Yukon Legislative Assembly

Number 65	3rd Session	34th Legislature

BLUES

Thursday, November 19, 2020 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

NOTE

This document, referred to as the “Blues”, is the preliminary issue of the Hansard of the Yukon Legislative Assembly and has not been edited fully. It may be used as a reference only with the understanding that it will be superseded by the final, edited version, entitled “Hansard”, at a later time.

Yukon Legislative Assembly
Whitehorse, Yukon
Thursday, November 19, 2020 — 1:00 p.m.

Speaker: I will now call the House to order.
We will proceed at this time with prayers.

Prayers

In recognition of National Child Day

Speaker: Before the Chair provides comments on National Child Day, I would like to take this opportunity to introduce and greet the Child and Youth Advocate Office staff, who, I am advised, are listening today via radio in order to comply with their own office's COVID-19 distancing measures. We have Annette King, the Child and Youth Advocate, Bengie Clethero, Lynda Silverfox, Rachel Veinott-McKeough, Julia Milnes, and Christopher Tse.

National Child Day is tomorrow, November 20. On November 20, 1989, the United Nations Convention on the Rights of the Child, the UNCRC, was adopted by the United Nations General Assembly. Canada ratified the UNCRC two years later, in December 1991. The convention is the most widely ratified human rights treaty in history.

National Child Day recognizes this historic commitment to the world's children. All governments carry the responsibility and are obligated to uphold children's rights. There are 42 rights outlined in the convention that focus on non-discrimination, survival and development, consideration of the best interests of the child, and participation of children in the decisions that affect them. Every child has a right to be protected from harm, be provided with the provisions to develop to their full potential, and be given the opportunity to be active participants in their lives.

This day provides an opportunity to celebrate the power of youth's voices and the actions of those who work to promote the realization of children's rights.

In 2009, the Yukon government passed the *Child and Youth Advocate Act*. Since that time, the advocate has addressed over 1,000 advocacy issues for over 600 children and youth to ensure that their rights under the UNCRC are fully upheld. These children and youth learn that they have rights through the advocate's office and that their view is important and matters. They are encouraged to have a say, show empowerment, and engage in the process.

This year, the advocate's office launched new online training on children's rights and the role of their office that is available to all Yukon government departments as well as to the public.

On October 1, 2020, the Senate of Canada introduced Bill S-210, *An Act to establish the Office of the Commissioner for Children and Youth in Canada*, to legislate a national voice that ensures the rights and interests of children and youth.

The Yukon Child and Youth Advocate Office has brought to my attention one particular Yukon youth who has exemplified youth participation at a local level. Max Zimmermann is a 16-year-old student from F.H. Collins who is passionate about social justice and journalism. In addition to his studies and his part-time job, Max has taken action by participating in the following: a project installing receptacles at Yukon lakes for discarded fishing lines, volunteering as a basketball coach, being an active member of the F.H. Collins social justice club, and working with the Yukon Child and Youth Advocate Office hosting the video series entitled *Global Action Local Voices*, which focuses on the voices of local youth, highlighting a different article from the UNCRC every episode.

Max's work demonstrates the impact youth can have on the promotion of children's rights. Today we urge all Yukoners to look at how to enhance the implementation of children's rights in policy and practice and to create space for children and youth to share their views as part of decision-making processes.

When children and youth are heard, they feel empowered, and that can have a positive and lasting impact for generations to come.

Applause

Speaker: We will proceed at this time with the Order Paper.

DAILY ROUTINE

Speaker: Introduction of visitors.
Tributes.

TRIBUTES

In recognition of Transgender Awareness Week and Transgender Day of Remembrance

Hon. Ms. McLean: I'm honoured to rise today on behalf of our Yukon Liberal government in tribute to Transgender Awareness Week and Transgender Day of Remembrance.

November 20 marks a day to honour, remember, and mourn trans and gender-diverse individuals who we have lost to anti-trans violence. Transgender Day of Remembrance was started in 1999 by transgender advocate Gwendolyn Ann Smith as a vigil to honour the memory of Rita Hester, a transgender woman who was murdered in her Boston apartment — in her own home, Mr. Speaker — for simply being herself. The violence and discrimination that trans folks face is pervasive in our culture and has sadly become too normalized.

Research states that LGBTQ2S+ people experience violence at a much higher rate than cisgender or heterosexual people. Furthermore, compared to heterosexual or cisgender populations, those who are transgender have been found to be more likely to report poor mental health.

All of this violence is well known, deeply felt, and too often a personally experienced reality for transgender people in our lives. This is something that our trans children, coworkers, and neighbours deal with regularly. Dru Levasseur, director of transgender rights projects, states — and I quote: "Transgender people are often the most visible and therefore most marginalized part of our LGBT community, particularly those individuals who face multiple oppressions of class and race … These individuals are on the front lines, fighting for everyone's

rights — gay, lesbian, bisexual, straight — to be free from harmful gender stereotypes and to define one's own personal sense of self and expression of that self."

Trans rights are human rights, Mr. Speaker. Trans folks still live in a world where they experience violence and anti-trans aggressions in their daily lives.

Previously when I did tributes, I talked about numbers. I looked at a website last night, and there was a report called *Not just a number*, encouraging folks not to refer to trans folks who have died because of violence in numbers, so I am not talking about numbers today. What I did do is read through the pages and pages of people who have died in the last year — just since the last time we did this tribute. It is staggering. What stood out the most to me when I read those profiles is the age — 20s, early 30s. It was really devastating to read that and to think about all of the families and folks who have been left behind.

There is much to celebrate within the trans community. Their resiliency, bravery, and strength are also something to note, Mr. Speaker. We all need to make sure that the only consistent time that we talk about trans Yukoners is not to reflect it in violence. Trans Yukoners are citizens just like each and every one of us. They are our neighbours, students, educators, and Yukoners. Organizations such as Queer Yukon, All Genders Yukon, and Trans Resource Yukon do so much to fight discrimination and build up a healthy Yukon community for everyone.

This upcoming month, Queer Yukon and All Genders Yukon will be hosting an online community conversation about the upcoming Yukon pride centre. They are looking for LGBTQ2S+ Yukoners to share their voice for the collective vision of the centre.

I'm excited to see a physical space in which LGBTQ2S+ Yukoners can have a safe place to gather, connect, and find supports. I urge all Yukoners to take the time today to educate yourself on gender identity, gender expression, transphobia, and many barriers that trans people are still faced with. Utilize this knowledge to support your friends, your family, and to become an ally in our community.

I'm optimistic for the future, a future in which trans folks are free to be able to dress, speak, and behave how they want and to be free of judgment, harassment, and violence.

Mr. Istchenko: I rise on behalf of the Yukon Party Official Opposition to recognize November 20 as the Transgender Day of Remembrance, a national day of mourning that recognizes, honours, and memorializes two-spirit and trans people who have lost their lives in anti-trans violence.

This important day takes place annually on the day following the Transgender Awareness Week. During the week leading up to the Transgender Day of Remembrance, organizations, transgender individuals, and allies share stories and work to educate the public on the many issues of discrimination, violence, and prejudice faced by the transgender community and quite often by other members of the LGBTQ2S+ community.

In 1998, a woman was killed in Boston, Massachusetts two days before her 35th birthday. She was an African American, and she was transgender. She was also a loving daughter, sister, aunt, and friend. Her name was Rita Hester. Her death sparked this legacy of remembrance for transgender individuals lost to transphobic violence.

Chastity Bowick, executive director of the Transgender Emergency Fund of Massachusetts, is an advocate for transgender women in Boston, and she said that what happened to Rita Hester could happen to any of them. She said — and I quote: "We want her to be looking down at us smiling, we want her legacy to move on and to mean something, we don't want her death to go in vain." Rita Hester's legacy continues to provide hope for transgender individuals around the world.

With education, there is hope that there will be an end to the discrimination, harassment, and bullying and to the violence. We do have policies in place to ensure that bullying, violence, and harassment, not only against the LGBTQ community, but in any manner, against any person, is not tolerated in our schools. Our kids deserve to go to school in a safe, secure, respectful environment.

So, thank you — I want say a big thank you and put a shout-out to the staff and students of Porter Creek Secondary School not only for the creation of the school's Rainbow Room — a safe place for all students — but for spreading awareness throughout the entire school and throughout the community. I would like to thank those groups and organizations here in the Yukon that take on the role of advocate, educator, and support network. Queer Yukon as well as gender and sexuality alliances in the Yukon continue to make giant leaps for the LGBTQ2S+ community.

I also want to thank them for everything that they do. Please stay humble and kind.

Applause

Ms. White: I rise on behalf of the Yukon NDP to mark tomorrow as the Transgender Day of Remembrance. We remember those beautiful humans across the globe and here in Canada who are known to have lost their lives due to violence based on fear, hate, and ignorance — transphobia.

We honour the lives that have been stolen, and we fight to keep their spirit and memory alive. We celebrate trans men and trans women. We celebrate those who are gender non-conforming and those who are bi-gender and those who are agender.

We celebrate the knowledge that you are of different ethnicities and racial backgrounds, that you exist in all shapes and sizes, that your gender presentations vary, your identities are fluid, your expressions are individual, and that your stories and experiences are uniquely your own but that you are all beautiful.

We celebrate your phenomenal strength and resiliency. We believe that your beauty and your truth deserve to be visible and shared with the world. There continues to be an amazing surge in the visibility of our trans and gender non-conforming community members, and this is overwhelmingly because of the courage of countless transgender men and women and their allies who have worked and continue to work to raise awareness, speak out, and live authentically as who they are.

Whenever any trans or gender non-conforming community member claims visibility, our communities are stronger for it. Whenever any trans or gender non-conforming community member or their allies speaks up in the face of prejudice, that act of courage helps to change our world for the better.

So, it's our job as allies to listen, to educate those around us, and to stand beside, behind, or in front of our transgender friends as they need us.

We thank those in our very own community who continue to push and advocate for what is right and just, because we all know that trans rights are human rights. We will stand with you as allies, knowing that you matter and that the world is a better and richer place with you in it.

So, there's a poem or a prayer by B. Herbert, a trans person of colour, written for Transgender Remembrance Day that really resonated with me when I first saw it. So, I'm going to leave you with this thought:

On this November 20th,

Be tender, with those who are mourning.

Be attentive, to those who feel unsafe.

Be encouraging, to those who are revealing their truth.

Be prepared, to be led into the possibilities for tomorrow by those who tomorrow wasn't built for.

Applause

Speaker: Are there any returns or documents for tabling?

Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

Mr. Gallina: I rise to give notice of the following motion:

THAT this House recognizes that, with the appointment of Madam Justice Karen Wenckebach, Yukon now has its first all-female Supreme Court bench.

Ms. Hanson: I rise to give notice of the following motion:

THAT the Yukon chief medical officer of health appear as a witness in Committee of the Whole prior to December 18, 2020.

Mr. Adel: I rise to give notice of the following motion:

THAT this House supports, using identified savings from current health programs, investing additional resources to move from a focus on acute medical care to a primary-care based population health model with upstream investments in prevention to improve outcomes and ensure the long-term sustainability of health and social service systems.

Ms. White: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to ensure that the national COVID-19 exposure notification application is registered in Yukon and made available to Yukon citizens who wish to download it.

Speaker: Are there any further notices of motions?

Is there a statement by a minister?

MINISTERIAL STATEMENT

Eliza Building

Hon. Ms. Frost: Drin gwiinzii. Good afternoon. We all know that affordable housing is an issue for many Yukoners. This is always on our minds — on a daily basis, in fact. We are pleased to see the uptake of the municipal matching rental construction program — an incentive to develop affordable market rental units in Whitehorse and in our rural Yukon communities. The municipal matching rental construction grant has supported several new projects in Dawson City since 2017. The Klondike Development Organization has built two eightplexes in the community, providing homes for more than a dozen people in Dawson City.

Today, I am proud to highlight another community project in Dawson City — the Eliza Building. This 14-unit building was built last year and has been officially opened for tenants. Built by the Chief Isaac Group of Companies, this project is a great partnership to find solutions to affordable housing. It was built through the community partnership of the Tr'ondëk Hwëch'in government, the Tr'ondëk Hwëch'in Trust, the Klondike Development Organization, the City of Dawson, the Canada Mortgage and Housing Corporation, and the Yukon Housing Corporation.

The building is named after Eliza Isaac, the wife of Chief Isaac. Eliza was born around 1875, and she raised her family in Moosehide. At the opening of the Eliza Building, her descendants noted that it was always important for Eliza that everyone had a warm place for themselves to call home. The building includes a mix of bachelor, one-bedroom, and two-bedroom apartments, as well as one commercial space. Nine of the 13 residential units will be maintained as affordable housing.

The Eliza Building was designed and constructed by Yukon firms and is managed by the Chief Isaac Group of Companies. The Yukon Housing Corporation supported this project through the affordable housing rental construction grant as well as a municipal matching rental construction grant. These programs support the ongoing efforts to achieve the goals of the housing action plan for Yukon with our partners across the territory, including increasing the availability of affordable market rental housing.

In addition to federal, territorial, and municipal government support, working side by side with the Tr'ondëk Hwëch'in First Nation and the Chief Isaac Group of Companies was crucial to building local solutions and increasing affordable housing in Dawson City.

I am pleased to rise today to honour the Eliza Building. The building is now providing homes to 13 individuals and families in Dawson City. I believe that we can all agree that this was important to Eliza Isaac. As it was important to her then, it's

important to us today. This government will continue to work in partnership to create warm places for Yukoners to call home.

Mahsi' cho.

Mr. Hassard: Thank you for the opportunity to rise today to speak to this ministerial statement about a building that opened 11 months ago.

We congratulate the Chief Isaac Group of Companies for building this and, of course, all of the partners who played a role in this great project. Housing is an important issue, so the measures to help alleviate demands for housing and to ensure that people have a warm place to stay are supported by the Yukon Party.

This is a good project and one that we support. We are happy that it opened successfully 11 months ago but, Mr. Speaker, in the last 24 hours, there have been significant developments with respect to the COVID-19 pandemic as it relates to public health and the government's response here in Yukon. These developments are having and will have major impacts on Yukoners. Our offices — and I'm sure the government's offices as well — have received dozens of phone calls, texts, and e-mails in the past 16 hours asking questions about what this means and seeking clarity.

When the government notified us this morning that the Minister of Health and Social Services would be making a ministerial statement, we hoped that this was going to be an update on the government's response to the pandemic, actions that are being taken at our airports and borders to protect public health, measures being implemented at the hospital to minimize disruptions to surgeries and medical travel — things like that.

Again, I am thankful for the minister updating us on this important housing project that was completed, as I said, 11 months ago. We are supportive of the project but had hoped for an update from the Minister of Health and Social Services on the government's pandemic response.

Ms. White: I consider myself an optimist, Mr. Speaker — a cheerleader. Encouraging and celebrating the successes of others comes naturally to me. As we are often reminded by ministers in responses to questions in this House, whenever we turn on the news or look anywhere outside of ourselves, the world as we knew it is different. We are indeed living in unprecedented times, and there indeed is a world pandemic.

It is easy to cheer for the work done by the Chief Isaac Group of Companies, the Tr'ondëk Hwëch'in government, and the community of Dawson City as they tackle the issues of affordable housing in their community. I am sure that the folks who moved into the Eliza Building nearly a year ago are equally proud of the work done by their community. There was a lot to celebrate, and celebrate we did in December 2019. But what about the folks in Dawson City who today are still dealing with housing insecurity and affordability issues, or those in any other Yukon community facing similar issues? What about the hundreds of people who are desperate to access housing that they can afford and continue to sit on government wait-lists? What part of today's ministerial statement is meant to bring hope to all of these people?

Today wasn't about announcing a new project that will be built or a housing complex that will be opening its doors in the near future to the relief of those waiting for the safety of a home. When people are living with the stress and the weight of something that they have never experienced before, coupled with housing insecurity, they need to know that their government is taking concrete steps right now to support them.

They don't want to hear about projects that the government has supported in the past and that have opened and are already fully occupied. They want to know when the new Jeckell Street complex will open. They want to know when — after, in some cases, having spent years on a government wait-list — they will be offered a place to live.

Today, I'm finding it impossible to be optimistic about a statement that echoes a press release published on the government's website on January 28 of this year, just 10 days shy of 10 months ago. Folks living with housing insecurity are looking for hope and light in the darkness, but sadly, they won't find it with today's ministerial statement — but maybe they will be lucky and will be able to find it with the minister's closing response.

Hon. Ms. Frost: Thank you for the opportunity to speak about the accomplishments and the success of many projects across Yukon. The member opposite has just now raised a question with respect to COVID-19. I would advise the individual, Yukoners, and the Official Opposition to please refer to yukon.ca. The most up-to-date information is on that site. The Premier and the chief medical officer of health did a press conference this morning with very current and active information, as it comes available. I would bring us back to the purpose of the ministerial statement.

