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HANSARD

Thursday, October 18, 2018 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

YUKON LEGISLATIVE ASSEMBLY

2018 Fall Sitting

SPEAKER — Hon. Nils Clarke, MLA, Riverdale North
DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Don Hutton, MLA, Mayo-Tatchun
DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Ted Adel, MLA, Copperbelt North

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

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Brad Cathers	Lake Laberge	Patti McLeod	Watson Lake
Wade Istchenko	Kluane	Geraldine Van Bibber	Porter Creek North

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New Democratic Party

Liz Hanson	Leader of the Third Party Whitehorse Centre
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**Yukon Legislative Assembly
Whitehorse, Yukon
Thursday, October 18, 2018 — 1:00 p.m.**

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

Prayers

DAILY ROUTINE

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

Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Silver: I would like to ask my colleagues to help me in welcoming back to the Legislative Assembly the Grand Chief of Council of Yukon First Nations, Peter Johnston.

Applause

Ms. Hanson: I would like to ask my colleagues to welcome to the House Phil Gibson. Phil was a legal counsel with the federal government during the days of the *Umbrella Final Agreement* and also with the Kluane First Nation agreement. I noted that when I was looking at the agreements again today that Phil, along with the late Sylvia MacIntosh for the Yukon government and Dave Joe as legal counsel, all signed as witnesses for their respective governments. We welcome you Phil.

Applause

Hon. Mr. Streicker: As part of the library tribute today we have several people here. I would like us all, please, to welcome Barb Wadsworth, Debbie Hawco, Marisa Whyte, Carrie Burgess, Andrea Bols, the library page Serenity Jones, Mairi Macrae and from our Tagish community library, Jane Hermanson, Wendy Gower and Lesli Barnes. Welcome.

Applause

Speaker: Tributes.

TRIBUTES

In recognition of 15th anniversary of Kluane First Nation's final and self-government agreements

Hon. Mr. Silver: Mr. Speaker, it is my great honour to rise today to pay tribute to the Kluane First Nation on the 15th anniversary of their final and self-government agreements. I hope that they are enjoying their celebration lunch today in Burwash Landing — it is being catered by the Kluane Lake School.

Kluane First Nation, the Government of Canada and the Government of Yukon signed the *Kluane First Nation Final Agreement* and self-government agreement on this day, October 18, 2003. Kluane First Nation is one of 11 Yukon First Nations that have signed final and self-government agreements. The recognition and implementation of the rights

set out in the final and self-government agreements has been a vital aspect of advancing reconciliation and overcoming the harms done to indigenous people in our country's history.

Kluane First Nation's achievements in the 15 years since they became formally recognized as self-governing have been extremely remarkable. In their vision, they talk about creating a healthy, happy and economically stable community where people can go about their day-to-day activities in a spirit of gentleness and cooperation. These are aspirations that all Yukoners can appreciate and aspire to.

With these agreements and through their passion and dedication, Kluane First Nation is turning their vision into a reality. They are strengthening their community in many ways. They have opened a new store in Burwash Landing called Kluane Energy Store. This is the first store in the community for many, many years.

Older homes have been retrofitted to provide more housing and Copper Joe subdivision is being developed. The Kluane First Nation recreation, culture and wellness pursuits fund encourages citizens to take part in activities to promote healthy and traditional lifestyles.

The Kluane First Nation is looking after their culture and well-being and they're looking after the land too. They are lessening their environmental impact and helping to protect the land for future generations. To help reduce their reliance on fossil fuels — on diesel fuel — the Kluane First Nation is installing wind turbines and solar panels. They are working with Cold Climate Innovation at Yukon College to address the wind energy potential for Burwash Landing and Destruction Bay.

Kluane First Nation is also investing in their future through economic opportunities and partnerships, not only contributing to the overall prosperity of their own community, but increasing economic opportunity and growth for all of Yukon. Kluane First Nation is partnering with Air North to create a fuel supply service, Chieftain Energy.

Kluane First Nation and the Kluane Development Corporation are partnered with Nickel Creek Platinum Corporation on the Nickel Shāw mining project. I, along with all of our colleagues here in the Legislative Assembly today, congratulate Kluane First Nation on their achievements for the past 15 years, and we thank them for all that they are doing to benefit the territory as a whole.

Applause

Mr. Istchenko: I do rise today to also pay tribute to the 15th anniversary of Kluane First Nation signing their final agreement. Of course, their main centre is in Burwash Landing, along the Alaska Highway on the shores of Kluane Lake. The native language spoken by the people of the First Nation is Southern Tutchone, and they call themselves after the great lake, Lù'àn Män Ku Dän, or the Kluane Lake people.

The traditional territory extends from the St. Elias Mountains in the south, bounded to the east by the southern end of Kluane Lake and the Slims River and by the Ruby Range to the north, extending almost to the Nisling River, and on the west by the Yukon-Alaska border. It

includes the Tachal region of Kluane National Park and Reserve. A little-known fact for many people — and for those who are listening today — is that, within this region — you might not know that this is home to Canada's largest mountain, Mount Logan, and the Yukon's largest lake, Kluane Lake.

The First Nation signed their land claim agreement back in October 2003. If you read their mission statement — and I'll quote from it, Mr. Speaker: "In order to achieve the long term vision, our mission is to build political and administrative systems of governance that will respect and value the past and still be able to communicate and participate with modern government structures." Mr. Speaker, I believe they have done that.

You can see this because of the vision of those who worked so hard in getting to the signing of their final agreement and, of course, those who have made them successful today.

The Premier highlighted a few good examples, and another one that I would like to tack on is the Kluane sheep permit. That was negotiated into their agreement, and it's auctioned off every year at the Wild Sheep Foundation sheep show in Reno, Nevada. A percentage of the overall sales — a great percentage of the permit sales, actually — go back to the First Nation for the purpose of conservation and support projects, to activities for wildlife enhancement and projects within their traditional territory. You can see that with the great work through the local resources council and First Nation with trapping initiatives and many other things.

I'm not going to re-highlight some of the stuff the Premier spoke about with their development corporation, but their development corporation is very progressive and is willing to work and move forward to the future.

Today, I want to congratulate them on 15 years of success and many more to follow. Thank you, and *günilshish*.

Applause

Ms. Hanson: It gives me great pleasure to rise today on behalf of the Yukon New Democratic Party to pay tribute to the 15th anniversary of the signing of the Kluane First Nation final and self-government agreements.

When reminded that the 15th anniversary was approaching, I confess that my mind was flooded with all sorts of memories. Everyone who was involved in any way with the Yukon First Nation negotiations process — and there were many people, over many years — you recall things through your own personal, and often your organizational, lens.

My insight into the Kluane negotiations process was through a federal lens. The federal minister at the time, Robert Nault, made several trips to Yukon early in the 2000s to gain a better understanding of the outstanding issues that were impeding the finalization of Yukon agreements and to try to work with his Cabinet colleagues to gain support for changes necessary on the federal side to help move the negotiations forward.

