



Yukon Legislative Assembly

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HANSARD

Tuesday, November 21, 2023 — 1:00 p.m.

Speaker: The Honourable Jeremy Harper

YUKON LEGISLATIVE ASSEMBLY

2023 Fall Sitting

SPEAKER — Hon. Jeremy Harper, MLA, Mayo-Tatchun
DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Annie Blake, MLA, Vuntut Gwitchin
DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Lane Tredger, MLA, Whitehorse Centre

CABINET MINISTERS

NAME	CONSTITUENCY	PORTFOLIO
Hon. Ranj Pillai	Porter Creek South	Premier Minister of the Executive Council Office; Economic Development; Minister responsible for the Yukon Housing Corporation
Hon. Jeanie McLean	Mountainview	Deputy Premier Minister of Education; Minister responsible for the Women and Gender Equity Directorate
Hon. Nils Clarke	Riverdale North	Minister of Environment; Highways and Public Works
Hon. Tracy-Anne McPhee	Riverdale South	Minister of Health and Social Services; Justice
Hon. Richard Mostyn	Whitehorse West	Minister of Community Services; Minister responsible for the Workers' Safety and Compensation Board
Hon. John Streicker	Mount Lorne-Southern Lakes	Government House Leader Minister of Energy, Mines and Resources; Tourism and Culture; Minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation; French Language Services Directorate
Hon. Sandy Silver	Klondike	Minister of Finance; Public Service Commission; Minister responsible for the Yukon Liquor Corporation and the Yukon Lottery Commission

OFFICIAL OPPOSITION

Yukon Party

Currie Dixon	Leader of the Official Opposition Copperbelt North	Scott Kent	Official Opposition House Leader Copperbelt South
Brad Cathers	Lake Laberge	Patti McLeod	Watson Lake
Yvonne Clarke	Porter Creek Centre	Geraldine Van Bibber	Porter Creek North
Wade Istchenko	Kluane	Stacey Hassard	Pelly-Nisutlin

THIRD PARTY

New Democratic Party

Kate White	Leader of the Third Party Takhini-Kopper King
Lane Tredger	Third Party House Leader Whitehorse Centre
Annie Blake	Vuntut Gwitchin

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Yukon Legislative Assembly
Whitehorse, Yukon
Tuesday, November 21, 2023 — 1:00 p.m.

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

Prayers

Withdrawal of motions

Speaker: The Chair wishes to inform the House of a change made to the Order Paper. The following motion has not been placed on today's Notice Paper as it is outdated: Motion No. 854, standing in the name of the Member for Lake Laberge.

DAILY ROUTINE

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

Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Streicker: Mr. Speaker, we have a bunch of guests here today because it is the 51st Geoscience Forum and we are doing a tribute today for the Leckie Award winners, the Prospector of the Year Award winners, and the Chamber of Mines award winners. Please welcome, from the Yukon Chamber of Mines: President Lorelee Johnstone; Stuart Murray and Mike Burke, who are directors; we have Brianne Warner, who is the executive director; and Angelique Bjork, office manager.

From the First Nations Chamber of Commerce, we have Whitehorse city councillor and the executive director, Mellisa Murray; we have Tori Beemer, the operations officer. From Small's Expediting, we have Shawn Hamilton, the vice-president. From Energy, Mines and Resources, we have Todd Powell, Debbie Mallette, and Alissa Sampson. From the Yukon Prospectors Association, we have President Grant Allan and VP Carl Schulze. We have this year's Prospector of the Year, who is actually a former page of this Assembly, Ryan Burke. For the winners of the Leckie Award, we have, from Snowline Gold Corporation, Scott Berdahl and the VP of exploration, Thomas Branson — if we could welcome everybody here, please.

Applause

Ms. White: Mr. Speaker, just because he deserves a worthy announcement as well, Stuart Murray, who is the president of Small's Expediting.

Applause

Speaker: Are there any tributes?

TRIBUTES

In recognition of Yukon Geoscience Forum award recipients

Hon. Mr. Streicker: Yes, Mr. Speaker, I certainly have a tribute.

I rise to pay tribute to the award winners from the 51st Yukon Geoscience Forum, which will wrap up tomorrow. The Robert E. Leckie Award recognizes exemplary performance in environmental stewardship in the mining industry. Bob Leckie, a Mayo mine inspector, is remembered for encouraging progressive land use practices in mining and fostering cooperation between industry and government.

Last night, I had the honour of awarding the Leckie Award for excellence in environmental stewardship to Snowline Gold. The company conducts thoughtful planning before they begin drilling, and photos taken several months after reclamation show that the sites of their drill pads are hard to distinguish from the surrounding environment. This is a great example of progressive reclamation.

Snowline is working with Yukon Seed & Restoration, a Na-Cho Nyäk Dun Development Corporation environmental restoration company. Snowline's camp at their Rogue property is powered by a 27-kilowatt solar installation built in partnership, again, with Na-Cho Nyäk Dun Development Corporation. This array allows them to operate off grid without relying as much on diesel-generated power.

Scott and his company have done a great job of setting an example of how to conduct mineral exploration in a way that is environmentally responsible while keeping open lines of communication with affected First Nations.

I would also like to acknowledge the other winners from the Geoscience Forum. The Prospector of the Year Award went to Ryan Burke. Ryan's boots-on-the-ground prospecting work has resulted in the brand new discovery of the Catch property southeast of Carmacks, which is now being explored by Cascadia Minerals. Thank you, Ryan, for your shout-out to the Yukon mineral exploration program last night. Ryan is another example of homegrown Yukon talent. He gained some of his early training as an assistant to our own Geological Survey, and his skills are leading to successful new discoveries.

Albert Drapeau received the First Nations in mining award for his valuable role as executive director to the Yukon First Nation Chamber of Commerce.

Tara Christie received the member award for her work as the founder and president of Every Student, Every Day. The Victoria Gold Yukon Student Encouragement Society has been supporting student engagement with schools for over a decade, raising close to \$2 million and funding 200-plus projects.

Dawn Moses and Victor Sembsmoen received the community award as co-founders of the Haldane Services branch of Small's Expediting Ltd., in partnership with the Na-Cho Nyäk Dun Development Corporation.

On behalf of the Yukon government, thank you to all of the nominees and award winners for their fine work.

Thank you to all of the Yukon miners who continue to respect and care for our land, environment, and communities.

Applause

Mr. Kent: Mr. Speaker, I am happy to rise on behalf of the Yukon Party Official Opposition to pay tribute to the award winners from this year's Geoscience banquet. Reviewing the

list of winners, it was certainly an evening that marked the next generation of the Yukon mining industry.

Snowline Gold Corporation won the Leckie Award for all of the reasons that the minister just mentioned, and on top of being one of the most exciting projects that we have seen in the Yukon in some time, they are trailblazers in the industry. One example is the solar array that they installed last year that will displace 12,500 litres of diesel annually, and CEO Scott Berdahl is the son of long-time Yukon prospector Ron Berdahl.

A huge congratulations to Scott and the Snowline team.

Ryan Burke is the prospector of the year. His dad, Mike, is well-known in the mining circles and spent years treasure-hunting with the Yukon Geological Survey. This is a year of awards for Ryan as he won the Next Gen Prospect Challenge and now this honour last night. In presenting this award, Carl Schulze said that he was the youngest ever recipient, which was later being debated at their table. I'm not sure if that ever got settled, but I can confirm what the minister mentioned: that Ryan is definitely the first former page in the Yukon Legislative Assembly to win that award, as he worked in this House in December 2011 when a number of current MLAs were just beginning their political career.

Tara Christie is the CEO of Banyen Gold Corp. She has been active in the Yukon mining industry for her entire life, as her parents, Jim and Dagmar Christie, were long-time placer miners in the Klondike. Her list of accomplishments is too long to mention here, but this award is for her philanthropic work as the president of the Victoria Gold Yukon Student Encouragement Society's Every Student, Every Day. This initiative, started by John McConnell, has raised \$1.85 million since its inception in 2012 to help young Yukoners stay in school.

The First Nations in Mining Award goes to Albert Drapeau, who had served as executive director of the Yukon First Nation Chamber of Commerce since 2016, only recently giving up that position. Albert continues to be a strong advocate for the relationship between First Nation businesses and the mining sector and has continued to build and maintain this relationship through the years.

Finally, congratulations to Dawn Moses and Victor Sembsmoen of Haldane Services, which is a branch of Small's Expediting Services Ltd. Dawn and Victor have been instrumental to mining and exploration, outfitting, and other sectors in the Mayo area and throughout the territory. They offer transportation services to mining clients, and I understand that they have been committed to standby evacuation assistance to mining operations as well as coordinating emergency transport during this year's evacuation of Mayo.

Congratulations to all of the winners for the well-deserved recognition. We wish you all the best in the years to come.

Applause

Ms. White: Mr. Speaker, I stand on behalf of the Yukon NDP to celebrate this year's Yukon Geoscience award winners. The Yukon Chamber of Mines, the Yukon Prospectors Association, and the Yukon government environmental stewardship award were all awarded last night at the wrap-up

banquet at this year's Geoscience Week. I was delighted to learn about these deserving award winners.

The impact that each award winner has had on the Yukon and on their industry is easy to see. I thank my colleagues for drilling down to the bedrock of their collective achievements. Congratulations to Albert Drapeau, Dawn Moses, Victor Sembsmoen, Tara Christie, Ryan Burke, and Snowline Gold Corporation. Your contributions to your industry and to the territory are worthy of celebration.

Applause

In recognition of National Addictions Awareness Week

Hon. Ms. McPhee: Mr. Speaker, I rise today on behalf of the Yukon Liberal government to mark the commencement of National Addictions Awareness Week. November 19 to 25 is dedicated to deepening our understanding of substance use and addiction issues in the Yukon and across Canada. This year, under the theme of "Inspiration, Innovation and Inclusion", we acknowledge that substance use is a complex challenge with far-reaching implications. In Canada, the impacts of substance use highlighted by the opioid crisis and exacerbated by the COVID-19 pandemic have resulted in significant costs and challenges, especially affecting the mental health and well-being of young lives and contributing to broader societal inequities.

As the Minister of Health and Social Services, I reaffirm our commitment to tackling these challenges head-on. With the *Substance Use Health Emergency Strategy* as our road map, our innovative approach to substance use health combines evidence, best practices, and traditional knowledge, ensuring that our actions and initiatives are both compassionate and effective.

During National Addictions Awareness Week and beyond, we are committed to ongoing engagement with communities, sharing resources and fostering conversations about substance use health. We invite all Yukoners to participate in these activities not just this week but as part of a continual effort to learn, share, and support each other in addressing the issues.

Numerous initiatives are being organized across our communities this week with many benefiting from the support and the collaboration of Mental Wellness and Substance Use Services. A notable example is a series of events being hosted by the Kwanlin Dün First Nation this week. These activities are designed to bring together citizens and families for a week of connection, learning, and shared experiences. I encourage KDFN citizens and all Yukoners to look out for the schedule of these events and participate actively.

In Carmacks, the Little Salmon Carmacks First Nation has planned a series of events from November 20 to 24 at the Heritage Hall in the Carmacks rec complex. They are hosting a sobriety walk on November 24, which is an excellent opportunity for community members to demonstrate their support for sobriety and wellness.

In Old Crow, the Vuntut Gwitchin Government has coordinated a spiritual healing week to build community and spiritual strength and support a path forward together. To those

who are struggling: Know that you are not alone. There are resources available, and in collaboration with our partners, we are committed to providing the support that you need. To our health care providers, community leaders, and all those who work on the front lines of this issue: Your efforts are invaluable and we thank you for your dedication.

As we observe National Addictions Awareness Week, let us embrace the principles of inspiration, innovation, and inclusion and work together toward a future where every Yukoner has the opportunity to live a healthy life and realize their dreams.

Applause

Ms. Clarke: Mr. Speaker, I rise on behalf of the Yukon Party Official Opposition to recognize November 19 to 25 as National Addictions Awareness Week in Canada. This week is an opportunity for people to learn more about addictions and for governments and organizations to think about what else they can do to improve prevention, treatment, and recovery.

For those suffering from addictions in our communities, education in our schools and for the public is one part of prevention. Sadly, we continue to see an increase in the impacts of substance use, including increased illegal drug use and products laced with deadly substances like fentanyl being sold on the black market and, with that, the number of overdose deaths related to opioids and toxic drugs.

We would like to thank all those working to provide education, support, and treatment services to help people fight addictions. We also encourage those battling addictions to seek help. The Yukon Party Official Opposition supports the goal of helping people to break free of addictions and live healthy lives.

Salamat po.

Applause

Ms. Blake: Mr. Speaker, I rise on behalf of the NDP to pay tribute to National Addictions Awareness Week. This year's theme is "Inspiration, Innovation and Inclusion".

As leaders, it is so important that we remain open to learning more about harm reduction, treatment, and recovery options as well as the systemic and underlying causes of addictions so that we can engage in meaningful discussions and explore solutions.

As we take time to honour National Addictions Awareness Week, I think about the many people whose lives have been cut short far too soon. They are our children, our elders, our friends, and our neighbours. I think about the many family members and communities left behind and the void that continues to be felt in these communities and spaces — communities that are declaring states of emergencies because they are desperate for help and support.

Perhaps most importantly, I think of those who, today, are struggling — those who are using substances and trying so hard to keep themselves and their community members safe and people who are holding on and hoping to get into treatment because they are ready. I think of people in treatment right now who are facing the prospect of coming home and are fearful of using substances again without real support and aftercare.

As we work to improve this system, it is essential that we listen to those with lived and living experiences of substance use.

Mahsi'.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Ms. McPhee: Mr. Speaker, I have for tabling the health status report update for 2022, which is tabled pursuant to section 6(1) of the *Health Act*.

Speaker: Are there any further 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

Hon. Mr. Pillai: Mr. Speaker, I rise to give notice of the following motion:

THAT this House congratulates winners of the first-ever Screen Media Awards:

(1) Colin MacKenzie, the Focus Award recipient, recognized as a member for significant contributions to the sector; and

(2) members of the Fiction Film Collective, Naomi Mark, Marty O'Brien, Mackenzie Smith, and Daniel Little, recipient of the Viewfinder Award recognizing exceptional talent and innovative approaches that represent the growth and evolution of the Yukon screen industry.

Speaker: Is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Psychiatric services

Mr. Cathers: Mr. Speaker, this Liberal government talks a good line about supporting mental health, but unfortunately, like in many other areas of health care under their watch, Yukon patients are paying the price for the Liberals' neglect. In the agreement that the government signed with the Yukon Medical Association, they made a commitment to offer doctors and specialists the option of working under a contract instead of fee-for-service.

That is supposed to include giving resident psychiatrists the option of signing a contract. Instead, one local psychiatrist tells us that he has been trying for over a year to move to a contract model. Now he's so frustrated with the Minister of Health and Social Services' lack of action that he has announced that he will be closing his clinic.

Can the minister explain why she is failing to live up to the commitment that her government made, leaving patients paying the price?

Hon. Ms. McPhee: Mr. Speaker, we certainly work closely with the Yukon Medical Association to recognize that physicians have questions about entering into contracts with the Yukon government. Contracts with physicians adhere to Government of Yukon award processes using either an expression of interest or a direct award. If it is appropriate in the circumstances, I can indicate that Yukon government has policies and procurement policies with respect to how those policies apply to all contracts, but it works closely with the Yukon Medical Association to make sure that there is an opportunity for an expression of interest or direct opportunities for physicians to apply for work through contract positions. The Department of Health and Social Services is committed to exploring contract opportunities with physicians interested in a contract or a blended model to support service delivery. This work supports the quadruple aim: to improve patient experience, to improve staff experience, to reduce the costs of health care, and to improve the health of the population. We work closely to make sure that these opportunities are available.

Mr. Cathers: That wasn't even close to an answer to my question.

Mr. Speaker, this local psychiatrist has now made a decision to close his practice. We've been contacted by multiple people who are upset about losing their psychiatrist. The government has signed contracts with other psychiatrists but not with Dr. Elwell. They have also failed to provide a good reason for not entering into a contract, which is supposed to be an option that he can choose, according to the government's agreement with the Yukon Medical Association.

