



# Yukon Legislative Assembly

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33rd Legislature

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## HANSARD

Thursday, November 27, 2014 — 1:00 p.m.

Speaker: The Honourable David Laxton

# YUKON LEGISLATIVE ASSEMBLY

**SPEAKER — Hon. David Laxton, MLA, Porter Creek Centre**

**DEPUTY SPEAKER — Patti McLeod, MLA, Watson Lake**

## CABINET MINISTERS

### NAME CONSTITUENCY PORTFOLIO

<b>Hon. Darrell Pasloski</b>	<b>Mountainview</b>	<b>Premier</b> Minister responsible for Finance; Executive Council Office
<b>Hon. Elaine Taylor</b>	Whitehorse West	Deputy Premier Minister responsible for Education; Women's Directorate; French Language Services Directorate
<b>Hon. Brad Cathers</b>	Lake Laberge	Minister responsible for Community Services; Yukon Housing Corporation; Yukon Liquor Corporation; Yukon Lottery Commission Government House Leader
<b>Hon. Doug Graham</b>	Porter Creek North	Minister responsible for Health and Social Services; Yukon Workers' Compensation Health and Safety Board
<b>Hon. Scott Kent</b>	Riverdale North	Minister responsible for Energy, Mines and Resources; Yukon Energy Corporation; Yukon Development Corporation
<b>Hon. Currie Dixon</b>	Copperbelt North	Minister responsible for Economic Development; Environment; Public Service Commission
<b>Hon. Wade Istchenko</b>	Kluane	Minister responsible for Highways and Public Works
<b>Hon. Mike Nixon</b>	Porter Creek South	Minister responsible for Justice; Tourism and Culture

## GOVERNMENT PRIVATE MEMBERS

### Yukon Party

<b>Darius Elias</b>	Vuntut Gwitchin
<b>Stacey Hassard</b>	Pelly-Nisutlin
<b>Hon. David Laxton</b>	Porter Creek Centre
<b>Patti McLeod</b>	Watson Lake

## OPPOSITION MEMBERS

### New Democratic Party

<b>Elizabeth Hanson</b>	Leader of the Official Opposition Whitehorse Centre
<b>Jan Stick</b>	Official Opposition House Leader Riverdale South
<b>Kevin Barr</b>	Mount Lorne-Southern Lakes
<b>Lois Moorcroft</b>	Copperbelt South
<b>Jim Tredger</b>	Mayo-Tatchun
<b>Kate White</b>	Takhini-Kopper King

### Liberal Party

<b>Sandy Silver</b>	Leader of the Third Party Klondike
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## LEGISLATIVE STAFF

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Deputy Clerk	Linda Kolody
Clerk of Committees	Allison Lloyd
Sergeant-at-Arms	Rudy Couture
Deputy Sergeant-at-Arms	Doris McLean
Hansard Administrator	Deana Lemke

**Yukon Legislative Assembly**  
**Whitehorse, Yukon**  
**Thursday, November 27, 2014 — 1:00 p.m.**

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

*Prayers*

## DAILY ROUTINE

**Speaker:** Before we begin, we are pleased to have His Honour, Mr. Doug Phillips, Commissioner of Yukon, visiting us today for the tribute to Bill Brewster.

We will proceed at this time with the Order Paper. Tributes.

## TRIBUTES

### In remembrance of Bill Brewster

**Hon. Mr. Istchenko:** It is with great honour that I rise today in this House. I wish I could be wearing my cowboy hat, but apparently you wouldn't let me, Mr. Speaker. I do rise today to pay tribute to a very special Yukoner — a long-serving member of this House — Bill Brewster.

William George Brewster was born on October 24, 1924 in the Banff, Alberta area. His love affair with Yukon began in the late-1930s when he travelled to the territory for the first time as a horse wrangler for the Geological Survey of Canada. Upon his return to Alberta, Bill enlisted in the Canadian army and went overseas with The Royal Winnipeg Rifles. He landed in France on D-Day — D+3 and saw service in France, Belgium, Holland and Germany.

After the war, Bill returned to his beloved Yukon where he worked at various businesses on the Alaska Highway between Burwash and Haines Junction, finally settling in Haines Junction. He married Ricky, his wife, and together they operated Brewster's Lodge and Brewster's Yukon Pack Train in the Hart River area.

I had the opportunity to talk to Gord Ellison, a long-time Yukoner. His parents were great friends of the Brewsters, and I want to quote some stuff he had put in the paper: Gordie said that he was one of the architects of this community and that he still plays old-timers' hockey today because of him. There are a few generations of hockey players who enjoy the game because of what he did here. He is the one who got hockey going. He would flood the ice. He would put in the light bulbs. He coached — he did it all. That is why the arena bears his name. He was an important role model for him and others his age. He was by far the most principled, ethical guy I ever knew. Even more important were his values, and as such, his sportsmanship and proper etiquette. He sort of raised us through hockey, you could say. It was simple things like opening a door for a lady or giving up your seat to an elder.

I also want to quote something that my mom sent to me that I want to read in this House today too. It goes back to the days when — behind where the Alcan Motor Inn is now is where Bill had built his business and built the tavern, which is where the Gateway is now. The café and rooms were where

the Alcan Motor Inn was. "It was at this time I got to know them", my mom said and she respected them and liked them very much. "I was 14 and wanted a summer job, so my mom suggested that I ask Bill and Ricky, which seemed like a good idea at the time, except that I was somewhat intimidated by Bill. Every time I went over to ask, I would end up coming back home and my mom would say, 'Did you do it? Did you ask?' I was too scared to ask."

Finally, after a week of this B.S., her dad said, "Mom took me over and pushed me through the door, shut the door behind and I had no choice but to ask for a job."

"I was pleasantly surprised that they hired me and that is how our relationship got started. I soon found out that Bill's bark was much worse than his bite and behind the gruff exterior was a kind, gentle man. Both Bill and Ricky led by example and worked so hard themselves. You never wanted to disappoint them. We had many laughs together and I have always remembered this time in my life as a very good time."

Later on in life, I got to work with Bill again in fundraising for minor hockey, along with Tish Tomlin, Joann Graham, Jean Bakke and Eileen Boyle. There was no plan that was too big, from bringing up NHL hockey players like Tiger Williams and Lanny McDonald or selling tickets on big game hunts donated by Bill and Vic Hotte. The story goes that when they took the hockey players fishing at Kathleen Lake, Tiger Williams ate the eye out of the fish he caught raw and impressed us all.

Bill worked very, very hard and volunteered countless hours of his time in coaching and promoting hockey in Haines Junction for years. My mom would say that her dad, Ron Watson, and Bill were avid hockey fans and each had their favourite teams. They were always betting on games. I don't think they bet money so much as booze, as that would have been a more fun commodity at the time. I do remember my dad saying that Bill always bet with his heart and I think that is how Bill lived his life — with a lot of heart — in anything that he did.

Bill's life was dedicated to service — service to his country, service to the territory, service to his community and service to those in need. Of course I said this earlier that the arena in Haines Junction is named after him in recognition of what he did to involve the youth in Haines Junction in hockey. He was a community leader and a builder.

His next stop was the Yukon Legislative Assembly. Bill represented the same riding that I do, Mr. Speaker — the Kluane riding — in this House for four terms, starting with the 25<sup>th</sup> Legislative Assembly in 1982 and ending with the 28<sup>th</sup> Legislative Assembly in 1996.

During his 14 years in this House, Bill served in various capacities: Deputy Speaker, Minister of Community Affairs and Transportation Services, Minister of Renewable Resources, minister responsible for the Liquor Corporation, deputy government leader — deputy Premier.

Bill Brewster wasn't your ordinary politician. He was intent on making government work better for his constituents and for all Yukoners. In his maiden speech on November 2, 1982, Bill stated: "I hope that during my term in office, I can

help the citizens, bureaucrats and politicians to understand each other's world and work closer together with one another."

Bill championed many causes throughout his career during his time in the House. He sponsored the petition to save the goldpanner on the Yukon licence plates. He sponsored another petition to reinstate the historic milepost at the Alaska Highway communities as important sites to help celebrate the 50<sup>th</sup> anniversary of the construction of the Alaska Highway. Most Yukoners are not aware that it was Bill Brewster who started the process for Yukon to host the 2007 Canada Winter Games. Before the Workers' Compensation Health and Safety Board and workers' advocate, Bill Brewster acted in the capacity of helping injured workers.

One of Bill's biggest challenges was to urge Parks Canada to provide better access for tourists to see Kluane National Park. He made a detailed presentation to Parks Canada when the Kluane plan was under review — unfortunately, to no avail. Bill knew the Kluane region like the back of his hand, including its history. Bill was a stout defender of the trapping industry, in recognition of its economic, social and cultural importance, especially for Yukon First Nations. Mr. Speaker, you can listen to Bill Brewster speak on this topic in "The Legislature Speaks", when he presented a motion on October 9, 1985 in this House.

In his final budget speech response on February 19, 1996, Bill, in reflecting on his 14 years in the Legislature, concluded by saying, "I am very happy. I know that when I shave in the morning, I can look in that mirror and not be a bit ashamed of what I have done." This is a classic understatement from a man who served Yukon and Yukoners so well for so many years.

If you ask people who knew Bill to describe him, they would say Bill was a humble, crusty, cantankerous, plain-talking, principled, straight-shooter of sterling character who always considered others before himself. The editor of the *Whitehorse Star*, Jim Butler, in a recent editorial on Bill Brewster, described him the best: "To say he had a heart of gold would be an insult to the true calibre of the marvelous organ living within him."

Future generations of Yukoners might ask who Bill Brewster was. Well, Bill Brewster was many things. He was a horse wrangler, World War II veteran, an outfitter, an Alaska Highway lodge pioneer, a hockey coach, a prospector of horses and cats, an extraordinary volunteer, a community leader and a politician. Bill Brewster was all of these things and, above all, though, he was a Yukoner.

No tribute to Bill Brewster would be complete without recognizing the contributions of his wife, Ricky. Bill and Ricky were a package deal. They were two peas in a pod. Bill and Ricky left their beloved Yukon in 1999 to retire in Sundre, Alberta, in order to be closer to their daughter, Sharon, and Howard, and grandsons Scott and Nicholas.

You could take Bill and Ricky Brewster out of the Yukon, but you could never take the Yukon out of Bill and Ricky Brewster. Yukon is their true home. Bill passed away on November 13, predeceased by Ricky. Our condolences go

to the family. May they rest in peace — we will remember them.

I sure hope I don't miss anybody, but we have a lot of folks here who came for this tribute. The Commissioner Doug Phillips is here — he was a good friend and did a lot of work with him — but we also have the former speaker, Ted Staffen, here. We have many MLAs — Archie Lang, Mickey Fisher, Dean Hassard. I see Al Falle is here and his wife Irma. We have Loren Maluorno, Gary Vanderveen, Larry Carlisle, Bob Hassard, Jim Graham, Bob Allison, June Raymond, Eileen Boyle, Phil Bastien, Diana Raketti and Marie Cox. I sure hope I didn't miss anyone else. Will you please give them a big round of applause and thank them for coming?

I forgot to introduce the family who is here: Marilyn and Annika Brewster.

*Applause*

### In recognition of Habitat for Humanity Yukon

**Hon. Mr. Cathers:** I rise today to pay tribute for Habitat for Humanity Yukon on the occasion for their 10<sup>th</sup> anniversary in the Yukon. Since its beginnings in 1976, the Habitat for Humanity International organization has worked around the world at the local community level to create affordable housing where it is needed. Habitat for Humanity is now active in over 100 countries building homes for low income families. Today, Habitat for Humanity has helped build or repair more than 800,000 houses and served more than four million people around the world.

Habitat for Humanity Yukon Society was granted official affiliate status by the national board in September 2004. The late Todd Hardy, the then MLA for Whitehorse Centre, was the president in the early years and he was a diligent promoter of the Habitat model as a worthy method to help address Yukon's housing challenges.

Through volunteer labour, efficient management and tax-deductible donations of money and materials, Habitat for Humanity Yukon builds safe, decent and affordable houses for Yukoners. Habitat houses are sold to partner families at no profit and are financed with affordable, zero-interest mortgages. Repayment of these mortgages is used to help Habitat to build more homes.

In addition to mortgage payments, each homeowner invests hundreds of hours of their own labour as sweat equity into the building of their home and the homes of others throughout the community. Habitat for Humanity Yukon completed the first Canadian Habitat house north of 60 in September 2006, which was a single detached home, but since then they have built multi-unit structures to maximize their budgets and land use, which, in turn, allows them to house more families and achieve greater economies of scale.

In their first 10 years, Habitat for Humanity Yukon has completed five builds, providing 11 families with affordable home ownership, and they are currently starting their next duplex in Whistle Bend.

Apart from building the first Habitat house north of 60, in partnership with Champagne and Aishihik First Nations, Habitat Yukon today has completed a triplex housing project,

which is the first of its kind in Canada to be built on First Nation settlement land. This small volunteer organization has made a tremendous and valuable contribution to Yukon in their first 10 years and I have every expectation that Habitat for Humanity Yukon and its dedicated volunteers will continue to help Yukon families achieve home ownership in the years to come.

I also have the pleasure today — along with the chair of the Yukon Housing Corporation board of directors, the president of Habitat for Humanity Yukon, Arthur Mitchell, who is in the gallery here today and a former member of this House — to announce a contribution from the Yukon government under the northern housing trust of \$300,000 to Habitat for Humanity, which we know they will put to good use.

Joining us in the gallery today, representing Habitat for Humanity, are: former member of this House, Arthur Mitchell — Arthur is the president; Stu Mackay, who is the executive director; John Robbins; Terry Rufiange-Holway — pardon me if I have mispronounced your name; and Terry Buckle, who is the vice-president of Habitat for Humanity. As well — not present in the gallery here, but I believe is currently working in the Hansard office — Peggy Travis, who is also a dedicated member of the board of directors.

Please join me in welcoming them today and thanking them and the volunteers for all the good work they do.

*Applause*

**Ms. White:** I rise on behalf of the Yukon NDP Official Opposition to celebrate the 10<sup>th</sup> anniversary of Habitat for Humanity Yukon.

There is no way we can talk about the Yukon chapter of Habitat for Humanity without first talking about one of the founding members and its very first president, the late Todd Hardy. I am incredibly lucky because Todd was a very good friend of mine. It was around his kitchen island that I got to see his passion for equality first hand. He believed in the politics of social inclusion and the importance of a home for everyone.

For Todd, shelter was an abiding passion. He knew what it was to be a politician, but he also knew the importance of laying the groundwork. He always asked, “What can I do now?” His dream was to be part of Habitat for Humanity and to put roofs over people’s heads and he did just that. He didn’t just talk about it. As a skilled carpenter, he acted — he built. He built homes and the framework for what is now Habitat for Humanity Yukon.

With his death in 2010, the hammer was passed to a very dedicated community of volunteers, under whose care Habitat for Humanity Yukon continues to grow. He wanted more houses; he didn’t need more studies. From very humble beginnings, Habitat Yukon has provided safe, decent and affordable home ownership for 12 families.

This Saturday, November 29, Habitat Yukon will be holding a dedication ceremony for the families moving into the most recent build. After months of work by volunteers and families alike, this is a huge day. For many families, this is a

day that they never thought possible. It happens because Habitat for Humanity fosters community and brings out the best in us. Whether it is reaching out to volunteers with painting or drywalling or reaching into your wallet to buy one of the Habitat for Humanity raffle tickets, each one of us can play a role in making quality, affordable housing a reality, one family at a time.

In Yukon, Habitat for Humanity successfully explored all sorts of creative ideas, from the first in Canada Habitat partnership with the Champagne and Aishihik First Nations — the Kų Kátthe Áq, or First House, project at the Takhini subdivision — to the five Canada Builds volunteer teams that have brought volunteers from all over Canada to work hard and to explore a corner of Canada new to them, to the Women Build project at Whistle Bend that had a mostly women-based volunteer crew. Habitat Yukon is constantly challenging us to be part of the solution.

Behind every successful volunteer organization, there’s a hardworking board. Habitat has been blessed to have many dedicated volunteers over the years, and we thank you for your commitment.

A final congratulations needs to go out to the non-governmental organizations, key among them being the Whitehorse Rotary Clubs, which have collectively raised many thousands of dollars to help Habitat Yukon thrive.

Mr. Speaker, Habitat for Humanity strives for a world where everyone has a decent place to live and, as we have seen in Yukon, Habitat for Humanity brings people together to build homes, communities and hope.

**Mr. Silver:** For 10 years now, Habitat for Humanity has been working hard to provide affordable homes to Yukon families. Habitat’s mission is to mobilize volunteers and community partners in building affordable houses and promoting home ownership as a means to break the cycle of poverty.

Habitat for Humanity empowers families by providing low-interest rates on homes priced below market values. They are able to accomplish this thanks to the support of volunteers and community partners who donate material, time and expertise. The families also get involved by providing 500 hours of labour to the project.

In the 10 years that Habitat has been in the territory, they have provided 12 Yukon families with homes. Ten years may seem short in the almost 40 years since Habitat International was founded, but Yukon’s chapter has been a leader in many aspects. In 2011, Habitat for Humanity Yukon completed the first-ever house to meet SuperGreen environmental standards, a practice that is now being carried out throughout the country.

