


**Your Hospital.  
Our Story.**

**ANNUAL REPORT 2014/2015**






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## MESSAGE FROM THE PUBLIC ADMINISTRATOR AND CHIEF EXECUTIVE OFFICER



Public Administrator  
Mr. Joe Handley and  
Chief Executive Officer  
Ms. Brenda FitzGerald

The fiscal year 2014/2015 marks the final year of Stanton Territorial Health Authority's (STHA) Strategic Plan. The plan measured specific goals, objectives and indicators associated with each of our five primary priority areas:

- Patient centered quality care
- Effective partnerships and relationships
- Quality of work life
- Accountable governance, leadership and financial management
- Appropriate infrastructure and resource

This approach enabled STHA to clearly outline the progress the organization made and highlighted areas where improvement was needed. Some key accomplishments in 2014/2015 include:

- A significant renovation project was completed in the Central Sterile Reprocessing Unit
- Accreditation was achieved for the next four years
- A territorial Med-Response service was implemented
- Several process improvement initiatives were undertaken

While there are still challenges ahead, STHA has many strengths to help address them, including:

- A high level of patient satisfaction
- Strong community support
- Dedicated staff, promoting and contributing to a culture of caring
- Competent and engaged physicians
- A positive team environment
- Strong partnerships with other authorities and NGOs
- Active involvement in Health and Social Service system changes

We are proud of STHA and the many individuals and teams, both internal and external, who have contributed to ensure STHA's goals are achieved. We want to thank all the employees, volunteers, partners and key stakeholders, who continually provide compassionate care and service, are integral in the provision of proficient day-to-day operations; and help shape organizational planning for future years. This Annual Report provides both opportunity to measure our successes and also to identify the opportunities and challenges ahead, such as the Health and Social Services System Transformation.



STHA provides acute inpatient and ambulatory care to the 43,234 residents of the Northwest Territories and to the 5,500 residents of the Kitikmeot region of Nunavut. These services are offered at Stanton Territorial Hospital and various other sites such as the Stanton Eye Clinic, the Stanton Medical Clinic and the Stanton Medical Centre, as well as a variety of travel clinics throughout the Northwest Territories and Nunavut.

In addition to its territorial responsibilities in acute and ambulatory care, STHA is responsible for territorial health programs such as Medical Travel and Med-Response.

STHA partners with a number of organizations, in particular, Yellowknife Health and Social Services Authority (YHSSA), to provide emergency, surgical assistant, hospitalist, obstetrical, mental health, and anesthesia services. STHA also has a number of contracted service providers that assist in the provision of quality patient care. STHA partners with a number of organizations to provide other services such as the provision of professional

development for existing staff and physicians, education and training for future health care practitioners, policy and procedure development, and equipment procurement.

For the fiscal year 2014/2015, STHA had a budget of \$126 million, 563 employees, 20 permanent physicians and approximately 83 locum physician specialists.

Stanton Territorial Hospital Foundation has a very important relationship with STHA. The Foundation, overseen by a volunteer board of directors, contributes time and resources to raise funds for the hospital and most importantly for those we serve-patients.

STHA is also very fortunate to have an active Stanton Territorial Hospital Auxiliary. Through the operation of the gift shop and other fundraising activities, Auxiliary members provided equipment and supplies to help make patient stays more comfortable.

## VISION, MISSION AND VALUES



### Vision

The best health care for everyone.

### Mission

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

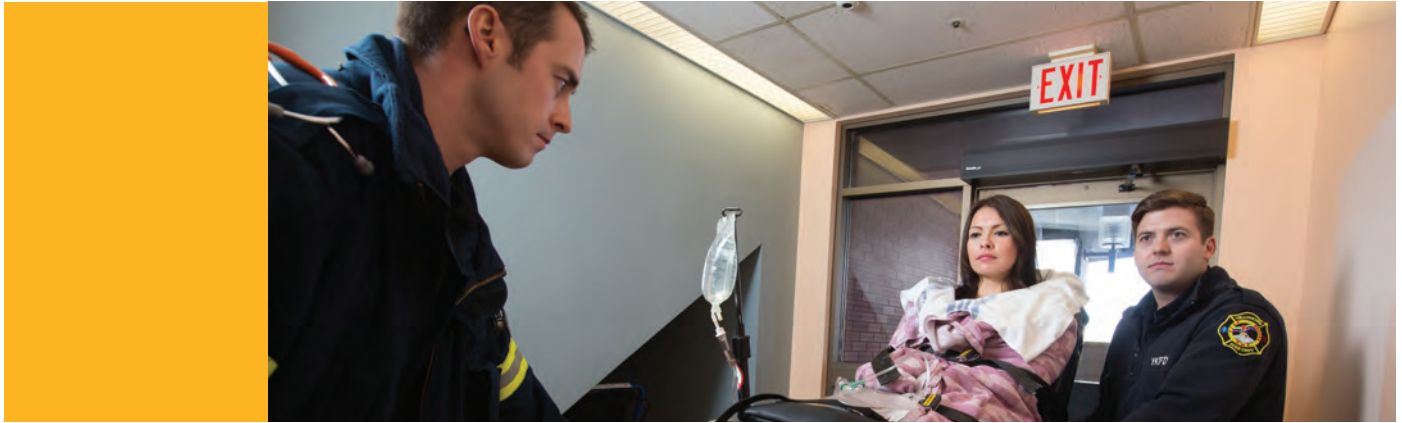


The vision, mission and values are pinned to the vision and goals of both the Legislative Assembly and the Department of Health and Social Services.

# The best health care for everyone.

## GOALS AND STRATEGIC PRIORITIES

Patient Centred Quality Care	Appropriate Services
	Environment of Patient Safety
	Evidence Based Decision Making
Effective Partnerships and Relationships	Communication Plan
	Clearly Defined Role and Scope of Service
Quality of Worklife	Healthy Worklife Environment
	Investment in Workforce
	Safe Work Environment
Accountable Governance, Leadership, and Financial Management	Affordable Sustainable Publicly Funded System
	Informed Decision Making Through an Ethical Framework
Appropriate Infrastructure and Resources	Infrastructure Plan



## Goal 1: Patient Centred Quality Care

Providing safe, patient centered quality care and services is the underlying principle of the STHA vision of the best health care for everyone. In 2014/2015, STHA continued to be pro-active in changing and developing services that meet the needs of the population served and promoted an environment of patient safety.