We have heard that other resident psychiatrists in the territory have contracts and that he is the only one who doesn't. This doctor has contacted the Minister of Health and Social Services directly multiple times. Despite this, there has been a lack of action by this Liberal government.

Can the minister tell Yukoners who are worried about the upcoming loss of their psychiatrist why they have failed to act?

Hon. Ms. McPhee: Mr. Speaker, I think that the member opposite is asking about a private contract between a business owner and the Yukon government here on the Legislative Assembly floor. I can speak generally about the work that we've been doing to make sure that all Yukon health care providers who are interested in working in a contractual situation with the Yukon government are taken seriously — and our commitment to transparency and equity while we work to balance the needs of the health care of Yukoners — and the fiscal responsibilities that we have are worked on in a one-on-one way, if that is the approach that has been taken.

Yukon has a blended model of fee-for-service and contract physicians, and both models play an important role in the delivery of primary and specialist care.

Physicians who do not currently have a contract with the government continue to be compensated using a fee-for-service model. The department is working directly with the Yukon Medical Association and the Yukon Hospital Corporation to evolve compensation and program development. A joint selection committee consisting of representatives from the Department of Health and Social Services, the Yukon Medical

Association, and the Yukon Hospital Corporation are jointly working to develop the approach as we go forward.

Mr. Cathers: Mr. Speaker, under this Liberal government, our health care system is beginning to crumble. Hospital services have been cut due to lack of funding. The Liberals eliminated the doctor recruitment position and are only paying half the costs for a YMA recruiter focused on locum coverage. Thousands of Yukoners don't have a doctor and not one single person is focused on recruiting more doctors to move here. There's a shortage of psychiatrists, and we have heard from Yukoners upset that one long-time resident psychiatrist is now closing his practice. This is due to the minister's failure to live up to a commitment made in the agreement with the YMA.

The Premier finally stepped in to take the shelter file off the minister's desk due to her lack of action. Will he now step in and fix this problem before Yukon patients lose their psychiatrist?

Hon. Ms. McPhee: Mr. Speaker, I understand that some Yukoners accessing psychiatric services have been informed by their provider — and perhaps this is what the member is talking about — that they may intend to close their practice in the near future.

All physicians practising in the Yukon follow the Canadian Medical Association's code of ethics and professionalism, as well as the Yukon Medical Council's standards of practice, which requires a physician who decides to leave or to close a practice to provide a minimum of 90 days' notice. Those standards of practice also require that any physician who closes their practice must provide the Yukon Medical Council with information on how the transfer of the patients in their care will be managed and how patient records will be transferred and accessible to patients.

Physicians are also responsible for arranging necessary follow-ups for any outstanding investigations, test results, and reports that might ensure continuity of care to the extent possible.

A physician closing their practice must undertake reasonable efforts to arrange alternative care for their patients. Mental Wellness and Substance Use Services accepts referrals of psychiatry patients and can offer further services.

I'm not in receipt of the letter that is being referred to in the question. We will continue to work with doctors — that we want to provide service to Yukoners.

Question re: Health care services

Mr. Dixon: Mr. Speaker, Yukoners are starting to become concerned — very concerned at the state of our health care system under the direction of this government. Over the past year, we have seen the issues pile up. There have been service reductions and closures at health care centres throughout rural Yukon; there have been problems with EMS and medevac. The government is driving away volunteers. In Dawson, it has become so bad that people who want to help are trying to start their own ambulance service to fill the gaps. In Watson Lake, the municipal fire department had to step in to fill gaps.

All that we have seen in response to this has been indifference and inaction from this minister. How bad does it need to get before we start to see some real action from this government?

Hon. Ms. McPhee: Mr. Speaker, I guess I will take this opportunity to talk about the importance of our transformation of Yukon's health care system, which Yukoners are proud to have been involved in. With respect to the opportunities as we move forward with the implementation of *Putting People First*, I can indicate the importance of making sure that the care that is provided to Yukoners is patient-centred and is a collaboration between health care providers — wraparound services. A great relationship between the Yukon Medical Association, the Yukon Hospital Corporation, and Yukon Health Services is critical as we go forward.

The system that has been inherited by Yukoners and ignored by previous governments is no longer the route that Yukoners want to take. They want modern conveniences — care provided by a collaboration of health care providers across the Yukon Territory, and that is exactly what they will get.

Mr. Dixon: Well, Mr. Speaker, here is how one long-time Yukon doctor and former president of the YMA describes the current state of the health care system under this Liberal government — quote: “Health care in Yukon ... on the down slide and crashing...” The system is crashing, Mr. Speaker.

There are thousands of Yukoners without a family doctor. We are seeing operating rooms closed or reduced, surgery times are rising, medical imaging such as CT scans, mammograms, and x-rays are being reduced, and according to documents from the hospital itself, wait times will grow even longer for these services. Everyone but the Liberals recognizes that they are chronically underfunding Yukon hospitals. Despite all of this, the minister continues to insist that there is nothing wrong with what she is doing, that the hospitals have all of the money that they need, and none of this is their fault. Well, Mr. Speaker, Yukoners don't agree and they want to see change.

Will the Premier finally step in and take some action to address the shortfalls of this failing minister?

Hon. Ms. McPhee: Mr. Speaker, the supplementary budget that is currently before the Legislative Assembly has in it \$17.1 million for the Yukon Hospital Corporation. The members across the way spend a lot of time talking about how they want to support the Yukon Hospital Corporation financially, yet they refuse to support it in a way that is appropriate and supportive of the Yukon supplementary budget and the main budget for this year.

In 2023-24, we budgeted \$512.3 million to the Department of Health and Social Services through O&M. This is an increase of \$6.9 million. It includes a significant increase in the hospital budget. It includes a \$17.1-million increase in this first supplementary budget.

The members opposite talk a good story about how they support Yukoners through their health care system, but they just don't do it financially.

Mr. Dixon: Mr. Speaker, that is cold comfort to the thousands of Yukoners who don't have a family doctor, the many Yukoners who are sitting on wait-lists for scans or

surgeries, or any of the others who feel let down by this Yukon government. Thousands of Yukoners are without a family doctor and, in response to this, the Yukon government cut the funding for a physician recruiter and now all they can do is try to keep up with locums to fill in.

The minister has failed multiple times now to open a walk-in clinic. We consistently hear from Yukon doctors that they are burning out and are talking about leaving the profession altogether. Earlier today, we heard about a local psychiatrist who is closing his clinic and leaving the territory. The list goes on and on. It's time for a change.

We have seen the Premier step in before to take files off the desks of failing ministers. It is clear that, on this file, the government is failing. So, will the Premier finally step in, exercise some leadership, and take some real action to stop the crash of our health care system?

Hon. Ms. McPhee: Mr. Speaker, I am continually disappointed that the members opposite provide inaccurate information to Yukoners. I think that is an irresponsibility. I don't think it's what they should be doing. I think that if they have issues, they should appropriately bring them forward, but they do so with inaccurate information, which does not assist Yukoners in any way.

A healthy and strong community of primary health care providers is critical to ensuring that Yukoners have access to excellent primary health care services.

We negotiated a memorandum of understanding with the Yukon Medical Association last year to increase Yukoners' access to primary health care services and to foster a strong physician community through a series of innovative initiatives. We will continue that work.

We are working to proceed with the opening of a walk-in clinic that has been designed with Yukon physicians. We are working to increase services for inpatients at the Yukon Hospital Corporation through the hospitalist program. We are working to support our nurses by way of recruitment and retention bonuses.

We have worked tirelessly to make sure that the issues that are currently affecting Yukoners are addressed by our health care system.

Question re: Support for substance use emergency

Ms. Blake: Mr. Speaker, there are many people across the Yukon who are struggling with substance use. When someone is ready to seek or accept help for substance use, it is critical that they are able to access that help immediately. Delays in receiving assistance can mean relapses or worse. We have the Sarah Steele Building. Unfortunately, we know that this facility cannot take everyone who is ready for treatment. We know that if a client's request for a bed is delayed, they receive support within 72 hours and staff help them develop a safety plan, but this is a temporary measure and it is not treatment.

How many people are being wait-listed for access to treatment in the Yukon? How long are they waiting, on

average? And how is this government going to deal with this problem?

Hon. Ms. McPhee: Mr. Speaker, the substance use health emergency declaration back in 2022 by this government was a recognition and a call to action to all Yukoners to help address this incredibly important issue. I can also indicate that the work that has come forward as a result of that declaration has been second to none — both at the Department of Health and Social Services as well as with individuals who have worked tirelessly in their own communities to make sure that substance use issues are being addressed in a way that meets people where they are.

Insured Health Services and Mental Wellness and Substance Use Services continue to work with Yukoners to ensure that they can receive the medically necessary mental wellness and substance use care that they need, including care out-of-territory.

Ms. Blake: Mr. Speaker, during my visits to Yukon communities, I hear stories from people who are struggling with substance use. They are people who want help and are ready to seek treatment. The problem is that too many people who reach out for help are told that beds are full in Yukon facilities.

Part of the CASA is that all Yukoners have access to funding to seek out-of-territory treatment, but people are being told that funding is already exhausted. There is no support available. That leaves them on their own, feeling abandoned and left to their own resources to cope with a problem that they have already admitted to be beyond their ability to manage.

How is this government going to meet its CASA commitments to Yukoners who want substance use treatment out-of-territory when Yukon services are at capacity?

Hon. Ms. McPhee: Mr. Speaker, Insured Health Services provides pre-approved coverage for eligible plan beneficiaries to attend out-of-territory facilities when the service is not available locally.

In February 2022, Insured Health Services implemented a directive that expanded coverage for out-of-territory residential treatment centres to support Yukoners to access pre-approved out-of-territory, medically necessary mental wellness and substance use care at approved facilities. Yukoners who wish to seek treatment out-of-territory should work with their primary health care provider, who will submit an application to Insured Health Services.

There is also an opportunity for those service applications to be fast-tracked, and many of them have. Treatment is being supported in Ontario, British Columbia, and Alberta through Homewood Ravensview, the Edgewood Treatment Centre, Last Door recovery centre, and the Last Door addiction recovery services.

The Council of Yukon First Nations, with temporary funding from the federal government, provides support to send individuals out-of-territory to access residential treatment services as well.

Ms. Blake: Mr. Speaker, this summer, the government told us about plans to hire up to six more licensed practical nurses to increase the number of bed nights available for

withdrawal management at Sarah Steele. Hiring additional nurses would make more beds available by allowing admission of more clients with high medical needs. This is a desperately needed measure to expand services at the Sarah Steele Building.

How many of these nursing positions are still vacant, and when will those positions be filled so that withdrawal management services can be expanded?

Hon. Ms. McPhee: Mr. Speaker, it is the case that additional licensed practical nurses have been hired for the program that is available here in the territory. I can also indicate that there are still some vacancies with respect to hiring those individuals and our work continues as we continue to do so.

I can also indicate that service is provided for individuals to attend treatment outside of the territory, and we work incredibly closely with service providers, medical service providers, the Council of Yukon First Nations, as well as the Mental Wellness and Substance Use Services staff who work with individuals who qualify and need treatment outside of the territory. Our staff work closely with the clients to support referrals for out-of-territory treatment and to help support return-to-territory treatment plans. Detox and sobering services are not insured health services and are not covered through Insured Health Services for out-of-territory medical travel, but we have made adjustments to the plan to make sure that individuals who need help and come forward for help are given help.

Question re: Whitehorse airport improvement costs

Mr. Istchenko: Mr. Speaker, earlier this year, the Yukon government awarded a \$160-million contract to Flatiron Construction for a major reconstruction of the runway at the Whitehorse airport. We have heard that some issues with both the project itself and other projects at the airport have caused some delays and challenges that would increase the cost of the project.

Can the minister confirm that this project is on budget?

Hon. Mr. Clarke: The answer to the question is yes, but I will take this opportunity, Mr. Speaker. The Government of Yukon is making crucial investments to Yukon's infrastructure to provide Yukoners with safe and reliable aviation infrastructure for years to come. A number of improvements to the airside of the Erik Nielson Whitehorse International Airport are needed to replace aging infrastructure and to keep the airport up to current standards. This work will support current and future airport operations.

Improvements completed to date include upgrades to the parallel runway, the taxiways, the apron panels, and developing airport land for institutional and commercial use. As the member opposite indicated, the \$160.7-million contract to reconstruct the main runway was awarded to Flatiron Constructors Canada Ltd. on May 19, 2023. The proposed work is scheduled for 2023, 2024, and 2025 — for those construction seasons — and we anticipate that it will be completed by 2026. While this is a large project, we do expect there to be minimal disruptions overall for the travelling public. There is more to

come. This is absolutely exciting work for aviation infrastructure in the Yukon.

Mr. Istchenko: Previously, we asked about the negotiations for change orders on the Nisutlin Bay bridge project and the minister informed us that they are currently in confidential negotiations about change orders for that project.

Can the minister tell us if there are any change orders for the airport project, and if so, is the government currently in negotiations?

Hon. Mr. Clarke: No.

Question re: Yukon University Polaris project funding

Ms. Van Bibber: Yesterday, officials from Yukon University confirmed that there is at least a \$15million funding gap in the budget for the new Polaris science building at the Ayamdigut Campus in Whitehorse.

Can the Minister of Education tell us if the Yukon government will be stepping in to fill that funding gap, and if so, when will that money be made available to the university?

Hon. Ms. McLean: Mr. Speaker, thank you for the question. The Government of Yukon is very proud of its collaboration to establish Yukon University as Canada's first university north of 60. We certainly have worked closely with the university to establish it and to ensure that, as we transition, it is set up for success. We heard some really good information from the president and a member of the Yukon University Board of Governors yesterday.

In terms of the Polaris building, it certainly is an important aspect. We know, of course, that the Government of Canada — and we worked hard to establish those funds for the Polaris building — \$26 million. The president talked yesterday about those dollars and the work that they are doing to ensure that they remain secured. We continue to work closely with the Yukon University on the funding gap that they spoke about yesterday.

Ms. Van Bibber: According to the officials from the Yukon University who appeared yesterday, the project is planned to be tendered in the spring of next year. They confirmed that the project can only begin if they find at least an additional \$15 million in capital, but it would seem that without this funding capital in place, this project will not be going ahead next year.

If the minister is unable to commit to fund this project, can she tell us what the new timeline is for the Polaris project at Yukon University?

Hon. Ms. McLean: Mr. Speaker, again, Yukon University is an important project that we worked very hard to establish as a hybrid university in the north. We have certainly worked closely to ensure that the Government of Yukon continues to allocate the appropriate funding for the O&M and to support transition. We continue to support the university in advancing strategic initiatives and joint agreements. The management committee meets on a regular basis to work through various issues. I know that the Department of Highways and Public Works and the Department of Education meet on a regular basis to discuss the next steps — also

including, of course, Health and Social Services — on the science building, also known as the Polaris building. Those discussions are continuing to happen.

Again, this is very important to the future of the Yukon and where we are going. I was happy to hear the witnesses talk yesterday about all the good work that is happening at the university.

Question re: Diesel generators

Mr. Kent: Mr. Speaker, for several years now, we have been critical of the Liberals' decision to rely on rented diesel generators to keep the lights on. The Liberals' position has consistently been that they refuse to invest in permanent thermal backup because it would represent — in their words — an investment in fossil fuel generation. In fact, when the decision was first made to rely on rented diesels, the Premier said — quote: "We believe it's a good investment."

But now we see that their actions aren't matching their words. When they appeared in the Legislature last week, the Yukon Energy Corporation confirmed that they are currently spending \$49 million on permanent thermal backup generation capacity.

Can the minister confirm that the \$49 million that they are spending on permanent diesels is far more than they are spending on renewables this year?

Hon. Mr. Streicker: Mr. Speaker, the first thing to note is that when we are talking about backup, the ability to make sure that the lights are on if there is a power outage — we are working on permanent diesels — you know, Yukon Energy has the liquefied natural gas plant. That is when it will be permanent, because that is always for backup. When we have been replacing those, we have been buying them, of course, and investing in them. Yes, when you invest in those diesels, you spend a lot of money building a plant because that has to play out over time.