Another first for Yukon Habitat happened in 2012, as mentioned by my colleagues, when Habitat signed an agreement with the Champagne and Aishihik First Nations to build housing on settlement land in Canada. This first attracted national attention and was awarded the Canada Mortgage and Housing Corporation award for outstanding contribution to Habitat for Humanity aboriginal housing. The

award recognition involved advancing Habitat for Humanity's aboriginal housing program.

To the volunteers, the staff and the board members who are here today, we would like to thank you on behalf of all Yukoners for improving the lives of Yukoners, one nail at a time.

### **In recognition of Canadian Tourism Awards winners**

**Hon. Mr. Nixon:** I rise on behalf of this Legislative Assembly today to follow up on my tribute from earlier this week on the Yukon finalists for the Canadian Tourism Awards.

The annual Canadian Tourism Awards recognize the best tourism products, services and experiences in Canada, and commend success, leadership and innovation in Canada's tourism industry. It was a great achievement for Yukon's tourism sector to receive four finalist nominations. The Yukon finalists were: Holland America Line in Dawson City; the Dakhká Khwáan Dancers; Jill Pangman and her company, Sila Sojourns; and the Pan North Territorial Consortium.

Today, it is a great honour to be able to pay tribute to two of our finalists who won in their categories last night at the Canadian Tourism Awards gala in Ottawa. The Dakhká Khwáan Dancers were the winners of the National Cultural Tourism Award, presented by the federal-provincial-territorial culture/heritage and tourism initiative.

The Dakhká Khwáan Dancers have 25 members representing three Yukon First Nations: Carcross-Tagish, Kwanlin Dun and the Teslin Tlingit Council. Culture is, of course, a major tourism driver. The vast majority of tourists, when they travel, want to learn about experiences and the culture of the place that they visit. Showcasing Yukon's rich and diverse culture instills pride and a sense of place among Yukoners. It also helps make Yukon the world-class tourism destination that it is.

I am pleased to see the the Dakhká Khwáan Dancers now being recognized at the national level.

The second winner to which I am paying tribute today is the unique partnership between the governments of Yukon, Northwest Territories and Nunavut, known as the Pan North Consortium. The group won the prestigious Fairmont Hotels and Resorts marketing campaign of the year award for its *The Amazing Race* campaign. This campaign utilized episodes of *The Amazing Race Canada* in the north to increase brand awareness in the domestic market through advertising.

This campaign demonstrated the strength of partnerships. It built on some of the great work that the three territories have done in partnership in the past, including the 2007 Canada Winter Games, Look Up North campaign, and Canada's Northern House at the 2010 winter Olympics in Vancouver.

Our winners were on hand last night to be presented with their awards by our Yukon MP, Ryan Leef, and Yukon Senator Dan Lang.

All of our nominees deserve congratulations and our thanks. Their hard work, innovations and many successes and achievements contribute to making Yukon a world-class

tourism destination. I look forward to our continued work together and many more successful ventures in the future.

I would ask all members of this Legislative Assembly to join me in welcoming two members of the Dakhká Khwáan Dancers, Gordon Reed and Erin Pauls.

*Applause*

### **In recognition of Sports Day in Canada**

**Hon. Mr. Cathers:** I rise today to celebrate sport in our country and in the Yukon by paying tribute to Sports Day in Canada. This Saturday, November 29, Canadians from coast to coast to coast will unite and get active to celebrate the power of sport. Sport has the ability to bring communities together, build national spirit and facilitate healthy and active living.

We have much to celebrate in sport in the Yukon. We just held the annual Yukon Sport and Recreation awards night last week with over 500 athletes, coaches, administrators, volunteers and parents attending to celebrate the remarkable achievements of Yukon athletes and those who support them from the past year.

These achievements stand out even more given our size and remote location, and I am proud to say that Yukon athletes do not see these things as barriers that prevent them from reaching their goals, but simply additional challenges to be overcome. The truth is, considering our relatively small population, we are highly recognized in national and international sport and recreation stages for all of the successes of Yukon athletes. From grassroots to high performance, Yukoners continue to make their mark and, within Yukon, recreation programming and facilities are available for even our most remote communities.

Looking back on this year alone, we have so much to acknowledge. Just a few of the notable examples include the Nishikawa siblings, Emily and Graham, who did us proud by representing our country at the Olympic Games and the Paralympic Games. Team Yukon once again represented us with the grace and drive that we have come to recognize in our young athletes, coaches, officials and mission staff. They brought home 85 medals in March from the Arctic Winter Games in Fairbanks. Then at the Special Olympic Games in Vancouver, nine personal bests and 14 medals were brought home, including the first team gold in soccer and team silver in five-pin bowling.

Next, Team Yukon made their mark at the North American Indigenous Games in Regina where the bar was set early on with the first event bringing the team's first medal. Last, but not least, in these notable examples, Team Yukon brought home the Spirit of the Games Award for the fourth time from the Canada's 55+ Games, which were held in Alberta this year.

This year has indeed been noteworthy for sport and recreation and in other areas this includes the fact that Darby McIntyre will represent Canada and the Yukon at the Special Olympics World Summer Games. This is the first time we have been represented by a Yukoner in over 30 years.

We saw another world softball championship successfully hosted on our fields this summer and began preliminary work on a new outdoor sports complex. Just recently, we also announced an increase in funding for our recreation partners in unincorporated communities, so as you can see, we have a lot to celebrate.

Mr. Speaker, I invite you and all of our colleagues in this Legislative Assembly — and all Yukoners — to join me in celebrating Sports Day in Canada. There are a few ways to do this: you can celebrate Jersey Day on Friday by showing your support for sport by wearing a jersey, team or club uniform to school, work or play, and for Sports Day in Canada, this year, one goal is to see a sea of Canadians wearing their hearts on their sleeves from office buildings to classrooms, and even here, in the halls of the Legislative Assembly.

On Saturday, I challenge all Yukoners to get active, go outside, go to one of our recreation facilities, call up the team, spend some time with your family, participate, and finally, remember to thank some of the sport, recreation and active living leaders, volunteers, athletes, officials, coaches, administrators, parents and supporters for their hard work and countless hours dedicated to developing and promoting sport and recreation in our home.

Without them, the sport and recreation community that we can boast about and be proud of here in the Yukon would not exist. We owe them all our sincere thanks.

**Mr. Silver:** I rise on behalf of the Liberal Party and the Official Opposition to also pay tribute to Sports Day in Canada. This Saturday will mark the fifth annual Sports Day in Canada.

Sports Day in Canada is a national day to celebrate and recognize the important role that sports plays in our lifelong development. Events take place from coast to coast and showcase the value of sports, from the grassroots level all the way to professional. In the week leading up to November 29, there will be events held across the country, hosted by local organizations and schools, to help build momentum and encourage communities, including a number of local events here in Whitehorse.

Sports play an important societal role in the Yukon and in Canada. Just think about how much we bonded during the Olympics, when we got together with friends and neighbours to watch the gold medal games in hockey. I remember watching the opening ceremonies in Vancouver for the Winter Olympics and the pride that I felt, watching Yukon youth participate for the whole world to watch.

As a youth myself, basketball, volleyball and badminton were my sports and played an integral part in my development. I made many friends playing the game and attending the tournaments. Later on, I became a teacher, and I was happy to coach in Dawson and help my students gain the advantage of sports that I have had in my life.

On that note, on December 2 at 6:00 p.m. at Porter Creek Senior Secondary, I will be refereeing the Harlem Ambassadors basketball game, hosted by the Yukon Pinoy Basketball League.

Let's take the opportunity to celebrate just how much sports can impact our lives and how privileged we are as Canadians to have the free time to enjoy the opportunities that sports give us.

**Speaker:** Order please. We will all rise for the departure of the Commissioner.

*Commissioner leaves the Chamber*

**Speaker:** Please be seated.  
Introduction of visitors.

## INTRODUCTION OF VISITORS

**Hon. Mr. Pasloski:** My apologies if this person has already been introduced, but I'm not sure if I remember or not — also joining the group for Habitat for Humanity is John Robbins. John is a tireless volunteer, not only for Habitat for Humanity, but also for the Knights of Columbus, and he helps make our days brighter as a member of the Whitehorse Community Choir. He is a constituent and a friend of mine. I would like to have everyone in the House welcome John Robbins.

*Applause*

**Mr. Barr:** I would also ask the House in joining us to honour Doris McLean, who is an elder and one of the Dakhká Khwáan Dancers and the mother of Marilyn Jensen from the Dakhká Khwáan who received that award and also Frances Nuemann who is an elder who was here, but we just want to make special note of that.

*Applause*

**Hon. Mr. Istchenko:** I would be remiss if I did not — earlier in the gallery our principal secretary Gordon Steele was here who was a good friend of Mr. Brewster and the one who helped me with my tribute. I just want to thank him.

*Applause*

**Ms. White:** He has already been mentioned, but I have a personal housing hero in the gallery right now who has looked at housing in a way that I've never seen before. Terry Rufiange-Holway, you continue to inspire what we look for toward housing and you've shown us different opportunities and how we can move forward. I look forward to the day when your ideas are embraced on a grander scale and we can move forward with your visions for housing. Thank you so much for all the direction and the inspiration.

*Applause*

**Hon. Ms. Taylor:** I know she has already been introduced, but I would be remiss if I didn't introduce my own mom, Diana Raketti. Sitting beside her — who has also been coined my "second mom" — is Marie Cox. I would like to invite all members to extend their warm welcome to both of them.

*Applause*

**Speaker:** Are there any returns or documents for tabling?

### TABLING RETURNS AND DOCUMENTS

**Hon. Mr. Pasloski:** I have for tabling a letter to the Minister of Aboriginal Affairs and Northern Development Canada that is a result of my participation in a meeting with First Nation leadership yesterday and the subsequent telephone call with Minister Valcourt.

**Speaker:** Are there any other returns or documents for tabling?

Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

### NOTICES OF MOTIONS

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

THAT this House urges the federal Minister of Aboriginal Affairs and Northern Development to meet with Yukon First Nation chiefs next week to further discuss the proposed changes to the *Yukon Environmental and Socio-economic Assessment Act* through Bill S-6.

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

THAT this House urges the Government of Yukon to call on the federal government to adopt a national housing strategy that re-establishes adequate and stable federal funding for social housing, addresses the national shortage in affordable housing and sets timelines for eliminating homelessness in Canada.

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

THAT this House urges the Government of Yukon to tell Yukoners whether or not it supports a decision by Yukon's Member of Parliament to scrap Bill C-583, a decision he was told to make by the federal Conservative government.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to tell Yukoners whether or not it supports the federal Conservative decision to scrap Bill C-583, a piece of legislation brought forward by Yukon's Member of Parliament, that would have allowed fetal alcohol spectrum disorder to be considered a mitigating factor in sentencing when a judge believed FASD was a factor in a crime.

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

### QUESTION PERIOD

#### Question re: Mountain View Golf Course leased land buyback

**Ms. Hanson:** Yesterday, I asked about this government's decision to buy back leased land from the Mountain View Golf Course to help them pay off their debt. This government purchased the leased land for \$750,000 under the pretext of providing the City of Whitehorse with land for the future development of lots in the Whistle Bend subdivision. They made the deal, even though the city indicated that they were not interested in developing the land and even though a feasibility report that the Yukon government commissioned found the land wasn't ideal for lot development.

The direction to get this deal done came directly from the Minister of Energy, Mines and Resources. Mr. Speaker, government funds ought to be spent in a transparent and accountable manner. These backroom deals undermine the public trust in government.

Does the minister agree that his government should have consulted with Yukoners before spending \$750,000 to pay off this debt?

**Hon. Mr. Cathers:** As I reminded the member yesterday, I was not the minister responsible at that time — or in fact a member of Cabinet at that time. Yesterday I was relying on the information that I had from the department, which is that the land was required to install a perimeter trail and stormwater management system for Whistle Bend subdivision.

Upon asking officials and upon a review of things, including the documents that were provided publicly through the ATIPP request, it also appears that the intent of the agreement signed by assistant deputy ministers of two departments, along with the golf course, was also intending to assist Mountain View Golf Course with their mortgage.

What I would encourage the member — before suggesting that there is something wrong with government supporting NGOs, I would remind the member that government has assisted a number of NGOs with financial challenges. This includes stepping in when the federal government cut funding for Fetal Alcohol Syndrome Society Yukon; stepping in when the Outreach van had lost a funding source to assist them with continuing operation; stepping in to assist the Friends of Sima with continuing to have Mount Sima in operation, as well as providing one-time assistance to their predecessor organization to ensure Yukon creditors were paid.

This is not unprecedented and in fact, we believe that NGOs provide a valuable service to Yukoners.

**Ms. Hanson:** The Official Opposition agrees — NGOs do provide a valuable service to Yukoners. Last year, we had an example of how government responded to a request from just such an organization. When Mount Sima came to the city and the Yukon government asking for help, they were told to present a business case. They had to open their books to public scrutiny. The ski community had to mobilize to



demonstrate public support and raise some of the money. Mount Sima ultimately received funding from the city and the Yukon government, but only after an open, accountable and transparent process in which Yukoners had their say.

My question is really simple: Why the double standard?

**Hon. Mr. Kent:** Like my colleague, the Minister of Community Services — when this transaction occurred, I wasn't a member of Cabinet either. In 2010, I was working for another worthwhile NGO that we have here in the territory — the Yukon Hospital Foundation. No doubt at this time I would have been planning one of the golf tournaments that we successfully held at Mountain View Golf Course to raise money to purchase important medical equipment for Yukoners.

That said, with respect to this transaction, it appears to be a case of a government working to meet expressed needs of Yukoners. All members of this House will remember, at that time, there was a crunch, particularly within the City of Whitehorse, for lots and lot development. What the former government appears to have done with this transaction is two-fold: they freed up land for the city to access for Whistle Bend — perhaps not lot development, but important infrastructure that the Minister of Community Services spoke about in his response yesterday — and they assisted the golf course, which continues to operate successfully.

I join all members in this Legislative Assembly in identifying that golf course as an important piece of infrastructure for this community — not only the community of Whitehorse, but the entire territory — as many successful events and recreational opportunities are held at Mountain View Golf Course each and every year.

**Ms. Hanson:** Interesting, Mr. Speaker. This minister constantly takes credit for things his predecessor accomplished. As the minister, he should also be taking responsibility for the actions of that predecessor.

If this government really had no involvement in this issue, why would they have a briefing note prepared for them just a year ago to prepare them for possible questions on the issue? The documents obtained by the NDP show that government staff were being pushed to come up with a rationale to support the direction to help out the golf course. The record is clear. Correspondence from Energy, Mines and Resources says that, with respect to the lease-purchase — and I quote: "...the premise here is to deal with the Mountain View Golf Course debt load, which was the basis for the initial approach."

The minister is unwilling to accept responsibility taken for actions by this government. If transparency and accountability were not required in this situation, is the minister now approving this kind of action?

**Hon. Mr. Cathers:** As both I and my colleague, the Minister of Energy, Mines and Resources, noted and reminded the member, neither of us were ministers in the government at that time. We were not members of Cabinet and, in this case, we are relying on the information that we've received from department staff, in asking for information about what occurred. I would point out to the member that —

**Some Hon. Member:** (inaudible)

**Hon. Mr. Cathers:** Again we hear the off-mic heckling from the Leader of the Official Opposition, but I would point out that, if the member is truly interested in a response — in this case, based on what we are learning from officials who we are still working with to gain more information about what transpired back in that time period, and what the reasoning behind it was — it does appear that the intent of that was both to acquire land that would enable the installation of a perimeter trail and storm water system, as well as to assist Mountain View Golf Course with addressing their mortgage. Again, we are continuing to work with officials to gain a better understanding of why that decision was made.

Neither my colleague nor I are in a position to speak to it, as we were not members of Cabinet at that time.

#### **Question re: Procurement policy**

**Ms. Moorcroft:** Fair, open and transparent procurement supports ethical and prudent use of public money, while also resulting in less risk for government, but this government's ability to be fair, open and transparent — in other words, to be fiscally responsible — is called into question by Yukon's Internal Audit Unit.

In 2008, this branch recommended Highways and Public Works establish a compliance monitoring program, in collaboration with all other departments. As of 2011, this recommendation was still not fully implemented by the minister responsible.

Can the minister tell this House whether or not the recommendations for compliance monitoring have been fully implemented for all departments, and if regular compliance audits of government contracts are now being performed?

**Hon. Mr. Istchenko:** The government is committed to implementing the recommendations of the 2008 audit of contracts and the follow-up report of the audit that was issued in March 2012. The procurement framework project that has been underway since the audit focuses on improving rules and processes for current and potential suppliers of goods and services to the government, including electronic access to tender documents. As part of this project, the joint YG public review panel recommended improvements to the government's contracting policies and procedures. That is exactly what we are working on — making it fair and promoting government contract regulation policies and procedures that are fair and consistent for local businesses in the community.

**Ms. Moorcroft:** Mr. Speaker, they are still working on it and there is no answer as to whether regular compliance audits are being conducted.