The project, like the Dawson City Eliza Building, is an excellent example of how Yukon communities as a whole can come together to develop appropriate and affordable rental housing solutions for Yukoners. Our government continues to engage in this collaborative effort to address housing needs and increase the availability of affordable housing in communities across the Yukon.

We are proud to support an increase in affordable housing options in Yukon communities through the Yukon Housing Corporation's programs. Earlier this week, we launched the fourth intake of the housing initiative program. Applications for this annual fund are now open. Over the past three years, the housing initiative fund has contributed to over 350 new affordable homes.

The Member for Takhini-Kopper King said, in her most recent comments — "hope" for Yukoners. That's our objective, to give Yukoners perspective and to let Yukoners know that we have brought over 600 units across the territory by initiatives like this, in partnership with First Nations, in partnership with our corporations, and using the resources that are available to us.

I would go on to provide a little more clarity with respect to the launch of the Canada Housing benefit. We've provided further incentives there. This household benefit program is geared to helping low- to moderate-income Yukoners in rental

housing who cannot afford rent or a home that meets their needs.

Depending on their household income and the size of family, applicants can receive $200, $400, $600, or $800 per month. This can make a significant difference in a person's life. We know that Yukon's housing needs are multi-faceted, and we are working on a wide range of initiatives to support Yukoners to access affordable places to call home. This includes supporting the building of rental housing units, providing rent supplements, and increasing the availability of lots across the territory.

I know that my colleagues have more to say about new lots coming soon. Our government continues to work with our community and government partners to achieve the goals of the housing action plan for Yukoners, the national housing strategy, and the Safe at Home plan, which is also following the recommendations of the *Putting People First* report and the plan to support Yukoners to have homes that meet their needs and that they can afford.

As I stated earlier, it is always paramount, and it always has been, for Yukon communities to have the resources that they have sorely been lacking by the previous government, and we intend to provide the supports and ensure that communities are well-supported as they look at their shortages in housing. We will continue to put the resources out through our initiatives like this project.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: COVID-19 pandemic self-isolation requirements

Mr. Istchenko: The closure of Yukon borders has impacted travel plans for many Yukon residents, Mr. Speaker.

Our offices have received dozens of calls, text messages, and e-mails in the past 16 hours from Yukoners who are currently in British Columbia and are affected by cancelled flights and delayed returns for up to a week. This could mean two or three additional weeks away from work, which, of course, was not planned for when they left. This will have impacts on wages, workplaces, and, of course, families.

So, are there any alternatives available for those individuals who are stuck in BC right now, or are there any relief measures that the government is considering for them?

Hon. Mr. Streicker: Thanks for the opportunity to rise. It's true that we — even here in the House yesterday, the members opposite were asking for more border controls. We have been working to increase those resources.

We did state, based on questions here and on hearing feedback from Yukoners across the territory, that we were looking at the relationship with our border controls with BC, Nunavut, and NWT.

Yesterday, we got advice from the chief medical officer of health. He gave us very clear advice. He suggested that we rescind the bubble. We heard from British Columbia — the Premier spoke with Premier Horgan, who said that they as well were closing down travel within BC. We took the decision to end the travel bubble, and we will work to support all Yukoners as they return home.

They are all welcome home. What they must now do, if they arrive after 5:00 p.m. tomorrow, is to self-isolate for two weeks to keep all of Yukon safe.

Mr. Istchenko: I was hoping to get a little bit more information on those supports that the minister spoke about.

So, with the holiday season a month away, many Yukon students have tickets booked to come home from jurisdictions across the country, including British Columbia. Many Yukoners have also made plans to have friends, family, and loved ones who live in British Columbia visit for Christmas. This is another issue that we have received dozens of calls, e-mails, and texts about this morning.

What will the requirements be for students and family who are returning for Christmas?

Hon. Mr. Streicker: The members opposite and all Yukoners may have heard Dr. Hanley talking about this. We've been in conversation for some time about how to help inform Yukoners — if they wish to return home, how to do so safely. Those Yukoners can return home. As I just mentioned, they are able to do so.

But for now, in order to keep all Yukoners safe, what we require is that, if they return home after 5:00 p.m. tomorrow, they will self-isolate for two weeks. If, of course, the family household wishes to self-isolate together, that is totally fine, but then the household must self-isolate as a unit. We are working to get messaging out to Yukoners.

This happened, as I said, yesterday evening. We took the decision at the end of the legislative session here. I understand that the Premier reached out to the parties opposite. I, and other colleagues, reached out to municipalities and First Nations and talked to those councils to explain the situation. I can say, based on the several calls that I had, that all of our communities support this decision. We will work together as a territory to make sure that, as students come home, they do so safely.

Mr. Istchenko: I thank the minister for that. We on this side do understand the requirements, but there have been plans made by many Yukoners to have students, friends, or family who are coming home to visit for the holidays. So, we are just wondering if the government is maybe looking at some other options. Will the government look at maybe rapid testing or more testing to alleviate the length of quarantine time for those individuals?

Hon. Mr. Silver: Thank you to the member opposite for the opportunity to speak today.

As the member opposite knows, we don't make these decisions lightly. We take a lot of things into consideration. I want to make a shout-out to Dr. Hanley and all the chief medical officers of health right across the nation for working tirelessly to track the virus, to give us the most up-to-date information about the different spread in different regions — to which we make our policy decisions.

I appreciate the question from the member opposite when it comes to rapid testing. This is something that we are very interested in. The technology has come a long way. We were talking with Dr. Hanley as well. This is something that we are

spending a lot of information and time on. I don't have anything new to update the member opposite on. However, this is an extremely important part of the full gamut of responses that jurisdictions can do to not only trace the virus, but also ultimately to protect our citizens in Canada — in the Yukon as well — as effectively as possible while at the same time having as limited restrictions as we possibly can.

It is something that this government is taking very seriously. We have been in on the conversations through health but also through the Council of the Federation calls and the calls with the Prime Minister as well — whether it is on the app, as we heard in a motion today, or on rapid testing.

But here is the good news in Yukon: Our ability to trace has been impeccable, and I want to give a shout-out to the medical community for their ability to keep us very safe through the tracing abilities.

Question re: COVID-19 pandemic — Yukon highway border enforcement

Mr. Hassard: So, on September 30, the government announced that they were switching our borders from being staffed 24 hours a day to only being staffed from 9:00 a.m. to 6:00 p.m. So, given the rising cases throughout the rest of Canada and the closure of the BC bubble, will the government reverse this decision and return to staffing the border 24 hours a day?

Hon. Mr. Streicker: As we stated several times here, the work at the border is, at all times, to keep Yukoners safe. Again, thank you to the Liard First Nation for taking over the lead on that work. I talked with the chief this morning. We are sending additional resources down. I would like to thank the Minister of Environment for releasing some of her conservation officers. So, we will work in conjunction.

I'm not able to say today exactly the number of hours, because I think we will increase resources and monitor the situation. What I want to say to Yukoners is that we feel confident that the border is safe, and we will do our best to make sure that it continues to be so. I spoke last night with Minister Farnworth of British Columbia, and he indicated to me that the real concentration of cases is from south of the Fraser River. It's not so much the vehicle traffic; it's more those who are flying from the Lower Mainland, which is where BC had identified its concerns.

We will do our best. That's exactly why we changed the rules for tomorrow. It's to keep Yukoners safe. I thank the member for the question.

Mr. Hassard: On Monday, when we asked the minister what measures are in place to ensure compliance with public health rules for people entering the territory outside of business hours, in response, the minister incorrectly stated — and I quote: "We have put in place measures to consider after hours — for example, video cameras and CEMA enforcement officers coming forward to do random checkstops in the evenings."

As a result of the minister's statement, several media outlets reported that the government had put in place measures such as video cameras and random checkstops. Now it turns out that this is not the case. When will the minister return to 24-hour staffing at these borders?

Hon. Mr. Streicker: It seems unfortunate that we're hanging up on a word. I will say again now, for the fourth time in this Legislature — when I heard one media outlet get that wrong, I reached out to that media outlet to help to make sure that we got it right.

We are working to keep that border safe and are considering those other actions to add more hours. I just stood up moments ago and said that we are putting more officers down there — peace officers, CEMA enforcement folks — to extend those hours. We will keep a look on it.

I want to say to Yukoners that this is not where the big risk is, because it's usually transport trucks that are coming through in the night, and they are critical. We have a CEMA enforcement regime. I would like to thank them for the work that they have been doing.

Out of the 1,000 or so concerns and complaints that we have received, about 85 percent of them turn out to just be — we are helping those people with their concerns to understand that there really is nothing that's going wrong. Fifteen percent of the time or so, there is something that's going wrong. We correct almost all of those immediately through education, but two percent of the time, we've handed out tickets and will continue to keep Yukoners safe.

Mr. Hassard: I will just remind the minister that this is his exact quote from Hansard, so he can deny saying it all he wants, but that is what he said. It is actually part of an official record here in the Legislature.

As I pointed out, because the minister said it, media outlets reported that the government had put in place these measures. As a direct result of what the minister stated in this House, incorrect information about how the government is responding to the pandemic was widely shared with Yukoners. This minister is in charge of keeping our borders safe, and I encourage him to ensure that he shares accurate information going forward.

As we discussed, the government reduced the time our borders were staffed from 24 hours a day to business hours. This honour-system based approach no longer seems appropriate considering we just ended the BC bubble, with cases surging outside of the territory. Again, when will the minister return to borders that are staffed 24 hours a day?

Hon. Mr. Streicker: Mr. Speaker, what I said was that we are considering it. That is what I said previously and is correct. The member is correct — that is what I said here in this Legislature. I will do my best to help the media. I will also say that, just moments ago, I said that we have moved beyond that consideration to action. What I said was that we are sending additional officers down. I spoke this morning with the Chief of the Liard First Nation to indicate to him that we were sending those staff down and he said, "Thank you."

We are working with the Liard First Nation. We will continue to work to make sure that Yukon borders are safe. I would like to thank all those people from the Liard First Nation from our own staff — from Environment, from Energy, Mines and Resources, and from Tourism and Culture — who have

worked to keep Yukoners safe. Thank you to them. We will continue to do that.

Question re: COVID-19 pandemic self-isolation requirements

Ms. White: Outside construction companies often bring in workers for projects in Yukon. These construction sites can be a blend of local subcontractors and out-of-territory workers. The use of Outside workers raises questions, but even more so now during a pandemic. Yukon workers and contractors have raised concerns about recent changes that allow workers from outside of the territory to work on sites while still self-isolating. Local workers are concerned about potential exposure to COVID-19 on their work sites.

What is required from companies supervising construction projects to ensure safety for all workers on a job site?

Hon. Mr. Streicker: What's being referred to here is what is called "alternative self-isolation plans".

They've been available since we hit phase 3 and possibly even before — I'll have to check. What happens is a general contractor will submit a plan where they say they believe that someone coming in can work separately from other workers in such a way as to allow work activity to take place while self-isolating. That plan is given to the chief medical officer of health's office to review. It then comes to my office to review. It's considered and then we issue either an approval or a denial based on that application. We work at all times to make sure that those job sites are safe.

We seek to follow up to make sure that the work is carried out according to that plan. That's the process that's in place which I've spoken about here in the Legislature previously.

Ms. White: We've heard from local contractors working on a Whitehorse project that workers from Manitoba are being flown in next week to work on a project without having to self-isolate for 14 days. Manitoba has the highest rate of active cases in the country. The company overseeing the project is a company from outside the territory. Yukon contractors and workers are not feeling safe. In fact, the company obtained permission to have out-of-territory workers and Yukon workers on-site at the same time. It's only after local contractors refused this arrangement that schedules were modified to separate Yukon and out-of-territory workers on-site.

Can the minister explain why he would allow a company to bring in workers from Manitoba with the highest COVID rate per capita in the country to fly into Whitehorse to work on a construction project during a global pandemic without needing to self-isolate for 14 days prior to going to the job site?

Hon. Mr. Streicker: There is no person who comes from Manitoba unless they are driving a truck to bring in food — a critical service provider that does not have to self-isolate. They do — all have to self-isolate. Workers who come to work on jobs — workers or people who come to visit family — whether they're from Manitoba, Saskatchewan, Ontario, Québec — they all are required to self-isolate.

What is approved from time to time — we've had 400 applications from what I recall at my last look; not all of them have been approved — they can apply for an alternative self-isolation, indicating that they self-isolate, but they can do so on the job site if they prove and can carry that out in such a way as to keep it safe and separate. That is what was applied for. I'm happy to talk about that, but what I really want to establish here — it's so important — everybody is self-isolating.

Ms. White: It's important to understand the difference between critical workers and essential workers here. Critical workers, like health care workers, don't have to self-isolate. Essential workers — which is what we're talking about here when we talk about construction workers — have to self-isolate for 14 days when they come into Yukon unless of course their employer gets an exemption from the minister.

So, here we have an Alberta company that is bringing in carpenters from Manitoba, instead of hiring Yukon workers, and then putting Yukon citizens at risk.

Can the minister explain why he permitted the alternative self-isolation plan when Manitoba is experiencing the highest rate of active cases in the country?

Hon. Mr. Streicker: Mr. Speaker, what I will do is stand up and say that I have not approved any exemption. There is no exemption. There are alternative self-isolations, meaning that all those people will self-isolate.

Somehow, I'm just not making myself clear, and I'm sorry for that. I am trying to say explicitly to all Yukoners and to the members opposite, all those folks from Manitoba — all those essential workers are self-isolating. Whether that is someone who comes up to visit a dying loved one and asks for the ability to see them outside of self-isolation — we work with the chief medical officer of health to find a way to allow that to happen, as long as it can be done safely and that self-isolation happens.

If there are jobs where people are wanting to continue those jobs — and I'm not going to pick on Manitoba versus Alberta. What I'm going to say is, if they came from outside of our bubble, they are required to put in an application and to show a plan to ensure that they can self-isolate safely.

I know that we alert the Workers' Compensation Board to make sure that, when they check on those job sites, they're doing so safely.

Question re: COVID-19 pandemic self-isolation requirements

Ms. White: These workers will be isolating on an active construction site where local contractors will still be working. Yukon contractors and their employees are understandably concerned that they're expected to work alongside workers from outside the Yukon who have not gone through the 14 days of self-isolation away from the job site.

We're all concerned about the skyrocketing numbers of citizens testing positive outside of Yukon, and those numbers only add to the stress for Yukoners having to work alongside co-workers who are working while self-isolating at the same time.

Who is monitoring work sites where the minister has approved exemptions, and how often do site visits happen to make sure that employers comply with COVID safety plans?

Hon. Mr. Streicker: I will have to check of the frequency of visits to job sites. I don't know that off the top of my head, but I will find that out.

I am going to give another example of where this happened. It was painting lines on a track. We brought in a specialist from New Brunswick to make sure that track could be up to the international standards. That was a government job, so we looked at it and we said, "Could that be done safely? Could the lines be painted safely while self-isolating?" The answer was yes.

By the way, I recused myself from that application. I believe that I asked my colleague, the Minister of Highways and Public Works, to consider that application because that is my responsibility. So, that answer came back as yes and it was done safely, and we checked to make sure that it could be done safely.

All right — if there is a subcontractor — I have talked to a few, and I have given my number. I have given them the covid19enforcement@gov.yk.ca and also the 1-800 number — 1-877-374-0425. Please, let one of us know and we will go and check to make sure that things are being done safely, because safety is our biggest priority during this pandemic.

Ms. White: Yukon contractors have made and continue to make extensive efforts to adapt to the COVID-19 pandemic. Some Outside contractors, on the other hand, don't seem to understand that COVID in the territories poses an even greater risk. The minister has allowed for alternative self-isolation plans on work sites, but what happens outside of work hours?

Is there any enforcement in place to ensure that people who are permitted to fly in and work under an alternative self-isolation plan are actually self-isolating while not on the work site?

Hon. Mr. Streicker: First of all, all of these guidelines have been developed by the chief medical officer of health's office to try to help everybody in the territory — those who are working on job sites, whether they are from one place or another — to make sure that they are safe. Here is the truth of it, Mr. Speaker: No matter what is happening — whether it is on a job site or whether you are at home — if you are self-isolating and you are breaking the rules — if someone knows about that, please let us know. We will do our best to go and enforce those rules, and we will sanction people if they are breaking them.

What I want to say is that, from our experience to date so far, most Yukoners and those coming here to work or visit in the Yukon have by and large lived by the rules, and I want to say, "Thank you." The work that they have been doing has allowed us to continue safely. Again, there are no exemptions. There are ultimate self-isolations. We look at them to ensure that they are done safely.

Ms. White: It is the minister who is the one who makes these decisions. I suggest that he should be willing to explain them and stop ducking behind the chief medical officer of health.

The application form for a company that wants to apply for an alternative self-isolation plan doesn't even mention off-site COVID safety measures. There is no mention whether or not the employer has an obligation to inform their workers of COVID safety measures once they leave the work site. How are these Outside workers supposed to get this information? Is their employer supposed to tell them, or are they expected to find out on their own?