When you contrast that against — when we buy renewable energy through our independent power producer policy and energy purchase agreements, you don't spend that money up front; you spend it over time. So, it's an incorrect comparison.

Look, overall, the Yukon Party does not believe in renewables. Their perspective is — they have criticized, spoken against, and voted against almost everything to do with renewable energy in the Yukon. We will continue to seek pathways to invest in a renewable energy future. I just sat down at the Geoscience Forum talking about the future of critical minerals in this territory and I think that it's completely tied to renewable energy.

Mr. Kent: Mr. Speaker, previously, the minister said that the expenditure on diesel generators in Whitehorse, Faro, and Dawson was only meant to be for replacements and that they didn't represent new generation capacity. Despite that assertion from the Liberals, it has become clear that this is not the case. In fact, in Dawson City, the Yukon Energy Corporation is planning to significantly expand the diesel generation capacity. According to the Yukon Energy Corporation's own website, they are planning for up to 15.5

megawatts of diesel generation in Dawson, which is substantially higher than the current generation.

How can the minister continue to refuse to consider permanent thermal generation in Whitehorse when they are actively planning for it in Dawson City?

Hon. Mr. Streicker: I don't refuse — and I ask Yukon Energy Corporation to advise me. I encourage the Yukon Party to listen to Yukon Energy. Each time that they've come in here and acted as witnesses and stated the difference in cost between rental diesels and a diesel plant for capacity, they have stated to us that it's cheaper with rented diesels, but the Yukon Party doesn't listen to that.

I know that they are not going to listen to me, but I think what they ought to do is listen to Yukon Energy. I think they ought to listen to Yukoners. Yukoners want us to invest in renewable energy for the future of the territory.

The Yukon Party has voted against the *Clean Energy Act*. They've spoken against Better Buildings, the Atlin hydro project, pump storage, microgeneration, electric vehicles, and the independent power producer policy. All of those are part of where we want to go as a territory.

Over 90 percent of the electricity on our grid is renewable. Only 10 percent is about diesels, but every question from these folks is about diesels. Let's hear from them about where they want to go with renewables. That's where we should go as a territory.

Mr. Kent: Mr. Speaker, for the minister, the microgeneration program is one that we actually launched during our time in government, so to say that we are against it is disingenuous and inaccurate.

Here is a quote from the YEC website answering the question: Why do we still need diesel in Dawson City? "Diesel ensures Yukoners have reliable electricity service during winter peaks, emergencies and whenever renewable resources aren't available. The local diesel engines also help us keep the lights on in Dawson City during maintenance outages taking place elsewhere in the system, and in case of trouble on the transmission line that connects the community to hydro power on the grid. Finally, additional diesel generation will help to provide firm back-up power as more wind and solar projects are added in and around Dawson."

This is exactly what we have been saying — that wind and solar projects are great but are not dependable energy sources at all times. So, I will ask again: Why is it okay to add additional permanent diesel generation in Dawson City but not elsewhere in the Yukon?

Hon. Mr. Streicker: Mr. Speaker, our energy system is under a lot of transition right now and it is going to change more over time. Across all of the network, we need system-wide change and upgrades. We will always need thermal backup for our system in case there are blackouts, and we will have at times, as we build out the system — and I know that the Yukon Party believes that the future is: Just build a diesel plant and then, as the Yukon grows, just fuel the Yukon with diesel.

Do you know what? Our oil companies across the world are not here in the Yukon. We would rather have local energy, and diesel is not local energy. Yes, we need it for backup; yes,

we need it when the lights are out — because we need to make sure that our system is reliable — and yes, we will continue to need to invest in our system as we are doing right now. But the future for the Yukon is renewables, not diesel.

Speaker: The time for Question Period has now elapsed.

Notice of opposition private members' business

Ms. White: Pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the Third Party to be called on Wednesday, November 22, 2023. They are Motion No. 856, standing in the name of the Member for Takhini-Kopper King, and Motion No. 683, standing in the name of the Member for Takhini-Kopper King.

Mr. Kent: Mr. Speaker, pursuant to Standing Order 14.2(3), I would like to identify the items standing in the name of the Official Opposition to be called on Wednesday, November 22, 2023. They are Motion for the Production of Papers No. 12, standing in the name of the Member for Lake Laberge, and Motion No. 471, standing in the name of the Member for Copperbelt North.

Speaker: We will now proceed to Orders of the Day.

ORDERS OF THE DAY

GOVERNMENT MOTIONS

Motion No. 846

Clerk: Motion No. 846, standing in the name of the Hon. Ms. McPhee.

Speaker: It has been moved by the Minister of Justice:

THAT the Yukon Legislative Assembly, pursuant to subsection 17(1) of the *Human Rights Act*, does appoint Nathan Cross and Leonard Wall to the Yukon Human Rights Commission for a term of three years, effective immediately; and

THAT the Yukon Legislative Assembly, pursuant to subsection 17(2) of the *Human Rights Act*, does revoke the appointments of Samantha Dawson and Keely Bass, effective immediately.

Hon. Ms. McPhee: Mr. Speaker, the Yukon Human Rights Commission consists of five members. Recently, two of the members resigned, which left two vacancies on the commission. As always, these vacancies are advertised and applications were received. The all-party Standing Committee on Appointments to Major Government Boards and Committees reviewed all the applications and recommended that Nathan Cross and Leonard Wall be appointed to the commission.

These new applicants bring a variety of skills and experience to the panel and I look forward to them being appointed and bringing their expertise to work on the commission. Nathan Cross has experience across many sectors, both public and private here in the Yukon and in other areas across Canada as well as internationally. He brings strong leadership principles to the commission. Leonard Wall has a

wealth of experience working in many roles across Canada as well as overseas with the Canadian Armed Forces. Leonard Wall has previous board and committee experience, both as a member and as a chair. He will bring his knowledge and expertise to the commission.

I thank Nathan Cross and Leonard Wall for taking on this important work and I look forward to them joining the Yukon Human Rights Commission.

I will note briefly, with respect to the revocations that are included in this motion, that Samantha Dawson and Keely Bass have both submitted their resignation as members of the Yukon Human Rights Commission, and I would like to take this opportunity to thank them both for their hard work over their terms.

I also would like to thank all those who put their names forward to serve in this role. I thank the Standing Committee on Appointments to Major Government Boards and Committees for their recommendations and I urge all members of this House to support this motion and the appointments of Nathan Cross and Leonard Wall to the Yukon Human Rights Commission, as well as the revocations of the past members.

Mr. Kent: Mr. Speaker, the Official Opposition will be supporting this. Myself along with the Member for Porter Creek North are the two appointees to the all-party Standing Committee on Appointments to Major Government Boards and Committees, and we certainly support the new appointments as described by the minister.

Ms. White: Mr. Speaker, we would like to thank Samantha Dawson and Keely Bass for their service to this board, and we look forward to having both Nathan Cross and Leonard Wall on that board as well.

Speaker: If the member now speaks, she will close debate.

Does any other member wish to be heard?

Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Pillai: Agree.

Hon. Ms. McPhee: Agree.

Hon. Mr. Streicker: Agree.

Hon. Ms. McLean: Agree.

Hon. Mr. Clarke: Agree.

Hon. Mr. Silver: Agree.

Hon. Mr. Mostyn: Agree.

Mr. Dixon: Agree.

Mr. Kent: Agree.

Ms. Clarke: Agree.

Mr. Cathers: Agree.

Ms. McLeod: Agree.

Ms. Van Bibber: Agree.

Mr. Istchenko: Agree.

Ms. White: Agree.

Ms. Blake: Agree.

Clerk: Mr. Speaker, the results are 16 yeas, nil nays.

Speaker: The yeas have it.

I declare the motion carried.

Motion No. 846 agreed to

Motion No. 847

Clerk: Motion No. 847, standing in the name of the Hon. Ms. McPhee.

Speaker: It has been moved by the Minister of Justice:

THAT the Yukon Legislative Assembly, pursuant to subsection 22(2) of the *Human Rights Act*, does reappoint Roxane Larouche to the Yukon Human Rights Panel of Adjudicators for a term of three years, effective December 13, 2023; and

THAT the Yukon Legislative Assembly, pursuant to subsection 22(3) of the *Human Rights Act*, does revoke the appointment of Marius Curteanu to the Yukon Human Rights Panel of Adjudicators, effective December 13, 2023.

Hon. Ms. McPhee: Mr. Speaker, the Yukon Human Rights Panel of Adjudicators is currently made up of seven members. The current term of two members will expire on December 13, 2023. These positions were advertised and all applications were reviewed by the all-party Standing Committee on Appointments to Major Government Boards and Committees.

One of the two members whose terms are expiring did reapply and was considered by the standing committee. The committee recommended that Roxane Larouche be reappointed as a member of the Yukon Human Rights Panel of Adjudicators. Roxane has served two terms on the Yukon Human Rights Panel of Adjudicators and has gained valuable experience and expertise. I would like to thank Roxane Larouche for reapplying and I am sure that she will continue to contribute to this board in a positive way.

Marius Curteanu was appointed to the Yukon Human Rights Panel of Adjudicators on December 14, 2020. This motion seeks to revoke his appointment, pursuant to subsection 22(3) of the *Human Rights Act*, as of December 13, 2023. I would like to thank Marius Curteanu for his dedication to the Yukon Human Rights Panel of Adjudicators over his two terms as a member.

Should this motion be passed, the Yukon Human Rights Panel of Adjudicators membership will be six active members, each bringing a variety of skills and experience to this panel.

I would like to take this opportunity to thank all the members of this panel for their hard work and dedication to Yukoners. Thank you also to the Standing Committee on Appointments to Major Government Boards and Committees for their deliberations and their recommendations.

Mr. Kent: Mr. Speaker, as I stated before, the Member for Porter Creek North and I sit on that relevant committee, and we agree with the appointments as outlined by the minister, so we will be supporting this motion.

Ms. White: Mr. Speaker, the Yukon NDP will also be supporting this motion.

Speaker: If the member now speaks, she will close debate.

Does any other member wish to be heard?

Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Pillai: Agree.

Hon. Ms. McPhee: Agree.

Hon. Mr. Streicker: Agree.

Hon. Ms. McLean: Agree.

Hon. Mr. Clarke: Agree.

Hon. Mr. Silver: Agree.

Hon. Mr. Mostyn: Agree.

Mr. Dixon: Agree.

Mr. Kent: Agree.

Ms. Clarke: Agree.

Mr. Cathers: Agree.

Ms. McLeod: Agree.

Ms. Van Bibber: Agree.

Mr. Istchenko: Agree.

Ms. White: Agree.

Ms. Blake: Agree.

Clerk: Mr. Speaker, the results are 16 yea, nil nay.

Speaker: The yeas have it.

I declare the motion carried.

Motion No. 847 agreed to

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

Speaker: It has been moved by the 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. Blake): Committee of the Whole will now come to order.

Motion re appearance of witnesses

Committee of the Whole Motion No. 15

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

THAT from 3:30 p.m. to 5:30 p.m. on Tuesday, November 21, 2023, Al Lucier, Chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, Chief Executive Officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the operations of the Yukon Hospital Corporation.

Chair: It has been moved by the Member for Mount Lorne-Southern Lakes:

THAT from 3:30 p.m. to 5:30 p.m. on Tuesday, November 21, 2023, Al Lucier, Chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, Chief Executive Officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to answer questions related to the operations of the Yukon Hospital Corporation.

Hon. Mr. Streicker: I am going to add some comments here today, and maybe others will as well.

First of all, several days ago, on November 16, here in the Assembly, there was a Committee of the Whole debate with Health and Social Services. At that time, the Member for Lake Laberge referenced several times, on pages 4489, 4490, and 4491, the importance of having witnesses here for the Yukon Hospital Corporation and suggested that they were not going to come. He said several times that he felt that the answer was no from the minister, that they would not appear. He speculated several times about them not coming.

He also referenced the fact that, over the past decade, we have had the Hospital Corporation come in every year. Actually, under us, as a Liberal government, we have had the Hospital Corporation appear seven times — once every year over the seven years we have been in. Under the Yukon Party, in their time sitting here, under their five years under the 33rd Legislative Assembly, they had the Hospital Corporation come in three times.

Under the two previous terms under Premier Fentie, over let's say nine years, they had the Hospital Corporation come in twice. So, I think that our record stands showing that we have brought in witnesses regularly, and the opposition has done it some of the time; that's fine. But there are a couple of other things that I will just point out. The first one is that, over our time in this Assembly, we have brought witnesses in 33 times. It has been very regular with the Workers' Safety and Compensation Board, the Yukon Development Corporation, Yukon Energy Corporation, and the Yukon Hospital Corporation. We have also brought in the Yukon University several times. Then we brought in others.

In the spring of last year, April 5, 2022, we sought to bring in the Yukon University. The members voted against. On April 7, we sought to bring in the Yukon Development Corporation and the Yukon Energy Corporation. The members voted against. But that same year, they said: Hey, we need the Yukon Energy Corporation to come in as witnesses. I said:

Okay. But I'll tell you, it is a little bit frustrating to hear at the first instance that they vote against having witnesses come in and then say: Make sure to bring witnesses in.

Also, by the way, several times now, we are given motions or use motions that have been used over time here where we bring those witnesses in here on their valuable time, from 3:30 to 5:30, and several times now we have run out of questions from the opposition members. So, I ask the members opposite — if at the same time that they are insisting that we bring in witnesses — to make sure that we are using those witnesses' time well — and apologies to the NDP, because this is really about the Yukon Party.

I think that this is important to have these witnesses in here. This is a very important use of our time and very important for Yukoners. I am standing up today because I am a little bit concerned with how the Yukon Party has referenced witnesses coming in here and I just want to state for the record that we have been very consistent with bringing witnesses in.

Committee of the Whole Motion No. 15 agreed to

Chair: The matter now before the Committee is continuing general debate on Vote 3, Department of Education, in Bill No. 211, entitled *Second Appropriation Act 2023-24*.

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. 211: *Second Appropriation Act 2023-24* — continued

Chair: The matter now before the Committee is continuing general debate on Vote 3, Department of Education, in Bill No. 211, entitled *Second Appropriation Act 2023-24*.

Department of Education — *continued*

Chair: Is there any further general debate?

Hon. Ms. McLean: Madam Chair, I would like to ask my colleagues to please help me welcome back our officials from the Department of Education: Deputy Minister Mary Cameron and the director of finance, Andrea McIntyre.

I know that I have some time left on the clock, but I am just going to cede the floor to the members opposite.

Ms. White: I will also echo the “welcome back” of the officials from the Department of Education.

Last debate, we had started talking about TOCs. We were talking about the example of Holy Family, on average in a day, being short-staffed by anywhere from 15 to 25 percent and talking a bit about ideas in other jurisdictions, such as supply teachers.

The last question that I had for the minister was: Have the minister and her officials looked into supply teachers or a way to fill those gaps for the teacher-on-call shortage? I am really looking for what solutions have been offered up by the

Department of Education when it comes to the shortage of teachers on call.

Hon. Ms. McLean: I will just start by talking about some of the current numbers of teachers on call. It's quite fluid. There are a lot of changes on a day-to-day basis, but as of November 19, there were 227 registered teachers on call in the Yukon. There were 179 from Whitehorse and 48 rural. We have in the queue right now — working on screening and hiring 41 others. That's 33 in Whitehorse and eight rural, so the numbers are quite good.

There are 23 teachers on call — 15 from Whitehorse and eight rural — who have moved from teacher-on-call positions to temporary positions, supporting schools, since the start of the 2023-24 school year. Of course, we are continuing all efforts to recruit teachers on call and recognize that demand for coverage continues to be a challenge in some schools. We are working directly with those schools.

We continue to evolve our recruitment efforts to attract candidates for teacher-on-call roles and to support staff in accepting assignments as they are available. That's a really big part of it — really working with the teachers on call to help ensure that they are comfortable in taking the role and are supported in that.

