



# Stanton Territorial Health Authority Strategic Plan 2009 – 2014

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## ***The Strategic Plan – Past, Present, and Future***

In 1996, the Stanton Regional Health Board (as it was then called) completed a strategic action planning process in response to continual changes and diversity in its operations and the services it was providing.

In the decade since 1996, Stanton Territorial Health Authority (Stanton) has again seen significant change and growth. One of the significant changes is its structure of governance. A Public Administrator governs Stanton. The Public Administrator receives advice from the Stanton Advisory Committee (SAC), which is made up of the Chairs of each of the Health and Social Services Authorities in the NWT (Regional Health Authorities). A renewed strategic plan was needed that responds to the changes since the last strategic plan was developed, and that positions Stanton to address operational needs and effectively serve its stakeholders.

The strategic planning process began in April 2007 with an environmental scan. Following the scan, Stanton's senior management and the members of the SAC (Appendix 1) participated in several strategic planning meetings, held over 6 months in 2007, and developed a draft strategic plan. This draft strategic plan was then circulated to Stanton staff and the public in the spring and summer of 2008 with a questionnaire soliciting input. Refer to Appendix 2 for a copy of the questionnaire. The information gathered in this consultation was integrated into the strategic plan. In early 2009, in accordance with recommendations from Accreditation Canada, a new Senior Management team revisited the goals and priorities. The strategic plan was updated and strengthened with the addition of actions and measurable outcomes to the strategic priorities.

In 2009, Stanton senior management will share the strategic plan with the Department of Health and Social Services Joint Senior Management Committee and solicit feedback.

An Operational Plan will set out the activities that will be undertaken to achieve the goals outlined in the Strategic Plan. This will be further supported through the unit and individual staff goals and objectives.

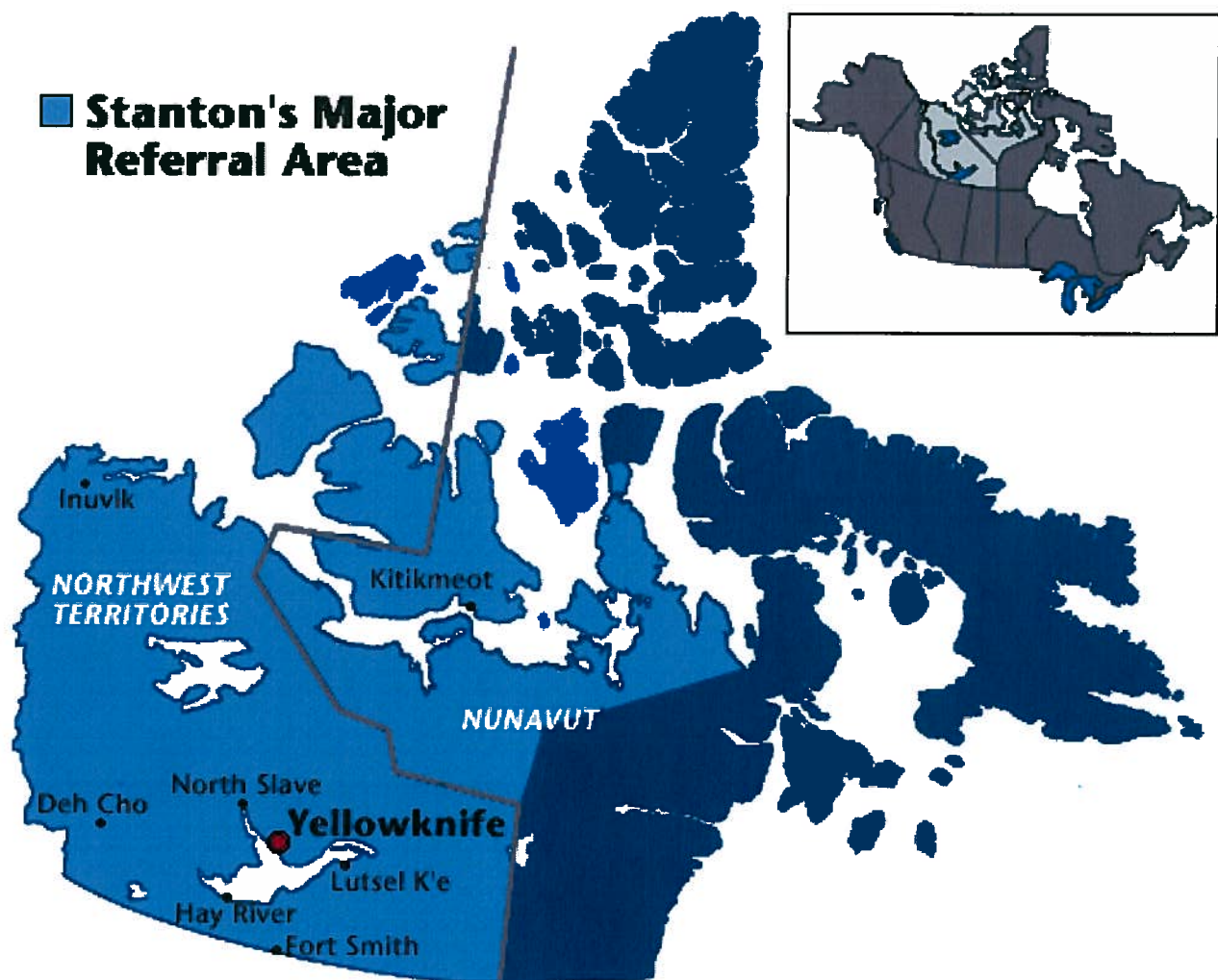
Progress on achieving the goals and objectives of this Plan will be reported through Stanton's Annual Report. Quarterly progress reports will also be provided to the Public Administrator and the Stanton Advisory Committee and posted on Stanton's website.

The Strategic Plan is a living document, which will be reviewed and reported on regularly. The Vision, Mission and Values are included in orientation packages and recruitment interviews and will be posted throughout the Authority to ensure awareness and understanding.

## SERVICE AREA

Stanton Territorial Health Authority serves the population of the Northwest Territories (NWT) as well as the western region of Nunavut, called the Kitikmeot region, which includes five small communities. The population of the NWT is 41,464 and the Kitikmeot region has 5,350 residents (Census, 2006).

Yellowknife, the capital city of the Northwest Territories, has almost one half of the NWT population. The rest of the population is spread throughout the NWT in 32 different places that are a mix of settlements, towns, hamlets, a village, charter communities, and designated authorities.



## **Vision**

The best health care for everyone

## **Mission**

Caring people providing excellent and culturally sensitive health services as a territorial referral centre to residents of the Northwest Territories and the Kitikmeot region of Nunavut.

