



2023 · 2024

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

Mot en français du Président et de la directrice générale

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kĩspin ki nitawihtĩn ē nĩhĩyawihk ōma ācimōwin, tipwāsinān.

Cree

Tłıchq yatı k'èè. Dı wegodi newq dè, gots'o gonede.

Tłıchq

ʔerihł'is Dēne Sųłiné yatı t'a huts'elkēr xa beyáyatı theʔą ʔat'e, nuwe ts'ēn yółtı.

Chipewyan

Edı gondı dehgáh got'je zhatié k'ée edat'éh enahddhę nıde naxets'é edahłı.

South Slavey

K'áhshó got'jne xədə k'é hederı ʔedjhtł'é yerıniwę níde dúle.

North Slavey

Jii gwandak izhii ginjik vat'atr'ijáhch'uu zhit yinothtan jı', diits'át ginohkhii.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

Ĉ'bdĠ 00^{5b}Δ^c ΛϺLJΔ^{nc} Δɔ^b0Jc^{5b}ρLJ0^b, ɔ^cε^c0^aɔ^c ɔ^cḃc^aε^a5^bJ0^c.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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JOINT MESSAGE FROM THE CHAIRPERSON & CHIEF EXECUTIVE OFFICER

On behalf of the Northwest Territories Health and Social Services Authority we are pleased to present the Annual Report for the Northwest Territories Health and Social Services Authority (NTHSSA) for the 2023-24 fiscal year.

The past year has challenged the NTHSSA in ways that it had yet to experience, as the NWT withstood significant emergencies, such as wildfires. Within the NTHSSA response, staff and partners were required to significantly shift away from regular care to respond to the evacuation of Long Term Care and acute care sites in affected communities, the continuation of essential health services in evacuation zones, and the readjustment of service delivery in the territory to account for services disruptions stemming from the Yellowknife evacuation. The NTHSSA has emerged again from these emergencies through the resiliency of our staff and continued to provide exceptional care to patients, clients, families, and communities.

Within this report, we highlight a snapshot of these emergency activities, alongside a significant list of successes and achievements aligned under the outcomes for the NWT HSS System's strategic priorities, that include:

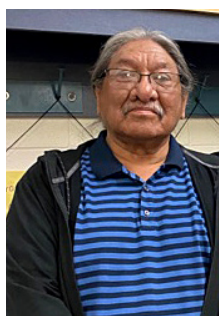
- Best Health: Health of the Population and Equity of Outcomes

- Best Care: Better Access to Better Services
- Better Future: Stable and Representative Workforce and Improved Quality, Efficiency and Sustainability.

These accomplishments are but a small representation of the successes of the organization in the past year that have been achieved under difficult staffing challenges and a focus on ensuring improved cultural awareness to the people receiving care and the sustainability of our operations.

As part of these sustainability efforts, the 2023-24 Audited Financial Statements, reviewed by the Auditor General of Canada, highlights the responsibility and commitment the organization has had in the past year to uphold transparency and public accountability concerning the NTHSSA's operational and financial performance.

We wish to extend our gratitude to the NTHSSA's leadership, managers, practitioners, and front-line staff who have provided care in challenging situations this past year, while continuing to strive for quality. Your contributions have positively impacted the health and well-being of Northwest Territories' residents.



Máhsí
Gerry Cheezie
*Chair,
Northwest Territories Health and Social
Services Leadership Council*



Sincerely
Kimberly Riles
*Chief Executive Officer,
Northwest Territories Health and
Social Services Authority*

MESSAGE DU PRÉSIDENT ET DE LA CHEF DE LA DIRECTION

Au nom de l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO), nous sommes heureux de vous présenter le Rapport annuel 2023-2024 de l'ASTNO.

Durant la dernière année, l'ASTNO a été mise à l'épreuve comme elle ne l'avait jamais été auparavant, alors que les TNO affrontaient des urgences impérieuses, tels les feux de forêt. Au sein de l'ASTNO, le personnel d'intervention et les partenaires ont vu leur travail changer radicalement et passer de la prestation des soins habituels à l'évacuation des patients des services de soins de longue durée et de courte durée dans les collectivités touchées, le maintien de la prestation de services de santé essentiels dans les zones visées par une évacuation, et le réaménagement des services aux TNO pour tenir compte des perturbations découlant de l'évacuation de Yellowknife. Grâce à la résilience de son personnel, l'ASTNO a encore su faire face à ces urgences, et a continué d'offrir des soins exceptionnels à ses patients et à ses clients ainsi qu'aux familles et aux collectivités.

Vous trouverez dans le présent rapport un aperçu de ces interventions d'urgence, de même qu'une longue liste des réussites et des réalisations de l'ASTNO, qui sont conformes aux priorités du système de santé et des services sociaux

des TNO :

- Une santé optimale : santé de la population et équité des bienfaits
- Des soins optimaux : meilleur accès à des services améliorés
- Un avenir prometteur : personnel stable et représentatif, et amélioration de la qualité, de l'efficacité et de la durabilité

Ces réalisations ne représentent qu'une petite partie des réussites affichées l'an dernier par l'organisation malgré des défis liés au manque de personnel, et dans un contexte d'amélioration de la sensibilisation aux réalités culturelles des individus qui recevaient des soins, et d'assurance de la pérennité de nos activités.

Dans le cadre de ces efforts d'assurance de notre pérennité, les états financiers audités de 2023-2024, examinés par le vérificateur général du Canada, soulignent la responsabilité et l'engagement démontrés par l'organisation au cours de la dernière année, pour faire preuve de transparence et de responsabilité publique en ce qui concerne les résultats opérationnels et financiers de l'ASTNO.



Mâhsi
Gerry Cheezie
*Président
Conseil de leadership des services
de santé et des services sociaux des
Territoires du Nord-Ouest*



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



Better Future:

Stable and Representative
Workforce & Quality, Efficiency
and Sustainability

Best Health:

Health of the Population and
Equity of Outcomes

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**)



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 Centered: 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 publicly on organization and system measures and assess 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.

2023-2024 Strategic Planning Framework

The NTHSSA continues to play pivotal role in meeting the objectives of the NWT HSS System. During the fiscal year, 2023-24, the NTHSSA advanced several activities and objectives under the Department of Health and Social Services comprehensive HSS System Strategic planning framework, with key leadership roles for improving the quality and sustainability of the NWT HSS System and

leading the work to ensure a stable and representative workforce.



Figure 1: Quadruple aim strategic planning framework and HSS strategic priorities

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302,548
Each encounter
resident as
medical record



OUR PEOPLE



1,870
EMPLOYEES

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

In 2023-2024 NTHSSA employees comprised over 25% of the entire GNWT workforce. With employees in almost every community with several programs and services operating 24/7.

SERVING RESIDENTS

NTHSSA 2023-2024, BY THE NUMBERS

Each year NTHSSA provides hundreds of thousands of hours of services to residents across the vast geographic distances of the Northwest Territories.

This section provides a glimpse of the services we provide to communities, the care we provide, and a better future for those who depend on us.

58% OVER 40 YEARS
OF AGE

20.5% OF EMPLOYEES
IDENTIFY AS
INDIGENOUS

7.5 AVERAGE YEARS
OF SERVICE

230 NEW HIRES

3 Encounters

enter represents a service to a
documented in the electronic
ord.

ITS UMBERS

service to residents across

tribute to the best health, best



456 Babies Born

Across the NWT



486,851 Lab Tests

Completed to support accurate and timely delivery of
care and services.



43,346 Diagnostic Imaging

Procedures were completed at Stanton
Territorial Hospital



18,838 Patient Movements

6,316

Approved
Escorts

1,565

Medevac
Movements



Stanton Territorial Hospital

25,370

Bed days were recorded in
2023-2024. Each bed day
represents one 24 hour
period where care was
provided.

389

Births were recorded at Stanton

3,362

Patients admitted to in-patient units.

19,469

Emergency department visits

Operational Year in Review

EMERGENCY RESPONSE SPOTLIGHT

With Yellowknife evacuated, essential staff worked with Canadian Forces to prepare a temporary helipad on the Stanton Territorial Hospital Site to support essential worker emergency medical transport.

In 2023 over 4.1 million hectares of NWT forest were affected by 303 wildfires, creating impacts on most of our communities and leading to widespread emergency response efforts by all levels of government. Within this response the NTHSSA had a large and important role to play, including hosting evacuees within the territory, orchestrating evacuation of Long Term Care and acute care sites in affected communities, continuation of essential services in evacuation zones, and readjustment of service delivery in the territory to account for services being ramped down in impacted communities.

This was a sustained effort as evacuations and impacts were felt for months during the summer, culminating in the evacuation of the territories' capital, Yellowknife, in August. These events presented significant challenges and staff across the system rallied to respond. This section highlights some of the efforts that were undertaken by NTHSSA staff to contribute to the safety and wellness of NWT residents during this difficult time.

LONG TERM CARE: SUPPORTING ELDERLY AND VULNERABLE PEOPLE

Wildfire affected Long Term Care facilities throughout the summer and the work that happened behind the scenes to coordinate placement of these residents was logistically complex. Beginning with the first evacuation of Hay River's Long Term Care facility, Woodland Manor, in May and leading to Behchokò's, Jimmy Erasmus Senior's

Home facility evacuation in late July, resulting in residents from the both facilities being cared for in Yellowknife and Norman Wells, these evacuations became a harbinger of larger efforts to come.

Upon return of residents to Hay River in late May, wildfire later threatened the community of Fort Smith and the decision was made to move Long Term Care residents from the Northern Lights Special Care Home to Hay River, as a precautionary measure should the wildfire situation escalate.

With the assistance of the Hay River Health and Social Services Authority, Long Term Care residents from Fort Smith were accommodated in Hay River and returned to Fort Smith when the initial threat had passed. However shortly after their return on August 11th it was announced that Fort Smith would once again evacuate and on August 13th so too did the community of Hay River after escalating wildfires.

On August 13th Long Term Care residents and those who were in assisted living facilities in Hay River and Fort Smith were moved to Yellowknife via airlift. Staff from Hay River, Fort Smith and Yellowknife collaborated to safely and quickly move residents. Displaced individuals were hosted at a number of sites including Avens, Stanton Territorial Hospital, and the Legacy Stanton facility – which was not yet open at the time and was quickly ramped up to host over 60 individuals in need of these services.



A Canadian Forces airlift moves in-patients from Stanton Territorial Hospital. A temporary field hospital was set up at the Yellowknife airport to stage patients for evacuation.

When Yellowknife itself was evacuated days later these same individuals were once again moved, through coordination with Alberta, to ensure they could be accommodated in that province. This work was undertaken by staff who were themselves evacuating – and in some cases had just previously evacuated – the community from which they were coordinating patient transport.

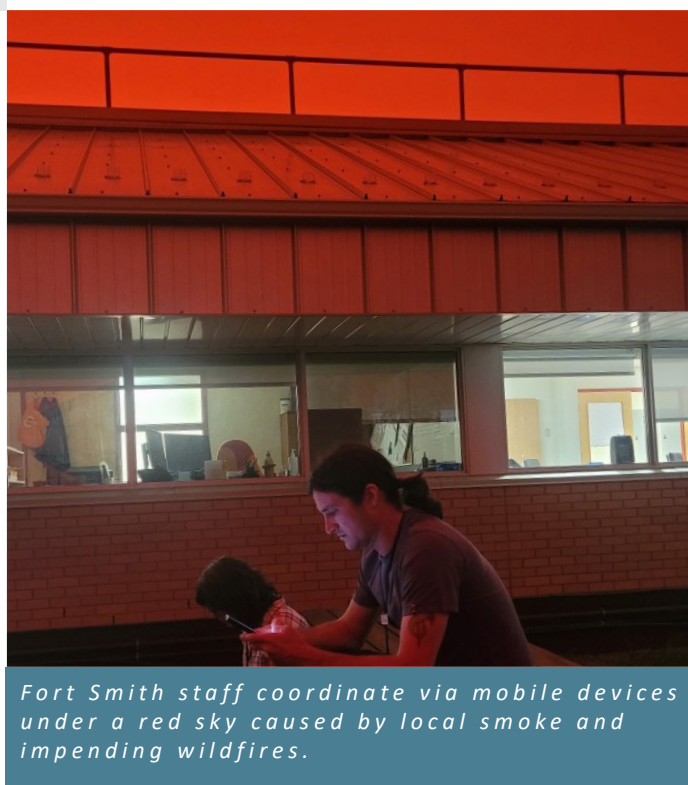
Each of these situations required complex logistical coordination and clinical oversight to ensure these vulnerable clients were moved carefully and in a coordinated fashion so that receiving sites were prepared to care for their needs. In many cases staff working within the Long Term Care facilities traveled with residents to provide care in their receiving location, making significant personal sacrifices to ensure continuity and capacity to care for those who were evacuated.

EVACUATION CENTRE SUPPORTS

Throughout evacuations of communities in the NWT during this unprecedented wildfire season, the NTHSSA worked to stand up evacuation reception centres and services. When the community of Hay River and Kát'odeeche First Nation (KFN) were first evacuated in mid-May 2023, evacuation centres were opened in Yellowknife, similarly when Kakisa and Sambaa K'e were evacuated, reception support was provided by the NTHSSA in Fort Simpson. When the community of Behchokò was evacuated in late July, the NTHSSA set up and operated an evacuation reception centre once again in the Yellowknife Multiplex. Evacuation supports spanned beyond the scope of hosting and reception including on-site mental health and wellness services, activities for families and children, and creation of specific pathways and information for access to health services for those who had to leave their home communities.

In addition to general supports provided to all evacuees, specific supports were put in place to ensure enhanced support for families accessing services through Child, Family and Community Wellness were available for communities under an Evacuation Order, this included:

- Practical support for children/youth and their families to safely evacuate to their destination. This included financial assistance for gas and food as well as planning;
- Emotional support to caregivers providing care to children and youth receiving services through Child and Family Services;
- Financial assistance to placement caregivers to help with unexpected expenses of evacuating;
- Working in partnership with NGO Homebase to ensure the safe evacuation of vulnerable youth (ages 12-24) to Zama Alberta, where they could continue to deliver services in a safe group setting.
- Provision of mental health and cultural supports to evacuated vulnerable youth followed by the transitional support services upon their return to the NWT.
- Working closely with service providers in other jurisdictions to advocate for and support children, youth, and families who required health and social services while outside the NWT.



ACUTE CARE EVACUATION AND SERVICE RAMP DOWN IN THE CAPITAL

As the communities across the NWT prepared to evacuate, the NTHSSA was faced with the challenge of not only moving displaced Long Term Care residents but also the task of evacuating acute care patients out of the NWT hospitals including its only tertiary site, Stanton Territorial Hospital.

In total, over 290 patient movements were required in the two weeks where wildfires escalated in evacuations of multiple communities. This culminated in a mass-

movement of 39 in-patients from Stanton Territorial Hospital via Canadian Forces airlift on August 18th, 2023.

This undertaking required an all-hands approach to move patients from the hospital to a temporary field hospital site that was set up for staging at the Yellowknife Airport. It also required close coordination with receiving sites in Alberta and British Columbia who stepped in to care for NWT residents in our time of need.

After all patients and clients were successfully moved, services in the city were ramped down to minimal emergency healthcare services, intended to provide access to care to first responders and essential personnel who were required to remain in the city to support firefighting and emergency response efforts. A small contingent of staff stayed in the evacuation zone to support these efforts while being separated from their families and loved ones.

MENTAL HEALTH AND COMMUNITY WELLNESS CRISIS SUPPORTS

In addition to providing response to both routine and acute mental health and wellness needs, community mental health staff provided mental health crisis supports to Dehcho, Hay River and Yellowknife evacuation centres (set up in response to seven wildfire evacuation events through the summer of 2023).

The final evacuation resulted in approximately 70% of the NWT population being urgently evacuated from three regional centres, for a period of 3-5 weeks. Mental Health and Community Wellness organized additional mental health counselling and debriefing services for resident re-entry for Fort Smith, Hay River and Yellowknife. Contracted counselling support provided an emotional buffer for NTHSSA caregivers and included well-attended



BEST CARE

BEAUFORT-DELTA MENTAL HEALTH AND ADDICTIONS RENEWAL INITIATIVE

Throughout the year progress was made in an ongoing project to enhance and improve mental health and addictions services in the Beaufort-Delta Region. The Mental Health and Addictions renewal initiative is guided by the Mental Health and Addiction Renewal Action plan, created based on Beaufort-Delta Mental Health and Addictions Working Group Recommendations. The Action plan contains 19 goals, 36 objectives, and 79 distinct actions. These plans were created in partnership with Indigenous Governments and the Beaufort-Delta Regional Wellness Council to inform what a culturally safe approach to redesign of mental health services in this region would look like. Representatives from Indigenous governments and the NTHSSA worked together to complete in-person consultations in each community within the region, confirming approaches and ensuring the path toward improvement included advice and insights from local people and community stakeholders.

Through a variety of approaches this project is working to build towards community integration of services. This includes increased service delivery outside the office through home visits, outreach, and community venues, including the delivery of services at Hope House – a local drop-in centre for those who are under-housed.