Yesterday, the minister referred to an intergovernmental working group working to — quote: "...stabilize our procurement documents." I commend the work that this group is doing to standardize government procurement documents, but procurement activities are complex. They are informed by domestic and international law, court rulings and public policy

issues, in addition to internal directives, policies and guidelines.

The minister says that this government issues some 6,500 contracts annually. The procurement support centre can ensure common standards are applied through the procurement process, from tendering to screening and evaluation to review. Will the minister fully empower the procurement support centre by requiring all departments to use the centre for tendering and other procurement processes?

**Hon. Mr. Istchenko:** I do want to speak a little bit — I will let the department know that the member is happy that the interdepartmental working group is working, and that is the general idea — to get all procurement running through the same shop.

I said this in the House yesterday. I talked a little bit about our employees and some of the other stuff that we are doing when it comes to procurement. Some of the training courses that we have had — we have had approximately 1,800 staff with signing authority go through some of these courses and take some of these courses.

There is \$400 million spent annually on procurement. Training is key to this, and this is what we are doing. I said this earlier. We are working with this procurement framework project to move this forward.

**Ms. Moorcroft:** Yesterday, the minister responsible said that 1,940 government employees have been awarded certificates through procurement training. The minister doesn't seem to understand that government procurement is a recognized profession. Other jurisdictions often insist that their procurement people are accredited by a professional association. I told the minister yesterday that there are over 8,000 professional members of the Supply Chain Management Association working across Canada, including some 50 members in Northwest Territories and Nunavut. In fact, Northwest Territories offers a supply management training program at Aurora College that was developed with the association.

Again, Mr. Speaker, will the minister sponsor employees of the procurement support centre to be accredited members of a recognized professional association by the end of the next fiscal year?

**Hon. Mr. Istchenko:** The key is to promote government contracting regulations, policies and procedures that are fair and consistent for the local business community.

I remind the member opposite that it is we, on this side, who created the procurement support centre and we are taking steps on improving the system. This is key for Yukoners. I said earlier there is \$400 million in annual procurement that we do out of these government offices. I would remind the member opposite and let Yukoners know that the members opposite keep consistently voting against all of these in the House.

#### **Question re: Emergency medical services building**

**Mr. Silver:** Just over a year ago, the government cut a ribbon on the ambulance station at the top of Two Mile Hill. A year later, the space intended to be an integrated dispatch

centre for ambulance services, still sits empty. Calls still go through the station in Riverdale. The reason the space is empty — and the minister admitted this himself — is because the government had no agreement in place with the RCMP to move in when the construction was started and no agreement when construction had ended. When I asked about this empty space last spring, the minister said negotiations with the RCMP to be a tenant were ongoing.

Mr. Speaker, it has been six months and the space is still empty. Can the minister please explain why?

**Hon. Mr. Cathers:** First of all, I would have to remind the member that it is not only a relatively small part of the station, but that room is being used for other purposes and right now it is being put to good use. The space was included in the design with the intention of allowing the RCMP and potentially EMS — if integration ever occurred — to occupy that space.

Right now we are currently proceeding with the plan to have the RCMP move their call centre to that location. At this point we have done a final assessment of costs. Those costs have been submitted to the RCMP and I think right now we are waiting on approval from Ottawa for their portion of those costs. Again, final costs of fitting it out with new equipment for the RCMP — those being the new computer systems and so on — to modernize their equipment — have been determined and we are waiting on the financial approvals.

**Mr. Silver:** Its current use is not — absolutely — its intended use.

The RCMP confirmed recently that they remain in discussions with the government about possibly moving into the space, but details have not been worked out. One of those details is potential renovations. This is a brand new building, but it was not constructed to actually accommodate the RCMP's needs. This is poor planning and I think the taxpayers deserve a little bit better from their government.

What renovations and extra funding will be required if the RCMP were to move in?

**Hon. Mr. Cathers:** We know the Liberal member, the Member for Klondike, voted against the investment in the emergency response system. It's unfortunate he doesn't recognize how valuable this building has been in upgrading — not only the equipment that is there for emergency responders — providing a modern facility and one that improves response times to areas both within and outside the city.

In fact, the member's continuous fixation on this room of the building and the suggestion that it was somehow poor planning on the part of government officials is really unfortunate. The room was deliberately designed to accommodate the potential operations centre. Right now it is currently being used for purposes including training.

The costs have been determined for final fit-up of the building and the majority of those costs, contrary to the member's assertions, are computer equipment and cables related to that. The RCMP also wants to upgrade its current hardware that it is using in the system with more modern computer terminals and equipment. We are waiting on financial approvals right now.

**Mr. Silver:** It is disappointing to see the minister once again go on the attack because he is unable to defend his own actions. What I voted against is Yukon Party mismanagement of capital projects and taxpayers' money. When the Yukon Party built the new hospitals in rural Yukon, they were criticized heavily by the Auditor General of Canada for barging ahead without knowing what was going to go in them. The same mistake has been repeated with the ambulance station that was built. A year later, the ambulance dispatch centre sits empty while the government decides what to do with that space.

Now there is a simple planning solution to this problem, and it is called a needs assessment. Before something is built, you need to decide what is going to go in it. Was there a needs assessment done and, if not, why not? If there was one done, can the minister at least provide a copy of it?

**Hon. Mr. Cathers:** Again, this is absolutely bizarre to see this coming from the Leader of the Liberal Party. Determining that there was a need for a second ambulance station was work that followed many years of work by department officials, both within Health and Social Services and Community Services. There is a commitment that we made to help improve response times.

I know the member has no interest in the response, but if the member paid any attention to national standards around response times, the member would understand that improving response times for ambulances saves lives. That is a proven fact across the country, because in cases such as stroke and heart attack, every minute counts. We committed to putting in the emergency response centre to centralize the ability to provide ambulances there.

I know the Leader of the Liberal Party voted against that investment and continues to criticize staff. We see this as a great success and commend staff for the excellent work done in the planning and design of the facility. We look forward to seeing the next stage occur. We are waiting on financial approvals for a final fit-up and we hope to see a final agreement concluded very soon for the RCMP to move in and occupy that space.

#### **Question re: Weight Wise program**

**Ms. Stick:** Mr. Speaker, in 2010, this government introduced the Weight Wise program for Yukon residents dealing with severe weight issues. Yukoners, their families and medical professionals understand the value of this program. It targets prevention and treatment for obesity and provides support services to bariatric patients here in the Yukon rather than sending people to Edmonton.

I have heard from a few Yukoners that the wait-list for Weight Wise has skyrocketed to a four-year wait due, at least in part, to funding cuts. Will the minister indicate how long the wait-list for the Weight Wise program is today and whether or not the program's funding is being cut?

**Hon. Mr. Graham:** That's interesting, Mr. Speaker. I had this conversation with the member opposite yesterday or — I can't remember which day so I won't articulate which day — I had this discussion with the member opposite. I

explained that the Weight Wise program was funded through an agreement with Ottawa, which was the THSSI funding agreement. Unfortunately, that funding agreement ended on March 31, 2014. Since then, we have attempted to negotiate a new agreement. Unfortunately, the new agreement will not cover the Weight Wise program, so we are in the process of ensuring that the people who were in the program, to date, are able to complete their process.

I have a Management Board submission available that I will be bringing forward, but we have had to ensure that discussions with Ottawa have been completed to ensure that this funding was not available through the new agreement — which is THAF, by the way. Once that has been determined, I will proceed with a Management Board submission to come forward to fund the program.

**Ms. Stick:** Obesity is a real health issue that results in increased medical complications for patients and translates into greater costs to our health system.

With respect to the Weight Wise program, in 2010 the minister said — and I quote: "Addressing this issue now will benefit the patients and benefit the health care system in the long run." We know the Weight Wise program helped Yukoners get on a healthier path, but we wonder whether outcomes have been measured to determine whether this program is effective and efficient.

How many Yukoners have gone through the Weight Wise program since 2010, and what are the estimated cost-savings to the health system as a result?

**Hon. Mr. Graham:** I really appreciate this kind of question, because this is part of the submission that we will be making. It is also part of the agreement that we had with Ottawa — that the program will be evaluated to see if it actually works. I know from anecdotal information from a number of people who have had the pleasure of going through the program that it has worked for them. Anecdotally, I have people who say that, yes, the program absolutely worked for them.

As to the percentage of people who it works for, I can't give those numbers right now because I don't have them. I will tell you, Mr. Speaker, that if we change even one or two people's lives every session of Weight Wise, then it's worthwhile. As has been said in this Legislature over and over, obesity is a national problem and this program appears to have worked. I look forward to seeing if it can be funded through the new federal program. If not, as I said, we will look at funding it.

**Ms. Stick:** The government has known for a long time that this THSSI funding was not permanent and would come to an end. This program is important to many individuals and physicians as it supports these patients. It is not just about bariatric surgery. It is about promoting wellness through counselling. There is support for healthy lifestyles, good eating habits and exercise. Weight Wise is a program that saves the government health care dollars further down the road by supporting the patients here in the Yukon and not sending them to programs Outside.

It is important that we have these evaluations and that they be ongoing ones — that we know the numbers, we know the outcomes and we know what the savings are so that when funding does end, there is no break.

Will this minister commit to performing a good evaluation of the Weight Wise program and assess options to continue this program that provides —

**Speaker:** Order.

**Hon. Mr. Graham:** When I hear questions like that, which I have already answered, my inclination is to jump to my feet, as the member behind me said, and shout “yes”.

I think that it is very important that this is only one of a huge number of programs run by the Department of Health and Social Services that is attempting to improve the lives of all Yukoners.

It's the reason that the wellness plan for Yukon's children and families was released in 2014. It's one of the reasons that we have set out the three pathways for wellness — getting a good start in life, raising kids who flourish and healthy living for all. That's what we believe in and that's what we're attempting to do. The Weight Wise program is only one of a number of programs and we understand how important these programs are for Yukoners. If there is any way we can fund it we will, but there is always the spectre of limited funding so what we can do we will commit to do.

**Question re: Raven Recycling Centre funding**

**Ms. White:** It has been nearly six weeks since Raven Recycling shut down its collection service of non-refundables. In that time, P&M Recycling has been doing their best to deal with the influx of non-refundable recyclables at their depot. When asked earlier about this government's next step, the minister repeated — and I quote: “...there is both personal and government responsibility when it comes to recyclables.”

Yukoners are excellent at recycling. We are old hands at recyclables from waste so we know where citizens stand. We know the role the City of Whitehorse has played and continues to play. The only question mark here is the Yukon Party's own commitment to waste diversion. What is this government doing to address the greater issue that recycling isn't free for processors, that recycling is more than refundables and that this is a whole system that needs to be revamped?

**Hon. Mr. Cathers:** What the member should be aware of — as we've talked about it and have conducted public consultation on it — is that one of the important next steps that we're taking in the system includes a consultation the Department of Environment is doing on proposed changes to the beverage container regulations and the designated material regulation, which, if they go through as proposed, would see increased funding going to recycling processors as well as community depots. In addition to that, I would remind the member that while the city remains responsible for the product of their consultant's report, we assisted them with the cost of that report. We are working in discussions with the city to work jointly and ensure that we continue to remain partners in waste diversion. We are indeed working with all Yukon

municipalities in this area. I would remind the member, as I noted before, Raven requested earlier this fall that the combined diversion credit be more than double the amount they requested last year, to \$330 per tonne. We're concerned about the significant growth of that amount requested. We have asked Raven Recycling to provide us more information to clarify what makes up the cost of those materials and we are still waiting for that information from Raven.

**Ms. White:** The minister seems to single out Raven Recycling, but both Raven and P&M Recycling asked for an increase of waste diversion credits. The minister might not know it, but they have given his department that report.

The minister has repeated that this government matched the City of Whitehorse diversion credit, starting in December of last year. Why did they leave the responsibility of recycling costs for the entire territory solely with the City of Whitehorse until last December?

Between the city and the Yukon government, there is currently a maximum of \$300,000 for all processors to offset the costs of recycling. The irony is that the more a processor recycles, the less money they have to pay for the recycling that they do. We know that the processors are meeting with the department officials this afternoon. What we don't know is if this government is willing to increase the diversion credits and remove the cap so recyclers are not penalized for recycling more.

**Hon. Mr. Cathers:** First of all, I would point out to the member that she is confusing the facts. Last year, we received a joint request from Raven Recycling and the other processor to provide a diversion credit. We did exactly what they asked. We have not received a request from P&M Recycling — unless that has come in very recently to officials — for an increased diversion credit at this point. We are continuing to work with the city and looking at long-term solutions to handle recycling. We are focused on cost-effectiveness for Yukoners as well as ensuring that together with all of our partners — and that includes municipalities, community depots and processors — we are focused on cost-effective solutions.

I think that almost every Yukoner understands that when government says that we receive a request from an NGO for increased funding, we do ask them for accountability and to explain that information. This report that the Member for Takhini-Kopper King claims that was provided to us to provide sufficient justification for Raven's cost requests does not provide sufficient information. That is what officials determined, not what I determined in here. We do require enough information to actually understand what are the transport costs, how much is paid for each stream and where those costs come from. We don't hand out blank cheques.

**Ms. White:** It is interesting to listen to the minister talk about his passion for recycling and the responsibility that belongs to everyone else. He still did not answer that last question.

What I really want to know is: Does the government believe that it is their responsibility to spend more than

\$150,000 from the recycling fund to help divert the territory's recycling?

Is the government willing to increase the diversion credits and to remove the cap — because right now there is a cap that exists; it is at \$300,000 between both the City of Whitehorse and the territorial government. Is the government willing to remove their cap so that they don't penalize the processors for recycling more?

**Hon. Mr. Cathers:** I think, first of all, that the member is confusing the city's cap on funding with our structure. As I have indicated in previous responses — and indicated directly to the City of Whitehorse at meetings with them as well as directly to both Raven and P&M — we are prepared to consider options. We have not ruled out any options. We are considering options, including the possibility of increasing the diversion credits. But our intended result is we want to see a long-term solution that is cost-effective for Yukoners. We need to understand what we are committing to and what the costs of that are.

When we see Raven Recycling and P&M jointly requesting last year \$150 a tonne and one year later Raven coming back and asking for \$330 a tonne and failing to provide the accountability for why those costs have gone up so significantly in that time period — what makes up their costs for each of those diversion streams — because the streams — the Member for Takhini-Kopper King may not be interested in the facts, but — you know, Mr. Speaker, if the NDP just wants to heckle and has no interest in the response, then perhaps there is not much point in even attempting to answer the questions. I would remind the member that the costs per waste stream have —

**Speaker:** Order please. The member's time has elapsed.

The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

## ORDERS OF THE DAY

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

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

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

**Chair (Ms. McLeod):** I will now call Committee of the Whole to order.

### Motion re appearance of witnesses

#### Committee of the Whole Motion No. 7

**Hon. Mr. Cathers:** I move:

THAT Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear

as witnesses before Committee of the Whole on Thursday, November 27, 2014 from 3:30 p.m. to 5:30 p.m., to discuss matters relating to the Yukon Hospital Corporation.

**Chair:** It is moved by Mr. Cathers:

THAT Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole on Thursday, November 27, 2014 from 3:30 p.m. to 5:30 p.m., to discuss matters relating to the Yukon Hospital Corporation.

*Committee of the Whole Motion No. 7 agreed to*

**Chair:** The matter now before Committee of the Whole is general debate on Vote 27, French Language Services Directorate in Bill No. 15, entitled *Second Appropriation Act, 2014-15*.

Do members wish to take a brief recess?

**All Hon. Members:** Agreed.

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

*Recess*

**Chair:** Committee of the Whole will now come to order.

### Bill No. 15: *Second Appropriation Act, 2014-15* — continued

**Chair:** The matter before the Committee is general debate in Vote 27, French Language Services Directorate, in Bill No. 15, entitled *Second Appropriation Act, 2014-15*.

#### French Language Services Directorate

**Hon. Ms. Taylor:** [Member spoke in French. Text unavailable.]

Madam Chair, I am very pleased to report that we have continued to make significant progress with respect to the delivery of French language services since the last time we met.

At the annual general meeting of l'Association franco-yukonnaise last September, we were — when I say “we”, the French Language Services Directorate — able to present the final draft of the Yukon strategic framework on French language services to each of the participants. The positive reaction has very much confirmed that the plan meets their needs.

As members opposite may recall, we unveiled last May the new Bonjour Yukon logo to mark Yukon Francophone Day. The logo, which I think is aesthetically pleasing and is very effective — we've received a lot of great commentary from the community at large — is the cornerstone of the active offer campaign, currently taking place within the Government of Yukon. As I mentioned, the campaign has created a lot of interest and a lot of departments now proudly display the new logo and provide an active offer of French language services. Many of those examples can be found in *L'Aurore boréale* from the Department of Environment to the

Department of Health and Social Services to the Department of Community Services, and so forth.

Since January, the home care program, insured health Services and the specialist clinic at the Whitehorse General Hospital continues to actively offer services in French through, among others, a professional and confidential over-the-phone interpretation service. In this year's budget, the Yukon government has committed to continue to invest in this health pilot project, again, toward increasing the number of sites that will offer French language interpretation sites. We'll be shortly meeting with the various players to select additional service sites.