## **Values**

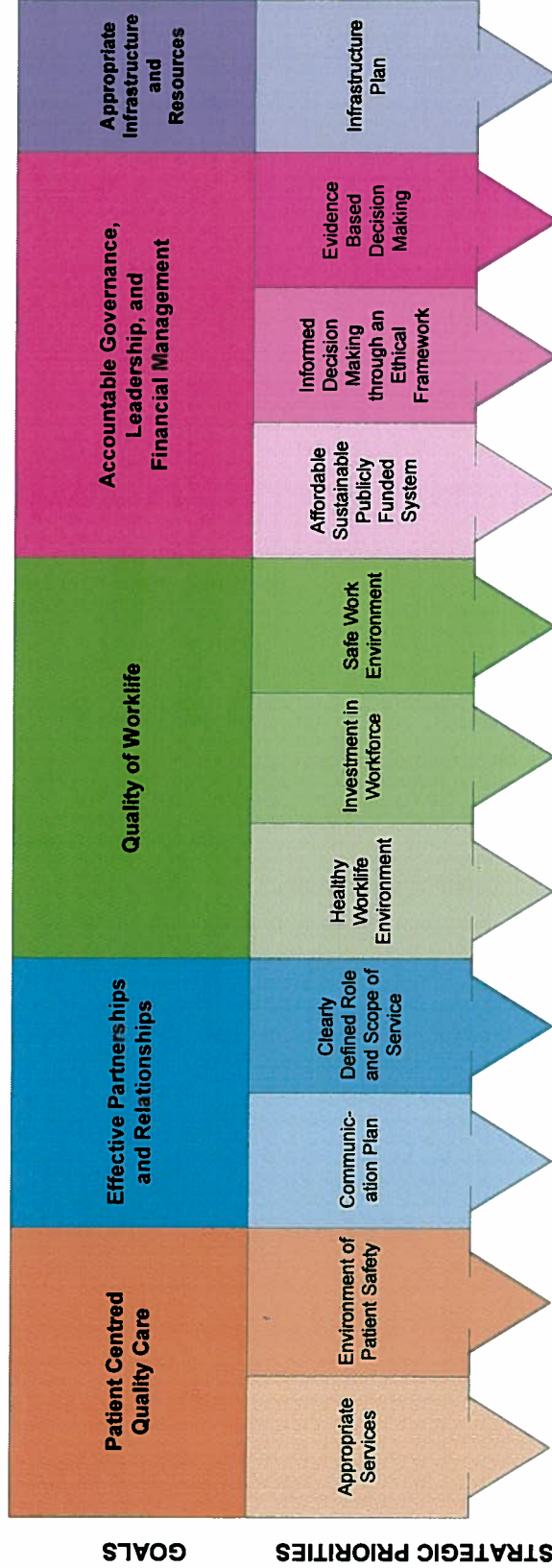
We value:

- people, treat them with respect and dignity, and believe in their ability and desire to improve their health and make informed decisions about their health care
- partnerships with individuals, families, and communities in addressing health care issues
- staff, their knowledge, skills, creativity, initiative, and expertise
- service delivery that is grounded in best practices and experience, and that meets the needs of those we serve
- the role of the regional health authorities

The vision, mission, and values are aligned to the vision and goals of both the Legislative Assembly and the Department of Health and Social Services.

Stanton Territorial Health Authority  
Strategic Plan (2009-2014)

**GOALS AND STRATEGIC PRIORITIES**



## ***Goals and Strategic Priorities***

**Stanton will fulfill its mission and move toward its vision by pursuing its strategic goals and priorities identified through information and knowledge gathered within the organization and with partner stakeholders.**

**Stanton identified 5 goals that are further detailed with 11 strategic priorities.**

***GOAL: To provide safe, patient centered quality health care and services***

### **Strategic Priorities:**

- Stanton is pro-active in changing and developing best practice services for the population served
- Stanton promotes an environment of patient safety

***GOAL: To improve and continue to build effective partnerships and relationships with health authorities, government, unions, other health care agencies, and other key stakeholders***

### **Strategic Priorities:**

- Stanton will develop an effective Communication Plan and strengthen partnerships
- Stanton will clarify its role and scope of services

**GOAL: *To commit to a healthy and safe workplace with a competent workforce that endorses the NWT “Healthy Healthcare Leadership Charter” (endorsed by the Minister of Health & Social Services in May 2008)***  
**Website:** <http://www.qwqhc.ca/healthy-healthcare-leadership.aspx>

**Strategic Priorities:**

- Stanton strives to provide a healthy worklife environment
- Stanton invests in its workforce to support optimal capacity and the realization of future needs
- Stanton maintains a safe workplace for all employees

**GOAL: *To provide governance, leadership and financial management in a manner that is accountable***

**Strategic Priorities:**

- Stanton is contributing to the achievement of an affordable, sustainable, publicly funded system
- Stanton will develop an ethical framework for informed decision making
- Stanton will develop supports to contribute to evidenced based decision making

**Goal: *To provide the appropriate environment, infrastructure and resources to deliver safe patient care***

**Strategic Priorities:**

- Stanton will develop an infrastructure plan

## **STRATEGIC PRIORITIES DETAILED<sup>1</sup>**

**GOAL:** *To provide safe, patient centered quality health care and services*

- **STRATEGIC PRIORITY:** Stanton is pro-active in changing and developing services that meet the needs of the population served.

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<p><b>Develop a process to determine appropriate services to meet the needs of the population served</b></p> <p>(SMC)</p>	<p>Process developed and approved</p> <p>Services are determined</p>	<p>Adequate resources, including funding, allocated to deliver the services</p>	<p>Complete an environmental scan (including health indicators) to ensure the alignment of services delivered</p>	<p>Services are determined and delivered</p>
<p><b>Develop Stanton's role in the continuum of care plan for mental health services</b></p> <p>(DHSS / STHA / Justice / RHAs)</p>	<p>Identify partnerships and key stakeholders to work on the continuum of care</p>	<p>Develop Stanton's role with protocols and processes as part of the continuum of care</p>	<p>Evaluate and adjust</p>	<p>Stanton is an active partner in the continuum of care plan for mental health services</p>
<p><b>Evaluate services on an incremental basis using Quality Risk Management (QRM) review schedule</b></p> <p>(SMC, MMT, QRM Committee)</p>	<p>Evaluation template (QRM) used by all programs as per annual schedule</p>	<p>Update quality improvement plans based on evaluation outcomes (Follow up)</p>	<p>Monitor quality improvement plans and adjust</p>	<p>Quality improvement plans developed per program based on changing needs and priorities</p>

<sup>1</sup> Measured Outcomes, including Indicators, will be reviewed and revised on a regular basis.