In 2023-24 a key focus has been on recruitment and retention; with collaboration between local staff and the Department of Finance, Human Resources to update hiring processes. Since September 2021, vacancies for Community Wellness and Support Services positions have been reduced from five to three, and overall Indigenous representation of staff in this program in Inuvik has increased from three to seven members of the team.

Program and policy development was also undertaken with a collaborative lens; with elders being invited to play a roll by participating in planning events and sharing circles. As this work continues the project team continues to be focused on building a policy and practice base that can be used to expand these service enhancements in other regions.



Outreach nursing staff assist a patient with a checkup in Yellowknife.

WORKING TO IMPROVE THE HEALTH AND WELLBEING OF UNDER-HOUSED INDIVIDUALS IN YELLOWKNIFE.

Outreach Nurses (also known as street nurses) continued to work in 2023-24 with marginalized populations outside of the traditional healthcare setting. In Yellowknife, care is provided to individuals experiencing homelessness, many of whom experience significant barriers to accessing healthcare services.

Supported by a physician who has experience working with at-risk populations, two Community Health Nurses provided care and support to 312 unique individuals in 2023-24. Services were provided in various settings including local shelters, NGO operated supportive housing arrangements, and at the Yellowknife Primary Care Centre.

Support for substance use and addictions, primary care, public health, home and community care are all provided through the Outreach Nursing team. High demand services include wound care, acute episodic care, prescription refills, specialist consults and follow-up, and referrals to addictions treatment. This year there was a continued focus on access to sexually transmitted and blood born infection (STBBI) testing and treatment. In 2023-24 there were 240 STBBI screens completed, and treatment was provided to 91 individuals.

Trusting relationships and harm reduction are the cornerstones of the outreach nursing service.

SAHTU MENTAL HEALTH AND ADDICTION (MHA) PROGRAM RENEWAL

The Sahtu MHA program staff and the Regional Wellness Council started their journey to renew the MHA program in the Sahtu. Initial engagement was undertaken in 2023-24 with Community Leadership through the Sahtu Secretariat Incorporated. This program renewal was inspired by the mental health and addictions program renewal work that continues in the Beaufort-Delta region supported by the Beaufort-Delta Regional Wellness Council and partners.

ENGAGING COMMUNITIES ON CHILD, FAMILY, AND COMMUNITY WELLNESS

In 2023-24 the Child, Family and Community Wellness (CFCW) division continued to reach out to and work alongside community stakeholders and Indigenous governments and organizations throughout the NWT to provide culturally safe supports to children, youth and families.

Through the CFCW Prevention and Preservation teams, cultural activities were offered to community members, including culture Camps and programming aimed at bringing generations together to share culture and traditional practices (for more information, refer to the Family Preservation in Child, Family and Community Wellness section).

In March 2024, the Territorial Lead for Culturally Safe Child and Family Services (CFS), along with the CFS team in Inuvik hosted a luncheon with the regional Inuvik

Native Band office. Community Elders attended as well as community members, including children and youth. It was a meaningful afternoon for those who attended where staff and community members were able to come together and share laughter and stories.

Additionally, throughout the year, CFS staff continued to work closely with the Inuvialuit Regional Corporation (IRC) Maligaksat staff through a Collaboration Table. These meetings aimed to offer meaningful opportunities to engage and collaborate in data sharing and discussions around approaches to support Inuvialuit children, youth and families receiving both prevention and protection services across the NWT.

Opportunities for engagement with communities will continue into 2024-2025 with the goal of providing culturally safe and responsive services to children, youth and families across the NWT.



An elder watches dogsled races from the comfort of a bus at the Aklavik Jamboree.

INUVIK LONG TERM CARE CREATES CONNECTIONS WITH MAD TRAPPER JAMBOREE OUTING

Staff working in Long Term Care in Inuvik worked to plan a group outing for residents to visit the Aklavik Muskrat Jamboree Spring Festival. This trip provided elders with an opportunity to connect with their community and

experience the joys of the Spring Festival and the activities and connections that come with these important cultural events. Seven residents participated in the outing, accompanied by a team of four staff members and an emergency vehicle.

Upon arrival in Aklavik, the group was welcomed by the Hamlet Recreation Director, who facilitated access to the Sittichinli Recreation Centre for lunch and medication administration. The highlight of the day was attending the dog races on the river, where elders enjoyed watching the competition and reminiscing about their own experiences with dog sledding.

Following the races, the group observed traditional games on the riverbank, providing a nostalgic experience for some elders who had participated in similar events in the past. The outing also provided opportunities for reconnection with the community and with family members.

The day concluded with the group returning to the Long Term Care facility in the late afternoon, elders who attended said it was a day filled with joy, nostalgia, and an enduring connection to the past. Staff who coordinated and attended the trip shared that it was a privilege to be a part of an unforgettable journey.

ESTABLISHMENT OF MAID NURSE NAVIGATOR SERVICE

Since June 6, 2016 Medical Assistance in Dying (MAiD) has been legislated as a service offering in the NWT. All provinces and territories are required to ensure they provide low-barrier access to this service in a way that aligns with the laws that govern provision.

As part of continued compliance with these requirements, in March 2023, the NTHSSA established the MAiD Nurse Navigator Position. This role provides essential expert support within the system and to residents who are considering or accessing MAiD as an end-of-life care option.

Throughout the year education sessions were held with home care, acute care, Long Term Care staff and other groups or individuals as needed. The Nurse Navigator also worked to provide presentations to practitioners at Grand Rounds to ensure awareness and provide information about the processes and requirements for the provision of MAiD.

In addition to training and awareness within the system the Nurse Navigator also provided case management of individuals receiving a MAiD provision including organizing locations for provisions, connecting practitioners to do assessments and provisions, logistics of supplies and personnel, aiding families and providing contacts for grief/bereavement supports.

RECREATION PROGRAM AT THE NORTHERN LIGHTS SPECIAL CARE HOME

At the Northern Lights Special Care Home in Fort Smith residents benefit from a coordinated recreation program operated by a Recreation Therapist that includes activities to get elders moving and keep them healthy and happy in body and mind.

Activities include sit and be fit and morning stretches, bocce ball in the afternoons and fiddlers and a pianist every Friday. The new media room, created with funding from a New Horizons grant applied for by one of the Licensed Practical Nursing Staff at the care home, hosts brain games 1-2 times per week and will be used for movie afternoons and evenings, and as a music room and relaxation room.

To boost capacity to deliver activities and to create community connections staff have worked with the local high school to coordinate for volunteers to come on a regular basis to assist with bingo, card games and the Elders Garden.

Beyond the activities offered in-facility, staff frequently look for opportunities to take residents on scenic drives and to special community events such as Treaty Days celebrations and fish camp.

TRANSFORMING EXTENDED AND LONG TERM CARE THROUGH THE STANTON LEGACY PROJECT

Between 2019 and 2024, the former Stanton Territorial hospital underwent a complete retrofit to expand the Stanton 'campus of care' and provide expanded access to Extended Care and Long Term Care for NWT residents. The facility has been renamed the Łıwəgə̀atı building, and is located in the heart of Yellowknife. In addition to Long and Extended care, this beautiful, modern facility will enable a single location for primary care services, outpatient

rehabilitation and will enable an elevated standard of care for residents, families, and the community.

Preparations for the move of extended care from Stanton into this new facility were ongoing throughout 2023-24. This included direct consultations with residents and staff on the meticulously designed facility to ensure the space would be ready to welcome residents and nurture the body, mind, and spirit. Accessibility considerations were often brought forward by staff in design work to ensure every resident can seamlessly navigate their surroundings with dignity and ease.

Part of the preparation work for service commencement included training programs for the teams moving into the facility, with the successful move in July 2024.

YOUTH ON THE LAND HEALING CAMP PILOT

In November and December of 2023, the NTHSSA partnered with Four Roads Consulting to pilot two 14-day land-based mental health and wellness Camps for youth aged 12-18.

The NWT Youth Cultural Wellness Camp integrates both Indigenous and Westernized approaches to counselling, providing a comprehensive and holistic experience for youth participants. This approach is not just limited to the duration of the camp, but also extends to several months of aftercare once youth return home. The team supporting youth was largely from the NWT and included Elders, traditional counsellors, clinical counsellors, and support staff.

Cultural Activities and Ceremonies Offered:

- Feeding the fire daily
- Lessons/stories about the drum, songs, northern lights
- Sweat lodge
- Smudging with local spruce/juniper/balsam
- Cutting fish
- Cooking/baking Bannock and fish

- Medicine walks
- Setting snares for rabbits
- Drum-making lessons to touch on the concepts of the importance of animals in indigenous culture, respect, and traditional songs.

The positive impact of the NWT Youth Cultural Wellness Camp on the youth were evident with the following feedback provided as benefits identified by participants:

- Felt safe, allowing them to be open with counsellors/Elders and to themselves
- Had opportunities to talk about their problems and find solutions/coping strategies
- Developed insight and awareness of self and their individual situations
- Met new friends and developed peer support
- Know and trust that there are people who will provide a safe environment and meet them where they are at
- Learned and participated in cultural activities/teachings

A total of 17 youth participated in this pilot with attendees from the Yellowknife, Dehcho, Beaufort-Delta, Sahtu, and Tłıchq Regions.

Preliminary evaluations have shown the benefits that participating youth experienced, including connection to ongoing community-based support after returning home from Camp, improved sense of self, and increase in coping strategies for stressors. To objectively determine the effectiveness of the program in meeting intended outcomes, a formal evaluation of the program is being undertaken in 2024-25.

ULTRASOUND-GUIDED CANNULATION AT STANTON'S HEMODIALYSIS UNIT

Clients of Stanton's Hemodialysis unit rely on life-

sustaining treatment through an arteriovenous fistula (AVF), arteriovenous graft (AVG) or central venous catheter (CVC) line. Preservation of their access is key for efficient hemodialysis treatment. In June 2023, staff on Stanton's hemodialysis unit received training from vascular access experts in Alberta on the use of point of care ultrasound for accessing AVF and AVG. The Nurse Practitioner of the renal program also engaged in education with vascular access partners in order to master ultrasound guided cannulation and vascular access mapping. Vascular access mapping was not previously done at Stanton and would necessitate a medical appointment in Edmonton.

Ultrasound-guided cannulation was introduced for patients in summer 2023 and the skill set continues to strengthen. This has been beneficial to patients and helped reduce the need for travel. Patients report reduction in discomfort with cannulation and an increased confidence in appropriate placement. Nursing staff are better equipped to access AVF and AVG - allowing for longevity in this important lifeline. The STH Foundation has generously allocated funding to purchase an ultrasound machine for this purpose for use on the hemodialysis unit.

PSYCHIATRY PATIENT ENGAGEMENT

Stanton's Psychiatry Unit has worked diligently to engage patients and families to provide the Best Care in multiple ways, including the Chit Chat Café and unit-based satisfaction surveys.

The Chit Chat Café is a voluntary gathering inspired by the Safewards model, which is an evidence-based model shown to reduce events of conflict. It includes clients, family members, healthcare professionals, and Office of the Client Experience representatives. The meeting focuses on building community and support through a predictable and productive four round discussion format:

- Round of Thanks - Participants express gratitude and appreciation.
- Round of News - Attendees share relevant news or updates.
- Round of Suggestions - Ideas for improvements are offered.

- Round of Requests and Offers - Participants make requests for support or help. In our 2023 Psychiatry Unit survey, 90% of the patients reported feeling heard.

In addition to this model of engagement a Psychiatry Unit Satisfactory Survey was completed. The Patient Satisfaction Survey is given to patients and families upon discharge from admission to the inpatient psychiatry unit at Stanton Territorial Hospital. The purpose of the survey is to provide patients with an opportunity to give feedback and recommendations on their care. Successes include capturing essential data, including ratings on Care & Services, rated at 93%, and Communication at 94%.

FAMILY PRESERVATION IN CHILD, FAMILY AND COMMUNITY WELLNESS

Through dignity-driven and trauma-informed approaches, Family Preservation services aim to contribute to reducing the disproportionate representation of Indigenous children, youth and families who are involved with the NWT child protection system. The Family Preservation team provides prevention and intervention services for families with the goal of preventing further escalation of involvement in the child and family services system. In cases where children have been temporarily apprehended, Family Preservation Workers (FPW) support successful reunification.

In 2023-24, the NTHSSA Family Preservation team provided services to 85 families (including 172 children) plus 22 youth. Of the participating families 94% of primary caregivers identified as Indigenous; with regional participation highest in the Yellowknife Region (59%) followed by Fort Smith (16%), Beaufort-Delta (13%), Dehcho (*) and Sahtu (*)

*Figures not provided to protect client anonymity.

Families can self-refer to this program. In 2023-24 FPWs assisted in the delivering of cultural, land-based and community programming across the NWT such as hide tanning programs, culture camps and supported clients to be able to attend such programs.

The team also provides services that include

- In-home support to families wanting to increase household management skills and routines; for example, cooking skills, budgeting, sleep/wake schedules to support children to attend school
- Assistance to access and attend medical appointments
- Assistance to attend family and mental health treatment
- Education and mentorship related to parenting skills
- Supporting clients to access outside supports such as housing, income security, referrals for Jordan's Principle, etc.

- Events for information sharing around parenting and child development.

Across the NWT, numerous cultural activities were offered including two hide-tanning camps (one in Tuktoyaktuk and one in Fort McPherson), and a culture camp in Fort Simpson known as "Fishing for Nutrition".

Healthy Family Program also launched the Bridging the Generation program. Program staff partnered with Long Term Care and elders to provide opportunities for intergenerational gatherings with registered families. Everyone is provided the opportunity to sit and have tea and bannock with elders. Elders get to interact with babies and watch the children play together and engage in discussions about traditional parenting and cultural practices with younger families.

HEALTHY FAMILY PROGRAM

The Healthy Family Program supports families by providing fun and free activities that focus on learning about children and caregiving. Supports include parenting groups and workshops, cultural programming, peer support and one-on-one support. This program is delivered through the Child, Family and Community Wellness branch of the NTHSSA.

2023-24 saw the Healthy Family Program provide support to 489 families, which included for 768 children ages 0-6 years, of the participating families 81% of the primary care givers identified as Indigenous. Access to the program was highest in the Beaufort-Delta (28% of participating families), with the Sahtu a close second (26%), followed by Dehcho (18%), Fort Smith Region (16%) and Yellowknife Region (10%).

Services delivered include but are not limited to:

- Group and cultural programming for families with young children
- One-to-one supports for families
- Educational activities
- Cooking classes with students in schools

SPOTLIGHT: FISHING FOR NUTRITION



Images from various culture camps across the NTHSSA that involved fish preparation and nutrition lessons tied to culture.



Fishing for Nutrition is a community engagement program that connects culture with information about healthy eating and the benefits of traditional foods.

Staff members shared the following about this year's event: "Fishing for Nutrition July 2023 was very successful in Fort Simpson and Fort Liard. It's my favorite time of the year where we set up, down at the boat launch and create a space for the community to come and fish with an Elder. We set up all our program information in a pop-up information booth: life jacket loan program, water safety, sun safety and animal safety. Families came and enjoyed the presentation from the Elder making the Loche hooks out of coat hangers, using the traditional method of using

a stick, hook and line to get a small fish "chub" off the shore. We take the caught chub and stick the hook into the chub to make the Loche hook. Just a great day spent by the river with the community reminiscing about the good ol' days."

Community members also shared comments: "I haven't fished like this since I was a little girl," said one attendee who brought her granddaughter down to fish.

The days events ended with a community fish fry, and what reported as the best fish tacos ever.

BEST HEALTH

BUILDING RELATIONSHIPS WITH ALBERTA'S COMPREHENSIVE BREAST CARE PROGRAM

In January 2023 the NTHSSA and Alberta's Comprehensive Breast Care Program (CBCP) entered a partnership to establish improved communication pathways, develop enhanced care pathways for suspicious mammography results, build on established resources and streamline access to specialized diagnostic care (including specialized breast health education and support) and management. To date 46 NWT residents have been referred to the CBCP and this relationship has supported a reduction in turnaround time from suspicious mammography to cancer diagnosis by half, from approximately 42 to 20.8 days. This partnership is showing early success in ensuring NWT residents facing a possible or confirmed diagnosis of breast cancer have improved access to the highest quality care and most seamless experience during a time that can be stressful and overwhelming.

FORT SMITH MIDWIFERY PROGRAM RESUMPTION AND SUSTAINABILITY IMPROVEMENTS

After an extended service disruption due to staffing challenges, Fort Smith was able to resume regular levels of midwifery services in February 2024. While this service reduction impacted care in the community, the resumption of services focused on enhancement and stability.

As part of this work Emergency Room nurses were provided with training in obstetrical emergencies which has fostered collaborative care between departments and built capacity to reduce the future impact of midwife shortages and enhance coverage options.

In addition to steps required to reinstate services staff also completed an examination of service offerings to clients

within the community which included an examination of breast-feeding data as it relates to outcomes for both parent and child in the postpartum period. This review informed changes to the program that include postpartum visits at 3-6-9-12 months with a goal to decreasing undiagnosed mental health issues in the postpartum period and increasing the duration of breastfeeding.

EXPANDED ACCESS FOR HOME CARE IN THE DEHCHO AND SAHTU

In February staff in Dehcho, Sahtu and Territorial Operations completed implementation of a new model of service delivery for home and community care that provides services for residents in the Dehcho region (Fort Simpson) and Sahtu region (Fort Good Hope and Délı̨nę).