So you can imagine that he was happy to arrive in Yukon in mid-October 2003, to go to Burwash Landing to participate in the Kluane signing ceremony. As the federal public servant charged with ensuring the safety of the minister, I have to say that seeing him drive off that morning with then-Premier Fentie on a snowy, snowy morning did cause a bit of trepidation, given the Premier's reputation for low-level highway flying.

Kluane First Nation has had a long history of strong leadership. As a chief federal negotiator, Jim Bishop told me — one of the gifts to the whole process was the wisdom brought to the table by former Chief Joe Johnson. It is also my observation that it was the conversation and the relationships that developed among the various players at the table that allowed the federal and territorial government representatives to really hear the interests and the values of the Kluane First Nation. Understanding the deep impact of the exclusion of the Kluane First Nation from a significant area of their traditional territory when the Kluane park reserve and national park boundaries were established — it took time to get that deep understanding.

As one of the negotiators told me, the incredible patience and persistence of the Kluane leadership and their negotiating team, led by Dave Joe and Robin Bradasch, resulted in the federal and territorial negotiators being able to sway significant government resistance to what, in retrospect, seemed so obvious in terms of the recognition of Kluane First Nation's important historic connection to the Kluane area. Kluane First Nation's vision for co-management of the park area and co-ownership of important archeological sites within the park are just a few examples.

The importance of building strong relationships around the table, and the fire conversations after, is probably best exemplified by the ongoing conversations between the then-territorial negotiator, Ron Sumanik, and Joe-Joe Johnson about sheep.

The principles underlying the inclusion of a special sheep guiding or trophy hunting opportunity area went deep. They recognized that, decades after the Kluane First Nation had been prohibited from hunting on their lands once those lands became part of the park reserve, the inclusion of an exclusive opportunity for a sheep permit provided both a symbolic recognition of rights long denied and a significant economic boost.

The people of Kluane First Nation have been leaders on so many fronts for so many years. Fifteen years after formal recognition as a self-governing First Nation, they continue to lead by holding fast to their traditional principles and values and using them to embrace the future.

Applause

In recognition of Yukon Library Week

Hon. Mr. Streicker: I rise enthusiastically today to recognize Yukon Library Week beginning this Saturday, October 20, around the territory. This is an opportunity to celebrate the values of all libraries, including the 15 public libraries located throughout the Yukon. Libraries provide

Yukoners with free access to learning opportunities, workspaces, meeting rooms and a trusted source of information.

Beyond borrowing books, libraries are where people go to explore ideas, build community connections and share knowledge. Internet access is critical for people, including youth, newcomers, visitors and Yukoners who can't afford the Internet or a computer. All our libraries offer Internet access. Libraries are an entry into the world of knowledge. They are centres of lifelong learning and directly impact the lives of Yukoners every day. They are books.

For fun, Mr. Speaker, I put together a reading list based on the tributes in the Legislature from this week. Startup Canada: *Small Business Week*, *The Food Truck Handbook: Start, Grow, and Succeed in the Mobile Food Business*, *Food Bank Nations: Poverty, Corporate Charity and the Right to Food*; for Poverty and Homelessness Action Week, *Two Old Women: An Alaska Legend of Betrayal, Courage, and Survival* and *Medicine Walk*, which were featured on CBC this week; for the tribute to the late Joe Linklater, *People of the Lakes*; for Kluane, *Campfires in the Yukon*; and for Zero Waste, *F**k Plastic: 101 ways to free yourself from plastic and save the world*.

As Tagish elder Angela Sidney used to say, "Reading makes you wise." Libraries provide for local organizations to post notices for upcoming community events. Libraries provide opportunities for everyone. They connect Yukoners to each other and to the broader world. Think global, read local, Mr. Speaker.

This year, I saw a Yukon Public Libraries pop-up in the farmers market. Mr. Speaker, if there are Yukoners like me who have a passion for libraries and are looking for a chance to contribute to programs and services through volunteering, then look no further than your local library. Like libraries all over the world, Yukon's libraries thrive in large part because of support from dedicated volunteers.

I want to offer special recognition to the members of the library boards throughout Yukon for their passion and commitment to providing Yukoners with opportunities to connect, learn and grow.

This Saturday, October 20, I invite all Yukoners, including our newly elected municipal councillors — please vote today, Mr. Speaker — to the Whitehorse Public Library from 12:00 p.m. to 2:00 p.m. for juice and cake to celebrate Yukon Library Week.

Mr. Speaker, just recently, I got to do my first minister's pick for a book and it was *The Day the Crayons Quit*. Just when I was out in the gallery ahead of coming in here today, I spoke with the librarians, and they have offered to extend that offer to all MLAs here. If you want to have a library pick book, please let me know. I will pass that on. They are just very excited to support reading in the territory.

Mr. Speaker, I stand today to recognize the hard work and dedication of all Yukon library staff and volunteers. They make a real difference to the daily lives of Yukoners.

Applause

Ms. White: I rise on behalf of the Yukon NDP and the Yukon Party to celebrate libraries and the magical people who staff them.

Libraries are more than brick and mortar. They are more than just storage space for books. Libraries are a feeling of comfort, security and home. Libraries are important community hubs that serve as centres of learning, professional development, refuge, and even some fun.

Libraries are some of the very last free-to-use public spaces, open to all regardless of race, class, gender, social standing, age, religion or any of the other lines that are drawn to separate and discriminate. Libraries are a truly inclusive, welcoming space.

Libraries are sought out by new citizens to our country and visitors from abroad, often serving as an introduction to our communities and our languages. Libraries allow free access to knowledge, education and new media to anyone who walks through those doors. If anyone thinks that libraries are not thriving, I would suggest that they haven't visited one in awhile and maybe they would like to check it out. The Whitehorse Public Library is a busy place from opening to closing, seven days a week. Community libraries see a steady stream of patrons borrowing books and movies to take into camps or to use computers because they have no other access to communicate with family or fill out government forms.

Special libraries like the EMR library, the Yukon Public Law Library and the Yukon College library are staffed with experts in information retrieval so that researchers and students can make evidence-based decisions of vital service in today's world of alternative facts. The Yukon Archives isn't a lending library, but they have over 37,000 books, pamphlets, newspapers and periodicals on subjects including the Yukon and northern history, the environment, culture, science, and nature and exploration.

Librarians make knowledge available and accessible. They make it real. Librarians nurture curiosity, the thirst for knowledge and a love of books and learning, in whatever form they come.

Any elected person or public servant who dares to take the importance of libraries for granted will see a major backlash from the public because people depend on libraries. Free access to information is a cornerstone of democracy, and libraries are a living, breathing example of that democracy in action, so thank you to librarians.

Applause

Speaker: Are there returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Mr. Streicker: I have for tabling two legislative returns today: one pertaining to a question asked by the Member for Takhini-Kopper King regarding a Yukon home warranty program, and one pertaining to a question asked by the Leader of the Official Opposition regarding the cannabis retail store lease agreement.

Mr. Cathers: I have for tabling a written question to the Minister of Justice and Attorney General.