Additionally, we're adding mental health services to the areas covered by the pilot project in response to the community's requests. The number of hours allocated — as I was able to also help articulate at the AGM in September — to referred French counselling services will more than double.

Over the coming weeks, we will be conducting the formative evaluation of the pilot project. Customers and employees of service points will be invited to provide their feedback and the evaluation will provide us that necessary baseline data that will enable us to make adjustments and apply those very findings to other areas in government.

As part of FLSD's renewed governance, the French language training responsibility has been transferred back to the French Language Services Directorate from the Public Service Commission, and that is really the essence of what is contained here in the supplementary budget this afternoon.

FLSD is increasingly becoming the one-stop shop for departments in terms of providing supports — a French language service delivery — which now includes language training, active offer tools and orientation sessions, a translation French web, a coordination/interpretation services and overall support on bilingual positions.

Each of these services aims to enhance French language services within the Government of Yukon and how we offer those services to the francophone community. In line with the Yukon strategic framework on French language services, the French Language Services Directorate has continued to work collaboratively with the francophone community. A great example of this collaboration is the development of a joint proposal in support of Yukon's francophone artists and cultural workers to the Canadian heritage community cultural action fund, and that is through the Government of Canada's Canadian Heritage.

Through our strategic framework and other initiatives, I believe that we have and will continue to establish a solid foundation for a continued collaboration with the community to ensure that our efforts are in keeping with their needs and their priorities.

With these brief comments, I would like to look forward to answering any and all questions members opposite may have with respect to the mandate of the directorate and with respect to this particular line item. I also just want to extend my heartfelt thanks to the director of the French Language Services Directorate, who has joined us here today in the Assembly, and to each of his team for their expertise and their

leadership over the past number of years. They have provided a great basis for strengthened relations with the francophone community, kept those lines of communication open and, more importantly, worked collaboratively together on identifying areas of mutual importance — and were able to work collectively to deliver those services.

Again, I would like to conclude by saying thank you for the opportunity to serve as minister and I look forward to the debate on FLSD.

**Ms. White:** Merci Mme la présidente. Mes commentaires vont être très brefs. Je veux d'abord remercier le département pour leur excellent travail.

J'ai eu le plaisir de participer à l'Assemblée générale de l'Association Franco-Yukonnaise il y a quelques mois et à l'atelier à propos des trois projets pilotes sur les services de santé en français. C'était très encourageant de voir l'engagement de la communauté et les progrès effectués dans les projets pilotes à date.

La Direction des services en français fait de l'excellent travail et j'ai hâte de voir les résultats des projets pilotes.

J'ai seulement une question pour la ministre et c'est à propos de l'élimination du programme avantage significatif francophone par immigration et citoyenneté Canada. Je sais que l'AFY a dénoncé cette décision et j'aimerais savoir si le gouvernement territorial supporte l'AFY à ce niveau et si la ministre a communiqué avec le gouvernement fédéral pour faire savoir son désaccord à ce sujet. Merci.

Before I go through all that in English, I think that the minister responsible for the French Languages Directorate — if I could high-five her from this side of the House, I would right now. Her French has improved leaps and bounds in the last three years and every time she gets up — I know that even for me, if I haven't read it in a while, I have to go through it a bunch of times. Every time I see her speak somewhere in French, I think that is bravery on the front core, because the English tongue and the French tongue don't move in the same direction, so sometimes it is challenging. I just want to make sure that she knows I have nothing but admiration for her efforts and I am sure her son is also very proud. I think she is experiencing what my parents did, which is I out-learned their French by the time I was in grade 1.5 or grade 2, so she's continuing the education and my parents left it behind. There is a lot of admiration on this side.

The minister mentioned the Bonjour Yukon program, which I think is really incredible. It is about the active offer of French language services and she is right, they are beautiful placards — so beautiful in fact that I have seen them in places they did not belong, because they have been taken away by people as souvenirs. I think that is a definite feather in your cap for how well those are being received. I really believe that the territory is on a new path toward our relationship with our francophone members and with francophone tourists who are starting to come in larger numbers. Bonjour Yukon is part of that, and I think it has been really well-received.

I am always really thrilled when I get to go to the l'AFY general meeting because at times it is overwhelming and really exciting. They have the best food of any gathering. That's a really important thing to francophones. This year,

there was a really big buzz about the three pilot projects that were announced last year. They started, and there was a lot of discussion on how they were going. There was a great section on the future planning of the French Language Services Directorate and where that path was going. There was really good feedback from the community. It is excellent to see that the directorate is working at being so responsive to the francophone community. I think that is really incredible.

The only question I had for the minister is about a program called l'avantage significatif francophone — this is, to be clear, a federal program — that helps to attract and retain francophone immigrants. It was pretty well-received in the territory and we had quite a few francophones immigrate because of the help from that program. L'AFY has been very vocal in its opposition to this program being cut. What I wanted to know is if the minister has echoed that opposition of the cuts to this program to the federal government, and if she has let them know just how important it was for us.

Last year I think we had nine immigrants who came with the help of that program. I realize it's not about the directorate but it is about the community — so if the minister could just talk briefly about that.

**Hon. Ms. Taylor:** I just want to thank the member for her opening comments. It is very true that, every time I stand up and attempt to speak in another language, it is an effort. It does take a bit of bravery to do that, but thankfully I have my nine-year-old son, who is now in his fifth year of French immersion, and he critiques me quite well each and every day. I have been reminded that I need to speak French more freely, and I will continue to endure that and try to do just that.

As I understand, the program that the member opposite has referred to — I have not had any direct, one-on-one discussions with the francophone community specific to this particular matter as of yet. I do know that, among departments and also among the provinces and territories, it has come up for discussion as a discussion item at our next meeting of the ministers responsible for the Canadian francophonie. I do know that through the Yukon Department of Education, of course, we administer a number of labour market programs and immigration also falls within that as well.

I do need to have a discussion with the francophone community specific to this program. I am, though, familiar with their specific concerns, and we will be raising them as we have raised other related concerns on the federal file when it comes to meeting with the Canadian francophonie, the minister responsible — Madam Glover. When we convene in Ottawa for Yukon Days later on in January and February of next year, we will be looking for an opportunity to raise that, among many other items. So I would like to thank the member opposite.

I also just want to recognize the member opposite — I do see her presence at all of the AGMs and the meetings as well. I think that is great and, in fact, I think that she and I have been identified as the two champions of Yukon francophones. I think we should just high-five each other on that one as well.

I will leave it at that because I am starting to see eyes rolling from the members behind me here as well, but I would like to give credit where credit is due.

I also just want to encourage all members opposite as well that L'AFY — l'Association franco-yukonnaise — often holds many different community events. It is an opportunity for members of the Assembly to take part in those particular events and dinners at the francophone centre. It is a great opportunity to be brave and try to express your words in another language and to become familiar with our neighbours in our territory who have become an integral part of our community. Thank you.

**Chair:** Does any other member wish to be heard? We will proceed then to line-by-line debate.

**Ms. White:** Pursuant to Standing Order 14.3, I request the unanimous consent of Committee of the Whole to deem all lines in Vote 27, French Language Services Directorate, cleared or carried as required.

**Unanimous consent re deeming all lines in Vote 27, French Language Services Directorate, cleared or carried**

**Chair:** Ms. White has, pursuant to Standing Order 14.3, requested the unanimous consent of Committee of the Whole to deem all lines in Vote 27, French Language Services Directorate, cleared or carried, as required.

Is there unanimous consent?

**All Hon. Members:** Agreed.

**Chair:** Unanimous consent has been granted.

**On Operation and Maintenance Expenditures**

**Total Operation and Maintenance Expenditures in the amount of \$166,000 agreed to**

**On Capital Expenditures**

**Total Capital Expenditures in the amount of nil agreed to**

**Total Expenditures in the amount of \$166,000 agreed to French Language Services Directorate agreed to**

**Hon. Mr. Dixon:** Madam Chair, I move that you report progress.

**Chair:** It has been moved by Mr. Dixon that the Chair report progress.

*Motion agreed to*

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

**Chair:** It has been moved by Mr. Dixon that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order.

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

## Chair's report

**Ms. McLeod:** Mr. Speaker, Committee of the Whole adopted Committee of the Whole Motion No. 7 regarding the appearance of witnesses before Committee of the Whole from 3:30 p.m. to 5:30 p.m. today to discuss matters related to the Yukon Hospital Corporation.

Committee of the Whole has also considered Bill No. 15, entitled *Second Appropriation Act, 2014-15*, and directed me to report progress.

**Speaker:** You have heard the report from the Chair of Committee of the Whole. Are you agreed?

**Some Hon. Members:** Agreed.

**Speaker:** I declare the report carried.

## GOVERNMENT BILLS

### Bill No. 77: *Act to Amend the Financial Administration Act and Other Enactments* — Second Reading

**Clerk:** Second reading, Bill No. 77, standing in the name of the Hon. Mr. Pasloski.

**Hon. Mr. Pasloski:** I move that Bill No. 77, entitled *Act to Amend the Financial Administration Act and Other Enactments*, be now read a second time.

**Speaker:** It has been moved by the Hon. Premier that Bill No. 77, entitled *Act to Amend the Financial Administration Act and Other Enactments*, be now read a second time.

**Hon. Mr. Pasloski:** It is my pleasure to introduce Bill No. 77, *Act to Amend the Financial Administration Act and Other Enactments*. This bill is another example of us fulfilling our vision outlined in our "Moving Forward Together" platform. Specifically, one of the pillars of our platform is practicing good governance which can be partially achieved through strong fiscal management.

This bill to amend the *Financial Administration Act*, or FAA for short, illustrates our commitment to strong fiscal management in three ways: (1) we are implementing a centralized debt management framework; (2) we are updating dollar thresholds of five of the government's revolving funds to reflect operational needs and we are also enabling any future revolving fund dollar limit changes to take place through an appropriation; and (3) we are updating several sections of the FAA where the current act conflicts with other acts and would benefit from clarity or is silent on common practice.

It is sound and prudent financial management to centralize the decision making for incurring public debt. There is only one public purse. Currently, the legal framework widely disseminates the ability to take on debt on behalf of the public. This bill consolidates the power to borrow, thereby supporting alignment between the use of the government's borrowing capacity with the priorities of the government. This consolidation will improve coordination in the planning process so that the use of the borrowing capacity supports prudent fiscal management.

Yukon's borrowing capacity is set by regulations under the *Yukon Act*. The limit is \$400 million and incorporates all the entities that are reported in Public Accounts. The definition of borrowing, per the *Yukon Act*, is any loan of money received, plus accrued interest, loan guarantees, capital lease obligations and sale leaseback transactions.

This bill changes the FAA and several other acts to ensure that any future activity that affects the borrowing capacity of Yukon requires centralized decision-making in the form of Management Board approval.

The second item addressed by Bill No. 77 is an increase in certain limits of five revolving funds. The revolving funds being changed by this bill are: the road and airport equipment reserve fund; the Fleet Vehicle Agency revolving fund; the highway materials fund; the garage parts and fuel inventory revolving fund; and the Central Stores fund.

A revolving fund is a non-lapsing authorization by this Legislative Assembly to make payments from the consolidated revenue fund. Typically, a fund receives revenue from either an appropriation and/or a dedicated claim on certain government revenues.

On the expenditure side of the ledger, for reasons of financial control, a fund usually has a limit on either the allowed annual expenditures and/or the maximum dollar amount representing the portion of the government's assets that can be contained in the fund.

There are currently 17 funds with non-lapsing authorization. The five being amended in this bill have not had their limits amended in decades. Due to increased volume of activity and price changes, the funds can no longer operate effectively and efficiently within the existing limits. In the future, these amendments allow revolving fund limits to be changed by an appropriation act. Given that a revolving fund is an authorization to make payments from the consolidated revenue fund, it follows that the appropriation process is really a logical means of managing those limits.

The *Financial Administration Act* creates the authority for public officers to act in many different scenarios when conducting the wishes of the government. The FAA is substantially unchanged for several decades and, in that time, it has generally served Yukon government well. However, in order to support an efficient and effective public service, a few sections of the act could benefit from amendments that improve clarity.

These other amendments contained in this bill are more housekeeping in nature than a matter of a change in policy. Nonetheless, they are important if this Legislature is to provide clear authority to the public officer conducting the affairs of the government. The main areas in this bill providing this clarity do the following: they improve the legislative drafting with respect to the rules governing indemnities; they provide a legal framework for debt settlements; they eliminate the conflict between the FAA and either the *Lands Act* or the *Territorial Lands (Yukon) Act* with respect to property disposal rules; and, they clarify the interaction between the FAA and the *Housing Corporation Act* with respect to financial matters.



Again, Mr. Speaker, it has been my pleasure to introduce Bill No. 77 for second reading, and I would like to put a thank you out to all members of the department who were involved in working toward being able to table this document and being here to discuss it at second reading at this time.

**Ms. Hanson:** I thank the Minister of Finance for his comments at second reading of Bill No. 77, entitled *Act to Amend the Financial Administration Act and Other Enactments*. I would also like to extend a thank you to the departmental officials for their briefing on these amendments to the *Financial Administration Act* and the other enactments.

As the minister noted, there are 16 pages of quite detailed amendments that are contained in this. I think in general terms, it is good practice. The Official Opposition of course — the *Financial Administration Act* is really at the core of everything we do as legislators and as government, in terms of our responsibility and our accountability as elected representatives to steward the citizens of Yukon's financial resources. So any opportunity we have to make sure that the instruments we use to do the work on behalf of Yukoners — that those instruments are tuned up regularly and are modernized — that's an important piece of work.

I understand from the briefing that not everything — so that will no doubt lead me to ask questions when we get into the opportunity to go through it in more detail with officials present. I do note that — and understood — the provision or the aspects of the briefing that spoke to the importance, as the minister did, of three broad categories. I will ask some focus questions when we have an opportunity, as we go through the amendments themselves, just in terms of the implications and the workings of the centralized framework for management of borrowing. I do understand from the discussions we had last year, when the federal government made changes to the *Yukon Act*, it increased our borrowing limit to \$400 million.

I understand that aspect, but we just want to make sure that we understand. Again, it's like the FAA is really the infrastructure and the engine of what makes this whole system work, so I want to make sure I understand it as we're going forward.

The other broad category that the minister spoke to was the revolving funds and the identification of five of the 17 revolving funds with respect to the non-lapsing vote authority. I would ask — those are on schedule 6 and schedule 7 in the Public Accounts and they don't get very much attention paid to them, so it will be interesting to have more information about that.

I appreciate what the Minister of Finance said with respect to the importance of being able to ensure management of how changes to those funds are made in the future, so again, it is going back to the notion that it is the Legislative Assembly that is accountable and should be held responsible, and that it's through an appropriation budget bill that we will make any future changes to the revolving fund.

I understood as well from the briefing that a number of these revolving funds have not been revisited since the late 1980s, and so it is critical to make sure that we're current and

that they reflect what the requirements today are for what's manageable. For example, in the funds for the vehicle fleet revolving funds — what might have been appropriate in the 1980s is certainly not going to be the same 25 years later.

I'm just looking at my other notes from this. I think the other part of it — any time we're doing amendments to legislation where there is an opportunity to make sure that where there has been in the past identified areas of lack of clarity — or where it's been silent — when it's an opportunity to make clear what the practices should be, we should do that. As legislators, of course, we would support that and ensure that we minimize and hopefully eliminate conflicts with other legislation.

I will be asking questions just for clarity as we move into the actual pieces of the amendments, just to make sure there is an understanding — or when it talks — that one of the purposes of these amendments is to require that any fee for a government service be set out in an act or regulation rather than imposed by a directive. We support that. We think that makes sense. We just want to make sure of how that's translated in the language of these amendments.

The other purpose is improving the legislative structure governing the Yukon Housing Corporation's finances. Again, it's just how the proposed amendments actually will do that and simplifying the dispositions of government-owned intellectual property that really has little or no commercial value.

We all know there has been debate in the past, in other levels of government on what that actually means in terms of government-owned intellectual property. What may have been negligible at one point in terms of value suddenly becomes very valuable, depending on the context.

We are pleased at second reading to indicate that these amendments appear to be — as the Minister of Finance has indicated — to a large extent, housekeeping, and we will be pursuing only a line of questioning that helps edify the members on this side of the House, and perhaps others on that side of the House as well, as to what we achieve when we make these amendments.

**Mr. Silver:** Thanks to the Minister of Finance for his opening comments for second reading.

I rise to speak on Bill No. 77, *Act to Amend the Financial Administration Act and Other Enactments*. The bill does do some good housekeeping, as has been described. I absolutely agree, especially around the tightening of the controls of finances for the corporations and creating more consistent rules with Management Board.

I do have some questions that I hope the Premier can answer when we get into Committee, primarily around the debt calculations for the corporations, but at this time I am intending to support the bill and look forward to more debate in Committee of the Whole.