- **STRATEGIC PRIORITY: Stanton promotes an environment of patient safety.**

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<p><b>Implement the Accreditation Canada Required Organizational Practices (ROP's)</b></p> <p>(All staff, SMC, MMT and Patient Safety Committee)</p>	2009 ROP's are implemented	2010 and 2011 ROP's are implemented	2012 and 2013 ROPs are implemented	<p><b>INDICATORS (IND):</b> # of ROP's implemented as a % to total ROP's</p>
<p><b>Promote Safestart Healthcare (Patient Safety Program)</b></p> <p>(All healthcare staff, SMC, MMT)</p>	<p>New employees to complete Safestart within first year of employment.</p> <p>One Safestart program per year for unit / department staff (existing employees) who have not yet completed the certification</p>	<p>Monitor and maintain</p> <p>Increase / enhance attendance</p>	Monitor and maintain	<p>% of new health care employees who have completed the program</p> <p><b>IND:</b> # of units / departments that have received the course per year</p> <p><b>IND:</b> %of staff per unit who have completed Safestart / total # of staff</p> <p># of Safestart Programs offered per year to meet yearly target</p>
<p><b>Deliver annual patient safety education for all health care staff</b></p> <p>(Patient Safety Committee)</p>	One topic selected and session delivered.	Two topics selected and delivered	Two topics selected and delivered	<p>Indicator based on topic selected, such as decreased patient safety incidents</p> <p># of sessions developed and delivered per year</p>

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
				IND: # of staff attending per year / number of health care staff
<b>Implement Risk Pro (Risk Management software) System Authority wide.</b>  (SMC)	Identify funding resources.  Business case developed and approved	Full implementation with appropriate resources.	Established database for trending patient incidents, within the Authority and other HSS Authority.	Provide patient safety reports quarterly to SMC, PA, QRM & Patient Safety Committee. (#, trends, recommendations and Quality Improvements)

**GOAL: To improve and continue to build effective partnerships and relationships with health authorities, government, unions, other health care agencies, and other key stakeholders**

- **STRATEGIC PRIORITY: Stanton will develop an effective Communication Plan and strengthen partnerships**

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<p><b>A comprehensive Communication Plan will be developed encompassing internal and external communication</b></p> <p>(SMC)</p>	<p>Develop a communication plan</p> <p>Scope will include external and internal strategies</p>	<p>Evaluate the effectiveness of the communication plan</p>	<p>Monitor and adjust</p>	<p>Communication plan developed, implemented, and monitored</p> <p><b>External</b> # of meetings with PA / JLC / SAC</p> <p><b>Internal:</b> SMC attending staff meetings in their respective areas</p> <p>Staff satisfaction survey results related to communities addressed</p> <p>SMC informal 'walkabouts'</p> <p># of Management / Union joint consultations</p>
<p><b>Strengthen partnerships and relationships with key stakeholders and regional health authorities</b></p> <p>(SMC)</p>	<p>Develop and implement a process for active communication with stakeholders</p>	<p>Evaluate effectiveness of meetings with stakeholders</p>	<p>Monitor and adjust</p>	<p>Effective communication with stakeholders</p> <p># of meetings held</p>

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<b>Strengthen partnerships in emergency preparedness (EP)</b>  (OH&S Coordinator)	Ensure EP plans align with NWT partners / stakeholders	Test EP plan with partners / stakeholders	Adjust plan in accordance with partners / stakeholders	With partners, evaluate the coordination and effectiveness of the plan

- **STRATEGIC PRIORITY: Stanton will clarify its role and scope of services**

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<b>Develop a Service Delivery manual</b>  (IMSC / Web-Site Working Group)	Update current Service Delivery manual  Manual available to stakeholders	Ongoing updates	Ongoing updates	Partners have understanding of services provided  Satisfaction questionnaire/ survey attached to manual
<b>Provide appropriate services as the territorial referral centre</b>  (SMC)	Hire analyst to review current services  Develop templates for program analysis  Identify priorities for initial analysis and begin process  Recommend level of service to ministry	Review Priorities  Ongoing program analysis  Appropriate funding levels to support service delivery  Templates will be used for all new programs and enhancements	Monitor and adjust as needed based on priorities	Provision of approved services that meet needs of NWT residents  Programs are funded appropriately  Identify the gaps as either service deficits or under funding

**GOAL: To commit to a healthy and safe workplace with a competent workforce that endorses the NWT "Healthy Healthcare Leadership Charter"**

- **STRATEGIC PRIORITY: Stanton strives to provide a healthy worklife environment**

Action / (Accountability)	Year 1 Target	Year 3 Target	Year 5 Target	Measured Outcomes
<p><b>Reduce the time it takes to staff vacant positions</b></p> <p>(DHR &amp; STHA)</p>	9 weeks	8 weeks	6 weeks	<p>Average number of weeks it takes to recruit to a vacant position from receipt of signed off staffing requisition to date that job offer is made.</p> <p>2007/08: 10.2 weeks</p>
<p><b>Improve staff turnover rate</b></p> <p>(DHR &amp; STHA)</p>	13%	11%	9%	<p><b>IND:</b> Annual staff turnover rate: Number of employees who left* in a given fiscal year divided by the average level of employment (FTEs) observed in that fiscal year.</p> <p>Dec.2007:18.5% Dec 2008:15.6%</p> <p>*Source: Statistics Canada, Workplace and Employee Survey.</p>
<p><b>Reduce overtime rate</b></p> <p>(DHR and STHA)</p>	3% reduction from 2009 level	5% reduction from 2009 level	10% reduction from '09 level	<p><b>IND:</b> Overtime hours worked for FTE, &amp; part-time employees as a % of the total hours worked of FTE employees. (Does not include Casuals, Doctors or Contracts)</p> <p>2007/08 FY rate: 6.2% 2008/09 FY rate: 6.3%]</p> <p>(Reported Quarterly)</p>

Action / (Accountability)	Year 1 Target	Year 3 Target	Year 5 Target	Measured Outcomes
				Total number of callbacks  2008/2009: TBD  Source: Quality Worklife – Quality Healthcare Collaborative, CCHSA, 2007, p.16.
<b>Implement AC Work Life Pulse Tool Survey</b>  (Quality / Risk Management Coordinator)	An awareness campaign focused at staff regarding the survey  Full survey implemented every 3 years (2011, 2014)  Shortened version of survey implemented in off years (2009, 2010, 2012, 2013)**	Full survey implemented every 3 years (2011, 2014)  Shortened version of survey implemented in off years (2010, 2012, 2013)	Develop action plan based on results	Survey implemented regularly and results acted upon

\*\*Left due to a) resignations (no special incentives); b) lay-offs; c) special workforce reductions – brought on by special financial incentives; d) dismissal for cause; and e) retirement (no special incentives).

Note: physicians are not included in the above statistics.

