

**Yukon Legislative Assembly
Whitehorse, Yukon
Wednesday, November 20, 2013 — 1:00 p.m.**

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

Prayers

Withdrawal of motions

Speaker: The Chair wishes to inform the House of a change that has been made to the Order Paper. The following motion has been removed from the Order Paper: Motion No. 514, standing in the name of the Hon. Premier, as the action requested in the motion has been taken.

DAILY ROUTINE

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

Tributes.

TRIBUTES

In recognition of mining industry awards

Hon. Mr. Kent: I rise today on behalf of all members of the Legislative Assembly to pay tribute to members of the mining industry who have shown excellence in responsible and environmental stewardship.

Each year, the Yukon government awards the best in the field with a Robert E. Leckie Award for outstanding environmental stewardship in mining and exploration. The awards were created as a tribute to Robert Leckie who worked as a mining inspector in Mayo from 1987 until 1999. Mr. Leckie showed incredible dedication to environmental stewardship and innovative mining practices. He educated area miners on the benefits of thoughtful environmental practices and was a leader in developing positive relationships between government and industry. Mr. Leckie was also instrumental in conducting research into environmental placer mining practices and assisted industry to conduct their operations to a high standard.

There was a selection committee for these awards that was composed of representatives from both industry and the Yukon government. I had the pleasure of presenting these awards at this year's Geoscience Forum banquet this past Monday. The award for outstanding and responsible practices in placer mining went to Ben Warnsby and Alex Seely.

In 2011, Mr. Warnsby and Mr. Seely acquired a number of placer claims on Bedrock Creek in the Dawson mining district. On those claims there were several unresolved environmental issues from earlier mining practices. There were approximately 10,000 litres of fuel contained in 45-gallon drums all over the area. These abandoned drums were on the verge of becoming compromised, which posed a significant risk to the environment. Mr. Warnsby and Mr. Seely acted immediately to remove the fuel. Their effort resulted in over 30 trips to Dawson from the site. Mr. Warnsby and Mr. Seely's willingness to remove

approximately 160 45-gallon fuel drums and drain two large fuel tanks from their claims has demonstrated exemplary environmental stewardship.

The second Robert E. Leckie Award for outstanding and responsible practices in quartz mining went to Regent Ventures Ltd. Regent Ventures operates on the Red Mountain property east of Dawson City. They undertook a small drill program in 2010, hiring crew who were very environmentally conscious.

There are two gentlemen who have joined us here in the gallery today who accepted the award on Monday night, Mr. Ryan Coe and Mr. Jeff Bridge, and I would ask all members to join me in welcoming them at this time.

What Regent did was reclaim several historically disturbed sites along the access route. They removed an old placer camp, which included structures, garbage and fuel drums, and reclaimed the area. At a nearby airstrip they removed garbage and empty fuel drums from multiple users. They also discovered and plugged an artesian drill hole with the use of their own equipment on site. This dedication to reclaiming old sites, especially ones that were caused by other users, is not only a benefit to the environment, but sets a wonderful example of responsibility and respect by those engaged in modern mining practices.

In addition to the Leckie awards, the Yukon Chamber of Mines and the Yukon Prospectors' Association also recognized leaders on Monday night in their fields. The Yukon Chamber of Mines gives a community award each year for an exceptional contribution made by an individual, organization or government for the advancement of a substantial and responsible mining industry in the territory.

This year, Victoria Gold was honoured with the Community Award for their contribution to education through their Every Student, Every Day program. As members know, this program raises funds that individual schools, Yukon First Nations and communities can apply for to develop and undertake innovative, grassroots solutions that support student success and student attendance. They have raised over \$100,000 in a little over 12 months of operation to help out with these initiatives that, again, are application-driven from individual schools and communities.

The Yukon Chamber of Mines also gives out a member award to one of its members who has undertaken work in Yukon within the past year and is contributing toward developing healthier communities, protecting the natural environment and helping to develop a vibrant local economy. This year, Tarsis Resources, was given the Member Award for their efforts in establishing good-neighbour practices, engaging in sincere and early consultation with First Nations, applying industry-best environmental practices and going above and beyond legislated requirements in their community engagement and First Nation consultations.

Finally, two awards were presented by the Yukon Prospectors' Association on Monday night. The first was the Prospector of the Year Award, and for 2013 it was awarded to Ron Stack. The association presents this honour to a deserving individual for outstanding achievement in the field of

prospecting. A big congratulations to Mr. Stack for his many years of dedication and contribution to the mineral exploration industry in Yukon.

I would like to pay tribute to the late Jim McFaull who was inducted into the Yukon Prospectors' Association's Hall of Fame. The prospectors' hall of fame acknowledges prospectors who struggled against seemingly impossible odds, suffered undue hardship and incurred incredible risk in their search for minerals in the Yukon. Mr. McFaull passed away suddenly on April 4, 2012, but his contributions to our mineral industry and Yukon as a whole will always remain.

I would like to extend sincere congratulations on behalf of all members to all of this year's winners. On behalf of Yukoners, I express my appreciation for the work they have done and the positive example that they have set for us all.

INTRODUCTION OF VISITORS

Hon. Mr. Kent: Joining us in the gallery are John McConnell, the CEO and president of Victoria Gold, his partner, Tara Christie, and their daughter Katherine. I would ask members to welcome them as well.

Applause

In recognition of Restorative Justice Week

Hon. Mr. Nixon: I rise today in recognition of Restorative Justice Week, which offers us the opportunity to reflect on the efforts made to find alternative ways to deal with harm caused by crime.

The annual celebration of Restorative Justice Week was originally initiated in 1996 by the Correctional Service Canada and has since expanded throughout Canada and around the world.

Restorative justice is a process that seeks to repair the harm caused by crime by bringing together the community, victims and offenders to find solutions. Restorative justice processes recognize that offenders harm victims, communities and themselves.

This approach is grounded in values such as respect, inclusion, healing and compassion, promotes community accountability and responsibility and responds to the needs of First Nation communities. The theme for Restorative Justice Week 2013, which will be held November 17 to 24, is Inspiring Innovation. The theme recognizes that restorative justice is an approach that addresses the various needs of people impacted by crime and the conflict created when a person has been harmed or treated unfairly.

Restorative justice processes in response to crime and conflict are highly adaptable to different people, environments and systems as the identified needs of the people involved help formulate the unique response that can contribute to a person's sense of safety, justice and well-being.

The Yukon Department of Justice supports eight community justice projects in partnership with Justice Canada's Aboriginal Justice Strategy and First Nations. Through locally developed responses, Yukon restorative and community-based justice is responding to human needs in our communities on a daily basis. These responses are reflected by

the ongoing work of Community Justice in acknowledging the needs of victims, offenders and the community.

The Carcross-Tagish First Nation offers pre- and post-charge diversion, court support, Gladue report submissions, circle sentencing, court-ordered follow-up and support, sentence advisory, probation assistance and reintegration planning and support.

The Carcross-Tagish First Nation Family Council continues to be the link between the justice system and community reparation.

The Champagne and Aishihik First Nations and the Haines Junction Community Justice Committee promote community healing, facilitate justice at a community level, develop positive relationships within the community, educate the community about justice alternatives that exist, demonstrate accountability to the community regarding justice matters, and establish a proactive approach to healing with long-term community wellness.

The Kwanlin Dun First Nation Social Justice department's vision is a hopeful and vibrant nation characterized by safety, security and deeply felt connections with each other, culture, First Nation identity, history and the land. Kwanlin Dun First Nation's mission is to provide a comprehensive range of justice, corrections, child welfare and land-based healing related to programs and services to the citizens of Kwanlin Dun First Nation and, within limits, to Yukon First Nations and other people.

In addition, to build further capacity for the implementation of self-government and community justice and related areas, Kwanlin Dun First Nation provides services to their citizens and others who reside on the First Nation's traditional lands. The Liard First Nation Justice department is based on a committee or council approach in responding to the community needs. There are three levels of referrals in that system.

The Liard First Nation Justice department supports victims, offenders, family supporters and community willingness to participate in the offender's acceptance of responsibility within the cultural values of the Kaska First Nation people, which can include circle sentencing, family group conferencing, court support, follow-up and reintegration.

The Ross River Dena Council offers community-based justice in Ross River. The justice committee and the health and social programs department support alternative traditional restorative justice within the present court system for Ross River Dena Council citizens. Working together, Ross River Dena Council reduces offender relapse and offers accountability to the community.

The Teslin Tlingit Council Peacemakers diversion project is a combination of traditional Tlingit justice that shares cultural beliefs with emphasis on acting on personal values; drawing upon mental, spiritual, emotional and physical dimensions of conflict; building better relationships through mutual respect and understanding with the understanding that the victim is central in the process; and creating shared responsibility for designing and running Peacemakers

diversion. Peacemakers diversion aims to provide a greater benefit to the victim, society and the offender. It is intended to repair the harm.

This year, the Tr'ondëk Hwëch'in assumed responsibility for the community justice or restorative justice project from the Dawson Community Group Conferencing Society. The justice committee and staff are currently implementing the project while providing a high standard of service to their citizens and clients in the Dawson City area.

The Vuntut Gwitchin First Nation Community Justice Committee oversees the work of the justice coordinator in delivering youth programming, court support, prohibition diversion and promoting community awareness of the community justice project. The coordinator provides assistance to both victims and offenders in accessing resource services and liaising between community members and the various justice agencies outside of Old Crow.

As a government, we are proud to be working on solutions that are based on a restorative philosophy and to be working to ensure that the positive impacts of restorative justice processes in Yukon are being felt.

Through the *Correctional Redevelopment Strategic Plan* and the *Victims of Crime Strategy*, we are working to promote healing and to offer support to victims and families while holding offenders accountable and encouraging healing and reintegration.

As individuals, we all have a role in creating safe and healthy communities, beginning with how we deal with conflict. What can we do as caring citizens to promote restorative justice approaches in our lives and communities? How do we better work together for positive outcomes?

Many of us work hard to support restorative and respectful processes in our families, relationships and workplaces. It is hard work but the results are clear: more productive and healthier relationships, less bullying and victimization and stronger and safer communities.

At this time, I would like to sincerely thank the individuals involved in restorative and community justice in Yukon for their very hard work and their dedication to seeking local solutions and to resolve conflict. These include members of community justice committees, community justice coordinators, government and First Nation officials, families, elders, youth and individuals who take part in restorative justice processes.

In recognition of National Child Day

Hon. Mr. Graham: I rise today to ask my colleagues to join me in celebrating children and to help raise awareness of children's rights. Today is National Child Day and it offers us the occasion to pay tribute to all of the Yukon's children today.

Originally designed in 1993, the aim of National Child Day is to promote awareness of the United Nations *Convention on the Rights of the Child*. The convention spells out the basic rights to which every child is entitled, no matter where they live. These rights are based on very basic principles: that a child's best interests should be the first

consideration in any action that affects him or her; that all children have the right to life, survival and development; that all children have the right to participate; and that all rights belong to all children.

These basic principles inform children's rights to special protection, to special education and care, to play and rest, to a voice and to health. Parents and caregivers play a vital role in the healthy development of their children. It is important that they too understand children's rights and help educate their children about those rights so they can grow to reach their full potential.

Here in Yukon, we believe that the government's role is to support families and parents in their efforts to raise their children in safety and security. We do this in many ways, Mr. Speaker.

We provide health care subsidies for parents who must work and need to leave their children in care. To ensure that that care is of good quality, we provide subsidies for licensed daycare and we fund many other childcare initiatives. We assist in funding Yukon Food for Learning to support nutrition programs in schools throughout the Yukon. This is also to ensure that no child has to go to school hungry. We support the Imagination Library so that all children under five develop literacy skills and a love of learning. We passed the new *Child and Family Services Act* in 2010, which has a greater focus on the rights of the child in all that we do as a department.

Our Pathways to Wellness initiative has focused on discovering ways to improve the health and well-being of children and youth. Although Yukon children are at least as healthy as their Canadian counterparts, in some areas, such as physical activity, we know that there's a great deal of room for improvement. About one in four male youths and one in six female youths in Yukon are overweight or obese. Marijuana use, tobacco use, binge drinking, emotional and interpersonal problems, and unhealthy eating are also significant concerns for Yukon students. The Pathways to Wellness website provides evidence-based information for individuals and groups wanting to improve child and youth well-being. There, people can find information on healthy eating, how to support infant brain development, the benefits of nature and outdoor play, the value of reading and the value of praise. Parents and other adults interacting with children have a big responsibility, and my government is committed to helping parents and adults do the very best for their children.

How will we know if we're making progress? Recently, we developed an indicator framework for measuring child and family well-being that we will use to track progress. The *Yukon 2012 Health Status Report* included many of the indicators on the health of children and youth. Over time, we will be able to identify successes and areas for further attention. We will continue our efforts not simply because we understand that children are the future of the Yukon, but because they deserve to be safe, fed, educated and happy. Children deserve the very best efforts of everyone at all times.

In recognition of World Chronic Obstructive Pulmonary Disease Day

Ms. McLeod: I rise in the House today to ask my colleagues to join me in recognizing November 20 as World Chronic Obstructive Pulmonary Disease Day. World COPD Day is recognized every year by the global initiative for chronic obstructive lung disease in an effort to increase awareness and care of COPD around the world.

This year the theme they have chosen is It's Not Too Late. This is the second year that they have adopted this theme, and why not?

This positive message emphasizes the actions that people can take to improve their respiratory health, even after a diagnosis of COPD. It's not too late to get tested, to quit smoking, to start exercising, to learn about COPD and improve your health. This is actually an excellent message for all of us, whether or not we have COPD. Although the origin of this disease can be genetic, most often smoking is the cause. Smoking damages airways and leads to poor oxygen absorption. Symptoms include a phlegmy cough, breathlessness and chest infections.

Close to 900 Yukoners live with COPD and perhaps many have it without knowing. If you're over 40 and have any of the symptoms, it's important to get tested. While there is no cure, there are many things you can do to improve your condition. In Yukon, the Health and Social Services health promotion unit offers help in quitting smoking with the QuitPath program. As well, the chronic conditions support program offers programming to help people to manage their COPD and to avoid the flare-ups that can lead to hospitalization.

The program also provides COPD rehabilitation, which includes supervised physical activity and in the communities, the program provides spirometry testing, which is the gold-standard test for diagnosing COPD.

One of the things health care providers are learning is that people often don't know how to use their inhalers properly. The Lung Association has produced a series of videos to help people who use inhalers get the maximum benefit from their medication, so watch the papers for more information and links to these videos. It's never too late. We can all work toward protecting our respiratory health.

In recognition of Lung Cancer Awareness Month

Mr. Elias: I rise in the House today in honour of Lung Cancer Awareness Month. Lung cancer remains the leading cause of cancer deaths in both men and women. This year alone, more than 25,000 Canadians will be diagnosed with lung cancer and more than 20,000 will die from it. On average, 55 Canadians will die every day from lung cancer.

Lung cancer is a terrible disease, but what makes the disease more tragic is that most lung cancer deaths can be prevented. More than 85 percent of lung cancer cases in Canada are directly related to smoking cigarettes. Lung cancer can be caused by many factors, such as exposure to second-hand smoke, radon, asbestos and products such as uranium and arsenic. It's also linked to genetics. If someone is a

smoker and is also exposed to another risk, the risk of lung cancer is even higher.

The best way for someone to protect themselves is to quit smoking and to stay away from second-hand smoke. The Department of Health and Social Services offers free programs to help Yukoners quit smoking.

Depending on the individual's personal readiness to quit, the department offers a series of smoking-cessation programs, so individuals can pick the program that best fits their needs.

As well, the Yukon Housing Corporation continues to offer free radon testing for homeowners so they can determine if their home is at risk from radon gas. If their home has levels of radon above the national guidelines, there are mitigation measures that can and should be taken.

There have been great strides in the treatment of lung cancer, but while every individual's prognosis is different, overall, lung cancer remains one of the deadliest, yet often preventable, forms of cancer. I would like to encourage all Yukoners who smoke to consider quitting and to contact Health and Social Services or visit www.quitpath.ca for help if needed.

I also encourage Yukoners to take advantage of free radon testing of their homes. This month and every month, let's all make changes to reduce our risk of contracting lung cancer.

On a personal note, Mr. Speaker, the vest that I'm wearing today in the Assembly was made by my late mother-in-law, Ruby Van Bibber, who passed away from breast and lung cancer. So it is an honour for me to wear it in the Assembly today.

In recognition of CPR Awareness Month

Mr. Hassard: I rise today on behalf of all members of the Assembly to help raise awareness of the value of cardiopulmonary resuscitation training, better known as CPR. While this training is available all year round, November is CPR Awareness Month and a good time to remind us all of the value of learning CPR.

More than 50,000 Canadians die from cardiac arrest every year. Ask yourselves, if you saw someone choking, experiencing pains or having trouble breathing, would you be able to act in time to potentially save that person's life?

According to the Red Cross, fewer than half of Canadians believe that they have the knowledge and skills necessary to respond in such an emergency. Learning how to administer CPR can mean the difference between life and death. CPR is a simple technique that helps keep a person alive and their brain functioning intact long enough for the ambulance to arrive. Coupled with the use of an automated external defibrillator or AED, CPR can double a person's chances of survival.

The life you save could be that of someone you love. Nearly 60 percent of Canadians who have had to perform first aid did so to help a family member. According to Red Cross, nearly 70 percent of Canadians who have suffered a cardiac arrest did so at home. You might be the best chance of survival for someone you love. Every minute of delay in getting CPR started reduces the chances of survival by 10

percent, so the more you know, the better prepared you are to apply this lifesaving technique. First aid and CPR courses are a small investment in improving the survival chances of those we love.

Hearts stop beating in individuals of any age for any number of reasons, including electrical shocks, drowning, suffocation or drug overdoses. I hope that none of us ever have to use CPR, but if we do, I hope we all know how.

In recognition of National Adoption Awareness Month

Hon. Mr. Graham: I rise once again today to recognize that across Canada and in the Yukon, people are observing National Adoption Awareness Month in the month of November.

Adoption is a complex process that involves the transfer of parental rights over children. Most importantly, however, adoption allows for the possibility that every child will have a family to call their very own.

