <p>Highlights of public communications activities to date include:</p> <ul style="list-style-type: none"> <li>• <u>poster display</u> and <u>community posters</u> distributed in late spring 2002;</li> <li>• <u>information flyer #1</u> (on Joint Leadership Committee) distributed in late spring 2002;</li> <li>• <u>Feb - Sept 2002 Status Report</u> completed in October 2002;</li> <li>• <u>information flyer #2</u> (on action plan progress and highlights) distributed with Feb-Sept Status Report;</li> <li>• <u>Oct 2002 - Mar 2003 Status Report</u> completed in April 2003;</li> <li>• <u>Apr - Sep 2003 Status Report</u> completed in September 2003;</li> <li>• <u>Sep 2003 - Mar 2004 Status Report</u> completed in April 2004.</li> </ul>

# Appendix I

## TIMELINES AND PROGRESS

original timeframe  
revised timeframe

	2002					2003					2004							
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
<b>Improved Services to People</b>																		
Action 5.1.1																		✓ complete
Action 5.1.2																		✓ complete
Action 5.1.3																		
Action 5.1.4																		
Action 5.2.1																		
Action 5.2.2																		✓ complete/ongoing
Action 5.2.3																		✓ complete/ongoing
Action 5.2.4																		✓ complete
Action 5.2.5																		✓ ongoing
<b>Improved Supports to Staff</b>																		
Action 6.1.1																		✓ ongoing
Action 6.1.2																		✓ ongoing
Action 6.1.3																		✓ complete
Action 6.1.4																		✓ complete/ongoing
Action 6.1.5																		✓ ongoing
Action 6.1.6																		✓ ongoing
Action 6.1.7																		✓ complete/ongoing
Action 6.1.8																		✓ deferred
Action 6.2.1																		✓ complete/ongoing
Action 6.2.2																		✓ complete/ongoing
Action 6.2.3																		✓ complete
Action 6.2.4																		✓ ongoing
Action 6.2.5																		✓ ongoing
Action 6.2.6																		✓ complete/ongoing
<b>Improved System-Wide Management</b>																		
Action 7.1.1																		✓ complete
Action 7.1.2																		✓ complete
Action 7.1.3																		
Action 7.1.4																		✓ complete/ongoing
Action 7.1.5																		✓ ongoing
Action 7.1.6																		✓ complete
Action 7.1.7																		✓ complete/ongoing
Action 7.1.8																		✓ complete/ongoing
Action 7.2.1																		✓ complete
Action 7.2.2																		(April 2005)
Action 7.2.3																		
Action 7.2.4																		✓ complete
Action 7.2.5																		✓ ongoing
Action 7.3.1																		✓ complete/ongoing
<b>Improved Support to Trustees</b>																		
Action 8.1																		✓ complete
Action 8.2																		✓ complete
Action 8.3																		✓ complete/ongoing
Action 8.4																		✓ complete/ongoing
<b>Improved System-Wide Accountability</b>																		
Action 9.1																		✓ complete
Action 9.2																		✓ complete/ongoing
Action 9.3																		✓ complete/ongoing
Action 9.4																		✓ complete/ongoing