Hon. Ms. McPhee: I have for tabling a legislative return in response to a question asked during supplementary budget debate on October 11 by the Member for Copperbelt South.

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

Are there any reports of committees?

Are there any petitions?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

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

THAT this House urges the Government of Yukon to amend the *Smoke-Free Places Act* to include vaping.

Speaker: Are there any further notices of motions?

Is there a statement by a minister?

This then brings us to Question Period.

QUESTION PERIOD

Question re: Porter Creek group home replacement

Ms. McLeod: The tender forecast states that the government is planning on replacing the group home at 22 Wann Road. The name of the tender is, "Group home replacement at 22 Wann Road". It goes on to say that they are intending to spend upwards of \$1 million on this project.

We find this very interesting because we understood that the government had already spent \$1 million to purchase 22 Wann Road last year. Further, they have already spent \$120,000 doing various upgrades and renovations to the building.

Can the Minister of Health and Social Services tell us why, according to the tender forecast, they are now planning on replacing 22 Wann Road?

Hon. Mr. Mostyn: To the best of my knowledge, of course, we just bought 22 Wann Road. We don't have any intent to replace it at this time. As I indicated to the Member for Copperbelt South in Committee of the Whole, I will get an answer back to the members opposite on this issue.

Ms. McLeod: To be clear, the tender forecast says that the Liberals are intending to spend \$1 million to replace the 22 Wann Road group home that they just purchased. We are looking for some clarification on these new expenditures.

This week, we asked the government about what they were doing with this money, and the Minister of Highways and Public Works responded by saying that he could not answer the question because it was — and I quote: "... highly technical questions..." It's shocking the Minister of Highways and Public Works thinks a question about what the Liberals are spending \$1 million on is highly technical. We know that

the minister mistakenly sole-sourced another \$1-million contract to a Northwest Territories company earlier this year, so maybe he's just not paying attention to this file.

Can the Minister of Health and Social Services tell us today when this \$1-million replacement of 22 Wann Road will take place?

Hon. Ms. Frost: Let me refresh the memory of the member opposite. The 22 Wann Road project came to light when we ran into some challenges with group homes and transitional support programming for youth. The objective was to really look at sustainability and at providing healthy alternatives and opportunities for our young people who were transitioning out of group homes.

The objective of the particular project was to purchase the property. What we heard from members opposite was — perhaps they were not supportive of transitional support programming for young people; they were not supportive of the project. Yukoners and the children we have spoken to indicated that there was a challenge and an opportunity for us to address some of the concerns that were brought to our attention and that was to ensure that we better align services for youth who were transitioning out of group homes.

We have an opportunity to do that, to provide semi-independent living arrangements and supports for children at 22 Wann Road, so the property was purchased to allow us to address services for youth up to the age of 25.

Ms. McLeod: It's a bit concerning that no one in this government seems to know where the money is going or coming from.

This week, the Minister of Highways and Public Works announced over \$3 million in new spending on the Ross River School that isn't referenced anywhere in the budget. This spring, the Liberals sole-sourced a \$1-million contract to a Northwest Territories company and then later claimed they didn't know about it.

Now we find out that, according to the government's own website, they're going to spend \$1 million to replace the 22 Wann Road group home, which they just purchased. When we asked the government to explain this, they said it was a highly technical question that they couldn't answer. If the government loses track of how \$1 million is being spent here and there, then it's pretty clear they aren't paying attention to the details.

Can the Minister of Health and Social Services tell us today how much her government spent on the purchase of 22 Wann Road?

Hon. Mr. Mostyn: The tender management system is a planning tool that allows Yukon government departments to give notice of our needs and upcoming projects, and it's intended to let the business community know that the opportunities are on the horizon. It lists tenders valued at over \$75,000. It's updated quarterly.

That's that. As far as losing track of money, I seem to recall the previous Yukon government losing track of \$6 million in planning on a school project that was spent and then wasted. As long as we're going to be talking about the use and abuse of money, we should keep things in perspective.

As far as this tender goes, I think my colleague, the Minister of Health, has answered the question, and I thank you very much for this opportunity, Mr. Speaker.

Question re: EpiPen shortage

Ms. McLeod: Due to manufacturing issues, there is a shortage of EpiPens throughout Canada. As you know, an EpiPen is a medical device often used for the treatment of allergic reactions. They are critical to those who are suffering from a severe allergic reaction.

Food Allergy Canada is quoted in a recent *Global News* article saying about the shortage that it has gone from an inconvenience to a “concern”.

Can the Minister of Health tell us what she’s done to ensure Yukon pharmacies have a regular and reliable supply of EpiPens?

Hon. Ms. Frost: The care, health and well-being of all Yukoners are a priority, and we are working with the pharmacists. We have an agreement and do our utmost to ensure that we have, at our fingertips, the resources that are needed. We look for opportunities to address some of the shortages that are seen across the country. Yukon is no different, so we take the opportunities to work with our partners and address the shortages, so we work with pharmacies and, of course, the Hospital Corporation.

I look forward to further questions from the member opposite.

Ms. McLeod: The shortage of EpiPens in our country has meant that some families have had to take extreme measures. CTV reported about one Ontario mother who was suffering from a severe allergic reaction and was reluctant to use her son’s EpiPen during her own severe reaction for fear that it would leave her son — who also suffers from life-threatening allergies — vulnerable during the shortage. Luckily, we have not heard of a situation such as this in the Yukon, but we need to ensure that there is a safe and reliable supply of EpiPens in the territory to ensure that it does not happen.

Has the Minister of Health spoken to her federal counterpart to discuss this issue?

Hon. Ms. Frost: Of course, safe and reliable supply is a priority — it always is. If there is an issue that comes to the attention of the member opposite — or anyone, for that matter — and there is a need, that must be brought to the attention of the health authorities.

We are working with our partners to ensure that we have an adequate supply on hand, and, to my knowledge, we don’t have an issue right now. Given that we are going into the winter season, I don’t think we’ll have issues with EpiPens for those who are outdoors, but for those who are in imminent need of EpiPens, we will ensure that adequate supply is at hand. I urge the member opposite to bring that to our attention, and we will ensure that we follow through accordingly and ensure that every Yukon child and person who requires the support is given the support. We will also work with our federal partners and our pharmacies to ensure that we have the supplies on hand.

Ms. McLeod: Cold comfort indeed. Obviously this is a situation that no one wants to be in and, as we stated earlier, this isn’t just a convenience issue — this is a critical health issue.

Yukoners need to know that if they need an EpiPen to deal with a serious allergic reaction, they can get one. What arrangements has the Yukon made to ensure that we continue to have reliable access to EpiPens in the territory? Has the government sent out a notice to Yukoners or to Yukon pharmacies with information about this?

Hon. Ms. Frost: I’m not sure what the member opposite is trying to get at here, but if there are issues and concerns then certainly we will work with our partners. Of course, critical help is necessary and critical help is essential, and we ensure that we work with our partners to address the concerns that are brought to our attention.

