



2021 • 2022



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

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Contents

MESSAGE FROM THE
CHAIRPERSON |
MESSAGE DU PRÉSIDENT
01 | 02

MESSAGE FROM THE
CEO | MESSAGE DE LA
CHEF DE LA DIRECTION
03 | 04

OUR PURPOSE
05 | 06

PUTTING OUR PEOPLE
FIRST: STAFF SPOTLIGHTS
07 - 08

2021-22 STRATEGIC
PLANNING FRAMEWORK
09

YEAR IN REVIEW:
BY THE NUMBERS
10 | 11

OPERATIONAL YEAR IN
REVIEW
12 | 19

QUALITY IMPROVEMENT &
PERFORMANCE REPORTING
20

LOOKING AHEAD
21

NTHSSA OPERATIONS,
LEADERSHIP &
GOVERNANCE

22 | 23

AUDITED FINANCIAL
STATEMENTS
APPENDIX A

FORGIVENESS OF DEBT
APPENDIX B

MESSAGE FROM THE CHAIRPERSON

On behalf of the Northwest Territories Health and Social Services Leadership Council (Leadership Council), we are pleased to present the 2021-22 Annual Report for the Northwest Territories Health and Social Services Authority (NTHSSA).

2021-22 marked another incredibly difficult year, as the COVID-19 pandemic continued to disrupt the lives of residents of the NWT and the efforts of the NTHSSA to provide quality care to patients, clients, families, and communities.

The following report highlights the NTHSSA's work to meet our strategic objectives of:

Best Care: Health of the Population and Equity of Outcomes

Best Care: Better Access to Better Services

Better Future: Stable and Representative Workforce and Improved Quality, Efficiently and Sustainability.

This report also includes the 2021-22 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 want to thank all the current and outgoing members of the NWT Health and Social Services Leadership Council and Regional Wellness Councils. Your feedback and advice have proven invaluable in guiding the organization this past year.

The Leadership Council would also like to acknowledge the commitment of the NTHSSA's executives, managers, practitioners, and front-line staff to deliver programs and services across the NWT over the past year. Thank you again for your hard work and contributions towards the health and wellness of the residents of the NWT and our vision of Best Health, Best Care for a Better Future.



Máhsı

Jim Antoine

Chair,

Northwest Territories Health and Social Services Leadership Council

MESSAGE DU PRÉSIDENT

Au nom du Conseil de leadership des services de santé et des services sociaux des Territoires du Nord Ouest (Conseil de leadership), nous sommes heureux de présenter le Rapport annuel 2021-2022 de l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO).

L'année 2021-2022 a marqué une autre année incroyablement difficile, alors que la pandémie de COVID 19 a continué à perturber la vie des résidents des Territoires du Nord-Ouest (TNO) ainsi que les efforts déployés par l'ASTNO pour fournir des soins de qualité aux patients, aux clients, aux familles et aux collectivités.

Le présent rapport souligne le travail de l'ASTNO pour atteindre ses objectifs stratégiques, soit :

Une santé optimale : santé de la population et équité des résultats

Des soins optimaux : meilleur accès à de meilleurs services

Un avenir prometteur : effectif stable et représentatif, et amélioration de la qualité, de l'efficacité et de la durabilité

Le présent rapport comprend également les états financiers vérifiés de 2021-2022, examinés et vérifiés par la vérificatrice générale du Canada, et s'acquitte de la responsabilité et de l'engagement du Conseil de leadership à l'égard de la responsabilité publique en ce qui concerne le rendement opérationnel et financier de l'ASTNO.

Je tiens à remercier tous les membres actuels et sortants du Conseil de leadership des services de santé et des services sociaux des TNO et des conseils régionaux du mieux-être. Vos commentaires et vos conseils se sont avérés précieux pour guider l'organisation au cours de la dernière année.

Le Conseil de leadership tient également à souligner l'engagement des cadres, des gestionnaires, des praticiens et du personnel de première ligne de l'ASTNO dans la prestation des programmes et des services à l'échelle des TNO au cours de la dernière année. Je vous remercie encore une fois de votre travail acharné et de vos contributions à la santé et au mieux-être des résidents des TNO et de notre vision d'une santé optimale et de soins optimaux pour un avenir prometteur.



Máhsı

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

The impact of the COVID-19 public health emergency put immense pressure on the NWT Health and Social Services Authority (NTHSSA), our employees, and partners as we continued to deliver quality care to residents and communities across the Territory.

In 2021-22 the NTHSSA continued to lead the administration of the COVID-19 health services response across the NWT while managing through significant human resources challenges and expanding our work around health and social services (HSS) system sustainability.

Over the last year, we have led the administration of vaccines across the NWT, expanded COVID-19 testing and took actions to manage COVID-19 outbreaks in our communities and facilities, and continued to address the impact COVID-19 has had on our employees and demand for care on our organization.

Additionally, we have focused our efforts this last year on the sustainability of the system by working to enhance recruitment and retention efforts, advancing planning on a broad system health and social services human resources plan, and continued to advance initiatives related to financial processes and information systems to understand and address ongoing pressures in these areas.

I want to acknowledge that through the dedication and resilience of our employees, we have accomplished much more than the highlights in this report. As we plan our exit from the public health emergency, a massive thank you to our staff who have shown the strength and commitment to meet the operational demands over the last year.

I'm optimistic about the future, having been witness to how we have been able to adapt to the complexities during these uncertain times while providing quality care to patients, clients, families, and communities across the NWT.



A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Sincerely

Kimberly Riles

Chief Executive Officer,

Northwest Territories Health and Social Services Authority.

MESSAGE DE LA CHEF DE LA DIRECTION

Les répercussions de l'urgence de santé publique liée à la COVID-19 ont exercé une pression immense sur l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO), nos employés et nos partenaires alors que nous continuions à offrir des soins de qualité aux résidents et aux collectivités de l'ensemble du territoire.

En 2021-2022, l'ASTNO a continué de diriger l'administration de l'intervention des services de santé contre la COVID-19 à l'échelle des TNO, tout en gérant d'importants défis en matière de ressources humaines et en élargissant son travail sur la durabilité du système de santé et des services sociaux.

Au cours de la dernière année, nous avons coordonné l'administration des vaccins partout aux TNO, élargi l'offre de services de dépistage de la COVID-19 et pris des mesures pour gérer les épidémies de COVID-19 dans nos collectivités et nos installations. Nous avons également continué à atténuer les répercussions de la COVID-19 sur nos employés et à répondre à la demande de soins pour notre organisation.

De plus, nous avons concentré nos efforts, cette dernière année, sur la durabilité du système en nous efforçant d'améliorer les efforts de recrutement et de maintien en poste, en faisant progresser la planification d'un plan global de ressources humaines pour le système de santé et des services sociaux et en continuant de faire progresser les initiatives liées aux processus financiers et aux systèmes d'information afin de comprendre et d'atténuer les pressions constantes dans ces domaines.

Je tiens à souligner que, grâce au dévouement et à la résilience de nos employés, nous avons accompli beaucoup plus que les points saillants présentés dans ce rapport. Alors que nous prévoyons de lever l'état d'urgence sanitaire publique, je tiens à remercier grandement notre personnel, qui a fait preuve de la force et de l'engagement nécessaires pour répondre aux demandes opérationnelles au cours de la dernière année.

Je vois l'avenir d'un regard optimiste, étant donné que nous avons été en mesure de nous adapter aux complexités en ces temps incertains, tout en offrant des soins de qualité aux patients, aux clients, aux familles et aux collectivités des TNO.



Cordialement

Kimberly Riles

*Chef de la direction,
Administration des services de santé et des services sociaux des
Territoires du Nord-Ouest*



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**).

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**)



Better Future:
Stable and
Representative
Workforce & Quality,
Efficiency and
Sustainability



Best Health:
Health of the Population
and Equity of Outcomes



Best Care:
Better Access to Better
Services

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.

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.

VALUES

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

Accountable: We report publically 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.

PUTTING OUR PEOPLE FIRST: STAFF SPOTLIGHTS

A small selection of staff spotlights from 2021-22 are included below. These are developed and shared with staff and via social media as part of the NTHSSA's efforts to recognize staff and promote the interesting and exceptional work within our organization. These spotlights, often aligning with theme days, are a regular way we highlight the people behind our services which comprise the most important asset of our organization and system.



"I truly feel that I have been blessed with being one of the people that gets to walk this journey with them. To watch them come in here and fight for their life, their children, their family – it's one of the most surreal experiences one could possibly have. I feel the most connected to the North since becoming an Oncology nurse here at Stanton."

- Michelle McKenna, RN



Oncology nurses and cancer nurse navigators were also highlighted for their work during oncology nursing day.



Audra Donison is highlighted for her work as a dietician and innovative approaches to community engagement, including online healthy eating courses.



Staff at territorial operations recognize pink shirt day and awareness around inclusive schools, workplaces and communities.



Fort Simpson long term care staff collaborate with the community "Fishing for Nutrition" event to coordinate a community cook-up and socialization event for elders in the long term care gazebo.



Northern Lights Special Care Home staff work with residents to build a display and discuss the importance of truth and reconciliation during an Every Child Matters; Every Elder Matters, event.

2021-2022 Strategic Planning Framework

The NTHSSA is a key stakeholder in contributing to the overall NWT HSS System Strategic objectives and goals. In 2021-22 the Department of Health and Social Services released a HSS System Strategic planning framework that identified key activities to improve the quality of care for residents and respond to the challenges our system faces.

The NTHSSA's activities in 2021-22 were focused on supporting these goals while mobilizing resources, policy and planning around the COVID-19 Response



Year in Review: By the Numbers

OUR SERVICES

417,327
ENCOUNTERS

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

404,725 LAB TESTS

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

MEDICAL TRAVEL

15,205

Patient
Movements

4,839

Approved
Escorts

1,644

Medevac
Movements

38,628

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

581

Babies born across the NWT.

OUR PEOPLE

1,804
EMPLOYEES

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

In 2021-2022 NTHSSA employees comprised over 28% 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.

43.1

AVERAGE AGE

21%

OF EMPLOYEES
IDENTIFY AS
INDIGENOUS

7

AVERAGE YEARS
OF SERVICE

344

HIRES



STANTON TERRITORIAL HOSPITAL

BY THE NUMBERS:

22,102

Bed days were recorded in 2021-2022. Each bed day represents one 24 hour period where care was provided.

2,301

Surgeries were completed at Stanton Territorial Hospital.

434

Births were recorded at Stanton.

16,543

Emergency department visits.

3,727

Patients were admitted to Stanton in-patient units.

COVID-19 RESPONSE & OPERATIONS

This objective highlights the Best Care and Best Health objectives and activities during a public health emergency

PARTNERSHIPS AND EMPLOYEE RESPONSE

The three Authorities in the NWT, the NTHSSA, the Tlicho Community Services Agency (TCSA), and the Hay River Health and Social Services Authority (HRHSSA), continued the collaborative approach to respond to COVID-19 through the Authorities COVID-19 Response Team (ACRT). Under the direction of the ACRT, the NTHSSA led the planning for emergency response activities, facilitated redeployment and reassignment of resources, and supported the management of health services during COVID-19 outbreaks, across the NWT.

As a result, during 2021-22, many NTHSSA staff were redeployed to assist with the rapid testing, screening, contact tracing, and to support front line COVID-19 care. The surge of patient admissions and human resources challenges related to COVID-19 and self-isolation guidance required NTHSSA acute care areas to develop team-based models of care and adjust staffing models to manage the increased demand for health services.

During critical COVID-19 events over the past year, the NTHSSA partnered with the Canadian Red Cross (CRC) and the Public Health Agency of Canada (PHAC) to rapidly address responses for community COVID-19 outbreaks. The CRC and PHAC provided frontline staff and infection prevention and control guidance and advice related to COVID-19.

As self-isolation requirements continued, some NWT residents struggled with food security and other needs. The NTHSSA partnered with local suppliers to lead the development and delivery of a food hamper initiative from September-December 2021, delivering over 100 food hampers to NWT families.

EXPANDED PROTOCOLS AND POLICES

As the Omicron variant emerged in early 2022, NTHSSA teams had to anticipate managing more patient needs in acute care beds for longer lengths of stay, instead of high-acuity ICU admissions. This shift in COVID-19 care resulted in several new guidance documents; including, conscious sedation, intubation and AGMP protocol, and all ages OR/surgery protocol, expanded testing algorithms for all NTHSSA facilities, and expanded policy development for prone positioning and high flow oxygen usage.

Similarly, the NTHSSA rapidly developed and updated COVID-19 physician standing orders for COVID-19 therapeutics which included: Sotrovimab, Casirivimab/Imdevimab, Paxlovid, and suspected or confirmed COVID-19 adult admission. These policy, orders and protocols provided guidance for NTHSSA employees managing care of COVID-19 patients and improved outcomes of critically ill COVID-19 patients.