The Extended Hours Service Delivery Model expanded hours of the home and community care program operations in each region to better align with the needs of clients and communities. This means that clients who access home care were able to receive services outside of the traditional model that aligned with the business workday by adding services in the evening or on weekends. The decision to implement this model was based on information gathered from clients, their families, and the community during engagement sessions.

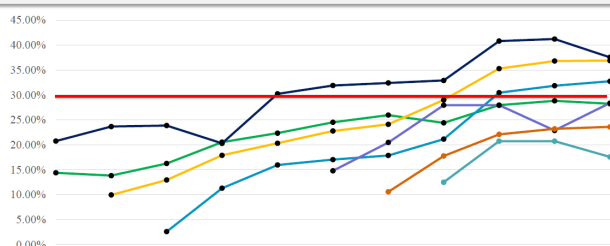
Outside of Yellowknife, select communities in the Dehcho and Sahtu were the first to have successfully gone through all the stages required to roll out the new model.

The Extended Hours Service Delivery Model follows the 2019 Home and Community Care (HCC) review recommendation #5 to "further explore the feasibility of expanding the hours of the HCC program operations in each HSSA/region." The improved service delivery model is client-centered, responsive, and evidence-based. Results are already being seen with reporting available for the communities of Fort Good Hope and Délı̨nę showing a total of 152 clients between these two communities accessing home care services in the new expanded hour time-frame of evenings and weekends.

As highlighted in the GNWT Seniors' Strategic Framework, the extended hours model also seeks to promote aging in place, meaning seniors have access to necessary services

and supports to live independently and safely in one's home or community.

Program Participation Rates by Region



Colorectal cancer screening rates in the NWT are on the rise; helping find cancers earlier when they are more treatable.

CONTINUED IMPLEMENTATION OF TERRITORIAL COLORECTAL CANCER SCREENING PROGRAM

The Territorial Colorectal Cancer Screening program began implementation in 2020 and as of 2023 the screening program has been implemented across 6 regions with staggered implementation occurring in the final region (Yellowknife Region) over 2023-24. The organized approach to screening, which includes invitation letters, provision of testing kits directly through mail, reminder letters, result letters and automatic recall for screening based on standard intervals has demonstrated a steady increase in colorectal cancer screening participation rates across the NWT. As of March 31st, 2024, territorial program participation had surpassed the initial program target of 30%. As a direct result of the screening program high-risk polyps that could lead to a cancer diagnosis are removed and cancer diagnosis are being found at earlier, more treatable stages.

Key activities and outcomes from this program at the end of March 2024 included:

- Updates were made following feedback from residents on the type of test used to check for colorectal cancer, swapping out the previous 3 sample tests to a simple “one-and-done” test to make it easier and more convenient for residents to complete.

- Over 4,100 residents across the territory have been sent FIT Kits via mail.
- Of that number, over 1,300 tests have been completed through the program.
- 242 people have been referred for colonoscopy following use of their FIT Kit.
- 8 cases of cancer were found using the FIT Kits and 74 high-risk lesions were removed before they had a chance to become cancers.



NTHSSA cancer screening team members engage in community outreach with the giant colon at a community event.

INDIGENOUS WELLNESS: TRADITIONAL FOOD OFFERING

Throughout 2023-24 staff of the Indigenous Wellness Program at Stanton Territorial Hospital received multiple compliments and accolades from patients about how wonderful it is to have traditional food served to them. The offering of traditional foods continues to be a priority in the NWT's main hospital site with staff collaborating with Dexterra – the food service provider - to ensure options are available and to offer foods that are familiar and local which contributes to the NTHSSA's aim of providing better access to better services.

When not in their home environment patients, clients, and families have expressed that recovering in an unfamiliar location can be challenging. Staff have been told that traditional foods provide patients with healing and a familiar diet that helps gain strength, improve morale, and brings some of the comforts of home to the hospital setting.

YELLOWKNIFE SMOKING CESSATION CLINIC

2023-2024 was the first full year the Yellowknife Smoking Cessation Clinic was fully staffed and operational. This clinic has been developed as a partnership with the Department of Health, Health Promotion Unit, and the 2023-24 year has shown that this is an highly successful model for addressing smoking cessation in a clinical setting.

Between May 2023 and June 2024, the dedicated smoking cessation nurse saw 133 clients with 60 people reported having quit smoking and 64 reported having reduced the amount they smoke.

SPOTLIGHT: OFFICE OF CLIENT EXPERIENCE



Senior Indigenous Patient Advocates and Office of Client Experience Staff pose for a group photo after a planning session.

In February 2024 the Office of Client Experience (OCE) marked one-year of assisting NWT residents and guests who have questions or concerns when accessing care or services from the NWT's health and social services system. This includes the functions of the Senior Indigenous Patient Advocate positions, who work directly with residents to understand concerns, navigate the system, and provide system level feedback to senior leaders within the NTHSSA to support quality improvement.

During the first year of operations, staff with the OCE met with over 800 clients to provide system navigation and client advocacy, to hear residents feedback, to engage in meaningful conversation and dialogue to ensure residents feel heard, and to help individuals resolve their concerns.

When launched in 2023, the OCE and Senior Indigenous Patient Advocates who work within this office were developed to:

- Ensure patients receive culturally safe and equitable care to help deal with the impact of illness and hospitalization.

- Increase access to and/or provide cultural, spiritual, and emotional support.
- Help make connections with family members, elders, and community organizations.
- Provide support and solutions for Indigenous residents and their families when accessing services in the territories acute care centres.
- Advocate for clients and families.
- Provide system navigation.

A focus of the team during their first year in operation has been the promotion of the OCE and ensuring communities and NWT residents are aware of the services offered through the client navigators and patient advocates. The team has visited and met with community members in all regions of the NWT, and key partners and stakeholders of the NWT HSS System.

BETTER FUTURE

EVALUATION AND TRANSITION OF THE CHILD AND YOUTH COUNSELLOR PROGRAM

The Child and Youth Counsellor (CYC) program was evaluated in 2023-2024, with many positive outcomes noted in the final report¹. Program changes were implemented to shift resources towards school-designed mental health supports and early intervention resources. The resource shift required the transition of remaining supports to community counselling programs throughout the NWT, where they will remain available to children and youth. Throughout these changes NTHSSA staff showed incredible resilience in maintaining open access to high quality mental health counselling services and an ongoing commitment to ensuring community-based access for youth mental health services remain available.

CONSOLIDATED NURSE HIRING PROJECT

The Consolidated Hiring Project (CHP) advanced recruitment of Registered Nurses territory-wide in areas such as Obstetrics, Acute Care, Medicine, Surgery, Emergency Department and Intensive Care Unit as well as Community Health Nurses for small communities. This project puts dedicated resources in place to contact potential candidates as soon as possible, usually within 24-48 hours and starts the recruitment and relationship-building process, providing a key contact for potential new recruits throughout the hiring process. While nursing recruitment is always a main priority for managers, there are often competing priorities and schedules that may impact their ability to be immediately responsive to applicants. The CHP team has decreased the number of posted competitions to two territory-wide competitions, one for Registered Nurses and one for Community Health Nurses. This allows for a more strategic approach when assessing candidates' skill set and assigning them to the

right area based on factors such as specialty, departmental vacancy, or experience level. The aim is to find a position for every qualified nurse who applies.

In 2023-24 the Consolidated Hiring Project lead in hiring 37 indeterminate staff nurses.

NTHSSA SUPPORTS FINAL PHASE OF PHARMACY INFORMATION SYSTEM IMPLEMENTATION

Over the past five years NTHSSA has worked to replace legacy pharmacy information systems throughout NWT hospitals through a partnership with eHealth Saskatchewan (eHS). The first phase occurred at Stanton Territorial Hospital pharmacy in 2019, followed by Inuvik Regional Hospital pharmacy in 2021. In 2023-24 the final site – Hay River – was upgraded to the same modern system in collaboration with the HRHSSA, NTHSSA Pharmacy, NTHSSA Informatics and Health Technology and DHSS Information Services teams.

This new system aligns with the Strategic Plan of the NWT Health and Social Services System for a Better Future, by building a sustainable health and social services system through:

- Reducing patient safety risk by automatically checking drug interactions
- Increasing operational efficiency within NWT Pharmacies by standardizing Pharmacy processes throughout NWT hospitals
- Creating a sustainable system by pursuing service integration initiatives and having a system that is fully vendor supported

PSYCHIATRY UNIT: RETHINK PATIENT SAFETY INITIATIVE

The Psychiatry Unit staff at Stanton Territorial Hospital, consisting of Registered Nurses (RNs), Physicians, Behavioral Health Workers (BHWs), a Patient Advocate, Occupational Health and Safety (OHS) representatives, and Quality Risk Management personnel, participated as a cohesive team in the Rethink Patient Safety Initiative

¹ https://www.ece.gov.nt.ca/sites/ece/files/resources/2023-10_-_cyc_evaluation_report_-_final.pdf

training through Health Excellence Canada. This national training program included participants from various jurisdictions and 40 other organizations. The Psychiatry Unit team benefited from the following:

- Access to national coaching and mentoring through the pan-Canadian peer to peer learning network.
- Tools, resources, and knowledge sharing within a collaborative learning network
- Proactive safety approach and comprehensive harm understanding
- Safety culture improvement.
- Team growth and understanding of how safety is defined and practiced.
- Identifying diverse forms of harm including physical, psychological, and those caused by culturally unsafe care.

This training initiative has significantly contributed to improving the overall safety culture and practices within the Psychiatry Unit at Stanton Territorial Hospital. The team has introduced a number of new processes that are based on knowledge from this training to enhance patient and staff safety.

STABILIZING INFORMATION SYSTEMS: PICTURE ARCHIVING AND COMMUNICATIONS SYSTEM

The Picture Archiving and Communications System (PACS) transmits and stores the digital picture files from x-rays, ultrasounds and computed tomography scans taken from all locations across the NWT. It allows for those images to be sent to a Radiologist physician to read and report, enabling them to provide faster and more accurate diagnoses, thereby improving patient care.

The PAC system was initially implemented in the NWT in 2009. The system reached the end of its life and required replacement during the 2023-2024 fiscal year. With the assistance of DHSS Information Services and NTHSSA Information Health Technology teams, the new PAC system

was implemented and went live on February 20, 2024.

This new system allows for better storage and management capabilities for all diagnostic imaging performed across the NWT. It represents one of the first information system replacements required to help stabilize the NWT information systems as part of the broader Electronic Health Record strategy of DHSS.



NTHSSA Biomedical Engineering Technologists are servicing one of the NWT's dialysis machines. This in-house capacity to rapidly repair the NWT's health technology and ensure it is safe and rapidly returned to service is critical to the delivery of care in the NWT's remote healthcare system.

NTHSSA LEADS CANADA IN HEALTH TECHNOLOGY RIGHT TO REPAIR

The NTHSSA is currently the only province or territory in Canada with a policy requiring Right to Repair when our medical equipment is purchased. This policy was developed and implemented in 2023-24, and requires that the owners of technology can easily and rapidly repair their devices, by having access to service manuals, parts and training rather than being reliant on expensive external service contracts. The ability to repair can decrease costs to the healthcare system but, more significantly, impact the timeliness and safety of patient care – particularly in the northern environment where logistics and travel can be complex. NTHSSA Biomedical Engineering staff, who are currently based out of Yellowknife and Hay River, can often resolve issues with our life and mission critical health technologies in a day or less and at a fraction of the

cost of manufacturers. NTHSSA is a leader in Canada on Health Technology 'Right to Repair' and has been invited to present nationally and internationally on this topic.

COMPREHENSIVE LABOUR AND DELIVERY TRAINING FOR OBSTETRICS

In 2023, the Stanton Territorial Hospital Obstetrics unit redesigned the labour and delivery specialty training education pathway. This new standardized approach allows nurses to achieve their Perinatal Orientation and Education Program before completing a 240-hour mentored in-person praxis with regular evaluation and support from the Obstetrics Clinical Coordinator (CC) and new Clinical Nurse Educator (CE) role. We have brought specialty training back on-site, allowing participants to learn and develop specialty skills in the complex, demanding, and unique environment necessary for providing birthing services in the NWT.

Nurses gain hands-on experience in the clinical setting with regular evaluation and support from the CE and CC to offer feedback and guidance through their training journey. This personalized approach helps identify areas for improvement and facilitates continuous professional development. Because of this, the Obstetrics unit has been able to hire and educate several nurses for these previously difficult-to-recruit positions. This is essential for maintaining staffing levels and ensuring high-quality, culturally safe care delivery. Overall, the new education pathway and implementation of a Clinical Nurse Educator role have helped enhance nurses' skills and competencies and contributed to the overall success and sustainability of the Obstetrics unit.

STREAMLINING AND MODERNIZING OPERATING ROOM INVENTORY MANAGEMENT AT STANTON

Over the course of the 2023-24 fiscal year, approximately 1500 items of Stanton's specialized operative supplies were transitioned from a manual ordering and replenishing process into the SAM perpetual Inventory System. The project also involved physically relocating the same inventory from several places into the Materials Management Warehouse and Stanton Medical Device Reprocessing unit.

This was a large-scale project which involved collaboration between NTHSSA Finance, Materials Management, MDR, Operating Room (OR), and the GNWT Department of Finance SAM team facilitated by a project team. The project involved hundreds of hours of data filtering & process development. The completion of the project has allowed for efficiencies in right-sizing OR inventory and associated labour of ordering and accessing inventory. Where manual checks were historically necessary, the SAM system now provides quick and easily accessible information about inventory status. Through analysis of historical data as it becomes available cost saving will be available through effective management of inventory, reduction of waste, and use of purchase agreements.



Breast screening program staff show off the new 3d tomosynthesis breast imaging equipment.

UPGRADING BREAST IMAGING FOR ALL NWT RESIDENTS

The mammography equipment for breast imaging, used primarily for Breast Cancer Screening, was replaced at Stanton Territorial Hospital and Inuvik Regional Hospital during the 2023-24 fiscal year.

The new scanners have Tomosynthesis capability, which produce a 3-dimensional picture of the breast that is particularly important for clients with dense breasts or who require follow-up diagnostic imaging if something unusual is detected through ordinary screening.

With this new mammography equipment, more NWT clients can now access the best possible breast imaging

closer to home. Importantly, clients in the Beaufort-Delta Region will no longer have to travel to Yellowknife for follow-up scanning.



Participants in Mental Health and Community Wellness training take a break for a photo between sessions.

CAPACITY BUILDING IN MENTAL HEALTH & COMMUNITY WELLNESS

In 2023-2024 Mental Health & Community Wellness invested in capacity building for the NWT through 3 territorial training events:

Applied Suicide Intervention Skills Training (ASIST) - November, 2023

The five-day facilitator training graduated ASIST trainers in the following regions: Beaufort-Delta, Dehcho, Yellowknife, Hay River, Stanton and NTHSSA Territorial Operations. Trainers have begun to facilitate local 2-day workshops in communities across the NWT.

Mental Health First Aid – Northern Peoples - February - March, 2024

The six-day facilitator training graduated MHFA-NP trainers in the following regions: Beaufort-Delta, Dehcho, Hay River, Tłıchq, Yellowknife, Stanton and NTHSSA Territorial Operations. Trainers are beginning to facilitate local 3-day workshops in communities across the NWT (April 2024).

Territorial Community Counselling Program (CCP) Conference - January, 2024

Counselling and wellness staff attended two days in person for panel discussions on life promotion/suicide prevention, people with lived/living expertise, and advanced training in Stepped Care 2.0 (SC2.0). Managers and Clinical Supervisors attended a separate, third day to strengthen their supervisory approaches applying SC2.0.

REHAB PROGRAM CONTINUES TO LEAD IN RECRUITING STAFF THROUGH STUDENT PLACEMENTS

NTHSSA Rehabilitation teams continued to provide multiple placements for Occupational Therapy (OT), Speech Language Pathology (SLP) and Physiotherapy (PT) in Yellowknife and Inuvik to students from universities across Canada. In 2023-2024 five students were accepted for placements resulting in 1 direct hire, 1 indirect hire and 1 verbal offer pending. (Some students are in second year and able to start work within a few months, others are first year and still require 12-18 months of education). Many of our current staff were once students or were referred to the NWT by someone completing a placement in the North – citing a supportive workplace and amazing place to live and work.

INDIGENOUS LEADERSHIP

Child, Family and Community Wellness teams continue to strive to increase the representation of northern, Indigenous staff members, with strong progress made in 2023-2024. The past year has seen an increase in Indigenous leadership; particularly on the Healthy Families and Family Preservation Teams. The Healthy Families program has 20 team members, 95% are Indigenous (Dene, Inuvialuit, Métis, Cree). The Family Preservation team has 12 members, and 50% Northern and Indigenous (Dene, Inuvialuit, Métis, Cree). Across those two teams, there are 9 leadership positions, and 67% of the supervisors/managers are Northern and Indigenous. Amongst the Senior Management team, two of three Directors are also Indigenous. Recruiting efforts continue focus on increasing representation of Indigenous staff across the NWT and active succession planning is underway to support this goal.

