



2019 • 2020

# Annual Report Rapport Annuel

Northwest Territories Health and Social Services Authority  
Administration des services de santé et des services sociaux des  
Territoires du Nord-Ouest



NTHSSA • ASTNO





## VERSION NOTE:

V2.0: Amended to include signed financial statements and correct minor spelling and grammar errors.

Created, August 28, 2020

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## MESSAGE FROM THE CHAIRPERSON

On behalf of the Northwest Territories Health and Social Services Leadership Council, it is my pleasure to present the 2019-2020 Annual Report for the Northwest Territories Health and Social Services Authority (NTHSSA).

Health and wellness is a personal journey for every individual. In 2016, the Northwest Territories health and social services system began a journey of transformation towards a more effective and responsive patient and person-centred model of care. The past year has been unlike any other, marked by significant challenges and opportunities in our ongoing transformation. We are making progress, as the following pages summarize the significant work done in 2019-2020 towards our Vision of Best Health, Best Care, for a Better Future.

This report also includes the 2019-2020 Audited Financial Statements, reviewed and audited by the Auditor General of Canada, fulfilling the Leadership Council's responsibility and commitment to public accountability for the operational and financial performance of the Authority.

I wish to thank my fellow Leadership Council members, their Regional Wellness Councils, the administrators, executives, practitioners, and front line staff across our system, for their passion and dedication to providing the best possible care and services to our people. I look forward to continuing our work towards more culturally safe and relationship-based health and social services.



A handwritten signature in black ink, appearing to read 'Jim Antoine'.

Máhsı

**Jim Antoine**

*Chair,*

*Northwest Territories Health and Social Services Leadership Council*

## MOT DU PRÉSIDENT

Au nom du Conseil de leadership de l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO), c'est avec plaisir que je vous présente le rapport annuel 2019-2020 de l'ASTNO.

Chaque personne a son propre parcours de santé et de bien-être. En 2016, le système de santé et de services sociaux des Territoires du Nord-Ouest a commencé sa transformation vers un modèle de soins plus efficace et réactif, centré sur la personne et le patient. L'année écoulée était unique; des épreuves, mais aussi des opportunités ont marqué notre transformation continue. Nous faisons des progrès, comme vous le verrez dans les pages suivantes, qui résument le travail colossal effectué en 2019-2020 visant une santé optimale et des soins optimaux pour un avenir en santé.

Le présent rapport inclut les états financiers vérifiés pour 2019-2020, examinés et audités par le vérificateur général du Canada, conformément à la responsabilité et à l'engagement du Conseil de leadership qui est responsable des résultats opérationnels et financiers de l'Administration.

Je tiens à remercier mes collègues du Conseil de leadership, les Conseils régionaux du mieux-être, les administrateurs, les dirigeants, les praticiens, et le personnel de première ligne de notre système pour leur passion et leur persévérance pour fournir les meilleurs soins et services possibles à nos résidents. Je suis impatient de poursuivre notre travail visant à consolider les services de santé et les services sociaux centrés sur les relations et respectueux des cultures.



Máhsi

**Jim Antoine**

*Président*

*Conseil de leadership des services de santé et des services sociaux des Territoires du Nord-Ouest*

## MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

In 2019-2020, the NTHSSA completed its third full year of operations since the amalgamation of the health and social service authorities and it was a year of many milestones alongside an unprecedented global pandemic.

There were many notable actions completed in 2019-2020 and I am pleased to present an annual report that shows significant progress on the actions outlined in the NTHSSA Operational Plan. Some of our major achievements include:

- A successful move and first patient day at the new Stanton Territorial Hospital
- Receipt of Accredited status with a 97% compliance rate to the standards of Accreditation Canada, with a number of areas the NTHSSA's operations highlighted as potential leading practices, nationally.
- Advancements across many areas of our operations including primary care reform, child and family services improvements, reorganization of financial functions and implementation of a single financial system.

These are just a few of the many areas of progress we have made as an Authority over the past year. We have also been presented with significant challenges including the

global COVID-19 pandemic. Throughout the course of the pandemic response I could not be more proud to be part of such an amazing team, our health and social services system has been responsive and ready to care for NWT residents throughout this event.

As always, the NTHSSA would not be what or where it is without its dedicated staff. I want to recognize each and every member of our team who are committed to providing the best possible care and services each and every day. I look forward to our continued progress as an authority and hope that this report reflects on the hard work and progress made in 2019-2020.



A stylized, handwritten signature in black ink, consisting of several fluid, overlapping loops and lines.

Sincerely

**Sue Cullen**

*Chief Executive Officer,*

*Northwest Territories Health and Social Services Authority.*

## MESSAGE DU CHEF DE LA DIRECTION

En 2019-2020, l'ASTNO a terminé sa troisième année complète d'activité depuis la fusion des administrations des services de santé et des services sociaux; cette année a été marquée par plusieurs étapes importantes et par une pandémie mondiale.

Plusieurs mesures de taille ont été prises en 2019-2020 et c'est avec plaisir que je vous présente un rapport annuel montrant les progrès considérables réalisés sur les mesures à prendre établies dans le plan opérationnel de l'ASTNO :

- Déménagement réussi dans le nouvel Hôpital territorial Stanton et accueil des premiers patients.
- Obtention de l'agrément avec un taux de conformité de 97 % aux normes d'Agrément Canada; un certain nombre de domaines d'activité de l'ASTNO ont été mis en avant comme des pratiques exemplaires potentielles sur le plan national.
- Progrès dans de nombreux domaines de nos activités, notamment la réforme des soins primaires, les améliorations aux services à l'enfance et à la famille, la réorganisation des fonctions financières et le déploiement d'un système financier unique.

Ce ne sont que quelques exemples des progrès que nous avons accomplis au cours de l'année écoulée; nous avons également connu des épreuves, notamment la pandémie

mondiale de COVID-19. Je suis très fière de faire partie d'une équipe aussi exceptionnelle qui déploie tant d'efforts pour répondre à cette pandémie; notre système de santé et de services sociaux a su répondre aux besoins des résidents des TNO et était prêt à leur offrir des soins, et ce, tout au long de la pandémie.

Comme toujours, l'ASTNO ne serait pas ce qu'elle est et n'aurait pas fait autant de progrès sans son personnel dévoué. J'aimerais souligner le travail de chacun des membres de notre équipe, qui ont à cœur de fournir les meilleurs soins possible, et ce, tous les jours. J'ai hâte de voir notre progression en tant qu'administration se poursuivre et j'espère que notre rapport présente à la population l'excellent et les progrès effectués en 2019-2020.



Veuillez agréer mes salutations les meilleures.

**Sue Cullen**

*Directrice générale,*

*Administration des services de santé et des services sociaux des  
Territoires du Nord-Ouest*

The provision of quality health and social services across the NWT that are culturally safe, collaborative and centered around continuous improvement.

- **Intent as an Organization (Mission Statement)**

#### PURPOSE OF THE NTHSSA

The NTHSSA's purpose is a combination of its intent as an organization (Mission Statement), how it wants to collectively act/ behave (Values), how it guides decision-making to achieve its goals (Guiding Principles), and how it supports the goals of the NWT health and social services system (Vision).



SYSTEM VISION

**Better Future:**

Build a sustainable health and social services system.

**Best Care:**

Care and services are responsive to children, individuals, families and communities.

**Best Health:**

Support the health and wellness of the population.

## GUIDING PRINCIPLES

**Safe:** Aligning cultural safety and staff safety with avoiding harm to patients/clients through the care that is intended to help them.

**Connected:** Providing care that is built on partnerships and is responsive and reflective of the individual and community needs.

**Effective:** Providing programs and services based on feedback and knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

**Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

**Efficient:** Avoiding waste of resources (equipment, supplies, ideas, energy, time, and people).

**Client Centred:** Providing care that is respectful of and responsive to individual's preferences, needs, and values and ensuring that those values guide all care decisions.

## VALUES

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

**Accountable:** We report publicly on organization and system measures and assesses outcomes.

**Relationships:** We work in collaboration with all of our stakeholders, partners and staff.

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

**VALUES** for the NTHSSA define accepted and encouraged behaviours for staff, partners and stakeholders.

**GUIDING PRINCIPLES** define how the NTHSSA strives to make decisions. The actions stemming from its decisions should align with its values.

Our guiding principles are built on a foundation for quality, with a focus on improvement.

## Milestones

### Stanton Territorial Hospital First Patient Day

A successful move into a modern hospital built to enable the delivery of the best care and contribute to a better future for NWT residents.

May 26, 2019



### Financial System and Structure Changes

NTHSSA successfully transitioned from six legacy financial systems to the GNWT's SAM system while restructuring finance positions to enhance accountability, financial decision making, and system sustainability.

Sept/Dec, 2019



January, 2020



March, 2020



### Accreditation Survey

In September and December 2019, Accreditation Canada assessed operations at all 3 health and social services authorities in the first system-wide accreditation survey ever undertaken in NWT.

Reports from Accreditation Canada issued in January 2020 highlight a high-performing health and social services system in the NWT.

### COVID-19 in the NWT

NTHSSA rapidly pivots to enact the NWT pandemic plan and prepare for a response to COVID-19.

## LEADERSHIP COUNCIL MEETINGS IN 2019-2020:

May 1-2, 2019 (Yellowknife)

June 25-27, 2019 (Fort Simpson)

August 27-29, 2019 (Yellowknife)

August 28, 2019 (Annual General Meeting, Yellowknife)

November 26-28, 2019 (Inuvik)

February 4-5, 2020 (Yellowknife)

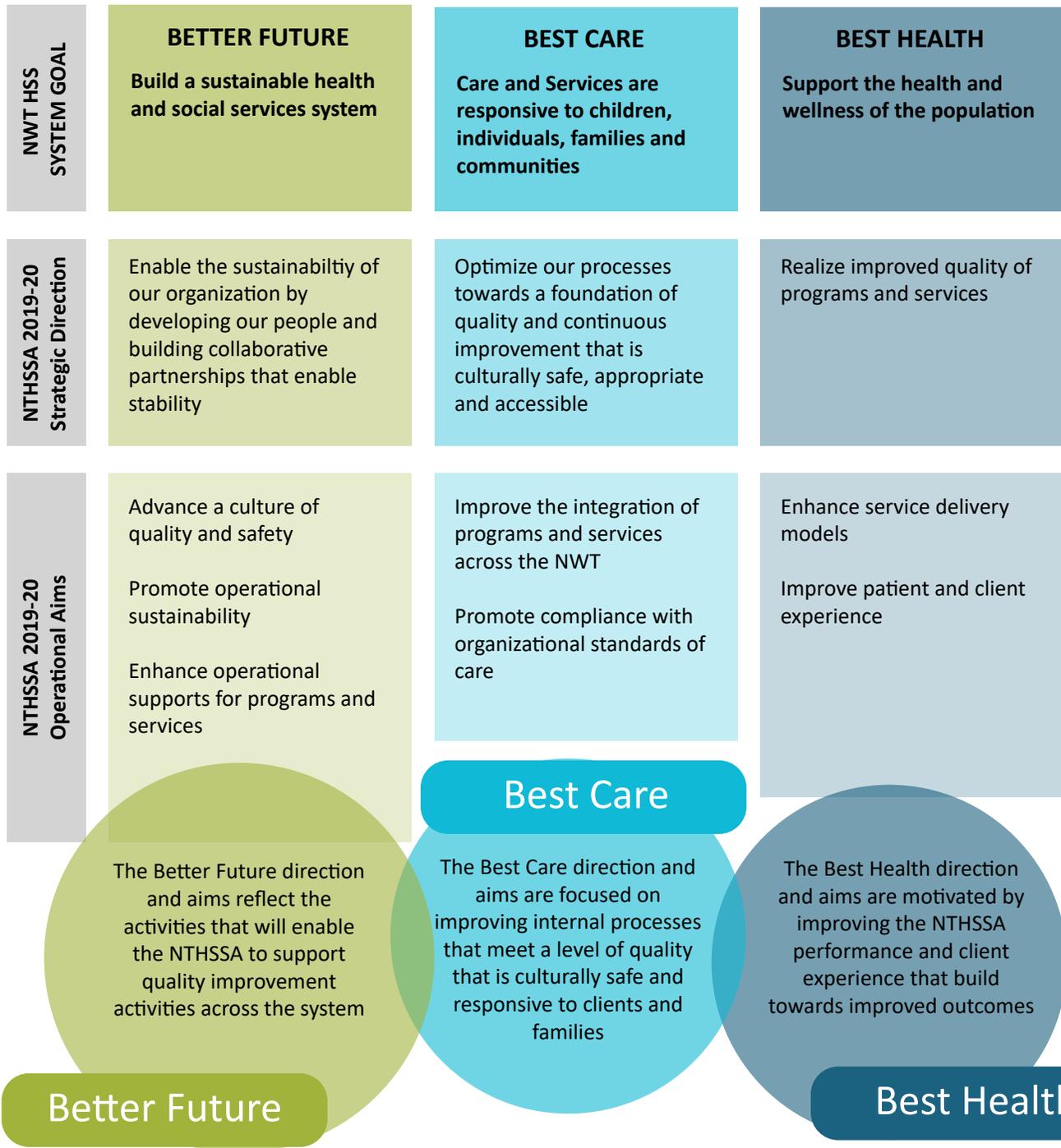
## ORGANIZATIONAL RESILIENCE

In 2019-2020 the NTHSSA faced a number of challenges including but not limited to ongoing adjustments through the opening and establishment of operations at the new Stanton Territorial Hospital, continued financial pressures, and the emergence of an unprecedented global pandemic.