NEW SYSTEMS

The NTHSSA has had to develop new tools and systems to support the public health management of COVID-19. Partnering with intergovernmental agencies, the NTHSSA launched the NWT's proof of vaccination credential in

2021-22. This effort provided residents of the NWT online access to their digital proof of vaccine document that aligned with federal standards. Since October 21st, 2021, over 55,929 proof of vaccination credentials have been downloaded from the new system, representing 28,520 residents who used the system in 2021-22.

In anticipation of increased travel with reduced travel restrictions across the NWT, the NTHSSA led the rollout of a new Self-Isolation Plan (SIP) platform. Concerned the previous platform would not be able to support the increased demand during the 2021-22 holiday season, the NTHSSA partnered with the COVID-Secretariat to rapidly develop a tool to meet the increased Self-Isolation Plan needs.

As the Delta wave began in October 2021, the NTHSSA in collaboration with GNWT Departments developed a new

tool to support contact tracing and case management. Quick Trace is a made in the NWT solution that continues to be used today and supports our public health monitoring and reporting activities.

The Delta wave also identified that the oxygen supply at Stanton Territorial Hospital could not meet demand of the high flow oxygen delivery devices that were being implemented as an emerging best practice in the treatment of COVID-19 patients. Stanton Respiratory Therapy, NTHSSA Infection Prevention and Control (IPAC), and NTHSSA Biomedical Engineering worked to develop an emergency oxygen delivery approach by designing a solution that could combine four portable oxygen concentrators together safely in an emergency and would work with the high flow oxygen delivery devices required by COVID-19 patients. While the solution was never needed, the rapid development and availability for deployment is a testament to NWT expertise and willingness to innovate and collaborate.

VACCINE DELIVERY AND OUTBREAK MANAGEMENT

The NTHSSA's COVID Immunization Response Team (CIRT) continued to administer the largest vaccination program rollout ever deployed in the NWT. COVID-19 vaccines and boosters across the territory were provided in a coordinated response with the Tłıchq Community Services Agency (TCSA), and Hay River Health and Social Services Authority (HRSSA). The efforts of the CIRT supported the NWT's plan of Emerging Wisely from the Public Health Emergency by realizing COVID-19 immunization targets, over 80%, for the NWT. On May 6, 2021, the GNWT began vaccinating adolescents aged 12-17 with the Pfizer-BioNTech vaccine just one day after Health Canada approval for those 12 years of age and older and launched the vaccine roll out for NWT children aged 5-11, in December 2021.

In October 2021, the NTHSSA was an integral partner in the development of a new COVID-19 at-home student screening program to help protect the unvaccinated NWT student population (ages 5-11). Similarly, the NTHSSA launched DetectNWT, a new community-based COVID-19 screening program. This program empowered

organizations and businesses in the NWT to administer rapid screening tests to employees in their workplaces. These programs supported the early detection of COVID-19 in our communities and prioritized safety for NWT residents.

Outbreak situations in communities across NWT were managed by the COVID-19 Rapid Response Team (CRRT), who provided testing and assessments, and collaborated with communities to provide NWT residents with case and contact management, and safe isolation supports. The COVID-19 Outbreak Response Team (CORT) supported local staff to provide ongoing case and contact management in Yellowknife and was available for other communities virtually and in person, as needed. In 2021-22, the CRRT and CORT responded to community outbreaks in Yellowknife, Hay River, the communities in the Sahtu Region, as well as Tuktoyaktuk and Inuvik.



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COVID RESPONSE SPOTLIGHT

1. The first Pfizer youth vaccine is administered in May 2021.
2. Food hamper deliveries are coordinated for those in isolation.
3. Laboratory staff processed 27,437 COVID-19 tests.
4. Rehab staff redeployed to coordinate in-house testing for staff.
5. DHSS and NTHSSA partner to provide vaccine information outreach.



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STABLE AND REPRESENTATIVE WORKFORCE

This Better Future objective reflects the activities that enabled the NTHSSA to improve workforce engagement and recruitment and retention.

STAFF SHORTAGES

Health care, allied health and social services professions faced significant difficulties recruiting staff during the 2021-22 fiscal year with numerous vacancies within core operations across NTHSSA. These challenges resulted in the temporary closure or service reductions across some service locations to ensure safe care could continue to be provided to residents of the NWT.

The NTHSSA vacancy rate throughout the 2021-22 had a minor reduction from 17.1% as at April 1st, 2021 to 13.4% as at March 31st, 2022. Despite this improvement, the vacancy rate in specific professions and regions continued to increase, including the vacancy rate for front-line registered nurses at Stanton Territorial Hospital that rose from 15.9% as at April 1st, 2021 to 19.6% as at March 31st, 2022.

In 2021-22 the NTHSSA partnered with GNWT stakeholders to mobilize and develop actions to address staff shortages, burnout and program and service backlog issues in the NWT HSS System. These actions will begin to roll out in 2022-23 while the system adapts to working post-public health emergency while continuing to live with the impacts of COVID-19.

As an initial step, in December 2021 the NTHSSA CEO communicated to all staff, recognizing the health human resource challenges and issues related to fatigue, burnout and lagging morale. In an effort to prioritize the ongoing development and implementation of employee engagement initiatives, a Senior Advisor – Employee Engagement role was created to provide focused attention to these areas and support staff in sharing their concerns, ideas for improvement and overall feedback.

IMPROVED DATA AND FEEDBACK

The NTHSSA initiated over 35 engagement sessions with staff from across the organization to collect feedback directly from employees around recruitment and retention issues. As part of a larger effort to gain organizational data around recruitment and retention, the NTHSSA launched and supported survey tools to gather information to drive improvement programs and initiatives.

The following survey tools/instruments were conducted in 2021-22:

- RNATNT / NU NWT Nurse Recruitment and Retention Survey -2021
- NWT HSS System Employee Exit Surveys
- NTHSSA Accreditation Survey Instruments: Work-life Pulse Survey Tool and the Patient Safety Survey Tool
- GNWT Employee Engagement and Satisfaction Survey

The results of these surveys are planned to be shared with all staff and are incorporated into the action plans and initiatives to improve staff morale/engagement and overall recruitment and retention activities.

LEARNING AND DEVELOPMENT

A key contributor of employee retention is the ability to develop and grow with the organization. In 2021-22 the NTHSSA continued its commitment to invest in opportunities that support employee knowledge, growth, and development. The Professional Development Initiative (PDI) and the Targeted Academic Support Program (TASP), employees have access to financial support development and career advancement opportunities that align with both employees long term developmental plans, and the day-to-day skills required to provide quality care to our clients, patients and residents of the NWT.

In 2021-22, over 200 employees received Professional Development Initiative (PDI) funding for learning opportunities through activities such as mentorship, seminars, webinars, and conferences. The past year 60 employees receive financial support of up to \$50,000,

towards earning advanced degrees and certifications; funding supported tuition, books, resources, and practicum costs under the program.

In new initiatives, the NTHSSA launched both the Elsevier Clinical Solutions resource, and the BookBoon learning library to all HSS System employees to access evidence-based resources and self-directed, developmental opportunities for personal & professional development.

The NTHSSA expanded opportunities for Personal Support Workers and Licensed Practical Nurses in preparation for future recruitment and workforce planning through learning and development partnerships with Aurora College. Similarly, Community Health Nursing Modules were built with a blended learning and community of practice to expand scope of practice and develop skills within remote nursing environments.

NWT FAMILY MEDICINE RESIDENCY PROGRAM

Premier Caroline Cochrane presented the NWT Family Medicine Residency Program with the 2021-22 Premier's Award for Excellence for their work involving a partnership between NTHSSA and the University of Alberta Department of Family Medicine. The residency program was created in the NWT to address the challenges to retention and recruitment the territory is facing with family physicians and specialists.

This program presents an approach for prospective medical residents towards sustainable staffing and increased retention, partnerships between governments and stakeholders, and critical education on the importance of cultural safety in healthcare in the NWT. Currently the program has two residents, and the vision is to develop a long-term, longitudinal family medicine residency site that provides an integrated approach to practice and education with a focus on cultural competencies that will have a positive impact on physician recruitment and retention and quality of care delivered to the people of the NWT.

QUALITY, EFFICIENCY & SUSTAINABILITY

This Better Future objective highlights the activities that enabled the NTHSSA to build a foundation for of quality improvement.

SUSTAINABILITY TEAM AND PLAN

The System Sustainability Office development progressed in 2021-22 with dedicated executive leadership, and the onboarding of staff to guide the delivery of key initiatives during 2022-23, and beyond. Under the direction of the NTHSSA, the work of the Sustainability Office advanced the following activities in 2021-22:

- The operational review of the NTHSSA's structure with recommendations for alignment with our partners in the NWT HSS System and shared service provider partners. will include process/procedure reviews,
- Engagement with other health and social services authorities to review and learn from their successful implementation of several sustainability initiatives.
- The completion of a report on the status of medical billing with recommendations for improvement
- Support of the cross-disciplinary project team working on the Stanton Operating Room Inventory Project,
- Initial design and development of a 5-year fleet management plan.
- Preliminary scoping of NWT referral pathways and the coordination of out-of-Territory medical referrals to identify opportunities for improvement.

ADAPTING TO COVID-19

As the NWT HSS System transitioned through the end of the NWT Public Health Emergency, the NTHSSA expanded its Public Health positions and functions to ensure there was a structure and capacity to learn from the COVID-19

pandemic and respond to other communicable diseases using surveillance data to understand our population as well as engaging in education, health promotion, prevention activities, risk reduction, research, and innovative solutions.

As a pilot plan to address this increased wait time due to the demand for respiratory therapy services driven by COVID-19, the Respiratory Therapy team restructured additional resources to double the number of outpatient appointments available. From January 2022 to March 2022, the wait time for respiratory therapy appointments was reduced to under 12 months and the pilot change is anticipated to continue into 2022-23 to return to typical wait times under the national benchmark standards of one month.

To ensure adequate staffing during COVID-19 outbreaks, school closures, self-isolation after travel, and other related COVID-19 operational impacts, the NTHSSA introduced licensed practical nurses (LPNs) into primary care and community care staffing models to meet the demand for appointments and care. Community Health Representatives (CHRs) also played an important role during COVID-19, adapting to the various community needs during the pandemic and were integral in providing relevant and accurate COVID-19 public health information to residents of the NWT.

EXPANDING TERRITORIAL SCREENING PROGRAMS

The territorial colorectal cancer screening program has continued to expand services beyond the initial pilot in the Beaufort Delta communities, with the aim to roll out on a continuous basis to all regions across the NWT. Feedback from local stakeholders, healthcare providers, community residents and local governments will continue to be incorporated to improve and optimize service design and delivery.

As of March 31st, 2022, the screening program has expanded to Hay River region including K'at'l'odeeche First Nation, and the Dehcho region as participation rates in the Beaufort Delta region continued to increase from 11% to 20.5% with four communities surpassing the 30% target participation rate (Ulukhaktok, Aklavik, Fort McPherson,

and Tsiigehtchic). Screening participation rates in the Sahtu region have similarly increased from 11% to 20.3% over the past year.

To support this additional screening, a referral pathway has been developed between the Cancer Screening and the Cancer Navigation programs – upon receipt of a positive FIT result the individual is referred to the Cancer Navigation Program; this provides individuals support questions about upcoming diagnostic procedures, assistance with coordinating medical travel, psychosocial support, and the coordination of local resources when appropriate.

MEDICAL ONCOLOGY CLINIC AND HEMATOLOGY ONCOLOGY CLINICS

The NTHSSA worked extensively with Alberta Health Services to develop a Medical Oncology partnership for the provision of designated care coverage for medical oncology patients by medical oncologists from the Alberta Cross Cancer Institute. This partnership ensures continuity of care, as NWT clients are referred directly to medical oncologists who have been supporting the NWT cancer care service and medical oncology clinic.

Medical Oncology touch points occur weekly between staff and in-person medical oncology clinics began in March 2022. From April 2021-March 2022 the Medical Oncology Clinic had 66 new patient consults, an increase of 175% from the previous year and 269 patient follow-up appointments, a 96% increase from the previous year.

Hematology oncology clinics continue to remain virtual since the beginning of the COVID-19 pandemic. In January 2022 the NTHSSA shifted the clinics to a half day virtual clinic, monthly, and added monthly touch points to discuss and review patients. From April 2021-March 2022 the Hematology Oncology Clinic had 9 new patient consults and 63 patient follow up appointments, an increase of 66% from the previous year.

PROGRAM AND SERVICE DELIVERY REVIEWS

The Stanton Obstetrics Workload Review working group

initiated a review of the past, current and future staffing needs on the Obstetrics Unit at Stanton Territorial Hospital following a suspension of regular birthing services at Stanton in December 2021. The report provided recommendations for improved resources and delivery models to ensure sustainable and safe services are delivered to residents and will be initiated in 2022-23.