On November 20, 1980, the United Nations *Convention on the Rights of the Child* was adopted and in December 1991, Canada ratified that convention. Since that time, a number of laws have been developed to support the protection and promotion of children's rights.

Here in Yukon, as I said previously, our *Child and Family Services Act*, which came into force on April 2010, is one of those modern tools. The act allows for the adoption of children in the permanent care of the director and other types of adoption, including step-parent, intercountry and custom adoption — a process that honours the customs of a child and family's First Nation. We are currently also looking at the possibility of adding grandparents to this list.

We have learned from the past and all those who have been affected by adoption that our families and communities benefit when adoption is a transparent and open process. To support this, our act also promotes the idea of openness in adoption among birth families and adoptive families and directs the department to facilitate these processes. These changes have made it easier for birth parents and for people who were adopted to find each other and has allowed for better access to adoption records.

In closing, I want to acknowledge all Yukon adoptive families, birth families and adoptees, and all those whose lives are touched through adoption today.

Speaker: Introduction of visitors.
Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Graham: I have for tabling today the *Maintaining Eligibility for Publicly Funded Yukon Health Care — Public Consultation Summary Report*.

I also have for tabling *Maintaining Eligibility for Publicly Funded Yukon Health Care: Detailed Survey Results Analysis*.

Hon. Mr. Dixon: Pursuant to the *Education Labour Relations Act*, I have for tabling the Yukon Teachers Labour Relations Board annual report for 2012-13.

Pursuant to the Yukon *Public Service Labour Relations Act*, I have for tabling the Yukon Public Service Labour Relations Board annual report, 2012-13.

Speaker: Are there any reports of committees?
Petitions.

PETITIONS

Petition No. 14 — response

Hon. Mr. Graham: I rise today in response to Petition No. 14, which was presented to this House on November 6, 2013. Petition No. 14 asks the government to hire a female thyroid specialist to work in Whitehorse, Yukon, as soon as possible.

I would like to thank the petitioners for sharing their concerns and the member opposite for bringing those concerns forward in an effort to raise awareness about the potential consequences of thyroid dysfunction. Family physicians routinely order blood tests if they suspect that a patient may suffer from a malfunctioning thyroid and prescribe medication if necessary. There are well-established practice guidelines and protocols in place about the diagnosis and management of thyroid function disorders. If the services of a specialist are called for, our family physicians here in the territory can make the necessary referral or even call a specialist for immediate action or advice.

Yukon has internists visiting every month who treat thyroid patients locally. In 2012, 56 patients were referred to specialists outside the Yukon for further treatment of their thyroid condition. The relatively small number of Yukoners diagnosed with thyroid problems each year, in our opinion, does not warrant the high cost of hiring a thyroid specialist for the territory. We believe that Yukoners are well cared for without having to stretch our limited health care dollars into specialized services that are already adequately covered, in our opinion.

We appreciate the concerns of everyone who signed this petition and thank them for sharing their views with the Legislative Assembly and with the government. Once again, I'd like to thank the member opposite for bringing forward this very important issue.

Petition No. 13 — response

Hon. Mr. Dixon: I rise today to respond to Petition No. 13, tabled on November 6, 2013, by the Member for Mount Lorne-Southern Lakes. The petition asks the government "to ban the shooting of bears within one kilometre of the centre line of Yukon roadway corridors."

The Government of Yukon recognizes that wildlife is valued by all Yukoners, both for consumptive and non-consumptive uses. First Nation citizens have the right to harvest fish and wildlife for their food needs, and more than 4,000 Yukon residents each year purchase a hunting licence for big-game species, including bears.

Hunters spend millions of dollars each year in the territory on transportation, licences, butchering, equipment, taxidermy and much more. At the same time, the abundance of opportunities to view northern wildlife in a natural setting is a source of great pride for residents as well as an ongoing and growing attraction for Yukon visitors.

Viewing wildlife is growing in popularity here and reflects the value people place on our natural environment. The Yukon government's new wildlife viewing strategy recognizes that wildlife viewing contributes to regional economies and is an important part of many tourism experiences and products. I tabled that strategy earlier in this fall sitting and encourage anyone with an interest in wildlife viewing and the government's strategy for wildlife viewing to review that strategy. It is also available on-line on Yukon government's Department of Environment website.

It outlines a vision for promoting and developing viewing opportunities in Yukon and invites interested departments, communities and organizations to participate.

Black bears and grizzly bears join trumpeter swans, sandhill cranes, sheep and caribou as very popular species for wildlife viewing. Bears are also of great interest to hunters. Last season, almost 180 bears were harvested by licensed hunters. When discussion arises about restrictions on hunting, I would remind the members and the public that we need to keep the *Umbrella Final Agreement* and the First Nations' final agreements in mind, first and foremost. The *Umbrella Final Agreement* established the Yukon Fish and Wildlife Management Board to advise on fish and wildlife management in Yukon. In addition, First Nations' final agreements established renewable resource councils as the main body to advise on local renewable resource management interests in the traditional territory of a specific First Nation.

The agreements also set out a process by which changes in hunting regulations may be proposed, considered and made. Any member of the public, any group and any organization can make proposals for regulations to be changed, removed or put in place. They can do so in all matters related to fish and wildlife management, laws, research, policies and programs.

To do so, they must make an application to the Fish and Wildlife Management Board. In turn, the Fish and Wildlife Management Board may make recommendations to the Minister of Environment, Yukon First Nations and renewable resources councils on all matters listed above. The Department of Environment supports the Yukon Fish and Wildlife Management Board with its work.

The board and the department have developed a process for public consultation on proposed regulation changes. First there is a joint screening of proposed changes to hunting, fishing or trapping rules to determine the completeness of the proposal and whether it is administrative or substantive in nature. Substantive proposals are then taken by the board out for public review through a well-publicized process, which in fact is currently underway as we speak. The board presents the rationale for each proposed change along with background information to ensure informed comment can be provided. At the end of the review period and taking into account the input

received, the board formulates recommendations and submits them to me for response. On behalf of the Government of Yukon, the Minister of Environment must fully consider the recommendations and decisions made by RRCs, the Fish and Wildlife Management Board or the Yukon Salmon Subcommittee when making decisions on matters affecting fish and wildlife.

I respect the sentiments of many people who have signed the petition on the floor today who are now with the House and I have read the news stories and talked personally with people concerned about the practice of harvesting bears near major roadways or near dwellings. However, I must respect the process that the UFA and the final agreements set out. I've explained the process already. The government has previously responded to this particular issue in 2010, 2011, 2012 and 2013, and the Fish and Wildlife Management Board has considered it as well.

The government accepted the recommendation previously from the Fish and Wildlife Management Board to set up a working group of officials from the Fish and Wildlife Management Board and the Department of Environment and I have asked Environment Yukon officials to continue to support this work. Its purpose is to look at reducing conflict and fulfilling government's obligations to accommodate both non-consumptive and consumptive interest in wildlife management. Of course, seeing the time, I will continue working on that, Mr. Speaker.

Speaker: Are there any petitions to be presented?
Are there any bills to be introduced?
Are there any notices of motions?

NOTICES OF MOTIONS

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

THAT this House urges the Government of Yukon to work with industry organizations to review and update the Yukon mineral investment attraction strategy.

As well, Mr. Speaker, I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to ensure that our regulatory regime for mining and mineral exploration is clear, consistent and competitive with other jurisdictions while also providing for sustainable and environmentally responsible development of our mineral resources.

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

THAT this House urges the Government of Canada, in recognizing housing as a human right, to:

(1) ensure that the Canada Mortgage and Housing Corporation restore the annual operating grants investment of \$1.7 billion annually in social housing subsidies;

(2) increase and make permanent federal funding for social housing construction and programs and services for the homeless; and

(3) coordinate a pan-Canadian housing strategy based on human rights and convene a meeting together with all levels of government, in consultation with civil society and Aboriginal groups, to establish a Canadian housing strategy that respects provincial and territorial jurisdictions, which is designed to respect, promote and fulfill the right to safe, adequate and affordable housing.

Speaker: Is there a statement by a minister?
This then brings us to Question Period.

QUESTION PERIOD

Question re: Mineral staking on settlement land

Ms. Hanson: When the Supreme Court of Canada rejected the Yukon government's request to appeal the Ross River decision, it affirmed the Yukon government has a duty to consult with the First Nation prior to recording mineral claims in the Ross River Dena Council's traditional territory. The government said it would move forward as quickly as possible to implement the Yukon Court of Appeal ruling. The ruling had given the Yukon government a one-year window to make the necessary legislative changes.

What these new court-ordered changes to mining legislation actually look like on the ground depend as much on the regulations as is does on the legislation. How does this government expect to conclude meaningful consultations with the Ross River Dena Council, industry and other affected First Nations by December 27 when these partners haven't even seen a draft of the proposed regulations?

Hon. Mr. Kent: As the member opposite referenced, there were two declarations in the Yukon Court of Appeal that these amendments and some government-to-government consultations with the Ross River are designed to rectify.

The first, of course, we have the enabling amendments before the Legislature right now to the courts to the *Quartz Mining Act* and the *Placer Mining Act*. As we speak, officials from Energy, Mines and Resources are conducting industry and First Nation consultations. There was a meeting on this specific issue last week with the Ross River Dena Council, as well as with a number of industry organizations.

With respect to the other declaration — that has to do with identifying lands within the Ross River area that will no longer be available for staking. The court decision did not question the free-entry staking system and the Yukon government is not questioning it either. There's work underway at the government-to-government level to identify lands in the Ross River area that will not be available for staking. That work is being led by the Executive Council Office. My department, the Department of Energy, Mines and Resources, is leading the work on the amendments to the *Quartz Mining Act* and the *Placer Mining Act*.

Ms. Hanson: Indeed, the Yukon mining industry and the Ross River Dena Council want to continue working

together to develop the mining potential and other economic opportunities in the Ross River area.

Over the past months, they have been meaning to come up with constructive suggestions for ways to address the issues identified in the court decision. The government has been mostly absent from this process. Instead, it has spent the last year trying to have the Ross River decision overturned by the Supreme Court of Canada. When that failed, the government moved everything to the back room.

Industry and the Ross River Dena Council are asking government for certainty. They would like this government to sit at the table and work out a fair and productive solution that will benefit all Yukoners. When will this government understand that they — not industry and not First Nations — are the missing link in the very important process of respecting the court and providing economic certainty?

Hon. Mr. Kent: The Yukon government has been very engaged in this process for the past number of months. We've introduced amendments to the *Quartz Mining Act* and the *Placer Mining Act* that will allow us to develop regulations to develop regulations to meet one of the declarations of the court of appeal with respect to notification and consultation on class 1 mining activities.

As I mentioned, the Premier, in his role as Minister of Executive Council Office — his officials are engaged in government-to-government consultations with the Ross River Dena Council to meet the second declaration of the Court of Appeal decision, and that work is underway.

On the political spectrum, the Premier and I have met face to face with the chief of the Ross River Dena Council and one of his councillors. Again, work continues at the officials' level. We're engaged in those government-to-government discussions; we're engaged with industry. I meet regularly with industry organizations. I've met with the Yukon Chamber of Mines, the Yukon Prospectors' Association, the Klondike Placer Miners' Association and anyone who has wanted to come in and talk to me about the impacts of these amendments and the subsequent regulations.

Work is being done at the officials' level and work is being done at the political level on ensuring that industry and First Nations are made aware of these changes, working toward that December 27 deadline.

Ms. Hanson: Two weeks ago and again today the minister referred to the fact that there are provisions in existing legislation that allow government to withdraw tracts of land from staking and that the government intends to work with the Ross River Dena Council to establish a map detailing what areas are open to staking and what areas are not. At the time, he said the government plans to have that work completed by December 27.

Yesterday the minister said the government is "...trying to meet a court-ordered declaration with a deadline of December 27 of this year." It appears the minister is less confident now than he was two weeks ago that the government will be able to meet its obligations set by the Yukon Court of Appeal.

Considering the fact that neither First Nations nor industry have seen draft regulations, and there are only five weeks remaining before the court-ordered deadline, what is the minister's plan B if new agreed-upon regulations are not in place by December 27?

Hon. Mr. Kent: As I mentioned, we are working to the December 27 deadline for both declarations. The Department of Energy, Mines and Resources is developing regulations with respect to the amendments to the *Quartz Mining Act* and *Placer Mining Act* that are before this House right now, working with industry and First Nations. Dealing with the other declaration is underway. We are engaged in government-to-government consultations with the Ross River Dena Council — again, being led by the Executive Council Office — to identify lands within the Ross River area that should be withdrawn from staking. We can do that under the existing legislation.

I'm sure much to the Official Opposition's chagrin, this court decision did not question the free-entry system and the Yukon government isn't questioning it either. We're engaged with industry. I meet regularly with our industry stakeholders. We've met government to government, face to face with the chief and one of the councillors from the Ross River Dena Council. That work continues.

We're working hard to meet these declarations by December 27. That's what our plan is. It's time that we need to roll up our sleeves and try to meet that deadline of December 27 on the two declarations of the Court of Appeal.

Question re: Liquefied natural gas

Ms. White: In July, Yukon Energy Corporation said it wants to replace Yukon's diesel power generators with a liquefied natural gas-burning power plant and storage facility at a cost of \$34 million to Yukon taxpayers.

Yukon Energy Corporation claimed that the LNG plant will cost about the same as installing new diesel burners and that the real savings come from the low cost of the gas itself. The gas would be sourced from Shell Canada's facility in Calgary. Yukon Energy Corporation has a guarantee from Shell on the price of processing but not on the price of the gas itself.

Mr. Speaker, we all know that the cost of fuel has gone up. If you had told me 10 years ago that I would be paying more than \$1.25 a litre at the pump, I wouldn't have believed you.

What guarantee does the minister have that the price of liquid natural gas will remain cost-effective for the next 20 years while Yukoners pay off the \$34 million it will cost to build the new LNG plant?

Hon. Mr. Kent: With respect to the LNG conversion — replacing two 45-year-old diesel generators that are currently active and getting more and more difficult to find parts for and to repair — this is certainly a move that this government supports the Yukon Energy Corporation undertaking.

The application for the proposed LNG project is currently before the executive committee of YESAB. I have given indications on the floor of this House that we will be

designating the project as an energy project, pursuant to part 3 of the *Public Utilities Act*, and that there will be a Yukon Utilities Board hearing required prior to the issuance of energy certificates.

Those are the two public processes that this project is going to be going through for scrutiny. Additionally, for scrutiny of members of the Legislative Assembly, I have asked representatives of the Yukon Development Corporation and the Yukon Energy Corporation to appear before this House this fall before this sitting rises on December 19. I would anticipate that representatives of those organizations would be able to answer many of the detailed questions that the member opposite has.

Ms. White: I look forward to the corporations, but my question was for the minister about the cost of gas.

At a public meeting in July, Yukon Energy's president took questions from Yukoners about the corporation's plan to replace its diesel-powered generators with liquefied natural gas. He said, and I quote: "We don't make government policy. If the system was different we might be able to do things differently".

The problem is that Yukon Energy doesn't set out our energy future; the Yukon government does. Next door the Alaska Energy Authority recently completed a wind-turbine project that provides the City of Kodiak with 18 percent of its electrical needs. The variable wind power is now integrated into Kodiak's hydroelectric system with two one-megawatt battery storage systems. If our publicly owned utility were free to seriously explore renewable energy options, we would not be forced to choose between two fossil fuels. Why is this government so determined to force Yukoners to accept a future of fossil fuel dependence when other renewable options are proving effective in similar climates?

Hon. Mr. Kent: Both the Yukon Development Corporation and the Yukon Energy Corporation boards approved this project and recommended that we allow them to proceed. They are currently undergoing one public process for scrutiny, and they're going to be entering a second public process, the Yukon Utilities Board, as I mentioned in my previous answer.

It's interesting that the member opposite mentions that Kodiak project, because when the Minister of Economic Development and I attended the Pacific NorthWest Economic Region, or PNWER, meetings in Anchorage, there was a presentation made by the individual in charge of that project. The one question that came forward was, do you have backup? He said, "Of course we have backup. Everybody needs backup and it's fossil fuel backup."

We need that reliable backup power — as does the project that the member opposite referenced in her question and as does the Kodiak project — to ensure that we can keep the lights on and Yukoners warm in their homes at those peak demand periods, which often occur at 30 or 40 below and colder each winter.

Ms. White: I appreciate the minister's thought and I agree that backup is important. What I'm talking about is a renewable energy future.

Anyone who knows anything about renewables will tell you that we are in an ideal situation for renewable energy solutions because they are tailored to local realities. For example, wind power here in the Yukon is most abundant during the winter months when water levels for hydro-powered generation are at their lowest. Diavik diamond mine in the N.W.T. recently invested in wind turbines to offset the cost of diesel fuel. They expect their investment to pay back within eight years.

The N.W.T. isn't exactly a sun destination and Diavik isn't an environmental NGO. This is further evidence of the business case for renewable energy. Why does the Yukon government have so little faith in the potential of renewable energy that can save Yukoners' money, help protect our environment, allow us to have greater control over our energy future and use less fossil fuels as backup generation?

Hon. Mr. Kent: I know all members of the House attended on the first day of this fall sitting, October 31. On that day, I introduced a motion that talked about a clean and affordable power future for Yukon. Not only will the Yukon Development Corporation be designated and asked to lead the research and planning into a new, large, scalable hydroelectric project in the territory, in that motion I also talked about exploring additional renewable sources, such as wind and biomass, as potential complements to the existing hydro-based grid. I also talked about exploring alternative sources that are cleaner and more affordable than diesel to facilitate the reduction of diesel consumption in those communities not connected to the existing hydro-based grid.

That's a small excerpt from the motion, but if the member is interested in reading the entire motion, I believe it is on the Order Paper as a government motion and it does speak to the clean power future that we want for Yukoners, including supplementing the hydro-based grid with wind and biomass as potential complements to it.

Question re: Mineral staking on settlement land

Mr. Silver: I have more questions regarding this government's answer to the Ross River court decision. This government is responding to one aspect of the ruling by making changes to our mining legislation. The second part of the ruling is being met through government-to-government discussions with the Ross River Dena Council and Yukon government, as far as identifying lands in the Ross River area that will no longer be available for staking.