Throughout each of these challenges, NTHSSA employees have worked hard to continue to deliver the best care and services to the residents of the NWT, while adapting and preparing to respond to complex situations that impact our operations.

As an organization we aim to recognize these challenges, learn from them, and continue forward with a focus on quality improvement.

# 2019-2020 Strategic Direction & Aims



## Year in Review: By the Numbers

### OUR SERVICES

# 304,341 ENCOUNTERS

Each encounter represents a service to a resident as documented in the electronic medical record

# 343,173 LAB TESTS

Accurate and timely lab testing is a critical part of health service delivery.

#### MEDICAL TRAVEL

## 15,141

Patient  
Movements

## 6,443

Approved  
Escorts

## 1,177

Medevac  
Movements

# 28,286

Diagnostic imaging procedures were completed, at Stanton and the YPCC laboratory site.

# 581

Babies born across the NWT.

### OUR PEOPLE

# 1,516 EMPLOYEES

Provided services to the 44,895 residents of the Northwest Territories.

In 2019-2020 NTHSSA employees comprised over 25% of the entire GNWT workforce. With employees in almost every community and several programs and services operating 24/7 staff at the NTHSSA make daily contributions to the health and wellness of NWT residents.

# 43.9

AVERAGE AGE

# 29%

OF EMPLOYEES  
IDENTIFY AS  
INDIGENOUS

# 7.5

AVERAGE YEARS  
OF SERVICE

# 336

NEW HIRES



## 2,727 VISITS

Staff from the Indigenous Wellness Program at Stanton regularly visit patients in the facility. Each visit is an opportunity for connection, comfort, and a check in on how patient experience and satisfaction is perceived.

## 24,045

Bed days were recorded in 2019-2020. Each bed day represents one 24 hour period where care was provided.

## 2,301

Surgeries were completed at Stanton Territorial Hospital.

## 540

Births were recorded at Stanton.

## 18,915

Emergency department visits.

## 3,784

Patients were admitted to Stanton in-patient units.

The following section highlights successes and challenges under the 2019-2020 Operational Aims.

## BETTER FUTURE

The Better Future direction and aims reflect the activities that will enable the NTHSSA to support quality improvement activities across the system.

*Operational Aim:*

### ADVANCE A CULTURE OF QUALITY AND SAFETY

#### EXPAND CULTURAL SAFETY AND OCCUPATIONAL HEALTH AND SAFETY TRAINING FOR ALL STAFF

Cultural safety and stronger awareness of cultural context has been a major focus for the NTHSSA and the broader health system in 2019-20. During this year 192 health system employees participated in the 11 pilot cultural competency sessions, all held in immersive two-day workshops. Workshops included sessions on inherent bias, indigenous histories of Canada and North America, personal perspectives from Indigenous knowledge holders, and reflection and sharing sessions.

These training events are being provided in a sequenced approach: the first step focuses on ensuring staff have completed the GNWT Indigenous Cultural Awareness Training, the second step focuses on delivery of HSS-specific pilot trainings, and the third step will focus on the roll-out of a final NWT cultural competency training program in 2021. The 11 pilot events

that were completed have each included participant feedback allowing for an iterative approach to a made-in-the-NWT solution based on learnings from our participants, presenters, and best practices in other jurisdictions.

#### ESTABLISH A QUALITY ASSURANCE FRAMEWORK AND ORGANIZATIONAL QUALITY IMPROVEMENT PROCESSES

The Quality Management Framework was approved by Leadership Council in June 2019. This framework guides all quality work throughout the NTHSSA and includes Quality Improvement, Quality Assurance and Patient Safety Activities. This is an important milestone as one of the founding principles of the NTHSSA was to build a learning health system with a focus on improving the quality of care and services across our operations.

A draft Quality Assurance Framework is in place, and pilot testing and refinement is being done to gather feedback to ensure the final framework meets the needs of the system. This is yet another example of the 'iterate and refine' approach the NTHSSA is taking towards improvement.

In June 2019 the Leadership Council approved a combined Quality/Patient Safety Plan as part of the Quality Management Framework. This plan included quality indicators that have been reported to senior leadership and the leadership council quarterly since that time.



*NTHSSA staff attend an on-the-land cultural safety training event, 12 events were held in 2019-2020.*

## IMPROVE ACCESS TO DATA AND MEASUREMENT

A series of facilitated sessions were held with representation from across the HSS system to identify and assess a root cause analysis of current barriers, and to determine next steps to move towards improved access to data.

In 2019-2020 the NTHSSA continued roll out the Electronic Medical Record (EMR) by on-boarding the final community without EMR access. The NWT is in a unique position with a single EMR for all primary care services across the NWT. This presents significant opportunities in terms of information sharing, moving data and not people when appropriate, and finding efficiencies in our care and services to better serve residents in the future.

*Operational Aim:*

### **PROMOTE OPERATIONAL SUSTAINABILITY**

## IMPLEMENT STANDARD ON-BOARDING AND ORIENTATION FOR NEW EMPLOYEES

Work to develop a standardized and consistent on-boarding process was initiated with the completion of an assessment of current on-boarding and orientation programs. This included soliciting feedback regarding what has been working and what challenges need to be addressed as well as identifying gaps in the on-boarding process to inform the design and development of a territory-wide solution.

In 2019-2020 research and development was advanced on an overview of a system wide, in-person one day orientation. Next steps include partnering with other authorities to review any current on-boarding programs.

Work was initiated with Department of Finance on the implementation of the new GNWT wide PeopleSoft Enterprise Learning Management System (LMS) to house future on-boarding program and resources.

## ALIGN NTHSSA FINANCIAL FUNCTIONS ACROSS REGIONS TO STREAMLINE OPERATIONS

NTHSSA restructured financial operations in 2019-2020 year to provide a more streamlined service. This work included reorganizing from six stand-alone teams into a territorial model with regional positions.

A number of positions were reallocated to the GNWT's Financial and Employee Shared Services and Procurement Shared Services units to support the work these teams would be doing on behalf of the NTHSSA. This transfer of functions benefits employees by coordinating colleagues who are performing similar functions, facilitating specialization of work, and encouraging staff opportunities for cross-training.

## TRANSITION TO A SINGLE FINANCIAL INFORMATION SYSTEM

Prior to restructuring, the Northwest Territories Health and Social Service Authority used six different financial information systems. The move to one financial information system - completed in January, 2020 - has created the structure and tools for stronger comptrollership functions for the NTHSSA.

Replacing six independent financial systems with one cohesive set of tools and processes enhances financial intelligence and will help the Authority identify efficiencies and align with the rest of the GNWT. This includes more reliable financial and procurement information to make better business decisions. A single financial system also provides the tools for more consistent reporting across the NTHSSA with access to real-time data for decision making.

*Operational Aim:*

## **ENHANCE OPERATIONAL SUPPORTS FOR PROGRAM AND SERVICES**

### IMPLEMENT AN ENHANCED VIDEO CONFERENCING SOLUTION

In 2019-2020, the NTHSSA advanced work on the implementation of a new telemedicine solution that allows for better quality and greater flexibility in the use of video conferencing technology in the delivery of care and services. The introduction of Telemerge has allowed NTHSSA staff across the authority to better collaborate and has enabled easier access to remote services for residents.

The COVID-19 pandemic has enabled NTHSSA to accelerate its virtual care initiative. Where necessary, consumer applications like Skype and Zoom were used to best connect with clients, helping virtual care to expand across the Territory. This has been a success in the delivery of care closer to home.

The use of virtual consults increased dramatically at the height of the initial pandemic response, with programs reporting use of phone or Telemerge for client consultations. Virtual care implementation allowed health services to continue providing necessary consultations while assuring the safety of clients and staff during the peak of the initial pandemic response actions.

### CO-DEVELOP A DIGITAL CARE STRATEGY AND HEALTH INFORMATICS PLANNING TOOLS

The NTHSSA continued to work with DHSS to review and implement a process to help prioritize and plan for health informatics projects. A project dashboard gathering all current and planned projects has been created. Discussions have been initiated on project intake and shared priority setting to ensure projects that go forward provide the maximum benefit to the health and social services system and the clients/patients served by it.

The COVID-19 pandemic accelerated work on virtual care,

as reducing unnecessary face-to-face encounters and patient movement became an imperative to decrease the risk of viral transmission. Virtual encounters by video and phone were enabled and encouraged, and work was initiated on a secure messaging platform. These advances will have a lasting positive impact on patient-centered care by adding easy to access supports close to home.

### IMPROVE THE CLIENT EXPERIENCE OF THE MEDICAL TRAVEL PROGRAM

The Medical Travel Program continues to monitor and review operations for improvement. In July 2019, several updates and changes to the medical travel policy were implemented. Updates to the program in 2019-2020 included; the Medical Travel Co-payment fee increased as of June 1, 2019 from \$125 to \$200 (total \$400 for round trip), changes to the low Income definition to recognize family composition / size; and introduction of a new Exceptions Policy to allow for consideration of exceptional circumstances. A number of other changes to the four existing Ministerial Policies (Appeals Process, Benefits, Eligibility Criteria and Escort Criteria) were also made at this time, and are primarily administrative in nature.

### IMPLEMENT A TERRITORY-WIDE INCIDENT REPORTING SYSTEM

A single system-wide incident reporting platform was implemented in July, 2019. This system is an important tool that improves patient and staff safety in all program areas and locations.

### COMPLETE FINAL STAGE OF STANTON RENEWAL PROJECT

New Stanton brings the opportunity to improve the way health services are delivered, to improve the comfort and care delivered to northern residents, and to advance broader work on health system transformation.

A safe and successful patient and equipment move and First Patient Day occurred on May 26th. This brought a brand new state of the art hospital into service that

includes new and improved space, single in-patient rooms, enhanced airborne isolation capabilities, modern surgical facilities, and a building that was designed for "future-proofing" with expansion space within the building for future services and growth.

After a successful first patient day issues related to building infrastructure presented challenges to Stanton staff and leadership. These issues are often found in new buildings of this scale and scope. In 2019-2020 Stanton successfully navigated infrastructure issues while continuing to deliver high quality care and services, as proven by successful Accreditation. In the first 10 months of operations in the new hospital partnerships with Dexterra, Boreal Health Partnership, and GNWT partners at Departments of Infrastructure and Finance were strengthened to build a collaborative team to navigate current and all future issues to ensure Stanton hospital continues to be positioned for success and continued delivery of the best care for NWT residents.

Going forward, the old Stanton Hospital building (now referred to as "Legacy Stanton") will be renovated and modernized which will include extensive renovations to accommodate outpatient rehabilitation services, integrated primary health care services, and extended and long-term care. The building may also house other businesses or services.



### STANTON SPOTLIGHT

On May 26, 2019 the Stanton Renewal team and staff at the hospital completed a monumental move to a modern facility built to better serve NWT residents for the next 30 years.



An immense thank you to the group of dedicated and hard-working individuals from several different departments and authorities that managed the successful transition to the new hospital.

- Gloria Badari
- Leigh Wells
- Sheryl Courtoreille
- Maggie Jacobs
- Cathy Patton
- Kristin Vician
- Courtney Oram
- Amanda Blair
- Bob Hermanutz
- David Hiscock
- David Pluchinski
- Samantha Mashoro
- Julie Ward
- Umair Gill
- Sheena Wasiuta
- Melanie Fecteau
- Janie Neudorf
- Tracy Matesic
- Kirsten Berg
- Kevin Taylor
- Jenna Scarfe
- Mahen Manickum
- Cynthia Sutherland
- Julia Adam
- Darcy Scott
- Tracey MacInnis
- Jennifer Daley
- Edith Lee
- Meghan Dewhirst
- Heather Warner
- Marta Moir
- Roland (Gerry) Morris
- Erin Wagner
- Joanne Engram
- Sue Cullen
- David Pontin
- Brianne Timpson
- Keith Carter
- Fraser Lennie
- Jenna Scarfe
- Kimberly Riles
- David Maguire
- Pam Reid
- Shauna Mullally
- Daksha Dabee
- Christine Fuentes
- Ying Ling Lin
- Ana Kah
- Laurie Gault
- Perry Heath
- Damien Healy
- Andrea Neilson
- Sandy Kagluktar
- Derek Elkin
- Keith O'Neill
- Todd Engram
- Thomas Milan

And all of the staff at Stanton who provided input, helped with the transition, and continue to be dedicated to delivering the best care to NWT residents.

## BEST CARE

The Best Care direction and aims are focused on improving internal processes that meet a level of quality that is culturally safe and responsive to clients and families.

*Operational Aim:*

### IMPROVE THE INTEGRATION OF PROGRAM AND SERVICES ACROSS THE NWT

#### ORGANIZE TERRITORIAL SCREENING PROGRAMS WITH A FOCUS ON COLORECTAL AND BREAST CANCER SCREENING

Community engagement programs have been created across the territory to increase knowledge related to cancer prevention and cancer screening. The Community Health Representatives (CHRs) now have access to newly developed awareness and promotional kits for breast, cervical, and colorectal cancers to assist with health promotion activities within their communities. These kits include suggested outreach activities, events, and promotional materials to support local community based cancer awareness activities and to promote uptake of screening programs.