Alberta Kidney Care North (AKC-N) completed an onsite review in December 2021 of NTHSSA's renal services. Objectives of the visit included the documentation and overview of the current care pathways for renal patients at Stanton Territorial Hospital and the Hay River Health and Social Services Authority, a detailed review of the referral pathway and processes between the NWT and AKC-N, review and documentation of the current model of care delivered at Stanton and Hay River and identification of any issues affecting patient care and alignment with known standards. A report was received in March 2022 with recommendations for improving care pathways and services which include staffing model changes to be initiated in 2022-23.

An internal review of the Child, Family and Community Wellness branch of the NWT resulted in the development and creation of a Family Preservation division for the branch. Through 2021-22 the recruitment has filled all 11 positions, 69% were filled with northern residents, of which 54% of the positions were filled with Northern Indigenous staff, supporting the Legislative Mandate to improve the NWT health and social services resident work force.

STEPPED CARE 2.0

The NTHSSA is a key partner in the NWT HSS System's commitment to increasing the number and variety of culturally respectful, community-based, mental health and addictions programs, including aftercare available across the NWT. Over the last year, the Community Counselling Program completed the transition to Stepped Care 2.0 approach to mental health supports to ensure individuals and families have access to the right level of care when and where they need it. This approach provides both modern and traditional supports, like smart-phone applications, to offer residents options to choose from, regardless of where they live. This model of service delivery improves

access to service-users requesting counselling services by ensuring each day there is at least one same-day session available for walk-in or call-in booking. The transition to same-day access has significantly decreased the wait time for accessing counselling services across the NWT.

EMERGENCY PREPAREDNESS AND RESPONSE

The NTHSSA was heavily involved in emergency preparedness/response for flood season in the NWT during 2021-22. Each spring, several regions within the NWT can often be impacted by high water levels as the ice melt occurs within the Mackenzie River and surrounding areas.

In spring of 2021, in partnership with the NWT Emergency Management Organization (EMO), the NTHSSA was planning for potential floods in several regions across the NWT. Mitigation and evacuation plans were reviewed and developed and in May 2021, these plans were put into action. Water levels in Fort Simpson rose quickly resulting in evacuation orders for much of the community. The NTHSSA was instrumental in the evacuation of all Long-Term Care residents to other facilities across the NWT, the largest number of residents temporarily moving to Norman Wells.

As water levels continued to rise, the Fort Simpson Health centre was forced to close, and a temporary health centre was established in the community at a safe distance from the flood waters. While ensuring program and services continued in community impacted by floods, the NTHSSA played a key role in registration process for residents that were displaced across many receiving communities.



A mobile clinic is set up to support flood response activities in Fort Simpson after the health centre - located in the flood zone - had to be evacuated.

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Quality Improvement & Performance Reporting

The NTHSSA collaborates with NWT HSS System partners to monitor, report, and improve the data around performance measurement of the NWT HSS System.

As part of the NTHSSA's accountability requirements to the Department of Health and Social Services, the public, and other stakeholders, the Authority provides relevant information about current performance through its Quality Improvement and Patient Safety (QIPS) Scorecard, and externally through data sharing and reporting to partner agencies such as the Canadian Institute for Health Information (CIHI).

In 2021-22, the NTHSSA established regular reporting of the QIPS Scorecard to the Leadership Council. The measures reported through the QIPS Scorecard supported the broader NWT HSS System Performance measures framework.

The following graphic provides an overview of the NWT HSS System's performance reporting framework and measures that the NTHSSA contributes towards:



April 2022 marked the end of the NWT's Public Health Emergency that has driven considerable change in the NWT HSS System, and the operations of the NTHSSA, over the last two years.

Despite the end of the public health emergency, the influence of COVID-19 on the NTHSSA's operations will continue into the near future. The focus of 2022-23 will be to fully transition our operations to realize learnings from providing care in a pandemic, as well as ensure the NTHSSA is prepared to support ongoing COVID-19 response activities.

The foundation of the NTHSSA's future operational planning and activities will be to minimize the impact of recruitment challenges expected across many professional areas and improve employee engagement and morale.

2022-23 will be a critical year in the effort to improve NWT HSS System sustainability and the NTHSSA will have a significant role to play in these activities including working towards sustainable and stable staffing, deficit reductions strategies built through partnerships with the GNWT's Department of Health and Social Services and the Department of Finance and continued quality improvement of the care and services NWT residents depend on.

NTHSSA Operations, Leadership & Governance

The NTHSSA provides the delivery and operations of health and social services for the majority of the NWT, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operation of the Stanton Territorial Hospital.

The remaining regions in the NWT are serviced by their respective health and social services authorities: Tliche Community Services Agency and the Hay River Health and Social Services Authority, who are regular collaborators with the NTHSSA in ensuring equitable access to health and social services across the NWT.

The Northwest Territories Health and Social Services Leadership Council is the board of management for the NTHSSA. The Leadership Council provides overall leadership to the NTHSSA and helps facilitate the NTHSSA's legislated 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 oversees the conduct of the business and affairs of the NTHSSA and provides direction to the CEO and senior management. The Leadership Council's role is one of stewardship and ensuring the NTHSSA fulfills its legislated mandate.

In 2021-22 the Leadership Council met seven times. The meetings are focused on sharing local concerns to better understand the needs of NWT residents, and to review the management and performance of the NTHSSA, and to take reasonable steps to ensure that the NTHSSA achieves its legislated mandate.

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)

Finance Committee

- Chairperson: Brian Willows (Hay River)

Members:

- Ruby Simba (Dehcho)
- Patricia Schaefer (Fort Smith)

Governance and Human Resources Committee

- Chairperson: James Antoine

Members

- Ethel-Jean Gruben
- Ted Blondin
- Bruce Cooper

Quality Committee

- Chairperson: Ted Blondin

Members:

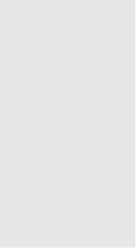
- James Antoine
- Ethel-Jean Gruben
- Patricia Shafer
- Brian Willows
- Gina Dolphus
- Ted Blondin
- Ruby Simba
- Nancy Trotter

NTHSSA LEADERSHIP TEAM

(as at March 31, 2022)

- Chief Executive Officer, Ms. Kimberly Riles
- Chief Financial Officer, Ms. Marissa Martin
- 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. Lorie-Anne Danielson
- Chief Operating Officer (Fort Smith Region), Ms. Sujata Ganguli
- Chief Operating Officer (Stanton Territorial Hospital), Ms. Georgina Veldhorst
- Executive Director, Clinical Integration, Vacant
- Executive Director, Corporate and Support Services, Mr. Tim Van Overliw
- Executive Director, Health and Social Services System Sustainability, Mr. Bob Laramy
- Executive Director, Child, Family and Community Wellness, Ms. Nathalie Nadeau
- Territorial Medical Director, Dr. AnneMarie Pegg
- Senior Advisor to the Chief Executive Officer, Mr. Kevin Whitehead
- Senior Advisor; Employee Engagement, Ms. Sheena Wasiuta
- Senior Advisor, Governance, Mr. Allen Stanzell





APPENDIX A
AUDITED FINANCIAL
STATEMENTS

MANAGEMENT DISCUSSION & ANALYSIS

INTRODUCTION

In preparation of the 2021-22 year-end financial statement, this Management Discussion and Analysis (MD&A) was developed to provide an overview of all activities relating to operations and to demonstrate the core values of transparency and accountability held by Northwest Territories Health and Social Services Authority (NTHSSA) management and the Northwest Territories Health and Social Services Leadership Council (Leadership Council). This overview will also help to provide context for financial information contained within the 2021-22 Audited Financial Statements.

2021-22 is the conclusion of the fifth full year of operations for the NTHSSA. Established in 2016, the NTHSSA consolidated the delivery and operations of health and social services for most of the NWT, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operations of the Stanton Territorial Hospital. The remaining regions are serviced by their respective health and social services authorities: Tlicho Community Services Agency and the Hay River Health and Social Services Authority, who are regular collaborators with the NTHSSA in ensuring access to health and social care across the NWT.

As an agency of the Government of the Northwest Territories (GNWT), the NTHSSA is responsible to the Minister of Health and Social Services for governing, managing, and providing health and social services in accordance with the territorial plan set out by the Minister, specifically with a role 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 provides overall leadership to the NTHSSA and helps facilitate the NTHSSA's legislated 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 the delivery of projects 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 the Regional Wellness Councils (6); the chairperson of the Tłı̄ch̄ Community Services Agency; and the Deputy Minister of the Department of Health and Social Services (ex-officio and non-voting).

The 2021-2022 Leadership Council included:

- Mr. James Antoine – Chairperson of Governance & HR Committee
- Ms. Ethel-Jean Gruben – Vice-Chairperson (Chair, Beaufort-Delta RWC)
- Mr. Brian Willows (Chair, Finance Committee and Hay River RWC)
- Ms. Gina Dolphus (Chair, Sahtu RWC)
- Mr. Ted Blondin (Chair, Quality Committee, and TCSA)
- Ms. Ruby Simba (Chair, Dehcho RWC)
- Ms. Nancy Trotter (Chair, Yellowknife RWC)
- Ms. Patsy Schaefer (Chair, Fort Smith RWC – Apr.1/21 to July 31/21)
- Ms. Phyllis Mawdsley (Chair, Ft. Smith RWC – Aug 1/21 to Mar. 31/22)

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 seven executive branches that are responsible for delivering health and social services across the NWT. Regional operations in the Beaufort Delta, Dehcho, Sahtu, Fort Smith and Yellowknife regions of the NWT, as well as the operation of the Stanton Territorial Hospital, are all supported by Territorial operational branches guided by the CEO office.

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

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

Clinical Integration: Territorial quality, patient safety, and client experience leadership; quality improvement and support for health services; mental health and community wellness; corrections health services; sheltering services; adult support services.

Child, Family and Community Wellness: Child and family services; foster care and adoption services; child and youth in territory placement services; family preservation and Healthy Families services; quality assurance and training and practice improvement.

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 clinics operations; home care; mental health and addictions services; health promotion; public health; family violence programs; rehabilitation services; long term care; facility operations.

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

In addition, each of the regions comprising the NTHSSA has a Regional Wellness Council that acts in an advisory capacity to collect community feedback specific to the needs within their regions, to provide residents with an avenue to approach and discuss 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.

Operating Environment

The NTHSSA provides health and social services in the 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, a robust logistical support network, 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 NWT Health and Social Services System Strategic Planning Framework sets out a vision for a health and social services system that supports the residents of the NWT to be as healthy as they can be. The vision and goals are reflective of engagement and consultation across the NWT and the HSS System's partners, stakeholders, patients, clients, and staff.

Best Health: Health of the Population and Equity of Outcomes.

Best Care: Better Access to Better Services.

Better Future: Stable and representative Workforce & Quality, Efficiency and Sustainability.

COVID-19 Impact

At the close of the 2019-20 fiscal year, the NTHSSA had to pivot its operations to enact pandemic planning and prepare for the response to COVID-19, which had well begun to impact health care systems around the globe. Changes to operations and processes to prevent viral spread were balanced with the continuation of non-COVID-19 healthcare services. Many NTHSSA operational initiatives and projects were deferred and delayed, as focus was directed to ensuring the protection of NWT residents.

The impact of COVID-19 will continue to have a significant impact on operations from both human and financial resource perspectives. The NTHSSA has led the work on the NWT Authorities COVID-19 Response Team planning and activities, in collaboration with the Department of Health and Social Services and the wider GNWT emergency management approach to COVID-19. As a result, the NTHSSA has experienced the following operational impacts from the beginning of the pandemic that continued throughout fiscal year 2022:

- Establishment of dedicated COVID-19 response positions and functions
- Redeployment of NTHSSA staff to COVID-19 response activities
- Significant purchases to secure personal protective equipment and essential supplies and equipment supported by Government of Canada donations
- Program and service disruptions and delays
- Expanded occupational health and safety and infection prevention and control protocols for staff and programs
- Increased laboratory testing and public health supports
- Increased funding supports to NTHSSA partners and stakeholders

The NTHSSA has continued to provide best care and services to NWT residents while shifting regular processes to ensure all possible measures were taken to safeguard both patients and staff. As an organization, these challenges to regular operations have also brought focus to new possibilities for the provision of care and crystallized the understanding of the unique circumstances that health services face in the NWT.