### Accreditation

In September 2014, STHA received accreditation for the next four years under Accreditation Canada's Qmentum Accreditation Program.

Accreditation Canada is an independent, not-for-profit organization that sets standards for quality and safety in health care and accredits health organizations in Canada and around the world. Following a comprehensive self-assessment, trained surveyors from accredited health organizations conduct an on-site survey to evaluate the organization's performance against Accreditation Canada's standards of excellence.

The Accreditation standards look at governance, leadership, infection control, medication management and specific types of services, conditions, and populations.

By going through the rigorous Accreditation review process, STHA continues to improve and provide safe and high quality health services to patients. The accreditation report indicated that STHA is in compliance with 91.3% of the applicable Accreditation Canada standards. Of the unmet standards, 65.9% are not considered high priority by Accreditation Canada. As part of the accreditation report, STHA is required to provide evidence of compliance with several of the unmet standards.

### Strengthening Culturally Sensitive Care

Through the Aboriginal Wellness Program, traditional and cultural events have been developed for patients, visitors and employees. A portable television and DVD player is now available to be utilized by patients to enhance their overall patient experience. Interpretation services continue to be provided in the community as required through contracts with external organizations such as Home Care and the Yellowknife Primary Care Clinic. Weekly cleansing ceremonies and seasonal ceremonies such as the Feed the Fire Ceremony were held and well attended. Interpretation and kinship visits and cultural services continue to be

offered by the full-time and relief employees in a variety of Northern Indigenous languages.

### **Ensuring and Reinforcing Patient Safety**

As of March 2015, nineteen Environment of Care rounds were performed and patient safety educations for all health care workers are still distributed through online modules.

### **Mitigate the Spread of Infection**

Enhancing the infection control process and the delivery of education modules to meet national standards remained a high STHA priority in 2014/2015. Hand hygiene education continues to be included in staff orientation sessions. A hand hygiene audit program was introduced in March 2014, which requires each patient care area to submit one hand hygiene audit per month.

The ChemoClave Needlefree Closed System for the safe handling and the administration of hazardous drugs was implemented in the Medical Daycare Unit (Chemotherapy). The Needlefree System assures compliance with safe handling policies, creates less biohazardous waste and costs less than any other commercially available closed system transfer device.

Westech Audit Systems performed quarterly cleanliness audits and STHA's results in 2014/2015 averaged 89.9% which is above the national standard of 85%.

### **Process and Quality Improvements**

STHA initiated the Antimicrobial Stewardship Committee, with the focus of activities aimed to optimize the clinical outcomes related to antimicrobial use, to provide education and feedback to clinicians regarding antimicrobial

use, to minimize toxicity and other adverse events and limit the selection of antimicrobial resistant strains.

STHA invested in a PortaCount Pro FIT Tester, a quantitative FIT testing method for N95 masks which is the gold standard and more accurate method for FIT testing. STHA can now FIT test staff with allergies, reactive airways, and staff with anosmia or loss of smell.

STHA launched the Dupont Learning Management System (LMS) in November 2014. The LMS makes it easier for STHA to assign, administer and document the results employees' training online. Employees can also review material as needed. Managers can assign training, and track progress and mastery of their employee's mandatory certifications.

To improve patient care, new white boards are being placed in patient rooms on the Medicine Unit. The goal of this is to improve communication among disciplines, improve patient awareness of the care team, improve patient satisfaction and engage patients in admission and discharge goals.

In January 2015, the Speech Language Pathology Department in collaboration with Diagnostic Imaging implemented video fluoroscopic swallowing studies (VFSS). VFSS is a radiographic procedure designed to define the anatomy and physiology of the oropharyngeal swallow and examine the effectiveness of strategies designed to eliminate aspiration or excess oral or pharyngeal residue. It is considered the gold standard for assessing oropharyngeal dysphagia.





## Goal 2: Effective Partnerships and Relationships

STHA along with the Department of Health and Social Services coordinated a Foot Care Nurse Program with Foot Care Kingston.

STHA's Obstetrics Unit completed the first year of Managing Obstetrical Risk Efficiently Program (MORE<sup>OB</sup>). The MORE<sup>OB</sup> program helps the patient care team build a new practice model in which all disciplines work and learn together to create a community of practice that is rich in knowledge and experience while establishing an environment of respect and trust and continuous learning.

### **Strengthening External Partnerships and Relationships**

STHA continues to revise the Code Orange procedure in response to recommendations to a Mock Code Orange Tabletop exercise that occurred in April 2014 with the City of Yellowknife. The Pediatrics Unit is working and building a relationship with the Young Offenders facility with a focus to produce outreach and access programs for pediatric psychiatry patients. Midwives continue to engage in training in the Obstetrical Unit.

### **Med-Response**

In November 2014, STHA launched Med-Response. The Med-Response service provides a single phone number practitioners can call to coordinate and triage air ambulance flights and immediately access the clinical expertise they need; whether that is a Nurse Practitioner, Emergency Room physician, NWT specialist, or specialist from Alberta. Med-Response is available 24 hours per day, seven days per week and is designed to support health care practitioners as part of a system-wide approach to meet the medical needs of all NWT residents.

### **Electronic Medical Records**

Electronic medical records (EMR) is the electronic version of patients' paper medical charts. Use of an EMR more readily provides healthcare providers access to the information they require to comprehensively assess and treat their patients.



Primary healthcare in Yellowknife and Hay River have been using Wolf EMR for a number of years. It has also recently been implemented in Fort Smith with plans for other NWT communities in the near future. There has been a phased approach to the implementation of Wolf EMR in the STHA specialist clinics. Wolf EMR went live in the Pediatrics Program on January 15, 2015. Pediatrics has been using it successfully since then. This program has also allowed them rapid access to their patients' primary records when their healthcare provider



is a Wolf EMR user. STHA will be implementing Wolf EMR in the Orthopedics program in the 2015/2016 fiscal year.

## Goal 3: Quality of Worklife

STHA is committed to a healthy and safe workplace with a competent workforce. In order to reduce risks in the workplace, employee feedback is essential in improving workplace conditions, and mitigating potential violent situations, improving absenteeism and enhancing employee performance. Employee, patient and visitor safety are of paramount importance for STHA. Together, we work to provide the best possible care in the safest possible environment.