\*\* Human Resource Committee will select questions regarding shortened version of survey

- **STRATEGIC PRIORITY: Stanton invests in its workforce to support optimal capacity and the realization of future needs.**

Action / (Accountability)	Year 1 Target	Year 3 Target	Year 5 Target	Measured Outcomes
<b>Improve feedback to indeterminate /relief employees regarding their performance</b>  (STHA)	80% of staff have a performance appraisal as scheduled	90% of staff have a performance appraisal as scheduled	90% of staff have a performance appraisal as scheduled	Percent of employees who have had a performance review as scheduled  (Reported annually)

Action / (Accountability)	Year 1 Target	Year 3 Target	Year 5 Target	Measured Outcomes
<p><b>Continue to invest in the professional development of each employee</b></p> <p>(DHR &amp; STHA &amp; Supervisors, Staff Development)</p>	68%	80%	90%	<p><b>IND: # of PDI dollars spent / # of PDI dollars available (%)</b> 2008/09: 58% 2007/08: 57%</p> <p><b>IND: # of staff who have accessed PDI / # of staff who are eligible (%)</b> 2008/09: 57% 2007/08: 58%</p> <p><b># of dollars carried over (people)</b> 2008/09: \$103,671 (70) 2007/08: \$67,102 (49) 2006/07: \$61,546 (36) 2005/06: \$21,172 (17)</p> <p>(Reported Quarterly)</p>
<p><b>Develop a physician person-power plan encompassing recruitment and retention strategies</b></p> <p>(SMC, MAC)</p>	<p>Plan developed, circulated for feedback, and approved by December 2009</p> <p>Target TBD</p>	<p>Plan implemented January 2010</p> <p>Plan evaluated January 2011</p> <p>Target TBD</p>	<p>Monitor and adjust</p> <p>Target TBD</p>	<p><b>IND: Number of employees who left* in a given fiscal year divided by the average level of employment (FTEs) observed in that fiscal year.</b> Dec 2008: TBD (Reported annually)</p>
<p><b>Reduce use of staff locums in all health professions</b></p> <p>(STHA)</p>	5% reduction from 2008 levels	5% reduction from year 1	5% reduction from year 3	<p><b>IND: Locum hours per unit / total working hours per unit</b> 2008: TBD (Reported Quarterly)</p>

\*\*Left due to a) resignations (no special incentives); b) lay-offs; c) special workforce reductions – brought on by special financial incentives; d) dismissal for cause; and e) retirement (no special incentives).

\*\*Assumes budget is \$540,000.

- **STRATEGIC PRIORITY: Stanton maintains a safe workplace for all employees.**

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<p><b>The performance of the Occupational Health &amp; Safety Committee is evaluated annually</b></p> <p>(Co-chairs of the committee)</p>	<p>Finalize the Terms of Reference of the committee</p> <p>Ongoing review of implementation of recommendations</p> <p>Safety audit reviewed and adjusted if necessary</p> <p>Safety audits occur every 3 months</p>	<p>Monitor and adjust</p> <p>100% of the committee trained</p> <p>Safety audits every other month</p>	<p>Monitor and adjust</p> <p>100% of the committee trained</p> <p>Safety audits occur every month</p>	<p># of meetings per year</p> <p>Training Rate increased</p> <p><b>IND:</b> OH&amp;S committee members trained / # of members</p> <p>Completion of monthly safety audits</p>
<p><b>Reduce the number of illness or disability days per year*</b></p> <p>(STHA and DHR)</p>	<p>Reduce the average illness or disability time by 1 day per year per employee (=10.3 days)</p>	<p>Reduce the average illness or disability time by 1 day per year per employee (=9.3 days)</p>	<p>Reduce the average illness or disability time by 1 day per year per employee (=8.3 days)</p>	<p><b>IND:</b> Paid illness or disability days / total regular annual paid days</p> <p>2008 = 11.3days**</p> <p>(Reported Annually)</p>
<p><b>Reduce time loss through staff injuries</b></p> <p>(STHA and DHR)</p>	<p>3% reduction from 2008 level</p>	<p>3% reduction from year 1</p>	<p>3% reduction from year 3</p>	<p><b>IND:</b> Days paid by WSCC within the calendar year of injury / the number of claims by year of injury</p> <p>2008: TBD</p> <p>(Reported Annually)</p>

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<b>Develop a Workplace Violence Prevention Action Plan encompassing education, infrastructure and human resources.</b>  <b>(Workplace Violence Committee)</b>	Plan developed and circulated for feedback  Education underway and continuation of action items in the plan	Redo Workplace Violence survey (if not sooner)  Evaluate plan and modify  Fully implement ROP	Monitor and modify activities to suit facility needs	<b>IND: # of recommendations approved and implemented / the total number of recommendations</b>

\* Illness or Disability primarily represents Sick Leave & also includes Medical Travel and injury on duty (excludes casual and relief workers)

\*\*GNWT Dept of Human Resources, Research Department, March 2009

**GOAL: To provide governance, leadership and financial management in a manner that is accountable**

- **STRATEGIC PRIORITY:** Stanton is contributing to the achievement of an affordable, sustainable, publicly funded system.

Action / Accountability	Year 1 Target	Year 3 Target	Year 5 Target	Measured Outcomes
<p><b>Develop and implement a health service performance and monitoring system</b></p> <p>(SMC)</p>	<p>Identify key performance areas and indicators</p> <p>Implement the data collection processes</p>	<p>Monitor performance measures and quarterly review</p>	<p>Identify trends and adjust measures as needed</p>	<p>Develop capacity to measure and monitor key organizational performance measures</p> <p>The # of reports &amp; submissions to the Public Administrator</p>
<p><b>Establish a process to analyze and support program evaluation</b></p> <p>(SMC)</p>	<p>Specialist programs evaluated</p>	<p>Evaluate the service delivery model for STHA</p>	<p>Monitor and adjust</p>	<p>Sustainable funding for service delivery</p> <p><b>IND: Deficit ratio</b> Annual surplus deficit / % total budget</p>

- **STRATEGIC PRIORITY:** Stanton will develop an ethical framework for informed decision making.

Action / (Accountability)	Year 1 Target	Year 3 Target	Year 5 Target	Measured Outcomes
<p><b>Develop and implement an evaluation framework / strategy</b></p> <p>(SMC / Ethics Committee)</p>	<p>Provide education and implement the evaluation framework</p> <p>Build ethics capacity among leaders, staff and service providers</p>	<p>Evaluate and adjust</p>	<p>Evaluate and adjust</p>	<p>Increased awareness and use of the evaluation framework in decision making</p> <p>Ethics awareness initiatives &amp; ethics education sessions</p>

- **STRATEGIC PRIORITY: Stanton will develop supports to contribute to evidenced based decision making.**

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<b>Develop a utilization review process</b>  (SMC)	Utilization review committee established and review process determined	Review utilization and adjust to CIHI benchmarks	Monitor and adjust	Evidence based decision making for resource allocation
<b>Develop a centralized waitlist for services</b>  (SMC)	Determine methodology and develop population based benchmarks for specialist travel clinics/services	Monitor wait times against benchmarks established for specialists, DI, and Rehab	Review criteria and adjust to ensure timely access	Provide appropriate wait list management and access to care