**Speaker:** Does any other member wish to be heard?

**Hon. Mr. Pasloski:** I appreciate the comments from the leaders of the Official Opposition and the Third Party. We

will endeavour to answer all of those questions and — I am sure — a few more when we get into Committee and provide clarity to those questions. I am certainly encouraged in the vote at this point of support for this bill. Again, I do believe that ensuring that the government has the ability to control our debt in all of those portions of the organization that, at this point, have that ability — being able to control that certainly allows for sounder fiscal management and ensuring that money being invested is supportive of the priorities of the government.

*Motion for second reading of Bill No. 77 agreed to*

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

**Speaker:** It has been moved by the Minister of Economic Development that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

*Motion agreed to*

*Speaker leaves the Chair*

## COMMITTEE OF THE WHOLE

**Chair (Ms. McLeod):** Committee of the Whole will now come to order.

### Appearance of witnesses

**Chair:** Pursuant to Committee of the Whole Motion No. 7 adopted earlier today, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation. In order to allow the witnesses to take their places in the Chamber, Committee will now recess and reconvene at 3:30 p.m.

*Recess*

**Chair:** Committee of the Whole will now come to order. Pursuant to Committee of the Whole Motion No. 7 adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation. I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses. I would also ask the witnesses to refer their answers through the Chair when they're responding to the members of the Committee.

Mr. Graham, I believe you'll introduce the witnesses.

*Witnesses introduced*

**Hon. Mr. Graham:** The witnesses appearing before Committee of the Whole today are Craig Tuton, the chair of the Yukon Hospital Corporation Board, and Jason Bilsky, who is the chief executive officer for the Yukon Hospital Corporation.

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

**Mr. Tuton:** Thank you, Madam Chair, I certainly would. First of all, thank you members of the Assembly, and all Yukoners, actually, for the opportunity to speak on behalf of Yukon hospitals today. As stated by the minister, accompanying me is Jason Bilsky, chief executive officer of the Hospital Corporation.

We are here representing the corporation and its dedicated team. This includes, of course, our board of trustees, which is comprised of representatives from Whitehorse and communities across the territory, as well as representatives from Yukon First Nations, non-medical hospital staff, medical staff, the public service and the public at large. We also speak on behalf of over 500 hospital staff, who are among Canada's most skilled and passionate health care professionals.

Since we last reported to the Legislature, we have started to work toward a very clear strategic plan for the territory's three hospitals, with four goals all focused on delivering safe and excellent health care.

We fully recognize that patients are our reason for being, and we want Yukoners to have the best hospital experience possible. This means that we must not only provide quality care, but we must also provide care in a way that meets their needs and expectations. To this end, over the last 12 months, we have continued to take a number of important steps forward along this path. Many of these achievements were made possible in part through the support of the Yukon government, our communities and system partners. As a health care provider, quality improvement is also an important part of who we are and what we do. Quality care is an ongoing process and means that we must continually review and assess all areas of our hospital services and take the necessary steps to learn and improve.

I am pleased to share with you the progress we have made, the challenges we face and the opportunities we have at the Hospital Corporation to provide that safe and excellent hospital care.

Among our most important priorities this year, we have improved medication safety in all of our hospitals. This includes: a systematic review of drugs that we have in our pharmacy; implementation of a 24/7 pharmacy support for community hospitals; safeguards, such as an independent double-check; and new policies to manage high-risk medications. An internal medication committee also reviews incidents or discrepancies. Additionally, we have also upgraded the IV pump fleet across our facilities with intelligence systems with built-in pharmacy libraries and safeguards.

This past year was historic for health care in Yukon, as we successfully opened our two community hospitals in Dawson City and Watson Lake. The hospitals offer 24/7 emergency care, six inpatient beds and ambulatory care. There are also diagnostic services on-site, such as lab and X-ray. This makes quality and accessible care closer to home. Every Yukoner should be proud of these facilities and the level of care now available.

Unfortunately, these two facilities were delayed approximately a year in each case. This was caused by the

default of the general contractor constructing the buildings. The corporation undertook significant risk-management steps to bring the projects back in line, ultimately minimizing the delays and the costs caused by these delays.

While still unfortunate, the Dawson City building incurred a \$900,000 construction cost overrun, and the Watson Lake building a \$500,000 cost overrun. In perspective, this is less than three percent of the final costs — significantly less than what potentially could have been incurred if we did not have those corrective and early actions.

More importantly, both communities fully support and rely on these hospitals. Yukoners are using these hospitals and both are on track to have approximately 2,200 emergency visits, 1,800 lab visits, and 400 medical scans. Today, we average greater than 60 percent occupancy at both facilities.

Aside from the facts and figures, these hospitals are providing an exceptional patient experience to the communities. I think of a patient who had required complex palliative care. They were able to receive that compassionate hospital care in their home community and pass away peacefully, surrounded by their family and loved ones. That is what we refer to as safe and excellent care that you cannot attach a dollar to.

Our Hospital Corporation was fully accredited this year, as part of our overall quality improvement efforts. We conducted a self-assessment and then welcomed an external peer review team from Accreditation Canada to evaluate us against more than 1,700 criteria.

Our First Nation health program also marked 20 years of service at WGH. Known for its culturally based services that respond to community-identified needs, First Nation health — within our hospitals — was highlighted in a report by the Health Council of Canada and named as a leading practice by Accreditation Canada. The program provides a number of services, including advocacy, patient support, health planning, as well as social and spiritual support. This includes access to traditional food, medicine and healing practices within the hospital environment.

We also took steps to support nurse practitioners. Nurse practitioners can now order specific diagnostic tests and make program referrals.

We are interested in knowing even more about our patients' experiences, from the cleanliness of our facilities to the responsiveness of our care. This is why we launched a new patient survey at the bedside using tablet computers. We are among the first hospitals in Canada to use this method, and it will give us very timely feedback. Initial results that we experienced have been extremely positive, with a high overall satisfaction rate.

We also continue to engage and invest in our people. This includes not only discussions about building a positive work experience, but also supporting education and development. We introduced a new guest wireless Internet service at WGH with the support of the Yukon Hospital Foundation, the Yukon government's community development fund and Northwestel. This allows patients to stay connected to loved

ones while in the hospital, which will greatly help in the healing process.

We have also made great strides in ensuring that Yukoners can receive a broader range of cancer care closer to home. We are in the early stages of integrating the service of four local general practitioners with oncology training into our chemotherapy service. They will provide dedicated medical support in hospital for cancer patients. We welcomed a second chemotherapy RN to provide skilled and stable staffing for this highly specialized care.

We also reintroduced the role of a cancer care navigator to provide important emotional, social and psychological support to cancer patients and their families. This is an addition to the incredible pharmacy and diagnostic imaging programs. This is a true definition of collaborative care. It is a team-based approach, which means that we can better support cancer care here at home.

Working with the Yukon government, our visiting specialist clinic has become one of three health care sites to pilot French language interpretive services to improve access for Yukon's francophone community by actively offering the service in both official languages.

The Yukon Hospital Foundation has been an important catalyst in our territory for raising funds to support hospital priorities. Last year, the foundation, through its many events and donors, provided well over \$500,000 for essential equipment needs that are above and beyond what is possible within our means.

Significantly, we have been able to meet our financial targets for the last two years, working within the three-month funding agreement with Yukon government while providing quality health services. As part of this diligence, we are undertaking comprehensive planning for all significant project expenditures, including the WGH expansion project, of which I will provide more details today.

Let me speak for a moment about the coroner's inquest and the recommendations. The Yukon Hospital Corporation recently received, accepted and reviewed the recommendations from two coroner's inquests that examined the circumstances involved in two patient deaths. For our organization, safe and excellent hospital care is paramount, so we will continually strive to improve the care that we provide. Several improvements were made, or were well underway before the start of these inquests, but we have made further progress to many areas that address the recommendations that were made.

We have strengthened our medication management practices. We have strengthened many corporate policies and procedures, while ensuring consistency across the organization. We have improved corporate-wide staff learning and development. We have worked collaboratively with system partners. We already have standard practices in place for DNR and medevacs.

We also have an existing, ongoing physician privileging process and a performance management process, which we will look to strengthen moving forward. We are also developing a protocol to assist health care professionals in

recognizing when patients are quickly deteriorating. As mentioned, we are pleased to say that several processes were already in place and many improvements were made — or were well underway — before we received the inquest's final recommendations. There is no doubt that an inquest is an important fact-finding process. However, we consider all incidents as a learning opportunity to take immediate action and improve. We also fully appreciate and respect the verdicts, but we feel very strongly that the term “homicide” is unfortunate. We understand that an inquest does not find fault. However, this term could imply or create the perception that medical and hospital staff intended this to happen. This is simply not the case. No health care provider ever wants to see this outcome. I can assure you that all our staff in all three of our hospitals — in Watson, Dawson and Whitehorse — are very diligent on that matter.

We are very busy in almost every area of our hospital, which puts continuous pressure on our resources and our people. In the past year, visits to the WGH outpatient services and clinics, such as our lab, imaging and the visiting specialist clinic, grew by four percent.

We also acknowledge the pressures on our bed availability. Our average length of stay is increasing. At any given time, about 30 percent of our beds are occupied by patients who no longer require acute care, but need a different type of care. We all acknowledge that these patients all belong in the level of care that is right for their needs, and there is no doubt that we need more long-term care spaces in the Yukon.

We are in an ongoing collaboration with the Minister of Health and Social Services and his department, communicating regularly about common challenges and issues. Our team has done an exceptional job of managing this intense demand while also continuing to provide that quality care. The numbers speak for themselves. We run close to 100-percent occupancy most days. Only four elective surgeries have been deferred this year. Three patients had extenuating circumstances where bed availability may have been a contributing factor. In three of those cases, the procedure was rescheduled in three weeks or less. Postponing elective surgery is never done lightly, and is only done to ensure patient safety.

Lastly, on this point Madam Chair, I want to thank our people. Safe and excellent hospital care requires a wide range of professional, technical and clinical skills. We feel our hospitals have the right mix of staff and we need all those passionate and committed people to provide that.

I will speak for a moment about our WGH expansion. Whitehorse General Hospital plays a critical role as Yukon's primary acute care hospital. With the Yukon government's approval of \$72 million to fund a significant expansion of the hospital, we have moved forward quickly and diligently.

Three qualified teams were shortlisted to participate in the next stage of the competitive selection process to design and build an expansion. We are working collaboratively with the Whitehorse Chamber of Commerce and the Yukon Contractors Association to host an event next week that will allow local businesses, suppliers and contractors to promote

their services to the three proponents. The successful proponent will need local industry for many different pieces of work to build the expanded facility.

The RFP was released last month and we expect to award a contract in June of 2015, with construction set to begin immediately. The hospital's expansion is expected to be complete in December 2017. The new area of the building will house a new emergency department. Key imaging equipment, such as our CT and general radiology, will also be relocated to the appropriate area adjacent to emergency and there will be shelved space on the second floor for future hospital expansion. Lastly, there will also be upgrades to the hospital's information system and power infrastructure.

We planned carefully to identify our needs. We have completed a full needs assessment and costing for the project. This process told us that patient safety and comfort was a key need, but that we also need to plan ahead for changing Yukon demographics. We will add more treatment areas but, more importantly, we will create an environment that meets today's high standards for Canadian health care facilities and patient safety and comfort, infection control and security.

I'll speak to you for a moment on our MRI. The first phase of the expansion started this year with the construction of the new MRI facility, which is now underway at Whitehorse General Hospital. This, of course, could not have been done without the generosity of local businesses, individual Yukoners and the commitment from the Yukon government.

I'm pleased to report to you that the building is nearing completion, and these new patient care spaces and important diagnostic services are significant advances to the health care system for all Yukoners, as they address the needs of today and well into the future.

Finally, in closing, Madam Chair, I would like to thank you and the members of the Assembly for allowing us this time to share some of the most significant progress that we have made since we last reported to you, the challenges we face and the opportunities we have at the Yukon Hospital Corporation to provide that safe and excellent hospital care. I thank you on behalf of the corporation.

At this time, I would be pleased to answer any questions that anyone may have.

**Chair:** Thank you, Mr. Tuton. Mr. Bilsky, did you have any comments you wanted to make at this time?

**Mr. Bilsky:** No additional comments, thanks, Madam Chair.

**Ms. Stick:** I would like to thank the officials for coming today and for the information given up front. I apologize if I repeat myself or ask a question where an answer has already been given. I tried to keep up with what was being said, but I may have missed one or two things.

I'm going to start off at the very beginning. I'll try to keep my questions concise and I'm looking for short, clear answers, so that we can best use this time together.

The first has to do with the Watson Lake hospital and the Dawson City community hospital. I'm just wondering if I can get the final total cost of each for those.

**Chair:** If you could just indicate who will be answering the question, then I can make — Mr. Bilsky, please.

**Mr. Bilsky:** Just one second, while I look up the exact figures.

With regard specifically to Dawson City, the final total construction cost, including equipment, capitalized interest and construction of the building, was \$32,700,000. The same cost for Watson Lake — again including full construction of the building, capitalized interest, equipment cost, delays to the project — \$28,400,000.

**Ms. Stick:** Thank you, Madam Chair, for those answers.

At one time, there were numerous liens for unpaid contractors registered in the court. I wonder if all liens have now been cleared from both the Watson Lake and Dawson City hospitals.

**Mr. Bilsky:** All the liens have not been cleared. Just to clarify that point, the contract that we had for construction of the building was with a general contractor, and that general contractor was to supply us with a lien-free construction. Once the general contractor went into default because of breach of contract, it was up to the bonding company to assume that same condition of contract. The liens that currently exist — there is, I believe, one in the case of Dawson City and two in the case of Watson Lake. The two liens are yet to be cleared by the bonding company and will be cleared. We have been assured that they will be cleared. It could be pending litigation in terms of with the bonding company, but that is truly a situation between the bonding company and any subcontractors involved.

**Ms. Stick:** If those liens go forward and are resolved, would those be additional costs to the Hospital Corporation or additional costs to either the Watson Lake hospital or the Dawson City hospital?

**Mr. Bilsky:** Our understanding is no. We have paid the full amount of monies owed under the construction contract to the bonding company. It is the bonding company's responsibility to have those liens removed and clear up any outstanding issues with subcontractors.

**Ms. Stick:** Moving on from that, the chair did speak of the two coroner's judgments of inquiry in the last two years, and the two coroner's inquests in the last six months. It is unfortunate that those came about, but it is a good learning opportunity. There were lots of recommendations. I will try not to ask something that has already been answered, so just bear with me.

One of the recommendations from one of the judgments of inquiry was about a systematic review gap analysis, looking at system gaps and improvements that could work across all of the hospitals in the Yukon. My question would be: Has this been completed and is it across the board for all three hospitals? That was one of the issues. Is this a document that can be publicly available? I will do these in little groups, because they kind of go together.

The last question is: Is there now a standardized and corporate-wide policy regarding a timely review of a patient's death in all Yukon hospitals?

**Mr. Bilsky:** I will have to ask for clarification about system gaps, because the recommendations — to again summarize them — had to do with things such as medication management, documentation, education, charting for physicians and physician qualifications. System gaps could be quite a broad category so, if I could, I would like to ask for a clarification.

**Ms. Stick:** I believe this recommendation actually came out of one of the judgements of inquiry that was done by the chief coroner. It said that the practice of reviewing deaths would be supported through the development of a corporate-wide, integrated approach, and that hospital death reviews would benefit from the guidance of corporate-wide quality-assurance processes.

It talked about systemic gaps. I do believe that was in the first coroner's judgment of inquiry. What I was just looking for — and I think the chair did touch on it — is there a systematic review to identify any gaps and to make sure that these improvements were across all systems and were incorporated into all the policies?

**Mr. Bilsky:** The short answer is, yes, there is a system-wide review of all deaths that happen within our hospital facility. That review starts at a high level and could end up in a drill-down to understand what the facts and circumstances are, especially if the facts and circumstances would lead to something that would seem uncommon or require more understanding, and we could learn from that.

From there, we have integrated a lot of the processes that we have and a lot of them would have already existed — meaning things such as patient safety reviews, quality of care reviews — anything that is associated with the type of care that we provide and how we might learn. Again, just to summarize, yes, we do have a system-wide death-review process.

**Ms. Stick:** Thank you, Madam Chair. Along that same line, I am just looking for a quick answer that this is something where each hospital has the same policy and the same understanding of this and that this is a timely review — not something that comes much later, but is timely.

**Mr. Bilsky:** What I can say is that the policy is for the Yukon Hospital Corporation, which consists of all of our sites and facilities, so that would include all hospitals.

As far as timeliness goes, I can assure that it is done on a very timely basis that we begin a systematic review of deaths that happen in the hospital and — depending on what stage of the review — that can happen daily or it could happen monthly, depending on the type of death.

**Ms. Stick:** I am going to move on to patient documentation because one of the recommendations that came out of the inquest was the need for routine audits to ensure standards of adequate and timely documentation of patient care. Under the Yukon's medical profession's regulations, there are rules for record keeping by hospital staff. This gives the Medical Council — or any investigator, for that matter — the authority to inspect these records.

Three questions: How often do these audits of standard documentation occur and is there peer feedback given? Does

the hospital keep statistics of these inspections or audits? How are the regulations, which are binding on hospital physicians, enforced in the hospital?