Can the minister tell Yukoners whose responsibility it is to inform fly-in workers of their COVID safety obligations and responsibilities once they leave the work site?

Hon. Mr. Streicker: It is my responsibility for these alternative self-isolation exemptions. I take full responsibility.

I do ask the chief medical officer of health to give me a health opinion about whether the plans are safe or not. We do that each and every time. If the project belongs to a municipal government, we check with that municipal government. If it belongs to a First Nation government, we check with that First Nation government.

In each of these instances, when that person flies into the territory, they sign a declaration. That declaration lists their obligations about how they should self-isolate for 14 days. When they fill out the plan, the plan has how they will work over and above that, so there are already rules in place for off-site, and we, in our letter back to them, add several pages of alternative self-isolation rules.

I will table in the Legislature next week for everyone an example of what that looks like, both the declaration and examples of alternative self-isolation. Again, it is my job to review these and sign these off, and we will continue to keep the Yukon safe.

Question re: COVID-19 pandemic testing

Mr. Kent: With the recent increase in COVID-19 cases around the country, many jurisdictions are exploring ways to increase testing frequency and capacity. Our understanding is that, in the Yukon, testing is only available to people exhibiting symptoms. Can the Minister of Health and Social Services confirm that this is the case and inform Yukoners around the current testing parameters in the territory?

Hon. Ms. Frost: What I can say to the member opposite and can advise Yukoners is that, when we have a situation in our community, we work through the chief medical officer of health and the health advisory committee that has been established to identify protocols on testing.

Each situation, as it presents itself, is managed through that unit. With respect to testing and rapid testing, we have mobilized. I can safely say that, in situations that arise — Watson Lake, for example — we mobilize our rapid response team, bring them to the community, and ensure that tests are done as quickly as we can and are turned around.

From the time that a test was given in Watson Lake to the turnaround — 30 hours. Thirty hours is how quickly we can get these things done now.

I want to just advise Yukoners that the chief medical officer of health has gone out on a regular basis. We have our community health centres that will test individuals who display symptoms and are symptomatic. We ask you please to present yourself, and we will provide the supports. There are also other avenues, and I would be happy to respond to a second question.

Mr. Kent: I thank the minister for that response. In late September, the Yukon government announced that it was working with BC to offer either a mouth rinse or gargle test for children aged four to 19. Our understanding is that this test has been available for children in British Columbia since September 18.

Can the minister update us on whether or not this testing is available for Yukon children and, if not, when we might expect it?

Hon. Ms. Frost: With regard to testing for children, I don't have that in front of me, but I will endeavour to get that back to the member opposite. I will work with the office of the chief medical officer and the team to look at whether that's available or not in the Yukon, and I will certainly be happy to respond.

Mr. Kent: I thank the minister for that, and I'll look forward to hopefully getting that information as soon as possible, as I know that the standard test is intrusive enough for adults and, I think, that much more uncomfortable for children.

On November 10, the Government of Canada announced that it was purchasing 7.6 million rapid point-of-care COVID tests. According to that announcement, the Public Health Agency of Canada will deploy these tests to the provinces and territories and will provide support to help ramp up COVID-19 testing.

Now, I believe earlier on in Question Period today, the Premier mentioned that they didn't have anything new to update us on with respect to rapid testing, but then the minister earlier on in this series of questions said that there was a rapid-testing response deployed to Watson Lake.

My curiosity is: How many rapid tests did Yukon receive? When will they be available, and what will the policy be for Yukoners to access them?

Hon. Ms. Frost: In referring to the — I believe it's called the GeneXpert kit that is provided through the hospitals. That is how the rapid tests were done. Whether that's made available throughout the communities — it isn't. I want to just acknowledge that we have three of those in the Yukon in our hospitals, and we use them when we need to. In Watson Lake, we use this particular kit.

With respect to rapid testing throughout the Yukon, that certainly will be done under the direction of the chief medical officer of health. The information that was provided two weeks ago through Dr. Hanley and the recommendation around the mention of the testing methods for children — I will work with that office and get the information back to the Members of the Legislative Assembly.

Speaker: Sadly, the time for Question Period has now elapsed — although I'm sure the Member for Kluane had an excellent question.

We will now proceed to Orders of the Day.

ORDERS OF THE DAY

MOTIONS RESPECTING COMMITTEE REPORTS

Motion respecting Committee Reports No. 1

Clerk: Motion Respecting Committee Reports No. 1, standing in the name of Mr. Adel.

Speaker: It is moved by the Chair of the Standing Committee on Appointments to Major Government Boards and Committees:

THAT the Standing Committee on Appointments to Major Government Boards and Committees' 21st report, presented to the House on October 1, 2020, be concurred in; and

THAT the amendments to Standing Order 45(3.2)(a) recommended by the committee, adding to the list of entities for which the committee reviews nominations and recommends appointments, the Yukon Human Rights Panel of Adjudicators, be adopted.

Mr. Hutton: As chair of the Standing Committee on Appointments to Major Government Boards and Committees, it is my pleasure to move a motion for concurrence in the committee's 21st report. The purpose of the Standing Committee on Appointments to Major Government Boards and Committees is to review nominations and make recommendations on appointments to certain boards and committees.

The committee's orders of reference in Standing Order 45(3.2) identify nine major boards and committees and also include that the committee may review other appointments proposed by the Executive Council that are referred to it by the Executive Council.

The Human Rights Panel of Adjudicators is not one of the nine entities currently listed in Standing Order 45. Appointments to the Panel of Adjudicators have, however, been referred to the committee by Cabinet on several occasions since 2013.

On June 24, 2020, the committee met by video conference and agreed to recommend to the House that the Standing Orders be amended to include the review of nominations to the Yukon Human Rights Panel of Adjudicators in the committee's mandate. This change will provide clarity and avoid the need for a referral from the Executive Council each time there is a new appointment to be made to this particular panel.

The change being recommended does not change the process by which appointments are actually made. Pursuant to section 22(2) of the *Human Rights Act*, the members of the panel of adjudicators are appointed by the Legislative Assembly.

I would like to thank all members of the appointments committee for their work, and I hope the House will agree to this motion so that the Standing Orders may be amended.

Mr. Kent: I thank the chair of this particular standing committee for bringing this forward today. As he mentioned, our members — the Member for Watson Lake and the Member for Porter Creek North — are the two Official Opposition

members on this committee, and we do agree with formally adding this particular board to that Standing Order 45(3.2).

However, when it comes to the Standing Committee on Rules, Elections and Privileges, we had also made some additional recommendations in that forum. The Member for Lake Laberge and I are the opposition members on that committee. We had recommended that the Workers' Compensation Appeal Tribunal, the Yukon Hospital Corporation, the Yukon College Board of Governors, and the Yukon Housing Corporation also be added to that list.

I know that it has been some time since we've had a SCREP meeting. We had a two-year plan, I believe, on the table the last time to get some of the work done, but unfortunately, it has been some time since that committee has met. It would be great to have the chair, the Member for Porter Creek Centre — and I know the Member for Copperbelt North is also a member of SCREP — a crossover member of the Standing Committee on Appointments to Major Boards and Committees. It would be great to get SCREP together to consider additional boards to be added to this standing order, as well as some of the other work that we had contemplated in that two-year work plan.

With that said, we will be supporting this motion here today.

Ms. Hanson: I thank the member opposite for his explanation of the need and the rationale for making this amendment to the Standing Orders with respect to the panel of adjudicators for the Human Rights Commission. In making this recommendation, it does reflect that, despite the fact that members may come to a meeting with different points of view, but eventually consensus can be reached. I think the chair will recall that, in fact, there were divergent points of view during the course of that discussion. The reality was that, at the end of the day, we agreed that it made no sense to have this potential for delay — or it appeared to be at the discretion of the Minister of Justice or whatever had occurred over the intervening years and the regularity with which the need to have members of this particular body appointed.

I also concur with the previous speaker. The member has raised some really valid points about the need to make sure that our committees do work and do meet because it's through the work of this little committee that the small change, but a big change in the sense of a process for this Legislative Assembly, is achieved. We will, of course, support it.

Motion respecting Committee Reports No. 1 agreed to

Hon. Mr. Streicker: Mr. Speaker, I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Speaker: It has been moved by the Acting Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Mr. Hutton): Order, please. Committee of the Whole will now come to order.

Motion re appearance of witnesses

Committee of the Whole Motion No. 5

Hon. Mr. Streicker: Mr. Chair, I move:

THAT from 3:30 p.m. to 5:30 p.m. on Thursday, November 19, 2020, Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the Yukon Hospital Corporation.

Chair: It has been moved by Mr. Streicker:

THAT from 3:30 p.m. to 5:30 p.m. on Thursday, November 19, 2020, Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the Yukon Hospital Corporation.

Hon. Mr. Streicker: Mr. Chair, I will just be very brief.

I think that everyone will know that this is the annual appearance of witnesses from the Yukon Hospital Corporation, and we are pleased to present these witnesses as part of our government business to answer questions from the Members of the Legislative Assembly here this afternoon.

Committee of the Whole Motion No. 5 agreed to

Chair: The matter now before the Committee is continuing general debate on Vote 51, Department of Community Services, in Bill No. 205, entitled *Second Appropriation Act 2020-21*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

Chair: Committee of the Whole will recess for 15 minutes.

Recess

Deputy Chair (Mr. Adel): Committee of the Whole will now come to order.

Bill No. 205: *Second Appropriation Act 2020-21* — continued

Deputy Chair: Committee is continuing general debate on Vote 51, Department of Community Services, in Bill No. 205, entitled *Second Appropriation Act 2020-21*.

Department of Community Services — *continued*

Ms. White: I think what we'll do is just start with a cliffhanger. There's no sense in piling stuff in behind that. I was just asking about the status or where we're at with the Carmacks arena. It was an issue when I was here before, between 2011 and 2016. It's still something that the community wants and needs, and we have a shell of a building.

Could the minister please fill me in on the Carmacks arena?

Hon. Mr. Streicker: Mr. Speaker, I'll just try to give a general update and then maybe there will be some follow-up questions, and I'll try to get a little bit more detail.

The rink is the number one priority of the community. Even though it's a municipal piece of infrastructure, I've heard clearly from the Little Salmon Carmacks First Nation, as well, that they believe it's a critical piece of infrastructure for the community. By the way, I would just, for a moment, like to give a shout-out to Mayor Lee Bodie, who last night went above and beyond the call, just in terms of attending our municipal call. He was very quick, as well, to work to get his store put in place so that we would not have panic buying. He was doing that, and there was a suggestion from Chief Bill that we talk to the other stores, and I just thought, "Well done, Mayor Bodie". I just wanted to acknowledge that.

It's definitely an important project. The project has been delayed. The builder wasn't meeting performance targets or getting things done, and so we have been working right now to get the project back on track. I can say that we have funding for the project and we're exploring all possible options to address that lack of progress and to get it back on track.

As of today, I don't have a timeline. I have gone to the community, and I have been given a tour of the project. I have met several times with the municipality to talk to them about the situation.

As a priority this fall, what I know I directed the team to do, and what I understand has been done, is to make sure that the investment in the building to date is secure so that there is no effect — for example, by weather — by not having something in place. But I don't have a timeline yet about how we get back on track.

I will just stop there. I'm sure that there will be more questions, and then I'll try to fill in a little bit more.

Ms. White: Is there a plan for trying to replace the contractors who walked away from the project? I would imagine that it's just not going to sit idle for an undefined amount of time. Even if it's a distant plan, what does that look like?

Hon. Mr. Streicker: I think the answer would be: There are plans — plural.

Basically, if we are talking about the contractors, Scott Design Build, we expect them to fulfill their contractual obligations. That would include resuming work on the project, so we're in touch with the bonding company to make a decision on liability under the bond and exercise the remedies available under the bond to address those defaults or those deficiencies.

I have talked with the department about various potential options, but at all times, we work first and foremost with that contract.

I also have directed that the project should make sure that we are not — as I said earlier — jeopardizing the existing work. To that end, I understand that they have been focusing on exterior cladding and covering any building openings and doorways with tarps to make sure that it was going to be protected from weather.

We have retained Kobayashi and Zedda Architects for inspections and oversight on the project throughout. They are our consultant, providing oversight on our behalf. I understand that they have been on-site a couple of times a week over the fall months, providing an assessment for us to support our plans. Some of it depends, of course, on Scott Design Build — the general contractor — and if they choose to get back on track or do not.

Ms. White: Pandemic aside, it would appear that they are never going to get back on track as far as timing goes. I am sure that the government is looking at what that would mean.

Is that site entirely fenced in? It might not be active right now, but it's still an active job site. Is it fenced?

Hon. Mr. Streicker: The answer to the question is yes. There is a fence around there. At least when I was on-site, I saw a fence. When I asked to get a tour of the site, someone had to come and unlock the gate and then take me in and around the site.

I will say that, of course, COVID is here. We did reach out to Scott Design Build. We did let them know about the alternative self-isolation applications and that they could apply. We did explain that they would have to make sure that, if they were to apply for that, it would have to be done in a way that self-isolation could be done safely. Because the site wasn't that active, as the Member for Takhini-Kopper King is pointing out, it seemed to me that would be pretty easy to achieve.

She is able to say it so very eloquently about what the situation is. I am not able to say it so eloquently, and I will work at all times to have the company fulfill their contract with us. That's our expectation. We will work through the bonding company to help to make sure that does happen. That's the avenue to try to get this thing back on track.

Ms. White: I do appreciate that. I live in Takhini North, and there are two active construction sites in my neighbourhood right now — on a fairly large scale. There were issues with them not being fenced initially, because, as you can imagine, the multi-storey sand pile in a neighbourhood full of children is an incredibly enticing thing. There were times when I really thought it would be very cool to be on top of that sand hill myself, but I didn't go because I didn't want to be a bad example. There are reasons why we fence projects.

So, earlier in Question Period, just to be very honest, I didn't have this information when we were here last time. I didn't hold on to it to spring on the minister during Question Period here today. That could have been something I did, but I didn't. This was recent — in the last 24 hours.

Alternative isolation plan — that's what I would like to talk about now. When the minister just referenced the Scott Design Build being able to make an application for an alternative isolation plan in a place like Carmacks when they are the only contractors on-site makes a lot of sense because we're not mixing people.

The concerns that I was raising in Question Period have to do with a very real, live job site that is happening now. Manitoba — just to be clear, I don't dislike Manitoba. My partner is from Manitoba; his family and his friends are in

Manitoba. We have talked about Manitoba far more often than I had ever talked about Manitoba before COVID hit.

So, initially, when that construction company mentioned to the local contractors that they had filed an alternative isolation plan with Yukon government, the locals asked to see it, because they were like: "We would like to know what is being proposed." They weren't able to see that plan, and so they initially thought that the company was bringing carpenters from Alberta. It wasn't until yesterday that they learned that they were coming from Manitoba, which is of concern.

I want to know if the minister, or the minister's department, prior to approving alternative isolation plans, consults with the people who will be affected by them. For example, on this active job site, there are Yukon subcontractors who are there, there are Yukon employees who are there, and there are Yukon workers there. Does the minister's department reach out to have a conversation about what this might look like with the locals who are involved?

Hon. Mr. Streicker: I want to say to the member opposite that they were great questions in Question Period today. I have been getting calls as well from the subcontractors.

Also in these conversations, I have put the question back to my department to find out whether I am allowed to share the plan with this Legislature or the other subcontractors. I don't know the answer to that question, but I have posed that question. In fact, I have told those subcontractors that, if I am allowed to share it, I will.

Here is the part that is concerning me. The general should be sharing it. I understand that the general may not be doing so, and I will work to run that to ground, but the general should be sharing it, because how can the general have a safe job site — and I understand the complications of job sites. I have worked on some of them myself as an engineer.

Like the member opposite — as a kid, I loved job sites. I would seek them out because they were fun places to play. So, yes, they can be places where there is lots of activity and lots of things going on.

When the general applies to us with an alternative self-isolation plan, they say, "This is how we propose to do this safely." As I stated earlier, I ask the chief medical officer of health to give me an opinion on the health aspect of that. Based on that opinion, then I take a decision. I do not reach out to the subcontractors to talk to all of them on the job, but I will direct the general that they should do so. In fact, in future letters, we're now going to start writing it in explicitly that they must do so.

I just don't understand how the general would not want to share it with his subcontractors, because how do you keep a job site safe except that you communicate, with all of the trades that are in and around it, who is doing what?

Anyway, I agree with the concern that is being raised, and I will focus it. I don't believe that it is specific to Manitoba, nor do I believe that it is specific to alternative self-isolations in general, but I do believe that, in this case, the general has a responsibility to make sure that the job site is safe. We have a responsibility to make sure that the job site is safe — "we" being the territorial government, not "we" meaning necessarily Community Services — but CEMA enforcement and WCB have an obligation to make sure that job site is safe. I have flagged it to Workers' Compensation Health and Safety Board, and we will work to try to make sure that job site is safe.