**Goal: To provide the appropriate environment, infrastructure and resources to deliver safe patient care**

• **STRATEGIC PRIORITY: Stanton will develop an infrastructure plan**

<b>Action / (Accountability)</b>	<b>Year 1 Target</b>	<b>Year 3 Target</b>	<b>Year 5 Target</b>	<b>Measured Outcomes</b>
<p><b>Ensure adequate space to provide services</b></p> <p>(SMC)</p>	<p>Re-address the Master Development Plan (MDP)</p> <p>Develop Capital Plan to align with GNWT process</p>	<p>Year 2 – start phase 1 of the MDP</p>	<p>Complete the MDP as developed</p>	<p>Space is adequate to meet the service needs of patients and care providers</p> <p>Environment meets the safety needs and codes for patients and staff (infection control)</p>
<p><b>Identify priorities from the physical infrastructure assessment from Dept Public Works &amp; Services and VFA</b></p> <p>(SMC)</p>	<p>Priorities #1 and #2 are addressed</p>	<p>Develop a plan for priority #3 and #4</p>	<p>Implement #3 and #4</p>	<p>Effective planning for maintenance and physical infrastructure</p> <p>IND:%of VFA rated in acceptable condition</p>
<p><b>Develop a 3 year capital equipment and furnishing replacement plan</b></p> <p>(SMC / Planning)</p>	<p>Initial assessment of capital and furnishing needs</p> <p>Asset management process determined</p>	<p>Average useful life of capital equipment within acceptable limits</p>	<p>Average useful life of capital equipment within acceptable limits</p>	<p>Effective planning for replacement of equipment and furnishings</p>

## ***Environmental Scan***

Taking a wide look around at the factors that affect an organization is known as environmental scanning. It involves conducting a review of an organization's **external** environment and **internal** environment.

The environmental scan is the context in which strategic planning is done.

### **External Environment**

The external environment has a significant impact on Stanton's future success. External factors are largely outside of the control of management. These factors can be characterized as presenting **opportunities** for or **threats** to the organization.

- **Demographics**

*Are our patients older or younger? How quickly are different age groups growing? What is the cultural make-up of those we serve?*

Age: The fastest growing segment of the population is 50 years or older. However, the NWT continues to maintain a young population relative to Canada. The second fastest segment that is expected to experience higher than average growth is the population age 15 to 24. Demographic changes affect how and what services Stanton offers. Stanton will see more elderly people accessing its services in the future, which may demand a different focus, while the younger population may place a greater demand on obstetrical and paediatric services.

Cultural diversity: Approximately half of the NWT population is of Aboriginal descent. Most of the Aboriginal population lives in the communities; Yellowknife is predominantly non-Aboriginal. There are more than 100 different cultures in the NWT. This cultural diversity leads to different expectations and different accepted practices relating to lifestyle and health care. This calls for sensitivity to these differences and integration of Aboriginal culture and traditional and alternative medicine at Stanton.

Additional information about demographics can be found in the "2008 NWT Socio-Economic Scan" published in by the Strategic Planning Branch of the GNWT.

- **Location of Patients**

*Where do our patients live? What changes are occurring in where they choose to live?*

Urbanization is on the rise in the NWT. Yellowknife's share of the territorial population has increased from 29% in 1976, to 45% in 2005 and is expected to increase to 48% in 2024. As more people migrate to Yellowknife, the demand for services in the capital will increase.

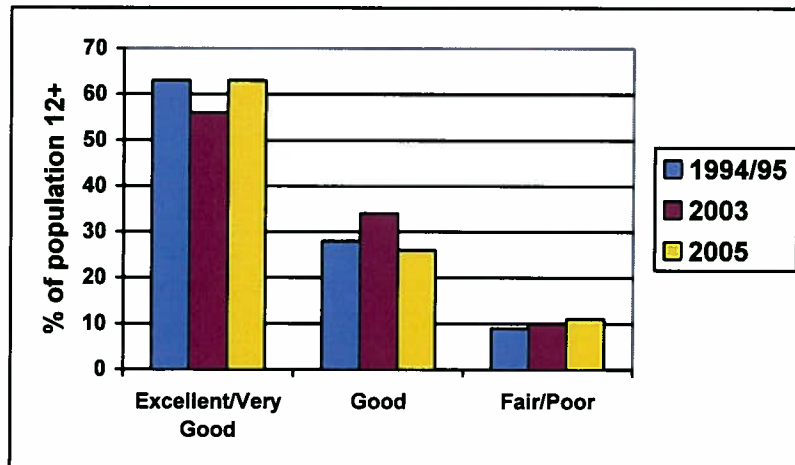
At the same time, there are increasing demands for health services to be provided closer to "home", in the communities.

- **Health Status**

*How healthy is the population that we serve? What are their main health needs? What are the main reasons NWT residents use health services? What will be their health needs in the future, based on current behaviours, e.g., smoking?*

The graph below indicates how NWT residents rated their own health in 1994, 2003 and again in 2005. With the exception of a slight decrease in 2003, over the eleven year period more than 60 % of the population rated their health as "excellent or very good". In the same time period, between 25% and 33% of the population rated their health as "good". The remainder of the population, averaging around 10%, rated their health status as "fair or poor".

**Self-rated Health Status, NWT**



Data source: Statistics Canada, Canadian Community Health Survey, 2005.

Many northerners make choices that are not considered part of a healthy lifestyle. Some of these choices include tobacco use and substance abuse. Rates of obesity are high, contributed to by poor eating choices and physical inactivity. Several factors contribute to lifestyle choices, among them the high cost of making healthy choices, erosion of culture and traditional lifestyles, and availability of options for recreation and activity.

Such unhealthy lifestyle choices have been proven to have a significant negative affect on a person's health. Cigarette smoking is known to harm every system and function of the human body. Smokers, and those who are exposed to second hand smoke, have higher rates of cancer, heart disease, strokes, ulcers, and other health conditions and diseases. In 2006, the NWT Addictions Survey revealed that an estimated 41% of NWT residents aged 15 and older indicated they smoked cigarettes. This is more than double the Canadian rate of 19%.

At the same time, northerners are hearing more about healthy lifestyles through programs such as community-based diabetes clinics; well woman and well baby clinics; tobacco, addictions, and healthy eating health promotions; and a variety of local and territorial health promotion activities.

Physical inactivity and poor eating habits can lead to diabetes, a leading cause of kidney failure that requires live-saving dialysis. The number of Canadians 75 years of age and older who started life-saving dialysis increased by almost 200% in the last decade (CIHI, 2006). In early 2009, there were 9 NWT residents from Yellowknife and Fort Smith receiving dialysis and 2 receiving dialysis in Hay River. There are another 26 NWT residents being closely monitored and who may need dialysis in the future.