### Safety and Security

Since a violent incident in the Emergency Room in November 2014, STHA took measures to improve safety and security in STHA facilities, including:

- Temporarily increased the number of security personnel in the Emergency Department to ensure safety and security for staff, patients and visitors
- The security contractor provided security personnel with a higher level of training and experience to help the current security personnel respond to situations where an individual becomes aggressive, violent or difficult to manage
- Clarified the role that security personnel play within STHA facilities
- Hired a consultant to perform a detailed Crime Prevention Through Environmental Design (CPTED) safety and security review of all STHA facilities
- Increased the emphasis on the need for staff to complete and maintain Non-violent Crisis Intervention (NCI) training
- Developed a training plan to allow for employees to take the NCI training as a multi-disciplinary team

## Goal 4: Accountable Governance, Leadership and Financial Management

STHA is achieving our goal to provide governance, leadership and financial management in a manner that is accountable.

### **Patient Watch**

To ensure effective and efficient service delivery, STHA continues to implement the formal protocols outlined in the Patient Watch policy that was launched in 2013/2014. In 2014/2015, the costs for patient watches provided by security personnel reached \$690,000.

### **Risk Profile Review**

STHA continues to address identified risks outlined in the Clinical Risk Review Report from Marsh Risk Consulting. There were a number of recommendations in the Marsh Risk report that STHA will be looking to address as part of the Stanton Renewal Initiative.



## Goal 5: Appropriate Infrastructure and Resources

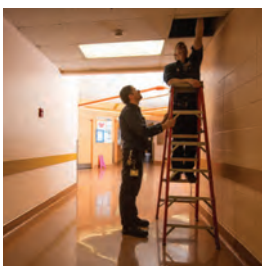
Maintaining a financially stable organization is required to meet our goal to provide the appropriate environment, infrastructure and resources to deliver safe patient care.

### **Adequate Space for Services**

The Family Room in the Psychiatry Unit received new flooring, new furniture and newly painted walls with the recognition that for some patients, the unit is a long-stay environment. Additional items for the Psychiatry Unit such as new blinds and a wireless DVD player were purchased for the patient lounge. A major renovation of the Central Sterile Reprocessing (CSR) unit was completed in the Fall 2014 which ensures that the STHA CSR unit meets the current Canadian standards for cleaning and sterilizing equipment.

### **Infrastructure Upgrades**

Successful infrastructure upgrades in Information Technology occurred. New network switches were installed for the entire STHA facility and there was also a MediPatient (MP)<sup>™</sup> Clinical Upgrade. MediPatient(MP)<sup>™</sup> is a system based on standards and includes a highly secure search of patient data. MediPatient (MP)<sup>™</sup> has a high level of interoperability with existing Hospital Information Systems (HIS) and the system enables users quick access to all records such as patient lab reports, history and imaging.



New arthroscopic shoulder surgery equipment was purchased. This equipment allows the majority of patients requiring elective non-arthroplasty shoulder surgery to be cared for in Yellowknife. This service also allows for the maintenance of surgical competence for the Yellowknife based orthopedic surgeons, and improved capacity to retain those surgeons.

## CHALLENGES AND OPPORTUNITIES



Health care is a rapidly evolving field and it is often difficult to keep up with the challenges to ensure that we are continually delivering the best possible care to NWT residents and the residents of the Kitikmeot region of Nunavut. Like other health care organizations across Canada and the world, STHA has challenges, including:

- Human Resource shortages and staff turnover
- Existing infrastructure limitations including inadequate space
- Meeting service demand and delivery within limited financial resources
- Staff completion of mandatory certifications
- Mental health service delivery
- Security for staff and patients

Facing and addressing challenges head on provides STHA with opportunities to improve the care and services provided, some of which include:

- Hospital renewal
- Aboriginal Wellness programming
- Staff participation in territorial initiatives as well as national organizations

### HSS System Transformation

During 2014/2015, STHA continued to work with the Department of Health and Social Services to establish a single NWT Health and Social Services Authority and Regional Wellness Councils. The legislation to allow

for this change is scheduled to go before the Legislative Assembly in Spring 2015. If the legislative changes are approved, work will begin to develop an implementation plan to set out how the Department of Health and Social Services and the Regional Health Authorities will continue to work to transform the health and social services system. This change will improve patient care by enabling health and social services across the NWT to work as one system.

An implementation plan will set out how the department and authorities will continue to work to transform the health and social services system when the legislation comes into effect to provide the highest quality care and services and encourage people to make healthy choices to keep individuals, families and communities healthy and strong.

### Stanton Territorial Hospital Planning Underway

The Legislative Assembly voted in favor of the Stanton Territorial Hospital Renewal project and it will be the largest project ever undertaken by the Government of the NWT. Planning for the new hospital is being based on a resident population of up to 60,000, which is projected to be reached in the NWT and Kitikmeot region of Nunavut around the year 2045.

Changes in building standards, technology, patient needs and volumes, models of care and best practices, availability of new systems and equipment, among other things, are all researched and considered in the planning process. Construction could begin as early as the end of 2015 and all current hospital services will remain available during construction.



Appropriate  
Infrastructure  
and Resources



## Quick Facts

- 3,346 hospital admissions
- 17,703 bed days
- 607 births
- 189 ICU admissions
- 16,202 emergency department patient visits
- 13,248 medical travel trips

## Inpatient Services

In 2014/2015, STHA had a total of 80 beds available for inpatient care, including a four-bed Intensive Care Unit and ten on the Extended Care Unit. There were a total of 3,346 admissions to the inpatient units, resulting in a total of 17,703 bed days.