The Beaufort-Delta Screening Pilot project launched with colorectal cancer screening fecal immunochemical test (FIT) kits being mailed to Paulatuk and Ulukhaktok. This is a new approach and provides the easy to use “one-and-done” screening test directly to eligible residents via mail so they can easily take a sample at home and submit it to the health centre for proactive colorectal cancer screening. This work has been undertaken in close collaboration between the NTHSSA, the Inuvialuit Regional Corporation, identified community champions, local Community Health Representatives and front-line workers in these communities.

The intent is to take learnings from the first pilot project and continue with the roll out of this new approach

across the Beaufort-Delta engaging residents, health care providers and local governments from each community. Incorporating feedback from the communities will improve this pilot project and allow the NTHSSA to build a territory-wide program based on the needs and preferences of residents as learned from the outcomes in the Beaufort-Delta pilot.

#### PROVIDE CARE CLOSER TO HOME FOR CANCER PATIENTS

The Cancer Navigation program began in July 2019. The program assists patients living with cancer and their families throughout their cancer journey. It provides a dedicated contact and team to support those facing a cancer diagnosis and significantly enhances continuity of care.

In the past year, approximately 126 patients have been connected with the two Cancer Nurse Navigators who provide navigation services across the Northwest Territories.

Training on cancer awareness, cancer screening, and creation of Survivor Care Plans (SCPs) with Community Health Representatives (CHR) and Community Health Workers (CHW) from across the NTHSSA, Hay River Health and Socail Services Authority and Tlicho Community Services Agency occurred in December 2019.

Ongoing support and touch points occur between the Cancer Care Team and the CHRs and they are now a locally available community resource, trained to assist with cancer screening and promotion and to assist with implementing Survivor Care Plans as cancer patients and their families adopt this new support tool.

Stanton Territorial Hospital (STH) chemotherapy unit was able to offer all basic chemotherapy and selected advanced chemotherapy protocols initiated by Cross Cancer Institute (CCI) in Alberta. Work was undertaken to measure and track treatment times to ensure efficiency and optimize staff and facility resources.

Cancer care improvements at the NTHSSA were recognized through the accreditation process and the Accreditation

Canada report highlighted the NWT as being on track to developing a distributed cancer care model that could be a best practice nationally.

## IMPROVE SUICIDE PREVENTION AND CRISIS RESPONSE ACTIVITIES

In 2019-2020 the NTHSSA completed development and implementation of two Suicide Risk Assessment (SRA) tools, one for adults and one for children/youth, which include policies and procedures to guide staff in use of these tools.

These tools include the development of extensive training and an information suite designed to expand the number of front-line staff able to perform suicide risk assessments. Training included staff from health centers, Child and Family Services, inpatient Psychiatry, Emergency Department, and the Community Counseling Program.

The development of standardized suicide risk assessment tools and building of staff capacity in this area allows for a responsive, flexible, yet consistent approach to ensuring mental health crisis are well managed and interventions are appropriate and available at multiple points of service.

## IMPROVE PALLIATIVE CARE PROGRAMS ACROSS THE NWT

Two programs were chosen to facilitate early integration of palliative care:

- symptom management at the beginning of a life limiting illness to improve the quality of life and meet health care needs and goals of the individual, and
- tools that clients use to report the severity of their symptoms and what's important to them in their health and social service's needs.

In 2019-2020 sixty four healthcare providers were trained in the LEAP program, Learning Essential Approaches to Palliative Care, which provides practical, inter-professional, and evidence-based training tools in the palliative

approach to care across multiple health care settings and specialty areas.

In addition to the more fulsome provider training, 93 personal support workers or equivalent positions participated in a program specific to their scope of practice.

This increase in capacity and common training allows for consistent care, improved access, and reduced barriers to palliative care conversations and services for patients/clients who are experiencing life-limiting illness.

## UNDERTAKE A QUALITY REVIEW OF THE DIALYSIS PROGRAM

This review was deferred as a result of COVID-19 pandemic restrictions. Due to the requirement for external reviewers to travel to the NWT to carry out the review this is not likely to occur until 2021. In the meantime, the service continues to work closely with Alberta Health Services' Northern Alberta Renal Program.

## ENHANCE ACUTE CARE SUPPORT FOR THE NWT HSS SYSTEM

The Territorial Acute Physician (TAP) is a 24-hour service implemented during COVID-19 which supports the Stanton Emergency Department, as well as the Northwest Territories and Kitikmeot region communities through MedResponse.

TAP scheduling commenced on March 21, 2020, in response to an identified need during the COVID-19 pandemic.

## NWT PHYSICIAN WORKFORCE PLAN PROJECT

The health and social services system has evolved incrementally over its history to provide a broad range of medical services. The changes in services provided by family physicians and specialists over time have been the result of a combination of individual and historic practice patterns, fractional decisions and efforts to improve and

provide care closer to home. A systematic approach to a territorial physician model based on equity in access and population needs is essential to account for long-term health system goals, outcome measures, and the resources and funding required for sustainability.

The NWT Physician Workforce Plan is the culmination of four years of engagement and inquiry led by the NTHSSA Territorial Medical Director. During 2019-2020, an external consultant was engaged to advance this work, to be completed in 2020-2021.

*Operational Aim:*

## **PROMOTE COMPLIANCE WITH ORGANIZATIONAL STANDARDS OF CARE**

### ADVANCE PRIVACY AND POLICY STANDARDS AND TRAINING

In September 2019 the NTHSSA Policy framework and a central internal website was created. This provides a standard set of tools and resources for policy development and a central resource for the storage, search, and dissemination of all policies and procedures for the NTHSSA.

In 2019-2020 the NTHSSA continued to ensure compliance with mandatory privacy training and enhance awareness across the system of the importance of ensuring patient privacy is a top priority for all staff.

### ADVANCE THE NWT CHOOSING WISELY PROGRAM

Choosing Wisely NWT (CWNT) built on previous year's efforts by working towards the Level 1 Choosing Wisely Hospitals Designation, for both our territorial (Stanton Territorial Hospital) and regional (Inuvik Regional Hospital) hospital.

CWNT continues to engage with primary care providers to share CW resources and identify how Choosing Wisely

Primary Care recommendations can be embedded into practice.

Over the past year the Choosing Wisely program also undertook direct engagement with nursing students to promote awareness of Choosing Wisely, and to assess the efficacy of current interventions in place.

### MEET AND MAINTAIN COMPLIANCE WITH ACCREDITATION CANADA'S STANDARDS

The Northwest Territories Health and Social Service Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA) and the Tlicho Community Services Agency (TCSA) all received Accredited status from Accreditation Canada. System accreditation is an important and major milestone for our health and social services system. It signals that our system meets fundamental national standards of practice, policies and programs.



## WHAT ACCREDITATION CANADA SAID ABOUT THE NTHSSA:

### ACCREDITATION SPOTLIGHT

Accreditation is an intensive and ongoing process that assesses health and social services systems organizations against standards of excellence to identify what is being done well, and where we can improve. This process helps create better services for all, and it allows our organization to better understand how to use our resources, increase efficiency, enhance quality and safety and reduce risk.

In the NWT, this process was unique because we have multiple health and social services authorities and patients often have interactions that transfer across and between organizations. Creation of the NTHSSA and system transformation across all authorities created the opportunity to move away from the prior process of Accrediting specific authorities and sites and instead ensure our entire system was measured against the rigorous standards developed by Accreditation Canada.

Since moving to a one-system approach with the creation of the NTHSSA the health system – including partners at TCSSA and HRHSSA – has made **considerable advancements in governance, collaboration, policy development, and supporting staff to deliver excellent care to patients.**

In general, patients, clients and their family members believe they receive **compassionate and quality care** that is responsive to their needs at all sites across the system.

Regional Wellness Council's model of **governance** has been **identified as a leading practice** that with further development could be an example for other jurisdictions across Canada.

Confirmation that **System Transformation is working**, and while the NTHSSA is still in a phase of change, this survey validated that this process is enhancing relationships and collaboration and the health and social services system is on the right path to continue to improve care and services.

Facilities across the NWT are clean, safe and operated with the utmost professionalism to support **high quality care.**

**Patients, clients and families are involved in care decisions** throughout the system and are often appreciative of the level of engagement they receive when accessing care and services.

Cancer care services have made significant improvements in the last 2-3 years and with further enhancements could be **a model for distributed or shared-care principles on a national level.**

NTHSSA has **dedicated staff** throughout the organization and specifically in regional centers and smaller communities where the staff are embedded in their communities and invested in the health and wellness of residents.

NTHSSA staff are **highly skilled and shows remarkable professionalism and competence** in critical areas across

**97% COMPLIANCE RATE**  
WHEN ASSESSED AGAINST  
3,565 ACCREDITATION  
CANADA STANDARDS



*Kirsten Berg and Fraser Lennie serve up cake at an event celebrating successful completion of the accreditation survey.*

the system, including high acuity services like the Intensive Care Unit at Stanton Territorial Hospital.

**Home care services are client centered**, continually working towards standardization and consistency, and most importantly support residents to stay in their own homes and communities as they age.

Long term care services are highly evolved, professional, and client centered. Surveyors noted a remarkably low rate of anti-psychotic drug usage in NWT facilities in comparison to other parts of Canada. A direct quote from the surveyor said **“the rest of Canada could learn from the practices in the NWT”**.

In a system that has many remote and rural communities NTHSSA has **amazing** supports in place through our **Community Health Nurses** and surveyors praised referral pathways and tools such as the MedResponse system that ensures clinical support and guidance is available at all times.

In-patient mental health services at Stanton Territorial Hospital has, “stellar clinical leadership”, a diverse team

that provides timely service, and patients who said they were well taken care of. The **Behavioral Health Worker program was identified as a potential leading practice** and something other jurisdictions may want to consider as a best practice.

An **high performing Obstetrics program** focused on quality improvement.

## BEST HEALTH

The Best Health direction and aims are motivated by improving the NTHSSA performance and client experience that build towards improved outcomes.

*Operational Aim:*

### ENHANCE SERVICE DELIVERY MODELS

#### IMPROVE IN-PATIENT SERVICES FOR MENTAL HEALTH AND ADDICTIONS CLIENTS

Through the Accreditation process, Stanton's in-patient mental health unit was recognized for clinical leadership excellence and quality patient care. In addition to the mental health services provided through in-patient units, Stanton was also recognized for its innovative Behavioural Health Worker Program, which takes the role of facility security and turns a patient-centred lens on this function. Behavioural Health Workers practice a trauma informed de-escalation approach to proactively intervene in mental health crisis situations. This program was recognized as having potential for being a national leading practice that other Jurisdictions could learn from.

In response to COVID-19, Stanton Territorial Hospital initiated a COVID-related implementation of Virtual Care in Psychiatry services. The Adult Psychiatry Unit has successfully implemented the Virtual Care program with potential to increase service to communities. Work was advanced on the development of a youth telepsychiatry program in partnership with the Hospital for Sick Kids (SickKids) with funding from the Stanton Territorial Hospital Foundation.

#### CO-DEVELOP PRIMARY CARE REFORM AND RELATIONSHIP BASED CARE INITIATIVES

The Primary Health Care Reform initiative launched with the announcement of six demonstration projects aimed at improving primary care models, support relationship-building between clients and our system, and contribute to the best health, best care, and a better future for NWT residents.

The first demonstration project initiated was Expanded Same Day Access, which implemented expanded hours at the medical clinics in Yellowknife and a walk-in appointment option for clients. This project created increased access to same-day services and saw a marked increase in clients seen per month.

The second and third demonstration projects were the implementation of Integrated Care Teams in Yellowknife and Fort Smith. These interdisciplinary teams – including the new role of Holistic Wellness Advisor and the addition of Community Health Nurses - work collaboratively to improve health care system accessibility, improve patient/client satisfaction, reduce staff fatigue, and build trusting relationships between team members and clients.

The fourth demonstration project is in progress, involving community outreach programs in Yellowknife, designed to address gaps in accessing health care services for residents. By working with community partners, clients and stakeholders to conduct engagement and outreach activities, the NTHSSA will explore possibilities and co-develop approaches to providing non-traditional access methods for care and services within the community.

The remaining two demonstration projects will focus on Chronic Disease Management in the Dehcho and Tłıchǫ regions. These projects will work to develop community-driven, culturally relevant approaches that can provide better supports to individuals with chronic diseases.

## SUPPORT AND CHAMPION CHILD AND FAMILY SERVICES IMPROVEMENTS

In 2019-20 a system-wide review and improvement planning process was implemented building on the system-wide audits of child and family services completed in 2018-2019,

This work has led to the development of updated accountability frameworks, including standards for guardianship, permanency and cultural planning, and serious occurrences, among others. Amendments were also made to include situations related to COVID-19 to enable impact tracking of the pandemic on children and youth receiving services. A set of key indicators has been developed to collect and track data that will help determine whether the Child and Family Services System is meeting its goals and guide improvement to better support children and families.

In May 2019 a human resources recruitment and retention plan was completed with to improve human resource capacity to help meet the needs of children, youth and families accessing services under the Child and Family Services Act. Centralizing the human resource processes has resulted in more streamlined and efficient hiring of community social services workers. Between October 2018 and May 2020, the vacancy rate for the Child and Family Services system has decreased from 25% to 6.3%.

Child Protection Worker Statutory Core Training was revised to address key issues around foster care. Enhanced training is currently being piloted and will be integrated into the system framework. As part of COVID-19 response, virtual training has been developed for new staff.