An information session was held at Employment Central on October 26 and we are in the process of hiring a TOC and assistant education outdoor guide, so that was very successful. We intend to hold information sessions on an ongoing basis in Whitehorse as well as in the communities in the coming weeks through Employment Central, with Dawson City being the first on November 23, so later this week.

We are intending to attend the Champagne and Aishihik First Nations career fair on November 30. We are planning and will be participating in an open house at Selkirk Elementary School. This was a pilot to generate the interest and provide information to community members on what the role is for teachers on call.

We have certainly used all other social media platforms and are working to increase visibility in universities, on YuWin, Employment Central, and other recruiting sites. We have sent targeted communication to former TOC retirees, candidates from the Apply to Education registry, and applicants from the educational assistants competitions.

I definitely gained some good insights from the Association of Yukon School Councils, Boards and Committees in terms of just hearing directly from school councils about different issues that they are facing. They have some really good ideas, and we have certainly followed up on those and we welcome more of that dialogue.

We recognize the renegotiation. If I recall, some of the areas that the member brought forward in our last Education debate were areas that we certainly will be looking at, as the renegotiation of our collective agreement is coming up. It's coming to an end in June 2024. I think that there is certainly a joint opportunity to collaborate with the YAEP through the negotiation process on some of those other ideas and opportunities for teachers on call.

Ms. White: I am more interested in the solutions that are being investigated. I know that there was the meeting with TOCs, department staff, and a representative from the union a number of weeks back. Some interesting things came out and I learned some things about that.

Can the minister explain to me how TOCs are paid in the territory? Is it a daily rate or is it hours worked? How does that work in the territory?

Hon. Ms. McLean: The teachers on call are currently paid on a daily rate.

Ms. White: I thank the minister for that. The reason why I am asking is that it matters for EI. For example, for EI purposes, a full day is considered to be five hours on a paystub of a TOC in the Yukon, but there are very few days where a TOC will only work five hours for a full day. Often, it's six hours or more because they are not getting breaks; they are covering things like recess or lunch, and so I'm wondering if there is an interest or a willingness to look into the day rate, the calculation of hours, so that it correctly reflects for EI.

Hon. Ms. McLean: As I have stated a couple of times during various debates, we are moving into a bargaining year with the YAEP and these items may be part of the renegotiation, so it is not appropriate for us to go down certain paths in this debate. I have heard many of the issues that have been raised during this debate and other debates about different ideas and some of the issues that folks are struggling with and I definitely have taken note of all of that and will be working toward hopefully resolving some of those issues.

Ms. White: Thank you, Chair, and I acknowledge the minister's response, but I disagree. This is affecting teachers right now and it is affecting our ability to maintain teachers on call, so I am going to continue with the questions and she can repeat to me that it's inappropriate to talk about due to outgoing negotiations, but I will still do that.

There was a TOC who reached out and talked about their time in working as a TOC in British Columbia where they said that their pay was based on their experience and education and how that made sense. In British Columbia, they took on more challenging classes and felt valued. Then they said that, in Yukon, there is a flat rate and it's not even comparable to British Columbia. In BC, they make close to \$400 a day, had benefits, and were part of a union. Here, they make \$268 a day and are now part of a teachers association. The point was that the pay didn't reflect the experience, so I guess I will ask the minister if that is something that she and her department are looking into.

Hon. Ms. McLean: Again, I'm happy to hear different ideas, especially from other jurisdictions and some of what could be solutions to some of the issues. We have a current collective agreement, and we are coming to the end of this collective agreement in 2024 and will be moving into the renegotiation of our collective agreement at that time. I certainly take note of the issues that we have faced over these last few years, especially coming out of COVID-19 and all of the challenges that we have faced. We have learned a lot, of course, during that time and even more about how important teachers on call are in managing and navigating disruptions in

school or illness. We certainly will take all of what we have learned and bring it forward as we move into that next year of renegotiation.

Ms. White: Madam Chair, do the teachers, as they get onboarded in the territory, have to take non-violent crisis intervention training?

Hon. Ms. McLean: We have spent a lot of time working on the safer schools action plan and ensuring that teachers, administrators, and staff are trained in the policies and procedures in all of our schools. We have trained all Yukon administrators, teachers, and staff on new policies and procedures for preventing harm to students as part of our student protection policy. We will continue to offer regular training sessions on non-violent crisis intervention, which is a standard for managing students' behaviour in a positive manner. These training sessions are made available every month and teachers need to sign up, but it is mandatory.

Ms. White: Is that same training available for teachers on call?

Hon. Ms. McLean: We certainly provide access to that training. At this point in time, it's not mandatory, but in looking forward in terms of ensuring that teachers are equipped and supported, these are important considerations. The superintendents and the assistant deputy minister of schools and all of the work that we've done in reimagining inclusive and special education — also known as RISE — are all working toward ensuring that folks that are working within our schools in all positions are supported.

Ms. White: Knowing that courses could be possibly available for teachers on call, one would think that when we're talking about things that both make classrooms and teaching staff safer, I would hope that it would be mandatory.

The next suggestion I would have is that teachers on call not would only have access to it but would be paid for their time. Is that something that the minister would entertain?

Hon. Ms. McLean: Thank you for the question. We certainly do have provisions to pay teachers on call outside of teaching time. Again, it's another item that may be part of the renegotiation of the collective agreement. I will note that, in terms of support for educational assistants and teachers on call, in January and February 2023, we provided specific training to educational assistants and will continue to offer this training during the 2023-24 school year. We will, of course, work with our partners to develop a training and implementation plan for both educational assistants and teachers on call.

The Department of Education provides \$475,000 in annual funding to the Yukon Association of Education Professionals for training and activities as well related to professional growth, curriculum implementation, and other priorities.

Ms. White: Just for clarification, when the minister talks about educational assistants, is she talking about staff with contracts — whether they have a term contract or are permanent staff — when she talks about educational assistants having access to training, is she talking about employees at the Department of Education?

Hon. Ms. McLean: They both have access to that training.

Ms. White: Then, again, just for additional clarification — so, currently, TOCs who are not working have access to the training, and is that training paid for?

Hon. Ms. McLean: If they are part of our registered TOCs and they have been onboarded, then they have access.

Ms. White: I thank the minister for that clarification. So, understanding that those TOCs have been onboarded and they have access to that training, are they paid when they attend those training classes?

Hon. Ms. McLean: We are currently, again, following the current collective agreement, and there are some times — particularly during onboarding with teachers on call — and we work closely with the union around this — we have currently in our collective agreement where TOCs may not be compensated for their time during some of the orientations. But we do have policy and provision to pay for training outside of that which we can apply to other training opportunities.

Ms. White: Thank you, Madam Chair, and I thank the minister for that answer. For TOC hours, is it the Department of Education that calculates the hours that are worked by TOCs, or is it some other body? When a TOC goes to work at a school, who collects the hours and who calculates their pay?

Hon. Ms. McLean: It is a responsibility of the administrators of the school. This may be something that's delegated to a vice-principal or someone else at the school, but it has to be delegated, and it is certainly time-sheet driven and it is the responsibility of the administrators to log in to the system and ensure that the hours are recorded to be paid within the Yukon government pay system.

Ms. White: I'm just going to ask a few more clarifying questions on that. My understanding at that meeting that was held with the Yukon Association of Education Professionals and some of the department staff is that TOCs had highlighted concerns about not being paid on time. As an example, a friend of mine worked as support staff for an outdoor education program in September and still, weeks ago, had yet to be paid for it. I brought it up at the meeting and was told that it's actually not the Department of Education who does the calculation, so I'm just looking for clarification. If a school submits the hours and those hours get submitted to the Department of Education, is it someone within Yukon government who writes the cheque or does that calculation to pay the individual?

Hon. Ms. McLean: I will say, of course, that both the Public Service Commission and the Department of Education are working to improve documentation processes to ensure that employees are onboarded quickly and hours worked are submitted prior to pay cut-off dates so that folks can be compensated.

I would really encourage anyone who may have issues to be in touch right away with their administrator to work out a solution to make sure that somebody is aware that there is an issue here — if someone hasn't been compensated.

Ms. White: I thank the minister for that. I do think, unfortunately, that this wasn't a solo event. As we know, the questions were asked earlier in the Sitting about teachers on call

not being paid on time. It's important that we respect those who work so hard for us.

I am sure I could ask many more questions, but I know we only have 15 minutes to go. I am going to hand the floor over to my colleague and thank the minister and her officials for their time.

Mr. Kent: I appreciate the opportunity to ask a couple of questions. I didn't think I had any, but there are a couple of issues that have arisen.

The first one is with respect to the *Education Act* — part 3 of the *Education Act*. Section 20 is entitled "Student Records". I will read into the record the particular clause that I am referring to: "The parents of a student, a student who is 16 years of age or older, or both the parents and the student, may examine and copy the record of the student."

We have heard some concerns from one family in particular that they are being denied access to the records. I am curious if the minister has heard of this situation or any situations where that has been denied and if she will work with the department to rectify this so that the parents can access the student's records.

Hon. Ms. McLean: We certainly do not want to prevent families from accessing records when we are able to provide them. We will work with all individuals who have requested records to provide as much information as we are able to provide. It depends, of course, on the circumstances. If there are issues around privacy through the ATIPP act — or there may be other active investigations that are ongoing that may prevent us from providing the full records — we will work on an individual case-by-case basis as I think what I'm trying to say. We will work collaboratively with that individual or the family to work toward ensuring that we are providing as much information as we are able to provide.

Mr. Kent: I just wanted to circle back on this. Division 3 of the *Education Act* is entitled, "Parent Rights and Responsibilities", and section 20 — I will just read section 20(1): "Every school administration shall establish and maintain a student record for each student enrolled in its school in accordance with the guidelines established by the Minister." The specific clause that I was referring to is: "The parents of a student, a student who is 16 years of age or older, or both the parents and the student, may examine and copy the record of the student."

To me, that's pretty straightforward. I am not sure what — if the minister could just elaborate on what specific circumstances would prevent that clause of the act.

My understanding is that the parents of a younger student or an elementary school-aged student are requesting to examine and copy the records of that particular student, so I thought it was spelled out quite clearly in the act that they have the right to do so. I'm just curious if the minister can elaborate on her previous comments with respect to a case-by-case basis or special circumstances where that wouldn't occur.

Hon. Ms. McLean: Yes, in terms of us working, of course, within the *Education Act*, the ATIPP and privacy act — these are all responsibilities that we have within the Department of Education. There may be extenuating circumstances or other

information that may be contained in records that cause privacy concerns for others. It is very difficult to speak directly to a situation and not having all of the information. It is very difficult for me — I'm not able to, of course, speak to individual matters on the floor of the Legislative Assembly. I really encourage the member to ensure that the individuals whom he may be speaking about are working directly with the Department of Education on this and through other support systems. I would encourage that.

Mr. Kent: Perhaps what I will do is just provide some additional information to the minister via letter and that will give her the information that she requires to gain a better understanding of the personal situation that I'm referring to.

Just one other topic that I wanted to follow up on was a question that my colleague the Member for Porter Creek North raised in Question Period earlier today and that is with respect to the Polaris building at Yukon University. Of course, that is the name that has been chosen for the science building. It was a number of years ago — maybe four years ago — that the federal government committed \$26 million to this building. Estimates last year for it were \$41 million.

Witnesses from the university told us yesterday that they have a pending application, I think, for \$5 million that hasn't been approved yet. The witnesses also said yesterday that they were planning on going forward with construction in the spring of 2024, but that was dependent on them having the full amount of funding available. They weren't able to give an updated cost estimate, but based on last year's — and if this other funding application doesn't go through — \$15 million-plus would be the gap. I am curious if the university has approached the minister about closing that gap, and if so, how much have they asked for? What dollar amount have they asked for to close the funding gap on the Polaris building at Yukon University?

Hon. Ms. McLean: Yukon government certainly is in support of Yukon University. This has been an important aspect of the transition. The science building, also known as the Polaris building, is an important project. It is being managed by Yukon University and, as I stated today in Question Period, we continue to work closely with officials from the university through the departments of Highways and Public Works, Health and Social Services, and Education, and we continue to work collaboratively toward a resolution to the funding gap.

Mr. Kent: So, there has been no official request for an exact amount of funding from the university to the Yukon government to close that funding gap that exists for the Polaris building?

Hon. Ms. McLean: We are working closely with Yukon University. There is still work to be done, I think, on finalizing some of those estimates and I believe that is what the witnesses talked about yesterday. It is and it remains an important project for the Yukon University in their strategic plan of becoming — we will continue to work with them to continue to work toward solutions around the funding gap that has been identified. Again, Yukon University is managing this project.

Mr. Kent: What we will do is watch, obviously, the upcoming budget in the spring to see if there are any resources there.

I just wanted to take the time to thank the officials. I think they have been here a few times during this Sitting to provide support to the minister. At this point, that concludes my questions in general debate and I move to expedite clearance of this vote.

Chair: Is there any further general debate on Vote 3, Department of Education?

Seeing none, we will proceed to line-by-line.

Mr. Kent: Pursuant to Standing Order 14.3, I request the unanimous consent of Committee of the Whole to deem all lines in Vote 3, Department of Education, cleared or carried, as required.

Unanimous consent re deeming all lines in Vote 3, Department of Education, cleared or carried

Chair: The Member for Copperbelt South has, pursuant to Standing Order 14.3, requested the unanimous consent of Committee of the Whole to deem all lines in Vote 3, Department of Education, 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 \$3,570,000 agreed to

On Capital Expenditures

Total Capital Expenditures in the amount of nil agreed to

Total Expenditures in the amount of \$3,570,000 agreed to

Department of Education agreed to

Hon. Ms. McLean: Madam Chair, I move that you report progress.

Chair: It has been moved by the Member for Mountainview that the Chair report progress.

Motion agreed to

Chair: Pursuant to Committee of the Whole Motion No. 15 adopted earlier today, Committee of the Whole will receive witnesses from Yukon Hospital Corporation. In order to allow the witnesses to take their places in the Chamber, the Committee will now recess and reconvene at 3:30 p.m.

Recess

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

Appearance of witnesses

Chair: Pursuant to Committee of the Whole Motion No. 15 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, and I would also ask the witnesses to refer their answers through the Chair when they are responding to the members of the Committee.

The time allotted for opening remarks is five minutes and I will warn you when you have 30 seconds remaining in your time.

Request for Acting Chair of Committee of the Whole

Chair: At this time, I will ask if any private member wishes to volunteer to be Acting Chair of Committee of the Whole.

Member for Takhini-Kopper King rises

Acting Chair (Ms. White): Member for Riverdale South, I believe that you will introduce the witnesses.

Witnesses introduced

Hon. Ms. McPhee: Acting Chair, one of the key factors in the transformation of the Yukon's health care system is the relationship between the government and the Yukon Hospital Corporation. I am very pleased to welcome today as witnesses before the Legislative Assembly Al Lucier, who is the Chair of the Yukon Hospital Corporation Board, and the Chief Executive Officer of the Yukon Hospital Corporation, Jason Bilsky.

Acting Chair: Would the witnesses like to make brief opening remarks?

Mr. Lucier: Madam Acting Chair, thank you for the privilege to speak to you today. The programs and services provided by our hospitals are not faceless entities. Each one is provided by our diverse team of skilled and dedicated employees, the medical team of physicians, and our many volunteers.

On behalf of Yukon hospitals, I would also like to acknowledge the ongoing support and collaboration of the many partners that help us bring quality care to Yukoners. Without the Government of Yukon, Yukon First Nations, other community agencies, and the many donors to the Yukon Hospital Foundation, we would not be able to achieve our purpose.

In last year's address to the Legislature, I spoke about the challenges that health care faced as we emerged from COVID-19. I spoke about unprecedented times in our history of providing services and operating hospitals. I wish I were here today to provide comfort that all of that is behind us. Unfortunately, the picture I paint today has a number of cracks.

The pressures being experienced in our hospitals can be expressed in three specific areas: increased volumes and complexities of patients, the critical and chronic shortage of health care human resources, and the unrelenting inflationary pressures on consumables and services needed to provide care.