## Operating Room

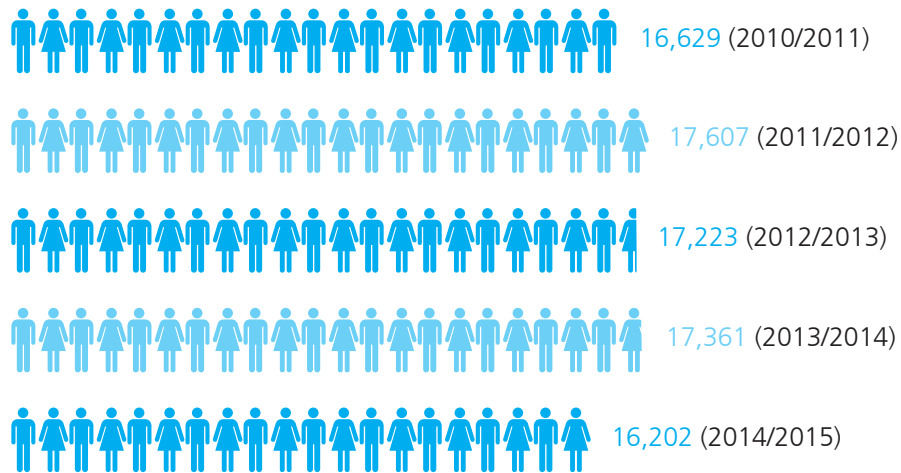
There were a total of 1,892 surgeries in 2014/2015, approximately 23.9% of those due to emergency situations. Of the over 1,444 elective surgeries, 17.9% of them were canceled by patients and a further 2.2% were canceled as the patient did not show up for their scheduled surgeries. Of the cancelled surgeries, 82.7% were replaced by other patients and 17.3% were cancelled too late to allow for another patient to take their place.

Reporting Period	Patient Cancelled Surgeries	No Shows	Total Cancellations	Total # of Elective Surgeries	Total # of Emergency Surgeries	Total # of Surgeries
2013/2014	234	34	284	1,498	436	1,934
2014/2015	259	32	313	1,444	448	1,892

## Aboriginal Wellness Program

	2012/2013	2013/2014	2014/2015
Interpretation Services	525	528	367
Kinship Visits	1,825	2,198	2,742
Cultural Programs	622	1,192	1,748
<b>Totals</b>	<b>2,972</b>	<b>3,918</b>	<b>4,857</b>

## Emergency Department Patient Visits



## Diagnostic Imaging Utilization

In 2014/2015, there was a 4.1% decrease in the number of diagnostic imaging tests that were performed.

Test	2012/2013	2013/2014	2014/2015
Bone Mineral Density	375	296	251
CT Scan - Inpatient	584	625	517
CT Scan - Outpatient	3,125	3,355	3,702
Fluoroscopy - Inpatient	57	49	45
Fluoroscopy - Outpatient	317	320	251
General Radiology - Inpatient	1,685	1,530	1,297
General Radiology - Outpatient	11,517	11,568	11,760
Mammography	2,260	2,034	1,976
Ultrasound - Inpatient	409	365	324
Ultrasound - Outpatient	6,107	6,681	5,590
<b>Totals</b>	<b>26,436</b>	<b>26,823</b>	<b>25,713</b>

The average wait time (in weeks) for a variety of diagnostic imaging tests in 2014/2015 was as follows:

Test	At 31 Mar 2015
Ultrasound	21
CT Scan	3
Fluoroscopy	No wait
Mammography	2
Bone Mineral Densitometry	3

## Laboratory Testing Utilization

There was a 5.2% reduction in the number of laboratory tests performed in 2014/2015.

	2012/2013	2013/2014	2014/2015
Inpatients	72,268	71,814	67,483
Outpatients	204,276	200,650	191,710
Referred in tests	51,580	50,073	44,732
Referred out tests	25,055	26,571	26,911
<b>Totals</b>	<b>353,179</b>	<b>349,108</b>	<b>330,836</b>

## Rehabilitative Services

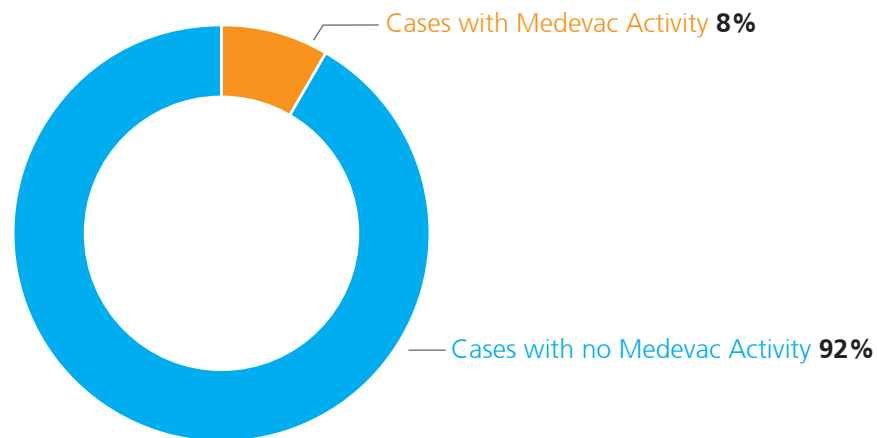
In 2014/2015, the Rehabilitative Services team (physiotherapy, occupational therapy, speech language pathology, audiology and recreation therapy) provided services in 25,877 patient encounters, including 2,209 during travel clinics. The majority of patient encounters (49%) at STHA were in physiotherapy, and the second most patient encounters (36%) occurred in audiology.

## Medical Travel

In 2014/2015, the total amount of medical travel trips was 13,248, a decrease of 3.8% from 2013/2014. The majority of medical travel trips in 2014/2015 were non-medevac cases. Of these cases, 39% of medical travel patients had approved escorts.