The minister said that he was working toward a December 27 deadline in those discussions with Ross River. He mentioned earlier today that he has been in discussion with the chief from RRDC. When did the discussions that the minister is referring to between Ross River and government begin? Could the minister tell us when that last meeting was?

Hon. Mr. Kent: I don't have details with me with respect to the scheduling of meetings. I can inform members of the House that meetings are underway. There is a team from the aboriginal relations branch in Executive Council Office that is leading the discussions from the Yukon government side and Ross River Dena Council has

representatives at the table as well. Again, we've instructed officials to work diligently and quickly, of course making sure that we can match the schedule put forward by Ross River, as far as when they're available for meetings.

The Court of Appeal has asked us to have these declarations dealt with by December 27 and that's what we're working toward at this moment. With respect to face-to-face meetings, the Premier and I did meet — as I mentioned — with the chief of Ross River Dena Council, as well as one of the councillors, for approximately an hour and a half, or 90 minutes. I believe it was in October that those discussions took place, but I'm not sure of the exact date at this moment.

Mr. Silver: I appreciate the answer from the minister. There are only six weeks or so left in the deadline the minister says he must meet, and there is no agreement in place so far with Ross River. A session at the Geoscience Forum on this very subject was cancelled at the last minute because there was no progress to report.

After this court decision was announced last December, the government was given 12 months to come up with a solution. Instead of getting to work, the government decided to appeal and to wait until it was told "no" in September, even before talking with Ross River. Nine out of the 12 months were lost and now we're down to about six weeks left to reach an agreement.

What are the outstanding issues that remain unresolved? Does the minister believe an agreement will be in place before December 27, 2013?

Hon. Mr. Kent: We're working toward that December 27 deadline that was put in place by the Yukon Court of Appeal. As far as the discussions at the table, it has always been my experience that it's best to leave officials from both parties to have those discussions with respect to this. It is identifying those lands within the Ross River area that will not be available for staking.

As I mentioned in a previous answer, the court decision did not question the free-entry system and the Yukon government is not questioning it either, but those discussions need to take place and we need to allow them to develop at the table, rather than engaging in speculation here on the floor of the Assembly.

Mr. Silver: Given how little time is left on the clock until the December 27 deadline, many mining industry people are very concerned about an agreement and not being able to reach that in time. The cancellation of the planned discussions at the Geoscience Forum only added fuel to that particular fire.

People I have spoken to in the industry have told me that a moratorium on staking in the Ross River traditional territory is being considered by this government as a possible option to meet the court's ruling. Now, it would be very unfortunate if it came to this. However, given the government's inability to show any real forward progression with the First Nation, it is cause for much concern.

For the record, is a moratorium something the government is considering, or can the minister please tell Yukoners that he has ruled this out?

Hon. Mr. Kent: Again, I don't think it's fair to speculate on the discussions that are taking place on a government-to-government basis between the Yukon government and the Ross River Dena Council with respect to which lands are going to be identified to be withdrawn from staking.

I find it interesting that the member opposite is so concerned about a staking ban in the Ross River area when he asked me during this sitting to extend the staking ban in the Peel watershed. Obviously the member opposite would like to see the withdrawal of 68,000 kilometres of the Yukon from exploration and did ask me to extend the staking ban in that area but then, in trying to show that he is a supporter of mining, he wants me to not have a staking ban in the Ross River area.

Discussions are underway at that table. I'm not going to speculate about those discussions on the floor of this House. Whether it's support for the Peel or the infamous map-staking do-over of 2011 that the Liberals have done or the fact that he looks to seek political gain from struggles in the mining sector — he can't have it both ways, which he always tries to do on the floor of this House.

Question re: Death at Watson Lake hospital, WCB role in

Ms. Stick: Mr. Speaker, there are a lot of agencies, departments and individuals that are part of the system failure that resulted in the death of Ms. Scheunert. It was a back injury sustained while taking a course on March 31 and April 1 that started a chain of events and failures that ultimately led to her death 11 weeks later.

On April 6, days after her injury, Ms. Scheunert filed an application with the Yukon Workers' Compensation Health and Safety Board. As this was a workplace injury, Workers' Compensation and their medical opinion, would pay a large role in future treatment. As early as April 13, it was identified that Ms. Scheunert needed an MRI and to see a specialist, but this never happened.

Can the minister responsible for Workers' Compensation explain why Ms. Scheunert did not get the MRI and specialist's referral, and shed some light on the role Workers' Compensation played in this tragic oversight?

Hon. Mr. Graham: The Workers' Compensation Health and Safety Board is an independent division, or department, within the government that works very hard to ensure that workers are well-served if they are injured on the job. I don't have access to individual files of injured workers. I am certain that Ms. Scheunert's file was very carefully considered by the Workers' Compensation Health and Safety Board, and if there were any flaws in the system of her medical care, I'm not aware of them. As I understand it, there was an MRI ordered. From the family, I understand that the Workers' Compensation Board was in the process of attempting to expedite that process. I have no knowledge other than that.

Ms. Stick: Ms. Scheunert was a nurse who knew she was not getting proper care. That is why she sold her personal

property in order to finance a private MRI. The system was failing her. Again and again, requests for an MRI and referrals went nowhere. Her physician in Watson Lake made requests; a Workers' Compensation Health and Safety Board medical consultant recommended a specialist evaluation. On the day of her death, Ms. Scheunert's physician contacted WCB, inquiring when she could see a specialist. According to the physician's notes, WCB was working on her case and was planning to have an MRI and specialist consultation done once they finished their investigation.

Does the minister believe that the Yukon workers' compensation system is part of this system that let Ms. Scheunert down?

Hon. Mr. Graham: The more we get into this whole episode, the more I understand that the member opposite has a total lack of understanding with respect to how many departments or systems work within the government.

In the *Workers' Compensation Act*, the minister is specifically prohibited from becoming involved in any individual cases whatsoever. Even if I requested — which I will not — the file of this injured worker, it would not come from the Workers' Compensation Health and Safety Board because they understand the legislation, as do I.

Ms. Stick: These are serious questions. In both judgments of inquiry, the coroner wrote, "A seemingly long amount of time passed between the first reports of pain and a requisition for an MRI and/or referral to the proper specialist."

WCB bears some of the responsibility for this. On March 8, 2013, over eight months after her death, WCB then sent a letter to Ms. Scheunert, deceased, at her Watson Lake residence to inform her that her claim was denied.

Does the minister think that this is an appropriate way to handle this case, with WCB sending this letter when they knew full well that the person was deceased?

Hon. Mr. Graham: I have asked the Workers' Compensation Health and Safety Board for an explanation. I have not yet received it, but I expect to in due course.

Question re: Health care information

Ms. Stick: Yesterday during Committee of the Whole on the *Health Information Privacy and Management Act*, the minister responded to part of a question on the information gathered for the orphan patient registry. The minister indicated that this list would not be used to assist patients in matching them to available doctors. Twice I asked the minister how the information that was gathered — including name, birthdate and the health care number — is currently being used. The minister indicated that it was gathered in order to understand the number of orphan patients.

My question is, will the minister please tell the House if the personal information gathered on this survey is currently being used and for what purposes?

Hon. Mr. Graham: To the best of my knowledge it is not currently being used for any purposes within the department.

Ms. Stick: I'm glad to hear that because it was personal information that really didn't need to be gathered, if the minister was looking for numbers.

Following up on that, can the minister tell this House how that personal information that was gathered is now being protected or destroyed now that the department has the number they were looking for — and assure Yukoners that this information will not be used for other purposes?

Hon. Mr. Graham: I'm certain that the department is protecting that information adequately as they protect all health information within their control anywhere in the territory.

Question re: Klondike Valley Fire Department

Mr. Barr: Two weeks ago, the Minister of Community Services noted that the Dawson City airport had good coverage with the first responding Klondike Valley Fire Department being across the highway from the airport.

With the increased passenger traffic estimates suggesting that an additional 19,000 people per year are going through the Dawson City airport, the government needs to make sure public safety is first and foremost. The basic training level required for airport and aviation fires is a firefighter 1 and the National Fire Protection Association standard is 1003.

Mr. Speaker, is the minister aware of the training levels of the hardworking volunteers of the volunteer Klondike Valley Fire Department to fight airport and aviation fires?

Hon. Mr. Cathers: In answering the member's question, I don't review the exact certification and training level of every one of our volunteer firefighters. If there are issues that require my attention, I have full confidence that staff of the department will bring it to my attention.

As well, during my community tours this fall, I personally spoke to the fire chief of the Klondike Valley fire hall as well as the fire chief at Dawson City. Both of them know where to contact me and I think both are well aware of the fact that I'm more than happy to speak to them if there are any issues that they wish to discuss or any concerns they wish to discuss. But once again, I do have confidence in the staff of the Fire Marshal's Office and would remind the member that we have significantly increased the funding for the Fire Marshal's Office — an increase of \$1.9 million roughly a year ago in significantly increasing their annual resources to help them meet the training requirements as well as meeting the equipment needs of Yukon's volunteer firefighters.

Mr. Barr: The men and women who volunteer with the Klondike Valley Fire Department are trained to the level of firefighter basic and firefighter advanced. This does not meet national standards for airport fires. These men and women work hard to protect not only property but the lives of neighbours, friends and total strangers. This is also their safety we are discussing here today. These volunteer firefighters need our solid support and commitment to them. Will the government commit to properly train to national standards the volunteer firefighters of the volunteer Klondike Valley Fire Department?

Hon. Mr. Cathers: What I would remind the member is that, in fact, we have provided millions of dollars in increased resources to Yukon fire departments. What we inherited from previous governments — both the NDP and the Liberals — was a pattern of neglect for the capital assets of both the volunteer fire departments and Emergency Medical Services. We began a replacement program for fire trucks and for ambulances, which has ensured that all are equipped with modern equipment that meets their needs.

We've significantly increased the training resources through the provision of increased funding directly to municipal fire departments as well as an increase of \$1.9 million to the Fire Marshal's Office last year. In fact, the increased resources that have been provided are in excess of that amount — millions of dollars of increased resources for those purposes. As I noted in my previous response, if there are any issues that the chief of the Klondike Valley fire hall or the Dawson City fire chief wish to contact me about, they are more than free to do so. I'd remind the member that these increased resources to our fire departments are something both the NDP and the Liberal member for Klondike voted against.

Mr. Barr: I'm speaking to the ministerial oversights in this regard and specific to Klondike Valley. Airports have professional and full-time firefighters based on the number and size of flights. The plans for increased capacity and air traffic will put huge pressures on the Klondike Valley Fire Department, the Wildland Fire crews and the Dawson City Fire Department. Will the government look at expanding the firefighting capacity at the Dawson City Airport to a full-time department to ensure the travelling public's and firefighters' safety?

Hon. Mr. Cathers: With all due respect to the NDP member who voted against the resources we've provided to our fire departments in the past, I will take advice from staff of the Fire Marshal's Office, in whom I have good confidence, as well as from fire chiefs or volunteer fire departments. If they wish to contact me, they are more than free to do so.

I know the Member for Klondike — as he is saying off-mic — has ignored this issue and the needs of the volunteer fire department in Klondike but I did personally visit there and talk to the chief this summer. We've doubled the number of deputy fire marshals within the Fire Marshal's Office, increased the financial resources for that office by \$1.9 million in annual funding as well as provided municipal fire departments with a \$2 million contribution to support their needs over a five-year period.

We have provided enhanced training. We have also purchased the mobile live fire training unit, which is out providing training to our volunteer fire departments in Yukon communities this fall, through the good work of the Fire Marshal's Office and we look forward to continuing to provide more support for our volunteer fire departments than either the NDP or the Liberals did, by a factor of millions of dollars per year, money that the NDP and the Liberals — including the Liberal Member for Klondike — voted against.

Speaker: The time for Question Period has now elapsed. We will proceed to Orders of the Day.

ORDERS OF THE DAY

OPPOSITION PRIVATE MEMBERS' BUSINESS

MOTIONS OTHER THAN GOVERNMENT MOTIONS

Motion No. 524

Clerk: Motion No. 524, standing in the name of Ms. Stick

Speaker: It has been moved by the Member for Riverdale South:

THAT this House urges the Government of Yukon, pursuant to section 2 of the *Public Inquiries Act* — apparently the member doesn't want to listen — to cause a public inquiry to be made into the death by mixed drug toxicity of Teresa Ann Scheunert at the Watson Lake Hospital, as a matter of public concern.

Ms. Stick: Put simply, the purpose of a public inquiry is to establish the facts and causes of an event or issue and then to make recommendations to the government. A public inquiry is a means to investigate and report both on the specific facts and also the broader policy concerns of a particular issue as well as suggestions about what would be good measures to deal with the problem at hand.

Some public inquiries act as both a policy review and a factual inquiry. They are like factual inquiries in that they review a specific occurrence that has raised public alarm. They go beyond being simple factual inquiries, however, by providing recommendations to the government as to how similar events can be prevented in the future.

Today we are debating the motion that this House urges the Government of Yukon, pursuant to section 2 of the *Public Inquiries Act*, to cause a public inquiry to be made into the death by mixed drug toxicity of Teresa Ann Scheunert at the Watson Lake hospital as a matter of public concern because we believe it is in the public interest to determine all the facts surrounding the death of Ms. Scheunert.

A judge or a board of inquiry appointed to conduct a public inquiry would have the ability under the Yukon *Public Inquiries Act* to call witnesses and compel evidence. A public inquiry would also allow for broad participation to ensure that a diversity of views is taken into consideration, including the family of Ms. Scheunert.

We believe that a professional, independent and in-depth inquiry into how a 47-year-old registered nurse could die from a toxic combination of medications while she was a patient in the very hospital she worked in would bring relevant facts to light.

Furthermore, we believe a public inquiry that investigated and determined the facts about how this mixed drug toxicity occurred would result in policy recommendations on how to prevent similar deaths in the future.

When a member of the nursing staff dies of mixed drug toxicity in a rural hospital, it has a huge impact on the hospital staff and on the community members who rely on them. The Official Opposition is calling for a public inquiry into Ms. Scheunert's death because her family, her coworkers and the community she worked in deserve answers about how this

death occurred and how it could have been prevented. The public deserves to know what happened and what can be done differently so no such death occurs again.

Ms. Scheunert's family came to the Yukon looking for answers to their questions. By publicly investigating and committing to fix all aspects of the system that failed her, the Yukon's Legislative Assembly has an opportunity to give some meaning to Ms. Scheunert's death. We will review many reasons why a public inquiry into the death of Ms. Scheunert is warranted, but here are the four key factors.

Firstly, there is the death itself. There was both a lack of proper diagnosis and a treatment plan. There was the prescription and administration of several opiates, which resulted in death by mixed drug toxicity.

Secondly, there was the difficulty getting an autopsy. Ms. Scheunert's family was told that she died of a heart attack. Had they not insisted on an autopsy, the mixed drug toxicity would not have been discovered. The autopsy showed no signs of a heart attack.

Thirdly, there is the problematic issuing of two substantively different coroner's reports into the same death. Fourth is that this concerns insufficient communication with the family, between the hospital and the department, and with the Yukon public in general regarding a matter of public safety.

I would like to now set out some of the unanswered questions that deserve answers. I will begin with the story told to us by Ms. Scheunert's family.

Yukoners have heard from the family. They came here specifically to ask questions around the two coroner's judgments of inquiry, about the recommendations made by the coroner, and to seek answers for many of the questions that they felt were left unanswered.

Initially they thought they would file a document in the courts asking for a judicial review of the two separate decisions, but they realized that without legal representation this would be too risky for them. It's not for lack of trying. They were unable to find a lawyer to represent them.

When the family spoke to the minister last week and when they spoke to the media, they were clear. They were looking for a public inquiry or a public inquest. This family continues to follow what is happening here even though they are in Alberta, and they are still looking for answers.

This family wanted their story heard and shared with the hope that no one — no one, Mr. Speaker — would have to go through the same thing that they did. They want their questions answered and that has not happened to date.

Ms. Scheunert was a full-time registered nurse working at the Watson Lake hospital. She had worked there for close to three years. She loved the Yukon. She lived here previously, went out for education, raised her family and came back to the Yukon because this is where she wanted to be.

At the end of March 2012, she participated in a CPR course over a weekend. She noted after the first day that she was experiencing some back pain but insisted on completing the course. In the week following, Ms. Scheunert saw a physician and had the doctor fill in a workers' compensation

claim. She was told she should stay off work. A functional abilities assessment form was completed. Further, doctors' reports recommended an X-ray and an MRI on a semi-urgent basis. The physician felt that Workers' Compensation should refer Ms. Scheunert to an orthopedic spinal surgeon.

On May 7, a month later, in the Workers' Compensation report, they recommended Ms. Scheunert see a specialist on a more urgent basis. Again, Workers' Compensation reviewed the file on May 24, again with a recommendation to see a specialist, but none of this happened. The coroner commented that there were poor communications between Watson Lake hospital, the Alberta specialists and Workers' Compensation. They could not come to agreement on what should happen next. Meanwhile Ms. Scheunert was insisting on an MRI. Why was there that confusion? Why was there not a diagnosis? Why was there not a treatment plan? These are questions that need to be asked and answered.

Just prior to Ms. Scheunert's death, her youngest daughter came to stay with her for two months. She told us that her mother certainly was in pain and had to be careful but was still able to carry out light daily living activities, though she could not return to work. All during this time, Ms. Scheunert was requesting an MRI. What was causing her pain? She wanted answers for herself.

What about her patient rights? This is a question that needs to be asked and it needs to be answered. The Yukon Hospital Corporation's list of patients' rights includes the right to clear and complete information about diagnosis, treatment and prognosis. Also included are the rights to a care plan in a hospital and to participate in all decisions about that treatment plan. Ms. Scheunert had to take matters into her own hands. On her own, she contacted a physician in Alberta to see if she could get an MRI if she paid for it herself.

She was not getting the action she was expecting and requesting. Let's remember that she was a registered nurse, but she was also a patient. She wanted a say in her care and treatment plan. Ms. Scheunert wanted and deserved patient-centered care. In the end, she made arrangements to sell her motorhome to raise the money to send herself to Alberta and to pay for an MRI. That money arrived in her account the day she died.

Meanwhile there were ongoing discussions between the physician at the hospital and Workers' Compensation with regard to whether an MRI should be done and who should make a referral. The aspect of this tragic story should be investigated. It was not specifically addressed in those coroner's recommendations.