Again, I will reiterate that if there are issues and concerns in Yukon then that must be brought to our attention. Seeking medical attention is of the utmost importance. I certainly want to ensure that we provide proper health care. One of our key mandates is to ensure that we provide collaborative care to all Yukoners no matter where they are and no matter where they reside. We will ensure that happens and we will work with our partners to address the concerns that are brought to our attention.

Question re: Hospital bed shortage

Ms. White: We have been informed that four surgical beds at Whitehorse General Hospital will be closed and that one less nursing staff per shift will be scheduled on the surgical unit in the coming weeks. Can the minister confirm this information?

Hon. Ms. Frost: To my knowledge, I can’t really respond to say that there are four surgical beds closing. The chair of the hospital board and the CEO will be here this afternoon, so perhaps the member opposite can direct the question to them.

What I can say at this point is that we are looking at eliminating the bed pressures at the hospital by working on the Thomson Centre beds. We are taking some new direction and addressing some of the challenges that we have seen historically and we’re doing that by working with the Hospital Corporation and working with our partners. We know that, of course, there are ongoing pressures. We have an aging population and we have pressures at the hospital. Once we move the individuals from the hospital into re-enablement opportunities or into the care facilities, we will see fewer pressures at the hospital. No bed closing is my anticipation, but I request that perhaps we direct the question to the witnesses this afternoon.

Ms. White: I look forward to that opportunity, but this is a pretty straightforward question on a critical topic for the Minister of Health and Social Services. I don’t think it’s too much to ask that the Minister of Health and Social Services responsible for health in Yukon knows if beds are closing at Whitehorse General Hospital. Just a few weeks ago, we heard from a patient whose major surgery was cancelled at the very

last minute because of a lack of surgical beds at Whitehorse General Hospital. In many circumstances, this can cause great distress to patients and in this case it certainly did.

Now we understand that the hospital hopes to have more beds available once some long-term care patients are transferred to the Whistle Bend Place, but this transfer hasn't happened yet. Will the minister assure Yukoners that the closure of four surgical beds at Whitehorse General Hospital will not lead to more cancelled surgeries?

Hon. Ms. Frost: I have met with the CEO of the hospital and the chairperson to address the over-capacity issues at the hospital. We are working together to address the concerns that have been brought to our attention. I do want to note that what the member opposite describes is the reality. We have pressures and we are working to eliminate that. One of the ways of doing that was to open up the 10 beds at Thomson Centre so we can move the patients out of the hospital into the re-enablement units of the Thomson Centre and free up the 10 beds at the hospital, allowing patients to have the services they require.

What we have seen is a decrease in the occupancy. We have seen a decrease in deferred surgeries from last year by 25 percent, so we are seeing a decrease in wait times. Recognizing that there are still pressures, we will continue to work with the Hospital Corporation to address the concerns that they bring to our attention and work in good faith to address opportunities to ensure that every Yukoner is given an opportunity for the critical health care that they need.

Ms. White: I didn't hear an assurance from the minister that surgeries won't be cancelled because of the lack of beds. It is irresponsible to proceed with the bed closures until she can give this assurance to Yukoners.

Mr. Speaker, wait-lists for many surgeries, from cataracts to joint replacements, can be counted in months, if not years. This is a long-standing problem that governments, including this government, have promised to fix. It seems that these extra surgical beds could be needed and used if an effort was made to shorten the wait times for these surgeries.

Instead of closing the four surgical beds at Whitehorse General Hospital, has the minister considered how they can be used in an effort to reduce the wait times for surgeries at Whitehorse General Hospital?

Hon. Ms. Frost: I am going to speak again — just to reiterate for Yukoners — that the objective is to ensure that we bring the specialized services to the Yukon and that we bring them the supports and services they need. The core funding and the supports we provide to the hospital allow operating room expansion to give the surgeons more space to do more surgeries in a day. It is unfortunate that some Yukoners are still experiencing wait times, but we are working with our partners to address the challenges and we are doing our utmost to ensure that we meet the objectives, which is to provide the best possible support. That will be done in partnership with the hospital. That is my objective. That is the hospital's objective and that is the objective of the board as well.

The expectation is really to look at our partners and work with the emergency room team through the hospital, but my job is not to control how many beds are at the hospital. My job is to ensure that I support the hospital so that they can provide essential, timely services that are required for the patients. Through that process, they manage their budget. They manage their resources and we work together through innovation and opportunities like the Thomson Centre beds and other initiatives like expansion of the operating room.

Question re: Dental care program

Ms. White: We know that everyone should have a dental examination and a cleaning done at least once a year. Without that type of ongoing care, people are at risk of tooth decay, gum disease and other oral diseases.

A dentist can identify or see signs of oral cancer, diabetes and even leukemia through a dental examination.

Individuals on social assistance don't have access to regular dental care and maintenance on a yearly basis. Rather, they may receive emergency dental care at the discretion of the director of Social Services.

Can the minister tell us why a regular checkup and cleaning would not be included as part of a person's social assistance, given how important oral health is to a person's overall physical health?

Hon. Ms. Frost: At a later point, I can provide the specific information that the member opposite is asking with regard to what services and supports that income-support clients receive.

With regard to dental supports and health supports, I'm sure that the support that is received is provided in time. What we don't want to see are members of our society suffering as a result of services not being provided to individuals.

I encourage people — if that's the case, please make that known to us and we will ensure that the services and supports are followed through on. As the member opposite well knows, they have raised many questions and we have followed through in a timely fashion to ensure that we do provide supports when they are needed. There are flexibilities, but there are also rules that have been established that guide and govern how we provide services to all clients.

Ms. White: Good dental health from a young age has implications for future health and well-being. Too often, the mouth and teeth are viewed separately from the rest of a person's health. In Yukon, through the Yukon children's dental programs, students receive free dental care up to grade 8 where dentists are available and up to grade 12 when no permanent dentist is in the community. Once past these grades, free dental care is no longer available. For a family with children and no private dental coverage, this often means that checkups, cleaning and any dental work is out of reach.

Mr. Speaker, how is a family with older children meant to access costly dental care if they don't have a private insurance plan?

Hon. Ms. Frost: Generally speaking, with respect to dental care, the dental care program is a federal initiative. We have gone above and beyond, and we have provided services

to citizens who are not covered. We know that, through the dental therapy program that pre-existed, we had many dental therapists who travelled around the Yukon to provide dental supports to those who were in elementary school. Most recently, we have made some adjustments to the dental hygienist initiatives to provide better services to Yukoners and ensure that, in time services and supports are there, so we are going above and beyond and we will continue to do that and make flexibilities where flexibility is required and ensure that children are not detrimentally impacted and their health is not impacted as a result of lack of services.

Ms. White: Seniors can apply for extended care benefits that include up to \$1,400 in any two-year period, whether that be annual dental care or dentures. This might seem like a lot, but when a person needs to have teeth pulled and dentures made to replace those, the cost is much higher.

The government website suggests that seniors submit higher costs to pharmacare for further approval, but those costs aren't always covered. Seniors and even dentists are encouraged to try to stretch the amount out over two fiscal years to pay the bills. Dental care in the Yukon is not meeting Yukoners' needs.