FINANCIAL HIGHLIGHTS

The results of operations for the fiscal year ended March 31, 2022 and the financial position as at March 31, 2022 is summarized below:

All figures in thousands of dollars

	Budget 2021-22	Actual 2021-22	Actual 2020-21
Total Revenues	380,629	463,893	427,130
Total Expenses	403,172	497,655	460,061
Annual Surplus (deficit)	(22,543)	(33,762)	(32,931)
Financial Assets		107,602	93,636
Less: Liabilities		313,796	265,898
Net Debt		(206,194)	(172,262)
Non-Financial Assets		12,510	12,340
Accumulated Deficit		(193,684)	(159,922)

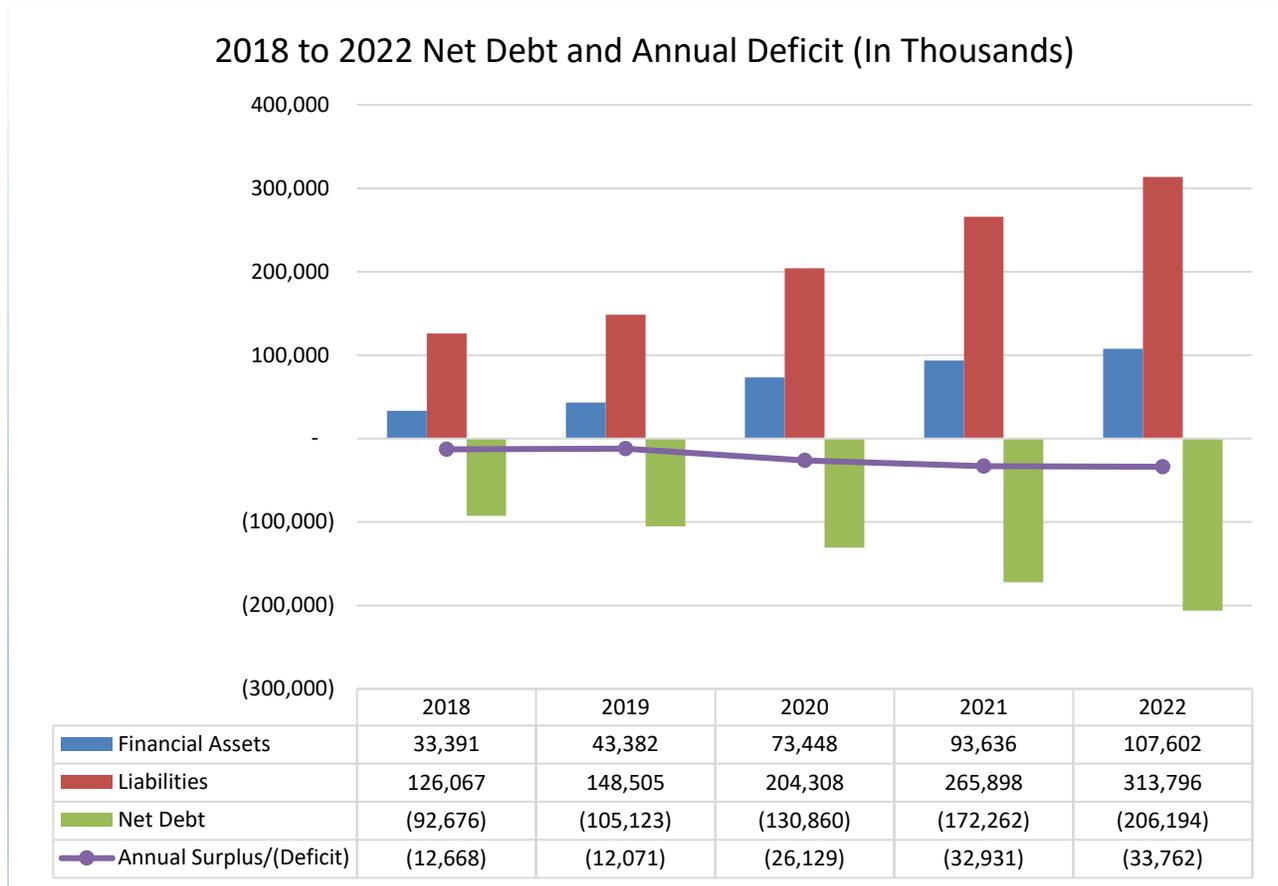
As of March 31, 2022, the NTHSSA incurred an operating deficit of \$33.8 million, which is \$11.2 million greater than the budgeted operating deficit of \$22.5 million or 49.8% higher than budgeted amount. This deficit has increased NTHSSA's accumulated deficit to \$193.7 million. The annual operating deficit for 2022 is comparable to prior year.

Budget adjustments, which are approved through supplementary appropriations, should be considered before any conclusions are drawn with respect to operational results as budget adjustments made during the fiscal year typically reflect new information that is not known at the time the original budget is approved.

Net Debt and Annual Deficit

At the end of the 2022 fiscal year, the Authority is in a net debt position as liabilities exceeded financial assets. The NTHSSA is in a net debt position of \$206.2 million. Net debt has increased by \$33.9 million or 19.7% increase from prior year due to an increase in the due to GNWT in the fiscal year. The change in net debt is shown on the Statement of Change in Net Debt in the financial statements.

The graph below illustrates the Authority's net debt position and annual surplus/deficit at the end of each of the last five fiscal years.

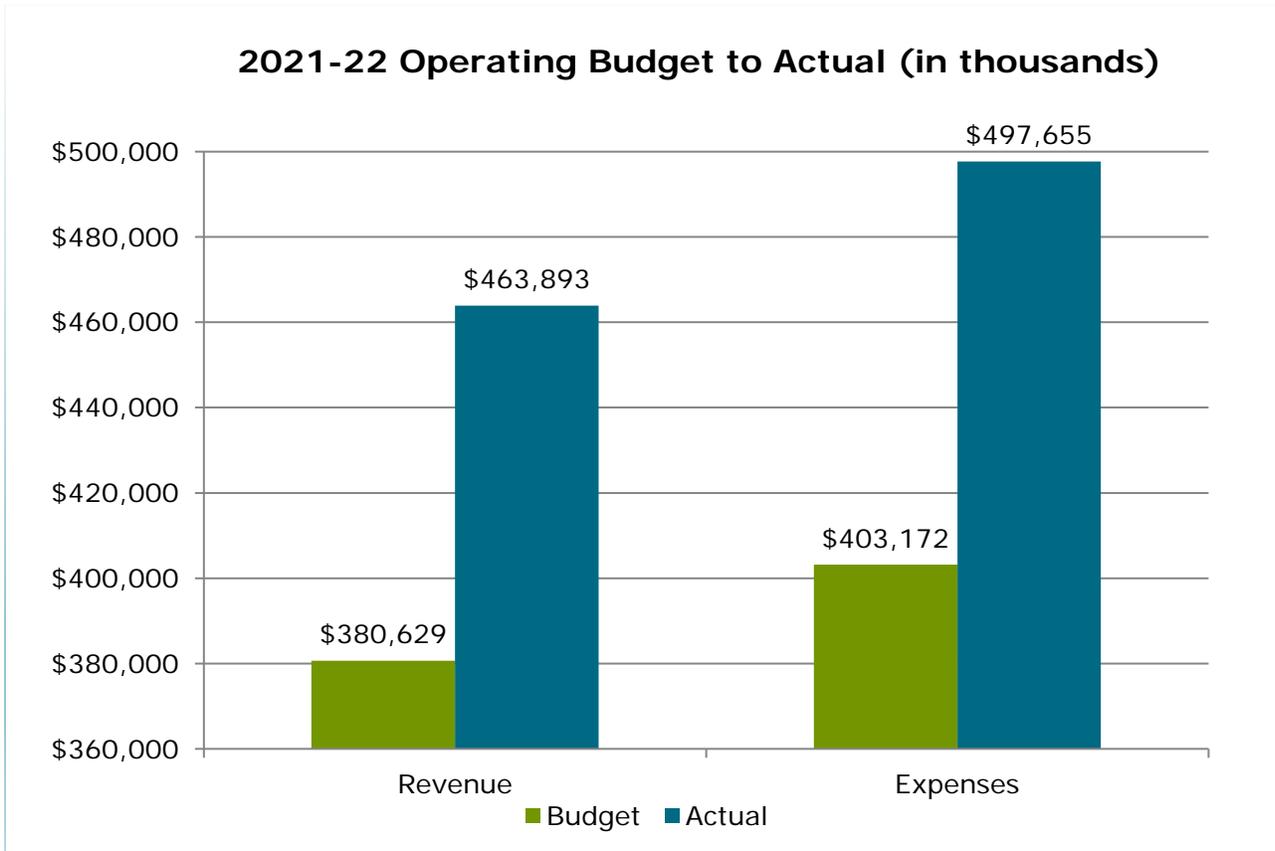


Net assets result when there are financial assets remaining after deducting all liabilities of the Authority. Net debt results when liabilities are more than financial assets. Net debt represents the debt burden on future generations that must be recovered through either future revenues or future service reductions.

Operating Revenue and Expenses

The annual revenue for 2021-22 was \$83.3 million higher than the original budget. Expenses were \$94.5 million higher than budgeted. Throughout the fiscal year, COVID-19 impacted operations, and caused program changes, new initiatives, and projects.

The graph below shows the comparison of the budget to the actual amounts for revenues and expenses.



Total revenues in 2021-22 is \$463.9 million, which is \$83.3 million or 21.9% higher than the original budget. The difference between actual revenues versus budgeted revenues is primarily due to: \$30.4 million contributions from GNWT for unbudgeted COVID-19 revenues, \$24.3 million recoveries from GNWT more than budget, recoveries increase due to more use of the air ambulance to address COVID-19, and \$31.0 million unbudgeted grant in kind revenues, and this was partially offset by \$2.8 million less than budget revenues from other sources.

Total expenses in 2021-22 are \$497.7 million, an increase of \$94.5 million or 23.4% from the original budget. The difference between in actual expenses versus budgeted expenses is primarily due to \$36.3 million unbudgeted COVID-19 expenses and \$31.0 million unbudgeted grant in kind expenses, and this

was compounded by unbudgeted cost of overtime due to staffing shortages, underfunded locum cost, unfunded or underfunded programs, unfunded growth in healthcare positions.

KEY FINANCIAL TRENDING

NTHSSA's annual operating deficits costs have exceeded the budgeted expenses in each of the past 5 fiscal years.

Expense Growth

All figures in thousands of dollars

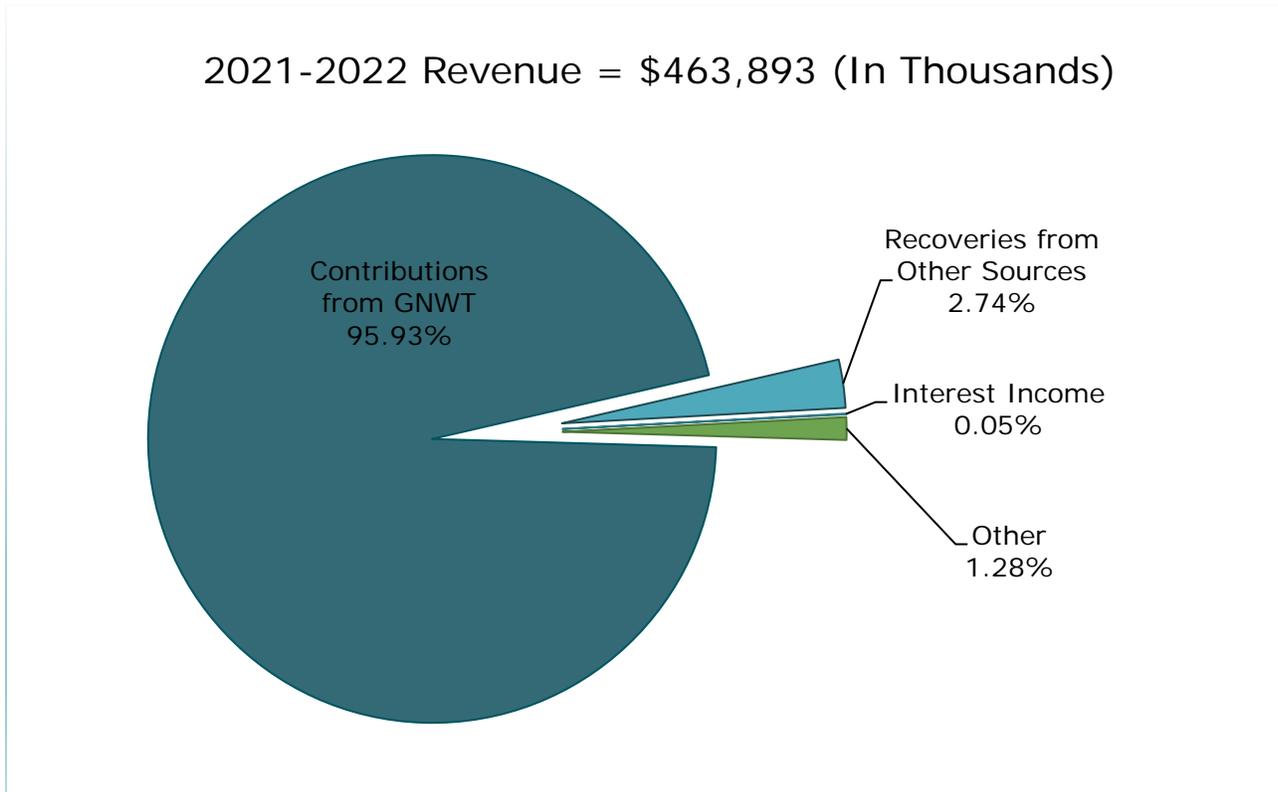
	<u>2016-17</u>	<u>2017-18</u>	<u>2018-19</u>	<u>2019-20</u>	<u>2020-21</u>	<u>2120-22</u>
Revenue	300,698	307,491	358,321	392,411	427,130	463,893
Expenses	(314,874)	(320,392)	(370,392)	(418,540)	(460,061)	(497,655)
Annual Operating Surplus (Deficit)	(14,176)	(12,668)	(12,071)	(26,129)	(32,931)	(33,762)
Accumulated Deficit	(76,123)	(88,791)	(100,862)	(126,991)	(159,922)	(193,684)

Upon amalgamation in 2015-2016, the predecessor Health and Social Services Authorities (HSSA) had a combined operating deficit of \$50.8 million which was transferred to the Authority. The NTHSSA has incurred an operating deficit each year since amalgamation. The reasons are numerous and include: cost of overtime due to staffing shortages, underfunded locum cost, unfunded or underfunded programs, unfunded growth in healthcare positions, underfunded COVID-19 costs.