HEALTH AND SOCIAL SERVICES RECRUITMENT

In 2023-2024 there were a number of areas of focus to fine-tune and expedite recruitment for health and social services professionals including:

- Expedited casual contracts to address immediate operational needs for health professionals.
- Piloting consolidated competitions for positions such as rehab to increase potential candidate's ease of applying and streamlining the approach to allow for more purposeful and targeting hiring.
- In 2023-24 the Talent and Organizational Development team attended or supported 31 total conferences with 28 projected for 2024-25.
- Piloting an addition to conference participation where we host meet and greets with conference participants to provide a more intimate setting and one-on-one face time with participants. Uptake for these opportunities has been positive to date including:
 - o Society of Rural Physicians of Canada– 80 participants
 - o University of Toronto Speech Language Pathology Job Fair – 10 participants
- Development of 3 newsletters to expand our outreach to interested students, health professionals, and physicians. This initiative promotes the Northwest Territories as an amazing place to live and work by profiling employees, providing insight into programs and initiatives, and keeping recipients apprised of upcoming deadlines.

NWT-FOCUSED HUMAN RESOURCES AND DEVELOPMENT OUTREACH

Focus on recruiting, retaining and training a northern health and social services workforce continued in 2023-2024.

PracticeNWT participated in the 2024 Aklavik Career Fair, the Behchokò TCSA career fair, the Aurora College research day and the Aurora College nursing student day. This team also engaged in outreach to École Sir John Franklin High School and École St. Patrick School in Yellowknife.

Throughout the year there was continued outreach with Career and Education Advisors in the NWT school systems to ensure they have up to date information on health careers and funding programs, coupled with continued outreach with Aurora College to ensure they have up to date information on health careers and funding programs.



Youth participate in a tour of the Stanton Operating Rooms as part of a previous years' Take Our Kids to Work Day.

TAKE OUR KIDS TO WORK DAY

NTHSSA coordinated yet another successful Take Our Kids to Work Day as part of the annual national event where grade 9 students attend work for the day with their parents. The Talent and Organizational Development team coordinated both in-person and virtual events for NWT students, including employee presentations and facility tours.

In 2023, 20 students participated in in-person events in Hay River and Yellowknife and approximately 130 students in 6 classrooms participated virtually from Aklavik, Behchokò, Gamètì, Inuvik, Tsiigehtchic, and Tulita. Participant surveys yielded positive results including:

- 100% in-person and 50% virtual agreed or strongly agreed that overall, they enjoyed the program.
- 94.7% indicated they would recommend the program to future grade 9 students. Planning is underway for the 2024 event with a focus on improving engagement with virtual students.

EMPLOYEE ENGAGEMENT STRATEGY

In December 2023 the Draft Employee Engagement Strategy was launched. The purpose of the Draft Strategy was to provide leaders and staff across the organization with an opportunity to engage with their teams and peers to provide insight, input, and feedback into a strategy that would reflect the needs of the organization, our culture, and how we will achieve our mission, vision, and values.

Feedback was collected through an online survey as well as engagement sessions to discuss the strategy and discover what it meant to staff. These sessions along with the survey responses will inform the final version of the Employee Engagement Strategy set to launch in the 2024-25 fiscal year.

LEARNING MANAGEMENT SYSTEM

As part of further enhancements to training and development in 2023-2024 NTHSSA launched the second phase of the HSS System wide Learning Management System, myLearning which included the NTHSSA mandatory training curriculum.

Phase 2 included the expansion of the NTHSSA Learning Management System, myLearning to all NTHSSA staff, students, contract, and Agency workers. As part of the Phase 2 launch, the NTHSSA mandatory training curriculum was created, providing 10 mandatory training

courses required by all NTHSSA staff to complete. Training within the curriculum is northern based and reflects policies, acts, and regulations specific to working within the NTHSSA.

EMPLOYEE DEVELOPMENT PROGRAMS

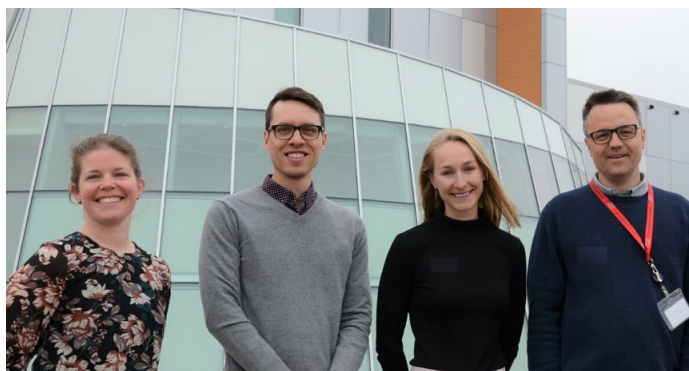
There was an increase in staff accessing funding resources for the purpose of self-directed development directly related to their current position or in support of expanding their scope of work for lateral or upward advancement. The following funding programs supported staff development in 2023-2024:

- 365 staff received funding through the Professional Development Initiative Program (PDI)
- 45 staff were enrolled in the Targeted Academic Support Program (TASP)
- 18 staff are actively completing a return of service within the HSS System after accessing these programs
- 13 staff graduated from programs funded through the Targeted Academic Support Program

INCREASED OPTIONS FOR PRACTICUM AND STUDENT PLACEMENTS

To increase options for both recruitment and training in 2023-2024, NTHSSA increased the number of academic institutions with which the system has affiliation agreements, allowing students from across Canada to complete practicum placements within the HSS System, and expanded the program signing our first affiliation agreement with a US school.

- There are currently 52 affiliation agreements in place
- In 2023-2024, 80 students completed placements
- 50 medical students completed placements



Dr. Hannah Shoiche (left) and Dr. David Pontin (right) directors of the NWT Family Medicine Residency Program with the first two program residents - Dr. Thomsen D'hont, Dr. Kasja Heyes, who both now practice in the NWT.

NWT FAMILY MEDICINE RESIDENCY PROGRAM

The NWT Family Medicine Residency Program in partnership with the University of Alberta opened in 2020 in Yellowknife, providing medical students with a unique, year-round residency that focuses on serving the NWT's Indigenous populations. In 2021-22, the Program received the NWT Premier's Award for Excellence and Dr. David Pontin, a territorial physician who had an integral role in leading the program was named Canada's Family Physician of the Year in 2022.

In 2023-24 the Program has resulted in 100% retention over its first two cohorts, in both signing on staff for contracted physicians (50%) and returning locum physicians (50%). These new family physicians have had a breadth of experience in the North unparalleled to others in the system with each graduate having work experience in at least five different Northern communities and cultural safety training that is emphasized from the first day of the residency.

SPOTLIGHT: ACUTE CARE NURSING CONFERENCE



The 2nd Annual Acute Care Nursing Conference was held February 6th-9th, 2024, this event was attended by approximately 280 health and social services professionals from across the NWT. The intent of this conference was to provide nurses working across the NWT with professional development opportunities. Through seminars from nationally and internationally recognized speakers, and capacity building exercises, nurses were able to enhance their skills and knowledge, while networking with their colleagues. During the Expo, booths were set up showcasing the innovative work being done throughout the local healthcare sector, and hands-on learning and/or refreshers were also available through interactive booths and displays.

Conference Highlights:

- Presentations covering Accreditation, Artificial

Intelligence in Healthcare, Mental Health, Social Media Use in Healthcare, Cancer Care, and an engaging interactive game tailored for nurses designed to stimulate system level thinking, collaboration, and innovation.

- Two presentations by internationally recognized nursing educator and author Barb Bancroft.
- Health Expo featuring 30 presentation booths addressing various nursing and healthcare topics in the NTHSSA, including hands-on learning activities, an Escape Room challenge, Nursing Simulation Booths, program awareness booths, interactive presentations, and nursing games with prizes.

Quality Improvement

The Evidence-Based Practice for Improving Quality (EPIQ) initiative is a collaborative and interactive training model that provides a 10-step process for understanding and applying evidence-based quality improvement tools. This includes designing and implementing Plan-Do-Study-Act (PDSA) cycles across various healthcare settings.

Building on the momentum established during its launch in the NTHSSA in 2022-2023, the EPIQ facilitation team experienced significant growth in 2023-2024, adding two new EPIQ facilitators. This expansion was accompanied by a notable increase in staff participation, reflected in a 13% rise in EPIQ trainees.

In 2023-24, many executives and senior leaders from the Northwest Territories Health and Social Services Authority attended the training, which generated five pilot EPIQ projects in the organization. These projects are expected to enhance clinical practices and improve patient outcomes by applying evidence-based quality improvement methodologies.

In recognition of its impact, EPIQ supports the NTHSSA to meet Accreditation Standards and is a valuable quality improvement asset and initiative. The work to advance EPIQ in 2023-24 underscores the importance and effectiveness of the program in advancing quality and operational excellence across the NTHSSA and its valued stakeholders.

Looking Ahead & Challenges

As the NTHSSA charts its path ahead into 2024-25, the organization will need to adapt to the changing climate, new political mandates, and challenging healthcare operational landscape across Canada.

In the year ahead, the NTHSSA will expect to adjust its priorities to align with the mandate of the 20th Legislative Assembly. We will need to develop and innovate to manage through growing health and human resources staffing challenges while preparing for continued risk from climate change emergencies that will impact our operations and the delivery of client care.

While navigating these anticipated risks, the NTHSSA will need to continue to strengthen our commitments to partners, patients, clients, and their families by enabling culturally safe care across the organization.

With this focus, the NTHSSA will prioritize continued efficiencies as part of our efforts towards sustainability, enhance cultural safety training and development opportunities for Indigenous employees, and build off the successes of quality improvement initiatives and recent improvements to support client experience across the organization.

NTHSSA Operations, Leadership & Governance

The NTHSSA provides the delivery and operations of health and social services for residents of the Northwest Territories, including the Beaufort-Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operation of the Stanton Territorial Hospital. Services are also provided to residents of the Kitikmeot region of Nunavut through a service agreement with the Government of Nunavut.

The remaining regions in the NWT are served by their respective health and social services authorities: Tłıchǫ Community Services Agency (TCSA) 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 2023-24 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. Gerry Cheezie
- Vice-Chairperson: Mr. Ted Blondin (Chair, TCSA)

Members:

- Ms. Phyllis Mawdsley (Chair, Fort Smith RWC)
- Mr. Brian Willows (Chair, Hay River RWC)
- Ms. Gina Dolphus (Chair, Sahtu RWC)
- Mr. Muaz Hassan (Chair, Dehcho RWC)
- Ms. Nancy Trotter (Chair, Yellowknife RWC) Ex-officio and non-voting Members:
- Ms. Jo-Anne Cecchetto (Deputy Minister, DHSS)

Finance Committee

- Chairperson: Brian Willows

Governance and Human Resources Committee

- Chairperson: Gerry Cheezie

Quality Committee

- Chairperson: Ted Blondin

NTHSSA LEADERSHIP TEAM

(as of March 31, 2023)

- Chief Executive Officer, Ms. Kimberly Riles
- Chief Financial Officer, Ms. Marissa Martin
- Chief Operating Officer (Beaufort-Delta Region), Mr. Roger Israel
- Chief Operating Officer (Sahtu Region), Ms. Mireille Hamlyn
- Chief Operating Officer (Dehcho Region), Mr. Wilson Dimsdale
- Chief Operating Officer (Stanton Territorial Hospital), Ms. Lorie-Anne Danielson
- Chief Operating Officer (Fort Smith Region), Ms. Sujata Ganguli
- Chief Operating Officer (Yellowknife Region), Ms. Jennifer Torode
- Executive Director, Clinical Integration, Ms. Joanne Engram
- Executive Director, Corporate and Support Services, Mr. Tim Van Overliw
- Executive Director, Health and Social Services System Sustainability, Ms. Gloria Badari
- Executive Director, Child, Family and Community Wellness, Ms. Kristy Jones
- Territorial Medical Director, Dr. Claudia Kraft
- Senior Advisor to the Chief Executive Officer, Mr. Kevin Whitehead
- Senior Advisor, Governance, Mr. Allen Stanzell



APPENDIX A
AUDITED FINANCIAL
STATEMENTS

Management Discussion & Analysis

INTRODUCTION

This Management Discussion and Analysis (MD&A) provides a financial overview of the results of the Northwest Territories Health and Social Services Authority's (NTHSSA) operations and financial position for the year ended March 31, 2024.

The MD&A reports to stakeholders how financial resources are being utilized to provide a client-focused, quality health and social services system that is accessible and sustainable for all Northwest Territories residents. It serves as an opportunity to communicate with stakeholders about NTHSSA's 2023-24 financial performance, as well as cost drivers, strategies, and plans to address financial risk and sustainability.

This MD&A has been prepared by and is the responsibility of NTHSSA management and should be read in conjunction with the March 31, 2024 audited financial statements, notes and schedules.

CONTEXT

Fiscal year 2023-24 is the seventh 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 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 of the Regional Wellness Councils (6); the chairperson of the Tłıchǫ Community Services Agency; and the Deputy Minister of the Department of Health and Social Services (ex-officio and non-voting).

The 2023-2024 Leadership Council included:

Mr. Gerry Cheezie – Chair of the Leadership Council and Governance & HR Committee

Mr. Ted Blondin – Chair of Tłıchǫ Community Services Agency and Quality Committee

Mr. Brian Willows – Chair of the Hay River RWC and Finance Committee

Ms. Gina Dolphus – Chair of the Sahtu RWC

Ms. Phyllis Mawdsley – Chair of the Fort Smith RWC

Mr. Muaz Hassan – Chair of the Dehcho RWC

Ms. Nancy Trotter – Chair of the Yellowknife RWC

Ms. Ethel-Jean Gruben – Chair of the Beaufort Delta RWC

Ex-officio/non-voting member: Ms. Jo-Anne Cecchetto (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; financial reporting; budgeting; financial compliance and operations.

Clinical Integration: Quality improvement, program, and policy support for acute care services, continuing care services; public health; midwifery; and community health and primary care; mental health and community wellness; corrections health services; sheltering services; adult support services; laboratory and diagnostic 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; territorial quality, patient safety, and client experience leadership; system strategic human resource planning; 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; midwifery; regional acute care; facility operations.

Stanton Territorial Hospital: Acute inpatient services; emergency services, specialty clinics, surgical and obstetric services, dialysis and cancer care, 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.

FINANCIAL HIGHLIGHTS

The results of operations for the fiscal year ended March 31, 2024 and the financial position as at March 31, 2024 is summarized below:

All figures are in thousands of dollars

	Budget 2023-24	Actual 2023-24	Actual 2022-23
Total Revenues	479,508	531,545	481,388
Total Expenses	524,205	559,015	533,087
Annual Surplus (Deficit)	(44,697)	(27,470)	(51,699)
Financial Assets		98,321	95,125
Less: Liabilities		381,472	350,232
Net Debt		(283,151)	(255,107)
Non-Financial Assets		10,298	9,724
Accumulated Deficit		(272,853)	(245,383)

As of March 31, 2024, the NTHSSA incurred an operating deficit of \$27.5 million, which is \$17.2 million less than the budgeted operating deficit of \$44.7 million or 38.5% lower than budgeted amount. This deficit has increased NTHSSA's accumulated deficit to \$272.9 million. The annual operating deficit for 2024 is \$24.2 million less than prior year.

During the year, additional funding was approved and received through supplementary appropriations. Additional funding received covers the unexpected and unforeseen cost increases that are not known at the time the original budget is approved.

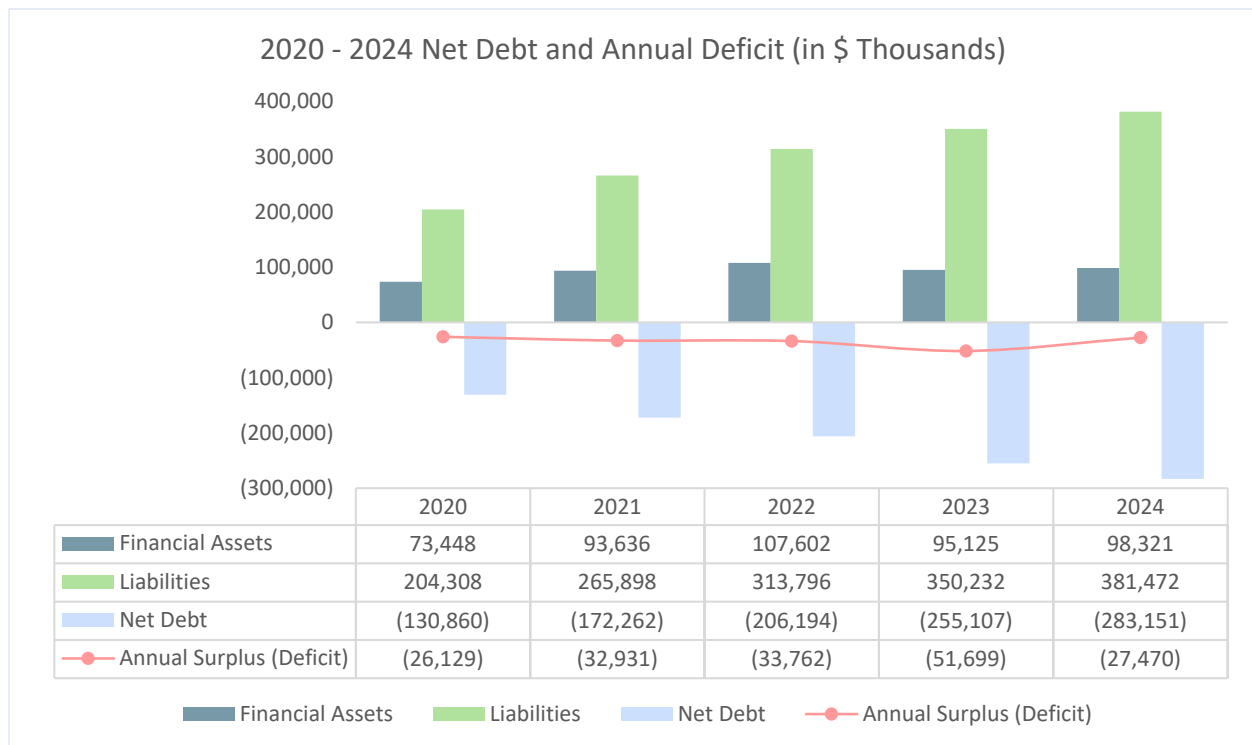
All figures in thousands of dollars

	Original Budget 2024	Supplimentary Appropriations	Revised Budget 2024	Actual 2024	Actual 2023
Total Revenues	479,508	26,169	505,677	531,545	481,388
Total Expenses	524,205	26,169	550,374	559,015	533,087
Annual Deficit	(44,697)	-	(44,697)	(27,470)	(51,699)

NET DEBT AND ANNUAL DEFICIT

At the end of the 2024 fiscal year, the Authority is in a net debt position as liabilities exceeded financial assets. The NTHSSA is in a net debt position of \$283.2 million. Net debt has increased by \$28.0 million or 11.0% 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 on 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.