The Community Mental Health and Addictions Program worked collaboratively with the Departments of Health and Social Services and Department of Education, Culture and Employment towards the implementation of the Child and Youth Care Counsellor initiative. Through this initiative, children, youth, and families will have increased access to mental wellness support and services. These actions align with the Child and Youth Mental Wellness Action Plan, which identifies the development of seamless care pathways to support children and youth as a priority.

Planning was advanced for expansion of the Family Preservation Worker program from 3 positions in Yellowknife, to having positions throughout the territory. This will provide at-risk family's direct, hands-on support

in their own homes with a focus on education and child development, this work is done in collaboration between the family and a Child Protection Worker.

The Healthy Family Program is a proactive, outreach-oriented and strength-based program focused on parent support, education and community engagement. It is currently in 14 communities in the NWT, with each program supporting parents one-on-one by providing access to key parenting information for families. To ensure an appropriate cultural lens, work was undertaken in partnership with Hotì ts'eeda to complete a multifaceted evaluation, review, and re-envisioning of the program that was informed by extensive engagement with parents, caregivers, staff and communities. This re-imaging of the Healthy Family Program is being led by both the NTHSSA and the Department of Health and Social Services.

*Operational Aim:*

### IMPROVE PATIENT AND CLIENT EXPERIENCE

#### LAUNCH UPDATED NTHSSA PUBLIC WEBSITE AND ESTABLISH WAYS TO FURTHER ENGAGE THE PUBLIC

In 2019-2020 all legacy regional authority websites were decommissioned and replaced with an amalgamated website created through improvements to the nthssa.ca site which was originally launched in 2016.

During the year the NTHSSA communications team also advanced work in promoting authority staff, programs and actions on social media, including Facebook, Twitter, and Instagram, to connect to communities and supply regular updates in a common space. These options also facilitate advertisement campaigns to spread awareness of authority initiatives and to assess participation and engagement with NTHSSA communications.

PracticeNWT, the banner for recruitment and attraction of health and social services professionals (including physicians), has been expanded upon, with an updated website. Additionally, there has been increased use of social media platforms and online recruitment tools to connect to potential job seekers, promoting the NWT Health and Social Services System as a place to live, work, and expand opportunities as a professional.

## ESTABLISH A SIMPLIFIED POINT OF CONTACT AND PROCESS FOR CLIENT FEEDBACK

Across the NTHSSA Quality and Risk Managers remain direct points of contact for each region. In 2019-2020 this role was made more visible through promotion of these functions on the NTHSSA public website and through other public materials.

In 2019-2020 the NTHSSA also undertook efforts to directly engage residents via social media providing information and engaging in conversations directly with the public.

NTHSSA continues to explore organizational design options to support improved client feedback and complaints.

## SUPPORT THE DEVELOPMENT OF REGIONAL AND TERRITORIAL PATIENT ADVISORY BODIES

Work to build a health and social services authority that includes patient voice in decision making is ongoing. In 2019-2020 this work was advanced by including patient representatives in the Ethics committee and Choosing Wisely initiatives to start building processes for input in operational decision making.

Lessons learned from these initiatives will be used to develop a broader strategy for patient/client input across the NTHSSA.



VIRTUAL CARE SPOTLIGHT



TOP: For the NTHSSA Rehabilitation team using Virtual Care resulted in unexpected benefits. For example by allowing staff to observe clients in their natural setting providers and patients were able to see what pieces of furniture and tools are available to the patient in their home to be used in thier physiotherapy exercises. In other cases speech language pathologists were able to observe how children talk to their pets and recommended exercises to improve speech that are fun and interesting.

BOTTOM: "Virtual surgical consultation improves timeliness of surgical consultations while bringing care closer to home. It also identifies required investigations in advance of travel, allowing more seamless visits to Yellowknife and helping to co-ordinate multiple investigations while in town, while minimizing the risk for cancellation of procedures." – Dr. Alisha Tessier, General Surgeon

The NTHSSA has committed to the vision of Best Health, Best Care for a Better Future. Effective systems of quality and patient safety monitoring are essential to advancing all three components of this vision. The NTHSSA’s Quality Improvement and Patient Safety Scorecard (QIPSS) is currently an internal tool used as a guidance document for NTHSSA leadership to fulfill its oversight mandate.

The intent of the NTHSSA’s Quality Improvement and Patient Safety Scorecard is to inform the Leadership Council, Quality Committee of the NTHSSA’s progress on Quality Indicators that were outlined in the NTHSSA Quality Improvement and Patient Safety Plan 2019-2020. These indicators monitor the steps the organization is taking

based on the Department of Health and Social Services (DHSS) strategic priorities, the guiding principles of the NTHSSA and the NTHSSA Quality Framework, to achieve high-quality health and social services for residents of the Northwest Territories.

Throughout 2019-2020 the NTHSSA collaborated with HSS system partners to improve the data and performance measurement available in its scorecard, and began reporting quarterly to the NWT HSS Leadership Council.

Below is a conceptual illustration of the Quality Management Framework for the NTHSSA:



## NTHSSA LEADERSHIP & GOVERNANCE STRUCTURE

In 2019-2020 the Northwest Territories Health and Social Services Leadership Council met five times. The focus of the Leadership Council meetings have been to bring forward local concerns to understand the needs of NWT residents and understand where the NWT Health and Social Services system can make collective improvements to better serve the needs of residents, as well as, ensure corporate accountability of the NTHSSA.

Leadership Council members continued their governance development by establishing several committee structures that continues the evolution of a well-functioning governance system.

Through 2019-20, the Leadership Council members continued to advocate for the development of a culturally safe and accountable organization and identified priorities such as fiscal sustainability and cultural awareness as key priorities.



### LEADERSHIP COUNCIL:

- Chairperson: Mr. James Antoine
- Vice-Chairperson: Ms. Ethel-Jean Gruben (Chair, Beaufort-Delta RWC)
- Members:
  - Ms. Patricia Schaefer (Chair, Fort Smith RWC)
  - Mr. Brian Willows (Chair, Hay River RWC)
  - Ms. Gina Dolphus (Chair, Sahtu RWC)
  - Mr. Ted Blondin (Chair, TCSA)
  - Ms. Ruby Simba (Chair, Dehcho RWC)
  - Ms. Nancy Trotter (Chair, Yellowknife RWC)
- Ex-officio and non-voting Members:
  - Mr. Bruce Cooper (Deputy Minister, DHSS)

### NTHSSA LEADERSHIP TEAM

- Chief Executive Officer, Ms. Sue Cullen
- Chief Financial Officer, Ms. Sheila Silva
- Executive Director, Clinical Integration, Ms. Georgina Veldhorst
- Executive Director, Corporate and Support Services, Mr. Tim VanOverliw
- Territorial Medical Director, Dr. Andre Corriveau / Dr. Sarah Cook
- Chief Operating Officer (Beaufort Delta Region), Ms. Arlene Jorgensen
- Chief Operating Officer (Sahtu Region), Ms. Mireille Hamlyn
- Chief Operating Officer (Dehcho Region), Mr. Wilson Dimsdale
- Chief Operating Officer (Yellowknife Region), Ms. Liliana Canadic
- Chief Operating Officer (Fort Smith Region), Ms. Brenda Gauthier
- Chief Operating Officer (Stanton Territorial Hospital), Ms. Kimberly Riles
- Senior Advisor to the Chief Executive Officer, Mr. Kevin Whitehead
- Senior Advisor, Governance, Ms. Melanie Murphy

## LOOKING AHEAD: DELIVERING CARE DURING THE GLOBAL PANDEMIC

As the 2019-2020 fiscal year comes to an end under unprecedented times, the NWT is preparing and readying for the challenges posed by COVID-19 and the impact it will have on the health and social services of the NTHSSA.

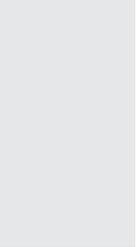
The NTHSSA has established a joint effort with all NWT authorities to provide an Authorities COVID-19 Response Team approach to deal with the operational changes and processes that have been required to protect our employees and prepare to manage care of COVID-19 patients in the NWT.

The uncertainty of the COVID-19 pandemic has a direct impact on non-COVID healthcare. The NTHSSA must balance the public health measure to prevent viral spread with the continuation of provision of necessary healthcare services. To manage this complex balancing of health emergency response with ongoing health and social services the NTHSSA will continue to shift towards meeting more patients' needs by phone, video or secure messaging, while delivering necessary services to residents in need in person as required.

While continuing to provide services for NWT residents through a health emergency, the NTHSSA will continue to work collaboratively with the Government of the Northwest Territories to ensure the financial sustainability of the organization. As the NTHSSA works towards a better future the activities through 2020-2021 are underpinned by:

- Maximizing revenue opportunities and regular monitoring of expenses
- Exploring efficiencies in inter-jurisdictional/partner agreements
- Realizing efficiencies as part of the ongoing transformation of the organization

The status of many of the planning activities and strategic focus for fiscal year 2020-2021 has shifted as a result of COVID-19 and the health emergency across the NWT. The structures and supports in place across the NTHSSA and the established partnerships with the Hay River Health and Social Services Authority and Tlicho Community Services Agency, Department of Health and Social Services, and other stakeholders has established a solid foundation for meeting the challenges that lay ahead.



APPENDIX A  
AUDITED FINANCIAL  
STATEMENTS



**NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY**

**Financial Statements**

**March 31, 2020**

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# Northwest Territories Health and Social Services Authority

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## Management Discussion and Analysis

### Introduction

The Northwest Territories Health and Social Services Authority (NTHSSA) has prepared this Management Discussion and Analysis to provide an overview of the operating activities and enhance the overall financial disclosure; and to provide the context to the financial information contained in the Authority's 2019-2020 Audited Financial Statements. These activities demonstrate the commitment of the NTHSSA management and the Northwest Territories Leadership Council (Leadership Council) in assuming accountability for the delivery of Health and Social Services programs and services in a responsible and transparent manner.

The NTHSSA, established on August 1, 2016, is an agency of the Government of the Northwest Territories (GNWT) and responsible for the operation and delivery of health and social services in the Northwest Territories in the Beaufort Delta, Dehcho, Fort Smith, Sahtu, and Yellowknife regions of the NWT while also being responsible for the operation of the Stanton Territorial Hospital.

2019-2020 marks the third full year of operations of NTHSSA. The NTHSSA continues to identify, monitor, and improve its operations with a focus on meeting the objectives in the NTHSSA Operational Plan.

Working collaboratively with the Hay River Health and Social Services Authority, the Tłı̄chǫ Community Services Agency, and the GNWT's Department of Health and Social Services, the NTHSSA is part of an integrated NWT health and social services system, working towards a one-system approach to provide quality care to NWT residents.

The NTHSSA is responsible for the delivery of care and services in accordance with the territorial plan set out by the Minister of Health and Social Services; specifically, the NTHSSA is responsible to:

- plan, develop and deliver programs and services;
- ensure operational policies, guidelines and standards of care are within the context of legislation, regulation and Department of Health and Social Services policies;
- provide budget development, funding allocation, monitoring and financial reporting;
- provide quality and risk management;
- ensure recruitment, supervision and retention of professional staff;
- ensure staff training and professional development; and
- report and be accountable in accordance with legislation, regulations and agreements.

## **Structure of the NTHSSA**

The Leadership Council is the board of management for the NTHSSA. The Leadership Council develops a clear direction for the NTHSSA, ensures the NTHSSA is accountable and positioned to achieve sustained results and supports the NTHSSA to achieve its legislative mandate to:

- deliver health services, social services, and health and wellness promotional activities within the NWT;
- manage, control and operate each health and social services facility for which the NTHSSA is responsible; and
- manage the financial, human and other resources necessary to perform the NTHSSA's duties.

The Leadership Council is accountable to the Minister of Health and Social Services and provides advice to the Minister on strategic directions for particular health and social services and programs related to those services.

The Leadership Council is made up of nine (9) members: a Chairperson as appointed by the Minister; the chairperson of each Regional Wellness Council (5); the chairperson of the Tłı̄ch̄q Community Services Agency; the chairperson of the Hay River Health and Social Services Authority and the Deputy Minister of the Department of Health and Social Services (ex-officio and non-voting).

Each of the regions across the NTHSSA have Regional Wellness Councils (RWC) that act as advisory bodies to gather information from communities and residents, to provide feedback to the NWT Health and Social Services System and to promote activities that support service delivery for the health and well-being of patients, clients, and families.

The 2019-2020 Leadership Council included:

Chairperson: Mr. James Antoine

Vice-Chairperson: Ms. Ethel-Jean Gruben (Chair, Beaufort-Delta RWC)

Member: Ms. Patricia Schaefer (Chair, Fort Smith RWC)

Member: Mr. Brian Willows (Chair, Hay River RWC)

Member: Ms. Gina Dolphus (Chair, Sahtu RWC)

Member: Mr. Ted Blondin (Chair, TCSA)

Member: Ms. Ruby Simba (Chair, Dehcho RWC)

Member: Ms. Nancy Trotter (Chair, Yellowknife RWC)

Ex-officio and non-voting Member: Mr. Bruce Cooper (Deputy Minister, DHSS)

Through the NTHSSA's CEO, operational and financial reporting is provided to the Leadership Council at regularly scheduled Leadership Council meetings.

The NTHSSA is structured with six executive branches that are responsible for delivering health and social services and programs across the NWT. Regional operational branches in the Beaufort Delta, Dehcho, Sahtu, Fort Smith and Yellowknife regions of the NWT are supported by Territorial operational branches guided by the CEO's office.