Increased volumes and complexity of patients — the volumes of patients are increasing across the Yukon hospital system due to the increase in population and aging citizens. This means that while the hospital still does a very good job of dealing with urgent needs, the increased volume can grow wait times for others. The system is also experiencing higher acuity of its patients. This has implications across the system as more complex patients need more services.

Health human resources shortage — this is not a Yukon-centric issue. This issue is being felt across the country. We are experiencing the most acute shortages in our nursing ranks. Simply put, we are not able to staff our funded positions. Our services and programs are delivered by people, so in the absence of our regular staff, Yukon hospitals utilize agency nurses. While critical to our operations, these nurses come at a premium cost. This affects our staff and puts pressure on our budget and likewise the services that we provide as we work within our means. We are engaged in several efforts to recruit and grow our own nursing resources, but these initiatives take time to mature and deliver results.

The inflationary pressures — supplies like treatment medications, contracted services like radiology or lab services, and other costs such as insurance premiums and wages just simply cost more. Yukon hospitals work very closely with our partners to do our very best to forecast costs and build those into our yearly budgets. However, when costs outpace budgeted expenditures, it places operational pressures on the services that we provide. These pressures are all interlinked and impact our ability to provide care to Yukoners.

I want the members of this Legislature to understand that I don't believe that these issues being faced by our hospitals are partisan in nature, nor do I believe that there is any quick fix to these issues. I do want to remind Yukoners that amid the concerns and pressures, there are areas worth celebrating. This fall, we saw the start of construction on the mental wellness unit on the Whitehorse General Hospital campus. This year also saw the replacement of Yukon's only CT imaging equipment. I would be remiss if I didn't acknowledge that 2023 brought the 30th anniversary of the Yukon Hospital Corporation. Also celebrating this anniversary were the First Nation health programs. Yukon continues to be recognized as a vanguard across Canada in this area. Our dedicated staff and partners continue to provide a guiding light into the continued efforts of truth and reconciliation, decolonization, and indigenization in our hospitals.

In closing, I want to leave you with the belief that, through concerted efforts of improved collaboration, better understanding of patient needs, improved integration of service, and a greater willingness to explore creativity and innovation in the system, we can overcome our current pressures and celebrate more successes.

Thank you, and we look forward to your questions.

Mr. Cathers: Madam Acting Chair, I want to begin by thanking Mr. Lucier and Mr. Bilsky for appearing here today as witnesses, as well as acknowledge and thank Myra Iles, a member of the board, for appearing in the gallery.

I would like to begin by thanking all of them for the work that they do and asking them to pass on my thanks to the Yukon Hospital Corporation board and to the management team, employees, and medical staff for the work that every one of them does to provide high-quality health care and services to Yukoners. Our health care system depends on the Yukon Hospital Corporation and the people who work in our hospitals, so the work that they do is vitally important to Yukoners.

As well, I note that, in addition to the remarks that the chair made, in the year –in-review message signed by both the chair and CEO, it includes the quote: “Now, we find ourselves encountering unique and incomparable pressures to anything we’ve faced before.”

To do the vitally important work of the Hospital Corporation, the Hospital Corporation needs money, so my first question is about the financial challenges that the hospital is facing. The audited financial statements for the last fiscal year show expenses \$2 million higher than revenues. For two of the last three years that we have audited financial statements, hospital expenses exceeded revenues by millions of dollars. In one of those three years, expenses were \$4 million higher than revenue. Clearly, this places an enormous strain on our hospital system.

For the 2023 fiscal year, the Auditor General of Canada’s letter accompanying the audited financial statements expresses concern about the fact that over \$7 million in funding voted for capital was used for O&M. I am sure there was a reason for that and that hospital management felt it necessary at the time. Would the witnesses please explain why the decision was made to use capital funding to cover O&M last fiscal year?

Mr. Lucier: Last year, we did the same as every year. We go about looking across the services that are provided at the hospital, the costs associated to those, the expectation for the growth of the costs of those things. These all become forecasts which we build into the budget. The budget is brought before the board; the board approves the budget.

As I mentioned in my opening comments, there was no way to simply budget some of the expenditures that we experienced last year — the cost in heating oil, the cost in chemo drugs, the reliance and utilization of agency nurses — while we maintained a number in just about every case that was above our previous year in delivery of services, the number of people we saw in the ED and the number of people we saw on medical units. With these increases and with the flow, as I mentioned in my opening comments, there wasn’t a possibility that we could accurately forecast the budgeted expenditures. As a result, where we had funds that were within the capital envelope, we utilized those to ensure that we could maintain services to Yukoners that were needed and that we made those very transparent to the government at the time.

In the forthcoming budget, we were able to show an increase of those costs that would be represented in the budget and, most recently, a remedy to the situation occurring last year by fulfilling the topping up of that money taken from the capital so that those projects can continue to advance as planned.

Mr. Cathers: I appreciate the answer. Last November when I raised concerns about the adequacy of funding from the Yukon government, I asked the witnesses what the annual operational budget was for that fiscal year. The CEO replied — quote: “YG’s annual O&M budget for the fiscal 2022-23 is \$103.5 million.” That quote is found in Hansard on page 2846.

Could the witnesses please tell us what the hospital O&M budget submitted to the Yukon government was for the current fiscal year?

Mr. Bilsky: YG’s annual O&M budget for the fiscal 2023-24 is a balanced budget of \$115.2 million. This includes all of our hospitals, which are in Whitehorse, Watson Lake, and Dawson City. What I can tell you is that 85 percent of this revenue is sourced from government funding. The remaining 15 percent relates to patient-related revenues, interest, contracts, and other revenue. YG’s core funding includes a four-percent core increase. There are other one-time funding increases as well as a \$6.4-million increase in fiscal 2023-24, which was delivered to us recently in September through Management Board. That is to reset the core funding to acknowledge some of the deficit issues that we were facing as far as run rates going into this current year.

Mr. Cathers: I appreciate the answer. On top of the needs that Yukon hospitals anticipated for the current fiscal year, we understand that you are dealing with an increase in demand for services beyond what was expected.

In October, both of the witnesses here today did an interview with CBC. At the time, the CEO spoke of — quote: “...significant pressures that we’re seeing at the hospital...” and indicated that this was “...due to a number of factors.” He also stated that these were — quote: “... causing increased demand for services that we provide and are far exceeding what we anticipated.”

Could the witnesses please talk about significant cost pressures this fiscal year and what notable factors are responsible for those cost pressures?

Mr. Lucier: Most significant, as mentioned in the opening comments, is our reliance on agency nurses. That’s not a straight-across number for every area. You have to realize that nurses come with specialities that are required in various areas, but by and large, that is the largest fiscal pressure that we’re experiencing.

That is not just to address the increase in volume; that is to deliver the services that the Yukon Hospital Corporation does, whether that’s on the medical unit, whether that’s in the emergency department, whether that’s in our ORs — that’s the number one issue.

There are other pressures, though, that exist. As I mentioned, medication — and this is for treatment medication, so the increase in chemotherapy drugs, for example, has increased. With modern medicine, the utilization of chemotherapy is not simply a treatment for cancer any longer, so we are seeing an increased utilization of a drug in treatments that is going up.

In my opening comments, I used areas such as insurance — last year, over our insurance premiums, we saw a 13percent increase in the cost of those insurance premiums. This year, we saw a 14percent increase in our insurance premiums — not controllable and not even budgetable at those kinds of double-digit numbers — 27 percent in insurance premiums in the last two years.

Those are just some examples and I’m sure that the CEO can provide greater detail on those.

Mr. Bilsky: Thank you for those questions and that comment. To put this in context, I’m just going to reiterate a little bit of what Mr. Lucier commented on in his opening.

Hospital and health systems in Canada are under extreme pressures at the moment. That's a fact.

As the chair had mentioned, the pressures are from inflationary costs, human resources, and increasing complexities of care. This, coupled with a growing and disproportionate amount of aging demographics in our territory, is causing demands that I don't think that we could have projected. I think it's difficult to project any one of these in isolation and impossible to forecast all of these in combination.

Suffice it to say that the demands and pressures are growing significantly and possibly exponentially. This means that the environment is extremely dynamic at this point in time, and efforts to maintain safe and excellent hospital care within the balance of the resources and constraints afforded to us is a constant effort on our part. It is an environment of unlimited needs and limited resources.

To address these needs and limited resources that we have, we continuously work with government on a number of fronts, taking a collaborative system-wide approach to health delivery that we have never taken before. This includes how we and our health care partners can be better aligned and integrated to serve the health needs of Yukoners. This means identifying and addressing priorities to be able to provide safe and excellent hospital care to all Yukoners, recognizing that hospitals must live within fiscal constraints while still meeting significant growth pressures.

I must also mention that we are not only talking about money here. It is as much about workforce preservation and as much about protecting the ability to provide urgent care when it's absolutely needed. That means prioritization in some respects.

To be more specific on some of the pressures that we are seeing in year — pressures on nursing and employee costs, approximately a 60percent increase year over year on the premium that we are paying because of agency nurses. These premiums are two to three times the cost of permanent staff. Volumes and pressures in surgical services — our run rate right now is approximately an 18percent increase year over year. Increase in volume and complexity of testing and outpatient services, primarily medical imaging but also including areas such as lab — 10percent to 11percent increases year over year. Then, when we talk about increases in chemotherapy — 16percent volume increases and 33percent increases in cost. Lastly, freight, utilities, supplies, food — ranging from 20percent to 30percent increases in all of those areas. That is what we are seeing.

Now I go back to my original statement. It is an extremely dynamic environment, and I will say that, at the beginning of this year, we were forecasting and forwarded a balanced budget, thanks to the Yukon government. But as the year progresses, yes, we are seeing expenses greater than that budget and it is because of all of the pressures and demands that I am speaking about. Thankfully, though, I would say that we are working very closely with government, and on a personal note, I think that we are working more closely with government than I have ever seen in the past under the direction of our chair and

the direction of the minister. I have to say that, in my experience — and I have been through many and this is not to discredit previous deputy ministers — the relationship I have with the current Deputy Minister of Health and Social Services, Tiffany Boyd, is probably the best that I have seen. It has to be the best, because we are in such a dynamic and pressured environment that we have to be very responsive and reactive. That's what we strive to do — provide safe, quality care.

Mr. Cathers: The CEO spoke of “unlimited needs and limited resources” and the need to live within financial constraints. I am sure that the witnesses are aware that we have asked a number of questions recently about services at Whitehorse General Hospital being cut to fit the budget. This includes cuts to medical imaging services and individual caps on the number of mammograms, X-rays, and a list of other procedures.

My question is: How big is that particular part of the funding challenge? Could the witnesses please tell us how much money would allow you to resume providing all of those medical imaging services at full capacity?

Mr. Bilsky: I think that it is important to put this in context — put the comments that were made in this House in context — and possibly clarify several of the items.

I believe that the comments that were brought forward in the House came from an internal e-mail within our system — manager to staff. The purpose of that e-mail was certainly to help support our environment in living within the means that we have, but I do think that to use the word “cut” isn't exactly the appropriate context that we should put that in.

As an example, I would say that the majority, if not all, of the modalities that were spoken about are at least a level that was prior to that e-mail going out, if not increasing a level. The reason that this direction was given to individuals within that department is to ensure that, as we see increasing demands, we continue to live within the means that we have. By no means was it a cutting exercise. It was more to set the expectation as we go forward that we probably will not be able to meet all of the demands, and unfortunately, that does, in some circumstances, mean increasing wait-lists, but the volumes of services that we are providing in all of those modalities — the majority, I would say, are at least as high if not higher — that we are projecting to be higher than they were in the previous year.

Mr. Cathers: I appreciate that the witnesses do have to work with the government and, at times, this can place them in an awkward situation regarding this.

However, again, when we heard that areas such as mammography specifically were able to provide 120 per week and have been reduced to 75, we can debate how to characterize that, but from my perspective, that is a reduction in services.

Again, the e-mail that went out in early November set specific caps. We understand that in the area of X-ray, for example, in some cases, those caps have been reached by mid-morning. My question was about the scope of the funding problem within that particular area — medical imaging. How much additional money would allow the hospital to resume providing those medical imaging services at full capacity?

Mr. Bilsky: I think it's important that I clarify some of the facts before I actually answer the question, because it does put the question in context — mammography in particular. The numbers that were spoken about — I don't think they are quite correct. Historically, we were able to provide 10 procedures per day and approximately 200 per month. That put us in that range of approximately 2,400 per year that we were providing. That's with the limitation of the staff that we had, but also keep in mind that it is heavily weighted to the fees and the radiologists that read outside of the territory.

What we had performed was — we saw the increasing demand over time. In the months of August, September, and October, we performed what I would call a "blitz". We actually performed 20 per day. That is augmenting the internal resources we have, thankfully, with a cross-trained CT/X-ray technician. We were able to increase the number temporarily and that was to begin to manage the wait-list. Then, subsequent to this, our expectation is that mammography will drop down to between 12 and 15 procedures per day, which is still higher than the average of 10 previous to that. As far as I am concerned, that means that there is an increase in the level of services that we are able to provide.

When we speak about the commentary about reaching a cap mid-day, to put that in context, certainly we are talking about the target number of procedures that we do per modality. That, again, is not just about money — although it is making sure that we live within our means. It's about preserving our workforce and making sure that we meet the needs of the population.

When I speak about preserving the workforce, it's as much to make sure that — thankfully, our people are so dedicated to what they do that they will go to any means to provide the service that is needed — and sometimes to their own detriment, meaning working too much and too much overtime. It is about making sure we preserve our workforce and protect the ability for us to provide urgent services when needed.

The second part of that is about making sure that we prioritize those services. I think it's not quite correct to say that we had reached a cap, so mid-morning, we stop providing. That is not what happens. What happens is — we certainly triage and make sure we are meeting the most urgent demands during the day. If at any point in the day we start to see that we are reaching the limits of the capacity that we're designed to provide, we will start triaging and making sure that the most appropriate procedures are done. That could be for reasons like the person is out of town; it may be for reasons that it is more urgent than others or that they are preparing for another procedure or it is required for another procedure. There is a multitude of different reasons. For those reasons, we may be asking others to say, Hey, another day, because of the fact that we need to triage others into place. It's not a hard cap, and I think that was presented.

Lastly, to answer the question about the amount of money it would take — I think that was the question — the amount of resources it would take — certainly, there are constraints, and those could be physical or they could be human resource constraints, and all of these things are financially driven, for the

most part. Some of them are just not available. If we have been trying to recruit for very difficult — to fill positions for some time in certain areas and it's just not available, so we use other tactics. We grow our own; we cross-train; we look for innovative ways to make sure that we retain our people.

Having said that, the solution there — I couldn't tell you the exact, but I can tell you that it is a dynamic environment, similar to my previous comment, and it is something we have to work with consistently and very often with government to make sure that we are addressing and balancing the needs.

Mr. Cathers: Again, I do appreciate the information. I would also note that, much as the chair and CEO noted in their year-in-review message about "unique and incomparable pressures", we are hearing a lot of concern from patients and health care providers about the impact of these changes. Regardless of whatever terminology is used regarding it, if the services are not being provided at the volume that they were and if again, as I noted, we have heard about the X-ray cap being hit by mid-morning, it is having an impact.

I am going to move on to the next area that we've heard about regarding cost-cutting measures. We have learned from doctors that cost-cutting measures being considered at the hospitals include cuts to the operating room and surgical services of up to 30 percent. The minister confirmed this last week, stating — and I quote from Hansard: "The next part of the question is about a reduction in surgical services that could be as much as 30 percent of the capacity. This is certainly one of the topics that I spoke to the chair and the CEO of the Hospital Corporation about yesterday. It has been presented as a possible option for some reduction..."

One long-time local doctor told us that an operating room has already been shut down due to a lack of funding from the Yukon government. Could the witnesses please confirm the status of this? Have surgical services already been reduced? Are surgical services going to be reduced for budgetary reasons?