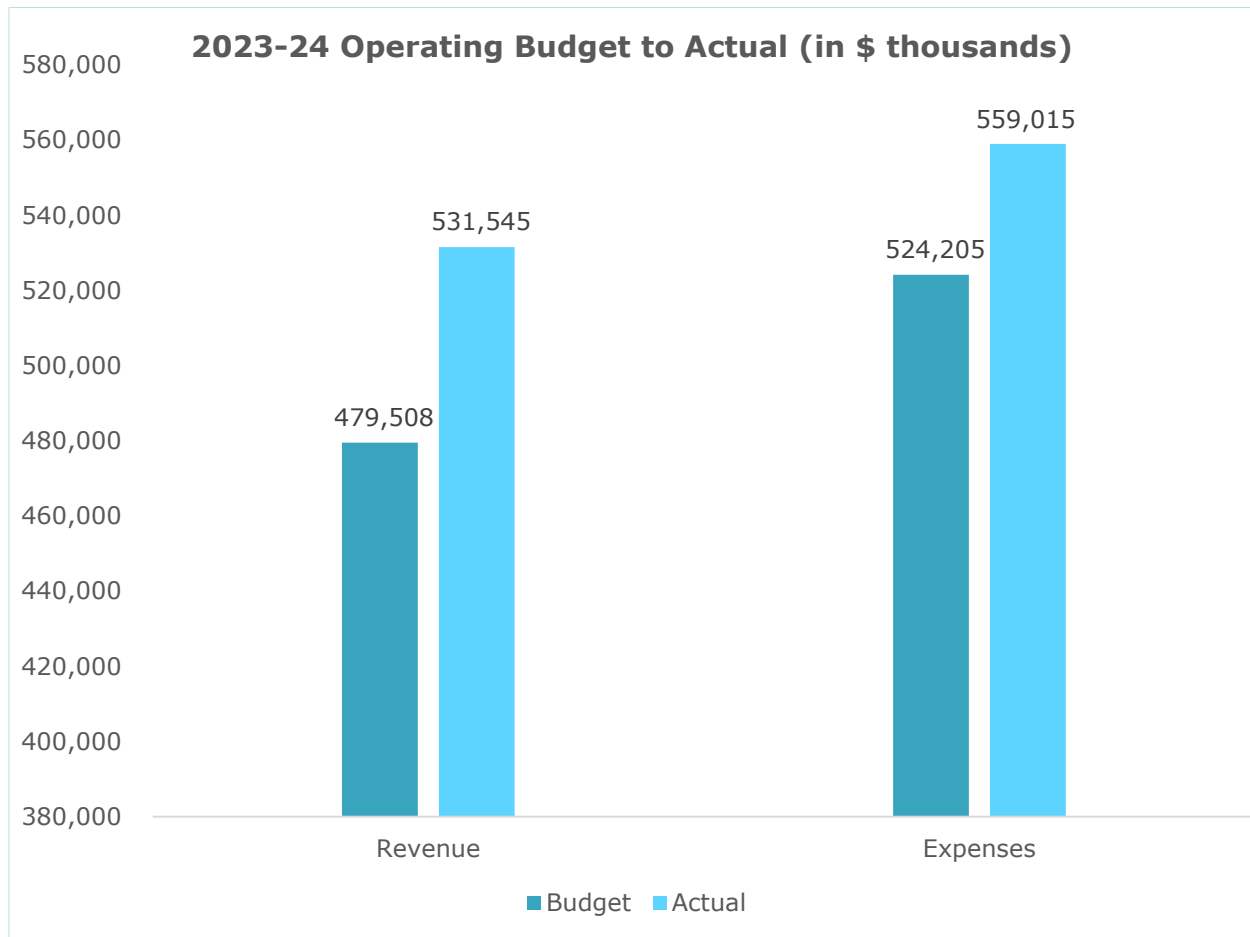


Net assets result when there are financial assets remaining after deducting all liabilities of the Authority. Net debt results when liabilities are more than financial assets. Net debt represents the debt burden on future generations that must be recovered through either future revenues or future service reductions. Most of the liability is due to GNWT for resources required to continue the program and services of the authority.

OPERATING REVENUE AND EXPENSES

The annual revenue for 2023-24 was \$52.0 million higher than the original budget. Expenses were \$34.8 million higher than budgeted.

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



Total revenues in 2023-24 is \$531.5 million, which is \$52.00 million or 10.9% higher than the original budget. The difference between actual revenues versus budgeted revenues is primarily due to \$26.2 million supplementary contributions from GNWT for increased expenses and unbudgeted \$18.1 million Fed additional medical travel funding and unbudgeted \$6.0 million fire evacuation funding.

Total expenses in 2023-24 are \$559.0 million, an increase of \$34.8 million or 6.6% from the original budget. This increase is attributable to fire related expenses, increased locum costs, increases in the cost of medical supplies, increased in contracts, an increase in relocation costs, Overtime, Call back and WSCC fees.

KEY FINANCIAL TRENDING

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

All figures are in thousands of dollars

	2019-20	2020-21	2021-22	2022-23	2023-24
Revenue					
Core Funding	298,257	339,082	345,923	371,408	385,860
Other Revenue	94,154	88,048	117,970	109,980	145,685
Total Revenue	392,411	427,130	463,893	481,388	531,545
Expenses	(418,540)	(460,061)	(497,655)	(533,087)	(559,015)
Annual Operating Deficit	(26,129)	(32,931)	(33,762)	(51,699)	(27,470)
Accumulated Deficit	(126,991)	(159,922)	(193,684)	(245,383)	(272,853)

REVENUE AND EXPENSE GROWTH

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 costs, unfunded or underfunded programs, unfunded growth in healthcare positions.

Revenue:

Since fiscal year 2019-20 to fiscal 2023-24 core funding have grown by \$87.6 million or 29.4%. During the same time Other Revenue grew by \$51.5million or 54.7%. For the same period total revenue have grown by \$139.1 million or 35.5%

Expense:

Since fiscal year 2019-20 to fiscal 2023-24 expenses have grown by \$140.5 million or 33.6%.

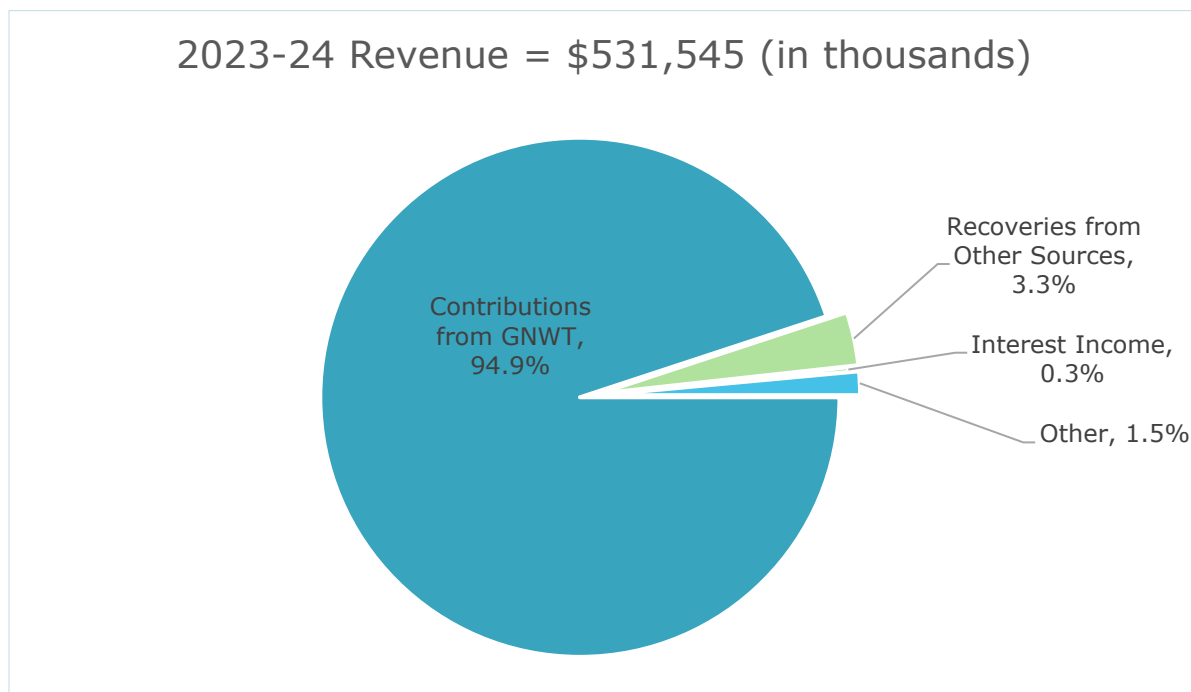
Impact

Revenue growth and in particular core funding growth has lagged the growth in expenses resulting in growing of annual deficits.

ANALYSIS

NTHSSA discloses its results from operations in its financial statements on the Statement of Operations and Accumulated Deficit— by Source for Revenues and by Program for Expenses. Expenses are also shown by Object on note 16.

REVENUE



GNWT contributions accounted for 94.9% of NTHSSA's total revenue in the 2023-24 fiscal year and is consistent with the 94.4% of total revenue for the 2022-23 fiscal year.

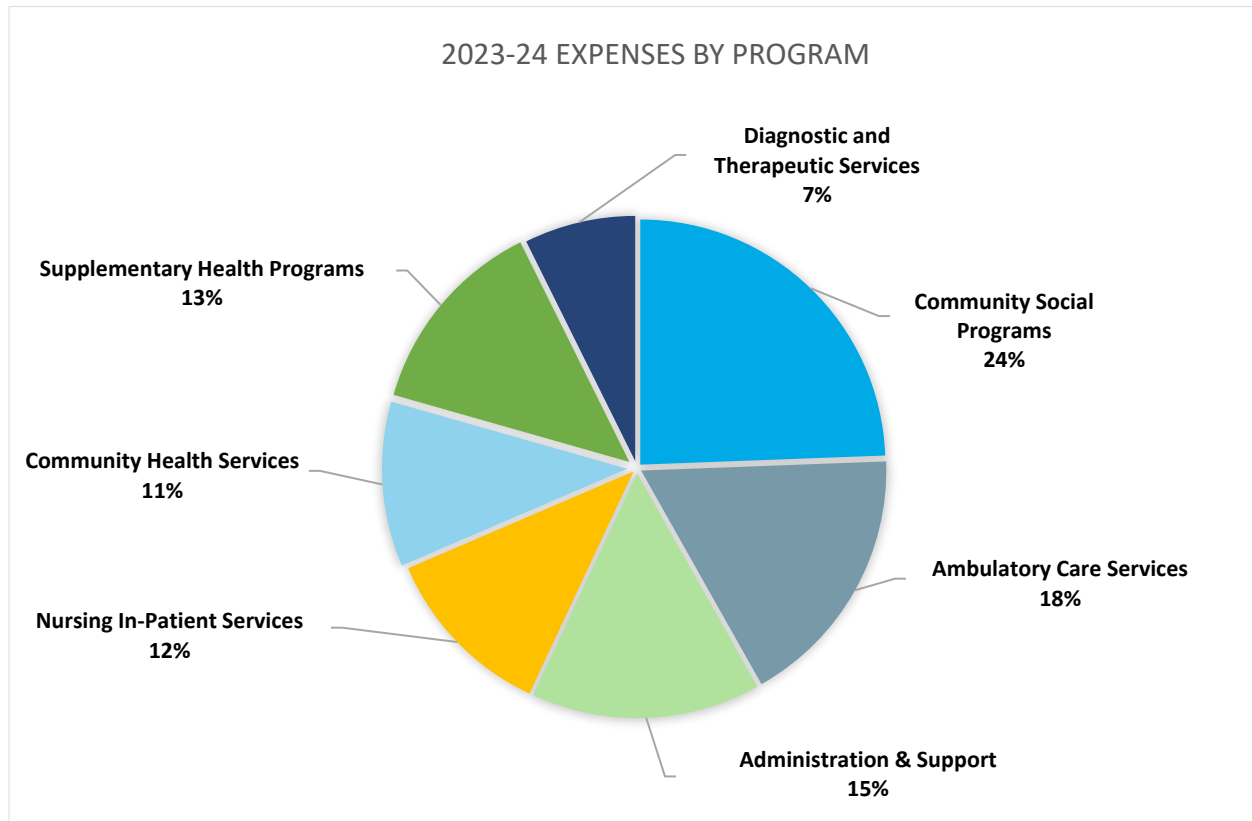
Contribution from GNWT as a percentage of total revenue is an indicator of the degree of vulnerability the Authority has because of relying on GNWT contributions.

REVENUE BY SOURCE

(in \$ thousands)	Budget 2023-24	Actual 2023-24	Actual 2022-23
Core and Other Contributions from GNWT	378,460	406,848	387,990
Revenues From The Government of Canada	1,416	750	1,576
Recoveries from Other Sources	18,941	17,633	16,744
Recoveries from Government of Nunavut	3,964	5,943	6,303
Recoveries From GNWT and Non Insured	47,405	72,483	38,174
Contribution from Other Sources	1,266	1,022	1,302
Grant in Kind	27,728	25,338	28,389
Interest Income	310	1,456	878
Other Income	18	72	32
Total Revenue	479,508	531,545	481,388

The total revenue for the 2023-2024 fiscal year is \$50.2 million or 10% higher than prior year. The \$50.2 million increase in actual revenues over prior year is primarily due to supplementary funding for budget shortfalls, additional funding for Medical Travel, fire evacuation funding, third party funding (including THIF, Bilateral, Aging with Dignity), and Investment revenue.

EXPENSES BY PROGRAM



(in \$ thousands)	Budget 2023-24	Actual 2024	Actual 2023	Actual 2022	Actual 2021
Community Social Programs	122,505	136,441	119,415	116,454	103,620
Ambulatory Care Services	91,748	97,418	97,612	94,311	91,679
Administration and Support Service	80,190	84,624	80,306	80,205	65,087
Nursing inpatient Services	60,774	64,700	65,141	53,916	61,157
Community Health programs	58,174	60,744	64,608	61,476	52,891
Supplementary Health Programs	70,867	74,091	64,103	51,968	48,961
Diagnostic and Terapeutic Services	39,947	40,997	41,902	39,325	36,666
Total Expenses	524,205	559,015	533,087	497,655	460,061

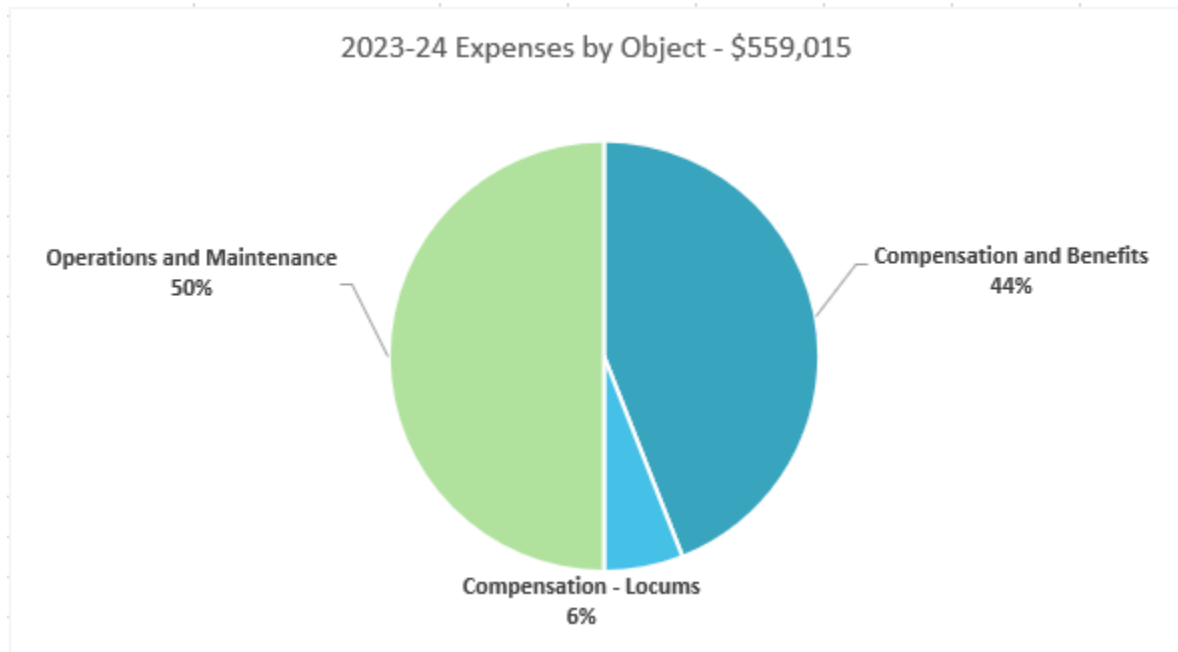
Significant variances between budget versus actual and actual versus prior year are explained as follows:

- Community Social Programs expense is \$136.4 million in 2024. This is \$13.9 million or 10% more than what was budgeted and \$17 million or 14% more than 2023. The increase is primarily due to unbudgeted overtime, standby, callback and shift premiums. This was compounded by increases in WSCC premiums, additional travel costs, and cost increases for food and medical supplies

relating to southern placements and additional wildfire evacuation costs.