Mr. Speaker, this government is responsible for the health and well-being of their citizens. When is this government going to look at dental care as part of the overall health of an individual and ensure that people, regardless of their age, have access to appropriate dental care?

Hon. Ms. Frost: With respect to the individual case that the member opposite is speaking to, we do, as indicated, go above and beyond, and we provide opportunities for individuals who come forward and who pose a challenge for immediate access for funding and resources for supports and services, so we will do that. We will look at policies and amend the policies accordingly. Right now we're going through a comprehensive health review, and in that process we will look at efficiencies of services, of perhaps modernizing and updating policies and ensuring that we provide supports to Yukoners. What we don't want to do is grow the cost of government, but we want to ensure that we provide efficient in-time services for individuals.

With regard to clients and the elderly population, we are going through an aging-in-place discussion right now and that will allow us then to talk broadly with Yukoners about services that they require and that will feed into what we do with the health review but also look at a comprehensive discussion around service delivery.

Question re: Health care funding

Mr. Cathers: All across Canada, the cost of health care is increasing. Health care budgets are also increasing because governments across the country recognize the need to provide health care and meet the pressures on the system. Here in the Yukon, we learned that this Premier appears to have a different solution. The Premier seems to be planning to cut health funding.

A recently leaked memo from his department directed all departments, including Health and Social Services, to look for

budget cuts of up to two percent. How does the Premier believe that a two-percent cut to health care funding is a reasonable option for him to consider?

Hon. Mr. Silver: Mr. Speaker, last week, we heard from the members opposite that they're giving inaccurate information about substitute teachers and cuts. Now we're hearing the members opposite talking again with inaccurate information about cuts, specifically to health care. I will not use the term "fearmongering" because that would be out of order; however, this argument is doing a complete disservice to the people of Yukon whom we are supposed to be representing. Broadly disseminating inaccuracies — it devalues this Assembly and it makes a mockery of the rules of opposition. Yukoners deserve better and the members opposite should apologize for misleading.

We are going to do a review of Health and Social Services for efficiencies —

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Member for Lake Laberge, on a point of order.

Mr. Cathers: The Premier's accusation that members opposite were misleading Yukoners seems to clearly be in contravention of Standing Order 19(h). I would ask you to have him retract that and apologize.

Speaker: The Hon. Premier, on the point of order.

Hon. Mr. Silver: For whatever reason that the members opposite use inaccuracies is up to them. I'm merely pointing out that they are using inaccuracies.

Speaker's ruling

Speaker: All members know that Standing Order 19(h) talks about uttering a deliberate falsehood. I would have to look at the record — I would say that the Premier's comments are close; however, in my view, it does not meet the standard as set out in that Standing Order and that it is still a matter of debate in how each party is characterizing what they perceive to be the facts of the matter.

Hon. Mr. Silver: What we are doing is making decisions based on evidence and planning. We are projecting O&M and capital expenses over a five-year schedule, as opposed to doing it one year at a time. We are making major budget commitments to the mains and keeping the supplementary to supplementary issues. We are also improving capital planning. The recent investments this year — in sources of recoveries, for example — have been predominantly federal funding on infrastructure programs. Through our strategic use of external funding, our budget is extended to be a surplus by 2020-21. We're finding efficiencies; we're not making cuts.

Mr. Cathers: Thank you, Mr. Speaker, but in fact, we're citing the memo from his department, which told every department to find reductions of up to two percent. That recently leaked Finance memo shows that Cabinet wants

departments, including Health and Social Services, to find cuts of up to two percent.

We have been warning the Premier for over a year and a half that he is underfunding the hospital. He is not taking this issue as seriously as he should. The hospital's website says that they are running at 95 percent to 115 percent bed capacity. We've heard that surgeries have been cancelled, and the minister doesn't seem to be paying attention to the file.

The Premier found \$120,000 to spray water in the air hoping for ice, \$500,000 for a new logo and website and \$3 million to needlessly expand government into cannabis retail and distribution, instead of leaving that to the private sector, as he should. Why is the Premier considering cuts to health care, and will he now do the right thing, stand up and assure this House that the Hospital Corporation will not have its budget cut?

Hon. Mr. Silver: Again, inaccurate information — it's almost like Groundhog Day. This is the exact same question that the member opposite brought up in Committee of the Whole, in general debate and in Question Period. It's the exact same narrative over and over again. It's almost as if — if they say it enough times — they actually finally believe it to be true.

Imagine though, Mr. Speaker, the pressure that's applied to a department of health and social services when they wake up to find out that the territorial government of the day announces a 300-bed facility without planning for it, to the tune of operation and maintenance of tens of millions of dollars. That is not the type of financial planning we want to do.

Again, we will manage our finances differently from the previous government — thank goodness. A previous government was on a spending spree, and Yukoners are not interested in that type of irresponsible approach to running the territory. The example the member opposite uses over and over again — we have already given our side, and I believe Yukoners are paying attention. I'm actually quite astonished that they're going back to this narrative.

What I'm hearing is: We are looking for efficiencies and Yukoners are happy with that.

Mr. Cathers: The recently leaked memo from the Department of Finance is available publicly and anyone can look at it. It shows that Cabinet wants departments, including Health and Social Services, to find cuts of up to two percent. The Premier has the ability to change that. He has the ability today to stand up and rule out the option of a budget cut to the Hospital Corporation.

The Hospital Corporation is appearing here today, and I'm sure that we'll hear about increasing cost pressures and demands in the health system. Leadership is about priorities. It's not good leadership for the Premier to spend \$120,000 spraying water in the air hoping for ice, \$500,000 for a new logo and website and \$3 million on needlessly expanding government into the retail of cannabis, instead of leaving it to the private sector, while he's considering cuts to health care.

It's not good leadership for the Premier to vote himself a raise while he's instructing Health and Social Services to cut

funding. The Premier has the opportunity to do the right thing — to stand up here today and take hospital budget cuts off the table. Will he do that — yes or no?

Hon. Mr. Silver: I will take our approach to financing over the Yukon Party's any day. The economy is growing, along with the workforce, and everything is looking good for the territory, but we still need the government to get their finances back on track after years of poor planning and overspending from the previous government.

The website example and the new vision — we have already explained that this is a cost-saving.

\$3 million for cannabis — would he imagine that the private sector would just borrow that or just get it for free? It had to be purchased. I don't know if he understands how liquor gets into the Yukon. He should; he was in this government as a minister.

Again, the inaccuracies that the members opposite are using to perpetuate their narrative are simply astounding. I think Yukoners deserve better and I wish the member opposite would appear in this Legislative Assembly with maybe a new tune.

Some Hon. Member: (Inaudible)

Point of order

Speaker: The Member for Lake Laberge, on a point of order.

Mr. Cathers: The Premier to, again, direct accusations to the members of the opposition of using inaccuracies and claiming that it was deliberately done clearly seems to be the Premier contravening Standing Order 19(h), and I believe that he should retract his remarks and apologize to this House.