FINANCIAL ANALYSIS

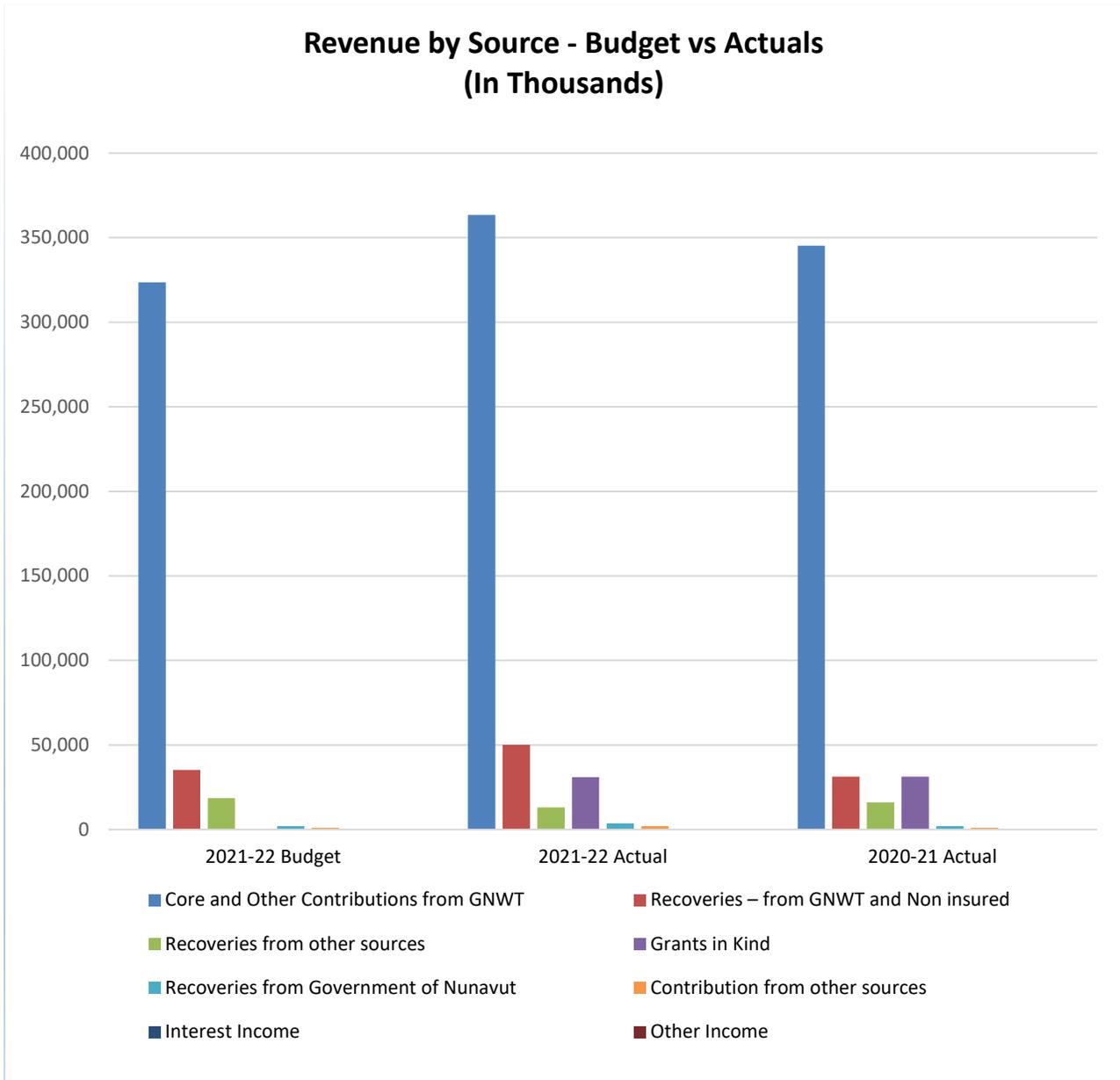
NTHSSA discloses its results from operations in its financial statements on the Statement of Operations – by Source for Revenues and by Program for Expenses. Expenses are also shown by Object in note 16 and core government contributions are shown in note 17.

Revenue



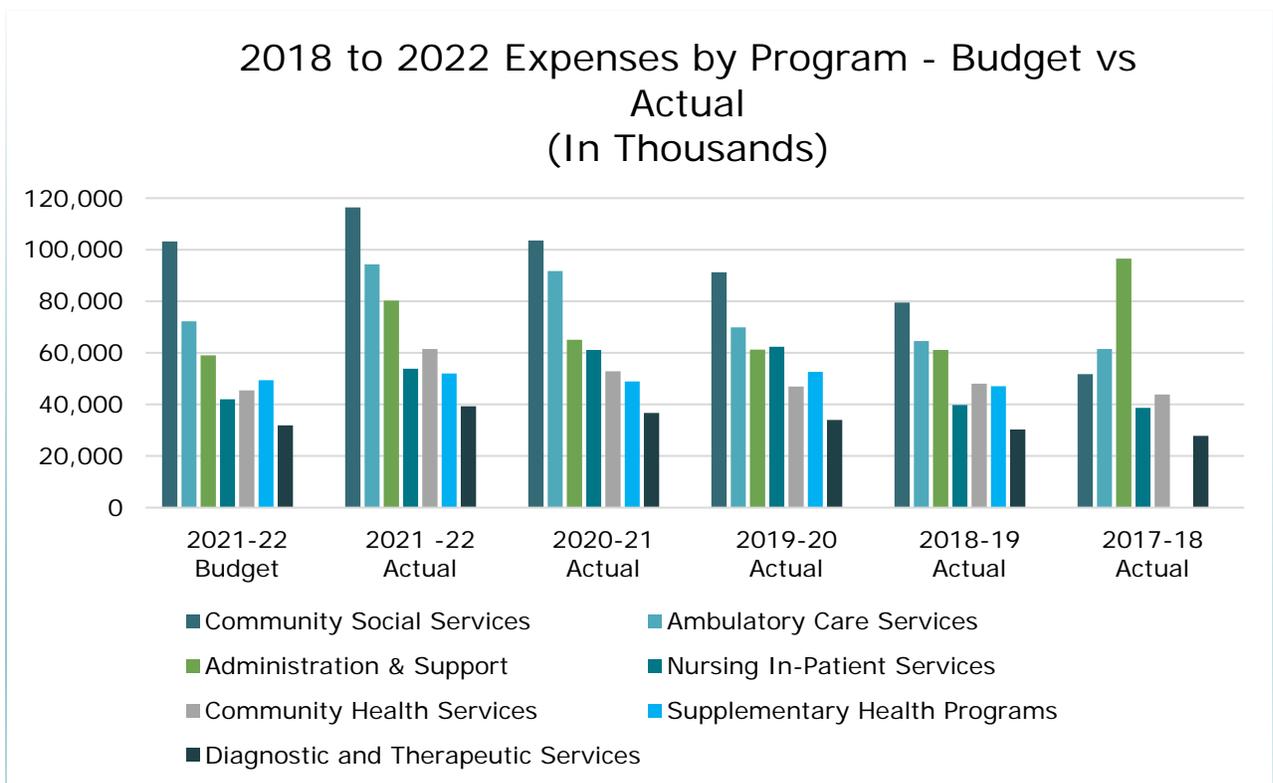
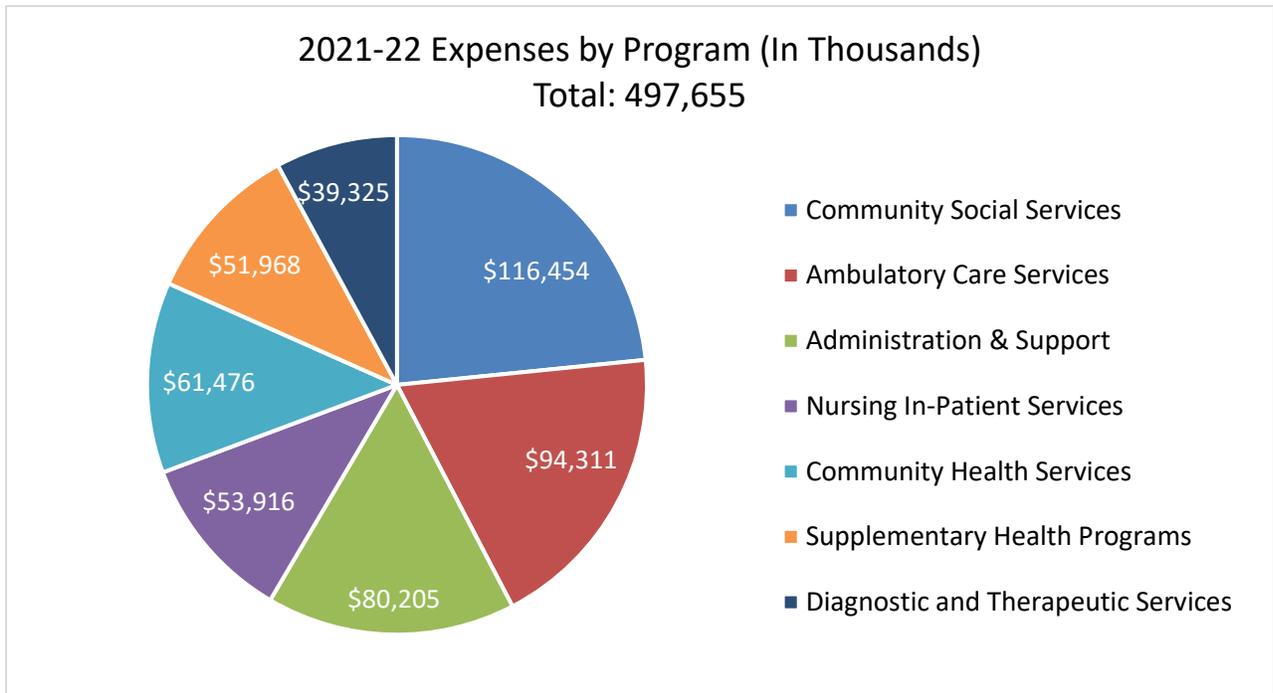
GNWT contributions accounted for 95.9% of NTHSSA's total revenue in the 2021-22 fiscal year and is consistent with the 95.7% of total revenue for the 2020-2021 fiscal year.

Contribution from GNWT as a percentage of total revenue is an indicator of the degree of vulnerability the Authority has because of relying on GNWT contributions.



Total revenues is \$36.8 million or 8.6% higher than prior year. The \$36.8 million increase in actual revenues over prior year is primarily due to: \$6.8 million increase in core funding for home care, \$17.6 million increase in recoveries from GNWT more than prior year, mostly due to increased recoveries due to more use of the air ambulance as a result of COVID-19 and \$1.1 million increase in other contributions mostly for the enhancement of safe long-term care, \$3.1 million for the FNIHCC home and community care, and \$5.0 million for Medical Travel used to supplement the funding provided by the DHSS for the existing Medical Travel program, through the Core funding Contribution Agreement, and \$1.0 million for System Sustainability Office.