## 2014/2015 Medical Travel Cases

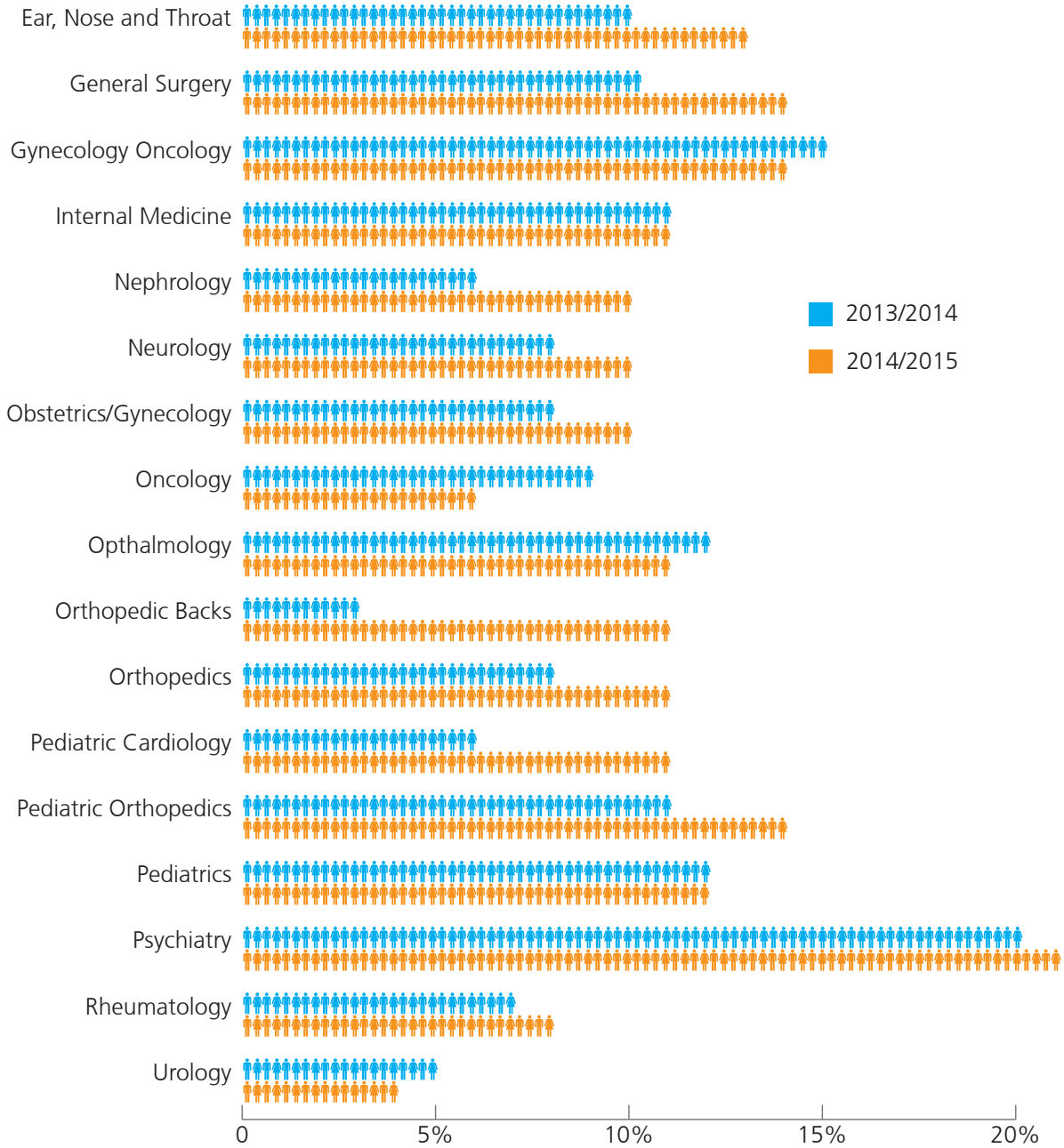


## Outpatient Visits to STHA Specialists (including travel clinics)

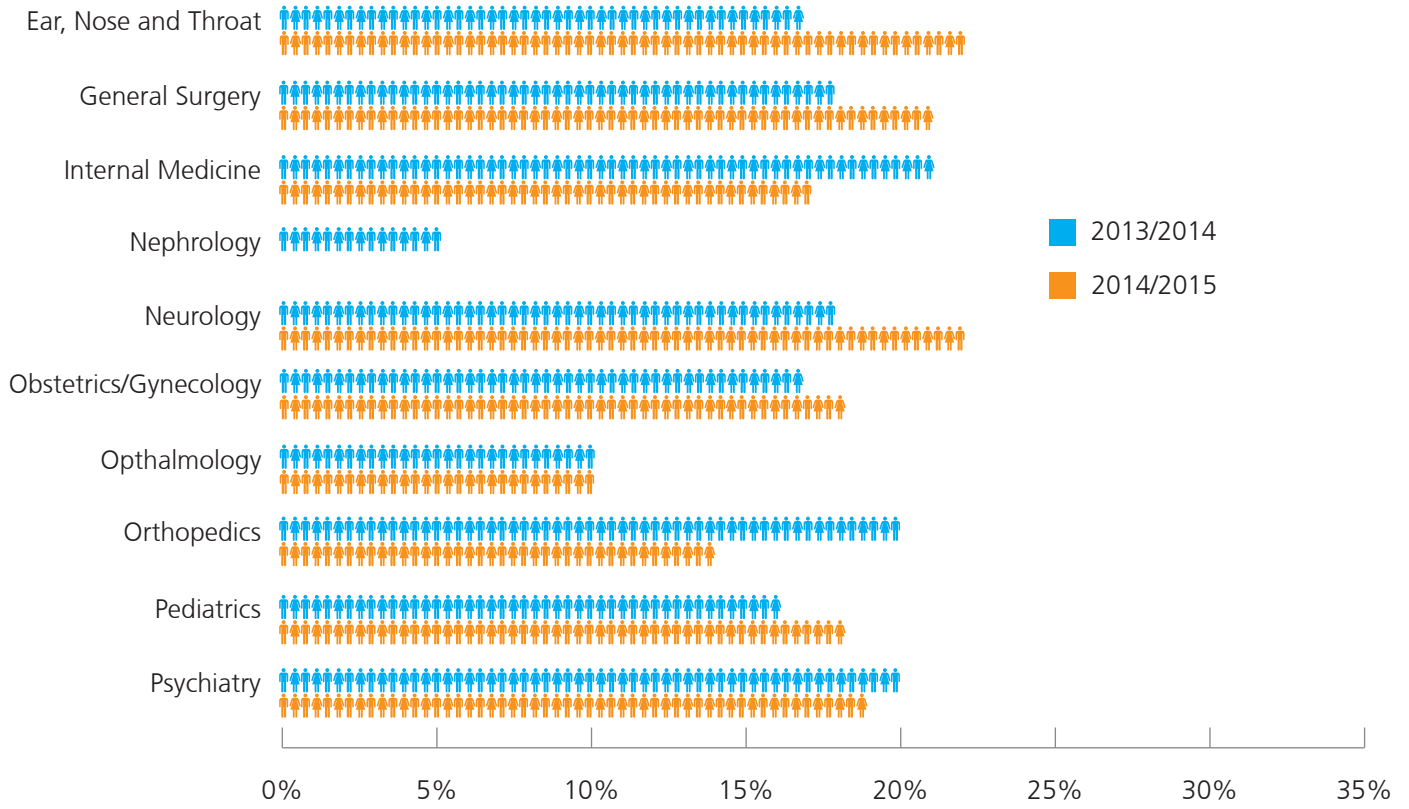
	2013/2014	2014/2015
Ophthalmology	17,767	18,847
General Surgery	3,993	3,456
Pediatrics	2,259	2,363
Orthopedics	3,613	3,261
Obstetrics/Gynecology	2,219	2,124
Ear, Nose, and Throat	3,222	3,450
Internal Medicine	3,334	2,805
Psychiatry	1,213	851
Rheumatology	276	304
Nephrology	134	223
Neurology	391	334
Urology	591	451
Oncology	136	136
Ortho Backs	381	294
Pediatric Orthopedics	51	59
Pediatric Cardiology	161	164
Pediatric Allergist	35	27
Gynecological Oncology	52	49
<b>Totals</b>	<b>39,828</b>	<b>39,198</b>