Some Hon. Member: (Inaudible)

Speaker: There can only be one person standing at a time.

The Hon. Premier, on the point of order.

Hon. Mr. Silver: Mr. Speaker, I am using my words extremely carefully.

If the members opposite are accusing us of something, we need to make sure that the public knows that these are inaccuracies. Whatever reason that they are doing it is up to them to decide to explain to the public, but we are merely pointing out that when they use half-quotes and when they use inaccuracies, we will call them on that.

Speaker: Does the Leader of the Opposition have a submission to make on the point of order?

No? Very good.

Speaker's ruling

Speaker: I didn't hear an allegation of charging another member with uttering a deliberate falsehood in the last exchange. I will review Hansard later and will report back to the House, if required.

The time for Question Period has now elapsed.

We will now proceed to Orders of the Day.

ORDERS OF THE DAY

Hon. Ms. McPhee: 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 (Mr. Hutton): I will now call Committee of the Whole to order.

Motion re appearance of witnesses

Committee of the Whole Motion No. 5

Hon. Ms. Frost: Mr. Chair, I move:

THAT from 3:30 p.m. to 5:30 p.m. on Thursday, October 18, 2018, Brian Gillen, chair of the Yukon Hospital Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to discuss matters relating to the Yukon Hospital Corporation.

Chair: It has been moved by Ms. Frost:

THAT from 3:30 p.m. to 5:30 p.m. on Thursday, October 18, 2018, Brian Gillen, chair of the Yukon Hospital Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to discuss matters relating to the Yukon Hospital Corporation.

Ms. White: I am in a very unusual situation today of getting up to speak to this motion. I would just like to say that there was confusion this morning at the House Leaders' meeting. Never before — since 2011 — have opposition parties not been given more notice than six and a half hours that witnesses were appearing in the House. I flagged my concern this morning — that it was highly unusual and that even with the previous government we were given more notice than that. So I just wanted to make sure that it was discussed here or at least raised here in the House because it is an unusual situation.

We appreciate that we get to see the members of the Hospital Corporation, but this has not been the practice previously in this Assembly.

Mr. Kent: The Member for Watson Lake sat in on the House Leaders' meeting for me this morning, but upon hearing about this on my way into the office today, I too would echo the concerns of the New Democratic House Leader. This is highly unusual. I know we gave notice of motion asking that representatives from the Hospital Corporation appear, but it is normal to give more than, as the member said, six hours' notice.

So this is extremely disappointing for us that the government is acting in this heavy-handed way. Thank you.

Hon. Mr. Silver: It is worth noting that during the 2016 election campaign we did commit to having witnesses of the corporations — Yukon Hospital Corporation and Yukon Development Corporation — to appear annually in the Chamber.

Mr. Chair, if I may continue, last fall, officials from the corporation did appear on October 24, and it is no surprise that officials from the corporation will be with us this session. We will work on giving information out with more time, for sure, but it was asked for through a motion. We acted quickly and this is the time that we have.

We are taking a different approach. The corporations are appearing here annually and they will continue to appear here annually. I would ask the members opposite to be ready for the fact that these corporations will be appearing annually in the Legislative Assembly.

Now, I guess that is all I'm going to say about it.

Ms. Hanson: Mr. Chair, there is nothing wrong with the notion that we will have a commitment from the government that the corporations will appear here, but it is disrespectful to the Members of the Legislative Assembly and disrespectful — I would suggest — to the corporate members who are asked to appear in front this Legislative Assembly to have them come into this venue where there is a sense that the members here are doing this under duress. It is duress in the sense that — if you are saying you are making an annual commitment, let's not do it randomly. That is not a random — well, today, we are going to announce we are doing this and today, we are doing that. Perhaps the government members are not aware that — maybe the Premier has forgotten what it is like to work in an office with one staff person to support the whole office.

We are trying our best to do our job as opposition members to represent the interests of the 60 percent of the electorate who did not elect this majority government and we want to do it in a good way.

In order to do that in a good way, we need to be prepared. I would suggest that six hours' notice of having the Yukon Hospital Corporation, one of the most significant corporations in this territory, is inadequate and disrespectful to us and to the corporation.

We will do a good job this afternoon, Mr. Chair, but we would request that the government take seriously the concerns we have expressed and respect the fact that, in order to assist us to do a good job representing all of the 60 percent of the Yukoners who did not vote for them, that we need adequate time to make sure that when we come into the Assembly to raise questions to the representatives of the various corporations, we do it in an informed and deliberate way.

They can do their part and we will do ours.

Hon. Ms. McPhee: While I appreciate the concerns expressed here today, I think it's important to point out to Yukoners that the House Leaders meet on a daily basis when the House is sitting. Every day there is a full exchange of information that I have available well into the next week, if possible, for what is going to be the business of the day, what the tributes are going to be, the visitors that we plan to have or

who have been contacted who will be attending, as well as witnesses. We have provided dates already with respect to at least two other witnesses who will be here. We are trying to arrange a third. As a result of some changing business recently, there was not the opportunity for me to provide that information to them before today.

I fully expected that the parties would be well aware. As a matter of fact, they were told at the beginning of this session that the Yukon Hospital Corporation would appear. I am not in any way attempting to be heavy-handed and I find that insinuation to be very difficult. I think I and this government have expressed extreme respect for the House business here and the manner in which it is managed.

Ms. McLeod: I want to thank and echo my colleagues on this side of the House for standing and putting forth their comments on what happened at House Leaders' meeting this morning.

I would like the Minister of Health and Social Services to tell us now, today, when she decided that today was the day that the Yukon Hospital Corporation would appear in the Legislature?

Hon. Mr. Streicker: It is my understanding that the work is arranged by the principal secretary in contacting and working back and forth.

I'm sorry, Mr. Chair. While I'm up here, I have no idea what the past principal secretary did. I don't think it's really that germane about who does the work. I think the work was assigned and the work was done. The information that came back to us was that this was the time that worked for the Yukon Hospital Corporation.

Some Hon. Member: (Inaudible)

Chair: Order, please.

If members wish to be heard, could they stand and be recognized please?

Chair: Are you agreed?

Some Hon. Members: Agree.

Some Hon. Members: Disagree.

Chair: The yeas have it. I declare the motion carried.

Committee of the Whole Motion No. 5 agreed to

Chair: Order, please.

The matter now before the Committee is continuing general debate on Bill No. 207, entitled *Second Appropriation Act, 2018-19*.

Is it the wish of members 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. 207: Second Appropriation Act, 2018-19 — continued

Chair: The matter before the Committee is continuing general debate on Bill No. 207, entitled *Second Appropriation Act, 2018-19*.

Is there any further general debate?

Ms. Van Bibber: I have some questions about the Yukon Housing Corporation, as it is one of my critic portfolios. This is great news let out today about the Dawson City complex that was opened — or is going to be opened soon, I'm assuming. I'm sure there is a wait-list for those units. Knowing the Dawson area, it can't come too soon.

This is the second housing complex that has been built in as many years in that area. I was wondering if the Premier could tell us if this was also going to happen in other rural communities — housing complexes for the local wait-lists.