- Ambulatory Care Services expense is \$97.4 million in 2024. This is \$5.7 million or 6% more than what was budgeted and \$0.4 million or 0.2% less than 2023. Ambulatory Care Services expense have been consistent from prior year. The increase to budgeted is primarily due to unbudgeted overtime, standby, callback and shift premium, increases in travel costs, cost increases for medical-related testing and examination, and costs related to locum physician contacts.
- Administration and Support Services expense is \$84.6 million in 2024. This is \$4.4 million or 4% more than what was budgeted or 0.7% less than 2023. The increase to budget is primarily due to unbudgeted valuation allowances and bad debt expenses, more expenses than budgeted in WSCC, relocation expenses, and wildfire evacuation costs.
- Nursing Inpatient Services expense is \$64.7 million in 2024. This is \$3.9 million or 6% more than budgeted and \$0.4 million or 1% less than 2023. The actual Nursing Inpatient Services expense is consistent with prior year.
- Community Health Programs expense is \$60.7 million in 2024. This is \$2.6 million or 4% more than what was budgeted and \$3.9 million or 6.0% less than 2023. The decrease from prior year actual is primarily due Public Health vacant positions, underspend in dental Therapy due to staffing shortages, under spending in Home Care program compensation and benefits due to vacant positions.
- Supplementary Health Programs expense is \$74.1 million in 2024. This is \$3.2 million or 4.0% less what was budgeted and is \$10.0 million or 15.6% more than 2023. The increase to prior year is due to increased medical travel costs, attributed to higher volume of travel and increased cost of airfare and accommodations.
- Diagnostic and Therapeutic Services expense is \$41 million in 2024. This is \$1.1 million or 3.0% more than what was budgeted and \$0.9 million or 2.0% less than 2023. This is consistent with budget and prior year.

EXPENSES BY OBJECT



	Expenses by Object Year over Year				
(in \$ thousands)	Actual 2024	Actual 2023	Actual 2022	Actual 2021	Actual 2020
Compensation and Benefits	267,321	266,459	256,400	241,454	211,128
Contracted out Services	100,142	84,640	64,032	93,153	84,343
Medical Travel and Other Travel	65,853	55,264	53,421	24,435	29,167
Compensation - Locums	36,101	31,460	26,591	22,783	17,121
Supplies	24,957	25,897	23,399	22,466	18,068
Grant in Kind	25,753	29,865	31,212	21,695	18,079
Contributions	18,635	18,036	21,434	16,145	18,881
Valuations	1,183	1,554	3,016	1,163	1,648
Operating Costs	19,070	19,912	18,150	16,767	20,105
Total Expenses	559,015	533,087	497,655	443,294	398,435

Significant amounts included in Operating Costs are general administration expense of \$9,585 (2023 - \$10,339), program expense of \$7,917 (2023 - \$6,906), and equipment expense of \$1,567 (2023 - \$3,300).

Significant variances between actual and prior year are explained as follows:

- Compensation expense is \$267.32 million in 2024. This was \$0.9 million or 0.3% more than 2023 due to overtime, standby, shift premium and callback and use of casuals to cover staff shortages. This was partially offset by vacant positions.
- Contracted out services expense is \$100.1 million in 2024. This was \$15.5 million or 18.3% more than 2023. The increase is due to fire evacuation contracts, and other contracts like Agency Nurses, Diagnostic Imaging, Referred Out Radiology Services.
- Medical and other travel expense is \$65.9 million in 2024. This was \$10.6 million or 19.2% more than 2023. The increase in Medical and other travel expense is due to high volume of medical travel and increased air fares and increased air ambulance costs.
- Compensation-Locums expenses are \$36.1 million in 2024. This is \$4.6 million or 14.8% more than 2023 due to more usage of Locums to address physician shortages in NWT.
- Supplies expenses are \$25.0 million in 2024, this is \$0.9 million or 3.6% less than 2023. The decrease in supplies is mostly due decrease in COVID supply expenses.
- Grants in Kind are \$25.8 million in 2024. This is \$4.1 million or 13.8% lower than 2023 due to \$1.3million decrease in grant in kind for federally donated COVID-19 inventory that was expensed in current year, this was compounded by over \$3 million in amortization in prior year for assets now fully amortized.
- Contributions expenses are \$18.6 million in 2024. This is \$0.6 million or 3.3% more than 2023. Contributions expense is consistent with prior year.
- Valuation expenses are \$1.2 million in 2024. This is \$0.4 million or 23.9% lower than 2023. Valuation expense is consistent with prior year.
- Operating cost expenses are \$19.1 million in 2024. This is \$0.8 million or 4.2% lower than 2023. Operating Cost expenses is consistent with prior year.

WILDFIRE EVACUATIONS

The Northwest Territories was impacted by wildfires in the summer of 2023, including an evacuation order that was issued on August 16, 2023, for the capital city of Yellowknife. The financial impact of the evacuation order was felt in the fiscal year ending March 31, 2024, with respect to the costs incurred for evacuation efforts and in securing alternative treatment locations for patients and clients.

Due to the unforeseen nature of the fire. The revenue and expenses below were not budgeted. The total fire evacuation revenue for the 2023-2024 fiscal year is \$6.0 million and the 2023-24 fire expenses were \$7.1 million resulting in funding shortfall of \$1.1 million contribution to Authority deficit. Most of the shortfall is attributed to contracted locum physician costs that were paid during the evacuation. These locum costs were deemed ineligible for reimbursement by the GNWT Department of Municipal and Community Affairs. The amounts below are not final as some submissions are still under review.

All figures are in thousands of dollars

	Actual 2023-24 \$
Revenues	5,991
Total Revenues	5,991
Less: Expenses:	
Administrative and Support Services	2,892
Ambulatory Care	1,519
Community Health Programs	327
Community Social Services	1,870
Diagnostic and Therapeutic Services	85
Nursing Inpatient Services	258
Supplementary Health Programs	137
Total Expenses	7,089
Funding Shortfall	(1,098)

OUTLOOK

Over the next several years, NTHSSA will implement several priority initiatives that will support the provision of client-focused quality care that is accessible for all Northwest Territories residents.

NTHSSA will improve wait times for surgeries and diagnostic imaging and continue to increase and enhance the availability of continuing, community, long term care and home care options. NTHSSA, in collaboration with the Department of Health and Social Services, will continue to support facilities, equipment, and other infrastructure needed to deliver quality health services.

AGING POPULATION AND RISING COSTS

The Northwest Territories population is growing and aging, costs are rising and there is an ongoing focus on the recruitment and retention of healthcare resources. NTHSSA will need to manage these risks to implement its key priority initiatives while managing cost growth and improving quality.

FINANCIAL AND OTHER SUSTAINABILITY INITIATIVES

Upon amalgamation in 2016, the predecessor health authorities had an accumulated deficit of \$50.8M which was transferred to the NTHSSA and included in its opening financial position. Each year since, the NTHSSA has incurred annual deficits through carrying out its operations, resulting in an increasing accumulated deficit. Throughout this time, NTHSSA has worked with NWT HSS System partners and GNWT partners to identify collaborative approaches to address the Authority's deficit.

During the 2023-24 fiscal year, work on the NWT Health and Social Services System Sustainability Plan, led by the HSS System Sustainability Office progressed with an increased focus on financial sustainability through the creation of a targeted finance-specific plan to reduce the NTHSSA's deficit. Through these efforts, NTHSSA's year-end deficit was lower than its budgeted deficit – a first in recent years. Specific activities carried out under both plans this year include:

- Detailed program analysis (ongoing), uncovering process-improvement opportunities which are continuously implemented. Specific improvements have been made to billing, procurement, and program implementation processes.
- A comprehensive reconciliation of all positions within the NTHSSA has been completed, tying all existing positions to funding sources and paving the way to secure funding for unfunded positions that have been added to the health system since NTHSSA's inception to maintain health and social service delivery.

- Improvements to contract performance management have been realized through the creation of various new internal manuals and processes.
- Point of Sale systems were installed in Stanton, allowing for the immediate collection of miscellaneous charges, and reducing the administrative burden of subsequent billings.
- Inventory accounting controls were implemented in Stanton's OR, improving inventory management, providing better insight into usages, and ensuring compliance with required accounting standards.
- Patient Referral Pathways – In April 2023 the Steering Committee identified improvement opportunities including:
 - Specialty Waitlist Management – This year, one speciality list has been centralized, providing access to territory-wide data and a prototype excel-based dashboard was developed providing a model for fast, accessible analysis of specialty waitlists.
 - Referral (Appointment) Coordination – A needs and gaps analysis was completed as well as a jurisdictional analysis and models of possible appointment coordination processes were developed for further review.
 - Medical Travel Impact Analysis –A time and process study was completed for Medical Travel related processes in the Specialty Clinic. A survey to gather information from Community Health Centres and smaller communities was developed and distributed.
 - Referral Reconciliation – Scoping and early project planning, including backlog and maintenance-process development has been completed.
- Nursing Consolidated Hiring Pilot Project- Developed to consolidate the nurse hiring process and fill vacancies including monthly vacancy reports are being produced allowing the project manager to identify communities with the greatest need and assists with matching nurses to those communities. Results are showing a shorter hiring process and a decrease in vacant nurse positions.
- Evidence-Based Practice for Improving Quality (EPIQ) - The following initiatives are in progress using EPIQ:
 - Public Health Unit – to support transition of functions from Office of Chief Public Health Officer to Territorial Public Health unit. Communication processes developed.
 - Diagnostic Services – implementing recommendations of BEAM Radiology quality audit report for Radiology services. Quality Assurance Technologist started March 31 and will provide training and mentorship to Ultrasound staff.
 - Acute Care –to reduce medication errors in acute sites. Medication Management Learning module developed. Medication errors will be tracked and reported on.
 - Medical Assistance in Dying (MAID)- implement new guidelines and proposed new legislation MH Diagnosis. Job description for MAID coordinator has been updated to reflect legislation changes. NTHSSA continues to work with DHSS on planning for NWT rollout.
 - Mental Health – use the EPIQ framework for additional Mental Health training for facility-based addictions treatment. Policies and forms for new after care approach have been developed and approved this year.

- Under the Government Renewal Initiative (GRI) a comprehensive list and descriptions of programs/services was completed and submitted in the summer of 2023.
- Work on data and benchmarking was completed with four years of outstanding Acute Service Activity data for STH and financial and payroll data for 2022-2023 was submitted to CIHI.

While significant progress has been made on addressing the NTHSSA's financial deficit this past year, work continues and remains grounded in the following four principles:

- accountability for results,
- value for money,
- fair and timely access, and,
- appropriateness.

NTHSSA remains committed to providing high-quality health and social services throughout the Territory in a fiscally sustainable manner.

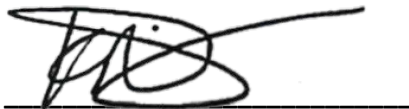
FINANCIAL REPORTING, CONTROL AND ACCOUNTABILITY

The NTHSSA financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards. In addition, the financial statements include certain disclosures required by the financial directives issued by the Authority. NTHSSA annual reports are available at www.nthssa.ca under “Resources”.

An effective and integrated governance model is an essential component to providing the delivery of care services to Northwest Territories residents and the way the organization operates.

The NTHSSA provides oversight through its Leadership Council and its Finance Committee. The Finance Committee assists the Board in fulfilling their financial oversight responsibilities including those pertaining to financial reporting and budgeting.

The Office of the Auditor General of Canada is the appointed external auditor of NTHSSA. In addition to expressing an audit opinion on the NTHSSA financial statements, the Office of the Auditor General of Canada also reports recommendations related to NTHSSA to the legislature. The Office of the Auditor General of Canada’s reports are available at www.oag-bvg.gc.ca under “Publications”



KIMBERLY RILES, RN, NP

CHIEF EXECUTIVE OFFICER

16 August 2024

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 specialty 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.



NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY

Financial Statements

March 31, 2024

Northwest Territories Health and Social Services Authority

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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).

A stylized, handwritten signature in black ink.

Kimberly Riles, RN, NP
Chief Executive Officer

A stylized, handwritten signature in black ink.

Marissa Martin, CPA, CGA, MBA
Chief Financial Officer

August 23, 2024



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 2024, and the statement of operations and accumulated deficit, statement of change 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 2024, 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.

Emphasis of Matter

We draw attention to Note 1 of the financial statements, which provides information on the Authority's financial position, its continued economic dependence on the Government of the Northwest Territories to sustain its operations and its ability to continue as a going concern. Our opinion is not modified in respect of this matter.

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.



Dusan Duvnjak, CPA, CMA
Principal
for the Auditor General of Canada

Ottawa, Canada
23 August 2024

Northwest Territories Health and Social Services Authority

Statement of Financial Position

(All figures in thousands of dollars)

As at March 31,	2024	2023
	\$	\$
Financial Assets		
Cash	3,979	5,165
Accounts receivable (note 4)	16,984	14,142
Due from Government of the Northwest Territories (note 5)	77,060	75,132
Due from Government of Canada	298	686
	98,321	95,125
Liabilities		
Accounts payable and accrued liabilities (note 7)	43,865	36,290
Due to Government of the Northwest Territories (note 5)	330,152	305,777
Due to Government of Canada	21	1,113
Employee future benefits and compensated absences (note 8)	7,434	7,052
	381,472	350,232
Net Debt	(283,151)	(255,107)
Non-Financial Assets		
Inventory held for use (note 6)	6,098	7,444
Prepaid expense	4,200	2,280
	10,298	9,724
Accumulated Deficit (note 9)	(272,853)	(245,383)

Contractual obligations and rights and Contingencies (notes 10 and 11)

Approved on behalf of the Authority:



Gerry Cheezie
Leadership Council
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,

2024

2023

	Budget	Actual	Actual
	\$	\$	\$
Revenues			
Revenues from Government of the Northwest Territories			
Core contributions (note 17)	359,691	385,860	371,408
Non-core contributions (note 17)	18,769	20,988	16,582
Recoveries - other	27,199	29,664	19,811
Recoveries - non-insured health benefits	20,206	42,664	17,939
Recoveries - prior year expenses	-	155	425
Grants-in-kind (note 13)	27,728	25,338	28,389
	453,593	504,669	454,554
Other Revenues			
Revenues from Government of Canada	1,416	750	1,576
Recoveries from other sources	18,941	17,633	16,744
Recoveries from Government of Nunavut	3,964	5,943	6,303
Contributions from other sources	1,266	1,022	1,302
Interest income	310	1,456	877
Other income	18	72	32
	25,915	26,876	26,834
Total Revenues	479,508	531,545	481,388
Expenses (note 16)			
Community social programs	122,505	136,441	119,415
Ambulatory care services	91,748	97,418	97,612
Administration and support services	80,190	84,624	80,306
Nursing inpatient services	60,774	64,700	65,141
Community health programs	58,174	60,744	64,608
Supplementary health programs	70,867	74,091	64,103
Diagnostic and therapeutic services	39,947	40,997	41,902
Total Expenses	524,205	559,015	533,087
Annual deficit	(44,697)	(27,470)	(51,699)
Accumulated deficit, beginning of year	(245,383)	(245,383)	(193,684)
Accumulated deficit, end of year	(290,080)	(272,853)	(245,383)

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,	2024	2023	
	Budget	Actual	Actual
	\$	\$	\$
Annual deficit for the year	(44,697)	(27,470)	(51,699)
Adjustments			
Acquisition of inventories held for use	-	(11,694)	(11,998)
Consumption of inventories held for use	-	13,041	15,553
Acquisition of prepaid expenses	-	(4,182)	(1,920)
Use of prepaid expenses	-	2,262	1,151
Increase in net debt for the year	(44,697)	(28,043)	(48,913)
Net debt, beginning of year	(255,107)	(255,107)	(206,194)
Net debt, end of year	(299,804)	(283,151)	(255,107)

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,	2024	2023
	\$	\$
Cash used in operating transactions		
Annual deficit	(27,470)	(51,699)
Changes in non-cash assets and liabilities		
Change in accounts receivable	(2,842)	(1,264)
Change in accounts payable and accrued liabilities	7,575	3,533
Net change in due to/(from) Government of the Northwest Territories	22,447	22,701
Change in employee future benefits and compensated absences	382	733
Net change in due to/(from) Government of Canada	(704)	827
Change in inventory	1,346	3,555
Change in prepaid expenses	(1,920)	(769)
Cash used in operating transactions	(1,186)	(22,383)
Decrease in cash	(1,186)	(22,383)
Cash, beginning of year	5,165	27,548
Cash, end of year	3,979	5,165

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

Total interest received during the year was \$1,456 (2023 - \$877).