On June 7, 2013, Ms. Scheunert entered the hospital. She was no longer able to manage her pain. But she was also very uncomfortable being physically cared for by coworkers. She asked her physician to be transferred to Whitehorse General Hospital where she would be more comfortable. This was denied. She was not being listened to as a patient. A question of patients' rights needs to be asked and it needs to be answered.

Ms. Scheunert returned home during the day, feeling more comfortable there. The coroner questioned the practice

of allowing patients to leave for the day. That entire section of the coroner's original report was omitted in the second. This is a question we should be asking and getting answers on.

While in hospital, Ms. Scheunert spoke with her daughters and her sister every day. She expressed to them her own concerns about her care and said she was afraid. She also kept a journal while in the hospital, and toward the end of her life it became apparent that she did not have her full faculties as her writing became large and messy.

Ms. Scheunert wrote on the night before she died that she felt a sense of impending doom — her words. She repeatedly expressed her concerns for her care. The family received this journal in a garbage bag from the Watson Lake hospital along with her personal belongings. They were grateful to have received their mother's personal belongings, but they were devastated too. The impact on the family cannot be overstated.

During her stay in Watson Lake hospital, Ms. Scheunert was both prescribed and administered high-alert medications — opiates, fentanyl and dilaudid. The coroner noted, and I quote: "These prescriptions were written by a physician familiar with the medications being administered to Ms. Scheunert by the Watson Lake Hospital."

The coroner notes that there was no clear documentation regarding the calculations for an increased dose of fentanyl. In fact, it was doubled. Why was the dose doubled, and was it appropriate? This is a question that needs to be asked and answered.

In the week prior to her death, Ms. Scheunert was prescribed over 200 tablets of opiates. These medications were in the original coroner's report as was referenced to the patient's own medication policy. Mr. Speaker, why was this section omitted from the coroner's report?

These prescribed drugs were not at lethal levels in her blood. What happened to these drugs? Questions need to be asked and they need to be answered.

Over a two-week period, Ms. Scheunert was prescribed and administered fentanyl, norfentanyl, oxycodone, cyclobenzaprine, amitriptyline, nortriptyline and naproxen. All these are high-alert medications, and there is no indication that a call was made to the on-call pharmacist to verify that these were correct and safe dosages being prescribed together.

The Yukon Hospital Corporation had a pharmacist on call and yet that person was not called. Were hospital policies followed? If not, why not?

In the second coroner's report, "Best practices for high-alert medications include a tiered structure of confirmation that a medication is the right medication, at the right dosage, for the right patient." Why was this tiered structure not followed? This is a question that needs to be asked, and we need answers.

Throughout all of this, Ms. Scheunert complained of feeling groggy and whacked-out. One of the Yukon Hospital Corporation's patients' rights is to have pain managed, and I quote, "to the safest extent possible".

Another patients' right is to know the potential side effects of any medication prescribed. She was observed to be wobbly and unsteady on her feet. Why under these

circumstances were the medications continued and even increased? A question to be asked; a question that needs answers.

On June 21, Teresa was found in her hospital bed unresponsive. One of her daughters called the hospital that day to speak to her and was told she was busy. Minutes later the RCMP knocked on her door in Alberta to inform the family that her mother had died of heart attack. Why were they told she died of a heart attack? They are questions that need asking and answering.

The family flew to Watson Lake and spoke with a physician who again reiterated inaccurately that Ms. Scheunert had died of a heart attack. It was the family who questioned this and insisted they wanted an autopsy. They had to insist, but why? Why wasn't an autopsy immediately called for with the unexpected death of a healthy 47-year-old in a hospital? This needs to be asked and we need answers.

The body of Ms. Scheunert was disturbed in several ways after her death and without the consent of the family. This raises questions about proper procedures with a body of an unexpected death. The family was upset about what happened. Are there necessary policies in place?

A toxicology report by a forensic pathologist in Vancouver was completed August 1, 2012. That is when it was confirmed that the principal cause of death was mixed drug toxicity. The side effects of fentanyl — just fentanyl alone — this is what it says: can cause significant respiratory depression, hypotension, seizures, coma and death at increased concentrations, especially in the face of multiple other medications with similar sedative effects. That's from the autopsy report.

In November 2012, months after the toxicology findings, the family received the forensic pathologist's report from the coroner and an indication that the coroner could now proceed with the information she had received. The timeline speaks to months of delay for the family and other processes. Why these delays?

In January 2013, the family wrote to the Yukon Hospital Corporation, the Coroner's Office, the Yukon Medical Council and the Minister of Health and Social Services. They outlined the events and they had six questions: What ailments did she suffer from at the time of her death? What was causing the pain? Why was she not medevaced to a hospital capable of diagnosing her ailments? Why was she administered an overdose of drugs? When will there be an inquiry? Who is conducting investigations on this matter? What can you do to help? These are all questions that still need asking and answering, Mr. Speaker.

The family did receive some responses to the letters. The minister suggested they file a complaint with the Yukon Medical Council and also suggested that they could access their mother's files from the hospital.

There was no mention of complaints that could be made under the *Pharmacists Act*, yet this was drug overdose — mixed drug toxicology. Why not? Why wasn't the family offered more support and told all of their options?

The family did as the minister suggested and filed a complaint with the Yukon Medical Council and a staff person from there spoke to them about the complaint and tried to discourage them, but refused to put it in writing to them. The family proceeded with that complaint.

The response from the Yukon Hospital Corporation on February 25, 2013 reads, "Our full attention will be paid to the report once it's received." There was no indication that anything would occur until the coroner's judgment of inquiry. They already knew she died of mixed drug toxicity. They were pretty clear with the family that they were waiting for the coroner's report. Why not start investigations immediately? That's a question to be asked and it needs answering.

In March 2013, there was a letter from WCB denying the claim, sent to their mother's former address in Watson Lake. Why would they send such a letter to that address to start with — and addressed to her? What took so long to make that decision? This is now nine months after the death. Why wasn't there a diagnosis that first 12 weeks? Why wasn't she sent out for an MRI?

The family was in contact with the Yukon Medical Council, with the College of Physicians and Surgeons of Alberta and with the Yukon Hospital Corporation, as I said earlier. The College of Physicians and Surgeons in Alberta said they were unable to contact the physician, but would update the family at the end of September. In fact, last week, the family heard from the Alberta College of Physicians and Surgeons that they have not yet spoken to the physician. Why not? It's a question that needs to be asked and it needs an answer.

There is even ongoing confusion regarding the identity and location of the physician who signed off on the chart. July 30 from the Hospital Corporation: "The family learned that the hospital had been in contact with a patient safety expert who would be on-site in October." October takes us 16 months from this unexpected death; it's not timely. Why did the Yukon Hospital Corporation wait over a year to initiate a patient safety review? This is a question that should be asked and answered.

Of course there is the big question around the two coroners' judgments of inquiry. We heard the coroners' statements on those; we understand that on the day she released the original report — nearly a year later — she found a point of error. But far from correcting just a point, the coroner reissued a substantively different report with no explanation or reasoning in that second report for the changes. Why the two different reports?

This is a question that needs to be asked and it needs to be answered. I'm not going to highlight them all, but the coroner said that there was a point that needed correcting. Well, this is one of the changes in the language of the reports. The original report said the patient "was permitted to leave the hospital on day passes and spend time at home". The second report says that the patient "was a voluntary patient and as such, could leave the hospital on day passes and spend time at home". In the first report it said "aside from the patient feeling more

‘comfortable at home,’ it is unclear what rationale was made in permitting the patient to leave the hospital during the day.” That whole paragraph disappeared from the second report.

This is a big one. This is in the original report: “... at least three prescriptions were filled for opiates during this period. The most recent prescriptions for Ms. Scheunert were filled in the days preceding her death and included dilaudid 2mg (filled June 19, 2012), oxyneo 20mg (10 tabs filled June 18, 2012), and oxyneo 20 mg (100 tabs filled June 14, 2012). The patient self-administered these medications.” This whole section was omitted from the second report. As was this part, “These prescriptions were written by a physician familiar with the medications being administered to Ms. Scheunert by the Watson Lake Hospital.

This point is important to note because there was a pre-existing knowledge of all the medications being provided to Ms. Scheunert, both prescribed and administered at the hospital. There was no indication in the investigation to support a breakdown of communication regarding all of her medications.

The first one talked about Ms. Scheunert self-medicating. Some people didn’t want to go there, but in fact, in the second — and in the toxicology report — those prescriptions were not — they were found in her system, but they were found at acceptable levels. It was the fentanyl that was overprescribed and then, when mixed with these others, resulted in the mixed toxicology.

In the first report it says there was a lack of documentation regarding the calculations for the increased doses of fentanyl. In the second, it’s much nicer: “On review of the notes, there appears to be a lack of clear documentation regarding the calculations for the increased dose of fentanyl.” Which is it?

In the first one: “Prior to the increase in fentanyl dosages to 150 milligrams, there were gaps in the documentation of effects and effectiveness of the medications that were being administered.” In the second, it was added: “There were challenges noted by the doctor providing care to Ms. Scheunert. Challenges included changing symptomology of severity and location of pain, and side effects of medication.”

It changes the tone.

Here’s another: “There was a gap identified at the Watson Lake Hospital with regard to high-alert medications that required a multifaceted systematic approach to ensuring patient safety.” This was reworded in the second report to say: “On review, it appears that more could have been done at Watson Lake Hospital with regards to high-alert medications that required a multi-faceted systemic approach to ensuring patient safety...” It certainly changes the tone.

I’m going to read this one section from the original coroner’s report because it was left out totally. Remember that this is based on one error that the coroner found. It’s in the section called “Policy Review”: “The mission of the Yukon Hospital Corporation is ‘To Provide Quality Acute Care for the life and health of Yukon People.’ Yukon Hospital Corporation states that patients have both rights and responsibilities regarding medications, communication, and

participation in health care services they receive. Yukon Hospital Corporation is the governing body who oversees hospitals in Yukon. The Corporation and its board of directors were created in 1990. It appears that policy is not consistent between Whitehorse General Hospital and Watson Lake Hospital. Efforts are being made at Yukon Hospital Corporation to ensure that policies of Yukon Hospital Corporation are standard in all facilities in governs.

Accreditation Canada Standards for Managing Medications address the safe use and effective management of medication, and are to be used by organizations with or without an on-site pharmacy. This policy identifies expectations that are considered a Required Organizational Practice (ROP). Compliance with the ROP is a minimum standard that must be adhered to for an organization to be accredited. A Yukon Hospital Corporation policy entitled ‘Patient’s Own Medication’ speaks to medications in the control of patients on admission to hospital. This policy clarifies the process regarding how a patient may be permitted to use their own medication, and under what circumstances. The policy requires that medications must be identified prior to administration, the physician must write in the orders that the patient can use their own medication, and confirms the standards and expectations for safe storage for a patient’s own medication. It is not standard practice that patients are permitted to use their own supply of medication without the express consent and doctor’s orders.”

That’s a big piece to leave out of a second report.

In the first judgment of inquiry, the coroner wrote: “It would appear from the facts that the system let down Ms. Scheunert. There was a lack of clear documentation regarding the use of patient’s own medications and gaps in the administration, monitoring and evaluation of the effects or effectiveness of medications administered to Ms. Scheunert.”

This was reduced somewhat. “It would appear from the facts that the system let down Ms. Scheunert. More could have been done to document the administration, monitoring and evaluation of the effects or effectiveness of medications administered to Ms. Scheunert.”

It’s the tone, Mr. Speaker. It’s the watering down; it’s the making it a little nicer that concerns me. But these are substantive changes based on one error found in the original report.

When looking at the different coroners’ reports, there were three major themes that should be considered. One was the admission in the second report of the list of medications — over 200 tabs of opiates — and the omission of the patient’s own medication policy. The coroner was crystal clear, and I quote: “These prescriptions were written by a physician familiar with the medications being administered to Ms. Scheunert by the Watson Lake Hospital.”

This means that all of the medications, whether administered at the hospital or prescribed to Ms. Scheunert, were known to all the care providers. Upon admission, there was an admission medication reconciliation form completed. Ms. Scheunert was upfront and honest. This is what she had. She was cooperative about disclosing her medications in the

interest of safe pain management for herself. Remember, it was not — those levels of the opiates were at an acceptable level in her blood. It makes no sense to eliminate that information. It's there; it's fine.

The second is the omission of references to policies. I think that's huge. The whole section — policy review — removed. We know that at least two policies were not being followed in the Watson Lake hospital. Yukoners need to pay attention to this. This is with regard to the prescription and administering of medications. There are not many of us who end up in the hospital who aren't administered or prescribed medications.

The Yukon Hospital Corporation's own policies were not being followed. There was a pharmacist on call and that pharmacist was not called by the physician. These breaches of policy are why the coroner recommended that policies of Whitehorse General Hospital should be amended to ensure that all applicable policies are for the wider Yukon Hospital Corporation and inclusive of Watson Lake and Dawson City hospitals. The Watson Lake hospital was transferred to the Yukon Hospital Corporation in 2010. Three years — no excuse for policies not to be harmonized.

The third one is the lack of professional communications. Poor communication is evident throughout this sad story and many barriers were placed in front of that family because of this poor communication.

There was poor communication between Workers' Compensation Health and Safety Board and the attending physician in Watson Lake. There was poor communication and documentation regarding the prescribing and administration of drugs that ultimately proved lethal. There was communication of an inaccurate cause of death. There were repeated delays for the family — multiple unanswered questions. These represent barriers to accountability and justice.

There was lack of a diagnosis and a treatment plan. The patient's rights were denied — the right to a treatment plan and to safe medication practices. Dosages of medications — fentanyl — why was it doubled? Why was it not properly documented? Why was the pharmacist on call not asked to review it? "Opiates" removed from the judgment of inquiry — what are the legal provisions that allow for the issuing of two different judgments on the same death? Tiered structure for the administration of high-alert medications was not followed. Disturbing the body after the death and prior to the autopsy — how does that happen? The timelines — a proper response to a preventable death and answers to the questions — how long is this going to take? When do we get the answers? This isn't good enough. We talked about this in the Legislature.

The minister responsible has been unable to identify the parts of the system that failed and how they all will be fixed. There are no answers regarding implementing mandatory, critical incident reporting. We just had Patient Safety Week a few weeks ago. This is part of that — this is part of patient safety. Everybody should pay attention to this — everybody.

And patients' rights weren't respected in Ms. Sheunert's case. She asked, she made her feelings known. She told them

how she felt, where she wanted to be and what she wanted. She told them she was feeling whacked-out and groggy. Nothing changed, except it ultimately got worse and she died.

Workers' Compensation — all kinds of unanswered questions there. There are too many questions that can't be followed up in a coroner's report, Mr. Speaker, because it's a bigger issue.

Fact-finding inquiries are established to investigate and report on a particular event or series of events. Commonly, they are established in the aftermath of a tragedy and this is one. It's where the public's confidence or trust in public institutions or officials has been shaken.

There have been inquiries across the country — important ones: the Westray disaster is still going on; Elliott Lake — the mall collapse; Walkerton — contamination of the water supply for a town; missing and murdered aboriginal women — we're still call-waiting for an inquiry into that.

We've been down this path before. On January 27, Bradley Rusk, Valerie Rusk, Gabriel Rusk, Rebekah Rusk and Donald McNamee died of carbon monoxide poisoning in the home they were renting at 1606 Centennial Street, Whitehorse. The tragic deaths were ruled "accidental" and there's a parallel here. Ms. Scheunert's death has also been ruled "accidental," despite system failures that make this a preventable death.

The Rusk family and Mr. McNamee died because of the fact that major problems with oil burner appliance safety, regulations, et cetera, documented as far back as 2007, were ignored. A public inquiry would have gotten to the bottom of how this tragedy unfolded. A public inquiry would have given Yukoners the opportunity to review the gaps in our inspection regime, training standards, landlord/tenant legislation and provide an impetus for change. A public inquiry would have given the public opportunity to understand why the five reports detailing serious issues were ignored and gathered dust on the desks of Yukon Party ministers.

In March 2012, the MLA for Copperbelt South brought forward a motion in the House — and I will only read the first part:

"THAT this House urges the Yukon government to initiate a public inquiry into the recent carbon monoxide poisoning deaths of five Yukon residents to provide the opportunity to review information and report recommendations on matters of public concern..." And then she listed them.

The Yukon Party dismissed a public inquiry then, and we suspect it will do so today. I hope not. There are too many unanswered questions. In the end, it was the chief coroner who launched a juried inquest, which did allow the public to attend and the family did have the opportunity to ask questions and call witnesses, though the family member who participated was frustrated by this process.

The Yukon NDP Official Opposition is bringing forward this motion because we listened to a health care story from a family, a family who wants their questions answered publicly. We listened to the family and weren't afraid to ask important questions about patient and public safety. This story we've

outlined has too many unanswered questions and that's part of a culture. If we're not going to just commit to but actually implement a culture of safety, we need to understand what enabled all the over-administration and prescription of drugs, what enabled a culture of policies that were not consistently followed and is somehow okay — a culture of unsafe practice happens in a context. Habits do not develop in a vacuum; they are a part of history.

Watson Lake's history includes lots of trauma, lots of alcohol and drug abuse. For years, Yukon health professionals and concerned community members have publicly raised concerns about addictions to prescription drugs in Watson Lake and have tried to do something about that.

The death of Ms. Scheunert is one of three deaths in the Watson Lake hospital in one calendar year that the coroner has investigated. There's a chill on discussing these extremely sensitive and serious matters. People are afraid to speak—I've heard that; I've spoken with people. People with no legal representation are afraid of legal retribution.

We will not find a solution to these problems if we can't talk about them openly and in public. A public system failure needs a public fix. The Yukon NDP is working toward a culture of safety. We are working toward a culture of patient-centred care as the way to get the best outcome for Yukon patients and the professionals who serve them. We need to restore public confidence after this and after all of these questions have been raised. I've reviewed the reasons why a public inquiry is needed.

This is the goal we're pursuing — the outcome we seek for Ms. Schuenert's family and for all Yukoners. It's a commitment to a culture of public safety and confidence. We mustn't be afraid to talk about these things. The stakes are too high and it impacts every single Yukoner.