# Outpatient No Show Rates by Specialty

## Yellowknife Clinics



### Travel Clinics



# Financial Management





STANTON TERRITORIAL HEALTH AUTHORITY

### Management's Responsibility for Financial Reporting

June 26, 2015

To the Minister of Health and Social Services  
Government of the Northwest Territories  
and  
To the Public Administrator  
Stanton Territorial Health Authority

The accompanying financial statements were prepared by management in accordance with Canadian Public Sector Accounting Standards and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all of the notes to the financial statements and schedules, and for ensuring that this information is consistent with the information contained in the financial statements.

Stanton Territorial Health Authority maintains internal 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 and that the Authority acts in accordance with the laws of the Northwest Territories. The Authority's 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 a Territorial Health Authority.

The external auditors annually provide an independent, objective audit for the purposes of expressing an opinion on the financial statements. They also consider whether transactions which come to their notice in the course of this audit are, in all significant respect, in accordance with the specified legislation.

A handwritten signature in blue ink that reads "Brenda FitzGerald".

Brenda FitzGerald  
Chief Executive Officer  
Stanton Territorial Health Authority

A handwritten signature in blue ink that reads "Gloria Badari".

Gloria Badari, CGA  
Director of Corporate Services /  
Chief Financial Officer  
Stanton Territorial Health Authority



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## Independent Auditors' Report

**To the Minister of Health and Social Services  
Government of the Northwest Territories  
and  
To the Public Administrator  
Stanton Territorial Health Authority**

We have audited the accompanying financial statements of the Stanton Territorial Health Authority as at March 31, 2015, which comprise the statement of operations and the statements of financial position, changes in net financial debt, and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information. We have also audited the revenues and expenditures for all programs funded through contribution agreements with the Department of Health and Social Services which total \$250,000 or more as listed on Schedule F.

### *Management's Responsibility for the Financial Statements*

Management is responsible for the preparation and fair presentation of these 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. Management is also responsible for the preparation of the revenues and expenditures of all programs funded through contribution agreements with the Department of Health and Social Services which total \$250,000 or more in accordance with the financial guidelines of the Department of Health and Social Services.

### *Auditors' Responsibility*

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.



### **Independent Auditors' Report (continued)**

#### *Basis for Qualified Opinion*

Salaries and related benefits paid to employees of the Authority are administered by the Government of the Northwest Territories and are audited as part of the Government of the Northwest Territories' audit. Our audit scope was limited as we did not audit the components of compensation and benefits expenditures and related balances. Accordingly, we were not able to determine whether any adjustments might be necessary to compensation and benefits expenditures, payroll liabilities, employee future benefits, net financial resources, and accumulated deficit as well as note disclosures associated with transactions and year-end balances relating to compensation and benefits.

#### *Qualified Opinion*

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material aspects, the financial position of the Stanton Territorial Health Authority as at March 31, 2015, and its financial operations, changes in its net financial debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards, applied on a basis consistent with the preceding year. Furthermore, except for the limitation relating to payroll as described above, Schedule F presents fairly, in all material respects, the revenues and expenditures of all programs funded through contribution agreements with the Department of Health and Social Services which total \$250,000 or more for the year ended March 31, 2015, in accordance with the financial guidelines of the Department of Health and Social Services.

#### *Report on Other Legal and Regulatory Requirements*

We further report in accordance with the Financial Administration Act of the Northwest Territories that, in our opinion, proper books of account have been kept by the Authority, the financial statements are in agreement therewith, and the transactions that have come under our notice have, in all material aspects, been within the statutory powers of the Authority.

Yellowknife, Northwest Territories  
June 26, 2015

*Crowe MacKay LLP*  
Chartered Accountants

## Stanton Territorial Health Authority

### STATEMENT OF FINANCIAL POSITION

### STATEMENT I

As at March 31,

2015

2014

Restated  
(Note 14)

#### Financial Assets

Cash	\$ 2,679,857	\$ 2,647,247
Special purpose funds (Note 4)	153,553	355,732
Trust assets (Note 5)	14,205	11,606
Accounts receivable (Note 6)	18,478,218	19,106,984
	<b>21,325,833</b>	22,121,569

#### Liabilities

Accounts payable and accrued liabilities (Note 7)	\$ 7,843,920	\$ 7,726,057
Payroll liabilities (Note 8)	31,873,539	25,852,993
Capital advances (Note 9)	23,081	216,663
Employee future benefits (Note 10)	6,262,908	5,938,203
Deferred revenue (Note 11)	-	2,975
Trust liabilities (Note 5)	14,205	11,606
<b>Total Liabilities</b>	<b>46,017,653</b>	39,748,497
<b>Net Financial Debt</b>	<b>(24,691,820)</b>	(17,626,928)

#### Non Financial Assets

Prepaid expenses (Note 12)	640,408	281,839
Inventories held for use (Note 13)	1,718,743	1,716,493
	<b>2,359,151</b>	1,998,332

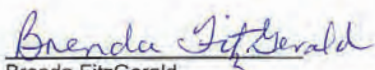
**Accumulated Deficit (Note 14)**

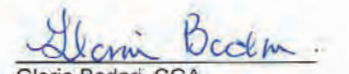
**\$ (22,332,669)** \$ (15,628,596)

**Contingent Liabilities (Note 15)**

**Contractual Obligations (Note 16)**

Approved on behalf of the Authority

  
Brenda FitzGerald  
Chief Executive Officer

  
Gloria Badari, CGA  
Director of Corporate Services /  
Chief Financial Officer  
Stanton Territorial Health Authority