Mr. Lucier: I think it's really important to understand that there's a difference between volume and the number of procedures, because while they're linked, they're not the same. I look at surgical procedures, and in the time that I've sat in this chair — about two and a half years — the number that I know that we have the capacity for is about 3,200 per year. Now, those aren't all hip replacements, but they are procedures that take place inside of an operating room. In the two and half years that I have sat in this position, we have never delivered 3,200 procedures. We have always delivered far more than that.

The volume that is the pressure on the system is about the needs of the population. As the population grows, as the population ages, and as the acuity of that population increases, that demand and flow increases. The number of procedures we do has continued to increase, and what our job is to do is to balance that need between that never-ending flow and the need to provide health care to those in a prioritized or triaged manner at the capacity that we can.

When we talk about — and we know — we know that this territory is growing. We know that it might be the fastest-growing jurisdiction in maybe all of North America, all of the

G7; I have seen all sorts of different numbers. That input on the flow, on the volume, is going to increase, and I think that the hospital has done a really good job — continues to do a really good job — in meeting that demand and providing those services.

For the purposes of understanding of the complexity of it, I think that understanding those two dynamics and trying to find the balance in the delivery of health services is important, and I will turn it over to Mr. Bilsky to give you the specifics of it.

Mr. Bilsky: Yes, just to expand it a little bit — we are entrusted with public resources to meet the needs of Yukoners. As Mr. Lucier was alluding to, having sustainable surgical services is critical to our environment. There would be some who would say that your surgical department is the heartbeat of your hospital. I think that all people — all areas — would say that they are the heartbeat, but it is a critical part of our system.

As Mr. Lucier said, sometimes the needs are far in excess of the available resources that we have — resources meaning people, time, and money. Just to put a fine point on it, demands on surgical services have grown substantially over the past three to five years. Year-over-year volumes as of today were trending toward 18 percent higher this year over last year.

To ensure that we meet the needs of emergency and urgent care and preserve the staff and workforce by not overwhelming them, sometimes it may mean managing the elective and non-urgent cases. It doesn't mean that they won't get done; it means that there is a potential that people have to wait slightly longer or longer than what is expected but, again, managing that within the resources that we have within the system. At this point, we are working very, very closely with government to see how we can maintain the level of services within the surgical services department. To that point, right now, the plan would be to maintain the level of procedures that we were able to perform last year. As I mentioned earlier, it is a very dynamic environment, and we have to be responsive to that.

What I can also tell you is that we will ensure that emergent and urgent care is taken care of, so all of those surgeries that fit that criteria will continue to be done no matter what period that we are in. Also, we are continuing to work on areas of cataracts and meeting targets that we have set in collaboration with government to ensure that we are managing those wait times and wait-lists — and similarly with orthopaedic joint replacements. We have a certain target that we want to meet and keep on the table so that we can, again, manage those wait-lists.

Again, just in closing on that question, what I can say is that it is a dynamic environment, and we continue to work with government to create solutions for that.

Mr. Cathers: I am pleased to hear the witnesses indicate that they are working with government on trying to find solutions, but again, I did ask the specific question about whether an operating room has already been shut down. That is something that one long-time local doctor told me by an e-mail that he sent me, and I am just asking if the witnesses could confirm if that is correct or indicate that it is not correct.

Mr. Bilsky: At this point, what we have planned is an extended slowdown during the Christmas season — the holiday

season — and that means running at reduced capacity from December 18 until January 5, and then again, beginning in January, we are hoping that we can bring to bear some solutions that will maintain services at that point in time.

Mr. Cathers: Okay, thank you. I appreciate that answer. We know that there have been cuts to medical imaging. Again, I know that the witnesses would characterize that in a different term and that the reduction in surgical services are being considered through what the CEO characterized as an “extended slowdown”.

Could the witnesses please tell us in what other areas cuts or caps or measures to align with the budget — however they may choose to phrase it — have been implemented within the hospital so far and what other areas there may be service reductions being contemplated to align with the budget?

Mr. Lucier: At the most recent board meeting, which was at the end of October, the administration — Mr. Bilsky and our CFO — brought a host of options to try to contain — I wouldn't say “cut costs” — but to contain costs, and they included a number of different areas for consideration, not all of them service-oriented — so, in procurement — ensuring that, in the procurement, negotiations were undertaken with suppliers to achieve the best possible prices. A number — I think there were six different areas that were presented where efforts were being made by the administration. Only, I believe, in two of them was there some suggestion that there would be an alignment of services to the budget constraint that we were experiencing, and those two were imaging — and that is a broad scale of modality in services — as well as some alignment in our surgical services.

I will turn it over to Mr. Bilsky for additional comments.

Mr. Bilsky: Just to add a little bit more to what Mr. Lucier was saying, the other areas that we are paying attention to is we have agency nursing costs and other contract costs that are rising exponentially. Just to put that in context for you, last year, just over \$8 million in costs; we expect that to be closer to \$13 million for this year in agency costs and at rising proportion and at rising cost. So, it's very important for us to address that, and we have many, many initiatives and tactics underway to try to address that for reducing our dependency on agencies. To be clear: We will never eliminate agency usage, because there is a useful part of that, but we do have to contain that component.

Another area that we are paying very close attention to is in procurement. We are party to a number of buying agents. Contract and vendor management is really important to us. Ensuring that we are getting the best value for every contract that we have is very important to us.

Another area that we are paying close attention to is being very judicious on any hiring, mostly directed toward front lines, at this point in time. As with any organization, I think our organization is very — 65 percent of our total cost base is made up of salaries and wages, so being careful about how and where we apply that. As I have said, it's mostly about if we are adding or if we are looking at replacing — it's about patient care. I would probably leave that as a summary of where we are focusing cost-containment efforts.

Mr. Cathers: I appreciate that information. If I heard the witness correctly, the agency nursing costs are up to \$13 million from \$8 million I believe was the indication. My apologies if I misheard that; please correct me if I did. Comparing that growth to the already significant growth in compensation and benefits, looking at the hospital's consolidated statement of operations for the year ending March 31, 2023, that line item — "Compensation and benefits" on page 6 of the statement — shows an increase of close to \$5 million between 2022 and 2023. It seems that the agency nursing cost increase has equalled what the total compensation and benefits increase was for the previous year.

Could the witnesses indicate: Do they have a sense at this point in time of how much higher the cost of compensation and benefits will be for the current fiscal year? I realize that at this point it would be an estimate, since we are partway through the year, but are they able to share that information?

Mr. Bilsky: I don't have that exact, I would say, year-end expectancy for salaries and wages. I can probably comment on a few things that will impact that greatly, which is probably a reason why it would be very hazardous to guess at this moment. The first thing I would say is that we are in active negotiations with both unions at this point in time. Our union environment is 92 percent of our total employee base, so in active negotiations at this point, and obviously, I can't comment on what that might look like as far as the result of that.

Second of all, to put agency cost in context, I would say that we have an increasing reliance on agency. It is trending toward about 30 percent to 40 percent right now. It is about 30 percent of total cost. That is not 30 percent of the total FTEs; it is 30 percent of the total cost, because it is disproportionately high in terms of the amount that it is using. It is going to, again, disproportionately increase the salary and benefits that we have seen year over year.

Mr. Cathers: Thank you. I appreciate the answer.

Moving back to the cost-containment question, I appreciate the answer that was provided about the areas that were considered. Could the witnesses indicate, with the recent cost-containment measures implemented in the medical imaging department, what impact that is expected to have on the wait times for those procedures?

Mr. Bilsky: The first thing that I would probably want to put into context and clarify with that question is that I would say that, if we are talking about containment of costs and preservation of our workforce and living within the system or design, that is a component of potentially increasing wait times, but I would probably — not probably — I would say that the increasing demand for services is what is actually causing any increase in wait times that we might expect year over year.

So, it varies by modality, and I can give you some examples of each modality. An example would be in mammography — diagnostic — we are meeting that target. It is a seven-day target, and we are meeting it within four days. Unfortunately, that does mean that the non-urgent modalities, such as routine screening, instead of being at target of 24 months, we are trending toward potentially 35 months.

Similarly, with MRI, we categorize things as P1, P2, P3 — it just means urgent, semi-urgent, non-urgent. We would look at, you know, a target of seven days for urgent. Right now, we are at one day, so we are meeting the urgent needs, but when it comes to semi-urgent — a target of 30 days — we are at 40 days currently, and for non-urgent, we are at — 90 days is target, and 140 days is where we are at right now.

I don't have a projection of where this will go based on, as I said, increasing demand for the services, but I can say that it will trend upward over time. You know, having said that, it is incumbent upon our organization and government to continuously look at what's needed here and address those needs.

Mr. Cathers: Thank you; I appreciate that information. Some of it is concerning, of course, but I do appreciate the answer.

In the area of ultrasound, as well, we understand that was part of the cost-containment measures. Are the witnesses able to provide any information about the expected impact of that on wait times for non-urgent ultrasound?

Mr. Bilsky: That is one area that I don't have. With none of them, actually, do I have the accurate expected wait-time increase. It's one area that I don't have the current — as of today — but it's something that I can undertake to provide, if necessary.

Mr. Cathers: Thank you; I appreciate that information.

I understand that, with some of the areas, the witnesses mentioned the pressure on staff, as well, and the need to recognize those limitations, as well as the financial ones, but that then does raise the question in some of those areas — I will focus on medical imaging in particular at this point — for those areas where, either due to budget constraints, staffing constraints, or both, they have implemented the cost-containment measures. Are the witnesses able to provide us with any information about the scope of the current financial problem and how much additional funding would allow those services to be increased to the level that they were at per day earlier this year?

Mr. Bilsky: To summarize, our financial results for the six months ending September 30, 2023 is a deficit of \$2.9 million. We are trending at this point — and it depends on how successful we are — toward somewhere between \$4.5 million and \$6 million by year-end. As we said, we can categorize in those five themes the pressures that we are facing after six months: pressure on employee costs; volumes and pressure increases on surgical services; increased volume complexity of testing; and escalating costs and inflationary costs in chemotherapy. In each and every one of those cases, we are continuing to work with government to address the needs and ensure that we can adjust services to fulfill safe and excellent hospital care.

Mr. Cathers: Thank you; I appreciate that answer.

Would the CEO please be able to tell us about his involvement in the work on the health human resources strategy? What information are you able to share with us at this point in time about this initiative? Particularly, what steps are

being taken to ensure that it reflects the current and emerging needs of Yukon hospitals?

Mr. Bilsky: That is a very important question and a very important issue across Canada, especially here in our environment.

Our hospitals are committed to maintaining a safe and quality environment with minimal service disruptions in an environment where we know that health human resources constraints are extreme at the moment. At this point, I would really like to acknowledge our entire team's dedication and commitment to delivering safe and excellent patient care throughout these times. We have an exceptional team that works within the hospital system, and every day, I am amazed at their ability to provide the care that they do. I can't say enough about that team.

We know that, heading into COVID, there were pre-existing challenges with national nursing shortages in particular but health human resources overall, and I would be remiss not to mention that health human resources includes so many other disciplines — technologists, administrative people — it includes a full gamut of people working in health human resources but especially in certain specialty areas.

The impact of COVID and the pandemic has further exacerbated the damage to these workforces, and there are just not enough new people entering our labour workforce to close that gap. I think it was recognized early on that implementing a broad health human resource strategy for this organization and health system overall was extremely important. We have been working with our partners, such as Health and Social Services, Yukon University, YRNA, YMA, the Yukon government's departments of Economic Development and Community Services and also union partners and the YMC. What is unique about the strategy, I will say, is that it involves the broad spectrum of people involved in human resources in the territory. From my personal opinion, I have not seen this type of collaboration happen before.

Without getting into details of what is included — because I think this strategy will be finalized soon and commented on as a joint effort by all — some things that I can tell you that are ongoing at the moment from the Yukon Hospital Corporation's perspective only but that would align with this — we would be supporting continued education of LPNs through LPN student placements and new permanent YHC positions that allow staff to both instruct in the LPN program at Yukon University and work at YHC. We have implemented strategies to recruit new specialty staff nurses to YHC, including: use of financial incentives to attract short-term contract, permanent staff; proactive marketing and recruitment; things like offering opportunities for clinical skills and speciality area development; ensuring that infrastructure exists to support academic programs, and student placements would be an example of that and new-grad initiatives would be another example of that; wellness initiatives; supporting learning opportunities; developing "growing leaders" within our organization; looking at international educated health professionals as a source; improving processes of onboarding and orientation, and I believe the list goes on. These are all

consistent with strategies that you would see in the overall strategy itself.

Mr. Lucier: I think to also add — to recognize, as Mr. Bilsky has done on a number of occasions — the importance of the staff that we have today and the people who come to work every day as employees of the Yukon Hospital Corporation dedicated and giving of themselves to provide the care.

In recognition of that, I think it was just announced today that the Yukon Hospital Corporation, with the assistance of the Government of Yukon, was able to make available to our existing nurses — LPNs and RNs — retention payments to acknowledge their continued and ongoing efforts with us. We are very happy to be able to make that announcement and provide that benefit to those folks who have been with us. It hasn't been easy for them. There is a full acknowledgement and recognition of that, and this is but a token bit of aid to support them in the next couple of years.

Mr. Cathers: I appreciate the information.

I would like to ask about cataract wait times. We understand that 554 cataract surgeries were done last fiscal year, according to information from the minister, but at the time when I asked the question, the numbers she had were from earlier in the summer.

Can the witnesses please tell us how many cataract surgeries have been done so far this year? Also, can you please tell us what the current wait times are for ophthalmology and cataract surgery and how many people are currently on the wait-list?

Mr. Bilsky: Just to go back a little bit and explain the cataract ophthalmology program here — in 2018, the Yukon Hospital Corporation and the Government of Yukon developed a plan to reduce wait times for cataract assessments and increase the number of cataract surgeries performed in the Yukon. I would like to thank the team for their dedication. There is a multitude of different departments; I would be missing out if I tried to name them all. This plan has been successful in achieving the targets that we have set.

Again, to put this in context, the program that we have as far as ophthalmology — it is not only about cataracts. It is cataract assessment and surgery. It is also retinal injection therapy, glaucoma assessments and monitoring, and general and pediatric ophthalmology assessments. The balance of all these elements must fit within the service needs that we have. But if we are speaking specifically about cataracts, we have a target in 2023-24 to complete 600 cataract surgeries. At this point in time, we have completed 326 cataract surgeries and we are expecting that we can accomplish the 600 that we have set.

The wait times for cataract surgery are currently in the range of 10 to 12 months, and that is combined — "combined" meaning from referral to assessment to surgery. We are looking at roughly about 12 months. It can vary. We are very close to what we expect the target to be in that area.

I will caveat this to say that, as we move forward with a growing and aging population, we expect that the need is going to grow by about four percent per year to be able to maintain that type of wait time.

Just in closing on this comment, again, I would to thank everybody involved in being able to achieve this — our government partners as well as all of the staff who have achieved this — because we did reduce from about a 36-month wait time — about three to four years ago or four years approximately — down to approximately a two-year wait time in total.

Mr. Cathers: I appreciate that information, and the next wait time that I would to ask about is the wait time for cardiologists. In 2020 when witnesses appeared in this House, we heard that the wait time to see a cardiologist was five months at the time. Last November, the CEO told us — quote: “... it is just over five months to see a cardiologist. I believe that the total list is about 298 patients in total...”

Can the witnesses please tell us what the current wait time is and how many people are currently on the wait-list?

Mr. Bilsky: I want to expand on this question just a little bit to back up and put it all in context. Specialty services are provided to Yukoners primarily through a number of different avenues — resident specialists, such as OB/GYN and orthopaedic surgeons, and visiting specialists, primarily through our visiting specialist clinic at VGH and virtually through telehealth, and also through medical travel and medevac. The reason I put that in context is because if someone is looking to access a specialty, it may not only be through the services that we offer. If it's a care need that cannot be met here or needs to be met more urgently, they may use other means such as medical travel.

It's really important as a territory that we collaborate to effectively address specialty care needs for Yukoners and use all those methods that I just mentioned to address those needs. We collaborate through a committee called the Access to Specialist Care Committee, and it's a tripartite committee that involves Yukon Hospital Corporation, YG Health and Social Services, as well as the YMA. The role of this committee is to assess programs, identify priorities, and recommend action for supporting and addressing specialty care needs.