**Mr. Bilsky:** Thanks for the question. To ensure that we have a consistent level of care in all of our facilities, we rely on a medical advisory committee and we also rely on chiefs of staff and delegate chiefs of staff. The process that we go through is that, in all cases, we perform what are called physician audits that are performed by people who are qualified to do the physician chart audits. They review and discuss the practices with all the physicians and implement policies and procedures consistently across the process.

As far as timeliness of the chart audits — it really depends. Charts are being reviewed on a regular basis, but not each and every chart itself. It is more of an audit process that we go through so that it is not substantively audited in every case. Yes, there is peer feedback, and that is primarily through chiefs of staff. I can't comment specifically on the statistics that we keep from the chart audit, although there would be records kept of the reviews themselves, what the quality of the reviews are and the feedback that is provided.

It is up our organization, with the support of the medical advisory committee and chiefs of staff, to ensure that we are following the regulations.

**Ms. Stick:** Thank you for that answer. Under the medical profession's regulations, the one thing that, to me, seems to be missing is the timelines to the collection of routine audits. I am wondering if I can get an idea whether audits are ongoing in all hospitals all the time. Is there a set period — like every three months we are going to audit so many charts? What is the definition of routine audits — whether it is once a year, once a month? I am looking for that. Then again — and I think he answered this — how is the audit information communicated back, not just to the physicians and nurses, but also back to the Hospital Corporation and board for the purpose of quality improvement of patient safety?

**Mr. Bilsky:** As far as the frequency of what we would call an audit — as I said, it's not an audit substantively of every record. It would be sampling of charts for certain physicians, and especially for newer physicians to our facilities who have privilege with another facility, or physicians who have not had adequate charting or documentation in the past. Those would be scrutinized more closely than other more seasoned doctors — but all doctors would have some form of review done on their charting and documentation. It's not an issue where I can say that it's done every month for every doctor for every chart.

Now, having said that, as I said, the feedback mechanism is directly to the physicians through chiefs of staff that we have within our organization, and then we look to our medical advisory committee, which is made up of members of our board, as well as members of physician staff and administration, and that's the flow-through that we would get, as far as the quality control mechanism overall. That potentially could flow right up through to our board, as far as quality management overall.

**Ms. Stick:** I understand audits and I'm very clear that it's not every chart, every doctor, everything that's charted in a patient's chart, but I guess what I'm asking is: Is there a set number of audits that are done within a month, within a year, or a number of charts? I'm not looking at all doctors and every file, but I would like a sense of how many files are audited and how often.

**Mr. Bilsky:** Honestly, I cannot answer the question, as far as exactly how many are audited every month. As I said, it varies by doctor or physician. A newly provisional privileged physician would have numerous audits — reviews of their charts — on a very regular basis before they become fully privileged. As I said, a more seasoned doctor who has adequate charting and documentation would be a lot less.

**Ms. Stick:** Perhaps the Yukon Hospital Corporation can get back to us on this and give us a sense, perhaps in this fiscal year, of how many file audits have been done. I don't need the results from them; I just would like to know how many are being done on a regular basis at the hospital, because this was something pointed out by the coroner — and not just new doctors, but across the board.

Additional recommendations — and I did hear the chair speak to the do-not-resuscitate orders. I'm wondering if he could just tell us what the new policy says with regard to how those are discussed with patients, or how orders are signed on patients coming into the hospitals.

**Mr. Bilsky:** Part of the recommendation — I think, just to clarify again, what the chair of our board said — was we do have a standard do-not-resuscitate protocol in place, but we do have to review it and update that protocol to ensure that it's well-understood throughout our organization and how it might be used for all patients and direct care providers. So we're in the process of reviewing that at the moment.

**Ms. Stick:** Would this be something else that might be audited to ensure that the protocol is being followed?

**Mr. Bilsky:** My comment to that would apply to all of our processes, protocols and policies within the organization. There is constant vigilance to ensure that there is compliance to all processes and policies, not just do-not-resuscitate orders. The answer would be, again, the definition of audit — or seeking ways to ensure that we are compliant — providing safe and excellent hospital care, and I believe it is the latter in this case.

**Ms. Stick:** The chair briefly touched on better protocols with partners. One of the recommendations referred to improved coordination between the Yukon Hospital Corporation and Workers' Compensation Health and Safety Board to ensure there are no delays in receiving necessary medical diagnoses and treatment. Is this part of the process that the chair discussed? Has that been set up to improve and monitor those communications between the different organizations?

**Mr. Bilsky:** There actually was a discussion between the head of the Yukon Workers' Compensation Health and Safety Board and I. The discussion was to clarify the roles and responsibilities — certainly from the perspective of the inquest in clarifying what those roles and responsibilities were

— back to the coroner — which we did do. We wrote a letter back to the coroner from that perspective to clarify what it means and who is in control.

Again, I have to clarify for those who are listening now, that as far as providing care and delaying care — the physicians have a role and responsibility to provide that acute care, regardless of whether it's a workers' compensation case or not. The Workers' Compensation Health and Safety Board doesn't necessarily have a role to play as far as expediting or providing care.

I think there is a misconception somehow that — at the inquest — either side had some sort of control over what was happening, as far as potentially ordering an MRI, or making an MRI happen. Regardless, if it is an urgent situation, the physician is in control of the patient's care. They do have a role and obligation to report to WCB when it comes to the actual care and the care plan, but WCB doesn't have a role as far as necessarily expediting, unless it is a probably or possibly a return-to-work situation. That is my understanding.

**Ms. Stick:** Thank you, Madam Chair. Thanks for that answer.

One of the recommendations had to do with physicians working in the rural communities and about the need for them to be up to date on advanced trauma life support and advanced cardiac life support. Everyone should have taken or participated in those courses, or their equivalent. I would like to know if that recommendation has been implemented or has occurred, and if not, when?

**Mr. Bilsky:** I think the obvious intent of the Hospital Corporation, again, is to provide safe and excellent hospital care in all cases. To that extent, our existing privileging process goes well beyond those two particular requirements that were cited in a coroner's inquest. To ensure that process is in place, we have educated, licensed and highly-qualified physicians who practise in these hospitals.

The process ensures that we have specific experience and advanced qualifications needed to practise on those sites, so it is not just those two courses that are required. The point I am trying to make here is to ensure that there is confidence there — that even if you had those two courses — if you aren't a seasoned doctor, you may not be qualified to practise in those locations or necessarily in Whitehorse here, without the proper mentorship, supervision and potentially those courses.

**Ms. Stick:** I think it was pointed out in this inquest that these were two that they felt were important and that doctors working in rural communities should have them to avoid further complications. I would just ask: Are those two courses in particular — and I understand there are others — prerequisites for doctors working in communities?

**Mr. Bilsky:** I want to clarify one point. There is a distinction between working and being privileged to work in the hospital facilities versus the question about working in the communities. As far as we are concerned, we have a robust privileging process that includes ensuring that doctors are appropriately credentialed, qualified and experienced to work within the confines of our hospital. This may include — and

should include, in certain circumstances — the courses that were cited by the coroner's inquest.

To say that those are the only courses, or that those must be the courses, would be self-limiting as far as assessing their total experience.

**Ms. Stick:** I read with great interest the Accreditation Canada report on the Yukon Hospital Corporation that came out in May 2014 and I felt there were lots of good things that the individuals doing this report came forward with. They did mention improvements in many areas, but there were still recommendations. I would like to go through some of those that the accreditation committee came up with.

One of the first ones and one of the ones of concern to me is around patient safety and creating a culture of safety in hospitals, which comes from the top down and pertains to all staff. In the accreditation report, some of the findings showed that barely half of the surveyed hospital staff had positive overall perceptions of patient safety, which was well below the national average.

My question would be: What actual steps has the Yukon Hospital Corporation taken to foster a culture of safety at all levels in the Yukon hospitals, including identifying and acting upon medication errors and quarterly reporting, which is a requirement?

**Mr. Bilsky:** I do appreciate the question very much. Accreditation is probably one of the most important, effective ways that we, as an organization, can regularly and consistently examine and improve the quality of the service that we provide. Again, just to clarify, this is done with us every four years, but it is not just something we are vigilant with every four years. This is a consistent activity. We try to live up to the criteria and best practices that are provided by Accreditation Canada.

In this recent survey that we went through, it was an objective survey from the outside and part of a four-year cycle that we go through, not just a one-time cycle. I just want to point out the fact that of 1,700 different criteria, we basically accomplished 89 percent of those.

From my perspective, that is a good way to measure how we are doing and what we are doing to make sure that safe and excellent care is being provided and that we maintain our accredited status. Specifically about the question of culture, I'm glad that it was pointed out that that does start at the top, because some of the actions that we actually had underway before accreditation — and because it is a continuous cycle, and as we are continuing through — it does start at the top, right at the board level. Safety is probably — I would consider it to be 30 to 40 percent of the time on the agenda that is being spent at the board level to help set direction and guidance on where we go from a safety perspective and culture.

There is actually a newly formed committee of the board called the Quality Management Council, and it includes, as its prime objective, to look at specifics when it comes to patient safety and quality of care. From that is really driven strategic planning and a quality improvement plan that is pervasive throughout the organization. We look on a monthly basis — right from the board on down — at quality safety indicators

such as medication incidents, falls incidents, infection control and issues such as that. It is fairly pervasive within our organization. I would like to state that I believe that our organization definitely has, at its heart people passionate about providing safe and quality care. I would again like to state for our people that there is not one individual there who does not understand that the patient is at the centre of what we do.

**Ms. Stick:** I do acknowledge that, yes, the hospital was meeting many of the requirements in the accreditation report, so the ones I am asking about are the ones where they didn't. Yes, 89 percent was great, and I'm not negating that, but I am following up on recommendations that were made in this report.

There was a comment about safe medication practices made by the chair in his opening comments. In this accreditation report at the time, it found that Yukon did not meet the required standards.

I would like to know what the new safe practices are for high-alert medication management. Is the hospital meeting those that were pointed out in the accreditation report? The other part of that is: Are you looking at — and many jurisdictions do — mandatory reporting of critical incidents involving medications?

**Mr. Bilsky:** If I could, a clarification question on mandatory reporting. At what level is the question directed?

**Ms. Stick:** I am not sure I know at what level, but I know that in some jurisdictions it becomes publicly documented. They look at mandatory reporting. They look at critical incidents. They keep records of those. I believe it might be with CIHI — the Canadian Institute for Health Information. They often keep those records or request those records from different jurisdictions.

**Mr. Bilsky:** Thanks for that clarification. I will start with the reporting mechanism. I can't specifically speak about things — the incidents that you are speaking about — but we do report regularly and fulsomely into CIHI.

So there is no lapse in reporting or gaps in reporting, as far as CIHI is concerned — that's the Canadian Institute for Health Information. Secondly, there is no requirement for us to report publicly. Having said that, we do have a very robust system of taking a look at any learning opportunities within the organization, which includes adverse events of any type, and they're categorized and, depending on the severity, it could right up to the board level, as far as reporting from that perspective.

As I said, each and every incident that occurs within the facility, we have a system of being able to report on those incidents, and that goes back to the culture of safety. We truly try to promote that these are learning opportunities, and the more that we can understand about the facility and about events, the more that we can learn about how to improve. That is something that we uphold as a value within our organization, absolutely.

**Ms. Stick:** Thank you for that answer from the officials. Critical incidents involving medication are not uncommon occurrences in hospitals and are something that

can greatly impact outcomes for patients. I'm wondering if the board feels it is in their best interest or good for the board to know. Does the board require mandatory reporting on a regular basis of critical incidents involving medications?

**Mr. Tuton:** Absolutely. The board has a requirement for the CEO to report on a monthly basis all of those incidents that are level three or four, so that we are made aware in a timely manner. So the answer to that is, yes.

**Ms. Stick:** The next question has to do with staff training. I'm wondering what's being done to address what was said in the 2014 accreditation report about lack of attendance at mandatory education workshops and training. It seemed to have been a problem in the report, so how is the Hospital Corporation ensuring compliance and tracking the training in the personnel files?

**Mr. Bilsky:** I appreciate the question. Yes, I fully acknowledge that has been a challenge and probably will be an ongoing challenge. To try to address that, it gets back to several aspects, but primarily access to training — meaning, can people access training at the right time that suits their needs and their schedule and also the operation schedule of the facility. The second piece of that aspect is, do they know what training is actually necessary for them to be able to do their jobs well and provide safe care and keep themselves safe in many instances, and so on and so forth.

To try to improve at least those two aspects — and again, I would like to state that we're continuously trying to improve — first is the creation of an on-line learning system. We call it the learning management system, which means 24/7 access on-line to things that maybe would have been done in the past in person, and supplementing that with any courses and anything we might do internally that still have to be done in person. The second aspect is working really hard within our organization, and especially within those who are front-line care workers, making sure that our managerial staff is providing the time and scheduling it into the routines, into something that works for both the department and the organization. Third, we reviewed policies of what we call mandatory education.

Mandatory education would be essentially what is required, possibly, above and beyond even just the certification, to be able to work safely and do their jobs properly. To that extent, we have reviewed that and issued new guidelines on what mandatory education looks like for different job families or jobs within the organization. Those are clearly known through the entire organization — posted with the entire organization. We will continue to work to make sure that that is consistent throughout our entire organization and in all the facilities.

**Ms. Stick:** The Chair spoke to the expansion plans to include the MRI and the emergency department. He also made mention of a shell on the second floor. I have also heard of discussions about additional 10-patient rooms at the hospital. I am wondering if I can get some information — if these are one and same or different. If so, what would the shell be designated for? The additional 10 rooms — what are those designated for?



**Mr. Tuton:** Yes, when we refer to the second-story shelled space, I have stated consistently that the shelled space would have room for 10 beds. We use that figure of 10 beds because we need to allocate space, and the best and appropriate way to allocate that space is using a room size. We have not actually allocated a use for those rooms because we have not — as recommended by the Office of the Auditor General — done a needs assessment on what particular beds we need to put there. When we get to that point, we will do a needs assessment that will provide us the information that we need. When I referenced the 10 beds, it is simply for space designation — for allocation of space.

**Ms. Stick:** I will move on with regard to beds at the hospital. There was made mention of 30 percent being taken up with individuals possibly waiting for continuing care. I was wondering if the officials could tell us please, because I have heard and I would like confirmation that some individuals have been transferred to other hospitals, whether it is Dawson or Watson Lake. They are not acute care, but they are continuing care.

I guess the other part of that question is: What is being done to meet the needs of those individuals who are not acute care in terms of daily routines, like getting up in the morning and getting your street clothes on instead of staying in your pyjamas, socialization exercise and social activities? The longer individuals stay in acute care without those extra supports needed, their health tends to deteriorate and their well-being. An acute care hospital is not a place for people who don't need acute care. I would like some comments on that please.

**Mr. Tuton:** I think this obviously deserves a couple of answers. I will start it off and then ask Mr. Bilsky to step in.

This is an area that has been an ongoing concern, for not just the corporation, but obviously for the department. We have an excellent working relationship with the Department of Health and Social Services to look at the possible solutions to this problem. We, at the Hospital Corporation, of course as you know — we don't turn away people at the door, so when obvious needs appear, we have to find ways to accommodate those needs. We have a team that is made up of doctors, representative of the Yukon Hospital Corporation, as well as the Department of Health and Social Services, to look at bed allocation and to look at what the options are around putting those people who are not acute care into beds. We are working with the department constantly to try to come to solutions. To speak to the other parts, I will ask Mr. Bilsky to comment.

**Mr. Bilsky:** I do appreciate the question. It is something that we're challenged with every day and that we are working very hard with all of our partners — the Yukon government and others — to try to solve each and every day. With respect to the overall system and bed utilization within the entire system and all the facilities that we have, we work very hard every day to ensure that, within the system, people are in the right places, either within our facilities or outside our facilities.

There is a question — possibly a concern was raised — about transfer of patients between the different facilities. I can

assure you that only in situations where it is the proper care for the individual and they meet relevant criteria, would anybody be transferred among the facilities. What I mean by that is: if the care is more appropriate within any one of the facilities for that individual — let's say that an individual was moved from Whitehorse to Dawson City — it is because the support there is better. Generally that support comes because they are closer to family and closer to community. So they may come to Whitehorse initially for some sort of acute care, dealing with some diagnostics and acute care that is specific there. But, the sooner we can get them back to their home community and into that home hospital is when they'll be moved.

To my knowledge, there has been one case that we know of — from a bed-capacity issue — that we have actually looked at and said that this person can be moved to either Dawson or Watson. I wasn't sure which case it was and it has worked out very well. In no case would we move somebody there without concern for the type of support that they are getting — so it was in that particular case.

I think the second issue that was talked about was what type of care plan these alternative-levels-of-care patients have within the facilities. Again, I absolutely agree that it should be the right care in the right place for the right person. Alternative-level-of-care patients — again, a real issue across Canada, even more of an issue down south, and less of an issue here, but still an issue — is ensuring that these patients are in the proper facilities where they can receive the right care. I will be the first one to admit that those who do not require acute care, but require other forms of care, should not be in the hospital.