Stanton is experiencing extensive growth in the area of ambulatory care, not unlike most other jurisdictions in Canada. Changes in cancer care have resulted in more palliative patients receiving chemotherapy as an outpatient, often for several years. Many surgeries, traditionally requiring long hospital stays, are now being performed in outpatient areas.

The major reasons for inpatient hospital visits by residents of the NWT in 2005/06 were, in order of frequency: childbirth, respiratory diseases, chest pain (and other cardiac conditions), mental and behavioural disorders, injuries, and disorders of the digestive system. Monitoring why patients use the services enables Stanton to continuously improve what they can deliver and how they can deliver it.

As a territorial referral centre, it is important that Stanton focuses on providing quality services that meet the needs of the residents. It is equally important that the right service be provided by the right provider, at the right time, and in the right place. Stanton works with other Regional Health Authorities to maintain a system approach to service delivery.

Additional information on health status can be found in "The NWT Health Status Report, 2005" published in December 2005 by the Department of Health and Social Services.

- **Technology**

*Is there new health care technology that we need to adopt? How much does it cost?*

*When will new technology become a “standard of care” and be expected to be provided by health care provider organizations, such as the Canadian Medical Association?*

Technological innovation is having a positive, yet often expensive, effect on supporting and delivering health care. Improvements in treatment approaches, drugs, information systems, processes, software, and equipment not only increase expectations of health professionals and patients, but also the expectations of funders, politicians, and national bodies for improved reporting of both financial and statistical indicators.

Keeping up with this demand is not always possible for Stanton in an environment of fiscal restraint. While there is adequate funding to replace the existing medical equipment inventory at Stanton, there is a lack of funding available for new technology.

Additional information on technology trends can be found on websites of organizations such as the Canadian Agency for Drug and Technologies in Health (CADTH).

- **The Public**

*What are the public’s expectations?*

Canadians’ expectations of the health care system have been summed up by the Romanow Report:

*We expect the best in terms of technology, treatments, facilities, research and drugs, and, as a consequence, we may be placing demands on our governments that are not sustainable over time. Managing expectations and ensuring that Canadians understand the trade-offs involved with increasing public spending on health is a major challenge in designing a sustainable health system for the 21<sup>st</sup> century.*

Source: Shape the Future of Health Care, Commission on the Future of Health Care in Canada (Romanow), Interim Report, February 2002, page 25.

In the north, expectations are equally high. There is an increasing expectation of the health system to be highly and immediately accessible and to use all available technology and resources to improve the quality and length of life. The challenge lies in meeting these expectations within fiscal constraints.

The 2006 NWT Hospital Satisfaction Questionnaire found that 95% of respondents rated the overall care they received at Stanton Territorial Hospital as good or excellent.

- **The Economy**

*What is changing in the economy that will affect Stanton's ability to deliver its services?*

The northern economy is strong and overall unemployment is low. However, this does not tell the whole story. The strength in the northern economy is centred in Yellowknife and other regional centres, while smaller communities continue to have a disproportionate level of unemployment and poverty. The economy is fuelled by the resource sector, in particular diamonds and oil exploration. The diamond mines require rotational work, which results in strain on families, and, for some, greater social problems and greater demands on the health system.

The strong economy in other parts of Canada is also affecting Stanton. For example, the strength in the Alberta resource sector is making it more difficult to attract all manner of technical, construction, service, and professional workers to the NWT, putting pressure on the availability and cost of everything from services, to supplies, to construction.

- **The Government of the Northwest Territories**

*What is the financial situation of the GNWT? What is the policy and political direction of the government?*

Over the past years, the federal government has reduced funding for health care services. Federal transfer funding is a major source of income for the GNWT. Reductions in transfer payments directly affect the available funding for the whole territory, thereby affecting funding that the territorial government can distribute to Regional Health Authorities.

At the same time, the cost of everything is going up – construction, supplies, talent and so on. A number of recent national reports have confirmed that current systems of health care are no longer affordable. Federal, provincial, and territorial representatives are assessing the implications and effects of this. Canada's system of health care funding will change as a result of federal, provincial, and territorial review. These changes, whatever their nature, will directly affect the services delivered by Stanton.

The strategic direction of the GNWT and, in particular, the Department of Health and Social Services defines and influences how Stanton does business. For example, the Department has adopted an Integrated Service Delivery Model (ISDM); identified services that are funded; created new programs and services; and passed acts and regulations defining, among other things, the integration of nurse practitioners and midwives.

There is a system-wide propensity to identify priorities at a conceptual level with a disconnect between the conceptual framework and the ability to plan and operate by Stanton or the Regional Health Authorities.

At the same time, a number of political opportunities exist:

- The SAC has the ability to help move Stanton agendas forward and keep the right issues in focus with political decision-makers.
- There is an opportunity to become more involved in capital and informatics planning activities at the territorial level.

- **Land Claims/Self-government**

*What will be the implications of land claims/self-government negotiations?*

Community and regional-based style governments are being negotiated, unlike traditional reserve-based negotiations found in southern Canada.

*In addition to respecting the basic rights of all northerners, particularly rights protected in the Charter, any new government arrangements must also ensure that the basic quality of life of northerners is not diminished.*

*This means that new government arrangements must ensure continued access to social services like day care, education, social assistance, and housing across the NWT. It means economic security, whether through government employment, private sector employment, self-government, or income assistance. It means ensuring anyone can move freely within the territory knowing that his or her basic social, economic, and political rights and freedoms will still be intact. It means knowing that rights, like the right to vote and run for office, and critical services like medical care will not be negatively affected.*

Source: Government of Northwest Territories, Understanding Self-Government 1999, page 10.

- **Other Health Authorities/Nunavut**

Stanton is a territorial resource, with the ability to provide territorial services. It is a rich resource for Regional Health Authorities, providing training, services, and referrals. Stanton works in partnership with the Regional Health Authorities. For example, Stanton works closely with the Yellowknife Health and Social Services Authority on physician services, including emergency, general practitioner services, anesthesia, obstetrical, and psychiatric hospital services.

As a territorial referral centre, Stanton is significantly affected, both positively and negatively, when services in outlying regions change. When service levels change due to staff turnover; discontinuation of services; lack of knowledge of health system, processes, and protocols; and physician transience, the result can be inappropriate referrals and a reliance on telephone consultations. Staff and specialists at Stanton spend considerable time coaching staff in outlying health centres. As a territorial referral centre, this is part of Stanton's role. However, lack of continuity of care persists in the communities, which strains Stanton's resources with repeated calls for assistance and a high number of patient referrals to Yellowknife. As well, systems are not integrated between Stanton and the Authorities, increasing challenges in working in partnership.

On the positive side, Stanton has an opportunity to use its extensive partnerships - with Regional Health Authorities, educational facilities, NGOs and more. These partnerships could be nurtured to help Stanton achieve its objectives and the partners to achieve theirs.