Hon. Mr. Graham: It's interesting to me to listen to the member opposite. She has obviously got access to medical records that I don't have. If I had attempted to access the file of Ms. Schuenert through the WCB, then I'm sure members opposite would have called for my resignation immediately, and rightfully so, for attempting to interfere in the system.

Mr. Speaker, it's really unfortunate — this whole incident is unfortunate. We've agreed with that — it's a tragedy. We hope that such a tragedy will never happen in this territory again. Unfortunately, this one did. There are a number of safeguards in place to ensure that such an incident is investigated and that, when a review is completed, safeguards are put in place — if they are not already in place — to ensure that such an incident doesn't happen again.

If policies and procedures weren't followed, then the Hospital Corporation should be aware of that after the safety review has been completed and they should be able to take steps at that time to ensure that such a thing doesn't happen again — that policies are followed, procedures are in place and that people involved in the health care system follow those things.

Mr. Speaker, I became aware of this tragedy first in January of this year when I received a letter from the

Scheunert family discussing issues. In that letter, the family asked six questions, as the member opposite stated. The vast majority of those questions, as the member stated, were medical questions that not only am I not in a position to answer — I'm not qualified to answer.

When I requested my department to look at it and prepare an answer, they did so and they suggested in that letter — because it was apparent in the letter that there seemed to be some concern that diagnosis was incorrect and why wasn't she medevaced out — that those types of questions should have been answered either during the inquest or as part of a broader investigation. As I understand from the family and from the member opposite, that investigation has begun through the Yukon Medical Council. Again, I have no direct knowledge of that, but from what the member opposite said and from what the family informed me on Friday, they have had a response from the Yukon Medical Council, and evidently also from the Alberta Medical Association, which is responsible for those investigations. It is, again, unfortunate that a great deal of time has elapsed and, for that, the family has my deepest sympathy.

In August of this year, I requested the Yukon Hospital Corporation give some additional information and they provided that information. With regard to Ms. Scheunert's death, opportunities for improvement within the system were identified, and that was primarily through a gap analysis that was completed at the time that the letter was written — October 4 — by the Yukon Hospital Corporation. They incorporated feedback at that time from the family and from preliminary information from the autopsy report, which was received in February of 2013.

The Yukon Hospital Corporation had also initiated an independent review under the auspices of the Yukon *Evidence Act*. That would provide a clear opportunity to identify further systemic gaps, and it would provide an opportunity for improvement in activities that focus on the patient-safety system. The goal of the review was to determine the facts surrounding the incident, complete a systems-level review, provide a confidential environment for participants — which is protected under section 13 of the Yukon *Evidence Act* — and to encourage improvements in patient care across the organization. As I understand it, that patient safety review is almost completed, if not already completed.

As the chair of the Yukon Hospital Corporation said, once it is completed, they will share the findings of that report with the family. I believe that should happen in the very near future. I know that the Yukon Hospital Corporation chief of medical staff has provided feedback to the physicians involved and the development of a high-alert medication strategy — which includes identification of high-alert medications and roles and responsibilities of health professionals in relation to prescribing, dispensing and administering — is being finalized within the hospital.

The Yukon Hospital Corporation has also enhanced pharmacy supports and an operational review of the pharmaceutical situation in the hospitals is currently underway. The Hospital Corporation also took steps to improve clinical nursing documentation and implementation

was scheduled for this fall and early winter. I would expect that it has, or it is now, in process.

Things are happening, Mr. Speaker. I trust that when the family of Ms. Schuenert meets with the Yukon Hospital Corporation it is at a time when the results that can and will be shared with the family. I trust that will answer the vast majority of their questions. If those questions are not answered, there are clear areas in which they can proceed. As I've said, the Yukon Medical Council complaint is an obvious one.

They have taken those steps and for that, I congratulate them, because I think that is part of any resolution. However, they also have the opportunity, once they have gone through the patient safety review — and I have said this before — to petition the court for a coroner's —

Some Hon. Member: (inaudible)

Hon. Mr. Graham: If you have something to say, you can say it.

Mr. Speaker, they can petition the court and in my opinion, that's a logical extension. We have then a disassociated person outside of involvement in this area who would be in a position to assess many of the facts and to assess exactly the information provided by all parties instead of just one and, therefore, make an assessment about whether or not a medical inquest would be appropriate under the circumstances. That was the system that was followed during the Rusk inquiry. It's a process that obviously works and I think it's the process that should be followed if the family's questions are not answered at the patient safety review.

Mr. Speaker, we have also had a great deal — or the member opposite spent a great deal of time talking about the coroners' report and why no answers were received with respect to why two coroners' reports were produced. We went back through the Blues on three different occasions.

We explained exactly why and under what provisions the coroner's report was revised — I did three times. The Minister of Justice explained the same thing once.

The goal of the coroner's report is to provide facts. The coroner has the authority to correct the report, and that's not only based on provisions within the act, it's also based on common law. That's the reason the coroner revised her report. New facts came to light; in light of those new facts and in consideration of those facts, the coroner made the decision — and she explained it in the release that she provided. She explained why she changed her report: new facts came to light. I know the member opposite doesn't accept that the coroner has that ability — perhaps she should read the act and look at the common law and make a determination that, yes, she does have the ability to change that report, which she did.

As we've said over and over again, we don't interfere in the workings of that office. We respect the coroner's office. Again, it's extremely unfortunate that it happened in the way it did, but there is nothing we're going to do by going back and revising that — or re-looking at the coroner's report.

For these reasons, we believe that the process to date has been relatively clear. It's unfortunate that it has taken so long. Everyone on this side of the House believes that that probably

has to be the most frustrating part of this whole experience. It has taken too long and these people are left in limbo while it's happening. For that, we apologize, but the process must be allowed to finish.

We on this side of the House do not believe that we should call an independent inquest at this time. We don't believe it's warranted until all the steps in the process have been concluded. Therefore, we will not be calling an inquest.

Motion to adjourn debate

Hon. Mr. Graham: For those reasons, I move that debate be now adjourned.

Speaker: It has been moved by the Minister of Health and Social Services that debate be now adjourned. Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Pasloski: Agree.

Hon. Mr. Cathers: Agree.

Hon. Ms. Taylor: Agree.

Hon. Mr. Graham: Agree.

Hon. Mr. Kent: Agree.

Hon. Mr. Nixon: Agree.

Ms. McLeod: Agree.

Hon. Mr. Istchenko: Agree.

Hon. Mr. Dixon: Agree.

Mr. Hassard: Agree.

Mr. Elias: Agree.

Ms. Hanson: Disagree.

Ms. Stick: Disagree.

Ms. Moorcroft: Disagree.

Ms. White: Disagree.

Mr. Tredger: Disagree.

Mr. Barr: Disagree.

Mr. Silver: Disagree.

Clerk: Mr. Speaker, the results are 11 yea, seven nay.

Speaker: I declare the motion carried.

Motion to adjourn debate on Motion No. 524 agreed to

Motion No. 19

Clerk: Motion No. 19, standing in the name of Mr. Silver.

Speaker: It is moved by the leader of the Third Party:

THAT this House urges the Government of Yukon to work with health professionals and key stakeholders in Dawson City to transition the Dawson City hospital into a collaborative primary healthcare facility that supports community nurses and meets the needs of the community.

Mr. Silver: It gives me great pleasure to get up here today and speak to this motion. This motion is one of the first

ones I ever tabled as an MLA. It was originally tabled almost two years ago during my first sitting. During the 2011 election, I heard repeatedly how the previous Yukon Party government arrived in Dawson with a plan to build an acute care hospital and the community was gravely concerned at the time that their needs were not being considered. The motion before us here today is a result of what I heard during that campaign.

Now most of these concerns from 2011 were validated in February of this year with the release of the Auditor General's report on the Dawson and Watson Lake hospitals. Today is about moving forward. It's about offering the Minister of Health and Social Services some time here to showcase the good work done by his department, the Hospital Corporation and the Dawson City health community in addressing the recommendations from the Auditor General and his report.

I will endeavour to summarize the observations and recommendations here so that the minister can speak to the actions of his department on these recommendations.

I think we've learned a lot over the last two years about what it means to have a collaborative health care model. We've had quite a few debates in this House as to what our own personal interpretations of that word and concept are. The bottom line for me — as somebody who has worked in the community in education — is that a collaborative care model means having the ability for our health care professionals to expand their roles as opposed to waiting for people to be sick. Being part of a healthy community means that our nurses and our doctors and our health care professionals can come into the schools, can liaison with the First Nation community and can actually promote healthy endeavours in the community.

When we talked about bringing forth this motion today, we talked about putting a new motion in play first — one that maybe didn't use the "collaborative" word — but in the end we said no, this is something that has been talked about quite a bit in my community and I think it's very valid that we continue from there.

Lots of questions have been asked, lots of questions have not been answered and once again here's a great opportunity. I did speak with the Minister of Health and Social Services before standing up here — I believe it was yesterday or the day before — told him my intentions and he said he was thrilled to be able to respond as to what his department has been doing.

I just wanted to start with listing some of the observations from the Auditor General's report. One of the main criticisms of the Auditor General of Canada's report on the Dawson City hospital was the lack of a needs assessment. Observation 18: "We reviewed actions taken by the Yukon Hospital Corporation, in collaboration with the Department of Health and Social Services, in planning the new Watson Lake and Dawson City hospitals. We examined whether the Corporation had determined the communities' health care needs, the services required to meet those needs, the most cost-effective manner to deliver the required services, the capital costs to build the hospitals, and the ongoing operating costs for the

hospitals; and whether the Corporation and the Department had sought approval of the costs."

Community health care needs were not fully assessed was the observation there.

Moving to Observation 22: "We examined whether the Corporation conducted a health care needs assessment in the Watson Lake and Dawson City communities before starting to build the hospitals. Conducting such an assessment is important because the results of the assessment can be used to help design and build hospitals that better meet the communities' needs."

Observation 23: "A health care needs assessment is a systematic process for collecting and examining information about health issues and health care in a population. A health care needs assessment includes determining the medical conditions in a population, the demographics of those affected, and options for intervention. Information gathered in a needs assessment is important to help prioritize goals, develop plans, and allocate funds and resources with the overall goal of improving people's health."

Observation 24: "We reviewed documentation related to the projects provided by the Corporation and the Department. We also spoke to residents and health care workers in Watson Lake and Dawson City to obtain their perspectives on how well the new hospitals will meet the communities' needs. Finally, we toured the partially constructed hospitals in May 2012."

Observation 25: "Corporation officials told us that they took the request from government to build the hospitals as an indication that the facilities were required. We found that, in planning the hospitals, the Hospital Corporation met with health professionals, First Nations, seniors, politicians, and residents in both Watson Lake and Dawson City. The Corporation told us that it did not prepare reports from these meetings. We visited most of the groups to obtain their perspectives on the meetings. Most of them characterized the meetings as information sharing on the Corporation's part as to what the new hospitals would offer, rather than information gathering."

Observation 26: "Although we found that the Corporation had spent a lot of time in the communities while planning the hospitals, it was unable to provide us with any analysis that it had conducted of the communities' health care needs. For example, it could not provide us with analysis that linked demographics and population forecasts with a requirement for specific health care services. Nor did it have analysis that linked medical usage data to, for example, predicted health care needs. It also did not have written information on the communities' health care needs, such as the number of residents who might benefit from outpatient dietetic counselling — one of the new services being offered."

Observation 27: "Corporation officials told us that they collaborated with the Department to determine the health care needs of the communities. We found evidence that the Corporation and the Department collaborated on determining how services would be delivered, such as coordinating the shared delivery of a nutrition course, but not on determining

the health care needs of the communities. The Department told us that the hospital projects were the responsibility of the Corporation.”

Observation 28: “The Yukon Hospital Corporation faced a number of challenges in managing several large capital projects at the same time. We found that the Corporation worked to deal with those challenges and was successful in dealing with many of them. While the hospitals have been designed to provide services that the communities may benefit from, the Corporation missed an opportunity to determine the services most needed by the communities so that they could then design and build facilities that would meet those needs in the most cost-effective manner. See our recommendation at paragraph 37.”

“Options to meet communities’ needs were not evaluated.”

Observation 29: “In reviewing actions taken by the Corporation in planning the hospitals, we also examined whether the Corporation, in collaboration with the Department, evaluated options for meeting the communities’ needs most cost-effectively. Evaluating options would help the Corporation to determine the most appropriate facility for delivering health care programs and services. This is important because the Hospital Corporation and the Department have a duty to provide health care services to residents of Yukon while, at the same time, to spend public funds in a cost-effective manner.”

Observation 30: “We found that the Corporation had not evaluated options on how to meet residents’ health care needs most cost-effectively. Such options could have included, for example, continuing to operate the Watson Lake Hospital as a cottage hospital or operating it as a hospital with increased acute services; another example would be continuing to operate the Dawson City Hospital with an expanded role for nurses or operating it as a physician-based model of care. However, we found no evidence that the Corporation had analyzed such options. We also found the Corporation did not analyze existing health care information that it could have used in evaluating options. For example, although the Corporation has claimed that having more comprehensive care in the communities will benefit residents by resulting in less medical travel to Whitehorse and outside the territory, it did not analyze the amount of medical travel that had taken place in the communities previously, the reasons the travel occurred, or how it anticipates that the services to be provided in the new hospitals would reduce the travel.”

Observation 31: “We also found that the Corporation did not analyze the ongoing financial resources needed to operate the hospitals before starting to build them.”

“The Corporation is unable to show that the hospitals are the most cost-effective means of meeting health care needs.”

Observation 32: “We examined whether the Hospital Corporation adequately managed the building of the Watson Lake and Dawson City hospitals by designing them to meet the identified health care needs of the communities to be served. This is important because the hospitals should be

designed for programs and services that respond to the health needs of the communities’ residents.”

Observation 34: “The new Dawson City Hospital is also designed to have six emergency beds and six inpatient beds. Outpatient services previously provided in Monday to Friday clinics (such as administering IV antibiotics) will be provided in the hospital. Like the Watson Lake Hospital, it will also have a First Nations Health Program, dietetic services, and improved space for occupational therapists and physiotherapists. It will not offer obstetrical or surgical services.”

Observation 35: “There is evidence to support the government’s position that the health care facilities in Watson Lake and Dawson City required repair or replacement, and the new hospitals have been designed to provide health care services to these communities. However, without a complete health care needs assessment and an analysis of the options available to meet identified health care needs — including the costs of those options — the Corporation is unable to demonstrate that the hospitals have been designed to meet the communities’ health care needs or that they will provide services as cost-effectively as possible.”

Observation 36: “Construction of the hospitals in Watson Lake and Dawson City was nearly complete at the time of this audit and the costs of building them have been incurred. Nonetheless, it is still important that the Corporation be able to provide the services most needed in the communities. Completion of a health care needs assessment of the communities would help the Corporation adjust services where necessary and make the best use of the facilities that have been built.”

All of these come toward recommendation 37: “The Yukon Hospital Corporation, in collaboration with the Department of Health and Social Services, should conduct a health care needs assessment in the communities of Watson Lake and Dawson City. The information gathered in this exercise should then be used to ensure that the services delivered in the hospitals are designed to meet the communities’ needs in the most cost-effective way possible.”

“The Corporation’s response. Agreed. A more comprehensive needs assessment would improve the ability to ensure the appropriate decisions regarding effective programs for the new hospitals. To mitigate potential risks, the Corporation included as much flexibility as possible in the design and construction. For example, in Dawson City, where the model of care had not yet been determined, it was recognized that a typical hospital model of care rather than a collaborative care model requires different space. The new hospital was designed to allow either. The design of both hospitals allows for future changes in use and programming.”

“The Corporation will collaborate with stakeholders to review current and future programming and provide opportunities for community input. For example, we will continue to work with the First Nations Health Committee, Tr’ondëk Hwëch’in, Na-Cho Nyak Dun, and the Vuntut Gwitchin to develop an appropriate First Nations Health Program that meets their communities’ needs. Another

example is the Corporation's partnership with the Department of Health and Social Services in developing a therapy model to best serve the Watson and Dawson catchment areas. We are committed to ongoing program assessments."

"The Department of Health and Social Services' response. Agreed. The Department, as part of its regular meetings with the Chief Executive Officer of the Corporation and the Assistant Deputy Minister of Health Services, will collaborate on assessing the health care needs of the communities of Watson Lake and Dawson City, where both the Department and the Corporation provide services."

Mr. Speaker, let's fast-forward to today. I'm interested in moving forward; my community is interested in moving forward. We cannot go back and rebuild the facility. The needs of the community will have to be built around it instead of the other way around, but as we saw from the report, this building has flexibility.

To the minister's credit, he accepted the criticism from the Auditor General and agreed that more needed to be done. The Minister of Health and Social Services agreed that a needs assessment was required and I understand that it is nearing completion and will soon be available to the public and to the staff at the new hospital in Dawson. I am very anxious to see what it says and I am glad the minister followed through with this.

With regard to collaborative care, as I said, there has been a lot of back and forth on this between the government and my community. What was originally going to be a \$5.2-million replacement of the existing health centre has turned into a six-bed, \$35-million hospital. It's not necessarily what my community asked for or necessarily what the need that was assessed at that time. Dawson residents expressed a loud and clear desire to see existing nurses in the community be able to stay and practice to their highest capacities in the new facility. It's sad to say that that was ignored.

Today I am hearing very similar questions. Residents want nurses to use their full capacity in the facility and in the community. To me that means health promotion, health care, mental health services, services in the school — and the list goes on. I have also heard from the doctors very loud and very clear. Doctors provide distinct skills, knowledge et cetera. It's different from other health care professionals and it is a vital part of the whole health care team. Nobody has ever expressed that a collaborative or any other type of care model didn't have doctors at the helm. That's a very, very important statement that needs to be put into the record.

Nursing and collaborative care only go so far, and they have said you need doctors on the bottom line. I had a great conversation with the medical fraternity and we talked about how teachers need their EAs but, in the end, teachers are in control of administering the class and it's a very similar situation as doctors to nurses. There's a pivotal role for EAs in the classroom, but the bottom line is that you need teachers to make decisions, just like you need doctors to make decisions in hospitals.