Expenses by Program

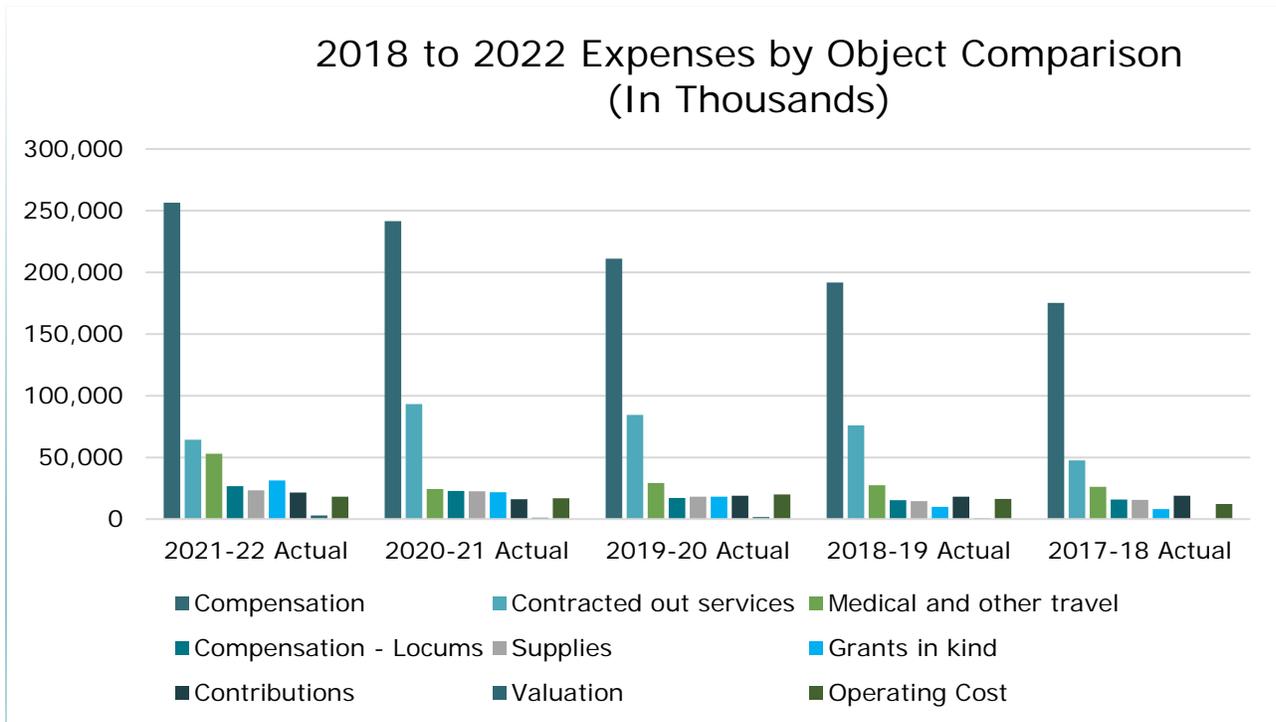
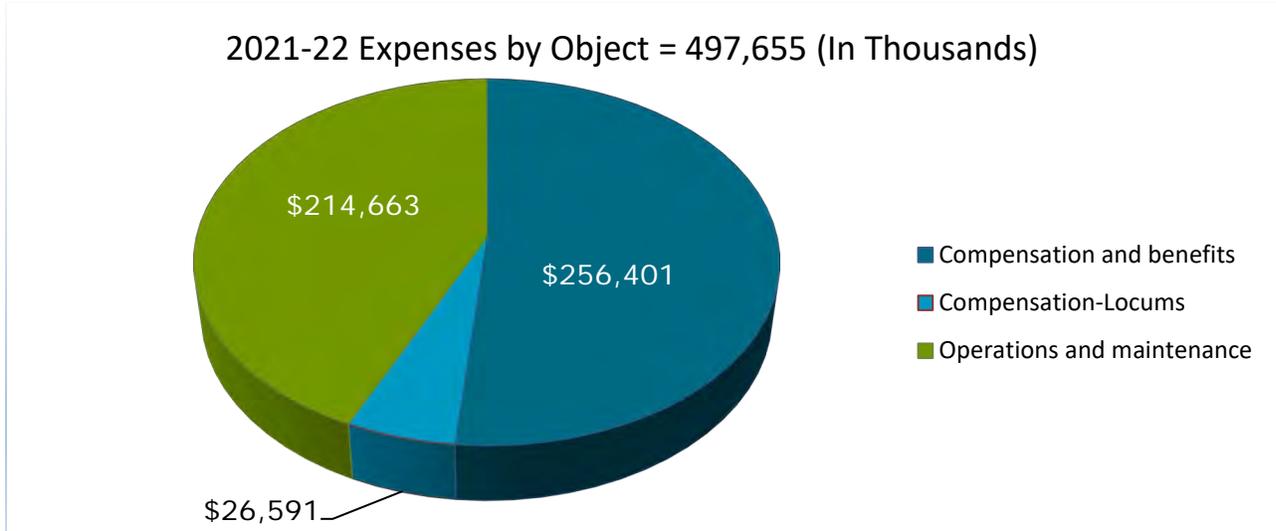


Significant variances or changes are explained as follows:

- Community Social Programs expense is \$116.5 million in 2022. This is \$13.3 million or 12.9% more than what was budgeted and \$12.8 million or 12.4% more than 2021. The increase is primarily due to unbudgeted COVID-19 expenses and unbudgeted overtime, standby, callback and shift premiums. This was compounded by increases in WSCC premiums, additional travel costs relating to southern placements and unbudgeted grant in kind expenses.
- Ambulatory Care Services expense is \$94.3 million in 2022. This is \$22.1 million or 30.6% more than what was budgeted and \$2.6 million or 2.9% more than 2021. The increase is primarily due to unbudgeted overtime, standby, callback and shift premium and grant in kind expenses.
- Administration and Support Services expense is \$80.2 million in 2022. This is \$21.1 million or 35.8% more than what was budgeted and \$15.1 million or 23.2% more than 2021. The increase is primarily due to unbudgeted COVID-19 related expenses and grant in kind expenses.
- Nursing Inpatient services expense is \$53.9 million in 2022. This is \$11.9 million or 28.3% more than budgeted and \$7.2 million or 11.8% less than 2021. This is due to unbudgeted overtime, standby, callback and shift premium and grant in kind expenses. The decrease in expenses over prior year was mostly due to the reclassification of \$5.8 million grant expense for the use of assets to other programs based on use per square footage. Unlike in prior years where most of the grant¹ in kind expenses was allocated to Nursing Inpatient Services
- Community Health Programs expense is \$61.5 million in 2022. This is \$16.0 million or 35.2% more than what was budgeted and \$8.6 million or 16.2% more than 2021. The increase is primarily due to unbudgeted COVID-19 expenses and contributions to First Nations for community health programs.
- Supplementary Health Programs expense is \$52.0 million in 2022. This is \$2.6 million or 5.3% more what was budgeted and is \$3.0 million or 6.1% more than 2021. This is due to unbudgeted COVID-19 expenses and unbudgeted overtime costs.
- Diagnostic and Therapeutic Services expense is \$39.3 million in 2022. This is \$7.4 million or 23.3% more than what was budgeted and \$2.7 million or 7.3% more than 2021. This is due to grant in kind expenses, increased costs for locum physician services and underbudgeted programs.

¹ Grants in Kind are funds received from the GNWT and Canada and represents the revenue to offset depreciation of fixed assets (buildings and major equipment) and COVID-19 inventory supplies received for free from Canada. Grant in kind was not budgeted.

Expenses by Object



Significant variances or changes are explained as follows:

- Compensation expense is \$256.4 million in 2022. This was \$14.9 million or 6.2% more than 2021 due to overtime, standby, shift premium and callback (non-COVID-19) and use of casuals to cover staff shortages.
- Contracted out services expense is \$64.1 million in 2022 which is comparable with prior year actual.
- Medical and other travel expense is \$53.4 million in 2022. This was \$5.8 million or 12.1% more than 2021 mostly due to increase in air ambulance cost due to more air ambulance cases and increased costs per case.
- Compensation-Locums expenses are \$26.6 million in 2022. This is \$3.8 million or 16.7% more than 2021 due to more COVID-19 locum contracts and higher Locum contract costs due to COVID-19.
- Supplies expenses are \$23.4 million in 2022 which is comparable with prior year actual.
- Grants in Kind are \$31.2 million in 2022. This is \$2.4 million or 8.4% more than 2021 due to grant in kind for COVID-19 inventory that was expensed because of usage in current year, compared to prior year where most of the COVID-19 inventory was not used by year end.
- Contributions expenses are \$21.4 million in 2022. This is \$5.3 million or 32.8% more than 2021 due to increase costs for the COVID-19 pandemic response.
- Valuation expenses are \$3.0 million in 2022. This is \$1.9 million or 159.3% more than 2021 due to the temporary suspension of collection efforts at the start of the COVID-19 pandemic to ease the burden on business and residents.
- Operating Cost expenses are \$18.1 million in 2022 which is comparable with prior year actuals.

Summary and Outlook

In review of the operating landscape for the NTHSSA, while continuing to function in the environment of a global pandemic, there are several challenges ahead for the Authority.

Addressing Challenges

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 stabilize staffing models to meet program and service delivery demand.

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 is a particular challenge in, where casual staff use continue increase in several program areas.

Outlook

The NTHSSA's primary focus for the 2022-2023 fiscal year will be to transition established pandemic response activities and functions into ongoing operations. Additionally, the NTHSSA will focus its efforts to minimize the staffing challenges because of the impact COVID-19 has had on the health and social services systems across Canada.

As COVID-19 continues to drive operational planning, the NTHSSA will continue to define and realize deficit reductions strategies through the work of the Sustainability Team and partnership with the Department of Health and Social Services and the Department of Finance.



KIMBERLY RILES, RN, NP

CHIEF EXECUTIVE OFFICER

25 August 2022

Glossary

GNWT Core Contributions is funding provided by the Government of Northwest Territories for programs and services and comprises approximately 75-80% of total revenues for NTHSSA.

GNWT Other Contributions is funding provided by DHSS through contribution agreements for specific programs.

Grants in Kind are funds received from the GNWT and Canada and represents the revenue to offset depreciation of fixed assets (buildings and major equipment) and COVID-19 inventory supplies received for free from Canada.

Recoveries from Other Sources include amounts recovered for expenses paid by the Authority - relating to hospital services, and client medical travel costs.

Community Social Services includes primarily Child and Family services, homeless shelters, Foster Care, Children Group Homes, Southern Placements and Residential Care Facilities.

Ambulatory Care Services includes Emergency departments, Physician speciality clinics, Physician services and Medical same day services.

Administration & Support is comprised of General Administration, Finance, Communications, Information technology and Support services. General Administration includes senior executives and many functions such as Infection control, Quality assurance, Patient safety and Communications. Support services is comprised of Central surgical instrument sterilization, Materials Management including purchasing, central warehousing, and distribution.

Nursing Inpatient is comprised predominantly of patient care units such as medical, surgical, obstetrics, pediatrics, mental health, emergency, intensive care, and the Northern Women's health program.

Community Health Services consists primarily of Public Health, Corrections, Home Care, Healthy Child Development, Cancer Patient Navigation and Wellness programs.

Supplementary Health Programs consists primarily of Medical Travel, Med-Response and Boarding Homes.

Diagnostic & Therapeutic Services supports and provides care for patients through clinical laboratories, diagnostic imaging, pharmacy, acute and therapeutic services such as physiotherapy, occupation therapy, respiratory therapy, speech language pathology and Social Work.

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NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY

Financial Statements

March 31, 2022

Northwest Territories Health and Social Services Authority

Table of Contents

March 31, 2022	Page
Management's Responsibility for Financial Reporting	2
Independent Auditor's Report	3 - 5
Statement I Statement of Financial Position	6
Statement II Statement of Operations and Accumulated Deficit	7
Statement III Statement of Changes in Net Debt	8
Statement IV Statement of Cash Flow	9
Notes to Financial statements	10

Northwest Territories Health and Social Services Authority



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 judgments 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).



Kimberly Riles, RN, NP
Chief Executive Officer



Marissa Martin, CPA, CGA, MBA
Chief Financial Officer

August 25, 2022



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 2022, 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 2022, 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.