The six executive branches include:

Office of the Chief Executive Officer: Corporate leadership; practitioner leadership; corporate workforce planning; system collaboration; governance support.

Finance: Financial leadership; budgeting; financial reporting and analysis; financial operations.

Clinical Integration: Quality improvement and support for child, family and community wellness; territorial quality, safety and client experience leadership; quality improvement and support for health services.

Corporate and Support Services: Informatics and health technology support and leadership; strategy and planning leadership; patient movement operations; communications support.

Regional Operations: Primary care; community health clinic operations; home care; mental health and addictions services; health promotion; public health; child and family services; family violence programs; adult support services; rehabilitation services; long term care services; facility operations.

Stanton Territorial Hospital: Acute inpatient services; emergency services, specialty clinics, diagnostic and therapeutic services; rehabilitation services in partnership with regional operations.

## **Financial Overview**

The 2019-2020 initial Authority budget of was approved in the last quarter of the previous fiscal year. Throughout the fiscal year, as program changes, new initiatives, and projects are identified; corresponding adjustments are made to the initial fiscal year's budget. In total NTHSSA received funding from GNWT contributions of \$375.3M, with an additional \$17.11M realized from Other sources of revenue.

### **2019-2020 GNWT Funding Contribution Highlights**

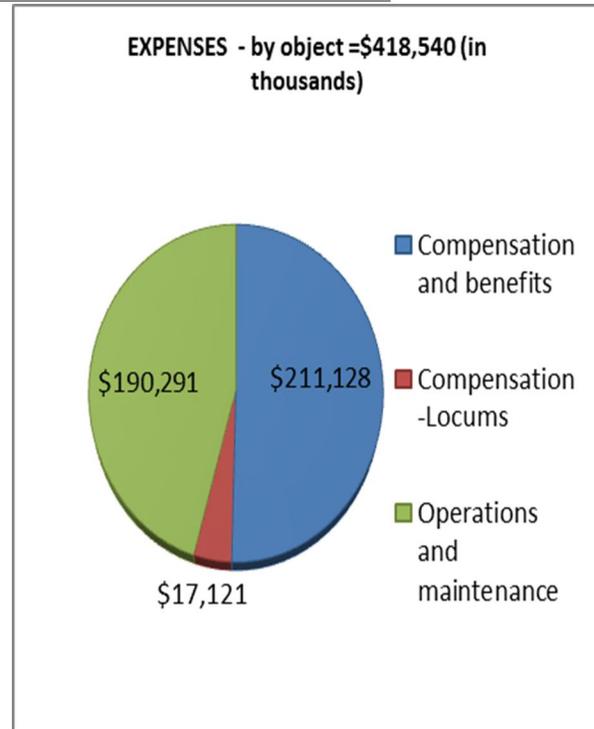
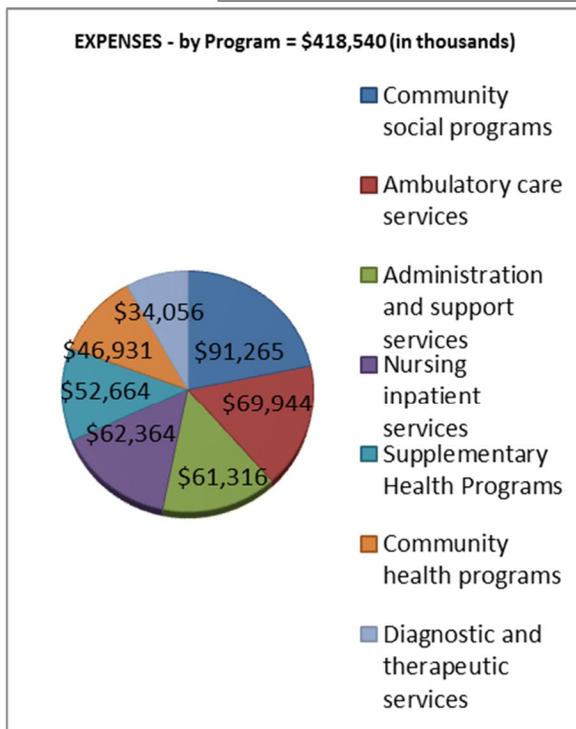
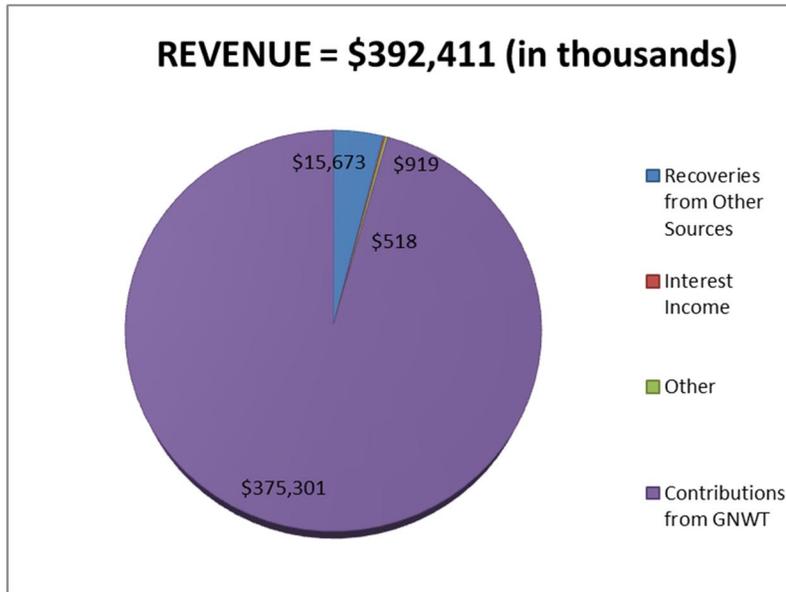
- Increase in funding for support service delivery in the Stanton Territorial Hospital.
- Increase in funding for Child and Family services.
- Increase in funding for Child and Youth services.
- Increase in funding for Day Shelter and Sobering Centre
- Increase in funding for 2019-20 Collective Agreement increases
- Increase in funding for Physician contracts

### **2019-2020 Operating Results**

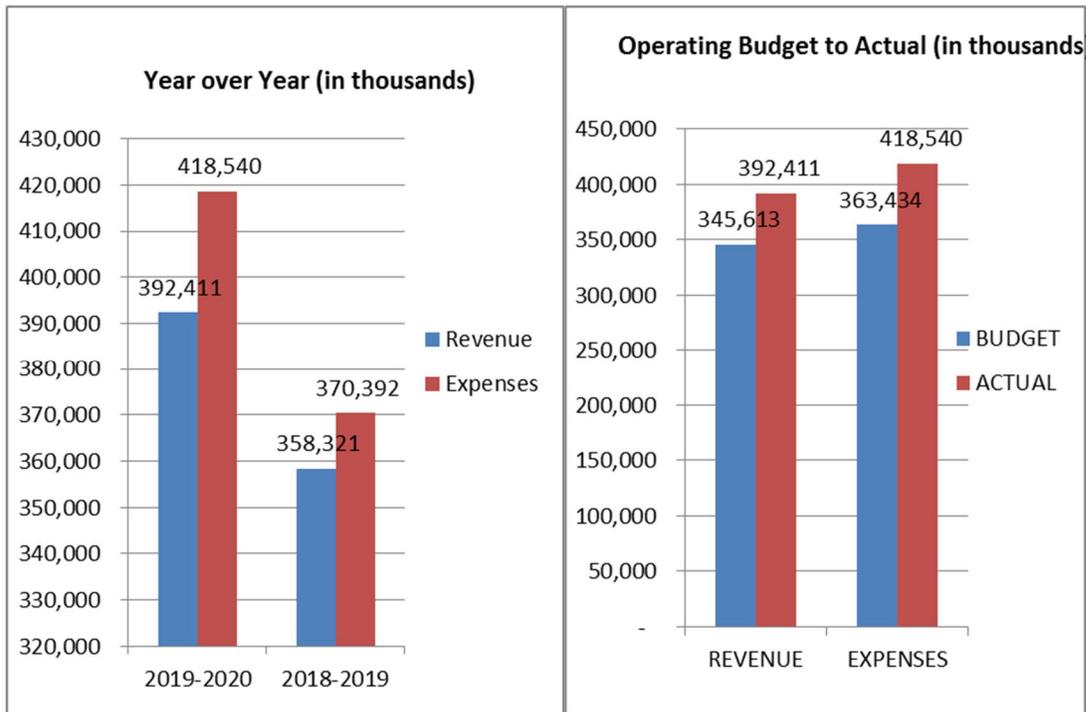
For the 2019-2020 fiscal year, revenue was approximately \$46.798M higher than budget. The Actual expenses were approximately \$50.2M higher than budgeted.

NTHSSA remains committed to meeting its' operational mandate and expected service levels; notwithstanding, significant pressure in 2019-2020 on fiscal resources that exist within the NTHSSA has resulted in a deficit of \$26.129M.

NTHSSA's overall 2019-2020 actual revenue and expenses are summarized in the following charts:



In comparing 2018-2019 to 2019-2020



### **Operating Environment**

The NTHSSA provides health and social services across a vast geographical area of the NWT; from the remote high Arctic communities of Paulatuk, Ulukhaktok and Sachs Harbour to the southern NWT/Alberta border community of Fort Smith.

Delivering the NTHSSA mandate to such a large geographic area requires well-defined systems and processes, culturally safe practices, as well as, a team of committed staff who are dedicated to ensuring quality health and social services are provided to all NWT residents.

The NTHSSA Strategic Direction as noted in the 2019-2020 Operational Plan fall under three themes:

- Bette Future – Build a sustainable health and social services system through enabling the sustainability of our organization by developing our people, improving our technology and building collaborative partnerships.
- Best Care – Care and services are responsive to children, individuals, families and communities through optimizing our processes and build a foundation of quality and continuous improvement that is culturally safe, appropriate and accessible.

- Best Health - Support the health and wellness of the population through realizing improved quality of programs and services.

Identified key actions are detailed within the 2019-2020 Operational Plan to promote operational sustainability:

- Align NTHSSA financial functions across regions to streamline operations
- Transition to a single financial system
- Implement standard onboarding and orientation for new employees

In the review of the operating results for the NTHSSA, the following strengths, weaknesses, opportunities and threats that may have financial impacts have been noted:

<b>Strengths</b>	<b>Challenges</b>
<ul style="list-style-type: none"> <li>• The same financial system as GNWT</li> <li>• NTHSSA wide Chart of Accounts (improvements ongoing)</li> <li>• NTHSSA wide Financial system (SAM)</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment challenges leading to the extensive use of overtime and locums</li> <li>• Need to re-evaluate Charts of Accounts Expenditure structure and mapping</li> </ul>
<b>Opportunities</b>	<b>Threats/Risks</b>
<ul style="list-style-type: none"> <li>• Increased use of Virtual Care</li> <li>• Territorial Financial Structure</li> <li>• Workforce Development</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing deficit</li> <li>• Aging population</li> <li>• Vast geographical area of NWT</li> <li>• Impact of COVID-19 Pandemic</li> </ul>

#### Building on Strengths

In 2019-2020 NTHSSA transitioned to the GNWT wide System for Accountability and Management (SAM) a single financial systems which aligns NTHSSA with the GNWT. Implementing NTHSSA wide chart of accounts in addition to the implementation of SAM will allow for better reporting and decision making. NTHSSA is committed to learning and continuous improvement of Chart of Accounts.

#### Addressing Challenges

The NTHSSA will leverage the GNWT programs that support the NTHSSA's commitment to improving the ability to recruit, retain and develop a local workforce across the NWT.

NTHSSA leadership remains cognizant of the staffing levels that are currently required to meet service level demands and the resultant fiscal pressures. NTHSSA leadership is reviewing core service requirements, current position allocations and quality improvements with the goal of implementing

changes that would maintain or improve the level of care and service delivery while effectively managing and minimizing additional overtime and travel requirements.

### Capturing Opportunities

In conjunction with the SAM implementation, some processes and staff have transitioned to the Department of Finance at financial and employee shared services (FESS). During the SAM implementation Finance realigned its organizational structure to allow for improved support to NTHSSA executive and the regions. Restructuring of Finance will also provide for opportunities to standardize functions across the regions, but may result in an increased investment in the first year.

### Mitigating Risks

NTHSSA is committed to delivering the operational mandate in a manner respectful of the fiscal environment of the GNWT. The newly established NTHSSA continues to provide opportunities to realign services and care across the five regions and the Territorial Hospital that will improve health outcomes for patients, clients and families; improve patient and client experience and improve organizational performance by reducing overall costs.

The NTHSSA also recognizes that the health and social care professionals are in high demand across Canada and will continue to work with both internal and external resources to expand health and human resource plans to improve efforts to attract and retain qualified employees. This was a particular challenge in the 2019-2020 fiscal year, where casual staff use sharply increased in our Acute Care services.

The COVID-19 pandemic has had a significant impact to our lives. NTHSSA started preparing for the pandemic in the final quarter of the 2019-2020 fiscal year. NTHSSA has worked with the office of the Chief Public Health Officer to ensure the safety of patients and staff during the pandemic. Financially, NTHSSA incurred costs directly related to the Pandemic in 2019-2020. Federal funding will follow to mitigate costs.