But, to that extent, we do the best that we absolutely can. It is a collaborative-care situation, where we have physiotherapists, we have social workers, and we have caregivers that are specialized in nursing. We even have for those First Nation clients a specialized First Nation program that helps them navigate the system — food programs such as traditional foods for them and traditional healing if necessary.

There is also the ever-important presence of family within the care system and, lastly, probably primary caregivers. I believe that we provide a very good standard of care for individuals, even if they are alternative level of care patients within our facilities.

**Ms. Stick:** Just to clarify, what I didn't hear is: Are there those individuals in the Watson Lake hospital and the Dawson City hospital now occupying beds? I understand the collaborative care, but I doubt very much if a physiotherapist is able to see an individual every day. I was looking more for socialization for some of these individuals. I realize that the staffing model — the Thomson Centre is there. Are people able to go to the Thomson Centre and partake in some activities? The biggest thing that is not going to help the health and outcomes for these individuals is to be sitting in their room by themselves. Not everyone has family — or not everyone has family available during the day — who can take them out of the hospital, walk around or do an activity in the room, or make sure they are dressed in their regular clothes

and not just in their pajamas or their gown for the whole time they are there.

The third question I have on this one also is that for those who aren't considered acute care, are they being asked now — to my understanding — to pay a per diem? I am not sure if that is through the Hospital Corporation or through the department.

**Mr. Tuton:** First of all, I think I need to state again that we are an acute care facility. Having said that, I totally agree with the member's comments and concerns. We face those challenges daily because our people are trained to provide acute care, and we get the other care and we try to do the best we can.

Yes, in fact we do have a per diem of \$35 a day, and that is charged through the Hospital Corporation for those long-term care patients.

**Ms. Stick:** I guess my question would be: Why would these individuals be asked to pay \$35 a day for, I understand, a bed and a meal and care — but care that's not appropriate to their needs if, really, what they are needing is continuing care. I know that those are the continuing care rates, but the hospital isn't actually providing continuing care at the level that is probably required for these individuals. I understand that it is acute care. There is nowhere else for these people to go, but I am surprised at the \$35-a-day per diem.

**Mr. Bilsky:** The comment that I will make is that, for us, it's consistency with the health care system overall. As you know, the \$35 per day is consistent with overall continuing care rates. It is unfortunate, but it is occupying an acute care bed and the cost of that acute care bed is probably in the neighbourhood of anywhere from two to four times what a long-term facility is.

So it's important that we ensure there is consistency across the system. As I said, we're working very hard to make sure that we're providing a standard of care that's, I guess, the best that we can do in that scenario.

**Ms. Stick:** I have a real difficulty with the \$35 per diem. A person in continuing care would receive social activities, crafts, music programs, outings with other individuals — you know, a room of their own, where they have their own furnishings, a sense of community, trained workers, nurses, caregivers, recreation workers who are able to meet their care needs. There's a difference between occupying a bed in an acute care hospital and being at the Thomson Centre or being at Macaulay Lodge or Copper Ridge. I don't think the two are comparable.

I'm really troubled by this \$35 per diem. I don't think it's fair. I'm sure they are getting adequate care and the best care that they can, given the circumstances that they're in an acute care hospital, but I do have a problem with this. I'm surprised by it. Who makes the determination that, as of this day, you start paying \$35 a day?

**Hon. Mr. Graham:** I think the member opposite is now entering into a debate with folks who are really not equipped to enter into that debate. If the member opposite wants to have that debate at a later date with the minister, then we'll go ahead and do that, but they've explained very clearly

that the policy is they will charge \$35 a day. To debate it any further, to me, is not appropriate.

**Chair:** Ms. Stick, did you have a question?

**Ms. Stick:** I do, Madam Chair, and I think it is very appropriate that I ask the Hospital Corporation this, because they identified that it's their policy. It's not a debate with the minister. Every time I've asked questions, I've been told to wait for the Hospital Corporation to ask my questions, so I'm asking the question. As I heard the chair say, this is a Hospital Corporation policy. I guess my last question on this one — because I probably will come back to the House with this — is: When did this become a policy that individuals in a hospital, where no one else pays a per diem, are required to pay \$35 a day?

**Mr. Tuton:** I apologize in advance that I don't have this at my fingertips, but I believe what the member is referring to is not a policy, but in fact comes out of the act. I am not certain whether it's the *Hospital Act* or which act it is, but it is legislated — the charge — and it has been there for ages.

**Ms. Stick:** I will try to come back to this at another time.

Recently, we heard concerns over beds with regard to surgical recovery and how, again, because of the number of continuing care beds, surgeries have been deferred. I did hear a number from the chair. I have heard different numbers from others who work at the hospital with regard to surgeries, not just the — what is the word I am looking for? There are emergency surgeries, there are elective surgeries, and he did give a number that were deferred, or scheduled. I am just trying to get an idea of the differences. I don't imagine emergency surgeries are ever cancelled or deferred, just by the nature of their being an emergency. But the scheduled ones — and often it is for specialists who are coming up to do these, or scheduled by specialists ahead of time, where they are saying, "I'm going to be back in three months; I'm going to do these six surgeries." They are coming here and not being able to because of surgical recovery beds, especially if an individual is required to stay overnight afterward. Day surgeries are not so much an issue, but those requiring overnight stays for at least one night after are — just clarification on that. I think the chair said there were four that have been deferred, but did that include all those surgeries or just one type?

**Mr. Tuton:** The four that I spoke of were elective surgeries, and I think we need to be clear that consistent in the Hospital Corporation, we would rather defer no surgeries. It is only under those extreme cases that we must defer surgeries. As I indicated, in those cases that I mentioned, three of those four were rescheduled within a period of three weeks or less. They were taken care of. I know that if you were to compare the time frame that we have compared to Outside, it is quite a bit different. It is our hope and intention that no elective surgeries would be cancelled or postponed. But due to the circumstances, obviously from time to time and it's very, very rare that happens. In fact, I think in the whole year, there was only four.

**Ms. Stick:** Another area I wanted to discuss was discharge planning for patients from hospitals. We have heard

from individuals who have been medevaced to Whitehorse from a community and have come to the hospital under some emergency who have then been discharged without a real plan to get them back to their community. This includes transportation or even a place to stay here in town when they are discharged. Usually those people have only the clothes on their backs. They don't come on a medevac or an emergency with a packed suitcase and their wallet and money in the bank.

I would like to hear how this is being addressed. It is about the discharge planning, specifically back to communities where individuals might not have a family who can come and get them.

**Mr. Bilsky:** I am not aware of the specific circumstances that you are commenting on — that has been commented on.

What I can tell you is that discharge planning, from our perspective, really has to do with the care and the type of care that is required for recovery. In all cases, discharge planning is done by our caregivers.

As far as the specifics of transportation back to communities, I can't comment on whose responsibility that is at the moment. I can only probably say that that is either the individual's responsibility or Social Services' responsibility to be able to support them in getting back. Again, I can't speak with knowledge about how that happens. In some cases, it could be non-insured health, depending on if it is a First Nation issue.

**Ms. Stick:** To me, that would be exactly what discharge planning is — where there is someone there who is available to the individual to make sure they are connected with those services. That is part of the collaborative care. If you need to get back to your community and have no way, and you have come down and it is through NIHB or through Social Services, you are connected before you leave the door of the hospital and know where you are going and know who is going to be able to assist you in doing that planning. Not everyone has those skills — if it is an elder or an individual with perhaps mental health concerns. There is discharge planning around the care when they return to the community, but it is the piece in between that is missing and the connection with the right resources. I believe that before a person leaves the hospital, they should have already hooked up with those services, or at least know what they are doing, instead of being lost. I have literally had someone at our reception desk who was not able to get back to his community and didn't know how. Luckily we were able to contact Social Services, I believe, with the help of the minister in that case. We were able to connect them with the right service.

That person shouldn't have to come to my desk. That should happen for them before they leave the hospital. It is in more than one case where I have had this happen, and it is very frustrating and frightening for some of these people to not know how they are going to get home to their community.

**Chair:** Did you have a question, Ms. Stick?

**Ms. Stick:** I think I am just looking for further comment about whether they believe this is a role — like I believe it's a role — that the Hospital Corporation should be

fulfilling for that patient, so they are not leaving the door with no resources.

**Mr. Bilsky:** Probably the only comment I can offer — I can't speak to the specific exceptions — from a health care system perspective, I don't think that is the intended outcome. I wouldn't know the numbers and I wouldn't know the prevalence. What I can say is that we do a fairly good job of discharge planning overall, and that does include helping people navigate the overall health system and ensuring that, whatever their needs are, they are either connected or they understand how to navigate the system. Other than those comments, I can't offer more.

**Chair:** Ms. Stick, I am going to have to ask you to ask one more question and then we need to allow some time for the other parties to ask questions. If we have time, we will come back to you.

**Ms. Stick:** I'm just going to comment on that. I believe that's part of collaborative care. When you involve the community, services, caregivers and the hospital, that's collaborative care. It just doesn't happen within the containment of the building of the hospital. It goes out to community; it connects patients so their needs are being met when they are discharged from the hospital.

For my last question — and I'll start with a comment — it's about patient- and family-centred care. I'm pleased to see that they're getting feedback with the iPads from patients who are staying in the hospital. One of my questions, or part of the question, would be: Are they also including others in that, whether it's outpatients, people coming in for blood work, emergency room — are they also getting an opportunity to respond to their feedback? From that, I think Kingston General Hospital is a good example of what happens when there's a patient-centred committee, where a committee is set up of former patients, who have been in the hospital and are giving feedback on a regular basis — different from the board, separate from the board. They are patients. It may include family members as well who have experience with the hospital.

For the Kingston hospital, it has meant some major changes in the way they do business and the way they work with patients. It is a team approach. I wonder if the hospital has looked into that kind of committee that includes patients and families in determining programs.

**Mr. Bilsky:** Thanks for the question. Interesting reference to Kingston — I was actually speaking to the CEO of Kingston hospital just three days ago, I believe, and it is a fairly interesting case study in patient safety. There's lots to be learned there. Specifically for our organization, right from the board and its direction, it's about bringing a patient voice and a patient experience closer to what we do, rather than us defining exactly what that means. That does mean including the patient.

To answer the question specifically about the survey, we initiated that survey probably mid- to late spring of this year, piloted in the inpatient areas and the emergency department, which comprises a lot of the transactions, or the people who flow through the hospital that we have. It's targeted to go out

to the community hospitals soon. It's targeted to go to the ambulatory areas very soon as well, within months, and also to lab and imaging in the spring of next year, so we're comprising more of the voice of the patient. There are other ways that we're attempting to bring the voice of the patient closer to the care that we give.

I do appreciate the question, and I think that direction is being set from the board, absolutely.

**Mr. Silver:** Thank you to the officials from the Hospital Corporation. We do appreciate your time here today. We do know that you're very busy. It is often hard to be the critic for such departments, especially when you get such a nice new facility in your communities. A lot of people sometimes paint you with the picture that you're against quality care in the communities but, once again, we are critics of these departments and we are doing our job.

We hear an awful lot of great things about the program and the vision of the hospital. We do have questions on certain fronts, and we definitely do commend you on your organization's ability to have quality care in the Yukon.

I am going to ask about the First Nation health program. I first asked about the First Nation health program in the Health and Social Services debate earlier this week, but maybe the chair can elaborate a little bit further on this, Madam Chair.

My understanding is that the program acts as a subcommittee to the Yukon Hospital Corporation. Can you explain how that relationship works? Also, what role does the Hospital Corporation have in allocating rural staff within that program?

**Mr. Tuton:** The First Nation health program comes out of a tripartite agreement dating back to — off the top of my head — 1996, I believe it was, which developed that program and funded that program to provide First Nation programs at Whitehorse General Hospital. I won't speak directly to the programs, but I will speak to the process.

That process identified a First Nation health committee that is comprised of four members from First Nation that are representative on the board. I currently sit as the board chair on that First Nation health program. We — when I speak to “we” — the First Nation health program develops the policies around the programming and oversees the programming. Administration of the First Nation health program reports directly to the CEO of the corporation, so any questions that you may have on programming I would direct those to Mr. Bilsky. I hope that identifies how the tie to the committee is.

**Mr. Silver:** I appreciate the answer. I don't know if you necessarily answered the question about the role of the Hospital Corporation in allocating specifically rural staff, but I will let you get back to that. My questions come because, as we know, this is now actively being pursued in the community hospitals — if the witnesses can comment on that.

Also, as far as the funding for this programming, I know that it is federal, like you say, back to 1996. Is this CanNor? Where is the funding from the feds specifically coming from?

**Mr. Tuton:** Let me just go back. I misunderstood your first question and I am sorry.

If it was referring to the programs outside of the Whitehorse area — for Dawson and for Watson — those programs are pieces of our First Nation health program. We do not presently have one in Dawson City, but we do have one in Watson Lake. Just recently we had members of our First Nation health program up in Dawson, addressing the First Nation in Dawson — Vuntut Gwitchin and Na Cho Nyäk Dun, I believe — in getting the comments back and forth.

If I can go back to the funding — the funding that was originally in that tripartite agreement was funded by Government of Canada. That funding is about to expire within the next few months. We have presently a funding request to the department, which will be going forward to Management Board, I believe, fairly soon.

**Mr. Silver:** That sounds like more questions for the minister at some other time.

I am going to change tack here and go on to the quality management council. According to your website, quality management is a planned, systematic approach to monitoring, analysis and correcting and improving the performance, which increases the likelihood of desired outcomes by continuously improving the quality of care and services provided.

Can you comment on the role and the membership of your quality management council?

**Mr. Bilsky:** I believe you are speaking about the quality management council that I spoke of a little bit earlier from a board perspective. The composition of that is at least two members of senior administration of the organization. Today it would include two board members, physician representation and chief of staff representation. Chief of staff would be the head of our medical staff. That is the composition of that.

**Mr. Silver:** In those positions, is there any — we have three hospitals now — representation from the rural communities?

**Mr. Tuton:** In fact, yes, we do have one of the members of the board who sits on that quality management council from Watson Lake.

**Mr. Silver:** Can you comment on just an overall plan to monitor quality in these new hospitals as we are moving forward through the council?

**Mr. Bilsky:** That is an extremely broad question — absolutely — but I will do my best to see if I can give you the concept. The quality management council of the board has a mandate in terms of reference that would include the entire system, not just the two facilities themselves. All of the facilities report up and in. The quality management council is responsible for setting direction when it comes to safety and quality within the facilities — so strategic direction — and ensuring that plans are in place to continuously improve and move in those directions and achieve the objectives of the organization when it comes to quality and safety overall. Obviously that is a direction given to the administration in the operations of the facilities and the organization overall. It is the role of the quality management council, as a subcommittee of the overall board to monitor progress and ensure that we are meeting the objectives and the expectations that have been set.

**Mr. Silver:** I do appreciate that it is a very broad question, but you can see what I am getting at as far as the assessment and therefore the quality control to make sure that whatever comes out of the needs assessments that you start with are closely monitored. As far as the council, I can appreciate that they have their own roles and responsibilities.

Is there a doctrine? Is there a plan? Is it based upon a specific goal or a specific overall plan — the document — and is there access to something like that for members of the public or politicians to take a look at it?

**Mr. Tuton:** In response to the question, I think it's important to note here that the quality management council is really in its infancy. It has only just been directed by the board and put together. They are just actually in the training. They just finished training. It obviously has a training piece to it to ensure that everybody is up to speed and aware of what is happening.

As to your question about whether the terms of reference will be made public — I don't see any reason why they wouldn't be. As I said — the very infant stages of the council.

**Mr. Silver:** I do appreciate that other people do want to have some questions in here. I have a whole bunch left. We should do this every week, Madam Chair. I have lots of questions.

I am going to go back to the Auditor General's report just for a little bit of a preamble here. In the Auditor General's report, they found that the corporation did not necessarily identify the incremental operational costs for the two new hospitals until December 2010, after the new hospitals had been designed and construction was already underway.

According to the corporation's own estimates, the cost to operate the new facilities will increase significantly over that of the older facilities. When the new rural hospitals were constructed, initially operation and maintenance budgets were laid out, the question being: Are operation and maintenance estimates at the new hospital in line with those projections? What are those operation and maintenance costs?

**Mr. Tuton:** I think I have made this comment and statement in the Legislature before. In fact, the operating cost estimates were determined by the board in 2009. I was very clear to outline those as being somewhere between \$4 million and \$4.5 million. We, as the board, had identified those costs in 2009.

**Mr. Silver:** I am assuming that those outlined costs and projections have stayed in line — is what we are being told as of today. That was quite a few years ago. That that is still the number we are with, I guess, is what I am hearing, so I am going to move on.

Pension shortfall — how much interest is being paid this year on lines of credit for pension shortfalls at the corporation for this year, or maybe even over the last three years? How long has this practice gone on for? The question being — and this is the question that I would love to hear the answer to: Wouldn't it be cheaper to make up on that shortfall than to borrow on a line of credit and pay interest? How is this particular method picked for dealing with these pension shortfalls and interest?