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 2022

Northwest Territories Health and Social Services Authority

Statement of Financial Position

(All figures in thousands of dollars)

As at March 31,	2022	2021
Financial Assets		
Cash	\$ 27,548	\$ 15,501
Accounts receivable (note 4)	12,878	10,782
Due from Government of the Northwest Territories (note 5)	66,746	67,079
Due from Government of Canada	430	274
	107,602	93,636
Liabilities		
Accounts payable and accrued liabilities (note 7)	32,757	34,297
Due to Government of the Northwest Territories (note 5)	274,690	224,971
Due to Government of Canada	30	9
Employee future benefits and compensated absences (note 8)	6,319	6,621
	313,796	265,898
Net Debt	(206,194)	(172,262)
Non-Financial Assets		
Inventory held for use (note 6)	10,999	10,919
Prepaid expenses	1,511	1,421
	12,510	12,340
Accumulated Deficit (note 9)	\$ (193,684)	\$ (159,922)

Contractual Obligations and Contingencies (notes 10 and 11)

Approved on behalf of the Authority:



Ted Blondin
Leadership Council
Vice Chairperson



Brian Willows
Leadership Council
Finance Committee Chair

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,	2022		2021
	Budget	Actual	Actual
Revenues			
Recoveries from other sources	\$ 18,620	\$ 12,719	\$ 15,019
Recoveries from Government of Nunavut	2,024	3,691	2,053
Contributions from other sources	982	2,066	1,057
Interest income	20	210	65
Other income	20	202	2
Total Revenue	21,666	18,888	18,196
Expenses (note 16)			
Community social programs	103,164	116,454	103,620
Ambulatory care services	72,210	94,311	91,679
Administration and support services	59,073	80,205	65,087
Nursing inpatient services	42,016	53,916	61,157
Community health programs	45,462	61,476	52,891
Supplementary health programs	49,358	51,968	48,961
Diagnostic and therapeutic services	31,889	39,325	36,666
Total Expenses	403,172	497,655	460,061
Deficit for the year before Government contributions	(381,506)	(478,767)	(441,865)
Government contributions			
Core contributions (note 17)	315,497	345,923	339,082
Other contributions (note 17)	8,171	17,548	6,152
Recoveries	20,366	35,005	17,446
Recoveries - non insured health services	14,929	15,197	13,852
Recoveries of prior year expenses	-	354	1,112
Grant-in-kind (note 13)	-	30,978	31,290
Total Government contributions	358,963	445,005	408,934
Annual deficit	(22,543)	(33,762)	(32,931)
Accumulated deficit, beginning of year	(159,922)	(159,922)	(126,991)
Accumulated deficit, end of year	\$ (182,465)	\$ (193,684)	\$ (159,922)

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

Northwest Territories Health and Social Services Authority

Statement of Change in Net Debt

(All figures in thousands of dollars)

For the year ended March 31,	2022		2021
	Budget	Actual	Actual
Annual deficit for the year	\$ (22,543)	\$ (33,762)	\$ (32,931)
Adjustments			
Acquisition of inventories held for use	-	(17,091)	(15,374)
Consumption of inventories held for use	-	17,011	7,659
Acquisition of prepaid expenses	-	(1,160)	(1,403)
Use of prepaid expenses	-	1,070	647
Increase in net debt for the year	(22,543)	(33,932)	(41,402)
Net debt, beginning of year	(172,262)	(172,262)	(130,860)
Net debt, end of year	\$ (194,805)	\$ (206,194)	\$ (172,262)

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

Northwest Territories Health and Social Services Authority

Statement of Cash Flow

(All figures in thousands of dollars)

For the year ended March 31,	2022	2021
Cash (used in) provided by operating transactions		
Annual deficit	\$ (33,762)	\$ (32,931)
Changes in non-cash assets and liabilities		
Change in accounts receivable	(2,096)	(2,258)
Change in accounts payable and accrued liabilities	(1,539)	5,662
Net change in due to/(from) Government of the Northwest Territories	50,051	30,510
Change in employee future benefits and compensated absences	(302)	(2,025)
Net change in due to/(from) Government of Canada	(135)	(108)
Change in inventory	(80)	(7,715)
Change in prepaid expenses	(90)	(756)
Cash provided (used in) by operating transactions	12,047	(9,621)
Increase (decrease) in cash	12,047	(9,621)
Cash, beginning of year	15,501	25,122
Cash, end of year	\$ 27,548	\$ 15,501

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

Total interest received during the year \$210 (2021 - \$65).

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

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

1. Authority and Operations

The Northwest Territories Health and Social Services Authority (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 ("GNWT"). 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 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 GNWT. To be consistent with the format of the financial statements, presentation changes have been applied as disclosed in note 19.

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, 2022 the Authority had an annual deficit of \$33,762, accumulated deficit of \$193,684, liabilities of \$313,796 (including \$274,690 due to the GNWT), and total financial assets of only \$107,602.

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 GNWT, the GNWT's authorization for incurring annual deficits, the GNWT's continued support for payments of payroll costs on behalf of the Authority combined with the GNWT's continued financing of the payroll liability. The Authority anticipates that the GNWT 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 GNWT 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.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

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 requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses recognized in the financial statements and disclosed in the accompanying notes. By their nature, all estimates are inherently subject to some measurement uncertainty. The estimates are based on facts and circumstances, historical experience and reflect management's best estimate of the related amount at the end of the reporting period. Estimates and underlying assumptions are reviewed annually at March 31.

Measurement uncertainty that is material exists when it is reasonably possible that a material variance could occur in the reported or disclosed amount in the near term. Near term is defined as a period of time not to exceed one year from March 31. Changes in estimates and assumptions will occur based on passage of time and occurrence or non-occurrence of certain future events. Revisions to accounting estimates are recognized in the period in which estimates are revised if revisions affect only that period or in the period of revision and future periods if revisions affect both current and future periods.

Contingent liabilities are subject to measurement uncertainty due to the use of estimates relating to both the outcome of the future event as well as the value of the potential loss. The estimate of the provision for claims is continuously reviewed and refined in light of several factors, including ongoing negotiations, recent settlements and decisions made by the courts. Accounts receivable and Due from GNWT includes accrued receivables based on estimates of patient services provided but not yet assessed for recoverability from third parties. Historical experiences related to these assessments can be inconsistent resulting in challenges predicting future outcomes. This may lead to a greater possibility of a material variance between estimates recognized in the financial statements and the results ultimately realized.

(b) Cash

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

(c) Tangible capital assets

The GNWT retains ownership of all tangible capital assets (TCA) used by the Authority. The GNWT'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 GNWT. In addition, the Authority has recognized a corresponding rent expense for these TCAs based on the GNWT's amortization which is the GNWT'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, general supplies, and hospital operating room supplies. Inventories held for use are valued at the lower of cost and replacement value. Where inventory has been donated it is

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

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

measured at fair value at the date of acquisition.

(e) 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 and Accumulated Deficit as the stipulation liabilities are settled.

Recoveries

Government recoveries which 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.

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.

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 from its hospital cafeterias.

(f) 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. The benefits under these two categories are valued using the projected unit credit methodology. 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. Benefits that accrue under compensated absence benefits are actuarially valued using the expected utilization methodology. An actuarial valuation of the cost of these benefits (except parental and maternity, annual, and lieu time leaves) has been prepared using data provided by management and assumptions based on management's best estimates.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

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

(g) Pensions

The Authority and its eligible employees make contributions to the Public Service Pension 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.

(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. Transaction 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.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

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

(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 13.

(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, except for certain services and other contributions provided by the GNWT at no cost. The Authority is related in terms of common ownership to all GNWT 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.

Services provided at no cost, that are part of the central agency role of the GNWT and cannot be reasonably estimated are not recorded in these financial statements. These services include, 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.

Other assets and services provided at no cost by the GNWT are recorded in the financial statements. Use of assets which include, buildings, leasehold improvements, equipment, and vehicles, are recorded as described in Note 2 (c). Donated assets recognized as grant-in-kind in the Statement of Operations and Accumulated Deficit, when donations are received. Operating costs paid on the Authority's behalf are recognized as contracted services expense and grant-in-kind in the Statement of Operations. Grant-in-kind is measured using the cost incurred by the GNWT.

(m) Accounts payable and accrued liabilities

Liabilities are present obligations arising from past transactions or events, the settlement of which is expected to result in the future sacrifice of economic benefits.

Accounts payable and accrued liabilities primarily include obligations to pay for goods and services acquired prior to year-end, reimbursement of medical related travel expenses, and to pay for employee compensation earned prior to year-end.

Annually, employees earn vacation and lieu credits in accordance with their respective collective bargaining agreement or contract. Any unused credits that have not been paid out are recorded as payable at the employees' pay rate at year end.

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 \$61 (2021 - \$71). Funds established by the Authority include a special project reserve \$61 (2021 - \$71) which are donations made to the Authority under non-contractual conditions.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

4. Accounts receivable

The Authority administers the GNWT'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 payments from customers of the Authority are expected within 30 days.

	Accounts Receivable	Allow. For Doubtful Accounts	2022	2021
Trade Receivables	\$ 14,646	\$ (9,968)	\$ 4,678	\$ 5,919
Government of Nunavut	2,340	(295)	2,045	1,680
Due from WSCC	392	-	392	320
Due from related parties (note 15)	5,775	(12)	5,763	2,863
Total accounts receivable	\$ 23,153	\$ (10,275)	\$ 12,878	\$ 10,782

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

For contribution agreements, the Authority receives transfer payments from the GNWT 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

	2022	2021
Health and Social Services	\$ 65,067	\$ 64,884
Finance	1,642	2,025
Justice	17	125
Education, Culture and Employment	20	42
Infrastructure	-	2
Environment and Natural Resources	-	1
Total due from Government of the Northwest Territories	\$ 66,746	\$ 67,079

Due to Government of the Northwest Territories

	2022	2021
Payroll liabilities	\$ 266,106	\$ 211,637
Health and Social Services	2,178	5,974
Finance	5,727	5,135
Environment and Natural Resources	10	-
Justice	12	-
Infrastructure	655	2,169
Education, Culture and Employment	2	56
Total due to Government of the Northwest Territories	\$ 274,690	\$ 224,971

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

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

6. Inventory held for use

The Authority carries several types of inventory for use in operation.

	2022		2021
General supplies	\$ 6,536	\$	8,245
Pharmaceutical	1,764		1,657
Hospital operating room supplies	2,699		1,017
	<u>\$ 10,999</u>	<u>\$</u>	<u>10,919</u>

7. Accounts payable and accrued liabilities

The Authority follows the GNWT 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 GNWT'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.

	2022		2021
Trade payable	\$ 21,563	\$	23,101
Annual leave and lieu time	11,097		10,562
Due to related parties (note 15)	97		634
	<u>\$ 32,757</u>	<u>\$</u>	<u>34,297</u>

8. Employee future benefits 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.

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.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

8. Employee future benefits and compensated absences (continued)

Valuation results

The most recent actuarial valuation was completed as at February 11, 2022. The results were extrapolated to March 31, 2022. The effective date of the next actuarial valuation is March 31, 2025. The table below provides details on the change in the accrued benefit obligation as well as the liability for employee future benefits and compensated absences.

	2022	2021
Accrued benefit obligations, beginning of year	\$ 7,833	\$ 8,927
Current period benefit cost	696	725
Interest accrued	262	237
Benefits payments	(1,375)	(2,906)
Actuarial loss	1,247	850
Accrued benefit obligations, end of year	8,663	7,833
Unamortized net actuarial (loss)	(3,101)	(1,983)
Employee future benefits & compensated absence liability - actuarially valued	5,562	5,850
Other compensated absences liability - not actuarially valued	757	771
Total employee future benefits and compensated absences	\$ 6,319	\$ 6,621

Benefits expense

Current period benefit cost	\$ 696	\$ 724
Interest accrued	261	237
Amortization of actuarial (gain)/loss	128	29
	\$ 1,085	\$ 990

The discount rate used to determine the accrued benefit obligation is an average of 4.1% (2021 - 3.3%).

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

9. Accumulated deficit

	2022	2021
Accumulated deficit upon amalgamation in 2016	\$ 50,824	\$ 50,824
Addition to the accumulated deficit since amalgamation	142,860	109,098
Accumulated deficit	\$ 193,684	\$ 159,922

10. Contractual obligations

The Authority has entered into agreements for equipment, operations and services (GNWT medical travel program) or is contractually committed to, the following amounts which are currently expected to become liabilities subsequent to March 31, 2022:

	Expires in Fiscal Year	2023	2024	2025	2026	2027	2028	Total
Equipment leases	2028	\$ 237	\$ 131	\$ 119	\$ 110	\$ 40	\$ 6	\$ 643
Operational leases	2025	2,864	1,355	322	-	-	-	4,541
Service contracts	2027	55,160	2,837	903	845	839	-	60,584
		\$58,261	\$ 4,323	\$ 1,344	\$ 955	\$ 879	\$ 6	\$ 65,768

11. 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 \$7,030 (2021 - \$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, 2022.

12. Trust assets under administration

The authority administers \$389 (2021 - \$294) of trust assets, consisting of cash held on behalf of patients, which are not included in the reported Authority's assets and liabilities.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

13. Assets provided at no cost

Details on assets and other contributions provided at no cost recognized in the financial statements are as follows:

Contributed asset	2022	2021
Use of Assets ⁽¹⁾	\$ 20,428	\$ 21,694
Stanton Territorial Hospital P3 costs ⁽²⁾	7,300	7,100
Donated Inventory	3,250	2,496
Grant-in-Kind Revenue	<u>\$ 30,978</u>	<u>\$ 31,290</u>

⁽¹⁾ Included in Use of Assets is the estimated cost to rent the new Stanton Territorial Hospital based on its current amortization expense of approximately \$8,053 (2021 - \$8,053).

⁽²⁾ Stanton Territorial Hospital P3 cost relate to the operations and maintenance cost which the GNWT pays on behalf of the Authority.

⁽³⁾ The amount of Donated Inventory used during the year, recognized as grant-in-kind expense, was \$3,484 (2021 - \$0).