Ms. White: Who wouldn't agree that the general contractor should be speaking to the other people on-site? The concern that was highlighted time and time again was that the local contracting companies were not told until probably two weeks after an application had been made to government. The information that has been shared now within the job site about the alternative self-isolation plan and general information — for example, all persons are required to wear a face mask, and you should practise appropriate physical distancing — and again, it's for anywhere essentially outside or people.

The concern is that, if we were talking about self-isolating — we know that yesterday there was an announcement and this morning there was an announcement made that, as of 5:00 p.m. tomorrow, Yukoners or anyone returning or entering the Yukon will be required to self-isolate for 14 days.

That means — if we're talking about me, as an example — that if I was self-isolating — in theory, in this Chamber, we have decided that this is a six-foot difference for me and my colleagues. If I had an armband and a face mask on right now, would it be acceptable that I was here in the workplace?

I guess I'll just start with that. If I had just returned from Vancouver and I applied for my alternative isolation plan, and it was decided that I would be a distance away and I self-identified as having returned, would that be acceptable?

Hon. Mr. Streicker: It's an interesting hypothetical question. I'll run through how it would be treated so that we all understand. Because part of how it would be treated — I would ask the chief medical officer of health office. They have a doctor assigned to this type of work. They would provide that medical opinion to me — that professional opinion, which I don't have at my beck and call — but here are things that get talked about.

The application would go in, then it would be reviewed by the chief medical officer of health. They would make a recommendation — yes or no, or a qualified yes with a bunch of extra, additional criteria — and then that would come to my office.

When something has come to me previously which has to do with me, I have passed it off to someone else, but in this instance, who do I have? Because there's no one except us as colleagues, so I would have to figure that out.

So, the question isn't just whether where you are right now — whether the member opposite right now is six feet apart. That's a good start, but it's how do you get past that person next to your colleague? How do you come in and out? What are you doing around hygiene in between those times? Likely, the answer is no for this situation, but I can't — it's a hypothetical.

That's the type of understanding that we try to work through. That is not just where the person sits and how far they are away, but is there the ability to keep things separate to allow that isolation to take place?

Ms. White: I appreciate the minister joining me on this look through an imaginary situation.

One of the contrasts here is that I am static. I sit and I stand from the exact same spot. Now we are in a space that, to be honest, is probably quite comparable to one of the floors of the building that is being worked on. If my colleague to the right was a carpenter and doing something, my colleague to the left was doing a window installation, and I was running wire, we would all be moving around. Getting in and out of the site is one thing. I appreciate that, but my point is that, until there was the most recent discussion with the local contractors and the general contractor, the Yukon government had approved those on an alternative self-isolation plan to be on an active construction job site at the same time as Yukon workers, so that is my concern.

Can the minister explain to me how government is able to look at that and say, "Yes, that's okay to go ahead"?

Hon. Mr. Streicker: I gave another example earlier today about a construction site where we felt it was okay. I am not speaking for others here, but I would hazard a guess that others would also say, "Yes, of course, that is safe". That was the one where the job site was the construction of the F.H. Collins track and field, and it was for those line painters. There is lots of space outside, and we all felt that everyone would be able to stay far enough away, but it's possible that they couldn't. It is a judgment call that has to be put out there.

When people apply for these, what they are doing is that they are describing to us how they will work to ensure that there is separation. There can be, for example, a crew that is isolating as a bubble. That crew can be working, as we did on the F.H. Collins track and field — we had at least one person from New Brunswick and, actually, one person from England. As the minister responsible for infrastructure, when I heard that this was coming forward — I was not the minister who was considering that application because I recused myself — but as the minister responsible for infrastructure — they said, "Well, we need to get this person who is accredited." I said, "Great. Who's that?" They said, "They're from England." I said, "You're not going to get someone from England, right now, to come to Canada to paint lines on the ground. That's not going to happen." Then they said, "Actually, they're already in New Brunswick." I said, "Okay. Maybe now that can happen." That crew came and bubbled.

When someone else applies, what they will give to us is a plan that says, "Here's how this individual or this crew is going to stay separate from others on the work site." They say, "Here's how we will create that separation." We look at it, and if, for example, they say, "Well, you know, they have to be close to each other" — that's generally when we say, "Sorry. That's not acceptable." Again, it goes through a couple of layers. It goes through the health perspective and that's given as advice, and then it comes to me.

In this case, that plan said, "Here's how we're going to keep people separate." We took the general contractor to say, "Listen, here's what we're authorizing you. If you live up to this plan, this is okay."

Now, we are having Workers' Compensation go and check the job site to make sure that the site is safe, generally and specifically, against what this plan said. We will have our CEMA officers go by and check that they are living up to what they agreed to under the plan and under all of those guidelines. For example, the member opposite earlier in Question Period asked about off-hours — how they are doing the rest of their self-isolation. We will work to see how that is safe.

Now, I will not say today that it can't be done safely. What I will say is that it must be done safely. They provided us with a plan that said, "Here's how we will do it safely." We said okay and will now check to see that it is being adhered to.

I agree with the member opposite that, in order for a job site — a complicated, complex, busy job site — to be safe, that information needs to be exchanged across all those who are going to be on the job site. At present, I will just work to make sure that the general contractor is being diligent to do so.

I will work in the future to ensure that it is a stipulation and a requirement. I will also work to find out from my own team whether I am able to disclose that information. Again, as I have said, I have asked for that consideration. I don't have an answer here yet today.

Ms. White: I think that the issue, as I understand it, is different than that. Maybe this is it. For example, can the minister and his department insist that, once an application is filed, it is shared with others on the job site — those who share the job site — at the very beginning of the process?

Hon. Mr. Streicker: We can. We did not, and I will take responsibility that it was my assumption that it would be. I will follow up with it. So, I did issue a letter. In my recollection, I did not add a clause in there that said: "This must be shared with…" We have, since hitting the situation, agreed that, on a go-forward basis — and just to note, I haven't had another application of this type or anything similar — we will write in that it must be shared, but we did not.

Ms. White: I appreciate that. I think that sometimes you can't anticipate every situation. We make the assumptions that people are going to do something that makes sense to us, and when they don't, we realize that we need to actually put in rules so that it is followed and makes sense to all involved. So, I appreciate that, and it is part of learning the process. I would never think that we would be without questions. I appreciate that, on a go-forward basis, that will be included. That will be helpful for future projects and applications, and I appreciate that very much.

In that same vein, is there a willingness from the minister and the department to have — for example, a larger contractor is making this application to bring in Outside employees, but when there are local people who are — for example, lots of people whom I spoke to haven't left the territory since the end of February. They have not left the territory since the end of February because they are aware and are trying to make decisions based on the people around them. They have stayed here; they didn't go to Vancouver for a week. They have stayed here because they were trying to make the right decision.

So, when you have people who are responsible for other workers below them — you have the subcontractors, and you have the supervisors who are on-site who are in charge of their employees. They take care of each other. That's important to know — that they work together.

So, on a go-forward basis, is there a willingness from the minister and the department to make sure that those who will be affected by these alternative isolation plans will have the ability to put in feedback and their thoughts on the application?

Hon. Mr. Streicker: In talking to some of the subcontractors, I've heard this comment. My basic answer is: I don't think so.

But let me try to give a bit of a broader explanation. First of all, the assumption I was talking about earlier about a general contractor being responsible to ensure the health and safety — that's actually the law. The general contractor is the primary employer and therefore is responsible for the safety of the workers on that job site. That's their job. I will work hard to ensure that this is upheld. We are making this change. I said so, and I said that we had not put this in. We will work to facilitate that.

But if, with every application we got, we then had to figure out all of the subcontractors and then figure out when they're there or when they're not there or when this one might be coming in — no, no. I think that's the job of the general contractor, so I want to keep that. I agree with the member opposite that we need to ensure that this is going to be done safely, and the place where that rests is the general contractor.

In the conversations that I had with the subcontractors, we talked about this — whether or not I could check in with them — have them almost as a sign-off on something. I said to them that I didn't think that would be likely, and the reason was because our relationship is with the general that's on the job.

We also had already had enough situations, looking at them over time, to say: You know what? We also don't want to have — for example, what if a subcontractor applied to us — and then how could we ensure that the flow was going up the other way? We felt we couldn't, and so we started to say, "No, it has to be the general who applies to us" — because we want to ensure that the site is safe and that the site is coordinated. That's why I think our focus has come to the general, but we believe that they have the responsibility to work with all those subtrades to ensure that safety.

If they are going to change something on the site — for example, if the way that the site had originally been set up or the job had originally been set up — and the agreement with the subcontractor and how that subcontract had been struck — and if the general is changing something — for example, "You now have to work from these hours to these hours because I have another crew coming in, and I need to keep you separate" — that, for me, is like a change order, and that should allow for the subcontractor to say, "No, actually, we don't want to do that" or "It's going to cost this to do that" — or something. But that's how I think that negotiation should happen.

So, we will work to facilitate that to happen, but I don't believe that we should be the place where it does happen. I think the appropriate and effective place is with the general contractor.

Ms. White: Understanding that we just talked about the fact that this is the first time this issue has come up in the way that it has — I appreciate that. I'm not talking about things before, but I am talking about things from this point forward. What this has highlighted for us is that there is a real concern within the Yukon contracting community, within the Yukon tradespeople community. I don't think that I need to point it out in this House, but I will: A person who lives in Yukon pays their income tax in Yukon. A person who lives outside of Yukon pays income tax in their home jurisdiction. So, people who are here are invested in the community in a different way. I'm not saying that people from Outside are willing to thumb their nose at the rules and put people at risk. That's not what I'm saying. But knowing that this has come up as an issue now — and every job site isn't the same, but there is a certain point when they get over a certain size that there are going to be a lot of similarities. I'm not talking about the construction of a house; I'm not talking about small scale. I'm talking multi-million-dollar projects right now.

Is there a willingness from the minister and the department to, for example, reach out to the Yukon Contractors Association to try to figure out how to proceed so that, with the next projects or the next applications, we don't run into the same problem?

Hon. Mr. Streicker: My answer is yes, and again, let me flesh it out a little bit.

I think the thing that we are trying to focus on is safety on that job. I am not really considering where people are paying their income taxes. I am considering how that job can be done safely. That is true whether it's all Yukoners; that is true if it's a few people from BC, Alberta, or Manitoba working on a site. Wherever they are from, I want all the workers to be safe on that site. Honestly, that has been our primary focus around most of this pandemic.

Would I be willing to talk to the Yukon Contractors Association? Absolutely — because I would love to get their perspectives. I would love to think that through. I am happy to take that feedback. I think that the Minister of Economic Development did have a bit of a conversation with the Yukon Contractors Association. I have, on many occasions, had conversations with them as well. I have to be fair that I have not had this conversation with them. This issue arose for me over the past — let's say — week or so. I have been working, as I have indicated here today, to improve our processes to make sure that we reinforce keeping that job site safe where someone has applied for an alternative self-isolation. I am happy to talk to the Yukon Contractors Association to get their perspectives.

Ms. White: I did appreciate the positive language that the minister used. He just said that he would be willing, but I want to know if he will reach out to the Yukon Contractors Association or to other people in the building trades as a general call-out about whether they have concerns in the building trades about this — to say, you know, "Here's how we're are going to have the conversation…" — about anyone who might be affected on a job site by an alternative self-isolation plan.

Hon. Mr. Streicker: I appreciate the member wanting to be very specific on this. I understand that. I will call the Yukon Contractors Association within the week to talk about this situation as an example and, in general, alternative self-isolation plans and how they may affect subcontractors and

what the thoughts are of the Contractors Association. I will do that.

Ms. White: I thank the minister for that answer.

Recently, I've had friends who have been in British Columbia for different medical things that have been happening, but the very interesting thing is that parents, for example, have been able to go into a hospital, but the reason they got the go-ahead to go into the hospital is because they had a rapid test.

If we talk about people having to leave the territory, for example, for medical travel — I'm not talking about vacations; I'm not talking about people who are choosing to go; I'm talking about people who need to go — so, if you have to go for medical travel or in support of someone — we could even use it, as an example, if a contractor is bringing in Outside employees and having a requirement of, for example, a three- to four-day isolation and then a rapid test, it could cut down the two-week self-isolation period.

Have the minister and government looked at any alternative solution for those who don't have a choice to leave or enter, but it's a requirement?

Hon. Mr. Streicker: I'm going to give as much of an answer as I can. I'm just going to let you know that the lead on this sort of stuff is the chief medical officer of health, and really, it's through my colleague, the Minister of Health and Social Services, where this file lands more squarely.

Have we been considering it? Yes. For example, even nationally, there are times that other jurisdictions will start looking at rapid testing. We share that information across to see how it goes. For example, Alberta was doing a trial on a rapid test, a time period, and a second rapid test to see if that could cut down on self-isolation times.

The thing about some of that is that it was sort of considering more travel. Right now, travel will naturally hit a downswing. But as the member opposite is noting, this is about an emergency or an urgency — so, someone is required to travel because of a medical reason.

I know, for example, that we have some interesting things. Our EMS folks, our ambulance folks, have this device in the ambulance that allows for rapid cleaning of the ambulance. It is pretty cool — I forget the exact time, but it is several minutes and then that ambulance is clean again. So, that is one of those protocols which helps the system overall.

I will just let my colleagues know for interest in this topic, but it is not my main file. I will leave it there.

Ms. White: I am just going to point out that, to the best of my knowledge, the last time that the opposition MLAs had a briefing with the chief medical officer of health was August 31. A lot has changed since August 31, and the information that opposition MLAs get is received through the briefings that are done for the general public. We are not able to ask questions. We are not able to get a better understanding. So, when people come to us with questions, we don't have the answers, and all we can say is, "Well, let me try to find it for you on yukon.ca" or I will send a note to someone to try to get that. If we want to talk about us all being at the same level of understanding with the same information — the last briefing that opposition MLAs got from the chief medical officer of health was August 31. I stand to be corrected, but I can't find it in my schedule at all for September and October. Well, it definitely didn't happen in October. I can't find it, again, in September, so I feel moderately comfortable that was the last day.

I have, for example, a friend who lives in Skagway. She was around a family member at the end when she was leaving, and unfortunately, the entire family got COVID — just about all of them. My friend talked about how she was in self-isolation within her house — her family was in other parts of her house, so they were very separate — and she wasn't able to be out of the isolation plan that she had been put in until she had two negative tests. I feel like we have seen in other jurisdictions that there is the possibility for a different way to do it — a rapid testing. I would just like to put that out there. It would be great to be able to have further conversations about that.

I can see, at the Clerk's Table, Mr. Deputy Chair — seeing the time, I move that you report progress in time for witnesses.

Deputy Chair: It has been moved by Ms. White that the Chair report progress.

Motion agreed to

Deputy Chair: Pursuant to Committee of the Whole Motion No. 5 adopted earlier today, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation. In order to allow the witnesses to take their places in the Chamber, Committee will recess and reconvene at 3:30 p.m.

Recess

Deputy Chair: Order, please. Committee of the Whole will come to order.

Appearance of witnesses

Deputy Chair: Pursuant to Committee of the Whole Motion No. 5 adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation.

I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses. I would also ask the witnesses to refer their answers through the Chair when they are responding to members of the Committee.

Witnesses introduced

Hon. Ms. Frost: I am pleased that the Yukon Hospital Corporation is appearing at witnesses before the Legislative Assembly today. Joining us today is Jason Bilsky, the CEO of the Yukon Hospital Corporation. Welcome. And Brian Gillen is the chair of the Yukon Hospital Corporation Board of Trustees. Welcome as well. I would like to thank them both for joining us today.

Since taking office, our government has been proud to work collaboratively with the Hospital Corporation to deliver services to Yukoners. We have accomplished much over the last four years. We have reduced pressures on hospital beds through the home first program. We have expanded ultrasound services to Yukon community hospitals. We have reduced

ophthalmology wait times from 37 months to nine months. The Hospital Corporation has appeared consistently over the last three years. As I understand it, that hasn't been the case historically, so I'm very happy that they have been able to make it here every year. We have brought permanent orthopaedic surgeons to the Yukon, reducing the number of patients waiting for orthopaedic consults by 85 percent. We are investing in 1Health to modernize our health systems and increase access to care through technology.

When completing 1Health, we will include patient portals to allow Yukoners to securely access their own health records online.

Our government will continue to work with the Yukon Hospital Corporation to ensure that it has what it needs to provide a high standard of care to Yukoners. Under this government, between 2015 and 2021, the O&M provided to the Hospital Corporation has increased by almost 29 percent.

Throughout the pandemic, we provided the Hospital Corporation with an additional $6,012,424 in funding to support its role in managing the COVID-19 pandemic here in Yukon. Although we have been fortunate that the majority of the COVID cases in Yukon have not required hospitalization, we still must be prepared. I want to thank the Hospital Corporation for its readiness and preparedness to respond to any situation, and also for focusing their efforts from that of acute care to collaborative care models across the Yukon.

I am very excited that you are here today. I look forward to your presentation and, of course, the questions.