I'm proud to say that we're continuously improving the wait times for all specialties. Last year, we would have reported that approximately eight out of 13 were meeting target times. Now, thanks to the great work by the people there and the physicians involved, I can say that 10 out of 13 are meeting their wait times.

To address cardiology in particular, that is one where, if you look year over year over year, it continues to be approximately six months in wait time. The estimated total number that I have on the wait-list is 323, although that will fluctuate greatly because of the number of visits that are happening, and then you will see a drop and then an increase over time, so it may not be exactly representative of what you see on an average wait-list.

Mr. Cathers: I appreciate that information.

I would like to ask about MRI wait times as well and just ask the witnesses to clarify what the wait times were looking like earlier this year and, with the cost-containment measures, what impact they may have had on wait times for MRIs,

particularly for priority 2 and priority 3 MRIs as well as, of course, urgent MRIs?

Mr. Bilsky: Currently, our MRI program, which actually began in 2015 — I would also like to say thank you to the Yukon Hospital Foundation for its original support in doing that and the Yukon government's ongoing support for operations. We are, right at this point — we have, again, priority 1, which is urgent and has a seven-day target — we are meeting that and are well under that at one day; priority 2 — semi-urgent, 30 days — right now is at 40 days, which is what the current wait time is; priority 3 — non-urgent, 90 days — and it is actually at 139 days.

We are performing more MRIs year over year this year, but again, the demand for MRIs is continuously increasing. We monitor this very closely with appropriate use to ensure that our per capita usage is within the range that we expect it to be. Again, that is just appropriate usage guidelines that we try to follow. That is again to make sure that the people who need an MRI have access to it when they need it. We are looking at expanding that program if at all possible, but that will take an increased level of human resources to do it and, of course, an increased level of funding to be able to satisfy the human resources, as well as the radiologist fees that go along with each and every procedure that is performed.

Mr. Cathers: Thank you for the information. This spring, as the witnesses know, the Premier approved a contract to Ernst & Young Orenda Corporation to review the financial management of the Yukon Hospital Corporation. Did the hospital ask for this review, or did the idea originate from government?

Mr. Lucier: I think the simple answer to that very specific question is that we didn't ask for it.

Mr. Cathers: I appreciate the answer. My next question for the witnesses is: Could they confirm whether they have seen a copy of the Ernst & Young report as well as whether that has been shared with the Yukon Hospital board?

Mr. Lucier: We have seen a copy of the report. At its announcement, certainly, we were aware through discussions with our folks in finance — including our CEO, Mr. Bilsky. We were fully supportive of a third party looking into the fiscal environment of the hospital. I am very, very aware of the nature of this report and the rules, probably, in this room here as to how that report could or should be made available.

I will say that we were very happy to participate with it. In my dealings with the primary from Ernst & Young, he said it was a very unusual experience for him to have two parties so willing to participate and achieve a common outcome. Coming from a very tenured accountant in a very reputable firm, I thought that this spoke very highly of both the employees of the Hospital Corporation and the employees of Health and Social Services for whom he interviewed.

You know, without going into enormous details and probably treading where I ought not to, what I think I can say is that the outcome, as the corporation sees it, is really going to build upon an existing relationship with Health and Social Services to ensure that we have closer and better understandings of our demands. How that manifests into

appropriate health care — and excellent health care, in some cases — for Yukoners — and I sort of categorized it as it was a document — or it is a document — that speaks about a relationship, which is sort of unusual. My experience with firms like Ernst & Young and their like is that they are very critical on the dollars and cents. This, in my estimation, was not. This one spoke about a relationship — the importance of relationship — particularly between two parties, both seemingly to achieve the same thing.

I think that, as we look at the report, it gives us great opportunity to improve our ability to be more accurate with the government — “that” being us, the Hospital Corporation — to engage in real conversation, in some respects to develop, perhaps, opportunities to understand what it is that contributes to wait times, to volumes, to the complexity of delivering acute health care in a jurisdiction where we have only three hospitals.

I think that will result in a more accurate environment of the fiscal realm — from our perspective, more accurate, but that is not to say that it will always necessarily be exact. What we are experiencing today is very difficult to be exact. In fact, you know, as the chair of the board, I am not overly happy with how inexact we are in some respects, but that is us.

I think, you know, that as we engage in this relationship, our ability to share that information on a more timely basis will improve our standing. If nothing else, it will improve the understanding of all.

I think that what will come of it is — what came of it to begin with — is great guidance. I think that it was very valuable to have a third party look at our relationship, look at how we develop a fiscal environment from that relationship, and I think that what has come of it already is notable change. Already, as Mr. Bilsky has identified, the working relationship is closer with the department — maybe better than it has been in the past — and I think that what comes from that is important.

I don't want to get too far ahead of myself, but this is important work, because when we can be better — and when I say “we”, I talk about the body that sits at this table. When we can be better, then we build a better understanding in the public. They have a greater trust in what services can be provided, when they can be provided, at what wait times they can be provided. As we look at the need to form greater integration across the system, that trust needs to extend and transcend into that integration.

I think that this report was timely. It was certainly timely given the circumstances that we had experienced in the last fiscal year, and I think that it is timely for us going into the future. Now, the individual who will be responsible for that in most respects from the corporation's perspective and has represented us thus far is Mr. Bilsky, so if time will allow, I would just allow him to make any additional comments in that respect.

Mr. Bilsky: I think Mr. Lucier has pretty much said it all as far as I can comment on, but I would agree wholeheartedly with the timeliness of the report, even though it wasn't requested by us necessarily. The timeliness of the report, the quality of the report, and the nature of using it prospectively to guide where we go — especially when we talk about the health

system integration going forward and what that means as far as a ministry and potential health authority under the recommendations from *Putting People First* — the type of guidance that this report can provide is extremely important, and I think that it's a fantastic opportunity for us to capitalize on all the things that Mr. Lucier said.

Mr. Cathers: I appreciate the information, and there was a lot provided there, which I do appreciate. The one question I did ask that didn't get an answer is: Has the Ernst & Young report been shared with the Yukon Hospital board?

Mr. Lucier: Yes, it has.

Mr. Cathers: I am going to move on, recognizing that my time here is growing short before handing it over to the Third Party. I just want to ask the witnesses a few questions about the government's plans to develop a health authority.

Can the witnesses please tell us about their involvement in that work and what they expect it will mean for the Hospital Corporation and its employees? Also, we understand that the CEO recently sent a letter to staff about the health authority that indicates in part — and I quote: “... Health and Social Services (HSS) have begun sharing information and timelines of what their path forward will look like.” It also indicates that the impacts to pensions and employee benefits and organization charts — quote: “... will be given careful consideration ... once planning for those details begin.” So, it sounds like that work is in its very early stages. Can the witnesses please elaborate on that?

Mr. Bilsky: I can give you Yukon Hospital Corporation's perspective on this only. YHC is in support and full collaboration in the system transformation, as guided by the *Putting People First* report and in particular system integration in the formation of the health authority. Again, just to reiterate, I don't speak on behalf of our board, but I believe that we are in support of this integration effort.

Where it will take us, — just to put it in a very brief sentence, which probably won't do it justice — but a more efficient and seamless system will be more effective for clients, patients, and families. We are talking about bringing the service delivery elements together and creating, definitely, integration among those elements so that, from a client, patient, and family perspective, it's seen as one system. I imagine that you can think of your own scenarios in that, but think of a system where information can flow seamlessly among different care providers. That would be where we would like to go.

Of course, you can't forget about the important establishment of a ministry in this process, which is different from today where government and the ministry are in some respect service providers. Definitely, the ministry would become oversight, regulator, and funder and would set the strategic direction for the health authority — the health authority being the service delivery agent, for the most part, when it comes to health services.

It's a long process, for sure, and it must be co-led by Yukon First Nations. At this point, from our perspective, the YHC is a part of a committee called the Health Transformation Advisory Committee, along with appointees from the Chiefs Committee on Health, as well as DMs from Health and Social Services. So,

this committee has been focused on enabling legislation at this point in time, and any work that is more specific to the operations is more, I would say, in line with informing and will be informing going forward as things progress for situations such as benefits and employee impacts and so on and so forth. I believe that the member is correct that those are only in the early stages, and it's about building the knowledge and information so that informed decisions can be made on a go-forward basis.

Mr. Cathers: I will ask one final question about the health authority and then cede the floor to the member of the Third Party. I thank the witnesses for the answers that they have provided.

Do the witnesses know what the health authority implementation will mean for the hospital's reporting structure? Is it going to be reporting to a health authority that reports to the minister? Will any staff be moved from the Hospital Corporation to the authority, and can the witnesses tell us anything about how this complex endeavour will be dealt with during the timelines that have been laid out?

Mr. Lucier: In my reviews of health authorities that exist in just about every jurisdiction — if not every jurisdiction of Canada except this one — I would suspect that there will be a board or a group of governing individuals that will provide the governance in a similar manner as what we see in the Yukon *Hospital Act* where we have a board that is responsible for providing that guidance, that governance, and that oversight and accountability. I don't think, in the modern setting, that it would be anything short of that. I think it's early to determine exactly how the hospitals of the Yukon will interact and align with the new authority, as that will probably be laid out either in corporate structure or in corporate regulation or bylaw as to a reporting nature of that. To that end, I haven't seen any development of that yet.

Ms. Blake: I would like to welcome the witnesses. It is nice to see Mr. Bilsky here today. I previously worked with him. I would like to welcome my friend Myra Iles to the Legislature. She's the previous health and social director for the Vuntut Gwitchin First Nation government and has an extensive background in nursing. It is nice to have Myra here today.

To start, I will ask a few questions about the Yukon hospital year-in-review report. I am sorry for standing over you; it's where I am situated.

This question may already have been asked. I apologize if it has been asked already. What are the wait times for emergency visits? What are the demands for the hospital beds? And how many times have people been turned away from the hospital because beds are fully occupied?

Mr. Bilsky: Just to clarify — I want to make sure that I have the first part of the question correct — it was a question about the number of ED visits and capacity, and the second part was about the demands for inpatient beds; is that correct?

Ms. Blake: Yes.

Mr. Bilsky: I will address the emergency department first. We are increasingly under pressure — definitely — in the emergency department, and it is due to several factors including increased number of ED visits and increasing hospital capacity.

There are also challenges with an increasing number of patients registered without a family doctor. Right now, the volumes that we are seeing on average are about 105 visits per day. What this translates into is that, if we were to project to year-end, it would be about 38,700 visits. This is above what we saw in the previous year of 36,200. That is an increase year over year in this year of 6.6 percent overall.

The demand for beds — this fluctuates daily. I may not be as precise in this answer just because of the fact that this is a daily, if not hourly, management of the bed situation. Occupancy routinely runs within our inpatient units at 100 percent or more. This presents a challenge for us because when occupancy is very high, it obviously takes a toll on our people and on staff. We want to make sure that we provide the best care that we can. It can cause things such as deferred surgeries. It can cause things such as patients being cared for in the ED, which is not the most appropriate setting, but we will provide care for them.

The last part of the question, I believe, was about how many people get turned away because of hospital beds. We are in a system where we do not turn people away. If you present at the ED, we will care for you no matter our condition. We will find a way to care for you. It may mean a longer wait time or it may mean a situation where you are spending more time in the ED before you are admitted into a hospital bed. The only time that there is a deferral because of occupancy is for reasons, essentially, of safety. An example of that would be that we would not proceed with a particular surgery if we cannot guarantee the appropriate type of care setting — a bed for them per se — after that. It is better to defer the surgery rather than to proceed with a particular surgery.

I'm proud to say, though, that if we just talk about deferrals of surgeries — which would probably be the only case where we're turning people away because of inpatient occupancy — in our estimation, it is very low. We are talking about less than one percent per year — probably closer to 0.5 percent — of surgeries that are deferred due to hospital occupancy. It doesn't mean that we have to manage it very aggressively, and I don't want to understate the fact that we are continuously full and continuously managing that effort, because it is every day and it is like a rising tide. It is increasing.

But miraculously and very thankfully, our teams are able to continue to provide this service as necessary. There are deferred surgeries for other reasons, but when we talk about hospital occupancy, that would be my answer. Hopefully, I have covered most of the questions.

Ms. Blake: I thank the witnesses for the response. In terms of the hospital being at capacity of 100 percent or more, how many of those beds are occupied by patients or elders who are waiting for long-term care placements?

Mr. Bilsky: I do have that information; I just have to make sure it's in the right spot, so bear with me.

Typically, in our system, we would refer to these as ALCs, or alternate level of care individuals. "Alternate level of care", by definition, just essentially means "no longer needs acute care". So, it may be people requiring care in-home or requiring care in continuing care or somewhere else in the system. So,

just to put that in context, the ALC pressure in YHC has been an issue for us since my time starting with the hospital — so we are going back over 10 years — and it has increased and decreased over time. There are situations where it has improved significantly with examples of Yukon government opening up more continuing care beds in Whistle Bend. That was a point in time when we saw a significant decrease in the number of ALCs. Again, I would like to say that we care for patients no matter what the condition until we can find safe discharges for them.

To answer the specific question, ALC pressure at Yukon Hospital Corporation has improved from August 2018. That wouldn't be a peak, but it's a higher point when we saw it at about 19 percent. With August 2023-24 as a comparator, our ALC percentage was at about 12 percent. What we would like to target is probably 10 percent or less within our hospital system. We are above target and we are seeing that trend go up. It is a factor of a growing population and a disproportionate aging population in the Yukon.

The other factor that is significantly contributing to that and contributing to our occupancy overall is acuity. We're seeing increased levels of acuity across the board. Again, with an aging population and others, complex care is just becoming — in the care that we provide.

Ms. Blake: The next question that I have is with regard to the drug poisoning that we're experiencing in the territory. We often hear about the drug poisoning that's happening in the community where people don't survive drug poisoning. What I would like to hear more information on is about those people who survive a drug poisoning. I am going to kind of stack my questions, as I am short on time.

How many cases is the hospital seeing where drug poisoning is being reversed? What follow-ups are there for people who survive drug poisoning? What supports does the hospital need to support folks who survive drug poisoning and also supports for staff who are repeatedly supporting people who experience drug poisoning?

Mr. Bilsky: That's a very important question and a complex question to answer.

Opioid use, as we know, is a national crisis and the Yukon has seen this crisis, I believe, even more acutely than other parts of Canada. The reason this is a complex question is because opioid use is complex, multifactorial, and, in many cases, rooted in social determinants of health, so decreasing opioid usage and negative impacts requires upstream health initiatives and downstream support.

We participate in part of the Substance Use Health Emergency Project Executive Committee and this group is focused on developing Yukon substance use strategies. This strategy includes four pillars: prevention, harm reduction, treatment and recovery, and community safety. At YHC, we currently have strategies in place under the harm reduction, treatment and recovery, and community safety pillars — some greater than others.

Examples of harm reduction — when ensuring that we place a First Nation health equity lens on overall harm reduction strategies — corporate policies about harm reduction

that support and enable patients with issues in this world. Staff and physician harm-reduction education, barrier-free naloxone distribution, safe injection, safe inhalation, and drug-testing kits — equipment for those reasons — and patient and family education on safer drug use — those would be issues of being able to refer people appropriately when we see that.

Treatment and recovery — definitely, initiatives such as the managed alcohol program and therapy within the community hospitals and establishing processes for patient referral and follow-up in the communities.

Lastly, community safety — making connections with Yukon First Nations and supporting procurement of naloxone in the territory.

I don't have the numbers — I think the request from the member was specifically how many presented and were saved. I don't have how many were saved. I would like to hope that all survived, but I cannot say that. I believe, year to date, we have seen 39 instances presenting to the ED. It can vary, but our ED visits for substance use diagnoses in the 2022-23 year were approximately 2,300 visits overall. Those aren't overdoses; those are visits for substance use. That represents about five to six percent of our overall ED visits that are related to substance use. I hope that answers the majority of the question.