I think it's important that we don't get too hung up on the technical or medical definitions. I know the minister knows

exactly what I'm talking about. It's how these health professionals work together that is the most important — and how well utilized they are.

The government has been talking about collaborative care for a number of years. We're anxious to see how this is going to move forward into action. I'm not going to belabour the point. I'm just going to say that the minister and I have had excellent debates in this Assembly as to what it means to have collaborative care.

I will borrow his words and say that I, too, am not a doctor. I am not a professional in the medical community, but I do know — and this is very important and pivotal to the whole point I'm making here today — that my community wants a health care facility that goes well beyond an acute health care model — meaning they want a medical community that is inside the schools, teaching healthy choices to the community; they want to have positive liaison with the Tr'ondëk Hwëch'in and they want a system that will produce results.

I am not a medical health care professional but I have every faith in the medical community in Dawson, the EMS professionals, the nurses, the doctors and the administration. I believe that with proper needs assessment done, with these individuals at the helm, programming at our hospital will be second-to-none.

With that being said, I am anxious to see how the government plans to move forward. I am looking forward to giving the minister an opportunity to outline the needs assessment process. As we are about a month away from the grand opening, I believe many rural Yukoners are anxious and excited as well.

Now, I can't sit and open the floor to debate without a further push for allowing the community to pick a name for the hospital. We all want to move forward on this, that's for sure. I'll let the Minister of Economic Development make his suggestion when it's his turn to talk on this — I won't vote in favour of it.

We want to move forward on this hospital. We all want to get the trouble of the construction behind us. I implore the minister to champion this cause of allowing the community to name the hospital. I believe it will go a long way to improving relationships between the corporation and the community.

I am interested in hearing from the minister on this motion and I'm also looking for answers specifically to the following questions. When will the needs assessment be completed? What's in the assessment, if the minister can share any of this at this time? Finally, what is the government doing to make the facility and the community health more collaborative?

Hon. Mr. Graham: It is indeed a pleasure to stand here today and discuss this motion from the Member for Klondike. I'd first of all like to address the health care assessment. The health care assessment recommended by the Auditor General, agreed to in the response by the Yukon Hospital Corporation and also agreed to by the Department of Health and Social Services, has been undertaken. I'm happy to

say the Hospital Corporation and the Department of Health and Social Services are reviewing the assessment as we speak, going back and forth with the contractor if there are errors of fact and will soon have a set of recommendations for me that I will further discuss with the Yukon Hospital Corporation with an intent to go forward.

Dawson City is an interesting community. I first visited Dawson City as a very young fellow after travelling down the Yukon River on a summer holiday and have always been impressed by the independence and by the artistic ability of many of the residents. It has always been a more or less eclectic community to me and I've always enjoyed my time there. When I had family living in Dawson City, I had an opportunity to visit even more often and I never got tired of it.

It's an interesting community; the Tr'ondëk Hwëch'in are a vital part of the community and have a very important role to play in any health care plans within the city.

We know in Dawson City, from health surveys that have taken place in the past, that approximately one-half of the people in the community — and we have to differentiate sometimes between rural Dawson City and urban Dawson City — but approximately half of the people there in the urban area consider themselves overweight and many have reported they experience the same types of problems that many people in the urban centre of the Yukon, Whitehorse, experience, like back pain, high blood pressure and diabetes. But we also find in the rural communities — and Dawson City is no exception — that higher risk-taking is also something that is prevalent, as well as alcohol consumption, of course — always a determinant of how much will be needed in terms of medical practitioners and medical facilities to work with the people.

Taking all those things into consideration, I first of all want to read from a speech that I gave as part of a symposium in Toronto as a guest of the Health Council of Canada. They provided an opportunity for my participation in the collaboration and building system capacity for quality improvement in Canadian facilities. I started off by saying that, unfortunately, Canada's territories are often forgotten in these national discussions, and while we are often trailing the progress of larger provinces, we do bring a unique view and experience to the debate. There is a continued need to consider rural and remote delivery, not just in the territories, but throughout Canada. I said that all jurisdictions are struggling with ensuring high-quality, accessible and sustainable health care.

While the Yukon is fortunate in our financial capabilities — because we've been very good stewards of the budget — we do know that we have to continue to focus on health care innovation and quality improvement to be sure that our services can be sustained into the future. We also know that equity is a key issue for people living in rural and remote areas. While many receive excellent community and primary care, they will always be impacted by limited resources and distance from many services.

Northern, rural and remote Canada and the health system services in these areas are in many ways the canary in the coal mine. We no longer have an option for slow, incremental

change because we will not be able to deliver health care as we have, and we are running out of time. In this country today, few health care and medical graduates overall are now trained for remote and independent practice. We need generalists, not an over-specialized workforce in this area. Our demographics — both provider and public — are changing quickly and we have limited resources for system change.

In Health Canada's own report, *Better health, better care, better value for all*, they state that health care systems in Canada have been at health care reform for over a decade. We're all aware of some successes. We've even had promising practices; we've had innovations. Overall, it has been a very slow process with very disappointing results, and we struggle with system change, with the scalability of promise.

We can't promise that everyone will have a knee replacement within a month of requiring one, nor can we promise everyone will have surgery immediately when it's required.

These are the things that we face here in the territory, as well as in other rural and remote areas across the country. One of the things that we see as an integral part of resolving some of these issues is integrated service delivery, collaborative care — or whatever the acronym may be today. I thought that I'd start, first of all, with a definition for integrated service delivery or collaborative care.

There is a very high level of complexity and variation that exists in the health and care sectors, both within and across jurisdictions within this country. Some researchers have even suggested that integration is not an end in itself but rather a means, a strategy or an overall approach to reorienting care and service delivery to address the many challenges in today's health care system. Despite the lack of a single, consistently used definition with universal application, there is general agreement regarding some of the key components or principles of integrated service delivery.

Generally speaking, integrated service delivery is client focused — placing patient care needs, experience, satisfactions and outcomes. It is the centre of service delivery. It is accessible, with either multiple entry points or multiple service delivery points. It's multi-service or cross-sectorial, providing clients with access to a package of continuum of services and supports to meet a range of care needs, and it provides continuity of care, ensuring clients are monitored and supported across time and care providers and systems.

Finally, it ensures clients have the right provider and the right service at the right time and the right place, so that the services are appropriate, efficient and most effective for meeting client care needs.

For our purposes, integrated service delivery means a model of service provision that utilizes teams of health and care providers who bring separate and shared knowledge together to support a comprehensive range of high-quality, effective health and care service for patients according to patient care needs over time. We're not restricting it only to hospital care, prenatal and neo-natal care, and your illnesses as you proceed through life, but we're also saying that it has

to address the needs of the aging population as well, and that's why we say the needs over time.

Services should be delivered in a non-hierarchical model where all professional roles are optimized and each model is unique to the community and the people served in that community. I think that's really important as well.

Through an integrated service delivery approach, we believe that benefits for both patients and providers are available. It's best suited to groups that have complex care and medical needs. It requires a range of services and supports from the health and/or social service sectors and we find that people in those sectors — in these populations — are often underserved by the current system. This includes persons with mental health and/or addictions challenges; people with chronic conditions; frail, elderly folks and others with higher risk and medically fragile conditions — again, we get back to the diabetes, high alcohol consumption, high blood pressure and consistent or chronic pain — these are the populations we try to serve.

The goals of the integrated service delivery are merged as a response to a number of different challenges in today's health care system, but it is consistent in key goals that it aims to achieve. In addressing a range of systems challenges, the overall goals of integrated service delivery are to increase service and access and equity; to provide services in a more effective, efficient and timely way; to support disease prevention and self-managed approaches; to improve service quality and patient outcomes; and to ensure long-term system sustainability by reducing cost growth, particularly for secondary and hospital care.

Reducing systems cost is only one of the goals and it's one of the drivers of integrated service system change. In addition to reducing immediate emergency room cost pressures, integrated service delivery also reduces hospital readmissions and provides a more appropriate form of care for managing chronic conditions, thereby preventing other system costs.

System change is a difficult undertaking, particularly in the whole health and social care sectors, which are highly complex and where there are well-entrenched provider roles and practice cultures. We've seen that in the territory time and time again. It requires a clear vision and an incremental approach to implementation based on clearly defined principles and priorities. Health and Social Services is proposing to reorient the health and social services systems by adopting an integrated service delivery model for system change. To maximize successful implementation, we believe that an incremental approach is necessary.

As most will remember in November of 2012, the government approved legislative amendments to regulate nurse practitioners in the Yukon, allowing them to practice to their full scope in the territory. NPs are registered nurses with additional graduate-level training and are able to provide many of the functions of physicians, including ordering and interpreting diagnostic tests, prescribing pharmaceuticals, medical devices and other therapies, performing procedures and making referrals to other health care professionals.

At the present time, we have limited access to primary services in some Yukon communities and we have a large number of people with unmet care needs. These people are generally higher risk priority patient groups and it's important that we deal with them because many times these are the people who are chronic users of our health care system.

Our plan isn't only about nurse practitioners. We have to include all medical practitioners in this territory, whether they're physicians, pharmacists, LPNs, social workers, dieticians or the myriad of other health care professionals that we currently employ in this territory.

I think it goes without saying that health is the top priority for all Canadians, and Yukoners are no different. That said, Canadians and Yukoners are only beginning to recognize that the way things have been done for decades is not the way we have to do it into the future. We need to change our focus, as I've said, from acute care and the processing of patients to a system that instead promotes health and wellness upfront. The historic focus on acute, episodic care served us well; however, it was more suited to a young population with a majority of issues behind acute care needs. We only have to look back to when I was a young fellow here in the Yukon and the hospital had almost twice the number of beds that the current hospital has and many times it was fully used. But it was a completely different model, and the population was completely different from what it is today. We have to get away from that old way of thinking about things. The health and social services system needs to respond to changing circumstances.

Today I want to focus on some ideas on where we are going as a department and some broad themes that I hope everybody will appreciate and understand. One direction that I want to see the department move toward is a better focus on integrated community-based services. We believe that this is the wave of the future.

To me, integrated means better integration between health and social services, more transparent service delivery, more seamless communication and interaction between workers and all parts of the department. It's a system built around client needs and flexibility — a system that also supports self-management by clients and a solid focus on prevention.

Community-based services means services that are designed to respond to the needs of the people in that community and not to meet the organization — be it Yukon Hospital Corporation's or the department's or the government's needs.

We have taken advantage of the recent Auditor General's report to complete an updated community needs assessment. That information will be used to guide the priorities and the service delivery in the coming months. The results reinforce a collaborative, integrated approach. The Yukon Hospital Corporation has stated from the beginning that they had built the facilities with flexibility, as the Member for Klondike mentioned, for programming and delivery services for the future in mind.

Both within the Department of Health and Social Services and collectively with the Yukon Hospital Corporation, we're looking at the data, as I said previously. The information we

have collected as well as lessons learned and best practices from elsewhere in the country is to ensure that our approach to service responds to what those communities need, using an integrated, collaborative care model while being flexible for future needs and innovations.

In order for us to be able to make some changes, we're going to need to move forward and to be more innovative. Innovation is another broad direction that I want us to move toward. There are lots of good ideas out there and the Yukon is a great place to try some of these and in fact be a model for rural and remote service delivery innovation in this country.

Part of the innovation is looking at collaborative care and integrated service models.

A significant advantage in the Yukon, Mr. Speaker, is that we have social services and health in one department and therefore a greater ability to ensure a collaborative approach and to focus on the broad area of prevention. This also brings strength to our potential collaborative care teams. For example, we need to make better use of our health and social services professionals and the training and the expertise that they have. We need to let all of these health care professionals work to the full scope of their training. We need to move to better team and collaborative approaches, both across social and health services in the department, as well as across the full system with physician practices and with acute delivery services.

We need to make better use of nurse practitioners. As I pointed out, we've had the legislation in place since 2012, but the integration of nurse practitioners in the community hasn't proceeded as smoothly as we had hoped. We run into difficulties making sure that under various parts of legislation, these nurse practitioners are able to work to the full scope of their training and professionalism. We need to make sure that they are able to be integrated into practices throughout the territory.

We have an agreement with the Yukon Medical Association that outlines how these nurse practitioners, if involved in local practices, would be paid so that they wouldn't be — at least during the first part of implementation — necessarily be a drain on the practices' resources.

We also hope to expand the role of LPNs and our registered nurses and other health professionals within the department. We need to better connect mental health and addiction services as part of the integrated community care team and delivery models. We need to be flexible in our collaborative care approach, using community-based, mobile and virtual teams as required by a client or a community and to be flexible to evolving community and clinical needs.

We need to remember that moving to a collaborative care model takes time and focus. It's about developing teams, new team-based approaches, team members and providers acquiring skills for a collaborative approach and shared leadership. It's not just about sharing facilities, such as the facility in Dawson City. We need to look at more and better use of technology such as videoconferencing and telemedicine. As I pointed out yesterday, teleradiation is also something that is available in our smaller communities, but we

need the legislation in place that allows us to share those medical records around the territory.

We have both videoconferencing and telemedicine available right now, but are not used to their capacity. We need to be innovative in the use of these tools across the full system and to use these to support a collaborative-care approach to service.

I as a politician, and us as a government, find it very easy to get caught up in the present. What are the current needs and priorities? What needs attention now? How do we respond to this specific current situation? It's much more difficult to take a step back and look at the bigger picture. What should we be thinking of for our long-term use? What do we need to build now and what will address our needs down the road? What does our future look like and how can we start planning for that now?

As I've mentioned several times during the debate over the buildings being constructed in Watson Lake and in Dawson City, probably in 20 to 25 years they will look like — the people who planned and decided to build these buildings were masters of the future. They knew what we needed, because they will grow into great community medical facilities if we plan for it now.

The themes that I keep coming back to are access, quality and sustainability of our health care in our communities. We need to address each of these in a way that has a lasting and positive impact as we proceed into the future. Whenever we hear the word "sustainability", most people will think that it's all about money and controlling costs. Indeed, health care costs are rising. Upwards of 50 percent of some provinces' budgets are spent completely on health care. Interestingly, health care services are not a major determinant of the health of a population. Social, economic factors and resulting individual behaviors are the primary drivers.

Everybody has seen the statistics that if you are well-off and you live in a good neighbourhood and have a great education, your chances of having better health as an adult and as a senior are much, much higher.

While being able to continue to afford certain services is a reality of any government, sustainability has just as much to do with adjusting our service delivery to respond to the changes in our demographics and in our communities — changes in medical, clinical and technology and service delivery — and to ensure that all our service providers can continue to deliver much-needed services as it does with the limited dollars and cents that we have available.

I want to see us develop a full continuum of services where the patients and our clients are not concerned or even aware of who is delivering or who is funding what service. They shouldn't have to think about who is the responsible one — who is responsible for medevacs — and who is responsible for all the myriad number of care services that are provided within our medical system.

I want to see a fully integrated health and social system, with the client first. A team of professionals may be involved through technology, through virtual or mobile teams, through the right provider at the right time and the right place. But the

focus for the client is that they get seamless, high-quality, appropriate service when they need it. I want to see the department place a greater emphasis on integrated, community-based services. We need to maximize the advantage we have of having these services, all of these services, combined in our one Department of Health and Social Services.

To me, integrated means better integration between health and social services, as well as the Yukon Hospital Corporation. We need more transparent service delivery, more seamless communication, case management, transitions of services and interaction between workers, between departments, between agencies and even between agencies such as NGOs and the government — more responsive and efficient delivery that benefits the individual accessing those systems.

For example, mental health and addictions has been one of my priorities. It is a good example of where I want to see integration across a broad spectrum of services. It's an area where we need to be innovative and creative — an area where the client should not be caught up in differing roles and responsibilities between service providers, but an area where all people work seamlessly to ensure the best possible outcome and support for the client at all levels.

I want to see services that are community-based and designed to respond to the needs of the people in that community. With Dawson, we've had preliminary discussions with the physicians and local department staff to introduce moving to collaborative care. We feel that there's a definite interest and support and we will continue to look at how we can move in that manner as the community-based services move to the new facility.

I also have had discussions with the board chair of the Yukon Hospital Corporation to look at collaborative care and greater integration of community and acute care services. Facility integration and joint use within the facility are also important as well as how to move forward from this point. We have charged the deputy minister and the CEO of the Yukon Hospital Corporation to develop a long-range plan and move to a collaborative care model, recognizing that it does take time but it's very important to start now and to have a long-term plan.

The needs assessment has provided us with the key areas for focus. In order for us to be able to ensure we have the high-quality, accessible, sustainable health and social service system, we are going to need to be more innovative. So innovation is another broad direction I want us to move toward.

There are a lot of good ideas out there and the Yukon is a great place to try some of them. We have the advantage of our Premier serving as co-chair of the Health Care Innovation Working Group and the work we do as provincial and territorial health members.

Team delivery and innovative approaches are one key theme of work under the Health Care Innovation Working Group. For me, new ideas are not about finding more things to add to what we already do — it's doing differently and better

with what we already have. It's looking at what we spend now and asking if we can find creative ways to do more with what we are given, to better engage our clients and patients to take on responsibility themselves for their own health and well-being.

In recent years, the department has made significant investments in secondary and hospital care to better serve the acute and specialized care needs of Yukon. We are now looking at enhancing primary and community care with the adoption of an integrated service delivery model. This is a model of service provision that utilizes teams of health care providers from across disciplines to provide patients with a comprehensive range of health care services appropriate to their needs.

It will better address the care needs of patients with complex and chronic conditions. It will improve system efficiencies and effectiveness and it will begin to bend the cost curve by reducing systemic cost growth. Many other jurisdictions in Canada are also beginning to adopt integrated service delivery and collaborative community care as a model for health system change. We have started this work, albeit very slowly in some areas, but examples of integrated service delivery initiatives currently underway in the Yukon include the collaborative care initiative introduced through the government's agreement with the Yukon Medical Association.

We have expanded the referred care clinic that serves clients with complex care needs. It was an interesting process — the referred care clinic — because in anticipation of only serving those clients with very complex needs that we were aware of, we only scheduled the referred care clinic to be available for a limited number of hours. To our surprise, we found that a whole new client group began appearing at the referred care clinic. In many cases, they weren't the people who we had anticipated. They weren't the people who had complex needs who appeared at the hospital emergency department on a weekly or almost daily basis.