Deputy Chair: Would the witnesses like to make opening remarks?

Mr. Gillen: Mr. Deputy Chair, I wish to thank you, the Hon. Minister Frost, Members of the Legislative Assembly, and all Yukoners for the opportunity to speak on behalf of Yukon's hospitals today. My name is Brian Gillen. I am honoured to be the chair of the Yukon Hospital Corporation. With me is Jason Bilsky, the CEO of the corporation.

The *Hospital Act* states that the Yukon Hospital Corporation is independent from government. Our hospitals function pursuant to the *Hospital Act* and are overseen by a board of trustees comprised of representatives from communities across the territory, including Yukon First Nations, our medical staff, the public service, and the public at large. Our role is to support and oversee Yukon hospitals and its skilled and diverse team of more than 650 employees, including 350 direct care and clinical staff, as well as about 265 support staff. Additionally, we have a top-notch medical staff of 76 resident physicians and a number of passionate volunteers.

Our team works around the clock to provide the very best acute hospital care in accordance with the recognized standards while delivering critical health services, such as imaging and lab tests. We can't ensure that Yukoners are well cared for in hospital, at home, or elsewhere in the community without the essential collaboration of our partners — government, physicians, First Nations, and community agencies. The *Putting People First* report refers to the need for collaboration in health care, and we share Minister Frost's enthusiasm for collaboration with our partners.

Last year, the Yukon Hospital Corporation continued to meet Yukon's growing needs with a number of constraints as more Yukoners rely on hospital services, whether it's emergency care, lab, cancer care, or imaging tests. This requires our entire team to be flexible, to adjust, and to re-evaluate to address these growing pressures, ensuring that there are no gaps in their care.

In general, visits and volumes continue to grow for the emergency department, blood work, lab tests, x-ray and imaging, and cancer care. For example, the number of visits to Whitehorse General Hospital Emergency increased by nine percent last year alone.

While the number of admitted patients continues to increase, a significant decrease in the length of stay in hospitals is reflected. This means that we are able to provide care that you need and to safely transition you back home or to a more appropriate level of care.

As we started the year, COVID-19 became a reality for all of us and has added another layer of complexity and pressure on our operations. A number of precautions remain in place to ensure the safety of patients and employees. With the pandemic, our hospitals had to build new policies, protocols, and communication channels to keep everyone safe. Focus has been on ensuring the security and continuity of our supplies, including the storage and distribution of PPE for Yukon as a whole, preparing for the potential surges, and maintaining alignment and integration with health system partners, including the chief medical officer of health — all of this while in a constant state of change as the situation has evolved.

Our team now works in an environment with numerous precautions in place, ensuring Yukoners continue to access care without prolonged delays. Like most Canadian health providers, challenges exist with recruiting skilled people to maintain and sustain safe hospital care, especially in several specialized or technical positions — for example, operating room nurses. While we have had success in adding and recruiting staff, ensuring that our hospitals have the right staffing in place requires ongoing effort each and every day.

Finally, I will highlight some key priority areas for our hospital now and in the months ahead. Supporting the acute mental health needs of Yukoners continues to be a challenge, especially when the patient's needs exceed our capacity and require a higher level of psychiatric or forensic care. Recognizing the limitations of our current secure medical unit in terms of space, programming, and resources, advanced work continues to build an enhanced environment at Whitehorse General Hospital in the shell space above the emergency department. Planning, costing, and initial designs are all complete, and the project is now ready to move forward with the funding now allocated by the Government of Yukon. It remains a challenge to ensure that the health system is in constant alignment to meet patients' needs.

Significant progress has also been made on the 1Health project, advancing a fully integrated health system.

Deputy Chair: Order. Sorry, Mr. Gillen, but pursuant to Chair's statement from the 2019 Fall Sitting, five minutes was the time allotted, and you have gone over that.

Mr. Gillen: I have two sentences left.

Deputy Chair: Then you give me the two sentences quickly. I'm sure the House won't mind.

Mr. Gillen: Wait times to see an ophthalmologist for assessment and surgeries were reduced by working with the Government of Yukon. We're now focusing on requiring a long-term plan to keep this momentum, and it will take a collaborative effort.

The orthopaedic program was expanded by welcoming and securing resources to support a second resident orthopaedic surgeon, increasing the number of surgeries and treatments completed in Yukon. We continue to work with Health and Social Services to investigate how to further expand services in a sustainable way.

With that, Mr. Deputy Chair, we would welcome your questions.

Deputy Chair: Thank you very much for your opening remarks.

Mr. Cathers: I would like to begin by thanking Mr. Gillen and Mr. Bilsky for appearing here today. Thank you for the work you do on behalf of Yukoners, and please pass on my thanks to the Yukon Hospital Corporation Board of Trustees, the management team, employees, and medical staff for the work that all of you do to provide high-quality hospital care and services to Yukoners when we need it.

Our health care system depends on the Yukon Hospital Corporation. Since we're in a pandemic, I will start with questions about that.

As mentioned in the hospital's 2019-20 year in review, at the beginning of the pandemic, non-urgent services were scaled back for a period of time, including cancellation of elective surgeries and procedures. I know that action followed pandemic preparedness plans, so I'm not questioning it. But I would appreciate it if the witnesses could explain what impacts that had and tell us what is happening now to catch up following that.

Mr. Bilsky: I thank you for the question. First off, I would like to say that our goal as the Yukon Hospital Corporation is to maintain services as much as possible at the highest degree possible so that people have access to care when it's needed throughout the period of the pandemic and obviously ongoing. Our job is to do that in the safest way possible and not disrupt service — again, access for people in terms of access to care on an equitable basis in a safe way.

The pandemic has had quite a significant impact, as you can imagine, in all respects to our hospital system and to the health care system overall and I'm sure to the territory overall.

I will speak to mostly the clinical aspects of the impacts, but if there are questions about other aspects, I can do that as well.

As I said, YHC is committed to continuing to ensure that all people have access to acute care and ambulatory services when it is needed and in the fastest way possible. To be able to provide safe care, we need to ensure that we have a safe and stable team environment first.

The COVID-19 pandemic continues to have significant impact, and it has caused us to re-think each and every thing that we do. This means: changes in operational protocol procedures; dealing with the fear of the unknown; individual impacts; work and family; individuals with underlying mental health challenges have been shown to be disproportionately impacted; more rigorous application of staff illness procedures; more rigorous application of school and daycare illness procedures; and staff who live in Yukon, away from their family and support systems, who make decisions to leave the Yukon to be closer to supports. These are all things that we struggle with and have been challenged with.

Ensuring that supports are available to our employees during the difficult time is one of our top priorities. This means policies and procedures, education supports for new protocols, communication channels, augmentation of resources, and a focus on ensuring that staff are safe and secure, including things like N95 testing and ensuring adequate supply and appropriate use of PPE. To meet this challenge, we have added 20.5 FTE temporary positions to support COVID response, supported by Yukon government — and I think earlier mentioned by the minister as far as the funding support that has been allowed to us.

What this has allowed us to do is provide administrative supports for changes to walk-in services — because pretty much all of our services have turned into by-appointment-only services — screeners, cleaning supports, nursing and triage support, management of PPE supply, policy support and development, and the list goes on.

The impacts essentially to inpatient and acute ED services have been augmented to manage risk, but we essentially continue to operate 100 percent of our services in the ED and acute inpatient areas throughout the period of the pandemic. As I said, these services have been augmented, but there was no slowdown or stop of those services.

Having said that, our outpatient services — we had to temporarily suspend those from mid-March to early June. As a result, a backlog in non-urgent outpatient procedures and tests has been created. Outpatient services include surgical, medical imaging, medical laboratory, medical rehabilitation, medical daycare, and visiting specialists. With the exception of medical imaging, all services have essentially cleared any backlog created by the pandemic suspension.

As an example, at that point in time, we had to suspend elective surgeries. This caused a deferral of 51 elective surgeries at that time. Since that time, we've been able to clear that backlog, and we expect that there will not be any surgeries that haven't been booked deferred at this point in time or going into the future — subject to changes in our risk environment going forward.

The one challenge for us has been in medical imaging wait times. This is as of October 31. Essentially, our services have been able to deal with all urgent medical imaging services; however, non-urgent medical imaging work wait times have suffered. We do have plans in place, and those plans should be

able to be in effect within the next two to three months to clear any backlog in medical imaging wait times.

Mr. Cathers: I appreciate the information.

My second question is about surge capacity. I realize that one of the key reasons that the hospitals needed to clear the deck, so to speak, at the start of the pandemic was to reduce the risk of our hospitals being overwhelmed while steps were taken to put in place the necessary surge capacity. Can the witnesses please tell me what steps have been taken to ensure that Yukon hospitals have the necessary surge capacity to respond to a potential surge in cases of COVID-19 as well as to respond if an outbreak affected our health care professionals? I would also appreciate it if the witnesses could indicate if they're comfortable with the level of surge capacity that we have now and also about the risks to the adequacy of that surge capacity and what else may be needed.

Mr. Bilsky: Thank you for the question, Mr. Deputy Chair. I'll start off by saying that Yukon hospitals have been very actively engaged in planning and responding to the COVID-19 pandemic and have coordinated efforts with the chief medial officer of health and the Government of Yukon. This has been right from the very beginning.

We have a number of key areas that we focused on as far as managing risk and being able to handle any surge or implications from the pandemic. This includes, right from the beginning: governance and decision-making; clinical care service; patient care pathways; occupancy and nursing initiatives; personal protective equipment; communication; staffing and employee services; funding and financial consideration; and also partner engagement in joint planning.

We'll continue to work closely with the chief medical officer of health in order to plan for and respond appropriately when anything new arises and new evidence is available.

But certainly this has had an impact. That impact, for us, has been changing daily as far as our planning and our response. Our surge capacity and escalation plans go into great detail. It includes things such as patient pathways that are COVID-19 risk versus non-COVID-19 risk. It allows us to scale up and scale down certain inpatient areas and ICU areas, including the use of ventilators — understanding our oxygen capacity for ventilators. It also allows us to plan for surge when it comes to staffing and how we would recruit. We have planned and created surge plans in case of staff outbreaks. We have been planning for and having what I would call "simulation exercises" with our staff in case we do have some sort of infection within the hospital, whether that includes staff or patients themselves. I would like to go on, but the list is pretty extensive as far as the planning goes.

I think the last part of your question was: Are we comfortable with that? I'll ask our board chair to also answer that question, because he looks at it from a governance perspective.

From an operational perspective, I don't think that you can ever be prepared enough for a situation like this. We're certainly doing the best we can. Curveballs come at us all the time, and we never know, but I'm very fortunate to work with the partners that we do have and to work with the team that we do have. It has been all hands on deck, and I feel very confident with the team that we have that we do the best we can to handle anything that comes at us.

Mr. Gillen: The ability of the corporation and the three hospitals to deal with the surge — and we never know when a surge will come and we never know how big it will be, but we have had patients in hospital who we were uncertain about — if they were positive or not — so they were in isolation — and then they find out they are not positive, they come out of isolation, et cetera.

Our staff are constantly looking at the needs around people in isolation and how we deal with them. We also had plans in place in — as I call it, the "first wave" — March and April. We had plans for a temporary ICU that we could set up really quickly. So, right now, we have four beds in our ICU. We could expand that to eight or 10 beds — relatively straightforward and simple.

Our board is very comfortable and very supportive of our administration, the planning they've done, and the things that have been put in place to deal with a surge. I think we have had a total of two patients in hospital who have tested positive, but it has been one and then a second. We haven't had a situation where we've had groups of individuals who have tested positive and showed up at our doors. Hopefully, we never get to that, but we are very well prepared to deal with it, if and when it ever comes.

Mr. Cathers: I appreciate Mr. Bilsky answering with the fact that you can't ever be prepared enough. I do appreciate the frankness of that answer.

Recognizing the importance of surge capacity, this is an issue that we'll be flagging and keeping an eye on as this progresses. I certainly hope that, as the situation changes, if and when additional resources are required, the government will be quick to assist the hospital with this.

My next question relates to the financial impact of the pandemic. The Hospital Corporation budget for this year was finalized before COVID-19 was declared a worldwide pandemic, meaning that the government's budget, including hospital funding, was tabled before the pandemic was declared. The budget in the spring, as a result, doesn't include provisions for pandemic response and management.

Could the witnesses please talk a bit about some of the risks and potential challenges that they're concerned about during this fiscal year and that might result in hospitals needing to request more resources?

Mr. Bilsky: Just a quick clarification from the member — is the question specific to COVID?

Mr. Cathers: Including but not limited to COVID, especially recognizing that COVID is top of mind — but generally, if the witnesses could talk about the risks and potential challenges during this fiscal year that might result in them needing to ask for more resources.

Mr. Bilsky: Let me lead off by saying that we continually assess and work with government to live within the fiscal constraints, and we will continue to provide quality care. This continuous work — we work on a number of fronts and in discussions with government, ideally taking a collaborative,

system-wide approach to health delivery. This includes how we and our health system partners can better be aligned and integrate and serve the health needs of Yukon. This means identifying and addressing priorities and providing safe and excellent care to Yukoners as those priorities sometimes arise, recognizing that our hospitals must live within these constraints while still meeting significant growth pressures.

I think that's where the challenge comes in — trying to meet the growth pressures on an ongoing basis. As the minister has already stated, we've done our best to project and identify the COVID-related impacts for the year, which amount to, in our estimation, just slightly over $6 million to year-end. We have a line that this funding is coming to our organization.

That funding goes toward supporting a number of areas in the hospital that are required to be supported, so that goes everywhere from screening when you enter the building to support for having to pre-book or book by appointment only — managing that. It comes to security, it comes to additional nursing support for triage for different risk pathways of COVID, and it comes down to policy and planning work that's involved. Those are all things that we've had to apply it to. Also, there are supplies, such as PPE, that have been required. That is essentially the support that we have had so far to try to manage COVID.

Again, not knowing what it will look like in the future, we will have to continue to work with government if those pressures continue to increase. Aside from that, it is our job and our goal to continue to provide health care and access to health care throughout the pandemic. Not only are we taking care of — let's say — COVID-related issues, but the bigger issue is continually providing health care that is non-COVID related and doing it in a safe way. That is where it can become difficult as the complexity and volume continues to increase.

As I said, we continue to work with our government partners to try to manage all of those priorities. Each and every year, we do create what I would call a balanced budget based on what we see as our allocation each and every year going forward. We are provided with core funding plus potentially new funding for any identified new priorities or new services that are expected to be provided. That is in addition to the base of service that we already provide.

As I said, we are continually working with government to identify these priorities and resource appropriately, but unfortunately, sometimes the timing of these efforts and decisions can be challenging — meaning that, as we move forward, the priorities are identified, and we need to move forward and deliver the services. The challenging part comes in with the timing and sometimes the decision in creating that alignment to ensure that we have a system view.

I think that where we find it difficult — for example, in this past year, almost every ambulatory and inpatient service increased by greater than, say, three percent. Some of them are up to possibly 10 percent. That is something that we will have to work with government on to ensure that our core funding — our base funding — keeps pace with what we see as far as increases.

Why do we see those increases? Changes in models of care, increase in volume, increasing complexity — essentially, it's just a higher use of our system.

Mr. Cathers: I do appreciate the answer and the information. I recognize the challenge of predicting going forward, but as much information as you're able to provide is certainly much appreciated.

In looking at the hospital's audited consolidated statement of operations in Public Accounts — I'm on page 294 of the Public Accounts document and just into the hospital's own financial statements — I see that under "Expenses", for compensation and benefits comparing 2019 to 2020, there has been an increase of over $3 million between those fiscal years.

Can the witnesses please talk a bit about how much of the Hospital Corporation's core costs are related to agreements with the collective bargaining units? How much of the cost increases are related to those agreements? If it's possible, could you provide the total dollars as well as the percentage of the core budget that makes up and explain what the annual increases in costs related to those agreements have been like over the past five years?

Mr. Bilsky: I'll make sure that I try to cover off all elements of that question. It's a detailed question with quite a few pieces to it.

I'll start by saying that, of our total expenditure envelope, which is $96.5 million, approximately 60 percent are employee expenses. Now, if you break that down further, between 90 and 95 percent of those expenses are held under a collective agreement, meaning union employees. So, 95 percent of our total employee expenditure is governed by a collective agreement.

That's two unions, so, basically half and half — 50 percent for one union and 50 percent for the other. Those two collective agreements are not synchronous, meaning they expire at two different points in time. Actually, one collective agreement has already expired, and we're in conciliation with that particular union as of today. We're in conciliation.

I would say that, if you look at the last year, the increase under that collective agreement is approximately 1.75 percent. To explain the rest of the increase — so, the majority will be that. I mean, if you were to do the math, you would see that this makes up the majority. Just natural escalation under a collective agreement and other merit increases will make up the majority of that. In addition to that, in the past year, we have added in several areas front-line staff — maternity nursing, lab areas, medical imaging, and environmental services. Again, that is all to deal with the pressures that I was speaking about earlier.