14. 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 PSPP 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 1.02 times (2021 - 1.01) the employees' contributions for employees who started prior to January 2013 and 1.0 times (2021 - 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 of the Physician. The Authority contributed \$12,992 (2021 - \$11,734) to PSPP and \$1,962 (2021 - \$2,067) to the Physician's fund. The employee's contributions were \$12,679 (2021 - \$11,675) and \$896 (2021 - \$952) respectively.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

15. Related party balances and transactions

Related party transactions not disclosed elsewhere are as follows:

Due from related parties	Accounts Receivable	Allow. For Doubtful Accounts	Net 2022	Net 2021
Hay River Health and Social Services Authority	\$ 4,154	\$ -	\$ 4,154	\$ 2,011
Tlicho Community Services Agency	1,620	(12)	1,608	817
Northwest Territories Power Corporation	1	-	1	35
	\$ 5,775	\$ (12)	\$ 5,763	\$ 2,863

Due to related parties:	2022	2021
Aurora College	\$ 18	\$ 405
Tlicho Community Services Agency	51	149
Hay River Health and Social Services Authority	19	71
Fuel Services Division	5	3
Northwest Territories Power Corporation	4	6
	\$ 97	\$ 634

Revenues from related parties:	2022	2021
Hay River Health and Social Services Authority	\$ 2,708	\$ 2,454
Tlicho Community Services Agency	1,020	875
Northwest Territories Power Corporation	94	105
Government of the Northwest Territories	-	50
Aurora College	3	-
	\$ 3,825	\$ 3,484

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

15. Related party balance and transactions (continued)

Expenses paid to related parties:	2022	2021
Hay River Health and Social Services Authority	\$ 168	\$ 405
Tlicho Community Services Agency	310	317
Government of the Northwest Territories	9,299	8,254
Aurora College	1,783	183
Northwest Territories Power Corporation	73	92
Northwest Territories Housing Corporation	52	66
Fuel Services Division	49	41
	\$ 11,734	\$ 9,358

16. Expenses by object

	2022	2021
Compensation expense	\$ 256,401	\$ 241,454
Contracted out services	64,057	62,870
Medical and other travel	53,396	47,618
Compensation - locums	26,591	22,783
Supplies	23,399	22,466
Grants in kind (note 13)	31,212	28,795
Contributions	21,434	16,145
Valuation expenses	3,016	1,163
Operating Cost	18,149	16,767
Total expenses	\$ 497,655	\$ 460,061

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

17. Contributions from the Government of the Northwest Territories

	2022 Budget	2022 Actual	2021 Actual
Core contribution			
Community social services	\$ 30,555	\$ 37,079	\$ 29,415
Ambulatory care services	27,725	28,013	27,426
Administrative and support services	41,400	41,892	39,950
Nursing inpatient services	35,321	36,199	33,609
Community health programs	136,814	138,358	133,663
Supplementary health programs	18,701	16,035	21,101
Diagnostic and therapeutic services	24,981	25,990	24,900
COVID pandemic	-	22,357	29,018
	315,497	345,923	339,082
Other contributions			
Clinical Nutrition Intern	40	-	-
CHIIRP - Injury Reporting & Prevention	85	100	131
Collective Kitchens	156	143	169
Community Care Giver Pilot	297	199	93
Community Health Rep Training	-	48	-
ECD - Hearing Aids for Children	7	5	4
FASCETS - FASD Training	-	-	48
FNIHCC Home and Community Care	5,053	6,925	3,858
Feast on Health	39	9	-
French Language Services	856	561	461
HCC Quality and Risk Management	149	149	-
Implementation Lead Healthy Families Program	195	195	85
Integrated Primary Care Teams Demonstration Project	397	453	397
Mental Health Initiatives	250	195	241
OMTP Territorial Lead Case Manager	140	50	140
Oral Health Program	225	156	85
Oral Health Toolkits for LTC Residents	32	-	32
QRCE - IPAC	-	-	96
Respite Care Program	250	260	250
Safe LTC Fund	-	1,110	-
Smoking Cessation	-	22	-
Medical Travel System Sustainability	-	6,030	-
T.A.S.T.E - Traditional Foods	-	-	62
Yellowknife Day Shelter	-	938	-
	8,171	17,548	6,152
Total contributions from the GNWT	\$ 323,668	\$ 363,471	\$ 345,234

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

17. Contributions from the Government of the Northwest Territories (continued)

The following table summarizes the Authority's project budget and actual eligible costs incurred for other contributions in excess of \$250.

	2022 Budget	2022 Actual	2021 Actual
FNIHCC Home and Community Care Agreement			
Compensation	\$ 4,153	\$ 6,204	\$ 3,443
Equipment expense	304	196	1
Medical travel and other travel	171	145	-
Contracted out services	90	56	128
Other	335	324	286
	\$ 5,053	\$ 6,925	\$ 3,858
French Language Services			
Compensation	\$ 720	\$ 491	\$ 443
Other	136	70	18
	\$ 856	\$ 561	\$ 461
Integrated Primary Care Teams Demonstration			
Compensation	\$ 397	\$ 453	\$ 397
	\$ 397	\$ 453	\$ 397
Respite Care Program			
Contracted out services	\$ 250	\$ 260	\$ 250
	\$ 250	\$ 260	\$ 250
Safe LTC			
Compensation	\$ -	\$ 18	\$ -
Equipment expense	-	433	-
Medical travel and other travel	-	37	-
Other	-	622	93
	\$ -	\$ 1,110	\$ 93
Yellowknife Temporary Day Shelter			
Compensation	\$ -	\$ 369	\$ -
Other	-	369	-
	\$ -	\$ 738	\$ -

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

17. Contributions from the Government of the Northwest Territories (continued)

Medical Travel System Sustainability

Compensation	\$	-	\$	663	\$	-
Equipment expense		-		1		-
Medical travel and other travel		-		5,000		-
Contracted out services		-		236		-
Other		-		130		-
	\$	-	\$	6,030	\$	-

18. 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 \$107,602 (2021 - \$93,636).

Concentration of credit risk

Concentration of credit risk is the risk that one or more customers 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 have concentration of credit risk. At March 31, 2022, receivables from the Government comprised 83% of the total outstanding accounts receivables (2021 - 86%). The Authority manages this risk by monitoring overdue balances.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

18. Financial Instruments (continued)

(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 GNWT (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, 2022 mature within six months of year end.

Total financial assets are \$107,602 (2021 - \$93,636) and financial liabilities are \$313,796 (2021 - \$265,898). The Authority has disclosed contractual obligations in Note 10. 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.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

19. 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	GNWT Approved Budget	Difference
Revenue			
Recoveries from other sources	\$ 18,620	\$ 32,745	\$ (14,125)
Recoveries from Government of Nunavut	2,024	3,202	(1,178)
Contributions from other sources	982	981	1
Interest income	20	20	-
Other income	20	-	20
Total Revenue	21,666	36,948	(15,282)
Expenses			
Community social programs	103,164	103,164	-
Ambulatory care services	72,210	73,562	(1,352)
Administration and support services	59,073	59,073	-
Nursing inpatient services	42,016	42,016	-
Community health programs	45,462	45,581	(119)
Supplementary health programs	49,358	49,358	-
Diagnostic and therapeutic services	31,889	30,418	1,471
Total Expenses	403,172	403,172	-
Contributions from GNWT			
Core contributions	315,497	315,497	-
Other contributions	8,171	11,221	(3,050)
Recoveries	20,366	14,625	5,741
Recoveries - non insured health services	14,929	2,338	12,591
Total GNWT contributions	358,963	343,681	15,282
Annual deficit	\$ (22,543)	\$ (22,543)	\$ -

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

19. Budget (continued)

The Authority's budget is approved at the start of the fiscal year. Adjustments to the budget relating to GNWT funding are approved throughout the fiscal year through Notice of Target Adjustments ("NOTAs"). The budget does not include the Grant-in-kind GNWT; therefore the impact of the Grant-in-kind GNWT must be factored in when comparing to the actual results. The revised budget is detailed below:

	Original Budget	NOTAs	Grant-in- kind	Revised Budget	Actual Amount	Over (Under) Budget
Revenue						
Recoveries from other sources	\$ 18,620	\$ -	\$ -	\$ 18,620	\$ 12,719	\$ (5,901)
Recoveries from Government of Nunavut	2,024	-	-	2,024	3,691	1,667
Contributions from other sources	982	-	-	982	2,066	1,084
Interest income	20	-	-	20	210	190
Other income	20	-	-	20	202	182
Total Revenue	21,666	-	-	21,666	18,888	(2,778)
Expenses						
Community social programs	103,164	5,070	2,306	110,540	116,454	5,914
Ambulatory care services	72,210	5,383	4,317	81,910	94,311	12,401
Administration and support services	59,073	7,247	7,578	73,898	80,205	6,307
Nursing inpatient services	42,016	2,026	6,341	50,383	53,916	3,533
Community health programs	45,462	7,290	7,321	60,073	61,476	1,403
Supplementary health programs	49,358	1,960	134	51,452	51,968	516
Diagnostic and therapeutic services	31,889	1,450	3,215	36,554	39,325	2,771
Total Expenses	403,172	30,426	31,212	464,810	497,655	32,845
Government contributions						
Core contributions	315,497	30,426	-	345,923	345,923	-
Other contributions	8,171	-	-	8,171	17,548	9,377
Recoveries	20,366	-	-	20,366	35,005	14,639
Recoveries - Non-insured health services	14,929	-	-	14,929	15,197	268
Recoveries of prior year expenses	-	-	-	-	354	354
Grant-in-kind	-	-	30,978	30,978	30,978	-
Total Government contributions	358,963	30,426	30,978	420,367	445,005	24,638
Annual deficit	\$ (22,543)	\$ -	\$ (234)	\$ (22,777)	\$ (33,762)	\$ (10,985)

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2022

20. Impact of COVID-19 pandemic response

On March 22, 2020, the GNWT declared a public health emergency in response to the coronavirus ("COVID-19") pandemic. The Authority continues to experience a change in demand for its services and is working diligently to mitigate the financial impacts of COVID-19.

In response to COVID 19, the GNWT and Government of Canada provided the Authority with incremental funding of \$34,060. The funds were used for incremental expenditures arising from testing, surveillance and treatment of patients as well as medical travel.

A summary of the Authority's incremental revenue and expenses during the 2022 fiscal year relating to COVID-19 is as follows:

	2022
	Actual
Revenues	
Core contributions	\$ 22,357
Recoveries	8,454
Grant-in-kind	3,249
Total Revenue	34,060
Expenses	
Community social programs	5,066
Ambulatory care services	6,236
Administration and support services	9,801
Nursing inpatient services	1,809
Community health programs	10,380
Supplementary health programs	1,714
Diagnostic and therapeutic services	1,271
Total Expenses	36,277
Annual (shortfall) surplus	\$ (2,217)

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 continue to have on the financial results and condition of the Authority in future periods.

21. Comparative figures

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

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APPENDIX B
FORGIVENESS OF DEBT

FORGIVENESS OF DEBT

The total debt forgiveness during the fiscal year ended March 31, 2022 was \$322,957.91.

	\$		\$
Teddy, Mary	30,694	Maughan, Richard	21,385
Brown, Thomas	13,472	Menacho, Bruce	430
Kurszewski, Margaret	808	Mitro, Valerie M	272
Mercredi, Georgeina	808	Peterson, Davis	234
Purchase, Scottie Edward	12,192	Pokiak, Randal	7,760
Abel, Marie Louise	195	Rabisca, Alice	438
Andrew, Peter J	2,513	Ritias, Mary	30
Bishop, Marie-Louise	803	Roberstson, Mary Lyn	7,596
Boland, Victor	125	Rowinski, Ted	31
Bowles, Stephen Victor	1,108	Rubn, Glen Patrick	189
Camsell, Jermain	185	Russell, Charles	11,589
Cli, Stanley Morris	7,064	Sayine, Cameronn George	135
Cumming, Dorothy Yvone	2,246	Scott, Graig D	1,500
Debogorski, Andrew	250	Simpson, Rosa	66
Elanik, Nellie Annie	348	Stewart, Abe (Abraham)	169
Forster, Heather Ashley	10,540	Stewart, Bruce	2,356
Gaudet, Blaine	2,777	Thistle, Keith	538
Godard, Shawn Edward	1,865	Yeo, Naomi	27,120
Goodman, Jeffrey	30,095	Chinna, Jacqueline Y	665
Harris, Dion	169	Ahenakew, Tiffany Pearl	289
Havens, David Bradley	936	Atkinson, Angela (Angie)	2,179
Jeske, Spencer Ryan	135	Banks, Frederick	7,729
Jobin, Dave F	135	Burkey, Autumn	3,890
Joe, Jason	117	Chivers, Christopher	10,242
Kaglik, Alexander	35	Christensen, Ronald	6,035
Koe, Allan James	546	Hawryshen, Michael	456
Kornichuck, Peter	5,696	Hogan, Charlotte Marie	250
Laliberte, Denis Michael	286	Leverman, Ronald Barry	15,219
Lange, Heather Jean	160	Moriarty, Michael	23,689
Lennie, Ernestine Christine	301	Munroe, Gordon John	2,474
Malboeuf, Jospheh Alexander	6,996	Rose, Derrick Dwain	11,747
Manning, Lorne	7,096	Zemnicky, Michael	15,437
Massey, Raymond Wayne	125		
		Total Forgiveness of Debt	<u>322,958</u>



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