

**ACCESS TO HEALTH CARE AND ADDRESSING WAIT TIMES IN THE  
NORTHWEST TERRITORIES**

## **INTRODUCTION**

In September 2004, First Ministers agreed to work collaboratively on “A 10-YEAR PLAN TO STRENGTHEN HEALTH CARE”. A major element of this plan agreed to by First Ministers was “Reducing Wait Times and Improving Access”. At the pan Canadian level there was a commitment to reduce wait times in priority areas such as cancer, heart, joint replacements and sight restoration surgeries and for diagnostic imaging testing. This plan also recognizes the need for jurisdictions to address jurisdiction-specific priorities.

This is a report that documents work underway by the Government of the Northwest Territories to address access to primary health care and wait times for surgical and diagnostic imaging procedures in the Territories. It outlines what areas of action the GNWT has taken already, and the work plan to continue efforts to improve access to health care services for all our residents.

## **NWT CONTEXT**

As of April 2004, there were an estimated 42,274 people in the NWT, of which about half are aboriginal. The NWT continues to have a young population and a high birth rate. At the same time, our population of seniors is growing at 3 times the national average.

In the NWT, health services are provided by the Department of Health and Social Services (HSS) in partnership with eight health and social services authorities (HSSA). We jointly plan, manage and deliver community based and facility based health care services.

Residents access primary health care through community based health programs including primary health care clinics, public health services, homecare, school and community health and educational programs. In all but five communities these services are delivered by community based nurses, working out of health centers. Primary care physicians are located in 5 of the 33 NWT communities and provide services to other communities through rotational visits.

The NWT has four hospitals, (in Hay River, Fort Smith, Inuvik and Stanton, in Yellowknife). Stanton Territorial Hospital provides specialist care for our residents. Specialist physicians provide services at Stanton in Internal Medicine, General and Orthopedic surgery, Pediatrics, ENT, ophthalmology, radiology and psychiatry work at the hospital. These services are provided on site or through community based travel clinics.

Within the NWT there is limited access to rehabilitation services, including speech/language, physiotherapy, occupational therapy and audiology. Currently, these services are provided to varying degrees through the four hospitals.

The Government of the Northwest Territories accesses the Capital Health Authority (CHA) and the Cross Cancer Center in Alberta to provide sub specialty and complex consultative, diagnostic or surgical services. There is an extremely close working relationship between Stanton and these Edmonton based services. NWT residents are referred to Alberta or specialists travel north in order to provide clinic services at Stanton.

The extent of the NWT reliance on this relationship is illustrated by the fact that in 2003, over 7000 unique NWT patients (approximately 16% of the population) received services from an out of territories physician and over 4000 patients (approximately 10% of the population) received out of territories hospital services (either as in or out patients).

## **ADDRESSING ACCESS ISSUES**

Access to health care services is challenged by our demographics (small population living in 33 communities, spread across a wide geographic area) and difficulties in recruiting and retaining nurses, physicians and other health care professionals to work in the north.

In 2002, the Minister of Health and Social Services released the Health and Social Services Action Plan. The Plan centered on 45 actions designed to improve:

- Services to people,
- Support to our health care and social service staff and HSSA Trustees, and
- System wide management and accountability.

A major element in the Minister's Action Plan to improve services to residents is the development and implementation of the Integrated Service Delivery Model (ISDM). The ISDM defines the services residents can access, where these services can be accessed (at the community, regional, territorial or outside the territories) and how staff providing these services work together to improve service delivery.

The ISDM has also allowed us to identify gaps in access requiring residents to wait excessive periods of time for services and to define the staffing levels required to reduce waiting times.

This report identifies the actions taken to date to address gaps in access to services and addresses some of the elements underway to address surgical wait times.

## **HEALTH SYSTEM INVESTMENTS TO DATE**

Since 2002, the GNWT has added over \$59 million and 183 new front line staff. While some of this funding (\$9,796,000) has come as a result of federal increases for health care, much of it has been financed by the GNWT. Following is a description of several new initiatives that directly improve access to services for NWT patients:

**Mental Health and Addictions Strategy:** The strategy is placing 77 positions in communities over a three-year period to deal with serious mental health and addictions issues. (\$5.8 million per year)

**Diagnostic Imaging and Other Equipment:** This plan involved investing over \$1.8 million since 2003-04 to upgrade old existing equipment in hospitals and nursing stations. A priority was converting older equipment to digital technology to take better advantage of potential telehealth capabilities for electronically sharing X-Ray and other test images and results.