Just to put things in context, when we talk about adding one particular front-line staff on a 24/7 basis, that equates to almost five FTEs. So, in dollar terms, that could equate to somewhere between — depending on the pay scale and where they sit — $500,000 and $700,000 per — what people think is adding one person, but really you are adding five people to cover those 24/7, weekends, and also sick call-in and education time. It is needed, but it is more than what meets the eye initially.

Mr. Cathers: Are you able to tell us how much those costs have grown over the last five years?

Mr. Bilsky: I don't have that particular information at my fingertips to know exactly how much it has grown in the last five years, but it is something that we can definitely undertake.

Mr. Cathers: I would appreciate receiving that.

Moving on to my next question, I know that some of the areas where the hospital has experienced significant forced growth and cost pressures in recent years include increased volume in medical imaging and the lab and increased costs of chemotherapy drugs and the number of patients needing chemotherapy. Can the witnesses please update us on those areas?

Mr. Bilsky: Just a point of clarification, just to narrow it down, I am just asking the member what "update" means or what they would like as far as an update. Could he also mention the areas that he was talking about again? I couldn't quite get those.

Mr. Cathers: I was talking about medical imaging and the lab. I know that, both in the report to the Hospital Corporation and last fall when the witnesses appeared here, two of the areas where they were identifying significant cost pressures were growth in the volume at medical imaging and the lab, as well as in the area of chemotherapy.

I understood it to be due to the increased cost of chemotherapy drugs as well as an increase to the number of patients needing chemotherapy. I would appreciate it if they could explain, in comparison to what they told us last year, how those areas have been doing since that time in terms of any growth, et cetera.

Mr. Bilsky: I'll see if I can break the question down a little bit and provide a useful answer. I'll start with chemotherapy if that's okay.

Chemotherapy itself — when we talk about visits to chemotherapy year over year, since last year to this year, chemotherapy has increased by 5.7 percent in the year ending March 2020. Costs have basically stabilized from that year to this year, although we're expecting a higher number this year.

If we talk about what has happened as far as support for funding for that, we did request from government, at that time, to increase funding specifically for chemotherapy, and we did receive funding specifically for chemotherapy at that time to increase the base level for chemotherapy.

It continues to grow, though. It continues to grow in terms of complexity, and it continues to grow in terms of the number of visits that we're seeing. Again, it goes back to earlier diagnosis, better prognosis — which is a good thing — and longer course of treatment and more expensive course of treatment — and that will continue. So, we'll have to continue to work with government to manage that.

Specifically about the lab and medical imaging, the lab itself has increased. The number of total of visits to the lab has increased by 8.8 percent, and also the number of tests per visit has increased substantially. This does create pressure and challenges, and then, in addition to that, we can add COVID-19 pressures, which means that we're doing our best to try to space and keep people safe — booked appointments in lab, screening up front, and measures such as that — so it has all complicated the efforts that go into managing the lab.

Medical imaging itself — while the number of total discreet visits to medical imaging has not increased year over year, some areas have increased. The complexity of medical imaging has increased substantially — longer and more complex treatments or diagnostics are being provided there, such as contrast imaging, and that's expected to continue as models of care continue to increase the use of diagnostics.

One specific area that has ballooned significantly is MRI. MRI, year over year, for us has increased 6.4 percent. While the MRI began about five years ago with, I think, approximately 1,600 scans per year, we're now sitting at over 2,400 scans per year, which is significant. The good news is that this is 2,400 visits that people haven't had to go south to take two or three days out of their lives to accomplish. The challenge is that we're at a point where we're exceeding the capacity of the human resources that we have and we have to look at augmenting that.

Mr. Cathers: I appreciate that as well. I noted in the hospital's report on 2019-20 — acknowledging the milestone of MRIs in terms of the number of scans that have been provided — I believe it indicated that the 10,000th MRI scan had been provided in the Yukon as of mid-2019. I appreciate that information about the growth in that.

When the witnesses appeared last year, they mentioned that there was consideration being given to the possibility of adding a second shift for MRI to accommodate the backlog. Could they please update us on whether that's currently being considered and what the status of that might be?

Mr. Bilsky: As I said, Yukon's MRI program began operating in 2015. I never comment about the MRI without thanking Yukon Hospital Foundation and the Yukon government for its support in moving that forward. That's just a tagline that I always add about the MRI itself.

As we all know, the MRI program in the Yukon has increased access to a higher standard of care and avoids a significant amount of travel. We complete a review of the MRI program on an annual basis and utilize statistics every year to ensure that the use of that program is appropriate and that we're benchmarking with utilization across Canada to ensure that the usage is appropriate.

At this point in time, we are currently not meeting non-urgent wait times, but we are meeting urgent wait times, partially due to COVID. We have not added — I'll call it a second shift. However, what we have done is that we have augmented significantly the one MRI tech that we have with temporary resources and continue to do so.

That does mean running the MRI longer into the days and evenings so that we can accommodate more than what we were accomplishing before. As I said, we are at a point now where we are looking at more permanent augmentation to that program.

Mr. Cathers: Mr. Bilsky indicated that we are meeting the urgent standard but not meeting the non-urgent standard for MRI wait times. Could you please explain what the typical non-

urgent wait time is for MRI right now in Yukon and how that compares to the standard that you would like to be achieving?

Mr. Bilsky: Again, this is partially due to impacts of COVID, but right now, what we would refer to as non-urgent — our standard is to have those done within 90 days. Right now, as of October — so just a slight lag in the statistics — it is a 180-day wait for an MRI. To put that in context, we are not meeting our standards, but if you put that in the context of publicly funded MRIs anywhere else in Canada, it is probably on par with what you would expect.

As I said, we are looking to augment resources to improve that wait time. Also, I will say that there is a significant amount of triaging that goes on within the program to ensure that those who require an MRI on an urgent basis are receiving an MRI on an urgent basis.

Mr. Cathers: I would like to ask a bit about cost pressures, recognizing, of course, that between the budget at the start of a year and what actually happens in a year, there are always significant changes in an operation like the hospital. In the last fiscal year, could the witnesses please tell us what the major cost pressures were that changed things between the original budget and what ended up being the actual spending totals at the year-end?

Mr. Bilsky: I think I have already mentioned that I would attribute the majority of the pressures that we saw to two areas: volume pressures, as well as complexity of the services that we provide. Volume pressures, as I have already mentioned, are: medical imaging and the lab. These would be two significant areas of volume pressures. I think I have already cited the increases in percentages that we saw.

Complexity would be complexity in the standards of care that we're providing now — the complexity of the care. As an example, we have an increased number of specialities resident in the territory. An example of that would be resident pediatrician, resident orthopaedics — those specialities increase the level of care that we're able to provide, and by virtue of that, it requires more resources to be applied to provide that level and standard of care.

As I have already mentioned, if you look at what we had planned for at the beginning of the year toward what we had actually applied resources to at the end of the year, we had added significant resources in maternity, significant resources in the lab, significant resources in medical imaging, and in environmental services and housekeeping. Then, on top of that, as I said, for medical imaging and the lab, each one of the diagnostic procedures has a variable cost attached to it.

As an example, whenever an x-ray is taken, that medical image is read by an external contractor, or an external contract of a specialized radiologist, and each one of those specific X-rays has a cost attached to it. So, you can imagine that, if it goes up eight percent, it's purely an increase in variable cost to all of those medical imaging reads.

Mr. Cathers: I appreciate that. As well, could you talk about, in the last fiscal year — I'm curious about the cost to the hospital of the carbon tax. Also, recognizing that there was an increase in electricity cost, could the witnesses please explain what the cost impact of that was on the hospital?

Mr. Bilsky: Sorry, Mr. Deputy Chair, I don't have that information available at this point in time. We can undertake to provide it.

Mr. Cathers: I would appreciate it if they could provide that later, understanding that it's not at the fingertips of the CEO. Additionally, if it's possible at that time — if we could get a more detailed breakdown on what the major cost pressures and changes were in the last fiscal year within the budget, that would be appreciated.

Moving on to the current fiscal year, can the witnesses please tell us about cost pressures to date? Not as much related to the pandemic as to general areas, what areas are seeing higher volumes and higher costs than anticipated so far in the fiscal year?

Mr. Bilsky: If you look at where we are — fiscal year to date, financially — essentially, the biggest pressures that we're seeing are related to COVID. There are two components to that. One would be the added resources to manage the pandemic, but the other aspect of that is loss of funds or revenues due to out-of-territory and out-of-country patients receiving care in our hospitals, which turns into some sort of reciprocal billing to out-of-territory and out-of-country. I know the member didn't ask about COVID, but that is by far the overwhelming pressures that we're seeing this year.

Non-COVID-related pressures are the ones that I've already spoken about. Those continue to run and put pressure on our organization in terms of just volume and complexity that we're seeing across the board. Without getting into specifics, it comes down to — we are seeing more and more use of our services as we commented earlier. If you look at the ED department year over year, there was a nine-percent increase in discrete visits to the ED department. It's just that more and more services are being used within our hospital systems.

Mr. Cathers: I appreciate that. Just circling back slightly, related to a question I asked before — comparing the actual spending as shown in the Public Accounts for 2019 versus 2020, for compensation and benefits, there was a growth between that 2019 and 2020 from $46 million and change to $49 million and change. It was a growth in excess of $3 million. Can the witnesses please tell us how much that line item is anticipated to grow in the current fiscal year compared to the $49-million total that we see for the last fiscal year?

Mr. Bilsky: Mr. Deputy Chair, I'm sorry. I don't have the exact figures on how much it's expected to grow, but I can tell you that it will grow more than what was cited there for the previous year, purely due to resources that have been added because of COVID. As I said, we've seen cost pressures in excess of $3 million on expenses this year due to COVID-related resources. The vast majority of that is people. We're going to see a similar escalation to what was seen previously plus the COVID. All will be categorized as human resources.

Mr. Cathers: I appreciate that information.

Can the witnesses please talk about the size of the hospital's core budget in each of the last five years and the rate of growth of that budget?

Mr. Bilsky: Without going through them year by year — again, trying to create a balanced budget. Our core budget has

grown from 2016 of approximately $78 million to today, which is, you know, approximately $92 million, and I think that is cited in our year in review report.

With regard to how that has grown over the past five years, we have seen an annual increase in our core funding of two percent per year on average, on annual, but that does not include extra funding for new programs and new services. So, it wouldn't be appropriate to escalate the numbers that I gave you from five years ago to today, at two percent, to get there, but core programming and services have increased by two percent per year. On top of that, I would suggest that, over those five years, there has been 14 percent related to new programming. That is a number of different things, but the larger things are increases in the First Nation health program, MRI-related programming — that program began within the past five years — ED expansion, orthopaedics, and colorectal screening. Those are probably the major contributors to what the additional funding is.

Mr. Cathers: Could you explain, just for clarity since there are other funding amounts built into the total, for the current fiscal year out of the total allotment that you have: What amount would you describe as being the hospital's core budget versus that which is due to non-core matters?

Mr. Bilsky: I think that it has previously been stated in the House here that, over the past year, there has been an 8.6-percent, I think, increase year over year. To break that down, that's a 2.5-percent increase for the current year core funding. That is a 2.5-percent increase for the previous year's core funding or base funding. That was a timing difference where it wasn't approved until into the new year. It also includes 3.4 percent of new programming, which was essentially mostly orthopaedics-related — a new program — and then, lastly, there was a small amount less than 0.5 percent for other related one-time funding and supporting our pension solvency payment issue that we need to continue to maintain for federal legal reasons.

Mr. Cathers: I appreciate the answer.

Looking at the hospital's year in review report for 2019-20, in looking at page 14, we see that revenue was $3.9 million lower than expenses. On the next page, on page 15, we note the lines, "Operating expenses (excluding Pension adjustment)" and "Surplus of revenues over expenses before Pension". The last line shows a year in a negative position of $3.9 million.

Can the witnesses please explain that for the House?

Mr. Bilsky: Yes, just to recap, the year in review highlights several numbers. One is operating revenues of $92.6 million and operating expenses of $96.5 million, requiring an operating deficit before pension of $3.9 million.

The deficit before pension is significantly higher than previous years due to a change in the treatment of pension solvency funding provided by the Yukon government. To explain that, $2.8 million of the $3.9 million — the reason why it shows as a deficit now is because the funding that we received from government to satisfy the pension solvency legal obligation that we have is no longer categorized as a revenue. It is categorized as a payable. However, we do still receive the money. On the flipside, the expense still exists there from a pension perspective, so when it's paid as a pension solvency amount, it's still shown as an expense.

In previous years, there would have been an offsetting revenue to expense. That accounts for $2.8 million of the $3.9 million. The remainder of the amount, $1.1 million of that deficit — as I have already mentioned, and to be very specific, we have added seven people in the front line in the areas that I have already mentioned — maternity, lab, medical imaging, and environmental services — and then, on top of that, we have seen the volume increases in the services that we provide, primarily in medical imaging and laboratory services.

Mr. Cathers: I notice that, in looking at the Public Accounts, the corporation received a little over $3 million from the Government of Yukon related to the calendar year 2019 pension payments in the form of a loan. Can the witnesses please confirm if that total amount is still $3,063,000 and also indicate what the interest owing on that to the Yukon government is and the term of that loan?

Mr. Bilsky: I don't have the specifics of the term of that loan. To be absolutely correct, I would have to check our records. I don't believe there is an actual term to that loan. This is satisfying pension solvency requirements that we have.

Currently, the pension plan that we have is the only one of two pension plans, I think, in Canada within the sector that we're in that requires pension solvency payments, due to the fact that, if you look at our pension plan on a solvency basis only, we're in a deficit. Having said that, we're in a very, very significant going-concern surplus. The government has decided that, instead of funding those outright, they will loan us the money but still flow those funds on a cash basis so that we can make those solvency payments as required by law. I don't believe — but I could be corrected on this — that there is any interest on those payments and I don't believe there are any specific repayment terms, but I would have to check on that to be sure.

Mr. Cathers: If the witness is able to get back with that information, it would be appreciated, including what the lifespan of that loan is, whether there is any interest on it and what that might be, as well as what the annual payments are related to it.

Moving on to another area related to wait times, we are pleased to see that the increases to the ophthalmology program have shown an increased ability to do cataract procedures. I've noted the number in the annual report that talked about the number that were done.

Can the witnesses please tell us the current number of people on the list who are waiting for a cataract procedure and what the wait time for non-urgent procedures currently is?

Mr. Bilsky: I think, as both the minister alluded to and also the chair has spoken to, in 2018, YHC and Health and Social Services developed a two-year plan to improve access to the cataract service, and we're nearing the end of that plan. I would like to say that this plan has been successful thus far in increasing the number of patients who have been assessed and treated for cataracts. These increases also reduce the wait time for cataracts.

Just to put it into perspective, in 2018, there were over 350 people on the wait-list for cataract assessment, and wait times for referral to surgery was almost 40 months. That's from initial referral to assessment and right through to surgery.

By the end of 2019, the wait time for referral to surgery was down to 12 months, which is a significant improvement. Current wait times — and this can vary, because there is triaging involved — are approximately 12 months to date. I don't have the exact number of people who are on the wait-list today. However, I can tell you that we're working fairly aggressively with government right now through the access to specialty care committee, which is a tripartite committee and includes YHC, Yukon government, and YMA, and we're collaborating to try to create a long-term strategy to try to maintain the improvement in wait times that we've created. It is required because, if we don't create a strategy that maintains this, those wait times will increase right back to where they were previous to this plan and this program.

Mr. Cathers: I recently received a call from a constituent who needs a spirometry test. I understand that, in the past, the test was available at WGH and then through a private company, but is now no longer available in the Yukon. Has the Hospital Corporation given any consideration to providing this test again? If so, what would be needed to allow the hospital to provide spirometry tests again?

Mr. Bilsky: Thank you for the question. Just to explain spirometry for a moment, currently, spirometry is a service that's managed by YG. It's a common office test used to assess how well your lungs work, basically — measuring how much air you inhale, how much you exhale, how quickly you can exhale — and it's used to diagnose chronic conditions such as asthma, COPD, and other conditions affecting breathing. The resources required — typically, it's some equipment, but also, more importantly, it's completed by respiratory technicians and other health care professionals trained and certified to perform the test.

Just to give a bit of history of where spirometry was and to elaborate on the question, prior to 2016, yes, WGH did provide a very limited number of spirometry testing at that time, and it was performed in our outpatient laboratory area.

It was not very commonly ordered at that point in time, and we had the capacity to meet the needs at that time. It wasn't part of our core services, nor was it part of the core training that we had for medical lab assistants, so generally it wasn't part of our core competency.

In 2016 with the initiation of chronic condition support management developed by Health and Social Services, spirometry became more chronic condition management, and referrals to spirometry testing, because of this chronic condition management, increased significantly. As the member has mentioned, at that point in time, because it far exceeded our capacity to be able to provide that, government entered into a contract with an external party to provide spirometry.