**Hon. Mr. Graham:** I am probably in a better position to answer, as I was chair of the hospital pension committee for a number of years. I was one of the ones who initially negotiated this with an NDP government, as I recall, where we vociferously advocated against independent pensions for both the Hospital Corporation and the college, simply because of this reason.

The difficulty is if both pension funds are in a surplus position or okay on an ongoing basis. The only thing we are talking about here in terms of the deficit is for a windup calculation.

I've expressed this to people from Ottawa on a number of occasions when they've come here to audit these pensions — it's a ridiculous assumption. The reason it's ridiculous is because the only one who could wind up the Hospital Corporation or the Yukon College pension is the government itself, and the government has made a commitment that, should that ever happen, they are on the hook for these windup calculations.

On an ongoing basis, both corporations are — as a result of the last evaluation, they're okay on an ongoing basis. In other words, on an ongoing basis, they can meet their obligation. The difficulty is this windup calculation. I know we're working — I'm working with the Minister of Finance to try to find a way around having to deal with this windup calculation on an annual basis.

I know it's costing the hospital money, as it's costing the college money but, at this point, unfortunately, it's the cheapest. I can probably let Mr. Bilsky answer as far as expense, but it was the cheapest of all of the alternatives looked at when I was at the college on their pension committee.

**Mr. Tuton:** I can provide the member with some actual numbers. On an ongoing basis, we're doing very well. As of December 31, 2013, we're just south of \$8 million in the good. As far as the solvency valuation is concerned — from December 31, 2012, we were just south of \$28 million and, at the end of December 31, 2013, we were just south of \$15 million. So there is a considerable difference, but there is a huge difference between the ongoing basis and the solvency deficiency.

**Mr. Silver:** We've talked about this in Legislative Assembly before. My question isn't necessarily whether or not we agree on the system that's in place; the question is: Is there a better way of dealing with paying interest than a line of credit?

According to the minister, he doesn't think so. I'll allow the witnesses to answer that question as well, but I will, because we're getting short on time here, I'm going to ask for that answer, and also another answer, before I sit down.

The current ambulance station — right now, the dispatch facility on the hospital grounds currently — who owns it and who is responsible for capital upgrades of that facility?

**Mr. Tuton:** In answer to the member's first question, if we had the \$12 million, we'd be paying it off without any interest but, unfortunately, we don't, so we have to use

whatever method is available to us to deal with that solvency deficiency.

The second question: the existing ambulance building that you speak of is owned by the Yukon Hospital Corporation and, in fact, the space is leased to the department.

**Mr. Silver:** There were a lot of questions about beds in the hospital and who's occupying those beds, and I won't get into that necessarily, but we just want to make sure, for the record, that we ask this question. Have any beds at the Whitehorse hospital been converted to create space — office space or space for additional staff and those types of things — compared to stock, let's say — in previous years?

**Mr. Tuton:** No, in fact the opposite is true. We have converted some office or storage space into bed space. That brought us up to the 55 beds that we have today.

**Mr. Silver:** Thank you for that answer.

Dawson City houses for nurses: how many of the Yukon Housing Corporation units — and once again, this may be a question for another minister, but if there are some answers we can get here — that are specifically dedicated for doctors compared to nurses? We are having this issue with nurses coming up and doing rotations and not necessarily having access where the doctors do. There are issues with empty houses that the corporation may or may not be saving for doctors. I just want to see if the witnesses could verify if this is true or not.

**Mr. Tuton:** In answer to the member's question, any accommodation space for the doctors is handled by the Department of Health and Social Services. We do have the responsibility for our nurses and other staff. I believe the number — I don't have it at my fingertips — I believe in Dawson it is either 10 or 11 in total.

**Mr. Silver:** I am going to ask one last question here and I'll pass it off. I have spent enough time here. I appreciate the time from the members of the Hospital Corporation here today.

As far as the services in the new hospitals, it is common knowledge that the needs of the communities in Watson Lake and Dawson are improved access to mental health support — absolutely — consistent quality medical care and after-care, in the cases of addictions. I can't tell you how many conversations I have had on this issue, and how heartbreaking it is to have a father come up and talk to you about finally getting his daughter to be able to go into detox. We are so happy that there is a detox in the community of Dawson now but the question is: What happens next? After that detox period happens, there is just no support afterward that is the cry from the parents.

Can the chair of the hospital board explain what measurable improvements have been made to the quality and the delivery of health care since the openings of the Dawson and Watson Lake community hospitals, especially when it comes to mental health and after-care to addicts?

Can the chair of the hospital board give us an update on the status of the private services — for example, a pharmacy in the new hospital? Once again, both of these are moving

forward to the tangible increases to quality medical care in the communities.

**Mr. Bilsky:** Probably more of a clarification — I am not sure it provides exactly the answer, but starting first with that pharmacy, I just have a clarification. We lease the space to an independent provider of the pharmacy there. It is not a service that we as a hospital provide. We have in-patient services for pharmacy only but that is the acute care aspect of it only. It has nothing to do with the commercial pharmacy that exists in Dawson or in Watson Lake.

As far as mental health, substance abuse and addiction, our role in the health care system is certainly to integrate within the whole health care system, but it is about taking care of the acute needs, acute detoxification, or any other needs associated with that. Prevention, or pre- or upstream care, when it comes to mental health or substance abuse, or downstream care from that, falls within the health care system, but not within the hospital or the mandate of acute care from the hospital.

From that perspective, it would be difficult for me to answer the expanded question that you had about mental health and substance abuse and addiction.

**Mr. Silver:** I just have a follow-up on that. About a year ago to the day, we heard from the minister that we were going to move forward on the number one recommendation of the Peachey report, which is collaborative care. It is my assumption that collaborative care goes past the acute care model when you are talking about these particular situations. I do appreciate the hospital's job is the hospital's job for acute care for particular things like, for example, detox, but there has to be more conversations going on, at least that you could expand on.

Have there been communications with the Hospital Corporation and social assistance, or with the Health and Social Services' minister? I mean, if we are just going to focus in on detox alone, I would hate to even say it, but we might as well not even, because you are just allowing the individuals to go right back into the situation that caused them to be there in the first place.

We were told that collaborative care was coming down the pike. It's the number one recommendation from the Peachey report from the Auditor General's report. We do understand that from the Hospital Corporation's side that this is an acute care facility but there is a concept of collaborative care that needs to be considered here in the communities, especially when it comes to mental health.

If the officials can expand upon any types of communications that they have with the other parts of government that are going to actually help us alleviate this problem, then it would be much appreciated.

**Hon. Mr. Graham:** I think the member opposite is getting into some areas that we cooperate with the Hospital Corporation on, but they don't have the larger picture, in my estimation. Collaborative care is something that we've been trying to implement over the last couple of years. It's a long, slow process. Not only that, but it involves a huge number of medical practitioners throughout the territory — the Hospital

Corporation is one. I can tell you, and I can tell the member opposite, that we've had extremely good cooperation with the Hospital Corporation in implementing collaborative care, but again, it's a systemic change — it's a huge change for all of those involved. The witnesses here today have indicated how much change is occurring and how slow and methodical that change has to be in the Hospital Corporation itself for patient safety, if nothing else.

Those questions are probably more appropriately addressed to me during Question Period, and I would be happy to do anything I can to explain what we're doing in collaborative care.

**Mr. Elias:** Thank you to Mr. Tuton and Mr. Bilsky for appearing in the Assembly today — welcome. My constituents in Old Crow have some very specific questions with regard to the role that the Dawson City hospital can potentially play in the health service and program delivery to my constituents in Old Crow, in terms of First Nation health programming to non-insured health benefits and to Yukon services

They're asking me questions about what kind of level of service we expect in terms of — is the Dawson community hospital going to be the first option, in terms of various levels of care, in terms of chemotherapy services, lab work, x-rays, CT scanning, mental health services and those kinds of things? If the officials could shed some light on what my constituents can expect, or the level of service from the Dawson City community hospital, that would be great.

**Mr. Bilsky:** I appreciate the question. I'll probably break that down into two pieces. The level of service that the hospital provides overall, regardless of the clientele would include — maybe I'll just run down the list so that we're somewhat comprehensive here. This may be already known to most people, but emergency service is staffed 24/7; ambulatory care, such as outpatient clinics; IV antibiotics can be provided at the hospital; in-patient beds, which includes the ability to stabilize, observe, monitor; convalescence care; potentially respite care, when McDonald Lodge is unable to do so; potentially palliative care; acute medical detoxification; acute medical health intervention; and other types of acute medical care, as required. Specifically, a laboratory and x-ray tech is on-site, and there are some lab and imaging services that are provided. I think you've cited CT and chemo. Obviously the CT is located in Whitehorse, so it will always be a case of understanding what the patient needs are and finding what level of care they need, and then making sure that they're in the right facility to provide that. There is the ability for enhanced medical imaging now and lab services there. We're looking at how we can service it from a therapies perspective and dietetic counselling perspective.

With respect specifically to a First Nation health program, I think you already know that we're going through a needs assessment process in Dawson City and the catchment area and surrounding communities just to understand what those specific needs are in the community and surrounding area, and to make sure that whatever program is implemented there, and

however it's delivered, it's done well and meets the needs and encompasses the community and the folks who live there.

In general, the concept would be — again, the how of delivery may yet have to be determined — really about patient-centred holistic care when it comes to First Nation clients, and that can include in-patient support, potentially an enhanced discharge planning process, which could include things such as safe transportation, emergency food or even other basic needs, such as clothing and whatnot, from a planning perspective. It provides access to cultural education opportunities and resources to meet the needs of the patient; potentially a healing space, which could be a sacred space; access to healing ceremonies; traditional food, which again is similar to the programs we have here; traditional medicines; interpretation services and elder support when it's required.

That's the flavour of the type of support that's possible and potential there, but again, I would like to say that we're going through that needs assessment right now to ensure that it's specifically tailored to the community and the culture there.

**Mr. Elias:** I have two specific questions remaining. One of them is about medevacs. It is -39 degrees Celsius in Old Crow right now and, obviously, depending on the severity of the medical situation — whether it is a severe asthma attack or a broken bone or a gunshot wound — can my constituents expect, depending on the level of severity of the medevac, being medevaced to the Dawson City community hospital or to the Whitehorse General Hospital? Has there been a program service delivery idea about where they can expect to receive care when they are medevaced from my community of Old Crow?

**Mr. Bilsky:** Yes, there is actually a protocol in place and medevacs are triaged so that they are medevaced to the appropriate location and receive the appropriate amount of care. Obviously, it is dependent upon the severity of the type of care that they require and possibly the diagnostics and whatnot. In that case, it could be a situation where they are potentially medevaced outside of the territory, if necessary.

**Mr. Elias:** My last questions is: Is the Yukon Hospital Corporation in discussions with policy-makers within the non-insured health benefits program to deliver any type of non-insured health benefits services out of the Dawson City community hospital?

**Mr. Bilsky:** I cannot comment specifically about the integration of the services between NIHB and our services, but what I can comment on is that we have First Nation liaison workers — and it would be a similar intent for Dawson City — who help navigate the NIHB system.

That doesn't answer your question directly, but that's where it is at this point in time.

**Ms. Hanson:** I just have a couple of questions. When I look at the Public Accounts, I note that the total interest expenses for the Hospital Corporation for the 2014 fiscal year were almost \$2 million — \$1,963,000 — versus about \$1 million the year previous, and that most of the short-term debt is for the next 12 to 14 years. Just with my rough calculation, we are talking about another \$28 million in interest being paid

out. I am wondering if there have been any further discussions between the Hospital Corporation and the Yukon government in terms of addressing that. It is an opportunity lost in terms of using those costs. That was the last fiscal year, so I am asking the question.

**Mr. Bilsky:** The question of the capital structure and financing of the organization is something that we continue to look at. Obviously, I think it is known that the vast majority of the funding that we get is from the Yukon government, and it would be under their consideration as to the best use of cash that they may have and the financing structure that is potentially available and how best to accomplish that. I am not in a position to say whether the interest charges are appropriate or not. That is something that, from a treasury and finance perspective, the Yukon government would be looking at.

**Ms. Hanson:** I was inquiring as to whether or not the board had — oftentimes those can be initiated from either side — initiated that conversation, saying, “Here might be a better use of tax dollars.”

The chair of the board had indicated that, with respect to the MRI and the matching funds that have come from the Yukon government and the foundation — what I am looking for is: What is the cumulative total cost of the purchase and installation of the MRI, as well as the projected operation and maintenance costs for it?

**Mr. Tuton:** In response to the first question, we continually have discussions with government about the best way to approach our financing — all the time.

The MRI is \$6.8 million. That is the final cost. That includes switches being turned on.

**Ms. Hanson:** The operation and maintenance costs?

**Mr. Tuton:** I don’t have the annual cost right at my fingertips, but it is between \$1.1 million and \$1.2 million annually.

**Ms. Hanson:** I have a question with respect to property tax. I notice that, in 2013, the Hospital Corporation paid \$44,000 property tax. In 2014, they paid \$992,000. I am sort of wondering — it’s sort of robbing Peter to pay Paul — what changes had occurred. What was the rationale for, effectively, in fiscal year 2014, the corporation paying all property taxes on all facilities carried. What precipitated that change?

**Mr. Tuton:** Thank you, Madam Chair. I must apologize to the member. We don’t have that information at our fingertips, but we would gladly be able to provide that to you at a later date.

I could just add something further — I think it had to do with who was assuming the taxes, whether it was Government of Yukon or whether it was the corporation. Again, I don’t have the exact language right at my fingertips.

**Hon. Mr. Graham:** Madam Chair, seeing the time —

**Chair:** We still have questions until 5:30 p.m.

**Ms. Hanson:** I appreciate the chair of the board’s response and I was curious just because these are statements that are put together — their notes are put by the Hospital Corporation — so I wasn’t looking for a government

response. I was just simply trying to understand the rationale and again, it is one of those ones that — it would seem to me — on one hand, the government has paid for Thomson Centre, so in return for that the government only pays the cost of \$1 a year. On the other hand, the government has paid — through the Hospital Corporation — for Crocus Ridge, Watson Lake and Dawson City, but they are charging almost \$1 million dollars in leases for those spaces to the Government of Yukon.

I realize we don’t have time for this, but I think it is something that we will want to follow up further, with either written questions to the board or through the minister, because it is a funny shell game, in some ways, to do that.

There is just a question — and I will come back to it — because there is a mention in your asset retirement obligations with respect to disposal treatment, and there are new reporting and new obligations with respect to environmental liabilities — the new auditing requirements. I’m just wondering, what kind of implications do you think that’s going to have for this hospital?

**Mr. Bilsky:** Thanks for the question. Asset retirement obligation — it’s a very complex area. Really what it’s meant to do is make sure that it’s recognized when there is a legal obligation, or some other mandated obligation, to return any particular site back to its original state. What’s happening in the accounting system is that we’re basically recognizing any future liability that may exist, again for remediation. To my knowledge, none of our sites have any type of contamination or remediation, so anything that exists would be a legal obligation just to remediate it back to its original state.

That could have a financial obligation in the future, but it’s a known liability, or it’s an estimated known liability at this point in time. That’s the best that we can do.

**Ms. Stick:** Seeing as it’s not quite 5:30, I have a quick question. Can the witnesses please provide me an update on what’s happening with the boilers at the new Watson Lake hospital? I understand that a few of them are down and we’d just like clarification on that.

**Mr. Bilsky:** We’ve had commissioning problems with the facility in Watson Lake, from the boiler perspective. It’s not yet determined whether it’s contaminated water or commissioning. These are warranty and defect issues that we’re dealing with. We have an operational boiler — we have one there that’s for redundant purposes and, as far as backup, we’ve placed a temporary boiler on-site there with its own separate source of fuel and exhaust, to ensure that if something was to happen to one of the primary boilers, we’d have we would have a source of heat and hot water.

**Hon. Mr. Graham:** Madam Chair, on behalf of Committee of the Whole, I would like to thank Craig Tuton, Chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, the chief executive officer of the Yukon Hospital Corporation, for appearing as witnesses here today.

*Witnesses excused*

**Hon. Mr. Cathers:** Madam Chair, I move that the Speaker do now resume the Chair.



**Chair:** It has been moved by Mr. Cathers that the Speaker do now resume the Chair.

*Motion agreed to*

*Speaker resumes the Chair*

**Speaker:** I will now call the House to order.

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

#### **Chair's report**

**Ms. McLeod:** Mr. Speaker, pursuant to Committee of the Whole Motion No. 7, Craig Tuton, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appeared as witnesses before Committee of the Whole from 3:30 p.m. to 5:30 p.m.

**Speaker:** You have heard the report from the Chair of Committee of the Whole. Are you agreed?

**Some Hon. Members:** Agreed.

**Speaker:** I declare the report carried.

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

*The House adjourned at 5:31 p.m.*

The following document was filed on November 27, 2014:

33-1-95

*Yukon Environmental and Socio-economic Assessment Act* amendments and face-to-face meeting with First Nations chiefs, letter re (dated November 27, 2014) from Hon. Darrell Pasloski, Premier, to Hon. Bernard Valcourt, Minister of Aboriginal Affairs and Northern Development Canada (Pasloski).