## Stanton Territorial Health Authority

### STATEMENT OF OPERATIONS

### STATEMENT II

For the year ended March 31,

2015

2014

Restated  
(Note 14)

	(Unaudited) Budget	Actual	Actual
<b>Revenue</b>			
Operating advances from the GNWT (Schedule A)	\$ 89,049,000	\$ 88,956,187	\$ 83,957,155
Other recoveries (Schedule B)	22,947,480	20,574,359	24,226,215
Other revenues (Schedule C)	1,923,599	2,027,522	5,029,998
Non-insured recoveries and expenditures (Schedule E)	9,104,000	9,444,825	8,784,685
Interest revenue	70,000	89,084	77,486
	<b>123,094,079</b>	<b>121,091,977</b>	122,075,539
<b>Expenditures</b>			
Administration and support services (Schedule D)	45,846,979	46,868,195	45,322,476
Nursing inpatients/residents (Schedule D)	22,484,999	23,167,080	21,970,394
Ambulatory care services (Schedule D)	28,381,182	26,713,934	26,781,039
Diagnostic and therapeutic services (Schedule D)	18,718,352	19,203,296	17,897,485
Community health services (Schedule D)	877,961	775,164	775,286
Education (Schedule D)	1,372,529	1,305,607	775,140
Undistributed (Schedule D)	249,500	317,949	344,227
Non-insured recoveries and expenditures (Schedule E)	9,104,000	9,444,825	8,784,685
	<b>127,035,502</b>	<b>127,796,050</b>	122,650,732
<b>Operating Deficit</b>	<b>(3,941,423)</b>	<b>(6,704,073)</b>	(575,193)
<b>Prior Year Funding Received (Note 17)</b>	-	<b>(370,187)</b>	(1,379,155)
<b>Operating Deficit Before Prior Year Funding</b>	<b>(3,941,423)</b>	<b>(7,074,260)</b>	(1,954,348)
<b>Unfunded Item:</b>			
Change in employee leave and termination benefits (Note 10)	-	<b>324,706</b>	365,277
<b>Annual Deficit Before the Following:</b>	<b>(3,941,423)</b>	<b>(6,749,554)</b>	(1,589,071)
Rent expense - GNWT assets provided at no cost (note 18)	-	<b>(2,405,173)</b>	(2,381,450)
Grant-in-kind - GNWT assets provided at no cost (note 18)	-	<b>2,405,173</b>	2,381,450
<b>Annual Deficit</b>	<b>\$ (3,941,423)</b>	<b>\$ (6,749,554)</b>	\$ (1,589,071)
<b>Opening Accumulated Deficit, as previously stated</b>	-	<b>(15,628,596)</b>	(15,186,068)
Change in accounting policy (Note 14)	-	-	132,665
<b>Opening Accumulated Deficit, as restated</b>	-	<b>(15,628,596)</b>	(15,053,403)
<b>Closing Accumulated Deficit (Note 14)</b>	<b>\$ (3,941,423)</b>	<b>\$ (22,332,669)</b>	\$ (15,628,596)

## Stanton Territorial Health Authority

### STATEMENT OF CHANGES IN NET FINANCIAL DEBT

### STATEMENT III

For the year ended March 31,

**2015**

2014  
Restated  
(Note 14)

	(Unaudited) Budget	Actual	Actual
Annual operating deficit	\$ (3,941,423)	\$ (6,704,073)	\$ (575,193)
Adjustments			
Decrease / (increase) in inventories held for use	-	(2,250)	(341,055)
Decrease / (increase) in prepaid expenses	-	(358,569)	77,570
<b>Decrease (Increase) in Net Financial Resources</b>	<b>(3,941,423)</b>	<b>(7,064,892)</b>	<b>(838,678)</b>
<b>Opening Net Financial Resources</b>	<b>-</b>	<b>(17,626,928)</b>	<b>(16,788,250)</b>
<b>Closing Net Financial Resources</b>	<b>\$ (3,941,423)</b>	<b>\$ (24,691,820)</b>	<b>\$ (17,626,928)</b>

## LEADERSHIP

### **Public Administrator**

Mr. Joe Handley

### **Senior Management Team**

Ms. Brenda FitzGerald, Chief Executive Officer

Dr. Anna Reid, Medical Director  
(until March 2015)

Dr. Bing Guthrie, Medical Director  
(starting March 2015)

Ms. Corinne Devitt, Chief Financial Officer  
(until October 2014)

Mr. David Keselman, Director, Patient Care  
Services, Ambulatory Care and  
Medical Affairs

Ms. Gloria Badari, Director, Corporate  
Services and Chief Financial Officer

Ms. Kathie Pender, Director, Patient Care  
Services (until August 2014)

### **Elder's Council**

Mr. Francois Paulette, Fort Smith Health  
and Social Services Authority (Chair)

Ms. Florence Barnaby, Sahtu Health  
and Social Services Authority

Mr. Gabriel Hardisty, Dehcho Health  
and Social Services Authority

Ms. Marie Adele Rabesca, Tlicho Community  
Services Agency

Ms. Mary Teya, Beaufort Delta Health  
and Social Services Authority

Mr. Pat Martel, Hay River Health and Social  
Services Authority

Mr. Robert Sayine, Yellowknife Health  
and Social Services Authority

### **Stanton Advisory Committee**

Mr. Joe Handley, Public Administrator,  
Stanton Territorial Health Authority (Chair)

Ms. Brenda Johnson, Chairperson, Fort Smith  
Health and Social Services Authority

Mr. Danny Bayha, Chairperson, Sahtu Health  
and Social Services Authority

Ms. Elizabeth Wyman, Chairperson,  
Yellowknife Health and Social Services  
Authority

Mr. Jim Antoine, Public Administrator,  
Dehcho Health and Social Services Authority

Mr. Michael Maher, Public Administrator,  
Hay River Health and Social Services Authority

Mr. Peter Clarkson, Public Administrator,  
Beaufort Delta Health and Social Services  
Authority

Mr. Ted Blondin, Chairperson, Tlicho  
Community Services Agency



## STANTON TERRITORIAL HOSPITAL FOUNDATION

The Stanton Territorial Hospital Foundation (the Foundation) is dedicated to raising funds to enhance patient care and equipment at the Stanton Territorial Hospital. Since the Foundation was established in 1997, thousands of lives have been touched by the generosity of donors. As this outpouring of financial support continues, the ability to provide quality healthcare with state of the art equipment is constantly improving at Stanton Territorial Hospital (the Hospital) for individuals that require services from all over the Northwest Territories and the Kitikmeot region of Nunavut. The Foundation works in close partnership with the Hospital to enhance patient care relying on the Hospital to identify equipment, specialized furniture, program support, and other areas which otherwise could not be covered within their budget.