Just to put it in perspective, it turned into a very limited number of tests — approximately 1,500 to 2,000 spirometry tests per year — to manage the chronic conditions.

Our involvement today — we continue to support — or had continued to support — the contract through handling of results and distribution of those results, but we had lost any of our competency to be able to provide spirometry testing. Again, we've had very little competency to begin with and, over the period of four years, we entirely lost that competency.

My understanding is that, as of July 2020, the contract expired with government and the external contractor. I don't have the details as to why that is the case. Having said that, I know that the Department of Health and Social Services is looking for a solution right now. YHC is more than willing to collaborate and plan any type of solution that's required.

I believe that it will take primarily training and qualified respiratory technicians to be able to provide that service.

Mr. Cathers: I appreciate the information.

I understand that cardiac wait times are high right now. Can the witnesses please tell me about the current wait times for cardiac procedures?

Mr. Bilsky: I want to back up just a little bit on how access to specialty services like cardiology is provided and put cardiology in context of that.

Obviously, YHC is part of a broader health system that supports access to specialist services. When we talk about something like cardiology or any specialist, it can be provided in essentially four different ways. One way is to have resident specialists here in the territory who live here, work here, provide the specialty. We're blessed to have OB/GYNs here; we're blessed to have orthopaedic surgeons, general surgeons, a psychiatrist, and pediatricians. Those are some of the specialists that we do have here.

In addition to that, we host what's called a "visiting specialist clinic" and those are physicians not resident here, but they visit here. Our job is to basically provide space and support to these physicians so that people don't have to travel and can access them here.

Other ways that access to specialty services is created is through virtual technology and also medical travel and medevac, which essentially means people travelling out to access specialists.

So, when I speak about the cardiology wait-list, I can only speak about the wait-list here for visiting specialists. I can't speak to anything that is related to medical travel for cardiologists. That is handled through Insured Health. I also know that there is a significant amount of triaging that goes on so that, if people have urgent needs, those are met in the best way possible.

What I can tell you about cardiology, though, from our perspective — and again, this is from the perspective of visiting specialists — our current wait time to see a visiting cardiologist is approximately five months. Right now, there are approximately 74 people on that wait-list.

Mr. Cathers: Can you compare that wait time to the benchmark for that — and with the standards that you would like to be achieving, I should say? Also, recognizing the explanation that Mr. Bilsky provided about wait times that are not handled by the hospital or are really within your area of knowledge, can the witnesses tell us a bit about what

procedures the Yukon currently has wait times for that are longer than the standard of what would be considered medically appropriate? So, basically, where are we struggling to meet the standard?

Mr. Bilsky: Just to add to my comments earlier about how we try to manage access to specialist services in an equitable way, we strive for system collaboration through what is called the "access to specialty care committee". Again, this is a tripartite committee that is made up of physicians through YMA, the Department of Health and Social Services, as well as YHC. We meet regularly to identify priorities of special services that are required in the territory and recommend actions for addressing any type of specialty care.

As I mentioned before, WGH is physically home to the majority of specialty services for Yukoners, but having said that, this physical location is constrained. It is enjoyed by Yukoners because it provides easy access and a convenient place for patients to access in Whitehorse. We're committed to continue to work with the health system on improving access but, as I said, it's physically constrained as far as the number of visiting specialists that we can host there.

We host approximately 13 specialties, and that's only a fraction of the number of specialities and subspecialties available in the medical field. Because we're physically constrained, wait times for accessing specialties, basically for most specialities, are not where we would like them to be from a benchmark perspective. But again, as I mentioned, we're at 100-percent capacity. To be able to address that would mean probably increasing physical space, and that would allow more visiting specialists to be able to come to the territory and see patients here.

Mr. Cathers: I know that some of the hospital's equipment and technology is aging and I hear that some is beyond its expected lifecycle. Some of it, I understand, may even date as far back as the 1990s in terms of the age of some equipment. Can the witnesses please talk a bit about the current capital maintenance program? Specifically, what significant areas would be a priority for replacement of equipment within the next few years?

Mr. Bilsky: I think I'll start by explaining a bit about our capital planning process that we have. Then hopefully I can address in a general way some of the areas that require or continue to require attention.

The capital planning process that we use is what I would call at the ground level — at a committee level — where we continuously identify the parties that we have. We categorize the capital into at least three categories. One would be maintenance capital — those are the things that we need just to keep the lights on, to keep things going, and maintain the services the way they are. Then there are two other categories, called "growth" and "strategic". Growth and strategic are meeting extraordinary demands that we have. That could be volume pressures or potentially new services that have been added. Strategic are really those larger items that we work with to improve services — take step functions and services — usually are going to be major builds or brand-new services that we'll take on in a large way.

From that perspective, the first category is the maintenance capital. That would be the one where most replacement of equipment occurs. As I said, that's where we're trying to keep lights on and maintain the services that we have. The other two categories generally happen because we have provided some type of business case to government and/or work with government and/or have been requested by government to provide a new service. Those hopefully come with specific recognition and funding. I don't think that's the type of capital that the member is asking about.

When it comes to maintenance capital, it's incumbent upon us, throughout all of our departments, all of the committees that we have, to continuously identify all of those priority items and keep those in a format that we know what's up for renewal, what's going to break, what we are having problems with, and making sure that they are being identified and planned for.

Ideally, we're not taking pieces of equipment until they actually fail. We would like to replace that equipment on a planned approach, but oftentimes things do fail, maybe because they're at end of life, possibly because they're before end of life — it's really hard to tell.

We do have a fiscal constraint that we have to live within, which means that we budget a certain amount for capital every year. Any amount of capital that we take — if we want to exceed the budget we have, it's basically coming out of operating funds somehow and in some way to allow for capital.

What we do is make sure that we're addressing those priority items, reviewing that regularly, right to the executive level on a quarterly basis, and applying those funds judiciously to where they need to be applied. Behind all that is a planning process that allows us to make sure, as we do plan for replacement of equipment, that we're doing it in the most prudent fashion possible. We're planning for it. When we implement it, there are no unintended consequences to implementing that piece of equipment or replacing it — we achieve the outcomes that we want and, to be blunt, that we get the best possible price we can and that it meets all of our user needs.

Some of the areas that I know are coming up in the future — one that we have been working on right now with government is the replacement of our ultrasound equipment which has reached end of life. It had originated many years ago. The CT scan will be one of those other ones that we need to pay attention to. One that we're working on right now, through a much larger, system-wide project, which is called 1Health, is the replacement of our hospital information system — a multi-million dollar project, one that we're very thankful to move forward on and one that I think will have a huge benefit to all Yukoners system-wide — so that's another one that we think is due for replacement.

On top of that, I think we have some very large upgrades that are necessary. We have spoken about the secure medical unit and we will have a need for probably more inpatient beds in the not-too-distant future, so there is a plan to move forward on both those elements to try to satisfy that.

People think of medical equipment. Behind the scenes, there is so much more to operating a hospital system than I

think people realize. There is boiler maintenance to be maintained and there are so many systems that are critical that people don't realize, such as high-pressure steam, low-pressure steam, heat, IT infrastructure, oxygen systems, and medical gas systems — all these things are necessary and all need to be maintained. I will stop there and see if I have answered most of the question, but that is what comes to mind.

Mr. Cathers: I understand that new medical standards, as well as keeping pace with new technology and practice, is a major source of cost pressures to every hospital in the country. Can the witnesses please talk about that as well as its current and anticipated impact on the Hospital Corporation? I will just leave it there and then ask another question as I move toward handing the floor over to the Third Party — if you could just provide that information, please.

Mr. Bilsky: I think that the best way to answer that question is, as I've said, if there is something substantial that we are truly unable to absorb, that is something that we work with government to try to make sure that we are addressing those priorities on a continuous basis. As I have said, a most recent example would be the replacement of four ultrasound units, which is between approximately $750,000 to $1 million. It is something that we just can't absorb in current year funding.

When it goes back to all of the other smaller items — items that are, let's say, $500,000 or less on an annual basis — we do our best to plan for those in advance and understand which items can be maintained, which ones continue to meet standards, and which ones do not. We keep a list of priority items so that we can manage that capital accordingly. The challenge obviously comes in when there is something truly unforeseen and we have to replace that sterilizer that is $100,000 on the spot because it's broken. Those are some of the challenges that we see.

Going forward, all I can say is that we continue to manage that. Yes, we would like more funding, as we always would just to deal with all those continuously replaced items. We will continue to work with government to make sure that we can do that, because otherwise, it truly infringes upon the current operating costs that we have.

Mr. Cathers: I am just going to ask one last question, in the interest of following through with our agreement with the Third Party to allow them to ask questions. I do appreciate the answers that have been provided to date. I am going to finish by asking about the secure medical unit. I want to ask, first of all, about the current situation — understanding that there have been some pressures there recently. In the current year or the past year, has the hospital looked at increased staffing within the SMU, recognizing that they are working on the replacement of it? If so, have they been given any additional resources by the government for doing that?

Secondly, with the new SMU project itself. Last fall, when they appeared in the Legislature, the hospital witnesses told us that the project had been submitted to government formally several months previously. Could they please tell us now about the status of the new SMU project and what approvals or actions they need from the government to be able to proceed to the next stage?

Mr. Bilsky: I will try to answer the resourcing question first and then move on to the planning for the new SMU. Specific to resources that we have added — in the past year, we have added nursing resources to the SMU, essentially again adding one full-time body to make sure that there are always two people on shift within the SMU at any given point in time. In addition to that, we have recently augmented security within the SMU to ensure that, when there are high-risk patients identified by staff, identified with certain criteria, identified by a psychiatrist, that there is posted security within the unit during that period of time. Both of these are elements that we're attempting to absorb within our current budget and current envelope.

To go back to the SMU, in particular, and the planning — just to refresh your memory, I always try to make sure that I put the SMU in the context of what it is and possibly what it isn't and then plan forward from there.

At WGH, we have what is called an "SMU". It is a five-bed, plus two seclusion room area, and it is called the "secure medical unit". Its purpose is to provide a safe environment for acute mental health patients while being assessed so that they can be stabilized and provided basic interventions.

What it is not is a long-term psychiatric inpatient program. Any patients requiring specialized assessments or long-term treatment are transferred to appropriate specialized facilities down south and/or they're stabilized and transferred to care within the community.

Staffing currently consists of registered nurses, registered psychiatric nurses, social workers, licensed practical nurses, and we closely work with our First Nations Health Programs, as well.

The way that physician support occurs within a secure medical unit is that admissions in the secure medical unit happen under the authority of a most responsible physician — GP. Psychiatrists provide consult services to the most responsible physician. That's the way that occurs.

As far as planning and what has occurred, I want to comment a little bit first on the deficiencies that maybe exist within the current facilities — and these are recognized deficiencies. They're not something that has suddenly popped up on us. These deficiencies have existed for some period of time and it's why we've undertaken a significant amount of needs assessment and planning to go forward.

Right now, the existing SMU is essentially a converted inpatient medical ward. It was never designed to fill the functions expected of it and it does result in some very real safety and quality care concerns. Just to list a few of these — there is an inability to zone patients. That means it's not possible to keep aggressive and violent patients safe and separate from other vulnerable patients. There are no common areas for daily living. There are no areas to support clinical therapy. There are limited areas to support staff in a safe area. Unfortunately, it results in some patients spending long periods of time in isolation. Our planning going forward in conjunction with government has been to identify and rectify the situation.

As I said, the planning for this really started as far back as 2012. This started with what we call a "master facility plan" for

the entire facility. It's not cast in stone, but what it was meant to do is give us a view of what it might look like going into the future so that, as we did go into the future and as we did expand or we did build, we were making sure that we did it in a thoughtful way and essentially meeting the needs of Yukoners.

Then this carried on through the planning and expansion in 2014. I'm sure that everybody is aware that it was envisioned with a shelled space above the new emergency building — that it was most prudent to build that shelled space. That was earmarked, at that point in time, for a new SMU.

The reason why is because, obviously, all of the deficiencies that we mentioned, but also the vacated SMU space would create room for more inpatient beds — again, another evolution. As our population grows, we'll eventually need more inpatient beds.

We continue to conduct work. As I mentioned, we constructed the new ED, and then we continued to conduct work from 2016-17 on a needs assessment functional plan for a new SMU and provided that information to the department at that point in time. After that, we worked in collaboration — and we did further detailed assessment and planning — with system partners, — including Health and Social Services, Justice, and Corrections — and created the actual business proposal. That was in 2017-18.

After that — and just maybe to summarize, if I could, a long story that's getting longer — we thought that we had gotten to a place where this was now a fairly good business case, in conjunction with the Department of Health and Social Services, and received approval from our board of trustees in April 2019. In September 2019, I believe this was presented to the minister at that point in time, although I'm not privy to exactly when and how that was presented to the minister. It's proposed as a 12-bed unit where eight beds are available initially and four can be developed into the future.

The real improvements that we're looking at here are, again, the opposite of what I said the deficiencies were, so that's essentially that we have the ability to reduce the risk to patients by having zones where we can hold violent, aggressive patients versus safe zones for staff and physicians. Essentially, there would be at least three distinct zones: secure, adolescent, and others. Space for security staff, recognition and respect for First Nation needs and culture within the space and through programming, spaces for activities, spaces where we can provide treatment and therapy, common spaces for dining and potentially recreation, and consult rooms.

My understanding at the current time is that the government has considered this. They did provide initial upfront money for planning in 2019-20, and then they have allocated this in future years — their five-year capital plan. My understanding — and I think that this has been mentioned here — is: in 2021-22, approximately $1 million to $2 million; 2022-23, approximately $10 million to $15 million; and in 2023-24, $3 million to $4 million.

I appreciate all the planning that has gone on, and I appreciate the allocation and the identification as a priority. Strictly speaking, though, as a hospital system, and wanting to provide the best care that we possible can, anything that we can do to try to accelerate that would be obviously appreciated, but also understanding that there are fiscal constraints. We are continuing to work with government to see how that can happen. The challenge will continue to be that there will be patients who will exceed the level of care that we can provide within that facility. I wish it was different, but it is not. Until we address the physical space and, at the same time, deal with system-wide programming, unfortunately, we won't be able to meet that level of care. Unfortunately — and I don't want to see this happen — there may be future adverse events until we actually address the space.

Ms. White: I am just going to jump right into it and will start with the secure medical unit, because that is where we are, but mark my words, we're moving all over because I have a very short amount of time.

We're aware of other incidents that have happened in the secure medical unit. Has a WCB assessment of this unit been done in the past — when it was nurses who had been injured or attacked?

Mr. Bilsky: I am looking at probably recent knowledge. To my knowledge — not specifically in the SMU, but I could be wrong — we did have another incident outside the SMU that WCB assessed where one of our staff members had been assaulted.

The current incident that I think is being referred to here is where a psychiatrist was assaulted is — I mean, we are working hand in hand with WCB to make sure. First and foremost, even before we work with occupational health and safety and WCB, our own internal occupational health and safety incident reporting system makes it a priority that we identify the incident, understand the incident, learn from it, and then make improvements. We work very closely with WCB to move all of those actions forward because it is paramount to us that we provide safe care for patients, as well as provide a safe environment for our employees.

Ms. White: I am happy to hear that the assessment is happening across the board there.

Recognizing that the Whitehorse Correctional Centre still has the designation as a hospital, how many patients have been transferred to the Whitehorse Correctional Centre?

Mr. Bilsky: That's an excellent question, and it continues to be a struggle for us on two fronts. One is with the care of patients under the care of the YRB. Other ones are patients who are actually Whitehorse Correctional Centre patients. To my knowledge, none have been transferred to the Whitehorse Correctional Centre. My understanding is that there are deficiencies in the *Mental Health Act* to be able to allow that to happen in conjunction with physicians. I guess, to answer the direction question — none that I know of.

Our challenge really comes down to, as I mentioned, the deficiencies that we have. Then, when we are ordered to hold a patient who is known to be violent, we end up with issues where they exceed the level of care that we have. Unfortunately, when it comes to forensic-type psychiatry, those things usually happen with extremely short notice. The challenge becomes how we prepare ourselves in all respects to make sure that we

can safely care for that patient, for both the patient's sake and for the staff's sake.

We have gone to great lengths to try to collaborate with the justice system — inserted ourselves into any process that we possibly can so that we are identifying any of these clients who are going through the system. We have actually toured both Territorial Court and Supreme Court judges through the facility that we have so that they are fully aware of what the facility looks like, what it is appropriate for, and what it's not appropriate for. As I said, we do the best job we can to influence how that happens within the bounds that we have.

Ms. White: I appreciate the answer. To say that there are deficiencies is, I believe, an understatement, but I do appreciate that.

One of the things that was mentioned was that, when required, there is security within the secure medical unit. Is there specialized training for those security officers?

Mr. Bilsky: Thank you for the question. Up until this point, there has not necessarily been specialized training. The safety training that we do is broken into two areas: one I would call "non-violence intervention training"; the other one is "code white training", which is actually when there's a violent incident and there is a response.