We revised our thoughts with the referred care clinic — expanded the hours — and hopefully now will be able to serve clients with the complex care needs, as well as the new group that has almost come out of the woodwork to seek care at the clinic.

We will be using Dawson as an area to begin to pilot our work, but we won't be doing it in isolation. We're working across the department and across the total health and social services system in the territory.

I think we are all beginning to recognize that the system as we know it today is simply not sustainable, nor is it really the best way to provide health care to our citizens. This government believes that the needs of the citizens and the community should provide the focus for a model of care that optimizes the role of all providers, whether they be nurses, doctors, therapists, social workers, LPNs, dieticians — anyone who has an involvement in keeping individuals healthy and safe. This collaborative approach is underpinned by a patient-centred continuum of care of which facility-based care or

hospital care or residential facility care is only one component.

The motion tabled today by the Liberal Leader speaks specifically to the Dawson City hospital and community health care facility, and the need to transition it to a collaborative primary health care facility that supports community nurses and meets the needs of the community. I think that we're ahead of what the Liberal Leader intended in motion — and we will continue to focus on Dawson as a pilot — because it's more than just about Dawson City. Any of our services should be responsive to community-oriented services.

We need to be open to new ways of looking at things, new ways of thinking about things and new ways of doing things. It's not all about acute care and hospital beds because health is about more than bed pans and IV needles. We will do and we will always need a high-quality acute care system, be it the Yukon Hospital Corporation services or the use of specialists from outside the territory or even the use of facilities outside of the Yukon for operations that can't be done within the territory. We've done a good job in the Yukon in developing that but our population is aging.

Rates of chronic diseases are increasing and the health care system needs to respond to these changing circumstances. For example, promotion and prevention management of chronic disease to avoid or delay costly complications requires a broad skill set, a proactive approach to care delivery and a patient-centered approach, including active involvement of a patient in his or her own care. Faced with growing numbers of patients with these complex needs and shortages of family physicians in some areas, many family physicians have expressed concerns regarding their working conditions, including long hours and impacts on their own health and family life. These circumstances point to the advantages of a team-based approach to care with various health care professionals working together to help the patient maintain and improve his or her health. For example, a nurse might undertake routine monitoring of a diabetic patient with advice from a dietitian and involve the physician when more specialized expertise is required.

There is a growing consensus that health care professionals working as partners in this team approach will result in better health outcomes, improved access to services, improved use of resources, and greater satisfaction for both patients and providers. Such teams are better positioned to focus on health promotion and improve the management of chronic diseases.

A team approach can improve access to after-hours services, reducing the need for emergency room visits as well as the intensity of those emergency room visits. Information technology can support communication among providers as well as provide support for quality improvement programs, such as clinical practice guidelines for chronic disease management. In these ways, all aspects of personal care are brought together in a coordinated manner.

Collaborative care is seen as fundamental to high-quality, team-based health care. We need to work together to establish

just such a cohesive response to the health care system in the Yukon.

The Yukon Hospital Corporation will open its Dawson City facility on December 7 this year. While it will provide an acute care model of care that Dawson has not seen for many decades, we are also looking toward a more collaborative model of care that will, over time, be much more responsive to the needs of that community — responsive to the needs of the patients themselves, more responsive to the patients themselves — than by the providers.

We see a much stronger focus on working together than we have in the past. We will continue more so in the future, hopefully, to the benefit of all, Mr. Speaker. We support the concept behind the motion tabled by the Member for Klondike.

What I can't do is give him a date on the calendar when this will happen, nor can I tell him when it will happen first. But it's something that we are moving toward and have planned in a thoughtful way. I hopefully will have more to say in the coming weeks.

I have just a small, friendly amendment to the member's motion.

Amendment proposed

Hon. Mr. Graham: I move

THAT Motion No. 19 be amended by:

(1) inserting after the word "Yukon", the phrase "and the Yukon Hospital Corporation to continue"; and

(2) replacing the phrase "to transition the Dawson City hospital into a collaborative primary health care facility that supports community nurses and meets the needs of the community" with the phrase "to operate the Dawson City hospital as an acute care and community care facility that supports multi-disciplinary health care services, and access to technology including telehealth."

Speaker: Order please. The amendment is in order.

It has been moved by the Minister of Health and Social Services:

THAT Motion No. 19 be amended by:

(1) inserting after the word "Yukon", the phrase "and the Yukon Hospital Corporation to continue"; and

(2) replacing the phrase "to transition the Dawson City hospital into a collaborative primary health care facility that supports community nurses and meets the needs of the community" with the phrase "to operate the Dawson City hospital as an acute care and community care facility that supports multi-disciplinary health care services and access to technology, including telehealth".

Hon. Mr. Graham: The first one is quite obvious. The Yukon Hospital Corporation is a partner in whatever we do in Dawson City. As I understand, under the Yukon *Hospital Act*, the Hospital Corporation cannot be involved in operating a facility that is not an acute care facility unless it is specifically allowed in the legislation. So it's my understanding that, unless the acute care part is not in this, unless the acute care

part is not part of the hospital package, it's outside of the Hospital Corporation's legislated mandate.

The rest is just a simple rewording. Multi-disciplinary health care services is something that I guess is another acronym or another way of describing collaborate care. We had no intentions of changing the intent, but we wanted to make sure that we also had in there the access to technology part.

It wasn't intended to change the intent; the amendment is intended to include the Yukon Hospital Corporation, to ensure that people are aware that there is still an acute care part of that facility that will be operated by the Yukon Hospital Corporation, and then the collaborative or the interdisciplinary part will be the remainder of the hospital. That's simply why we wanted the amendment, Mr. Speaker.

Mr. Silver: This is the nature of these Wednesdays. The minister had an opportunity to see my motion in advance. I think we're playing a little bit of a word game. I'm a little bit confused and I will have to check Hansard again as to what the minister spoke to as far as the needs assessment that has been completed for the Dawson City hospital. I was all excited. I heard the words: we're going to move toward a collaborative care model. Now I'm hearing: we can't do that because the legislation won't allow that.

I'm very confused; I really am. I was hoping that today was a day when we could talk about the programming and move forward. I understand that the members opposite don't necessarily want to have unanimous consent over a motion from the opposition, and we go through these amendment processes all the time. I get it; I understand it. But this is a whole other motion.

Out of my motion is the word "collaborative". It no longer exists in this new motion. Replaced with "collaborative" is "acute care" — acute care plus; plus is what this is. It's basically saying that a collaborative model could be — well I'm trying to piece this together. It's almost as if it is saying then that the acute care model with a bunch of pluses afterward constitutes a collaborative model of health care, whereas in the Auditor General's report that was one of the biggest stumbling blocks. They were happy to see that the hospital actually was flexible and able to go back and forth between these two distinct and different types of health care models.

I'm more confused today than I was in preparation for this today and to hear that the minister says we have the ability and the community has said that this is what they want to do — to move toward a collaborative care model — and that's great. We should have ended the conversation right there and I would have been happy. I would have gone home and I wouldn't be up here right now going on about this.

To add into that afterwards that we would actually have to change the legislation and that we're not allowed to have a collaborative care model because of the way that the Yukon Hospital Corporation currently is legislated or works — I'm perplexed. The minister is trying to help me out, but at the same time, I'm just using the words that he used. Listen, I'm

going to have to sit and think here about this proposed amendment. I love the comments about community care facility, supporting multidisciplinary health care services — that's great — and access to technologies including telehealth, that's great. These are specific things that are amazing and would be great. Our community would benefit from them.

When the minister talks about health care in general, there are an awful lot of things that we could talk about as far as direction for the Hospital Corporation and the direction for the Minister responsible, but the intent of the motion wasn't an overlying thing. It was based upon Dawson City. They asked if we could go toward what this hospital was designed for, what people in the community had asked for and what, I assume, was talked about during these needs assessments. Hopefully I can get some clarification before we have to take this to a vote. Right now, I have to think about it.

Ms. Hanson: On the amendment — my goodness, I almost felt like we're being treated to an auditory version of Saul's conversion on the road to Damascus. From a Yukon Party that has really given us a nonstop defence and reiteration over and over again over the last three years about the stated purpose of the Watson Lake and Dawson City facilities as acute care hospitals and acute care facilities, I heard the minister repeatedly speak this afternoon — I was so encouraged because it's so reminiscent of the conversations not only that we have initiated as Official Opposition and the Member for Klondike was raising today — the absolute imperative that we move toward a collaborative model of health care. It's too bad.

I was so excited; I was thinking, gee, it took five years and this government funded and engaged hundreds of Yukoners in a Yukon health care review and a follow-up, *Taking the Pulse*, which came up with exactly those recommendations — that we develop a collaborative health care model for this territory. So, great, I was excited. We were there. Five years later, we're on it.

But, backtrack — you know, I've heard the chair of the Yukon Hospital Corporation say over and over again that this hospital, this acute-care facility, will in fact be leasing spaces to other services. So why, why, why is it so difficult to use the words "collaborative health care" if those services are actually going to be in the building? It seems to me that this is more of a parsing game — a game, as opposed to taking seriously the motion that the Member for Klondike has put forward here. I think that by focusing on acute care — I mean I can go to a health centre in Ross River or in Haines Junction and deal with telehealth and deal with teleradiology.

I don't quite get what the game is here. I'm hoping — because we will be going back and reading the Blues. We were so encouraged by the minister's discussion about the range and the elements that are associated with collaborative care and why it's so imperative.

It's not just us. I don't know how many studies have been done across this country. This government has participated since at least 2004. The Council of the Federation has funded

many, many research papers on the issues around collaborative care and the costs to be saved.

Actually, Mr. Speaker, the minister doesn't accept that the Council of the Federation has done that. I would refer him to *From Innovation to Action: The First Report of the Health Care Innovation Working Group*. The record stands that the Council of the Federation has been engaged in looking at this and has a whole series of very detailed reports.

I share with the Member for Klondike in being perplexed with respect to the intent of this amendment. I don't see that it supports at all what the objective of the Member for Klondike was, which was reflecting his constituents' desire to not only reflect the expressed views of Yukoners through the *Yukon Health Care Review* and the *Taking the Pulse* response to that health care review. It seems to fly, unfortunately, in the face of the very words that he spoke so clearly and so well this afternoon in terms of setting out an agenda for collaborative health care for this territory.

So either he didn't believe what he was saying about the direction he wants to take his department with respect to collaborative health care, or he doesn't understand it. I'm not sure which. So I would hope that he could explain to us what he really does mean by this and how he believes the amendment that he has proposed achieves the objectives or will serve to help achieve the objectives that he set out so clearly this afternoon with respect to why all the indices — not just the health indices and not just the social indices, but the financial indices — say we need to move toward this model of health care. I'm not convinced.

Hon. Mr. Cathers: I don't think I've ever heard so much outrage before over the use of terms that a thesaurus would tell you are basically identical. Reference to a multidisciplinary practice or multidisciplinary collaborative practice or collaborative practice alone, all of those are terms that have been used. The commitment —

Some Hon. Member: (inaudible)

Hon. Mr. Cathers: Mr. Speaker, I know members seem to be eager to engage in conversation here, but my understanding of the rules is that they will have their opportunity to engage in debate rather than heckling relentlessly this afternoon.

The level of outrage we typically hear from the Leader of the NDP reminds me of listening to *Double Exposure* years ago when Bob Robertson — one of the comedy duo who had that well-known radio show on CBC — his caricature of the then NDP leader was, "I'm outraged, completely outraged" on every single occasion. It must be difficult to maintain that much outrage in debate, Mr. Speaker.

Let me point out that in speaking in favor of the amendment moved by my colleague, the Minister of Health and Social Services, let me remind members who appear not to have caught the word in here — and I know that constant chattering from the NDP benches must make it very difficult to listen, but Mr. Speaker —

The amendment moved by my colleague says to operate the Dawson City hospital as an acute care and community care

facility that supports multidisciplinary health care services and access to technology, including telehealth.

It's important that the recognition be given to the work that has been ongoing by the Yukon government and by the Hospital Corporation in terms of doing the needs assessment and working with the community, as well as with health care providers, to develop and prepare to fully implement an appropriate model of care delivery that meets the needs of the community in this facility. It is one where our vision in proceeding forward with this facility in the first place is having one that addresses the needs of Dawson and is flexible enough to accommodate evolving needs in the future.

I'd like to remind members of a few of the investments that have been made in recent years, which include the provision within the Dawson City nursing station of the telehealth services. The Yukon is only the second jurisdiction in Canada to make telehealth facilities available in every single community and every single community health centre, in hospitals, in the nursing stations, as well as the Kwanlin Dun centre, which I think also has access to telehealth — which is an investment that personally I was quite pleased to announce, along with the representatives from the Hospital Corporation, back in early 2006 or 2007. I'm not recalling which year it was.

I know the members are not listening. I am speaking to the amendment. I think if the members would actually listen, they might see some relevance in what I'm saying.

Speaker's statement

Speaker: Continued reference to the heckling is starting to interfere with my ability to actually follow your conversation. They're going to heckle. Your side heckles. Stop referring to it. I don't see any point in how it could add to the debate.

Hon. Mr. Cathers: In returning to my points regarding this amendment, this builds on investments that have been made in the communities that I know the members of the NDP and Liberals don't like to acknowledge, because they really don't like to acknowledge the significant investments that have been made in supporting and enhancing our services to Yukon communities.

The telehealth expansion to all Yukon communities — again, only Nunavut with their extremely high cost of air travel proceeded more quickly in implementing a telehealth system that provides for digitized access to not only physician conferencing, but also the ability to take a picture of a wound or an area with a camera and transmit it remotely to a centre where a doctor or other health professional can interpret those results.

This has been built on — again another investment that has occurred in recent years is the teleradiology system, conferencing that has been provided through the telehealth system and includes services that are provided in Dawson City, including for mental health services.

It also includes another enhancement that we have made through technology — the setting up of the 811 system, which

is something that I had the pleasure of announcing a number of years ago and was the result of investments made during my time as Health and Social Services minister through what was then the territorial health access fund. I thank very much all who worked on that and the officials who helped implement this system, which provides Yukoners with greater access to care and advice through the phone line.

It also involved the development of detailed community profiles, which not only assisted those in B.C. who operate the B.C. call centre, because the arrangement we have in place is one that allows us access to a call centre that simply, as members may recall — for government to staff a 24-hour call centre in a jurisdiction as small as ours is extremely cost prohibitive. We developed an agreement with B.C. that allowed us to access, for a flat fee per year — and what was at the start rate of 84 cents per minute for the services — their 811 HealthLine centre. But because of our concern at the time that staff might not be aware of the supports in place in areas like Dawson City — would not understand which communities had nursing stations, health care centres, doctor services, et cetera — we felt that it was very important to develop those detailed community profiles. Through the good work of the Department of Health and Social Services, not only did we come up with a model that has worked well but, in fact, the model used by our staff is one that was adopted by British Columbia for use in identifying what was in place in their rural communities.

Again, this investment of the Dawson City hospital is one that is a very important project in supporting the needs of Dawson City. It is also important, as noted in the amendment moved by my colleague, the Minister of Health and Social Services, to ensure that, first of all, it recognizes the fact that it's not just the Yukon government. It also involves the Yukon Hospital Corporation, which is accountable to the Yukon government, but also, by provision of the act, includes dedicated representatives appointed by entities including CYFN and the City of Whitehorse and Association of Yukon Communities as well as a representative of medical staff and a representative of non-medical staff from the Yukon Hospital Corporation. It's important to recognize their role and the fact that working with them in running this facility is vital to having it operate effectively.

One of the problems with the original motion proposed by the Member for Klondike is his suggestion that there should be a transition and a change in direction, rather than an acknowledgement that the approach being taken is one that is continuing to refine — in collaboration with health care professionals and the Hospital Corporation — what the range of programming should be at this facility and reflecting our vision that it should provide for the acute care services we committed to — but to be a community health facility and a health centre that is much more than just a hospital and provides the appropriate community health services and public health programming from it.

As noted in the amendment moved by my colleague, providing the access to technology services, including telehealth provided through this nice, new facility that is a

reflection of our investment in supporting rural Yukon — and, along with the Watson Lake hospital, those are ones we know that the NDP and Liberals have opposed — this investment in Yukon communities — and are opposed to hospitals providing services in these areas. They voted against it in the past, and while it's nice to see the Liberal leader apparently starting to come around and see the light in recognizing that there is value in this new facility, we again would point out that this investment is one that, now that we have the new facilities built in both Dawson City and Watson Lake, is an important part of our efforts to replace buildings that were in need of replacement with new, modern facilities that are intended to accommodate the needs of both communities and to provide for the ability to adjust services as time goes on, while having the core functions related to both acute care and primary health care provided within those facilities.

We are improving the motion. I would hope that the member is indeed starting to see the light and recognize that the implementation of these facilities and the work that is continuing to go on with health care professionals is one that is a continuing process of accommodating and meeting the needs of rural Yukon communities, particularly Dawson City in this case.

With that, I will not spend too much more time on the amendment. I would simply commend it to the House.

Ms. White: Just speaking to the amendment and also just a follow-up on the minister's comments — I thank the minister for his thoughts on the reason why the opposition votes against his government's budgets and I can assure him that he missed the mark for our reasons.

In following the *Hospital Act* just in direct relation to the Minister of Health and Social Services and his comments that, in order to be able to follow this, it needs to have the term "acute care" in the motion as that is mandated under the *Hospital Act*. In the *Hospital Act* in section 1, it says: "There is hereby established a corporation to be known as the Yukon Hospital Corporation consisting of the board of trustees which shall be appointed in accordance with section 5."

So then we have the Objects of Corporation and they're very clear: "The objects of the Corporation are to supply (a) hospital and medical care and services; (b) supervised residential care and continuing care; and (c) rehabilitative care and services". That all makes sense. Those are all different services that we'd get through health care.

So then we go to the powers of the corporation, and this is the interesting one. Section 3(1)(b) states: "establish and maintain one or more hospitals or other facilities for supplying medical services and programs". So we've got that. We have clinics throughout the territory and we now have three hospitals — "(c) provide insured services as defined in the *Hospital Insurance Services Act* and insured health services as defined in the *Health Care Insurance Plan Act* and other medical services or programs." Right there — so far we don't have the words "acute care." Then if I flip over into section 2 of this: "For reaching its objects the Corporation may" — so this is the clincher right here — "(c) establish and administer

programs for providing medical services to patients in their homes or in places other than a hospital or facility operated by the Corporation.”