- **Human Resources**

*What is the supply and demand situation like for various health care professionals?*

The growing shortage of registered nurses has affected the north's ability to recruit and retain nurses. The GNWT has initiated a professional development fund to assist with these efforts. Stanton is working with the Department and Regional Health Authorities to reduce the competition between authorities for scarce resources.

Stanton has been affected by the shortage of many other health care professionals (laboratory technologists, pharmacists, audiologists, etc), as have Health Authorities across Canada. Stanton is in competition with other jurisdictions for physicians and other health care workers. As a result, Stanton will pursue new initiatives to attract and retain these hard-to-recruit workers.

Across Canada, there is a growing concern regarding the shortage of family practice physicians. Shortages are also being experienced within the physician specialist group resulting in a significant reliance on locums.

Regional Health Authorities are starting to integrate other health care professionals, such as midwives and nurse practitioners; into their service delivery models to increase accessibility, improve continuity of care, and reduce wait times.

Operationally, the human resource function has been re-centralized across government, and thus there is no longer an in-house human resource function within Stanton. This creates challenges and strains within Stanton, as its recruiting needs are unique.

- **Suppliers**

*What is the rate of inflation for medical supplies, equipment, utilities, and all other goods and services that we need in order to function?*

With the growing trend towards non-invasive procedures (which require a shorter recovery time) comes the accompanying higher cost of supplies. These needed supplies are expected to continue to increase in cost.

Across Canada, the cost of fuel has been climbing. This affects Stanton directly in terms of heating, medevac aviation, and electrical costs.

Opportunities for cost savings may exist through centralized purchasing and e-commerce.

## Internal Environment

The internal environment determines the ability of an organization to be successful in the future. Internal factors are largely within the control of management and can be characterized as **strengths** and/or **weaknesses** of the organization. The following list is provided as a guide.

- **Governance**

*Is there a well-defined model of governance?*

The Stanton Advisory Committee (SAC) is an advisory group to the Public Administrator who is accountable to the Minister of Health and Social Services. The membership of the SAC includes the Board Chairs of the Regional Health and Social Service Authorities – Stanton's key stakeholders. The Chair of the SAC is the Public Administrator for

Stanton. This structure is a strength in that it ensures accountability, is representative of the entire NWT, and is composed of well-informed representatives.

Stanton's governance structure has been in transition, with the current structure only put in place in 2007.

- **Senior Management Leadership**

*Is there an experienced senior management team in place?*

Stanton has recently revitalized and stabilized its senior management team. All members have substantial years of experience in health care.

- **Employees**

- **Human Resources and Staffing**

Human resources and staffing are continuous challenges. Staff turnover at Stanton is higher than desired in many areas, but most notably in nursing. Related to this is the difficulty in recruiting, particularly for highly skilled positions such as specialists. Some positions are vacant, and may remain vacant longer than desired due to challenges in recruiting. This can cause gaps in services from turnover and vacant positions, as well as high workloads for existing staff. A recent change by the GNWT to centralize human resource services has further challenged Stanton's human resources and staffing processes, and is seen by staff as a significant hindrance to addressing the staffing issues.

- **Staff Satisfaction**

A comprehensive staff survey and follow-up interviews were conducted in the spring and summer of 2007. The results show that, overall, the staff is positive about its role at Stanton and the job they are expected to do. At the same time, a large proportion is dissatisfied with some of the conditions in which they are expected to work. Ultimately, this situation results in conflicted morale.

Relationships within Stanton work units are generally very positive. Employees share a sense of dedication, purpose, loyalty, and trust. In a motivated organization, work unit dynamics also contribute to highly motivated employees.

At the same time, employees are dissatisfied with a number of extrinsic workplace characteristics: staffing and recruiting, staffing levels, workspace, budget constraints, HR support. These factors are part of the conditions in which employees are expected to work. They are owned by the organization, not the individual.

- **Training and Development**

Stanton has a number of staff who co-ordinate a wide range of training and professional development opportunities. Stanton's 2007/08 budget for staff training and development was approximately \$1,000,000 (excluding physicians' medical education). The majority of the budget is for nursing and allied health care staff.

Training and development funds have been focused on health care and allied health care workers as part of an overall recruitment and retention strategy. Substantially fewer funds have been made available for training and development of staff in the support service areas.

Despite the challenges, there are several **human resource** opportunities:

- Stanton has an opportunity to develop a role as a training hospital, encouraging the northern workforce to become Licensed Practical Nurses, Registered Nurses, Nurse Practitioners, and physicians, among others.
  - As a training hospital, Stanton is able to attract employees, provide a variety of different working opportunities, and expand recruitment.
  - Stanton has a significant contingent of long-term staff, which can become a source for human resource planning and recruitment.
  - An opportunity exists to support the skill development of staff by supporting assignments in other Regional Health Authorities.
  - An examination of areas of high staffing turnover provides an opportunity to understand the causes of the turnover and improve this area.
  - Economic investment brings new people into the north, and more potential employees for Stanton.
- 
- **Communication**  
Communication is a challenge between levels of the organization and between teams.

- **Financial Resources**

Like most Health Authorities in Canada, Stanton is challenged to provide a balanced budget. A changing health environment and changing technology affects the current level of funding, making it difficult to maintain the present level of service delivered and meet public expectation. As a result, Stanton has a budget deficit. This creates challenges with respect to financial decision-making and operations. Insufficient financial resources affect the ability to make capital investments (equipment and facilities), to staff to effective levels, and to provide services. Indeed, Stanton has often agreed to provide services without additional resources being allocated to cover associated costs.

- Stanton ended the fiscal year 2007/08 with an accumulated deficit of \$13.2 million.
- Stanton's operating budget for 2007/08 was \$89.2 million.
- The deficit for 2007/08 was \$7.5 million.

- **Information Systems**

Current technology and investments in new technology present opportunities to Stanton:

- Electronic Medical Records can be used to improve systems and processes and iEHR can lead to better information and thus better patient care.
- A Diagnostic Imaging Picture Archiving and Communications System (DI/PACS) will allow for efficient storage, transmissions and use of digital ultrasound and X-rays.

- **Services**

In many clinical and non-clinical areas, increases in service demand remain a challenge. Often, a program grows without an accompanying increase in its budget. Improvements in efficiencies and continuous quality improvement help to reduce this disparity to a limited extent.

Increased demand for service adds pressure to supply costs, waiting lists, and staff time. Every year, Stanton works with the Department of Health and Social Services and other Authorities to submit requests for additional funding to address these needs. Even so, the programs and services provided by Stanton are another significant area of strength. The strength comes from the accessibility of the programs and services across the NWT, and Stanton's ability to be responsive and affect change. Stanton provides a diverse range of service, and multiple specialists, and is able to provide service in the eleven Official Languages of the NWT that include English and French.