**Introduction of Midwifery:** The GNWT has passed midwifery legislation and introduced midwifery as an insured service. Two midwives have been hired in Fort Smith to allow for local birthing services. A position has also been added to Yellowknife and work is underway to expand midwifery into other authorities. Midwifery will allow low risk deliveries closer to the home community and will allow some woman to avoid leaving their home community to access hospital services in Yellowknife or Inuvik. (\$230,000 per year)

**1-800 Call Center:** Tele-care NWT provides a telephone triage and health advice service 24 hours a day/7 days a week so that residents can access services without the requirement to travel to a health center. Services are available in most of the NWT's 11 aboriginal languages. Since start up in May 2004, approximately 9,100 calls have been made to the centre. (\$900,000 per year).

**Primary Care Physicians:** Ten additional general practice physicians have been added to the system including 5 allocated to the Tlicho, Sahtu and Deh Cho regions. (\$3.9 million per year)

**Entry Level Nursing Positions:** To ensure that graduates of the NWT nursing program through Aurora College can be hired within the territories, 14 positions were created for new graduates so that they can receive mentoring and support before moving into other positions, as vacancies occur. (\$1.1 million per year)

**Nurse Practitioner Programs:** The NWT has introduced nurse practitioner training through the Aurora College and is committed to hiring nurse

practitioners. Through the 2006-07 fiscal year we will have created 21 new nurse practitioner positions to work in primary care settings. Included in this total are 2 nurse practitioners in each of the Deh Cho, Tlicho, Sahtu and Beaufort-Delta regions to travel into the smaller communities as well as 2 nurse practitioners who will work in the Stanton Territorial Health Authority's Emergency Unit

**Public Health Units:** The government has provided 9 new positions and nearly \$1 million towards establishing public health units in the Sahtu, Deh Cho and Tlicho regions.

**Infrastructure Upgrades:** Funding is earmarked to provide the clinical and office space required by front line health and social services delivery staff. Over the period 2005-06 through 2009-10, approximately \$6.4 million has been allocated. Also, the government will be investing heavily in upgrades to the hospitals in Hay River, Fort Smith and Stanton. Over \$58 million is allocated over the next five years for these renovations. In 2004, the new Inuvik hospital was opened at a cost to construct in excess of \$40,000,000.

**Health Promotion and Prevention:** It is well known that northerners generally smoke too much, consume too much alcohol, do not get enough exercise or eat the right kinds of foods. Our indicators in these areas are all higher than the national average and diseases that result from these unhealthy practices consume a lot of human and financial resources. We will be investing an additional \$1 million per year for health promotion and prevention.

**Improvements to Stanton Emergency:** The emergency room is used heavily on an after hours basis or because residents cannot access a primary care physician. Investments will allow for nurse practitioner triage and other improvements to reduce patient wait times for non-emergent treatment.  
(4.5 positions; \$451,000 per year)

**Cancer Treatment:** Currently, a patient diagnosed with cancer is referred by a specialist at Stanton to an oncologist at the Cross Cancer Institute (CCI) for assessment and development of a treatment plan. Some limited treatments can be done in the north already, while others, such as radiation treatment must be done at CCI. Working with the Cross Cancer Institute the government will expand locum physician days in the north to allow for more assessment and treatment to be performed at Stanton. (\$126,000)

**Dialysis Programs:** Dialysis services have been available through Stanton for a number of years. However, the incidence of diabetes and renal failure is increasing significantly requiring more NWT residents to receive dialysis services in Alberta. We are expanding the Stanton dialysis program and have introduced dialysis in Fort Smith during 2004. We are also planning to expand dialysis service into Hay River in 2006. This will allow more dialysis patients to remain in

the north and in some cases near their home communities. (3.5 positions; \$716,000 per year)

**Community Nursing Resources:** The NWT will move to improve workplace safety and provide greater local access by adding a second nurse into each of the communities of Sachs Harbor and Gameti. (\$175,000 per year)

**Homecare/Respite Services:** The Government has added an additional 25 positions and \$2.2 million to provide more homecare workers in communities. The government is committed to expanding access to social respite care within the overall umbrella of homecare and home support services. A successful pilot program in Yellowknife will be expanded in the future to other communities.