### Financial Condition

As at March 31, 2020 NTHSSA incurred an operating deficit of \$26.129M, which was \$8.3M higher than the budgeted operating deficit of \$17.8M. This increased NTHSSA's accumulated deficit to \$126.991M. For a detailed review of NTHSSA's financial condition, refer to the Statement of Financial Position and Statement of Operations and Accumulated Deficit.

	In Thousands	
	2019-2020 Actual	2018-2019 Actual
<b>Accumulated (deficit) closing</b>	(126,991)	(100,862)
<b>Accumulated (deficit) opening</b>	(100,862)	(88,791)
<b>Annual (deficit)</b>	(26,129)	(12,071)
<b>Recovery of prior years' expenses</b>	1,185	2,581
<b>Employee future benefits reserve</b>	69	131
<b>Unfunded items - Employee future benefit liability</b>	8,646	10,116
<b>Change in Employee future benefit</b>	(1,470)	(1,409)

Compensation and benefits represent 50% of NTHSSA's overall expenses and is a contributing factor to NTHSSA accumulated deficit. Some of the key factors in this area relate to staffing models, overtime, sick time, relocation, and removal costs within the Collective Agreement between the Union of Northern Workers and the GNWT. For the Employee Future Benefit liability, the NTHSSA recognizes the expenses on an accrual basis; however, funding is associated to current annual expenses and not to accruals for an estimated future liability.

During the year, the Authority received without charge from the Government, services including utilities, repairs and maintenance, payroll processing, medical travel costs, insurance and risk management, legal counsel, construction management, records storage, computer operations, asset disposal, project management, and translation services. The services are part of the central agency role of the Government and no estimate can be reasonably determined. The Government provides without charge the use of buildings, equipment, leasehold improvements, certain operating costs for Stanton Hospital under P3 agreement, mainframe and software systems, medical equipment, and vehicles for use in program and service delivery. These would have cost the Authority an estimated \$24.979M (2019 - \$9.896M) based on the calculated depreciation expense and P3 service payments by the Government and have been recognized as rent expense and contracted out services related to P3, with a corresponding grant-in-kind in the financial statements.

### **Summary and Outlook**

The 2019-2020 fiscal year represented the third full year of operations for the NTHSSA. NTHSSA continues to focus on its strategic direction of Better Future, Best Care and Best Health. This fiscal year has been challenging and has impacted the financial position of NTHSSA: Accreditation, COVID-19, increased reliance on the use of Locums, and the opening of the new Stanton Territorial Hospital.

NTHSSA primary focus for the 2020-2021 fiscal year is to balance the public health measure to prevent viral spread with the continuation of provision of necessary healthcare and social services. In addition, NTHSSA will focus on defining and realizing deficit reductions strategies through partnership with the GNWT's Department of Health and Social Services and the Department of Finance.



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**SUE CULLEN**  
Chief Executive Officer

**25 August 2020**



**Northwest Territories Health and Social Services Authority**

**Management's Responsibility for Financial Reporting**

Management is responsible for preparing the accompanying financial statements in accordance with Canadian public sector accounting standards (PSAS). Where PSAS permits alternative accounting methods, management has chosen those it deems most appropriate in the circumstances. A summary of significant accounting policies are described in Note 2 to the financial statements. Management is responsible for making certain estimates and judgements required for the preparation of the financial statements. Management is responsible for ensuring that financial information presented elsewhere in the annual report is consistent with the financial statements.

Management is responsible for maintaining financial and management systems and practices which are designed to provide reasonable assurance that reliable financial and non-financial information is available on a timely basis, that assets are acquired economically, are used to further the Authority's objectives, are protected from loss or unauthorized use and that the Authority complies with applicable legislation. Management recognizes its responsibility for conducting the Authority's affairs in accordance with the requirements of applicable laws and sound business principles, and for maintaining standards of conduct that are appropriate to an agent of the Territorial Government. Management reviews the operation of financial and management systems to promote compliance and to identify changing requirements or needed improvements.

The Auditor General of Canada provides an independent, objective audit for the purpose of expressing her opinion on the financial statements. She also considers whether the transactions that come to her notice in the course of the audit are, in all significant respects, in accordance with the specified legislation.

The financial statements have been approved by the Northwest Territories Health and Social Services Leadership Council (Leadership Council).

Handwritten signature of Sue Cullen in black ink.

Sue Cullen  
Chief Executive Officer

August 25, 2020

Handwritten signature of Gloria Badari in blue ink.

Gloria Badari, CPA, CGA  
Chief Financial Officer



Office of the  
Auditor General  
of Canada

Bureau du  
vérificateur général  
du Canada

## INDEPENDENT AUDITOR'S REPORT

To the Minister responsible for the Northwest Territories Health and Social Services Authority

### *Opinion*

We have audited the financial statements of the Northwest Territories Health and Social Services Authority (the Authority), which comprise the statement of financial position as at 31 March 2020, and the statement of operations and accumulated deficit, statement of changes in net debt and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Authority as at 31 March 2020, and the results of its operations, changes in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### *Basis for Opinion*

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### *Other Information*

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### *Responsibilities of Management and Those Charged with Governance for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.

### *Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Authority to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Authority to express an opinion on the financial statements. We are responsible for the direction, supervision, and performance of the group audit. We remain solely responsible for our audit opinion.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



David Irving, CPA, CA  
Principal  
for the Auditor General of Canada

Edmonton, Canada  
25 August 2020

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# Northwest Territories Health and Social Services Authority

## Statement of Financial Position

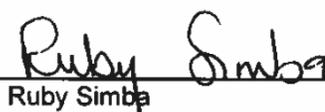
(All figures in thousands of dollars)

As at March 31,	2020	2019
<b>Financial Assets</b>		
Cash	\$ 25,122	\$ 13,953
Accounts receivable (note 4)	8,524	7,389
Due from Government of the Northwest Territories (note 5)	39,596	21,399
Due from Government of Canada	206	641
	<b>73,448</b>	43,382
<b>Liabilities</b>		
Accounts payable and accrued liabilities (note 6)	28,635	21,180
Due to Government of the Northwest Territories (note 5)	166,978	117,181
Due to Government of Canada	49	28
Employee future benefits (note 7)	8,646	10,116
	<b>204,308</b>	148,505
<b>Net Debt</b>	<b>(130,860)</b>	(105,123)
<b>Non-Financial Assets</b>		
Inventory held for use	3,204	3,221
Prepaid expenses	665	1,040
	<b>3,869</b>	4,261
<b>Accumulated Deficit (note 8)</b>	<b>\$ (126,991)</b>	<b>\$ (100,862)</b>

**Contractual Obligations and Contingencies** (notes 9 and 10)

Approved on behalf of the Authority:

  
\_\_\_\_\_  
Jim Antoine  
Leadership Council  
Board Chairperson

  
\_\_\_\_\_  
Ruby Simba  
Leadership Council  
Member

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The accompanying notes are an integral part of these financial statements.

# Northwest Territories Health and Social Services Authority

## Statement of Operations and Accumulated Deficit

(All figures in thousands of dollars)

For the year ended March 31,	2020		2019
	Budget	Actual	Actual
<b>Revenues</b>			
Recoveries from other sources	\$ 12,379	\$ 12,663	\$ 10,028
Recoveries from Nunavut	3,000	2,167	2,417
Contributions from other sources	-	919	877
Interest income	400	518	571
Other income	508	843	387
<b>Total Revenue</b>	<b>16,287</b>	<b>17,110</b>	14,280
<b>Expenses (note 15)</b>			
Community social programs	83,355	91,265	81,396
Ambulatory care services	65,028	69,944	65,782
Administration and support services	52,665	61,316	57,376
Nursing inpatient services	41,372	62,364	39,916
Supplementary health programs	49,603	52,664	51,209
Community health programs	41,711	46,931	44,533
Diagnostic and therapeutic services	29,700	34,056	30,180
<b>Total Expenses</b>	<b>363,434</b>	<b>418,540</b>	370,392
<b>Deficit for the year before Government contributions</b>	<b>(347,147)</b>	<b>(401,430)</b>	(356,112)
<b>Government contributions</b>			
Contributions from Government of the Northwest Territories - core	289,723	298,257	284,000
Contributions from Government of the Northwest Territories - other	5,021	6,585	7,546
Recoveries from Government of the Northwest Territories	22,506	27,739	26,749
Recoveries - non insured health services	14,737	16,556	13,269
Recoveries of prior year expenses	(2,661)	1,185	2,581
Grant-in-kind - Government assets and services provided at no charge (note 12)	-	24,979	9,896
<b>Total Government contributions</b>	<b>329,326</b>	<b>375,301</b>	344,041
<b>Annual deficit</b>	<b>(17,821)</b>	<b>(26,129)</b>	(12,071)
<b>Accumulated deficit, beginning of year</b>	<b>(100,862)</b>	<b>(100,862)</b>	(88,791)
<b>Accumulated deficit, end of year</b>	<b>\$ (118,683)</b>	<b>\$ (126,991)</b>	\$ (100,862)

The accompanying notes are an integral part of these financial statements.

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## Northwest Territories Health and Social Services Authority

### Statement of Changes in Net Debt

(All figures in thousands of dollars)

For the year ended March 31,	2020		2019
	Budget	Actual	Actual
<b>Annual deficit for the year</b>	\$ (17,821)	\$ (26,129)	\$ (12,071)
<b>Adjustments</b>			
Acquisition of inventories held for use	-	(6,370)	(6,461)
Consumption of inventories held for use	-	6,387	5,975
Acquisition of prepaid expenses	-	(3,249)	(1,156)
Use of prepaid expenses	-	3,624	1,266
<b>Change in net debt for the year</b>	(17,821)	(25,737)	(12,447)
<b>Net debt, beginning of year</b>	(105,123)	(105,123)	(92,676)
<b>Net debt, end of year</b>	\$ (122,944)	\$ (130,860)	\$ (105,123)

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The accompanying notes are an integral part of these financial statements.

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## Northwest Territories Health and Social Services Authority

### Statement of Cash Flow

(All figures in thousands of dollars)

For the year ended March 31,	2020	2019
<b>Cash provided by Operating transactions</b>		
Annual deficit	\$ (26,129)	\$ (12,071)
Changes on non-cash assets and liabilities		
Change in Accounts receivable	(1,135)	(1,091)
Change in accounts payable and accrued liabilities	7,456	3,533
Net change in due to/(from) Government of the Northwest Territories	31,600	16,325
Change in employee future benefits and compensated absences	(1,470)	(1,409)
Net change in due to/(from) Government of Canada	456	(206)
Change in Inventory held for use	17	(486)
Change in Prepaid expenses	374	110
<b>Cash provided by operating transactions</b>	<b>11,169</b>	4,705
<b>Increase in cash</b>	<b>11,169</b>	4,705
<b>Cash, beginning of year</b>	<b>13,953</b>	9,248
<b>Cash, end of year</b>	<b>\$ 25,122</b>	\$ 13,953

There were no financing, investing, or capital transactions during the year.

Total interest received during the year \$518 (2019 - \$571).

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 1. Authority & Operations

The Authority operates pursuant to the *Hospital Insurance and Health and Social Services Administration Act* (the Act) of the Northwest Territories and is an agency under Schedule A of the Financial Administration Act (FAA) of the Northwest Territories. Accordingly, the Authority operates in accordance with its Act and regulations, and any directives issued to it by the Minister responsible for the Authority.

The Authority was established to manage, control and operate the public health facilities and services assigned to it by the Government of the Northwest Territories ("Government"). When the Authority was created, six of the eight Health and Social Services Authorities (HSSAs) were amalgamated under the Authority. The reporting entity comprises the newly created Authority and the operations from six former HSSAs including Beaufort-Delta, Dehcho, Fort Smith, Sahtu, Yellowknife and Stanton Territorial Hospital.

Hay River Health and Social Services Authority (HRHSSA) and Tlicho Community Services Agency (TCSA) remain outside the Authority; however, the legislation does include provisions to bring the HRHSSA into the Authority at a later date. The Authority serves as a single integrated delivery system for Northwest Territories health and social service programs while recognizing that the TCSA retains a unique role through the provisions of the Tlicho Agreement. Through the Chief Executive Officer, the Authority reports to and takes direction from the Chair of Northwest Territories Health and Social Services Leadership Council (Leadership Council) that is comprised of nine persons appointed in accordance with the Act, including one non-voting member. The Authority is exempt from taxation pursuant to Paragraph 149 of the federal *Income Tax Act*.

### Budget

The budgeted figures represent the Authority's original fiscal plan for the year approved by the Leadership Council and the Government. To be consistent with the format of the financial statements, presentation changes have been applied as disclosed in note 17.

### Going concern and economic dependence

Upon amalgamation in 2016, the predecessor HSSAs had an accumulated deficit of \$50,824 which was transferred to the Authority and included in its opening financial position. For the year ended March 31, 2020 the Authority had an annual deficit of \$26,129, accumulated deficit of \$126,991, liabilities of \$204,308 (including \$166,978 due to the Government of the Northwest Territories), and total financial assets of only \$73,448.

The Authority was created as part a system-wide transformation of the health and social services system in the NWT, including addressing financial pressures. The Authority remains economically dependent upon the annual appropriations received from the Government, the Government's authorization for incurring annual deficits, the Government's continued support for payments of payroll costs on behalf of the Authority combined with the Government's continued financing of the payroll liability. The Authority anticipates that the Government will continue to provide the current financial support, while working collaboratively with the Authority to identify ways to address the financial pressures.