Hon. Mr. Silver: I'll start this conversation by giving a huge shout-out to the Klondike Development Organization. We speak a lot in this House and this government about evidence-based decision-making. When you have a non-government organization in a community that can provide you the statistical analysis of need, the different types of lots of infill that are readily available, either on a federal basis or on a municipality basis or with First Nation governments, it's so critical to have, in the communities that we serve, these organizations that help with that process and give the numbers needed to justify the builds that we want to do in the Yukon — starting out with that.

Every community has different housing needs. I remember being at an AYC meeting early in my career and getting up and making the remark that every community has housing issues, and then having the Mayor of Faro saying, "Yes, but sometimes they are different housing needs than in other communities." It was a great awakening for me to really pay attention to the specific needs of every specific community. With Faro, it's having way too many houses and not enough people to put in them, and also some tax considerations there that the municipality did a fantastic job of addressing over the years.

What we will do and commit to, and continue to commit to, when it comes to housing in the rural communities, we will be making decisions based upon evidence and we will be working with our partners in every one of those communities to make sure the housing issues, which are very specific to each different community, are identified.

I was speaking to some of the hotel owners in Dawson City and I was asking them. There was a lot of work going on for housing, and I appreciate the work of the department and the Minister responsible for the Housing Corporation and her team. One of the hotels said that next summer may be the first time they are not scrambling to find housing for all of their employees. That's kudos to this government's approach.

Again, when it comes to all the different communities, we want to work with our partners to make sure that we make decisions based upon evidence, and that every single community has a voice.

Ms. Van Bibber: We do know there is this huge waiting list for housing. I think 282 was the last number that was given.

What is the department doing to alleviate the wait-list? Can the process be adjusted somehow to take care of this looming issue? How many empty units are there throughout the whole territory?

Hon. Ms. Frost: I am pleased to rise today to speak to the questions around housing. There are a lot of great initiatives happening in the Yukon. Certainly the previous question was around the Klondike Development Organization, the second project in Dawson City.

We have recognized that there continues to be a wait-list across the Yukon. Just this last year, we have taken some really creative approaches to funding and projects. We have the housing initiative funding project and a partnership-building project. Through that effort, we are actively working toward addressing the demand by offering opportunities to Yukoners, Yukon businesses, Yukon First Nations and, of course, the corporations in the communities.

We have worked on eliminating the wait-lists by providing rents-up increases, which means that we have increased the budget by \$200,000, helping social-income clients in compliance to find eligible housing. We noted there were some questions with respect to the wait-lists. Of course, we have a growing population. We also have a booming economy, which is putting added pressures on our housing stocks in Yukon.

We also have limitations in terms of what we have seen historically, but we are now, through this effort — through the housing initiative — we are seeing now something like \$26 million in project funding over the course of this year from that \$3.2 million that was put in the budget. It allowed us to leverage funding that we were receiving from the federal government through the Yukon Housing Corporation to bridge that gap. Through the partnership building as well, we have worked in creating collaborative approaches in upgrading housing in Carmacks, Watson Lake and Dawson City.

We are looking at housing navigators, as noted. The objective there is really just to look at providing advocacy and support to those folks who are having challenges in accessing units and housing. It's really important to look at ensuring that we provide support to our key stakeholder partners in Yukon but also ensuring that all of our clients who come to the Yukon Housing Corporation are given opportunities to easier access to affordable housing in the Yukon.

In 2018-19, we invested \$39.7 million in new initiatives. We are going to take that \$3.2 million, and you will see that roll out again in January. Of that, we will continue to bridge partnerships. Our objective is really to see more units in Yukon. We indicated that, through this effort, we would see somewhere around 348 additional units, from what I understand from the department. By next year, we'll see that much more, and we'll continue to do that with the resources that we have.

Most recently, we heard an announcement from the federal government on a housing initiative for the north of \$100 million. That infuses more resources into Yukon and the Yukon economy, and that means that we will use that very efficiently by bridging the gap, and partnering with construction companies, businesses, First Nations, corporations and organizations, like the Klondike Development Organization — of course, always supporting communities like Ross River, Liard, and White River as well, to ensure that they have access to the resources that are made available to Yukoners.

Ms. Van Bibber: The minister just stated that there is going to be a couple of hundred units being built, and with the wait-list being several hundred, we're just wondering why the wait-list is not coming down. The question that I had previously asked is — perhaps it's just the process of how people can access those units.

Can the minister explain the access process — if it may be too cumbersome — and also provide us with a list of units and where they are being built and how these units are designated? Are most of them social housing, or are they part of a different program?

Hon. Ms. Frost: As noted by the member opposite, the list continues to grow. That list has been growing for years and years. We see our population booming. We see communities with higher demands. Since bringing in the housing navigators and the supports, we're now seeing more individuals coming forward.

What we're doing is working with our partners. We're building the Housing First initiative downtown. We will see 16 units there. We have the 25 transition units at the Salvation Army. We just built a unit in Dawson City and will continue to do that.

We just announced this last week with the Champagne and Aishihik First Nations that we have 10 additional units being built that will eliminate the pressures there as well. Our objective is to look at the communities that are most in need. Right now, what we're seeing is that Dawson City, Mayo and Watson Lake are the key critical pressure areas. Obviously, given the larger centres, we will continue to work with those communities and, of course, ensure that we will do what we can to eliminate the pressures.

With regard to the projects, we are working collaboratively — and I do have a list, if the member opposite will indulge me. I can go through the list of initiatives from 2016 to 2018: taking effect and implementing the housing initiative process by identifying a navigator; ensuring that we provide supports to the Anti-Poverty Coalition, the Safe at Home group, and working with them to address the needs. We are working with our partners in the City of Whitehorse and Kwanlin Dün. We have, through Yukon Housing Corporation, worked with Habitat for Humanity and we have four new homes there. We also worked with the Klondike Development Organization and, through a municipal matching grant, they opened their first eight affordable rental units last year. The objective is to open eight more this year. Working collaboratively, of course, with First Nations, we have

upgraded eight homes in Carmacks. As well, we worked with the Da Daghay Development Corporation and we opened up 42 units there. As well, through Kluane First Nation, we provided resources to upgrade, modernize and bring up to the standard of living eight units there. We provided support to Vuntut Gwitchin as well.

It should be noted that some of the communities that are unincorporated, like Pelly Crossing, Burwash Landing, Vuntut Gwitchin — these are communities that historically have never, ever received resources or supports. Those communities are seeing some serious housing pressures and issues, because they have taken down, through their self-government processes, units that are 30 and 40 years old.

The issue around “catch-up and keep-up” has never been considered. Therefore, the Housing Corporation has never been given an opportunity to bridge that gap and work with those communities. This was very unfair, in my opinion, to communities that have not been given the support and those are families and children who are going through hardships and having a difficult time accessing supports. Can they ever upgrade and modernize? There was never that support there. There was very little money in the budget in Yukon Housing Corporation to allow opportunities for unincorporated communities to access funding. We have made changes to allow for that so families can stay in their own communities, be comfortable in their own communities, and therefore build resources and supports there.