With that language there, we take away the concern that it needs to say “acute care.” The Member for Klondike’s original motion really talked about the desire of the community to move toward a more collaborative approach. What we see in the amendment — and although I think the intent was to be friendly, the effect is less than friendly when we reinsert the term “acute care” and move away from the term “collaborative”. Although we can discuss the nuances of language — and I did look it up in a thesaurus and it’s not actually the same, so I thank the member opposite for that — the term “community care facility” that supports multidisciplinary health care services is not what the original intent was. The original intent was to move away from acute care to collaborative, which is what the community has said they wanted all along. With that, I will listen to other thoughts from the floor.

Hon. Mr. Pasloski: I too just want to comment. I think certainly there has been a little bit of splitting hairs.

Having been a health care professional for my entire adult life, I can confirm that when health care professionals are talking about a team-based approach to providing health care, the term that has always been coined is a multidisciplinary approach. It is many different disciplines working together to be able to come to an outcome.

I was a part of many different team-based approaches. I just have to go back to — as the owner of the Shoppers Drug Marts in Whitehorse — providing the pharmaceutical services for the long-term care facilities and there were team meetings, for example.

There are many different disciplines that can be involved in a meeting, depending upon the setting. For example, in a hospital there are nurses, physiotherapists, occupational therapists and there might be recreational therapists. There can be technicians, respirologists and respiratory technicians, there can be laboratory technicians, and there can be diagnostic imaging technicians. Of course, there can be pharmacists, social workers and psychologists. There are many different disciplines that are involved in a team or a collaborative approach to medicine.

While maybe the people on the opposite side are not familiar with the term — multidiscipline — it is a term that has been coined and used by health care professionals now for a long time to describe exactly that — an approach of many disciplines working together on a team-based model to provide health care.

I was just listening to the Member for Takhini-Kopper King talking about acute care. Regardless of what this facility is called, it will provide acute care. There will be people who walk in that door who need the provision of health services promptly because of various situations. It could be because they’re having a heart attack or they just broke their leg or their arm. There are many situations that are deemed acute. Acute means that it is something that needs to be dealt with

and responded to very promptly. I would not coin recreational therapy or occupational therapy as acute care therapy.

What we have in this amendment is talking about this facility — this hospital — providing acute care services because that’s what everybody expects. But this community care facility will also support a multidisciplinary approach to providing health services, which means there will be in existence different disciplines of professions of people who are involved in ensuring or delivering health care. That is the approach.

I want to thank the Minister of Health and Social Services for the fine information that he brought to this debate — for example, talking about what a team-based approach, collaborate health and a multidisciplinary model — team-based models — can look like. It is using that opportunity to utilize all that experience that is out there.

All of these disciplines have gone to be educated and have with them — today’s graduates — extensive — not only theoretical or book knowledge, but extensive clinical knowledge as well. I would talk about one of my daughters who, after completing her degree in kinesiology, was successful in getting into a master’s degree in physiotherapy. It’s very intensive — approximately 28 months long. It’s intensive class work and lab work mixed in with mentorship and preceptors by going into hospitals, going into private clinics and having hands-on experience working with patients, the preceptor and the physiotherapists, so that when they do complete their program, they have not only a lot of knowledge that they learned from a book, but they also have extensive ability to work with patients.

That’s where health care professionals are today, whether it’s physiotherapy, nursing or pharmacy. The others that I talked about are the same thing. What we are doing is better utilizing everybody’s expertise and knowledge — what that helps to do is to bend that cost curb. Certainly, a multidisciplinary approach isn’t just about the money, as the minister articulated, but it does help us rationalize what we do and who does it. What it does is create that opportunity to better utilize our physicians for what they were actually trained for.

I think there is no argument on this side of this House about the need for ensuring that we approach health care today from a multidisciplinary approach, where we are working collaboratively to ensure the greatest outcomes for patients and to do that in a manner that will ultimately allow for sustainability for our health care system.

In my experience as a pharmacist, there are many different disease states where the role of the pharmacist can make a significant difference to health outcomes and to saving money to the system. Part of the work that is ongoing now — not only in the Health Care Innovation Working Group, but at the federal/provincial/territorial health ministers level as well — is looking at the role of pharmacists and paramedics in terms of expanded scope across this country.

When I think of the different disease states where pharmacists have made an incredible difference — things such as the Member for Watson Lake talked about with chronic

obstructive pulmonary disease and asthma. She talked about handouts and proper use of inhalers. The pharmacists are dispensing those inhalers and the pharmacist certainly is the best person to access to ensure the proper use of inhalers.

High blood pressure — hypertension — hypercholesterolemia, diabetes, hypothyroidism, glaucoma, arthritis — these are numerous chronic illnesses. These are examples where, from a pharmacist's perspective, he can make a significant difference in the lives of the patients and potentially in the savings to the total dollars invested into health care.

I spoke briefly about the working group that I have the pleasure and the honour to be co-chairing with Alberta and Ontario. There are three major focuses right now and one is on drugs. As you are aware, Mr. Speaker, we have already identified six molecules — six generic drugs — that we are being told, with the negotiated price that we have for that across this country, will result in a \$100-million savings to health care by reducing those costs. So there is more work with more generic molecules. There is also some work on some of the brand-name drugs that is going on.

The second focus is on appropriateness of therapy. A couple of examples of appropriateness of therapy would be cataract surgery and diagnostic imaging. There are reports that are out there, even from the radiologists, that will talk about some of the times when diagnostic imaging is required. We're looking at the opportunity of the professionals — of being able to review and setting some guidelines as to when to order a test and when not to order a test. When is it appropriate for various diagnostic imaging — MRIs and CAT scans? When is the right time to do it? We have seen — and the professionals are telling us that up to 30 percent of the time those tests are being done, they probably weren't necessary.

Appropriateness of therapy — and certainly the third and the longer-term focus for the working group is with seniors and really trying to identify two or three innovative models for provinces and territories that they could consider. There is some work especially being done on dementia and the early diagnosis of dementia. What I also bring to that working group is really the ability to ensure that there is a focus on rural and remote, small communities in terms of delivering health care efficiently. That is something that is not only a benefit for Yukon, but certainly for all of those areas across the country that have small communities, and also rural and remote communities.

As I had articulated, I don't see the difference of calling it a multidisciplinary health care services or calling it collaborative health care services. From where I came from — and when I say that, I have to say that I spent many years in retail pharmacy but I also spent a number of years working in a hospital setting and also working in a long-term care setting. Having said that, I am willing, because I am willing to move a subamendment.

Subamendment proposed

Hon. Mr. Pasloski: I move:

THAT the amendment to Motion No. 19 be amended by inserting the word “collaborative” between the words “multidisciplinary” and “health”.

Speaker: The subamendment is in order.

It has been moved by the Hon. Premier:

THAT the amendment to Motion No. 19 be amended by inserting the word “collaborative” between the words “multidisciplinary” and “health”.

Hon. Mr. Pasloski: In a willingness to collaborate with the opposition, we are proposing this subamendment because it appears that that is the word that they are looking for. I have articulated that, in my experience as a health care professional, using the term “multidisciplinary”, which refers to a team-based model that is about working together ultimately for the goal of providing even better health care for our citizens, is interchangeable. In this case, I see no harm in phrasing it by changing collaborative to multidisciplinary. In my opinion, as a layperson — they will understand multidisciplinary — because it describes its many different disciplines — versus collaborative, which is more ambiguous, in my humble opinion. Having said that, we're willing to make this subamendment in hopes that this will appease the members opposite — that the word that they were looking for is included because, in the end, this is about the spirit of what it is we are debating, and that is that both sides of this House agree that working through multiple disciplines will create the best opportunity for the best care for Yukoners.

Mr. Silver: I do appreciate the willingness to put back into this amendment the initial intent of the motion.

I think it's worth reading, once again, from the Auditor's General report one particular paragraph here. This is about number 37, which are the recommendations. It's says in the recommendations: “The Corporation's response. Agreed. A more comprehensive needs assessment would improve the ability to ensure the appropriate decisions regarding effective programs for the new hospitals. To mitigate potential risks, the Corporation included as much flexibility as possible in the design and construction. For example, in Dawson City, where the model of care had not yet been determined, it was recognized that a typical hospital model of care rather than a collaborative care model requires different space. The new hospital was designed to allow either. The design of both hospitals allows for future changes in use and programming.”

So that's the quote from the recommendations. I too, just like the Hon. Premier, am a layperson at this and I'm not a professional in the field. However, when you read the journals of medicine and you read about a collaborative care model, it usually has a caveat attached to it saying that if you have the ability to have a collaborative care model in rural Canada, go for it. This is cutting edge. This is the best possible care that we can have in the community. It's a specific approach; it's a specific model. So I'm very happy to see this subamendment adding back in the word “collaborative” between the words “multidisciplinary” and “health” because this is a different system. This basically allows an expanded scope.

Of course acute care does not go away if we have a collaborative approach. A collaborative approach to me — and once again, I am speaking as a layperson as well — is an ideology; it's extending the range and scope of our medical health care professionals and our health care providers past the confines of just the acute care model. It works within the acute care model; it doesn't replace it. It's acute with steroids.

The Premier discussed and talked about dementia. My father passed this summer of Alzheimer's. Without an expanded care, without the ability for the medical community to come out and to educate people as to getting things checked and find out what is in your heritage as far as diseases and what you are prone to — this to me is a collaborative care model.

Having people from the hospital community reaching out and expanding out into the community and making sure that we live healthy lives does not replace an acute care model. This is the ability for us to use our nurses to an expanded scope, but it also allows the community itself to increase the education of the community, of the individual, to make sure that they live the healthiest life they can.

The minister responsible for Health and Social Services mentioned that one in two Dawsonites is overweight. That's an alarming statistic, absolutely alarming. What we need are more health care professionals in the community coming into the school system and educating us on our choices. Programs like Drop the Pop aren't enough. We need people who we trust in the medical community to come forth into the school and educate. When I taught at Robert Service School, I did the Planning 10 course. The expanded scope nurses who worked there — a couple of them are in town here in Whitehorse because they couldn't — well I'm not even going to get into that. It doesn't matter. I'm not even going to go there. They would come into the Planning 10 classroom and they would do everything from sex-ed to just healthy food choices, you name it. You have a lot of programs that come up from Whitehorse that do wonderful things, like the Drop the Pop and other things, but to have somebody from the community who you trust and you know — because you see them volunteering in so many other aspects — coming into your classroom and teaching your kids about this stuff.

I tell you, Mr. Speaker, if you ever get a chance to teach sex-ed to a bunch of 16-year-olds, don't. It's a hard thing to teach, it really is, coming from a teacher, a teacher's point — I'm a math teacher and I'm teaching sex-ed. You know, I could do the exact same curriculum that one of these expanded scope nurses could do and I won't be able to reach half the students because these guys, they just exude the knowledge, to have Walker Graham come into the classroom and pass out IUDs and foams and male and female condoms — all of it. This is an important part of a health care model that believes in a collaborative approach of health care.

With that being said, I really do appreciate the minister responsible for pulling me aside. We had a great conversation as this is going on and we're debating in the House today about the wording and it is important. It does matter and I think the medical community is going to be very happy as

well, and I think it's good. Without the word "collaborative", I would have a hard time agreeing with the changes to the original motion, because I really do believe it takes the original intent out of that motion. I am happy to see the word put back in here — "collaborative".

At that I will sit and see if anybody else wants to talk about the subamendment.

Speaker: Are you prepared for the question on the subamendment?

Are you agreed?

Subamendment to Motion No. 19 agreed to

Speaker: Is there any further discussion on the amendment as amended?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Pasloski: Agree.

Hon. Mr. Cathers: Agree.

Hon. Mr. Graham: Agree.

Hon. Mr. Kent: Agree.

Hon. Mr. Nixon: Agree.

Ms. McLeod: Agree.

Hon. Mr. Istchenko: Agree.

Hon. Mr. Dixon: Agree.

Mr. Hassard: D'accord.

Mr. Elias: Agree.

Ms. Hanson: Agree.

Ms. Stick: Agree.

Ms. Moorcroft: Agree.

Ms. White: Agree.

Mr. Tredger: Agree.

Mr. Barr: Agree.

Mr. Silver: Agree.

Clerk: Mr. Speaker, the results are 17 yea, nil nay.

Speaker: The yeas have it. I declare the amendment, as amended, carried.

Amendment to Motion No. 19, as amended, agreed to

Speaker: Is there any further debate on the motion as amended?

Ms. McLeod: I appreciate this opportunity to rise and speak to the motion brought forward by the Member for Klondike. His home community and mine are the recipients of new hospital facilities. Hospitals don't get built overnight and, speaking for Watson Lake's new facility, it was certainly worth the wait. I know the people in Watson Lake are very pleased with the hospital.

I was very impressed each time I had the opportunity to tour the hospital during and after construction. It's just kind of tough what you have to do to get a room there for a while.

I've said it before and I'll say it again, Mr. Speaker, that people of Southeast Yukon are worthy of such an investment in time and money that we've seen by this Yukon Party government.

I haven't been to Dawson City as yet to look at their new hospital and, while I certainly have appreciated the external view, it's what goes on inside that really is the important stuff.

In Watson Lake, we have emergency care 24 hours a day, seven days a week; ambulatory care services; six in-patient care beds; First Nation health program; diagnostic services through laboratory and medical imaging — or "X-rays" for us common folk.

Our new hospitals are much more than that, Mr. Speaker. The hospital in Watson Lake also facilitates the Yukon government home care, Yukon government public health unit, Child Development Centre, visiting specialists and many other health care professionals. I look forward to the day when our doctors clinic and the retail pharmacy are located in the new hospital.

The new hospital is capable of addressing all manner of human needs — respite care, hospice and detoxification. It really is, in all senses, a community hospital. I must say that the best thing about these two hospitals is that we should be able to get more treatment right in our own communities. I think it's a bit of an urban legend that all residents in the communities want to go to the capital at every opportunity. In fact, I think that's just not very convenient for families.

I just wanted to say that I like the term "multidisciplinary" and, although we had a bit of a discussion about it, I think it was a good discussion.

Speaker: If the member now speaks, he will close debate. Does any other member wish to be heard?

Mr. Silver: I just want to begin by thanking everybody here today for their comments, for their concerns, for their obvious care about their own communities and about health care in general.

We all have our own opinions when it comes to what type of care we need for our different communities. Every community is different, absolutely, and at the end of the day as long as Dawson City is getting the care that it needs in this new facility, I'm excited that today, this is historical. This is us turning a page. I'm very happy that I will be with the minister when the facility is opened on December 7. I think it's going to look good with the title right above it, not saying Dawson General Hospital, maybe something else. We'll talk about that sometime. I guess the town will be the judge of that.

Basically this is a great day for the community and, honestly, it has been an education for me, reaching out to the community and listening to the concerns of everybody from the EMS folks to the nurses — the different types of nurses. Who would have thought that there were so many different types of nurses and so many different qualifications and so many different ways of becoming a nurse? It has really been an education for me and I just want to take this opportunity to

thank the members of the nursing community in Dawson and the members of the physician community in Dawson for the education that I've received.

I hope that we have done a service, as opposed to a disservice, to the medical fraternity here today in the House. I'm sure at times — if they are listening or if they're researching back in Hansard — there might be things where we might have strayed off or maybe we didn't get straight, but ultimately I do know this: if you have the ability to have a collaborative health care model in rural Canada, then you are set as far as the best possible care, physician-driven, but yet where the roles of our nurses are maximized.

To use that analogy of the teacher and the EA, in the Yukon we're in an extremely lucky place because of the type of qualifications you have to have or don't have to have to teach in the Yukon. The Yukon is one of the last places in Canada where you don't have to have an education degree to come in and to teach as a substitute. There's an opportunity for people without qualification to come in, or with a lower qualification — same with the EAs. But the point is, if you have teachers in those positions, if you have qualifications and if you have the ability to show a wide variety of skills in the EA positions and the substitute positions, in the tutoring positions, that's going to make things better in your classroom. I would say that that analogy moves forward into the realm of the medical fraternity.

The more types of nurses, the more diverse the programing can be, the more ability our doctors in these rural communities have — you can imagine how stretched they're going to be anyway, allowing doctors to do the administrative roles — that comes in when you have nurses with expanded scope abilities. The list goes on and on as far as the abilities of the medical community when you allow for an extensive community like such.

With all that, I'd just like to thank all of my colleagues today for this conversation and like I say, it's a great day moving forward for Dawson and for the medical fraternity.

Speaker: Are you prepared for the question on the motion as amended?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Pasloski: Agree.

Hon. Mr. Cathers: Agree.

Hon. Mr. Graham: Agree.

Hon. Mr. Kent: Agree.

Hon. Mr. Nixon: Agree.

Ms. McLeod: Agree.

Hon. Mr. Istchenko: Agree.

Hon. Mr. Dixon: Agree.

Mr. Hassard: Agree.

Mr. Elias: Agree.

Ms. Hanson: Agree.

Ms. Stick: Agreed.

Ms. Moorcroft: Agreed.

Ms. White: Agreed.

Mr. Tredger: Agreed.

Mr. Barr: Agreed.

Mr. Silver: Agreed.

Clerk: Mr. Speaker, the results are 17 yea, nil nay.

Speaker: The yeas have it. I declare the motion, as amended, carried.

Motion No. 19, as amended, agreed to

Mr. Silver: Seeing the time, I move that the House do now adjourn.

Speaker: It has been moved by the Leader of the Third Party that the House do now adjourn.

Motion agreed to

Speaker: This House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:28 p.m.

The following Sessional Papers were tabled November 20, 2013:

33-1-97

Yukon Teachers Labour Relations Board Annual Report 2012-2013 (Dixon)

33-1-98

Yukon Public Service Labour Relations Board Annual Report 2012-2013 (Dixon)

The following documents were filed November 20, 2013:

33-1-67

Maintaining Eligibility for Publicly Funded Yukon Health Care – Public Consultation Summary Report (Graham)

33-1-68

Maintaining Eligibility for Publicly Funded Yukon Health Care: Detailed Survey Results Analysis (Graham)