**Rehabilitation Teams:** The ISDM indicates that four rehabilitation teams are required in the NWT to reduce wait times for service and provide more consistent provision of service to those in need of rehabilitation. Teams will be located in Yellowknife, Stanton, the South Slave Area and in Inuvik. (12 positions; \$1,096,000 in 2006-07).

**Long Term Care/Dementia:** In order to provide greater long term care services to those with dementia, the government is supporting the design of a new dementia facility in Yellowknife and is making investments to upgrade existing long term care facilities in Hay River, Fort Smith, Fort Simpson and Behchoko to allow residents with dementia to be better cared for locally. (\$1.2 million in each of 2005-06 and 2006-07)

**Operating Room Management System:** In total, \$515,000 will be spent to implement an operating room management system at Stanton for the spring of 2007. This will allow for better use of available operating room time, reduce cancellations and missed bookings and allow for surgical wait times to be measured more effectively.

**Increase in Specialist Positions:** In 2004, the government added three new specialist positions to Stanton, improving access to 24/7 care. (\$1.4 million per year)

## **SURGICAL WAIT TIMES**

As noted previously in this document, there is a need to focus on and improve access to surgical services for the people of the NWT, primarily available through the Stanton Territorial Health Authority.

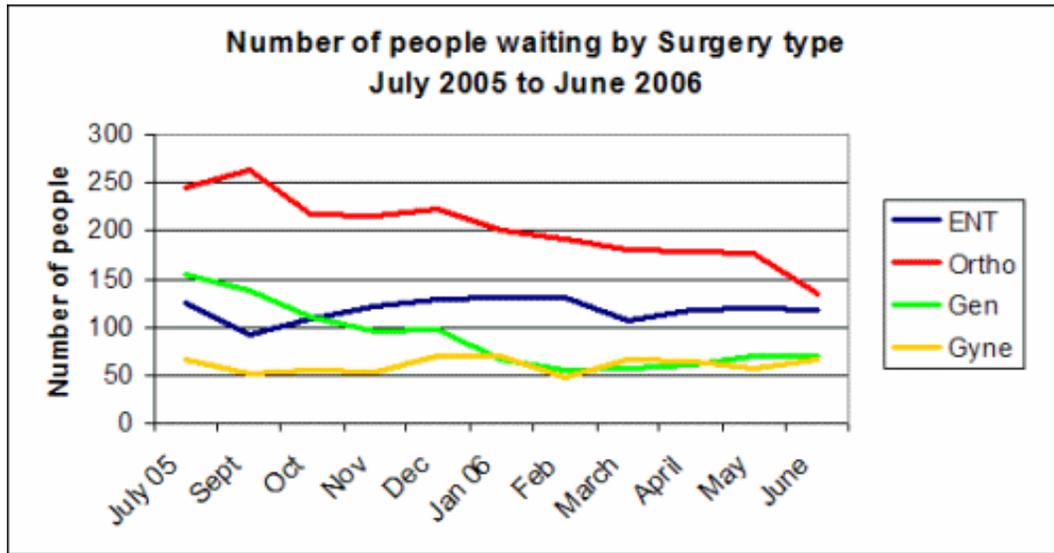
The GNWT continues to work with the other provinces and territories in the establishment of evidence-based benchmarks for cancer services, joint replacement (hips and knees), sight restoration (cataract surgery), diagnostic

imaging (MRI and CT Scans), and cardiac treatment. These benchmarks, once agreed to, based upon clinical evidence, will be goals that the NWT will be working to achieve over the next several years.

The following table shows the number of people waiting for elective surgery or treatment between July 2005 and June 2006. Due to the small numbers for individual surgeries, surgeries are grouped in 4 categories, with the waiting list numbers comprising the total number of people waiting for surgery within that category. Definitions of the services listed in the following table can be found on the following page.

**Number of people waiting by surgery type**

	Ears Nose & Throat	Orthopedic Surgery	General Surgery	Gynecological Surgery
July 05	125	245	154	66
Sept	92	262	138	52
Oct	109	216	112	55
Nov	122	215	96	53
Dec	129	222	97	69
Jan 06	132	200	65	70
Feb	131	191	55	48
March	108	181	58	66
April	118	179	61	63
May	119	177	70	58
June	118	135	70	65



**EARS, NOSE, and THROAT (ENT) SURGERY**

The most common elective ear, nose, and throat surgeries are operations on the ear such as Tympanoplasty (ear drum repair), and operations on the nose, nasal sinuses, tonsils and adenoids. ENT surgery is performed by Otolaryngologists.