March 31, 2024

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 ("NWT") and is an agency under Schedule A of the *Financial Administration Act* ("FAA") of the NWT. 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, 2024 the Authority had an annual deficit of \$27,470 (2023 - \$51,699), accumulated deficit of \$272,853 (2023 - \$245,383), liabilities of \$381,472 (2023 - \$350,232) which includes \$330,152 (2023 - \$305,777) due to the GNWT, and total financial assets of only \$98,321 (2023 - \$95,125).

The Authority was created as part of 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. These financial statements do not include any adjustments to the carrying value of assets and liabilities and the reported revenues and expenses.

March 31, 2024

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) Accounts receivable

Valuation allowances, determined on an individual basis, are based on past events, current conditions and all circumstances known at the date of the preparation of the financial statements and are adjusted annually to reflect the current circumstances by recording write downs or recoveries, as appropriate. Write-downs are recognized when the receivables have been deemed uncollectable. Recoveries are recorded when receivables previously written down are subsequently collected.

(d) Tangible capital assets

The GNWT retains ownership of all tangible capital assets ("TCA") used by the Authority. The Public Accounts of the GNWT include these TCAs and as such the Authority has no TCAs recognised in its financial statements.

March 31, 2024

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

The Authority has recognized grants-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.

(e) 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 measured at fair value at the date of acquisition.

(f) 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

Recoveries include amounts recovered for expenses paid by the Authority primarily relating to hospital services, medical fees, client medical travel costs and non-insured health benefits.

The recoveries noted above are exchange transactions that have separate performance obligations. Revenue for these recoveries is recognized at a point in time once the service is rendered, amounts can be reasonably estimated, and collection is reasonably assured.

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 revenues

Other revenues are 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.

(g) 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.

March 31, 2024

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

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. Unamortized actuarial gains or losses are amortized over the employees' average remaining service life which is 10.3 years (2023 - 10.3 years).

(h) 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.

(i) Financial instruments

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

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

(j) 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.

March 31, 2024

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

(l) Expenses

Expenses are reported on an accrual basis. The cost of all goods and services received during the year are expensed, except for certain assets and services provided without charge. Assets provided at no cost are described in Note 13.

(m) 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 (d). Donated assets are recognized as grants-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 grants-in-kind in the Statement of Operations and Accumulated Deficit. Grants-in-kind is measured using the cost incurred by the GNWT.

March 31, 2024

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

(o) Adoption of new standards

Effective April 1, 2023, the Authority adopted the new accounting standard PS 3400 revenue, which establishes standards on how to account for and report on revenue. This new standard sets out general guidance for recognition, measurement, presentation and disclosure of revenue arising from transactions that include performance obligations (exchange transactions) and transactions that do not have performance obligations (non-exchange transactions). There are two approaches to recognizing revenue with performance obligations: at a point in time or over a period of time. This determination is made based on when a performance obligation is satisfied. This new standard has been applied prospectively to these financial statements and, as permitted by the standard's transitional provisions, prior periods were not restated. The implementation of this new standard did not have a material impact on the financial statements.

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 \$81 (2023 - \$62). Funds established by the Authority include a special project reserve \$81 (2023 - \$62) 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, 2024

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 receivable 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	2024	2023
	\$	\$	\$	\$
Trade receivable	17,252	(8,021)	9,231	6,175
Government of Nunavut	3,499	(238)	3,261	3,409
Due from WSCC	730	-	730	486
Due from related parties (note 15)	3,762	-	3,762	4,072
Total accounts receivable	25,243	(8,259)	16,984	14,142

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

For core funding, 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

	2024	2023
	\$	\$
Health and Social Services	69,823	72,836
Finance	1,176	2,249
Justice	102	3
Education, Culture and Employment	42	42
Infrastructure	-	2
Municipal and Community Affairs	5,917	-
Total due from Government of the Northwest Territories	77,060	75,132

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2024

Due to Government of the Northwest Territories	2024	2023
	\$	\$
Payroll liabilities	319,651	297,042
Health and Social Services	4,396	2,375
Finance	5,801	6,279
Justice	85	-
Infrastructure	219	81
Total due to Government of the Northwest Territories	330,152	305,777

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

6. Inventory held for use

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

	2024	2023
	\$	\$
General supplies	4,159	5,463
Pharmaceutical	1,939	1,981
	<u>6,098</u>	<u>7,444</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.

	2024	2023
	\$	\$
Trade payable	31,251	24,008
Annual leave and lieu time	12,548	12,219
Due to related parties (note 15)	66	63
Total accounts payable and accrued liabilities	43,865	36,290

March 31, 2024

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 and death of an immediate family member. Benefits that accrue under compensated absence benefits, excluding maternity and parental leave, were actuarially valued using the expected utilization methodology. Non-accruing benefits include maternity and parental leave and are recognized when leave commences.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2024

Valuation results

The most recent actuarial valuation was completed as at February 11, 2022. The results were extrapolated to March 31, 2024. 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.

	2024	2023
	\$	\$
Accrued benefit obligations, beginning of year	8,127	8,663
Current period benefit cost	620	655
Interest accrued	397	360
Benefits payments	(1,062)	(1,080)
Actuarial loss	(162)	(470)
Accrued benefit obligations, end of year	7,920	8,128
Unamortized net actuarial (loss)	(2,009)	(2,378)
Employee future benefits & compensated absence liability - actuarially valued	5,911	5,750
Other compensated absences liability - not actuarially valued	1,523	1,302
Total employee future benefits and compensated absences	7,434	7,052
Benefits expense	\$	\$
Current period benefit cost	620	655
Interest accrued	398	360
Amortization of actuarial loss	207	252
	1,225	1,267

The discount rate used to determine the accrued benefit obligation is an average of 5.3% (2023 - 4.8%).

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2024

9. Accumulated deficit

	2024	2023
	\$	\$
Accumulated deficit upon amalgamation in 2016	50,824	50,824
Addition to the accumulated deficit since amalgamation	222,029	194,559
Accumulated deficit	272,853	245,383

10. Contractual obligations and rights

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, 2024:

	Expires in Fiscal Year	2025	2026	2027	2028	2029	2030	Total
		\$	\$	\$	\$	\$	\$	\$
Equipment leases	2029	187	160	94	44	9	-	494
Operational leases	2026	3,932	923	-	-	-	-	4,855
Service contracts	2030	103,214	73,797	53,834	47,046	64	331	278,286
Contribution agreements	2025	1,066	-	-	-	-	-	1,066
		108,399	74,880	53,928	47,090	73	331	284,701

Contractual rights are rights of the Authority to economic resources arising from contracts or agreements that will result in both assets and revenues subsequent to March 31, 2024 when the terms of those contracts or agreements are met.

	Expires in Fiscal Year	2025	2026	2027	2028	2029	2030	Total
		\$	\$	\$	\$	\$	\$	\$
Contribution agreements	2028	30,461	20,964	12,396	11,678	-	-	75,499
		30,461	20,964	12,396	11,678	-	-	75,499

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

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March 31, 2024

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 \$24,350 (2023 - \$7,030). 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, 2024.

12. Trust assets under administration

The authority administers \$432 (2023 - \$389) of trust assets, consisting of cash held on behalf of patients, which are not included in the reported Authority's assets and liabilities.

13. Grants-in-kind

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

	2024	2023
	\$	\$
Use of assets ⁽¹⁾	17,538	21,569
Stanton Territorial Hospital P3 costs ⁽²⁾	7,800	6,820
Grants-in-kind GNWT	25,338	28,389
Donated inventory, Government of Canada ⁽³⁾	-	561
Total Grants-in-kind	25,338	28,950

⁽¹⁾ Included in Use of assets is the estimated costs to rent the new Stanton Territorial Hospital based on its current amortization expense of approximately \$8,053 (2023 - \$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 grants-in-kind expense, was \$415 (2023 - \$1,760).

March 31, 2024

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 (2023 – 1.02) the employees' contributions for employees who started prior to January 2013 and 1.0 times (2023 – 1.0) the employees' contributions for all other employees.

The Authority and the contracted physicians' contribute to the Physician Retirement Income Benefit ("PRIB"). The Physicians' contribution rate is 7.5 percent of the Physicians' base salary, minus the Physicians' contribution to the Canada Pension Plan. The Authority contribution rate is 15 percent of the Physicians' base salary, minus the Employer's contribution to the Canada Pension Plan on behalf of the Physician. The Authority contributed \$13,652 (2023 – \$13,872) to PSPP and \$1,660 (2023 – \$1,834) to the Physicians' fund. The employees' contributions were \$13,659 (2023 – \$13,671) and \$755 (2023 – \$832) respectively.

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2024

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 2024	Net 2023
	\$	\$	\$	\$
Hay River Health and Social Services Authority	2,496	-	2,496	2,551
Tlicho Community Services Agency	910	-	910	926
Stanton Territorial Hospital Foundation	356	-	356	591
Northwest Territories Power Corporation	-	-	-	4
	3,762	-	3,762	4,072

Due to related parties:	2024	2023
	\$	\$
Tlicho Community Services Agency	4	35
Hay River Health and Social Services Authority	53	22
Fuel Services Division	6	3
Northwest Territories Power Corporation	3	3
	66	63

Revenues from related parties:	2024	2023
	\$	\$
Hay River Health and Social Services Authority	2,962	2,919
Tlicho Community Services Agency	946	1,024
Northwest Territories Power Corporation	178	14
Aurora College	10	-
Stanton Territorial Hospital Foundation	1,427	591
Northwest Territories Human Rights Commission	-	3
	5,524	4,551

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2024

15. Related party balances and transactions (continued)

Expenses paid to related parties:	2024	2023
	\$	\$
Hay River Health and Social Services Authority	186	175
Tlicho Community Services Agency	154	186
Government of the Northwest Territories	15,248	8,429
Aurora College	446	1,292
Northwest Territories Power Corporation	118	93
Northwest Territories Housing Corporation	-	52
Fuel Services Division	55	55
Northwest Territories Liquor and Cannabis Commission	2	3
Housing Associations and Authorities	156	120
Education Councils and Authorities	3	3
	16,368	10,408

16. Expenses by object

	2024	2023
	\$	\$
Compensation and benefits	267,321	266,459
Compensation - locums physician services	36,101	31,460
Contracted out services	100,142	84,640
Medical and other travel	65,853	55,264
Supplies	24,957	25,897
Grants-in-kind (note 13)	25,753	29,865
Contributions	18,635	18,036
Change in valuation allowances	1,183	1,554
Other operating costs	19,070	19,912
Total expenses	559,015	533,087

Significant amounts included in Other operating costs are: general administration expense of \$9,585 (2023 - \$10,339), program expense of \$7,917 (2023 - \$6,906), and equipment expense of \$1,567 (2023 - \$3,300).

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

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March 31, 2024

17. Contributions from the Government of the Northwest Territories

	2024 Budget	2024 Actual	2023 Actual
	\$	\$	\$
Total core contributions	359,691	385,860	371,408
Federal Navigator	255	171	-
Canadian Hospitals Injury Reporting and Prevention Program	127	98	127
Aging with Dignity	-	879	-
Community Projects to Reduce Harms of Alcohol Use	-	38	-
Collective Kitchen	168	102	144
Community Health Representative Education and Development in Health Promotion	80	76	68
Territorial Health Investment Fund - System Sustainability	6,030	7,244	6,267
Home and Community Care	8,006	7,308	6,132
Feast on Health	6	-	4
French Language Services	826	812	657
Family, Community and Culture Connection Project	-	121	-
NWT Agreement to Work Together to Improve Health Care for Canadians Action Plan	155	2,320	629
Integrated Primary Care Team Demonstration Project	687	-	665
Lactation Program	139	12	69
Mental Health Initiatives	160	-	226
Opioid Maintenance Treatment Program	144	-	190
Respite Care Program	250	-	250
Tobacco Cessation	135	83	3
Outreach Services Support	-	123	54
Spruce Bough	1,601	1,601	-
Other contributions	-	-	1,097
Total non-core contributions	18,769	20,988	16,582
Total contributions from the GNWT	378,460	406,848	387,990

March 31, 2024

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 \$98,321 (2023 - \$95,125).

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, 2024, receivables from the GNWT comprised 82% of the total outstanding accounts receivables (2023 - 84%). The Authority manages this risk by monitoring overdue balances.

(b) Liquidity risk

Liquidity risk is the risk that the Authority will not be able to meet all cash outflow obligations as they come due. The Authority mitigates this risk by monitoring cash activities and expected outflows through budgeting, deferring repayment to the 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, 2024 mature within six months of year-end.

Total financial assets are \$98,321 (2023 - \$95,125) and liabilities are \$381,472 (2023 - \$350,232). 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, 2024

19. Budget

The approved budget has 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
	\$	\$	\$
Revenues			
Revenues from Government of Northwest Territories			
Core contributions	359,691	359,691	\$ -
Non-core contributions	18,769	23,513	(4,744)
Recoveries - other	27,199	22,455	4,744
Recoveries - non-insured health benefits	20,206	20,206	-
Grants-in-kind	27,728	27,728	-
	453,593	453,593	-
Other Revenues			
Revenues from Government of Canada	1,416	1,416	-
Recoveries from other sources	18,941	18,941	-
Recoveries from Government of Nunavut	3,964	3,964	-
Contributions from other sources	1,266	1,266	-
Interest income	310	310	-
Other income	18	18	-
	25,915	25,915	-
Total Revenues	479,508	479,508	-
Expenses			
Community social programs	122,505	122,505	-
Ambulatory care services	91,748	91,748	-
Administration and support services	80,190	80,190	-
Nursing inpatient services	60,774	60,774	-
Community health programs	58,174	58,174	-
Supplementary health programs	70,867	70,867	-
Diagnostic and therapeutic services	39,947	39,947	-
Total Expenses	524,205	524,205	-
Annual deficit	(44,697)	(44,697)	-

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2024

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 revised budget is detailed below:

	Original Budget	NOTAs	Revised Budget	Actual Amount	Over (Under) Budget
	\$	\$	\$	\$	\$
Revenues					
Revenues from Government of Northwest Territories					
Core contributions	359,691	26,169	385,860	385,860	-
Non-core contributions	23,513	-	23,513	20,989	(2,524)
Recoveries - other	22,455	-	22,455	29,664	7,209
Recoveries - non-insured health benefits	20,206	-	20,206	42,664	22,458
Recoveries - prior year expenses	-	-	-	155	155
Grants-in-kind	27,728	-	27,728	25,338	(2,390)
	453,593	26,169	479,762	504,670	24,908
Othe Revenues					
Revenues from Government of Canada	1,416	-	1,416	750	(666)
Recoveries from other sources	18,941	-	18,941	17,633	(1,308)
Recoveries from Government of Nunavut	3,964	-	3,964	5,943	1,979
Contributions from other sources	1,266	-	1,266	1,022	(244)
Interest income	310	-	310	1,456	1,146
Other income	18	-	18	72	54
	25,915	-	25,915	26,876	961
Total Revenues	479,508	26,169	505,677	531,546	25,869
Expenses					
Community social programs	122,505	15,743	138,248	136,441	(1,807)
Ambulatory care services	91,748	250	91,998	97,418	5,420
Administration and support services	80,190	(1,322)	78,868	84,624	5,756
Nursing inpatient services	60,774	2,421	63,195	64,700	1,505
Community health programs	58,174	-	58,174	60,744	2,570
Supplementary health programs	70,867	5,616	76,483	74,090	(2,393)
Diagnostic and therapeutic services	39,947	3,461	43,408	40,997	(2,411)
Total Expenses	524,205	26,169	550,374	559,014	8,640
Annual deficit	(44,697)	-	(44,697)	(27,468)	17,229

Northwest Territories Health and Social Services Authority

Notes to the Financial Statements

(All figures in thousands of dollars)

March 31, 2024

20. COVID-19 Endemic

As the territory transitions from pandemic to endemic, the GNWT and Government of Canada provided the Authority with incremental funding of \$9,520 (2023 - \$14,259). The funds were used for continuing transition to respond to COVID as an endemic and meeting the long-term needs of the NWT.