Since the Authority's inception, the Government has increased its funding to the Authority each year. The Authority's operations have also expanded with the opening of a health centre, long-term care facility and hospital. The going concern basis of accounting has been deemed appropriate for the current financial statements.

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 2. Basis of presentation and significant accounting policies

#### Basis of presentation

These financial statements have been prepared in accordance with Canadian public sector accounting standards as issued by the Canadian Public Sector Accounting Board. Significant aspects of the accounting policies adopted by the Authority are as follows:

#### (a) Measurement uncertainty

The preparation of these financial statements in accordance with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses reported in the financial statements and accompanying notes. By their nature, these estimates are subject to measurement uncertainty. Actual results could differ significantly from these estimates.

#### (b) Cash

Cash is comprised of bank account balances, net of outstanding cheques.

#### (c) Tangible capital assets

The Government retains ownership of all tangible capital assets (TCA) used by the Authority. The Government's financial statements include these TCAs and as such the Authority has no TCAs recognized in its financial statements.

The Authority has recognized grant-in-kind revenue for the use of these TCAs provided free of charge by the Government. In addition, the Authority has recognized a corresponding rent expense for these TCAs based on the Government's amortization which is the Government's cost. This rent expense has been allocated to the Authority's programs in the statement of operations and accumulated deficit.

#### (d) Inventories held for use

Inventories consist of pharmaceuticals and general inventories including medical and surgical supplies. Inventories held for use are valued at the lower of cost and replacement value.

**March 31, 2020**

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**2. Basis of presentation and significant accounting policies (continued)****(e) Other employee future benefits and compensated absences**

Under the terms and conditions of employment, employees may earn non-pension benefits for resignation, retirement and removal costs. Eligible employees earn benefits based on years of service to a maximum entitlement based on terms of employment. Eligibility is based on a variety of factors including place of hire, date employment commenced and reason for termination. Benefit entitlements are paid upon resignation, retirement or death of an employee. The expected cost of providing these benefits is recognized as employees render service. Termination benefits are also recorded when employees are identified for lay-off. Compensated absences include sick, special, parental and maternity leave. Accumulating non-vesting sick and special leave are recognized in the period the employee provides service, whereas parental and maternity leave are event driven and are recognized when the leave commences. An actuarial valuation of the cost of these benefits (except parental and maternity leave) has been prepared using data provided by management and assumptions based on management's best estimates.

**(f) Pensions**

The Authority and its eligible employees make contributions to the Public Service Superannuation Plan administered by the Government of Canada. These contributions represent the total liability of the Authority and are recognized in the financial statements as expenses when they are incurred. The Authority is not required under present legislation to make contributions with respect to actuarial deficiencies of the Public Service Pension Plan.

The Authority and its contracted physicians make contributions to a physician directed investment fund administered by the Canadian Medical Association. These contributions represent the total pension liability of the Authority and are recognized in the financial statements as expenses when they are incurred.

**(g) Revenue recognition****Government transfers**

Government transfers are recognized as revenues when the transfer is authorized, reasonable estimates of the amounts can be determined and any eligibility criteria and stipulations have been met, except for the extent that transfer stipulations give rise to an obligation that meets the definition of a liability. Transfers are recognized as deferred revenue when transfer stipulations give rise to a liability. Transfer revenue is recognized in the statement of operations as the stipulation liabilities are settled.

**Recoveries**

Government recoveries include amounts recovered for expenses paid by the Authority primarily relating to hospital services and non-insured health benefits, are recognized as revenue when the amounts are known. Other recoveries are recognized when the amount is known and includes reimbursements from Workers' Safety and Compensation Commission and their equivalent entities throughout Canada, and recovery of medical fees for items such as client medical travel costs.

**Other revenue**

Other revenue is recognized when the service is performed or the goods are provided. The Authority may provide uninsured medical services for which revenue is recognized and food sales as a by-product of hospital cafeterias.

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 2. Basis of presentation and significant accounting policies (continued)

#### (h) Financial instruments

The Authority classifies its financial instruments at cost or amortized cost.

This category includes cash, accounts receivable, due (to) from Government of the Northwest Territories, due (to) from Government of Canada, and accounts payable and accrued liabilities. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transactions costs related to financial instruments in the amortized cost category are added to the carrying value of the instruments. Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write down being recognized in the statement of operations.

#### (i) Non-financial assets

Non-financial assets are accounted for as assets by the Authority because they can be used to provide services in future periods. These assets do not normally provide resources to discharge the liabilities of the Authority unless they are sold.

#### (j) Contractual obligations and contingencies

The nature of the Authority's activities requires entry into operational contracts that can be significant in relation to its current financial position or that will materially affect the level of future expenses. Contractual obligations are commitments for operating, commercial and residential leases. Contractual obligations are obligations of the Authority to others that will become liabilities in the future when the terms of those contracts or agreements are met.

The contingencies of the Authority are potential liabilities which may become actual liabilities when one or more future events occur or fail to occur. If the future event is considered likely to occur and is quantifiable, an estimated liability is accrued. If the occurrence of the confirming future event is likely but the amount cannot be reasonably estimated, the contingency is disclosed. If the occurrence of the confirming event is not determinable, the contingency is disclosed.

#### (k) Expenses

Expenses are reported on an accrual basis. The cost of all goods and services received during the year are expensed, except for certain services provided without charge which are described in Note 12.

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 2. Basis of presentation and significant accounting policies (continued)

#### (l) Related parties

Related party transactions are in the normal course of operations and have been valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties. The Authority is related in terms of common ownership to all Government created departments, public agencies and key management personnel and close family members. Key management personnel are those having authority and responsibility for planning, directing and controlling the activities of the Authority. Related party transactions are recorded at the exchange amount, except for services provided by the Government without charge. Services provided without charge include rent, certain operating costs of the Stanton Territorial Hospital Renewal project, building utilities, payroll processing, insurance and risk management, legal counsel, construction management, records storage, computer operations, asset disposal, project management and translation services. These services are provided by the Government's central agency and with the exception of rent described in Note 2 (c) as well as certain operating costs of the Stanton Territorial Hospital Renewal project, these services cannot be reasonably estimated. The Authority does not recognize any amounts for these services in the financial statements.

#### (m) Recoveries of prior years' expenses

Recoveries of prior years' expenses and reversal of prior years' expense accruals in excess of actual expenditures are reported separately from other revenues on the statement of operations and accumulated deficit. Pursuant to the FAA, these recoveries cannot be used to increase the amount appropriated for current year expenses.

### 3. Designated assets

The Authority records financial information in individual funds that are internally segregated for the purpose of carrying on specific activities or attaining certain objectives. These funds are included in cash on the Statement of Financial Position totaling \$277 (2019 - \$408). Funds established by the Authority include a special project reserve \$208 (2019 - \$277) which are donations made to the Authority under non-contractual conditions and a funded employee future benefits reserve \$69 (2019 - \$131) for funds received for the severance liability of employees who were transferred to the Authority from the Government.

# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2020

### 4. Accounts receivable

The Authority administers the Government's medical travel program for both residents and non-residents of the territory. Non-residents of the territory accessing the medical travel program are invoiced directly and any outstanding invoices from non-residents are included in receivables at March 31. Interest is not charged on outstanding amounts receivable. All other payments from account receivable customers of the Authority are expected within 30 days.

	Accounts Receivable	Allow. For Doubtful Accounts	2020	2019
Trade Receivables	\$ 13,384	\$ (6,504)	\$ 6,880	\$ 5,807
Government of Nunavut	433	(3)	430	664
Due from WSCC	447	-	447	679
Due from related parties (note 14)	805	(38)	767	239
<b>Total accounts receivable</b>	<b>\$ 15,069</b>	<b>\$ (6,545)</b>	<b>\$ 8,524</b>	<b>\$ 7,389</b>

### 5. Due from/(to) Government of the Northwest Territories

For contribution agreements, the Authority receives transfer payments from the Government on a monthly basis. For other recoveries, the Authority receives payments within 30 days of submitting an invoice.

Due from Government of the Northwest Territories	Accounts Receivable	Allow. For Doubtful Accounts	2020	2019
Health and Social Services	\$ 38,579	\$ -	\$ 38,579	\$ 18,430
Finance	942	-	942	2,894
Education, Culture and Employment	43	-	43	10
Justice	23	-	23	65
Municipal and Community Affairs	9	-	9	-
<b>Total due from Government of the Northwest Territories</b>	<b>\$ 39,596</b>	<b>\$ -</b>	<b>\$ 39,596</b>	<b>\$ 21,399</b>

Due to Government of the Northwest Territories	2020	2019
Liability for payroll services provided by the Government	\$ 155,501	\$ 108,866
Health and Social Services	8,141	3,610
Finance	3,082	4,181
Infrastructure	254	346
Municipal and Community Affairs	-	178
<b>Total due to Government of the Northwest Territories</b>	<b>\$ 166,978</b>	<b>\$ 117,181</b>

The due to Government of the Northwest Territories is unsecured, without interest and due on demand.

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 6. Accounts payable and accrued liabilities

The Authority follows the Government for payment practices of accounts payable invoices and pays northern vendors within 20 days and all other vendors within 30 days. The Authority administers the Government's Medical travel program for residents of the Northwest Territories and reimbursement of medical related travel expenses are paid to residents accessing the program accordingly. These payables are included in the trade payable.

	2020	2019
Trade payable	\$ 20,750	\$ 13,661
Annual leave and lieu time	7,505	7,092
Due to related parties (note 14)	380	427
<b>Total accounts payable and accrued liabilities</b>	<b>\$ 28,635</b>	<b>\$ 21,180</b>

### 7. Other employee future benefits (other than pensions) and compensated absences

The Authority provides severance (resignation and retirement), removal and compensated absence (sick, special, maternity and parental leave) benefits to its employees. The benefit plans are not pre-funded and thus have no assets, resulting in a plan deficit equal to the accrued benefit obligation. Severance benefits are paid to Authority employees based on the type of termination (e.g. resignation versus retirement) and appropriate combinations that include inputs such as when the employee was hired, the rate of pay, the number of years of continuous employment and age and the benefit is subject to maximum benefit limits. Removal benefits are subject to several criteria, the main ones being location of hire, employee category and length of service. The benefits under these two categories were valued using the projected unit credit methodology.

Compensated absence benefits generally accrue as employees render service and are paid upon the occurrence of an event resulting in eligibility for benefits under the terms of the plan. Events include, but are not limited to employee or dependent illness, or death of an immediate family member. Non-accruing benefits include maternity and parental leave. Benefits that accrue under compensated absence benefits were actuarially valued using the expected utilization methodology.

# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2020

### 7. Other employee future benefits and compensated absences (continued) Valuation results

The most recent actuarial valuation was completed as at February 15, 2019. The results were extrapolated to March 31, 2020. The effective date of the next actuarial valuation is March 31, 2022.

	Severance and Removal	Compensated absences	2020	2019
<b>Changes in obligation</b>				
Accrued benefit obligations, beginning of year	\$ 8,681	\$ 1,698	\$ 10,379	\$ 8,587
Current period benefit cost	516	159	675	622
Interest accrued	257	54	311	315
Benefits payments	(1,505)	(1,399)	(2,904)	(2,003)
Actuarial (gain)/loss	(652)	1,118	466	2,858
<b>Accrued benefit obligations, end of year</b>	<b>7,297</b>	<b>1,630</b>	<b>8,927</b>	<b>10,379</b>
Unamortized net actuarial gain/(loss)	1,235	(2,396)	(1,161)	(669)
<b>Net future obligation</b>	<b>8,532</b>	<b>(766)</b>	<b>7,766</b>	<b>9,710</b>
Other compensated absences	-	880	880	406
<b>Total employee future benefits and compensated absences</b>	<b>\$ 8,532</b>	<b>\$ 114</b>	<b>\$ 8,646</b>	<b>\$ 10,116</b>
<b>Benefits expense</b>				
Current period benefit cost	\$ 516	\$ 160	\$ 676	\$ 622
Interest accrued	257	54	311	315
Amortization of actuarial (gain)/loss	(202)	174	(28)	(372)
	<b>\$ 571</b>	<b>\$ 388</b>	<b>\$ 959</b>	<b>\$ 565</b>

The discount rate used to determine the accrued benefit obligation is an average of 2.7% (2019 - 3.2%).

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 8. Accumulated deficit

	2020	2019
Accumulated deficit upon amalgamation in 2016	\$ 50,824	\$ 50,824
Addition to the accumulated deficit since amalgamation	<u>76,167</u>	<u>50,038</u>
Accumulated deficit	<u>\$ 126,991</u>	<u>\$ 100,862</u>

### 9. Contractual obligations

The Authority has entered into agreements for equipment, operations and services (Government medical travel program) or is contractually committed to, the following expenses payable subsequent to March 31, 2020:

	Expires in Fiscal Year	2021	2022	2023	2024	2025	2026 and There- after	Total
Equipment leases	2027	\$ 317	\$ 276	\$ 244	\$ 181	\$ 167	\$ 93	\$ 1,278
Operational leases	2022	837	7	-	-	-	-	844
Service contracts	2027	25,301	20,888	17,130	521	480	1,031	65,351
		<u>\$26,455</u>	<u>\$21,171</u>	<u>\$17,374</u>	<u>\$ 702</u>	<u>\$ 647</u>	<u>\$ 1,124</u>	<u>\$ 67,473</u>

### 10. Contingencies

In the normal course of operations, the Authority is subject to claims and pending and threatened litigation against the Authority and its staff. At year end, the Authority estimated the total claimed amount for which the outcome is not determinable at \$10 (2019 - \$10). No provision for such claims has been made in these financial statements as it is not determinable that any future event will confirm that a liability has been incurred as at March 31, 2020.