At this point in time, our organization has undertaken — and has done this over the past several months — planning and then implementation to overhaul all of the safety training that we do. This will include security guards. Having said that, though, it will take a specialty in security that we don't currently have when it comes to maintaining that secure medical unit.

Ms. White: I agree. It takes very specialized training to deal in those high-stress situations. I hope that this training is possible.

Last year, when we were here, there was talk about moving to a new staffing model. I would like to talk about staff and what that looks like. To start off, what I would really like clarity on — and I don't need it to be in depth, but I would like an idea of the scope of practice. For example, what is a licensed practical nurse able to do? What is a registered nurse able to do? What is a health care assistant able to do?

Mr. Bilsky: At YHC, we strive to ensure that the right person is providing the right care. Our care models predominantly use RNs but also use LPNs, as you mentioned, as well as health care aides, as the member has also mentioned. We have recently added to our inpatient care model at WGH. This is essentially to meet national benchmarks for nurse and patient ratios, as well as scope and skill mix for patient ratios.

As was mentioned, in 2020, we undertook a project to restructure our nursing workforce. This project included a review of all nursing models, skill mix, which professionals provide care — RN versus LPN versus HCA — and nurse-to-patient ratios. A number of changes were made to our model of care, and nursing resources were added to a number of departments, including medical and surgical, SMU, and the OR. To actually talk about what they're capable of doing, I personally could not do it justice because of the number of specialized areas. An RN is not an RN is not an RN — I mean, there are just so many different specialities in what they're able to do.

What I can tell you about the mix that we have is that it's there to ensure that, in the most prudent way we possibly can, we have the appropriate people and they're working to their full scope of what their professional practice is, basically at the right time and in the right setting.

Mr. Gillen: Last summer, my daughter spent 10 weeks in ICU in Misericordia Community Hospital in Edmonton. There we saw how the RNs work, how the LPNs work, how the health care aids work, and what they do. The way they work there — and I see it being a very similar process here — is the RNs each were devoted to one patient, so they looked after the all the medical needs, following doctors' orders, doing all the tests, and all that stuff for the patient. The LPNs looked after the bathing, feeding, helping to move people around, helping to transfer them, and some medication. The health care aids also worked in terms of moving people around, feeding, bathing, and getting supplies. It was really clear that the RNs were doing their scope of practice that they're trained for and skilled in and that they were not doing the lower — for want of a better word — jobs that other folks were doing. Watching that model at work, I thought that was then an interesting way to do things. Then we come back here and we started into a redevelopment of our nursing and how they're organized. We see the same positions coming up and the same sort of approach to using those individuals.

Mr. Bilsky: One other important element of this restructure is — and it just reminded me as our chair was speaking — it's also to address recruitment and retention. The addition of LPNs and HCAs is not only trying to make sure that we're meeting best practices that you see across Canada in nursing ratios and in skill mix, but it's also to improve our ability to recruit and retain locally here.

Yukon University has programs that train HCAs and LPNs. They are drawing from communities in-territory to try to provide that. Our intent, through health human resources, in collaboration with Yukon government Health and Social Services, is to really try to bolster that ability to recruit and retain. It has the added benefit of that strategic element and also the diversity, because we also know that, as we recruit and retain from our communities, we start to create that diversity that is in the communities.

Ms. White: When there was the move to the new staffing model, was it based on a certain capacity of the hospital — so 50-percent capacity, 60-percent capacity, 80-percent capacity, 90-percent capacity, or 100-percent capacity? When the staffing model was looked at, was there a capacity at the hospital that was viewed as ideal?

Mr. Bilsky: Thanks for the question, Mr. Deputy Chair. The nursing structure model is always going to be based on the acuity of the patients that we see and basically the volumes of the patients that we see. We try to create the model that is as flexible as possible to meet the demands. Ideally, we would like to maintain an occupancy level — and this is a general occupancy level within our hospital system — of approximately 75 percent. That is not to say that we are always

at 75 percent, but it allows us to maintain some surge capacity. We do fluctuate from day to day on what that occupancy is.

Thankfully, in these past two years, we have been able to reduce the number of ALCs in the hospital and reduce the average level of occupancy in our hospital. Prior to two years ago, probably 50 percent of our days we would be over 100-percent occupancy. Today, between 10 and 15 percent of our days, we will actually spike into about 100-percent occupancy. Average level of occupancy today is around 85 percent or maybe in the low 80s. Previously, it was in the neighbourhood of 95 to 100 percent. That is an important fact to note, because it's something that we have aggressively worked on with the Department of Health and Social Services to make sure that patient flow has been efficient and effective in getting people to the right place at the right time.

With regard to nursing in particular, I think that, with the structure of nursing that we have, it's really dependent on the acuity that we're seeing. We try to create the most flexible workforce that we possible can to address whatever is happening in hospital.

That flexible workforce includes permanent staff, temporary staff, casual pools, float pools, even agency nurses. By creating that flexible work environment, we're able to flex up and flex down, depending on the acuity that we're seeing within different departments in our hospital. It is always going to be a challenge to recruit and maintain and make sure that we have every line filled, but I'm proud to say that our vacancy rate is actually lower than what you would see across Canada, and our turnover rate is probably within reason, from that perspective. Our people do an excellent job of making sure, the best that we can, that shifts don't go unfilled and that safe care is provided when needed.

As I said, when we talk about staffing ratios, I know there have often been comments about things such as one nurse to nine patients or something like that — not to my knowledge, and it really depends on acuity. There can be situations where the staffing ratio is 1:1. As the acuity goes up, the staffing ratio of nurse to patient also goes up as well. There are situations where it's 1:2 and potentially, to the least acute patients, which can be 1:5, possibly 1:6.

Ms. White: One of the concerns is that I can hear the witnesses and what they're saying, that it's good and that it's going well, but when I speak to nurses, that's not what I hear. So, how is the Hospital Corporation having those real meaningful conversations with nurses about what's working and what's not?

For example, I've been told that, prior, the average was one nurse to four to five patients, and now it's down to one nurse to six patients. I've been told that the new model — although, for example, there is now a new nursing physician in surgical while medical is down, because there are health care aides now instead.

What I hear when I talk to nurses in the community is that they aren't feeling good about the current staffing model. So, how does the Hospital Corporation have those conversations? If the feedback isn't good from the people doing the work, how will they make those changes?

Mr. Bilsky: Just to again address the patient ratios — I think it's a very general statement to say it's 1:5; as I already mentioned, it really depends on acuity. Nurse-to-patient ratios are always going to be higher where there's higher acuity, right to a 1:1 nurse-to-patient ratio.

I think that when there is a statement that the nursing ratio is 1:5 — I think that is misleading from the perspective of that being a very general statement. We tailor the nursing support to the acuity of the patients that we have.

Second of all, to address the other part — by no means am I saying that there aren't challenges within the hospital. In terms of recruitment and retention, we are always going to be constantly looking for people, especially in the hard-to-recruit areas, some of the specialty areas. It will always be a situation of ensuring that people are feeling supported and feeling secure in the care that they are providing.

There are spots in the hospital that we need to address. How we understand what those are is through ensuring that we engage all of our staff — not just nursing, but all of our staff — in what they see that are issues, what concerns them, and then continuously addressing those concerns. Those concerns could be anything from education to workload to safety concerns to communication. As you know, in any organization, there is a number of things that are continuously worked on, but our goal is to make sure that people feel supported, that they feel safe, and that they are providing safe care. We will continue to endeavour to do that.

Ms. White: I appreciate the answer. I am just going to relay that — not being in the hospital and not being directly involved — folks aren't happy. If the witnesses feel otherwise, then maybe that is part of the problem. I am just going to leave it there. I think that there is an opportunity to have hard conversations with the staff at the hospital, especially the nursing staff and others, to take a look at some of the issues that get brought back up to someone like me, for example, but I am going to leave that behind right now.

How many positions have been created in the last two years within the Hospital Corporation that are not represented by a union?

Mr. Bilsky: Just to put it into perspective, I think the question is they are not represented by the union — correct? As of today, we have 58 non-union employees and 636 union employees. I don't have the exact number of the change, so I'm going to have to estimate. I would suggest that there have been between five and seven non-union employees added and I would suggest that there have probably been between 50 and 70 union employees added. That's excluding COVID-related.

Ms. White: I thank the witness for that answer. Maybe with time and distance we could look into what that number is and if I could get a list of those positions as well.

Those five to seven — are they considered management by the Hospital Corporation?

Mr. Bilsky: To answer the question, they're either considered management or confidential excluded employees.

Ms. White: Has the corporation notified the Yukon Employees' Union, as is their obligation, prior to creating those positions?

Mr. Bilsky: I don't think they've been notified, although I believe that we've done everything we can to comply with the certification order that's out there.

Ms. White: I bring that up as there is an obligation when new positions are created.

Putting People First is a pretty wide-spread document and it's pretty groundbreaking. You have been putting forward motions about how we look at that. Within that, it's talking about changing the Hospital Corporation and putting it under the branch of "Wellness Yukon". Where do the witnesses stand on that recommendation within the report that has been accepted by government?

Mr. Gillen: I will be blunt: I hate the term "Yukon wellness". Yukon is one of the very few jurisdictions — in fact, maybe the only jurisdiction in Canada — that doesn't have a health authority model. Moving to "Yukon wellness" — for want of a better term — model would create that hospital authority.

Hospital authorities exist all over the country. I believe Yukon wellness is planned not just to be a health authority but a social program authority, which is interesting. Other jurisdictions just have a health authority looking after health matters and the government looks after the social matters, as in the case of, I believe, it's PEI.

We were involved in the *Putting People First* review and the report. We had a lot of input into it. We had a lot of discussions with the commissioners. The overarching response from the review, from my perspective, was the need for a restructuring and a realigning of health care services and how doctors are managed, how communities are looked after, how the hospital looks after — there are all different models out there, and some are mentioned in the report. I think there are some very good recommendations; there are some recommendations that, from my perspective, require a lot more work to try to bring them home.

We look forward to working with the Government of Yukon on issues and matters that relate to the hospital, as we move forward.

Mr. Bilsky: Just to add to that — and I don't have a lot to add, and I agree with what our chair is saying. As he said, the Yukon Hospital Corporation contributed data and information input into the report as best we could, and many of the recommendations reflect the data input that we had. One of those was improved system integration, improved patient centredness, enhanced community involvement, and advancement of reconciliation with First Nation people.

In particular, the comment about "Wellness Yukon" — that is a comment about the actual solution, for which the outcome is about system integration, and that's where the virtue of any solution is going to be in this territory. That's about breaking down the silos and looking at a seamless system with system integration that allows —

Several of the initiatives that we have underway are looking forward to that. An example would be 1Health, where we're looking at one health information system across the territory and one health record for patients, and that hopefully creates a more seamless journey for patients. Again, it's advancing one of the recommendations in the report.

I think the question was about how we feel about that report — strong proponents of system integration, absolutely. How we get there is going to take, I'm sure, a lot of effort and a lot of analysis and cost-benefit work to see how we actually achieve that outcome of system integration.

Ms. White: I thank the witnesses. It is a reinvention, so it will be exciting however we do it.

What is the Hospital Corporation's policy when it comes to action taking place outside the workplace that could affect someone's ability to provide health care to the public? For example, if an employee or a doctor has faced criminal charges in the past, what are the Hospital Corporation's policies to protect the public as well as other employees?

Mr. Bilsky: We have several policies. There is the code of ethics and code of conduct that govern the actions of employees.

Our main concern is always going to be a respectful workplace — respectful both for patients and respectful for our employees — and creating that safe environment. If we become aware of anything through different reporting mechanisms, we take steps to investigate, whether that is inside or outside of the workplace. Primarily, obviously, we are concerned about anything that happens outside of the workplace that may affect inside the workplace. It is not our place to try to govern exactly what happens outside of the workplace unless it affects what is happening to us inside the workplace. Definitely — obviously — anything that does happen within the workplace — again, there are codes of conduct and policies regarding ethics and processes to identify, processes to investigate, and processes to mitigate and correct whatever those actions might be, right from individuals up to system-level corrections that may be warranted.

Ms. White: I will send an e-mail and ask if I can perhaps see those policies, as I don't know if they are publicly available.

What happens to a physician who works at the hospital and is facing a complaint with the Yukon Medical Council? Are there limitations imposed on the practice they are able to do while the complaint is being reviewed?

Mr. Bilsky: We have a very extensive privileging system within the hospital that essentially says that doctors have to be qualified, credible, and experienced and follow the codes of conduct and policies that we have in place within our hospital. If that is the question that the member is asking, for any physician who is in breach of that, there is an established process to investigate and ensure that their actions, or potential actions going forward, don't infringe on the respectful and safe workplace that we are trying to maintain and that the quality of care is not diminished.

Ms. White: This goes back to how some of the Hospital Corporation dealt with COVID. We know that patient and visitor screeners were hired by the Yukon Hospital Corporation this spring, so could the witnesses explain what the hiring process was to fill these roles — specifically at the Whitehorse hospital — and how these positions were advertised?

Mr. Bilsky: Initially, because we didn't know what this would actually entail and we didn't know how long it was going to occur, we looked at hiring temporary individuals. Initially, we had a very, very difficult time trying to find people who would fulfill these roles as screeners. I don't know exactly why they were very difficult to fill, but we were in a very significant crunch. We needed them immediately, and we needed to bring them on board, train them, and get them in place.

Initially, a typical recruitment advertisement — both internal and external — to try to recruit. In the end, to be honest with you, it came down to a combination of advertisements, people applying, word of mouth — however we could to retain people to fulfill these recruited positions — a lot of students — but it was necessary that we had these on the spot. Initially, these were not union positions. We didn't know how long we were going to have them and we needed them very quickly.

Eventually, this has evolved now, so I am going to say approximately six to eight months after initiating the screeners, these positions were folded into the union. We have had to work with the union to make sure that reparations were made for anything that potentially could have been offside of the contract. Going forward, now the positions are governed under the collective agreement. From that point forward, it now becomes working under the collective agreement for any type of seniority posting — any process that we need to follow from a union perspective.

Ms. White: I thank the witness for the answer.

Just to go back, when the witness talked about how there was a code of conduct and such that employees needed to follow — if an employee at the Hospital Corporation who has faced accusations that were proven in court of violent behaviour in their personal life — and the witness used the language of "credible", and they would be credible within their field — would someone who had faced those charges, had they been proven in court, still be viewed as a credible professional within the Hospital Corporation?

Mr. Bilsky: That is a complicated question. I believe that the member is speaking about the implications of that with a physician.

There are two sides to that, obviously. There is the Yukon Medical Council and their ability to be licensed. Then there is their ability to work within our hospital system. As I said before, we have a process of privileging physicians. There are criteria that need to be met when it comes to privileging physicians, including holding a licence. Anything that impacts their licence will impact their ability to be privileged. If it comes down to it, and something that has happened outside the hospital bounds has impacted their licence, it will be considered in the privileging process.

Having said that, having a criminal record doesn't necessarily stop somebody from working, potentially. It's our job to make sure that we put management mitigation practices in place to, as I said before, ensure the safety of patients, the safety of employees, and a respectful workplace. If that is diminished in any way, we have a process with our medical advisory committee, right up to our board, to attempt to address that.

Ms. White: I thank the witness for that answer. I think I'll just follow up with an e-mail. That would probably be the best way to do that. I appreciate that I have not made it easy at the end, so with that, I will thank the witnesses for appearing. Mr. Deputy Chair, I move that you report progress.

Deputy Chair: Are there any further questions for the witnesses?

Mr. Cathers: Recognizing the hour and that we're almost out of time, since there appears to be a couple moments before we hit the 5:30 p.m. bell, I would just like to thank the witnesses as well as everyone supporting them for appearing here today and for their efforts in providing us answers and information.

Hon. Ms. Frost: I would like to thank the witnesses for your presence today. I certainly appreciate all the work that you're doing for Yukoners. I know that these have been trying times over the last few months. The hospital is doing really great work. I just want to continue the collaboration and look forward to future initiatives. I know there is a lot on the agenda, and I appreciate your patience and also your commitment working with this government in ensuring that Yukoners are well taken care of now and certainly into the future as we continue on this journey through this pandemic.

Thank you so much for being here today.

Deputy Chair: Thank you. The witnesses are now excused.

Witnesses excused

Hon. Mr. Silver: I move that the Speaker do now resume the Chair.

Deputy Chair: It has been moved by Mr. Silver that the Speaker do now resume the Chair.

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

May the House have a report from the Deputy Chair of Committee of the Whole?

Chair's report

Mr. Adel: Mr. Speaker, Committee of the Whole has considered Bill No. 205, entitled *Second Appropriation Act 2020-21*, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 5, witnesses appeared before Committee of the Whole to discuss matters related to the Yukon Hospital Corporation.

Speaker: You have heard the report from the Deputy Chair of Committee of the Whole.

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

The time being after 5:30 p.m., this House now stands adjourned until 1:00 p.m. on Monday.

The House adjourned at 5:32 p.m.