A summary of the Authority's incremental revenue and expenses during the 2024 fiscal year relating to the COVID-19 endemic is as follows:

	2024		2023
	Budget	Actual	Actual
	\$	\$	\$
Revenues			
Core contributions	9,553	9,553	13,436
Recoveries	-	(33)	262
Grants-in-kind	-	-	561
Total Revenues	9,553	9,520	14,259
Expenses			
Community social programs	-	340	1,501
Ambulatory care services	5,115	4,558	3,150
Administration and support services	1,116	1,544	3,516
Nursing inpatient services	484	277	1,091
Community health programs	2,735	1,505	6,673
Supplementary health programs	-	564	665
Diagnostic and therapeutic services	103	400	780
Total Expenses	9,553	9,188	17,376
Annual (shortfall) surplus	-	332	(3,117)

21. Comparative figures

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

APPENDIX B

FORGIVENESS OF DEBT

FORGIVENESS OF DEBT

507090 NWT LTD (TC ENTERPRISES)	\$3,532.15	CHEMUTA, HELEN	\$1,798.25
AHMED, MULKI ABDIRAHMAN	\$3,159.04	CHEN, YILE	\$463.50
ALLEN, COLLIN SR	\$782.00	CHILLE, MERLANDA BELIT	\$1,409.70
AMAGONALOK, CHRISTIAN	\$12,463.46	CHUBB GROUP INSURANCE	\$234.27
ANDERBERG, KEN	\$170.72	CLOUSTON, MICHAEL CHRISTIAN	\$396.09
ANDERSON, ALLAN PAUL	\$14.02	COCHRANE-MACDONALD, MARY	\$50.00
ANDERSON, DONALD	\$333.37	COLLEDGE, DALE	\$47,181.62
ANDERSON, TYLER	\$155.00	COMEAU, TYLER JAMES	\$1,121.34
ANGUTINGUNIERK, PAMELA M	\$5,096.00	CORDERO, ALFRADO ALEJENDRE	\$335.00
ANGUTINGUNIERK, WILLIAM	\$169.46	COURTORIELLE, ROYCE	\$44,605.74
ANGUTTUTAUQU, CASSANDRA	\$309.00	CSST CENTRE DECOTISATION	\$535.38
ANSTEY, BRAD	\$755.68	CUMMING, BRENNEN WILLIAM	\$335.00
ANTOINE, RONALD J	\$155.00	DANIELS, CINDY	\$245.00
APPIAH, LOUIS KOFI	\$29,930.87	DAVENPORT BARRY G	\$4,857.75
APPLES, ERIC JOHN	\$605.00	DAWSON, RICHARD	\$28,712.38
APPLES, SHIRLEY	\$24.00	DAY, KIMBERLY J	\$2,212.56
AREY, LEONA MARIE	\$1,087.92	DEAN, JAMES R	\$150.00
AUSTIN, GLEN	\$387.44	DECAIRE, JEFFERY CARTER	\$618.00
BADGER, JOE JOLIAN JR	\$1,075.16	DEMMON, LUTHER	\$155.00
BARNEY, RICHARD WILLIAM	\$250.00	DERKSEN, LARRY STUART	\$625.52
BAWAB, TASNIM	\$5,991.46	DERRY, ABBA-GAIL	\$1,259.66
BEARARD, CLAYTON	\$295.00	DERRY, ROBERT DANIEL	\$1,414.50
BEAULIEU, ROCKY DANNY	\$2,676.79	DESIRE-TSEAR, BRYONE JANE	\$335.00
BEKALE, GENISTA ALICIA	\$179.66	DESJARLAIS, PRAIRIE DAWN	\$802.80
BENNETT, RICHARD SCOTT	\$4,848.98	DIDZENA, SHAUNNA	\$31,026.87
BENWELL, MARY AGATHA	\$135.21	DOIG, BENJT ERIC FRANCIS	\$16,629.45
BERTRAND, JUSTIN	\$181.79	DOIG, ERIC	\$29,431.18
BIRD, THERESA	\$334.00	DOLL, RUSSELL	\$125.00
BLACKDUCK, ANTHONY PAUL	\$135.00	DONOVAN, MOLLY	\$2,122.00
BLACKDUCK, WINTER RYAN	\$145.72	DOYLE, PRYCE	\$670.00
BLANCHARD COOMBS, TRINITY	\$32.00	DRYBONES, BRENDA L	\$1,252.14
BOELHOUWER, JOEY	\$335.00	DRYBONES, DANIEL	\$31.85
BOISVERT, LUC	\$1,069.57	DUMAS, DEREK LEROY	\$335.00
BOIVIN-DUCHESNE, JEZAEHL	\$309.00	DUONG, SULING	\$2,042.17
BOKALA, PEARL BERNADETTE	\$12,615.56	EHALOAK, KENNETH MATTHEW	\$162.57
BONNETROUGE, GEORGE KELVIN	\$205.00	EKPAKOHAK, JULIA	\$230.25
BOURKE, JEREMY	\$983.25	ELANIK, ALEX	\$1,616.08
BOURQUE, JOLENE	\$50.00	ENZOE, RONALD G	\$224.29
BOYD, HENRIETTA	\$11,319.00	ETTAGIAK, ROGER	\$2,330.00
BROWNING, DONNEL ROBERT	\$310.00	FAWCETT, GREGORY	\$394.06
BUGGINS, AMANDA ROSE	\$163.13	FELIX, ALICIA VERONICA	\$181.99
BUGGINS, ROY ANN JOY	\$13,632.65	FELKER, ALFRED LUCAS	\$10.00
BUGGINS, TONI-LYNN	\$153.00	FRANCOIS SIMPSON, LEONA	\$25.00
BURTON, JASON ALLAN	\$664.57	FRASER, SIMON PETER	\$2,724.00
BUSSIER, KYLE	\$602.70	FROSY, GORDON	\$500.00
CAMPBELL, ROBERTA MARIE	\$2,892.74	FUQUA, NIA	\$250.00
CARDINAL, CYRIL	\$647.47	GALIDO, SHIRLEY	\$3,112.70
CARDINAL, SARAH	\$100.00	GARGAN, KATELYN E	\$155.00
CARLE, ROBERT SCOTT	\$352.40	GAROFALO, GARY A	\$5,111.77
CARPAN, MICHAEL	\$15,845.98	GAURDLUND, LESLIE	\$1,058.00
CATHOLIQUE NATAWAY, ANNA MARIE	\$155.00	GAUTHIER, LANE EDWARD	\$1,843.80
CATHOLIQUE, SAYA IRENE	\$248.00	GAUVEN, MICHAEL A	\$68.75
CATHOLIQUE, STEPHANIE LYNN	\$7,319.51	GORDON, ELLEN	\$484.00
CATHOLIQUE, WINDI SKYE	\$236.19	GOULD, SHERI	\$14,000.00
CHAMPAGNE, SKYE	\$166.66	GOULET, JESSE JAMES	\$4,660.81
CHASE, MARY ANN PEARL	\$155.00	GRANT, KAREN JEANNINE	\$2,375.00

GRANT, TREVOR SCOTT	\$3,965.00	LAVIOLETTE, COLINDA	\$50.00
GREY, KATHERINE ANN	\$155.00	LEISHMAN, ALLISDAIR MURRY	\$13,273.98
GRIMSHAW TRUCKING	\$78.90	LENNIE, LAURIE ANN	\$42,610.95
GRUBEN, DON	\$468.00	LEVY, CORY RUSSELL WARD	\$309.00
HAAIMA, PATRICIA S	\$1,125.00	LILLEGRAN, JOYCE I	\$8,528.78
HANSEN, DONNA LEE	\$50.00	LOCKHART, SPENCER	\$72.34
HARDISTY, RACHEL IDA	\$50.00	LOCKHART, TAINCHAY	\$225.66
HARRINGTON, CORY DANIEL	\$8,061.29	LOUTIT, EILEEN	\$4,666.00
HARRINGTON, XAVIER DANIEL	\$7,934.00	LUI, SHI QUING	\$14,746.43
HEAVYRUNNER, CHARMAINE	\$610.00	MACDONALD, SHAYNE	\$101.04
HERON, CHARLENE	\$247.00	MACKAY, TREVOR G	\$160.00
HERON, JACK JIMMY	\$1,494.42	MACKINNON, KENDALL	\$29,367.81
HIKOALOK, ROBERT TREVOR	\$2,931.07	MADSEN, JASON ERIK	\$21,745.92
HODGSON, NORMAN LINN	\$281.09	MADSEN, LAUNDA K	\$410.00
HOGGARD, CHRISTOPHER	\$2,575.00	MAHONEY, WILLIAM MAX	\$287.95
HOVAN, BRODIE MICHAEL	\$21,900.00	MAKKITUQ, JOEY	\$2,998.00
HOWELL, NICOLE LYNN	\$570.66	MAKKITUQ, ROWENA TARRIURAQ	\$25.00
HYSLOP, DEBBIE	\$3,793.76	MALIK, ZAFAR	\$4,568.00
INSURE & GO	\$2,074.50	MANCHUR, MATHEW	\$13,722.06
INUKTALIK, KATIE JANE	\$26,376.73	MANTLA, BENNY	\$2,157.18
ITTUNGNA, BRENDA	\$62.00	MANTLA, JOHN JOSEPH	\$2,719.40
JAED, DANIEL E	\$14.73	MANUEL, ROBERT	\$500.00
JELLEMA, PETER	\$500.00	MARLOWE, CATHERINE	\$229.58
JELLEMA, SARAH	\$500.00	MARTIN, NORA	\$135.00
JEROME, MARIE PAULINE	\$4,227.12	MATHESON, MICHAEL	\$1,220.00
JOHNSON, MARK WALTER	\$50.00	MCCASHIN, MARIANNE	\$748.46
JUDAS, ROSA DENISE	\$10.43	MCDONALD, BRIAN	\$5,451.01
KAIYOGANA, BETTY ANN	\$135.00	MCDONALD, WAYNE ROCKY	\$89.15
KAMAHENE, KAUAARE	\$1,911.56	MCGAUGHEY, JAMES	\$1,549.20
KASKAMIN, CASSIEN R	\$1,089.90	MCKAY, CECILIA	\$4,141.00
KAY, DIANE EDITH	\$320.59	MCKEOUGH, PETER	\$3,279.08
KAY, JACQUELINE	\$309.00	MCLEOD, BILLY JAMES	\$3,345.08
KAYE, JACQUELINE	\$52.44	MCLEOD, ESTHER	\$1,136.28
KAZONAY, KYLE	\$10,410.38	MEHMEDOVSKI, MIRJETA	\$250.00
KEEVIK, MICHAEL BRENT	\$135.00	MERCREDI, PETER L	\$1,450.00
KENDI, HEATHER MAUREEN	\$1,158.00	MICHAUD, WILLIAM MARCEL	\$168.00
KENNY, ALEISHA T	\$1,232.78	MICHEL, PAULINE JUDY	\$472.38
KENNY, BERTHA JEAN	\$565.43	MILLER, JULIE	\$610.00
KENNY, MARIE THERESE	\$40,751.60	MILLS, KAITLYNN EMMA	\$2,807.72
KENNY, NAPOLEAN JOSEPH	\$167.24	MISTAKENCHIEF, DICKIE	\$2,200.98
KEYFACTS LIFE & HEALTH	\$92.25	MITCHEL EUNICE	\$2,543.82
KIM, MINJU	\$502.50	MO, YUAN	\$139.81
KOCHON, TRACY	\$793.71	MODESTE, PAUL	\$572.97
KODAIRA, ASAMI	\$1,548.94	MOORE TSETTA, AUSTIN B	\$25.00
KOE, BLAKE	\$3,509.03	MORAN, ALICIA HEATHER	\$1,575.80
KOOCHIAKJUKE, NOWDLUQ	\$3,637.77	MORAN, DARCY PATRICK	\$160.00
KOTCHEA, THOMAS	\$532.00	MORGAN, CURTIS	\$166.66
KUDLAK, ALLAN JACOB JR	\$158.71	NADLI, PATRICK JOHN	\$779.99
LAFFERTY, DAVIS LOUIS	\$949.72	NAJAFI, SOHEILA SAFABEE	\$38,157.13
LAFFERTY, PETE JOHN	\$168.00	NAKIMAYAK, MADÉLÈNE NICOLE	\$309.00
LAFFERTY, STEVEN PAUL	\$350.15	NASKEN, RENE DAVID	\$1,571.01
LAFLAME, MARLENE ERNESTINE	\$22.00	NIVINGALOK, NICOLE STARR	\$97.98
LAFRANCOIS, JOSEPH	\$30,254.59	NOOR, MICHAEL KENNETH	\$347.24
LAMBERT, SHAUN	\$324.49	NORMANDEAU, BERNARD	\$104.86
LANCOTE, MARTIN	\$1,375.18	NORWEGIAN, GERALD ALFRED	\$1,100.93
LAU-A, SANDY	\$500.00	OKRAINEC, BRAD JO	\$500.00

OLSON, JOSHUA JOSEPH	\$318.78	TJIMUINJU, KAZAO	\$463.50
PALONGAYAK, ANN ROSE	\$135.00	TODD, WARREN	\$39.14
PANAKTAKLOK, JESSE	\$307.35	TOPNIK (PODOLECKI) SHARALEE	\$16,237.93
PAULETTE, CHEYEANNE	\$50.00	TORDOFF, JOSHUA KEATEN	\$319.47
PEDWYSOCKI, STANLEY	\$335.81	TOURANGEAU, BRENT	\$85.00
PERRAULT, LYNETTE	\$1,110.00	TOURANGEAU, BRETT	\$485.00
PERRY, RALPH	\$2,122.00	TSETSO, CECILIA R	\$167.24
PETERS, RONALD MICHAEL	\$27,253.34	TUMA, COLIN AMOS	\$96.00
PHRIPP, ARTHUR	\$262.50	VANELTSI, DEBRA FLORENCE	\$30.00
PITRE, CHRISTOPHER PAUL	\$475.00	VATCHER, TODD CHRISTOPHER	\$1,841.08
PITRE, SERGE	\$224.96	WASHIE, ROBERT	\$135.00
POKIAK, JESSICA	\$116.85	WASSENBERG, YOLANDE	\$26.20
PORTER, UYARRAI	\$515.00	WATERMARK INSURANCE	\$100.00
PRUNTY, BENJAMIN PATRICK	\$2,741.71	WEBBER, MYRON	\$350.15
QUINGNAQTUQ, MARY ARNINGINQ	\$15.00	WEDZIN, DAVID L	\$1,027.10
RABESCA, JOSEPH VINCENT	\$452.35	WESTERN LIFE INSURANCE	\$4,023.81
RACHINSKY, PEARL	\$287.00	WETRADE, ARCHIE	\$282.86
RAHMAT, FAHMY	\$17,317.38	WILLIAH, MICHAEL	\$135.00
RAMOLE, HIRANE	\$125.00	WOLKI, MORGAN	\$787.08
REID, FREDRICK DAVID	\$400.00	WOODWARD, NICOLE	\$23,167.77
RICHARDSON, RAIF	\$163.39	WORKPLACE HEALTH COST SOLUTIONS	\$548.44
RIOUX, EMI	\$150.00	WORKSAFE BC	\$5,458.74
ROBERT, VIOLET	\$610.00	WYSE, CAROLINE	\$288.79
ROGERS, JASON TROY	\$28,493.69	YALLE, GARRY EDWARD	\$185.00
ROMBOUGH, JOHN	\$1,089.71	YANKE, LYLE ELLIOTT	\$1,374.93
RONAYNE, MAXIM	\$16,127.26	YEW, KELLY	\$262.50
ROY, KEATON JAMES	\$2,252.50		
ROY, SHANNON	\$3,522.90		
SABOURIN, TIARA JULIE	\$250.00	Total	\$1,077,294.00
SALLAFRANQUE, JONATHAN	\$2,129.41		
SANDERSON, MICHEL ISADORE	\$1,756.12		
SANDERSON, TIMOTHY	\$180.00		
SANDVIK MINING CANADA	\$153.99		
SASING, AUGUSTIA CABINGATAN	\$881.52		
SAYINE, STEPHANIE DORA	\$28,951.23		
SAYINE-LANDRY, CAITLYN DAWN	\$147.80		
SEDRAKYAN, SERYOZHA	\$26.20		
SERVICE CENTRE, RBC INSURANCE	\$60.00		
SEVEN CORNERS INC	\$457.44		
SHERMET AIMEE	\$14,691.27		
SHETTLER, NICHOLAS	\$304.67		
SNOW, VIOLA ELIZABETH	\$245.98		
STATE OF ALASKA	\$1,296.00		
STEINHAUER, SHAQUILLE	\$8,446.00		
STEINWAND, MAGDALENE JACQUELINE	\$4.40		
STEWART, ANDREW	\$471.06		
STRATIS, MELISSA	\$1,362.27		
TACHNSKI, CECILE MARIE	\$610.00		
TAGUMIAR, ELIZABETH	\$22.75		
TAYLOR, GARRY ROBERT JAMES	\$583.74		
TAYLOR, KEVIN ALBERT	\$225.00		
TAYLOR, MICHAEL ROBERT	\$803.14		
TEMFAYE, AZEB MESFIN	\$756.00		
TETTEY-FIO, CHRISTINA	\$198.45		
THE CO-OPERATORS, EDMONTON	\$2,187.00		
THE CO-OPERATORS, REGINA	\$476.00		

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