Highlights of donations received by the Foundation 2014-15 and what the funds are being used for are as follows:

### 1 \$180,000 from Northwestel combined cash and in-kind over three years

In October 2014, Northwestel presented a cheque for \$180,000. The donation, made up of cash and value-in-kind will be distributed over the next three years as the title sponsor of the Foundation's annual Christmas Gala; the Northwestel Festival of Giving, to support the Hospital's mental health services and other projects.



### 2 \$125,203.88 from the Annual Christmas Catalogue and Northwestel Festival of Giving

During the Christmas season, an annual Christmas Catalogue is developed in consultation with the Hospital. Items purchased from the kindness of donations made from the Christmas Catalogue and the Christmas Gala includes:

- Shoulder Arthroscopy equipment (\$55,000)
- Child Development Team: resource books
- Occupational Therapy: bolster swing, beano swing, oral motor development package, and weighted equipment bundle
- Speech Language Pathology package
- Extended Care Unit: leather chairs, sofa bed, and recliners (x3)
- Medicine Unit: mattress overlays
- Diagnostic Imaging: lead apron and merril's guide (x2)
- Lab: chair
- Medical Clinic: swivel stools (x3), child table and two chairs, bariatric scale, and waiting room TV
- Obstetrics: rocking chairs (x3), and thermometers (x2)
- Emergency Unit: iPad and high back patient chairs (x8)

### 3 \$20,000 from TELUS

In June 2014, TELUS presented a cheque for \$20,000 allowing for the purchase of a Cardio/Respiratory Portable Monitor for the Obstetrics Unit. Over 600 babies are born at the Hospital each year, making the Obstetrics Unit one of the busiest units in our Hospital. The Cardio/Respiratory Portable Monitor is needed when babies are having issues breathing or an irregular heartbeat. The device monitors their vital signs and staff can see when the patient is stabilizing or if something is getting worse.



### 4 \$37,499 from CIBC Run for Our Lives

Since 2005, the Foundation has hosted an annual event known as the CIBC Run for Our Lives. Since its inception, CIBC has kindly been the title sponsor. Many other very generous local businesses, clubs, organizations and individuals have stepped up to donate and volunteer time to make this very successful event possible. Individual CIBC Run for Our Lives events were held in Yellowknife, Hay River, Inuvik, Norman Wells and Fort Simpson. The funding raised is used to support breast health initiatives such as the Cancer Patient Care Coordinator program at the Hospital.

### 5 \$36,491.85 from other incredible donations

These include:

- \$5,043 from the Sikh community of Yellowknife
- \$1,359.85 Clark Builders donation
- \$7,245 Cheryl Wourms (Head Shaving for Cancer)
- \$4,189 from the Tree of Life Campaign through Shoppers Drug Mart
- \$5,120 from Northland Utilities EPIC (Employees Participating in Communities) campaign
- \$8,700 from NJ Macpherson School fundraiser
- \$4,835 from the Yellowknife Racquet Club Spin-a-thon Success

These funds were used to contribute to medical equipment such as an ocular imager, and cystoscopes.

For more information on the Stanton Territorial Hospital Foundation, including current projects, upcoming special events and information on how to donate, please visit: [www.stantonfoundation.ca](http://www.stantonfoundation.ca), call (867) 669-7289 or follow us on Facebook or Twitter.



Effective  
Partnerships  
and  
Relationships

 2014 LONG SERVICE AWARD RECIPIENTS

## Five Years

Michael Arbuckle  
Jennifer Bellamy  
Florence Brown  
Karen Brown  
Lynn Cheverie  
Cathy Chinna  
Tammy Connors  
Zabrina Deans  
Joleen Doering  
Charlene Doyle  
Amber Ferrie  
Kimberly Gillingham  
Bobby Gon  
Elizabeth Hadlington  
Lynda Healy  
Holly Hilton  
Ciara Jensen  
Pat Knutson  
Douglas Lansdown  
April Lau  
Fraser Lennie  
Lesia Lucan  
Karen Ludlow  
Jennifer MacPherson  
Cheryl Messier  
Desiree Munro  
Grace Neyelle  
Leanne Niziol  
Kathie Pender  
David Phypers  
Shawn Roper  
Maureen Stauffer  
Cindy Stoodley  
Janina Tyne  
Stephanie Weatherby  
Anna Williams  
Heather Williams

## Ten Years

Sandra Baker  
Paula Bauhaus  
Bovina Beaudoin  
Maria Breadmore  
Violet Collinson  
Bradley Brown  
Sherry Connors  
Joyce Desjarlais  
Gail Elder  
Christine Fuentes  
Deborah Gonnevillie  
Colleen Greig  
Angela Heron  
Darlene Hodder  
Maggie Lafferty  
Ruth MacNaughton  
Tracy Matesic  
Krishnaveni Naidoo  
Trina Rose  
Eric Silverio  
Carla Skauge  
Heather Webb

## Fifteen Years

Chris Koe  
Lori Lee  
Nancy Othmer  
Jan Vallillee  
Angela Watson  
Cherri Delmage  
Kerry Egan

## Twenty Years

Erin Allum  
Barb Beaton  
Sheila Laity  
Bonnita Lynch  
Vicky McKay  
Janie Neudorf  
Jim Sosiak  
Sandra Thomson

## Twenty-Five Years

Ray Hussey  
Sandra Huszar  
Steve Schaub

## Thirty Years

Bente Brisley  
Virginia Craig  
John Lavoie

## Thirty-Five Years

Martha Codner  
Melody Nikiforow-Tkakchuk



**STANTON  
TERRITORIAL  
HEALTH  
AUTHORITY**

Your Hospital. Our Story.

STANTON TERRITORIAL HEALTH AUTHORITY 2014/2015 ANNUAL REPORT

STANTON TERRITORIAL HEALTH AUTHORITY ■ 550 BYRNE ROAD PO BOX 10, YELLOWKNIFE NT X1A 2N1 ■ (867) 669-4111