### 11. Trust assets under administration

The authority administers \$242 (2019 - \$204) of trust assets, consisting of cash held on behalf of patients, which are not included in the reported Authority's assets and liabilities.

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 12. Government assets and services provided at no charge

During the year, the Authority received without charge from the Government, services including building utilities, repairs and maintenance, payroll processing, insurance and risk management, legal counsel, construction management, records storage, computer operations, asset disposal, project management and translation services. The Government provides the services either directly or through its agencies or public private partnership arrangements. The services are part of the central agency role of the Government and no estimate can be reasonably determined.

The Government provides without charge the use of buildings, equipment, leasehold improvements, mainframe and software systems, medical equipment and vehicles for use in program and service delivery. These would have cost the Authority an estimated \$18,079 (2019 - \$9,896) based on the calculated depreciation expense by the Government and have been recognized as rent expense with a corresponding grant-in-kind in the Statement of Operations and Accumulated Deficit.

Also, the Government provides without charge certain operating costs of the Stanton Territorial Hospital Renewal project. These would have cost the Authority an estimated \$6,900 (2019 - \$nil) based on the service payments made by the Government under the public private partnership (P3) agreement and have been recognized as contracted services expense with a corresponding grant-in-kind in the Statement of Operations and Accumulated Deficit.

### 13. Pensions

All eligible employees participate in Canada's Public Service Pension Plan (PSPP). The PSPP provides benefits based on the number of years of pensionable service to a maximum of 35 years. Benefits are determined by a formula set out in the legislation; they are not based on the financial status of the pension plan. The basic benefit formula is two percent per year of pensionable service multiplied by the average of the best five consecutive years of earnings.

The public service pension plan was amended during 2013 which raised the normal retirement age and other age related thresholds from age 60 to age 65 for new members joining the plan on or after January 1, 2013. For members with start dates before January 1, 2013, the normal retirement age remains age 60. The employer contribution rate effective at the end of the year is 1.01 times (2019 – 1.01) the employees' contributions for employees who started prior to January 2013 and 1.0 times (2019 – 1.0) the employees' contributions for all other employees.

The Authority and the contracted physician's contribute to the Physician Retirement Income Benefit (PRIB). The Physician's contribution rate is 7.5 percent of the Physician's base salary, minus the Physician's contribution to the Canada Pension Plan. The Authority contribution rate is 15 percent of the Physician's base salary, minus the Employer's contribution to the Canada Pension Plan on behalf on the Physician. The Authority contributed \$10,891 (2019 – \$9,966) to PSPP and \$2,135 (2019 – \$2,290) to the Physician's fund. The employee's contributions were \$10,748 (2019 – \$9,977) and \$1,006 (2019 – \$1,069) respectively.

# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2020

### 14. Related parties

Related party transactions not disclosed elsewhere are as follows:

Due from related parties	Accounts Receivable	Allow. For Doubtful Accounts	Net 2020	Net 2019
Hay River Health and Social Services Authority	\$ 29	\$ -	\$ 29	\$ 115
Tlicho Community Services Agency	745	(12)	733	97
Northwest Territories Housing Corporation	4	-	4	1
Northwest Territories Power Corporation	1	-	1	-
Stanton Territorial Hospital Foundation	-	-	-	23
Fort Good Hope Housing Authority	-	-	-	3
Yellowknife Education District #1	26	(26)	-	-
	<b>\$ 805</b>	<b>\$ (38)</b>	<b>\$ 767</b>	<b>\$ 239</b>

Due to related parties:	2020	2019
Aurora College	\$ 175	\$ 214
Tlicho Community Services Agency	119	39
Northwest Territories Housing Corporation	26	164
Hay River Health and Social Services Authority	42	2
Fuel Services Division	11	-
Northwest Territories Power Corporation	6	4
GNWT - Infrastructure	-	2
Marine Transportation Services (MTS) Revolving Fund	1	-
NWT Business Development and Investment Corporation	-	1
Beaufort Delta Divisional Education Council	-	1
	<b>\$ 380</b>	<b>\$ 427</b>

Revenues from related parties:	2020	2019
Tlicho Community Services Agency	\$ 809	\$ 855
Hay River Health and Social Services Authority	187	389
NWT Power Corporation	105	76
GNWT - Education, Culture and Employment	83	109
Yellowknife Education District #1	26	-
Yellowknife Public Denominational District Education Authority (Yellowknife Catholic School Board)	5	-
GNWT - Municipal and Community Affairs	3	-
Stanton Territorial Hospital Foundation	-	142
	<b>\$ 1,218</b>	<b>\$ 1,571</b>

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 14. Related parties (continued)

<b>Expenses paid to related parties:</b>	<b>2020</b>	<b>2019</b>
Government of the Northwest Territories	\$ 317	\$ 42
Tlicho Community Services Agency	369	651
Hay River Health and Social Services Authority	175	135
Northwest Territories Housing Corporation & local housing authorities	105	166
Northwest Territories Power Corporation	34	72
Fuel Services Division	20	-
Marine Transportation Services (MTS) Revolving Fund	2	-
NWT Business Development and Investment Corporation	2	3
Stanton Territorial Hospital Foundation	1	50
Aurora College	-	269
Yellowknife Public Denominational District Education Authority (Yellowknife Catholic School Board)	-	86
Dehcho Division Education Council	-	5
Beaufort Delta Divisional Education Council	-	2
	<b>\$ 1,025</b>	<b>\$ 1,481</b>

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### 15. Expenses by object

	<b>2020</b>	<b>2019</b>
Compensation	\$ 211,128	\$ 191,669
Contracted out services	84,343	75,924
Medical travel and other travel	29,167	27,529
Contributions	18,881	18,292
Rent (note 12)	18,079	9,896
Supplies	18,068	14,565
Compensation - locums	17,121	15,441
Administration	12,087	9,026
Program expenses	5,419	4,746
Equipment expense	2,599	2,561
Valuation allowances	1,648	743
<b>Total expenses</b>	<b>\$ 418,540</b>	<b>\$ 370,392</b>

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 16. Financial Instruments

The Authority is exposed to credit and liquidity risks from its financial instruments. Qualitative and quantitative analysis of the significant risk from the Authority's financial instruments by type of risk is provided below:

#### (a) Credit risk

Credit risk is the risk of financial loss of the Authority if a debtor fails to make payments of interest and principal when due. The Authority is exposed to this risk relating to its cash, and accounts receivable.

The Authority holds its cash with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Authority's cash is insured up to \$100.

Accounts receivable are due from various governments, government agencies, corporations and individuals. Credit risk related to accounts receivable is mitigated by internal controls as well as policies and oversight over arrears for ultimate collection. Management has determined that a portion of accounts receivable are impaired based on specific identification as well as age of receivables. These amounts are as disclosed in Note 4.

The Authority's maximum exposure to credit risk is represented by the financial assets for a total of \$73,448 (2019 - \$43,382).

#### Concentration of credit risk

Concentration of credit risk is the risk that customer(s) has a significant portion (more than ten percent) of the total accounts receivable balance and thus there is a higher risk to the Authority in the event of a default. The Authority does not have concentration of credit risk. At March 31, 2020, receivables from the Government comprised 82% of the total outstanding accounts receivables (2019 - 74%). The Authority reduces this risk by monitoring overdue balances.

#### (b) Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet all cash outflow obligations as they come due. The Authority mitigates this risk by monitoring cash activities and expected outflows through budgeting, deferring repayment to the Government (Note 1) and maintaining an adequate amount of cash to cover unexpected cash outflows should they arise. All of the Authority's financial assets and financial liabilities as at March 31, 2020 mature within the next six months.

Total financial assets are \$73,448 (2019 - \$43,382) and financial liabilities are \$204,308 (2019 - \$148,505). The Authority has disclosed future financial liabilities and contractual obligations in Note 9. There have been no significant changes from the previous year in the exposure to risk or policies, procedures, and methods used to measure the risk.

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 17. Budget

The approved budget have been reclassified where applicable to conform to the presentation used in financial statements as follows:

	Budget per Statement of Operations and Accumulated Deficit	Government Approved Budget	Difference
<b>Revenue</b>			
Recoveries from other sources	\$ 12,379	\$ 17,400	\$ (5,021)
Recoveries from Nunavut	3,000	3,000	-
Interest income	400	400	-
Other income	508	508	-
<b>Total Revenue</b>	<b>16,287</b>	<b>21,308</b>	<b>(5,021)</b>
<b>Expenses</b>			
Undistributed	-	559	(559)
Community social programs	83,355	37,639	45,716
Ambulatory care services	65,028	121,966	(56,938)
Administration and support services	52,665	61,812	(9,147)
Supplementary health programs	49,603	41,861	7,742
Nursing inpatient services	41,372	40,726	646
Diagnostic and therapeutic services	29,700	29,675	25
Community health programs	41,711	29,196	12,515
<b>Total Expenses</b>	<b>363,434</b>	<b>363,434</b>	<b>-</b>
<b>Government contributions</b>			
Contributions from Government of the Northwest Territories - core	289,723	289,723	-
Contributions from Government of the Northwest Territories - other	5,021	-	5,021
Recoveries from Government of the Northwest Territories	22,506	22,506	-
Recoveries - non insured health services	14,737	14,737	-
Recoveries of prior year expenses	(2,661)	(2,661)	-
<b>Total Government contributions</b>	<b>329,326</b>	<b>324,305</b>	<b>5,021</b>
<b>Annual deficit</b>	<b>\$ (17,821)</b>	<b>\$ (17,821)</b>	<b>\$ -</b>

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2020

### 17. Budget (continued)

The Authority's budget is approved at the start of the fiscal year. Adjustments to the budget relating to government funding are approved throughout the fiscal year through Notice of Target Adjustments (NOTA). The changes for the 2019-2020 fiscal year are as follows:

	Original Budget	Increase (Decrease)	Revised Budget	Actual Amount*	Over (Under) Budget
<b>Revenue</b>					
Recoveries from other sources	\$ 12,379	\$ -	\$ 12,379	\$ 12,663	\$ 284
Recoveries from Nunavut	3,000	-	3,000	2,167	(833)
Contributions from other sources	-	-	-	919	919
Interest income	400	-	400	518	118
Other income	508	-	508	843	335
<b>Total Revenue</b>	<b>16,287</b>	<b>-</b>	<b>16,287</b>	<b>17,110</b>	<b>823</b>
<b>Expenses</b>					
Community social programs	83,355	(923)	82,432	90,520	8,088
Ambulatory care services	65,028	551	65,579	69,628	4,049
Administration and support services	52,665	1,407	54,072	61,138	7,066
Nursing inpatient services	41,372	869	42,241	43,862	1,621
Supplementary health programs	49,603	1,620	51,223	52,664	1,441
Community health programs	41,711	2,524	44,235	43,378	(857)
Diagnostic and therapeutic services	29,700	1,220	30,920	32,371	1,451
<b>Total Expenses</b>	<b>363,434</b>	<b>7,268</b>	<b>370,702</b>	<b>393,561</b>	<b>22,859</b>
<b>Government contributions</b>					
Contributions from Government of the Northwest Territories - core	289,723	7,268	296,991	298,257	1,266
Contributions from Government of the Northwest Territories - other	5,021	-	5,021	6,585	1,564
Recoveries from Government of the Northwest Territories	22,506	-	22,506	27,739	5,233
Recoveries - Non-insured health services	14,737	-	14,737	16,556	1,819
Recoveries of prior year expenses	(2,661)	-	(2,661)	1,185	3,846
<b>Total Government contributions</b>	<b>329,326</b>	<b>7,268</b>	<b>336,594</b>	<b>350,322</b>	<b>13,728</b>
<b>Annual deficit</b>	<b>\$ (17,821)</b>	<b>\$ -</b>	<b>\$ (17,821)</b>	<b>\$ (26,129)</b>	<b>\$ (8,308)</b>

\* The actual amounts used in this analysis differs from the Statement of Operations and Accumulated Deficit. The impact of the Grant-in-kind - Government assets and services provided at no charge is not included in this analysis because the Authority does not budget for Grant-in-kind.

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# Northwest Territories Health and Social Services Authority

## Notes to the Financial Statements

(All figures in thousands of dollars)

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March 31, 2020

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### 18. Comparative figures

The financial statements have been reclassified where applicable to conform to the presentation used in the current year. During the year, the Authority completed its transition to one central accounting system during which review and update to the chart of accounts was undertaken; as a result, programs that are similar in nature were consolidated into the same functional areas.

### 19. Impact of COVID-19 pandemic response

On March 22, 2020, the Government of the Northwest Territories declared a public health emergency in response to the coronavirus disease 2019 ("COVID-19") pandemic.

The duration and impact of COVID-19 is unknown at this time and it is not possible to reliably estimate the impact that the severity and length of COVID-19 will have on the financial results and condition of the Authority in future periods. There is no material impact to the amounts recognized within the 2020 financial statements as a result of COVID-19.

Pursuant to an April 14, 2020 federal funding announcement, the Government of Canada will provide to the Government of the Northwest Territories funding for emergency response to COVID-19, to a maximum of \$23.4 million for health and social services preparations and response and \$8.7 million for air services. It is expected that some of this funding will subsequently flow to the Authority; however, the timing and amounts cannot be determined at this time.





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