An opportunity exists in service delivery to further develop the Integrated Service Delivery Model, and continue to integrate it into service delivery at Stanton.

- **Space**

With increased demand for additional and enhanced services, Stanton Hospital is experiencing critical shortages of space. A Master Development Plan has been developed which outlines the physical requirements for operation of the hospital in the near future and long term. Lack of space is an increasingly important weakness affecting Stanton's ability to provide service and meet its mission. Current space restrictions make it difficult to provide several services and leave no room to expand. The most significant space pressures are in outpatient service areas including, but not limited to, the Emergency Unit, Medical Day Care, Dialysis, Physician Specialist Clinics, Rehabilitation Services, the Operating Room, the Intensive Care Unit and the Central Supply Room.

### **Other Factors**

- **Image/Reputation**

Stanton has an excellent reputation for providing quality care as frequently indicated by patients and family in letters to the editor of the Yellowknifer and to the Hospital. The 2007 Hospital Satisfaction Survey found that 95% of respondents rated the overall care they received at Stanton as good or excellent. Stanton enjoys very positive community support.

- **Policies and Procedures**

Stanton's clinical policies and procedures are well developed. New policies and procedures are developed by internal committees such as the Clinical Practice Advisory Committee (CPAC), Nursing Advisory Committee (NAC), Patient Safety Committee (PSC), Senior Management Committee (SMC), and others.

## ***Strategic Linkages***

Stanton's strategic plan is linked to strategic plans of the GNWT and the Department of Health and Social Services.

### **Legislative Assembly Vision**

*Strong individuals, families and communities sharing the benefits and responsibilities of a unified, environmentally sustainable and prosperous Northwest Territories*

### **Legislative Assembly (Health-related) Goal and Priorities**

- Healthy, educated people:
  - ◀ Focus on prevention by promoting healthy choices and lifestyles, and the role of personal and family responsibility;
  - ◀ Improve support for children and adults with special needs and disabilities;
  - ◀ Work with families, communities and schools to improve the physical and mental well-being of our youth; and
  - ◀ Strengthen regional and local treatment and aftercare programs to address addictions and mental health.

### **Department of Health and Social Services Vision**

*Our children will be born healthy and raised in a safe family and community environment, which supports them in leading long, productive, and self-reliant lives.*

### **Department of Health and Social Services Goals**

- To promote healthy choices and responsible self-care;
- To protect public health and prevent illnesses and disease;
- To protect children and vulnerable individuals from abuse, neglect, and distress; and
- To provide integrated, responsive, and effective health services and social programs for those who need them.

## **Stanton's Stakeholders**

There are several stakeholders that have wants, needs, and expectations of Stanton, and from whom Stanton has wants, needs, and expectations.

### **Key stakeholders include:**

- Anyone who accesses Stanton services, whether they are residents with an NWT health card or not
- Regional Health Authorities
- Department of Health and Social Services
- Non-Government Organizations (such as treatment centres, Aven Manor, Tree of Peace, Salvation Army)
- Partners (such as Fire Department, RCMP, City of Yellowknife)
- Staff of the Stanton Territorial Health Authority

### **Other stakeholders include:**

- Teaching and education facilities (such as University of Alberta)
- Professional associations
- Union of Northern Workers
- Municipal/Aboriginal government
- Federal Government
- Communities
- Contractors and Vendors

## Acronyms

<b>AC</b>	Accreditation Canada
<b>CADTH</b>	Canadian Agency for Drug and Technologies in Health
<b>CSR</b>	Central Supply Room
<b>DHSS</b>	GNWT – Department of Health & Social Services
<b>DHR</b>	GNWT – Department of Human Resources
<b>DI/PACS</b>	Diagnostic Imaging Picture Archiving and Communications System
<b>EP</b>	Emergency Preparedness
<b>FTE</b>	Full Time Equivalent (employee)
<b>GNWT</b>	Government of the Northwest Territories
<b>ICU</b>	Intensive Care Unit
<b>IMSC</b>	Information Management Steering Committee
<b>IND</b>	Indicator that involves a rate
<b>ISDM</b>	Integrated Service Delivery Model
<b>JLC</b>	Joint Leadership Council (GNWT)
<b>MDP</b>	Master Development Plan
<b>MMT</b>	Middle Management Team (STHA)
<b>MAC</b>	Medical Advisory Committee
<b>NOC</b>	National Occupational Classification (Human Resources and Skills Development Canada)
<b>OH&amp;S</b>	Occupational Health and Safety
<b>OR</b>	Operating Room
<b>PA</b>	Public Administrator for STHA
<b>QRM</b>	Quality Risk Management
<b>RHA</b>	Regional Health Authority
<b>ROP</b>	Required Operational Practices (from Accreditation Canada)
<b>SAC</b>	Stanton Advisory Committee
<b>SMC</b>	Senior Management Committee (STHA)
<b>STHA</b>	Stanton Territorial Health Authority
<b>TBD</b>	To Be Determined
<b>WES</b>	Workplace and Employee Survey (Statistics Canada)
<b>WSCC</b>	Workers' Safety and Compensation Commission
<b>VFA</b>	VFA (formerly known as Vanderweil Facility Advisors)

## APPENDICES

## **Appendix 1**

### **Senior Advisory Committee**

Following is a list of the positions of Stanton's senior management team and the membership of the Senior Advisory Committee that participated in the strategic planning meetings held April 28, May 24, May 25, and November 24, 2007:

#### **Senior Management**

Chief Executive Officer  
Director of Patient Care  
Director of Operations  
Chief Financial Officer  
Medical Director

#### **Advisory Board**

Public Administrator Fort Smith Health and Social Services Authority  
Beaufort Delta Health and Social Services Authority  
Yellowknife Health and Social Services Authority  
Deh Cho Health and Social Services Authority  
Sahtu Health and Social Services Authority  
Hay River Health and Social Services Authority  
Hay River Health and Social Services Authority  
Tli Cho Community Services Agency

## Appendix 2

### Questionnaire

#### Strategic Plan Consultation

The Stanton Territorial Health Authority is currently undertaking a strategic planning process. The Strategic Plan will be a broad, general document that will guide the future of Stanton for the next 3 years.

You can play a key role in our success. We invite you to be a part of our planning process by providing responses to three specific questions about Stanton's future. These questions are:

1. In your view, what will be the future challenges for health care in the NWT?
2. In your view, what do you think will be the future challenges and opportunities for Stanton?
3. Where do you think Stanton should place its emphasis in the next three years?

(If you require more space to answer these questions, please attach a blank sheet of paper.)

**Thank you for taking the time to help us with our strategic planning.** If you are responding on behalf of an organization, please indicate the name of the organization below.

Name of organization:

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The final strategic plan will be posted to our website. If you would prefer to have a printed copy, please provide us with your name and mailing address. Please note that this information will not be included in the survey results.