### **GENERAL SURGERY**

The most common elective general surgeries are hernia repair, vein stripping, and hemorrhoid removal. These are performed by General Surgeons.

### **GYNECOLOGICAL SURGERY**

The most common elective gynecological surgeries are tubal ligations, and operations on the vagina and ovaries. This type of surgery is performed by Obstetricians and Gynecologists.

### **ORTHOPEDIC SURGERY**

#### **Hip Replacement Surgery**

Hip replacement surgery, or hip arthroplasty, is the removal of diseased parts of the hip joint and replacement with new, artificial parts. Hip replacement surgery is performed by Orthopedic surgeons.

#### **Knee Replacement Surgery**

Knee replacement surgery, or knee arthroplasty, is the removal of diseased parts of the knee joint and replacement with new, artificial parts. Knee replacement surgery is performed by Orthopedic surgeons.

Overall, there are now fewer people waiting for surgery than earlier in the year. It is important to note that people who need emergency surgery or treatment receive it without delay. They are **not** entered on a waitlist. While wait lists are smaller, there are still fairly long lists of patients waiting for surgical procedures. Over the past few years we have undertaken several initiatives to increase the volume of surgical procedures through better managing of existing resources. These efforts have resulted in an increase in surgical cases being completed of 25% (an increase from 2000 to 2500 cases) over the past year.

In order to deal with the dental waiting list, Stanton has made space available in the Operating Theatres for dental surgeries. In 2005, there were two, 2-week periods, one in January/February, the other in November. Another took place in January 2006 and some dental surgeries were also performed in Hay River over the summer of 2006.

### **ALBERTA WAIT TIMES**

There is a significant reliance upon our long-standing relationship with Alberta and the Capital Health Authority to provide access to surgical services that are not available in the NWT. Extremely complex surgical procedures (cardiac surgery) and access to some diagnostic imaging procedures such as MRI's are referred south. This is primarily because our small population will not support provision of all specialized medical and surgical services in the NWT.

The NWT is working closely with Alberta to access information for NWT residents waiting for surgeries referred to Alberta and will be working to expand our surgical wait time monitoring and reporting to NWT residents whether the procedure is to occur in the NWT or Alberta.

Information on waiting times in Alberta, where some surgeries are provided to NWT residents (e.g., cardiac surgery), is available to anyone with Internet access. The website is: <http://www.ahw.gov.ab.ca/waitlist/WaitListPublicHome.jsp>

## **BENCHMARKS**

The Provinces and Territories have agreed to a series of benchmarks required in priority areas of cancer, heart, joint replacements and sight restoration surgeries and for certain diagnostic tests and screening. These benchmarks are based upon research and clinical evidence. The Provinces and Territories will strive to provide:

- Radiation therapy to treat cancer within four weeks of patients being ready to treat;
- Hip fracture fixation within 48 hours;
- Hip replacements within 26 weeks;
- Knee replacements within 26 weeks;
- Surgery to remove cataracts within 16 weeks for patients who are at high risk;
- Breast cancer screening for women aged 50 to 59 every two years; and
- Cervical cancer screening for women aged 18 to 69 every three years after two normal tests.

Three benchmarks are being established for cardiac bypass surgery reflecting how urgently care is required:

- Level I patients within 2 weeks;
- Level II patients within 6 weeks; and
- Level III patients within 26 weeks.

These benchmarks do not apply to emergency procedures. Patients requiring emergency care will continue to be seen as soon as possible.

Provinces and Territories will be working to establish multiyear targets to achieve the benchmarks by the end of 2007.

Next Steps for the NWT:

1. Implement an Operating Room Management System to better track and maintain records on surgical procedures and wait times.
2. Publish surgical wait times data on the Stanton website. [http://www.srnb.org/cont\\_public/surgical\\_wait/index.html](http://www.srnb.org/cont_public/surgical_wait/index.html)
3. Based upon data generated from the wait times database information, establish multiyear targets for each benchmark by December 2007.