Ms. Blake: I thank the witness for that response. In terms of the 2,300 visits that have come to the hospital for substance-related issues, what supports are provided to these folks in the emergency department if they are presenting with issues that are related to substance use?

Mr. Bilsky: Speaking as a non-clinical person, first and foremost, the clinical presentation would be managed by the appropriate physicians and staff to ensure that the care plan for the patient is appropriate with how they are presenting.

Aside from that, what I can say is that, from a treatment and recovery perspective — so, again, once they have hopefully been able to recover from an episode — we would focus on establishing a process of patient referral follow-up within Community Services; coordination of rapid access to mental health and substance use supports in the communities; access to social work, if necessary; and access to First Nation health programs, if warranted, and that can be provided at all three sites, and we try to do it in the most barrier-free environment that we possibly can.

Ms. Blake: My next question is in regard to the drug poisoning situations or drug poisoning visits that end up at the hospital. With the 39 — does that number of 39 also include the Watson Lake hospital and the Dawson City Community Hospital?

Mr. Bilsky: I believe it does, but to be precise, I would have to undertake to respond to that at a later date.

Ms. Blake: My next question is in regard to training. What training do staff at the community hospitals in Dawson and Watson Lake have access to in terms of supporting folks who live with addictions?

Mr. Bilsky: I would have to say that, through their professional training, which is an ongoing, continuing professional education, they would be afforded the appropriate training not just for addictions but also the overall training

necessary for acute care and emergency care within those hospitals.

Ms. Blake: My next question is: What information is the Yukon Hospital Corporation collecting on reports of discrimination and racial stereotyping? What is Yukon Hospital Corporation doing to directly address systemic racism in the health care system? Can the witnesses please explain the details of Yukon Hospital Corporation's anti-racism plan?

Mr. Lucier: From a strategic perspective — and I will turn it to Mr. Bilsky here in a moment — I think we have shared and have certainly spoke of this document, although it may not have been in hard-copy publication. It is our strategic plan that goes from 2022 — it came about late in the year — to 2027.

You know, our position on racism and equity is on page 1. We are as a board — and particularly because I think that it is relevant in all cases but with a great degree of focus through our First Nations health programming committee — we focus on this to ensure that equitable care, fair care, and the same care is provided to all people who are coming in. I will just read the very short four lines: “Yukon’s hospitals condemn all forms of racism. Our organization will not stand for discrimination, intolerance, or violence in our hospitals and we are committed to undertaking the work needed to eliminate racism and build an equitable, diverse and inclusive place for all who come through our doors, whether they be employees or patients.”

We take this really seriously, because if people feel that they are subjected to racism, an equity issue, a lack of diversity and inclusion, then they may not come. They may not seek the health care that they require. We work very closely with the administration of the hospital to ensure that efforts are taken to have people appropriately aware, to be trained. We work through our very, very good First Nations health programming on services that provide, I would say, supports to First Nations so that they feel supported so that issues can be dealt with. Even so much as in our — not security staff — but our health security officers who are now deployed within the hospital — we have had some unbelievable stories of the way that they engage with people to de-escalate people. In just about every account, we do our utmost to try to do that.

That is not to say that we don't have more to do, and we will continue to endeavour to be better, but certainly, it is a focus of the board, and it is identified in our strategic plan. Truth, reconciliation, indigenization, and decolonization — a key pillar of a four-pillar strategy as we move forward emphasizing the importance of that.

I will turn it to Mr. Bilsky to further that comment.

Mr. Bilsky: I would like to sincerely thank the member for this question. This is a very important issue for our organization, and I personally am passionate about advancing us on this journey.

As Mr. Lucier has already mentioned, it's an organization-wide initiative for us. It's very visible in our strategic plan, and that commitment is visible throughout our organization. It's supported by a local Indigenous consulting firm to ensure that we have the expertise to support the services that are applied.

As the member is very familiar with this, we are also very proud of the First Nations health program that we have within

our system, and the member was actually a fantastic part of that, so my compliments to that person, for sure.

Having said that, our strategy of indigenization is about the act of making something suit the local culture through recognition and adoption of Indigenous world views and transforming our spaces, services, policies, and programs and the inclusion of more Indigenous people in our workforce. So, pulling from that, it's about the transformation of our spaces, safe policies and programs, and inclusion of more people in our workforce. To undertake that — the elements that we're working on — relationship building has to be very meaningful for us, being honest about how we oppress, create barriers, and sometimes harm and that experiences and outcomes are often poor for First Nations and recognizing that truth, incorporating traditional and cultural ways into all the work that we do, not just through First Nations health programs but throughout all systems and processes within our hospital, and creating pathways to positive connection to YHC through youth internships, and the mental wellness unit that we are undertaking has a significant Indigenous component to it.

I would like to give an example of a few of the things that we have undertaken right now. Cultural safety questions added to interviews that we have — we have hired — we have a continuous stream, but we currently have youth interns employed at all of our sites who are First Nation youth interns. We have a REDI committee that has been formed to address equity and diversity issues. Addressing racism in Watson Lake is a focal point for us, and we are working with our First Nation partners there. Nursing division in particular — planning and advancing cultural safety — we have a lot of, what I would say, itinerate nurses, and it's very important to us to support them going into communities, as well as making sure that the communities themselves see services that are culturally safe for them. Job classification systems — to ensure that there are validations of ways of knowing in terms of Indigenous qualities.

Artwork within our facilities: We've engaged First Nations significantly in our mental wellness unit, which is a construction project, obviously, that we've undertaken. It's a pretty significant advancement in mental wellness in our community, and it's very important to us that we have a significant amount of First Nation engagement in that.

Mr. Lucier: On that note, this is a major undertaking, the first major capital undertaking at the hospital since, I believe, the emergency department was redesigned and built. As you can imagine, it would be really easy for us to focus on the instruments of construction — that capital development. The programming certainly that will happen within the hospital is in the professions and expertise of psychologists and the like, but those are two areas that we focus on.

There is a third area, and that area is indigenization. That place has to serve our Indigenous population in a way that, quite frankly, we haven't provided any services in the hospital to date. It is an opportunity to start afresh, and we have engaged from the very beginning with the need to understand, to build those partnerships, and to communicate with the First Nations so that they can guide the process. It's not our process. It's a

linked, hand-held, combined process so that when we open those doors next summer, we do so with that facility being able to meet those needs. If we don't do that, we'll have missed a significant opportunity of building a building, because it's not just a space. It has to be a place where everybody comes and feels welcome and that the services that they are provided are provided in a way that meet their needs, their cultural specificity, and I hope that we are getting there.

Ms. Blake: I thank the witnesses for the response to the question.

I am going to move on to asking a question about accreditation for WGH departments. This summer, all three Yukon hospitals received visits from Accreditation Canada, and we know that WGH received accreditation, even though several of its departments did not. The report that we reviewed listed several issues that should be concerning to the hospital. The emergency department of the Yukon hospital failed on 22 percent of their standards, and the Yukon Hospital Corporation failed on a quarter of its infection prevention and control standards. The point-of-care testing failed on more than 20 percent of those standards indicated with accreditation.

What is the Yukon Hospital Corporation doing to address the safety concerns highlighted by that report?

Mr. Bilsky: To put accreditation in context — and again, it is a very important issue for us, because we voluntarily participate in this improvement process with Accreditation Canada. This is an ongoing process for us, and it includes surveying and assessing health services against standards to identify what is being done well and what needs to improve. This is part of our commitment to continually improve the quality of services. I must say that everyone at YHC is involved in this process, from front-line staff through to physicians, through to senior staff, through to board members.

Our most recent survey — and it works on generally a four-year cycle — we were surveyed in May and June 2023. All three hospitals, as the member mentioned, achieved accreditation. We were assessed against 13 standards, which are broken into a multitude of different criteria — over 2,200 different criteria — and in 2023, we achieved overall 92 percent compliance with standards.

Definitely, it notes areas for improvement, as well as areas of strength for us. As I said, it is an ongoing process for us with a four-year cycle.

The report provided to YHC definitely contained themes — some of them noted by the member — and it is actually posted on our website if there is a need to look at any of the detail. Feedback and recommendations for improvement are a valued part of this for our culture, as we strive to deliver safe care. What ends up happening with the accreditation report itself is that we now take that back to our teams with specific areas that were mentioned by the members themselves, and we would start to put together management action plans to address those and any other concerns that we have, but as I said, it is a continuous improvement cycle so that we can always look at how we can provide better care.

Ms. Blake: This report also noted that the Yukon Hospital Corporation failed every compliance requirement for

patient safety incident disclosures — zero of the four requirements were met. Can the witnesses explain this finding and what Yukon Hospital Corporation plans to do to improve transparency and patient safety?

Mr. Bilsky: Thank you for that question, Madam Acting Chair. That is a question that unfortunately I can't answer at this moment. I can say that, with more detail — I can provide that detail as an undertaking, if that is acceptable.

Ms. Blake: The next question I have is regarding the turnaround times for biological testing, which are tests that are sent outside of the territory. What is the hospital doing to address the lengthy turnaround times for biological testing? And why did the Yukon Hospital Corporation make the decision to outsource biological testing?

Mr. Bilsky: On the topic of laboratory services, YHC has a long-standing partnership with outside labs. Due to our hospital's limited scope of lab services, we rely on labs in larger centres to support the wide range of Yukon test needs, including very specialized tests such as microbiology. The reality is that specialized tests require appropriate expertise, equipment, and sufficient testing volumes to maintain clinical competencies. Essentially, we are talking about economies of scale to be able to perform.

I think that comments have been made about — an example would be syphilis testing, which has historically been tested outside of the territory with contracted partners in Vancouver. What I will also say is that despite our geography and the significant volume and pressures that we are seeing, we continue to maintain appropriate turnaround times for test results. I have to also comment that accuracy in this case is just as important as turnaround times. So, receiving results back within acceptable time frames and in an accurate manner — i.e., specialized tests that we are talking about — in order not to delay care is extremely important.

I would also like to comment that our lab does an exceptional job in maintaining this level of service. It is an incredible team within the lab, and I think that there have been comments made about the lab failing accreditation, which is not correct. Our lab services actually achieved a very high compliance rate with all of the criteria that are set out for a lab with Accreditation Canada.

We don't seek separate lab accreditation — I would like to clarify that point — but within accreditation, there are sections that touch on various pieces of lab, and this lab team does an exceptional job of meeting the criteria. I think it's over 95 percent of total net criteria.

Again, I would be remiss by not complimenting that lab team for the service they provide. Accuracy, I think, is exceptional within that team. I think overall, with the system that we work within — both in-territory and out-of-territory — the turnaround times are exceptional and meet the care needs of the population.

Ms. Blake: I thank the witness for that response. I was going to ask a question about the lab, because it is in the report, but I will switch to employees and morale.

For the last five years, the Hospital Corporation's employee survey has consistently shown low employee

satisfaction and morale. This survey showed consistent results in terms of staff not feeling that they have support for training, career development, and support from supervisors. There is a list that also included that staff experience high levels of stress and cannot balance family and personal life and that staff do not feel safe at work or that they are supported within the hospital to take effective action to prevent violence and abuse in the workplace.

I have a number of questions. What policies does Yukon Hospital Corporation have in place to deal with violence and abuse in the workplace? Why have these policies been failing staff? How is the department prioritizing health and wellness for its staff? What is the hospital doing to address staff health and wellness concerns? And how will the Yukon Hospital Corporation make changes to fix this problem?

Mr. Bilsky: There are several questions embedded in that, so I will try to touch on all pieces.

I will start off by talking about the employee satisfaction survey that we perform on an annual basis, with the exception of 2021 and 2022, which we had to defer due to the pandemic.

We gather information about issues of importance to our teams. Survey results highlight issues that we need to explore further at the team level and provide an opportunity to involve our people in making improvements.

To be honest, I would say that over the last several years of the survey, we have experienced a gradual downward trend, as the member had mentioned, in terms of overall satisfaction, but we have seen improvements in other areas within specific teams. As I said, results are used to identify organization- and department-level opportunities.

We are also successfully working with department teams to prioritize issues affecting them directly and engaging them in developing and implementing action plans. What it highlights for us is that each and every department has a different range of issues that are really important to them, affecting their morale, affecting their work-life balance, et cetera.

I am proud to say that the areas of improvement that we've been focusing on have actually resulted in improvements, and I will give you a couple of examples of that. One would be that this was the first year that we actually included specific questions on equity, diversity, and inclusion. The results of those questions — overall, the majority of respondents, of employees, state that they feel that people are treated fairly regardless of age, race, ethnicity, gender, or sexual orientation. It's a concerted effort on our part to improve that and I'm proud to say that it has improved.

Surveys have also helped to inform organization-wide improvements such as: orientation; onboarding training; leadership development; improved wellness supports, such as an improved employee family assistance program; and on-site fitness facilities. We will continue to use the feedback that we get from that survey to shape the annual and long-term planning.

In particular, we also use a number of other metrics to assess morale, mental health, and stress within our organization — things such as staff retention, assessing recruiting efforts and

vacancy rates, assessing workforce wellness through metrics like sick time, and leaders continuously and routinely assessing morale qualitatively through check-ins with staff. Ensuring that employees have a balance in their work life and promoting wellness is important to us, and this means even the operational impacts of balancing things like overtime for staff. We provide a number of wellness supports for employees — the employee family assistance program, a comprehensive benefits package, and access to on-site fitness facilities, as I mentioned. We have a Working on Wellness committee, and it coordinates many activities for employees. We have a comprehensive abilities management program that proactively supports medical disabilities in the workplace, and as I have mentioned before, we have implemented a reconciliation, equity, diversity, and inclusion committee.

Specific to addressing workplace behaviours, we have, I would say, policies and processes in place that address the code of conduct and ethics within our workforce. We have a system in place that ensures that people who are onboarded and oriented understand their commitment to that, and then we have processes that continually engage our employees in the commitment toward that. Obviously, where there are situations of incidents, we have a system of reporting incidents and the ability to take the appropriate actions within the system to improve.

Ms. Blake: I don't have any further questions. With time running out, I would just like to thank the witnesses for being here today and for their time and sharing information from my questions.

Mr. Cathers: I wasn't expecting to get another chance, but I would just ask if the witnesses could provide us with an update on the surgical services area and operating room project that had been identified as an issue of high priority by the Yukon Medical Association previously. In past Sittings, the witnesses have provided information.

Can you provide us with an update on that project now?

Mr. Bilsky: Just to refresh, I think, everybody's memory, YHC conducted a long-term planning exercise related to the future needs of surgical services at Whitehorse General Hospital in 2019. I must say that this is a large, complex, and long-term initiative, with probably a lifespan of five to seven years from inception to completion if it moves forward. It requires comprehensive stakeholder involvement to ensure that it appropriately meets the needs of Yukoners.

A needs assessment and high-level functional service program were completed at that time with engagement of surgeons, other physicians, and surgical nursing and support staff. However, I would say that work was initially put on hold due to priorities of pandemic and current health system pressures.

The planning thus far has been predicated on rapidly changing quality standards as well as projected future service needs. To be accurate, a detailed solution has not been determined, nor have commitments been made to proceed further. We have made and continue to make short-term improvements within existing surgical services to mitigate any challenges that we currently see. Essentially, we would have to

look for government commitment to proceed with this project further.

Acting Chair: The time is now 5:30. The time designated for witnesses, pursuant to Committee of the Whole Motion No. 15, has now expired. The Chair shall, on behalf of the Committee, offer our thanks to Al Lucier, Chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, Chief Executive Officer of the Yukon Hospital Corporation, for appearing as witnesses today.

Witnesses excused

Acting Chair: The Chair shall now rise and report to the House.

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Ms. White: Mr. Speaker, Committee of the Whole has considered Bill No. 211, entitled *Second Appropriation Act 2023-24*, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 15 adopted earlier today, witnesses appeared before Committee of the Whole to answer questions regarding the operations of the Yukon Hospital Corporation.

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

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

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

The House adjourned at 5:31 p.m.

The following sessional paper was tabled November 21, 2023:

35-1-134

Yukon Health Status Report Update 2022 (McPhee)