We also worked on and completed the project in Ross River, which allows another unit there. The list goes on and we will continue to do that — build partnerships. We are working with our expanded scope with the municipal matching grant and increasing our budget with our municipalities to allow companies and interest groups in those communities to come forward and increase the budget there to allow for that to happen. We are trying really hard to look for barrier-free initiatives.

In that effort, what we have also done with respect to the aging population is increase our budget for a Home First initiative. The objective of the Home First project is to allow our seniors to stay in their homes longer, not enter into care facilities or come into the city. We want to work with the corporation, work with our partners and build and redesign, to accommodate the aging population so that they can stay in their own home communities longer rather than adding pressure on the facilities in Whitehorse because there are no resources in the communities.

So we're really looking at, not only affordability, but efficiencies. We're looking at innovation in building and we're looking at partnerships and cooperation. We know that construction costs are rising and that properties and real estate is at a prime in some of our communities — like Mayo, for example, where it is essential that we work with the First Nations to look at expanding opportunities for land development so that we can start addressing some of the concerns.

It is very essential that we work with the Liard First Nation — never before have we worked with them — to come

forward and put resources on the table to address pressures in that community, concerns that they brought to our attention. I'm very, very happy and pleased to say that the Housing Corporation and our partners are stepping up and coming forward to look at working with the Housing Corporation.

One note I want to make before I conclude is that we're working with our housing navigators to provide assistance through the application process, so every door needs to be the right door, no matter where you are or where you reside. It's essential that we look at our growing population and look at market demand and that are able to address the market demand in every one of our communities.

Ms. Van Bibber: I do know that all of Yukon Housing is income-based. The corporation rent is set after taking into account your assets and all that you have, minus a few things that aren't counted. It's usually 25 percent of your income, based on Revenue Canada's assessment of your personal income. As income fluctuates and flows up and down due to personal life experiences or circumstances, so goes the rent. Is it at all possible to have a base rent and have it increase slowly, if merited, just as other privately owned units? This, I think, would allow clients to be able to grow some wealth and possibly be able to move out of social income housing and become homeowners. Can this process be perhaps looked at? It might also alleviate some clients' stress. Is that something Yukon Housing would consider?

Hon. Ms. Frost: Any opportunity to look for efficiencies is something we will always consider. With regard to the required rent geared to income, income testing annually is what we have done and the federal government agreement requires that. We will continue to look at efficiencies as we work with our board and we work with the president of the corporation and we work with our partners.

Ms. Van Bibber: It's partly because, when I have gone around to some of the same communities that you mentioned — Mayo or even Dawson — there are empty units, and people who might make a certain amount of income won't access them, because 25 percent of their income becomes too high for those units, and I would think a base rate would fill them.

The Housing Corporation hires people in the communities as managers to collect rent, connect with the residents and find out their issues. However, there seems to be a disconnect between the manager, the head office and maintenance departments, because if there is a maintenance problem in their units, the manager reports to the appropriate person, and then it is sort of out of their hands. They are really not apprised of what happens next — whether the job is getting done, whether it has been completed, or whether there has been no notification. So this causes a bit of a communication issue for the local person, as they are the local point of contact.

Can Yukon Housing Corporation look at this problem as soon as possible and see what help they can give the local hires?

Hon. Ms. Frost: The Yukon Housing Corporation is complex. It has a multitude of units across Yukon, and I want to just take a moment to acknowledge the great work that the

staff are doing at the Yukon Housing Corporation, whether they are on the ground, or sitting in the office, or working as a housing navigator.

Under the circumstances, all of the staff are really doing an exceptional job and I just wanted to acknowledge them for the efforts that they are putting forward every day that they walk into their offices — I can assure the member opposite. Sometimes it's not easy, I'm sure, when you're dealing with a multitude of challenges and concerns across the Yukon, so they are doing their best now.

The housing managers are responsible for maintenance contracts and with regard to the interaction within the workplace. I'm not going to address any of the concerns that have been brought forward by the member opposite. Those are issues that are dealt with internally to Yukon Housing Corporation. I can assure the member opposite that the president and the two ADMs who are in the department are fully aware of concerns that have come forward. If there are matters to be addressed, they take full responsibility and they will address them.

I know for myself that the staff are doing an exceptional job and are going above and beyond and making things happen for Yukoners by the list I provided previously, by the innovation and the partnerships, and really working hard to address the pressures across the Yukon, as best they can under the circumstances they are confronted with.

Ms. Van Bibber: We know that there has been additional funding under the National Housing Strategy to address chronic homelessness. We wonder what has been done or what has been completed locally. The strategy was rolled out — I believe it was early last year. Could you give us an update?

Hon. Ms. Frost: Well, there are a number of things happening. We tabled here the housing action plan — I think that is a first good step — and the implementation of addressing current pressures across the Yukon, working with our partners to design and implement that plan, is the objective.

We have initiatives currently being undertaken by the Yukon Housing Corporation that support opportunities for those who are precariously hard to house. Of course, we look for the Safe at Home plan as a means to address some of that. That means that we are looking at implementing the Safe at Home action plan as well to end and prevent homelessness in our city.

We are working with our partners to create a single coordinating body — not to look at multiple bodies across the Yukon — but we are really trying to work with the Yukon Housing Corporation and working with our partners by providing supports to create a new position that will help coordinate the implementation of activities under the Safe at Home plan.

We are working on increasing the supply of safe, stable and affordable housing. I noted previously that we have 10 units coming on in the next year. It's a very, very creative project. Of course, thank you to Chief Smith and his community for taking the lead on the tiny-home community

project. That means that capacity is being built there with the individuals who are in the project will move into those homes. They will be successful in many ways because they have learned some valuable skills.

The increase of safe, stable and affordable housing projects in the Yukon is really our priority, ensuring that the individuals the member opposite has defined as having "chronic homelessness" — we want to ensure that we define that as providing a Safe at Home facility. As I indicated, every door should be the right door. The question is: Is housing a human right? For the most part, I would say yes. I would say that every individual should be given a home.

We are a small jurisdiction. We need to look at affordability. We need to look at our options, but we also need to look at what we have done over the course of the last two years. We will continue to do that. We will continue to work with our partners through the housing action plan, through our collaborative approaches, through our municipal matching grant, through the housing initiative, through the Safe at Home plan, and through the Housing First initiative. We are looking at the first 16-unit housing project in downtown Whitehorse.

We went ahead and conducted the point-in-time count most recently, which I am happy to say that I participated in. I spent one evening walking in downtown Whitehorse and visiting with folks who are downtown. Perhaps they may be homeless or they may have a home; that's their choice. I spent time with them and visited and heard first-hand some of the barriers and challenges. A lot of them are from rural Yukon communities.

I really want us to start looking at opportunities in 2019 and look at maximizing the federal resources that we're getting in the Yukon through partnerships and collaboration, ensuring that as we go ahead and we look at the investment in Yukon, the investment is the right investment and it's meeting the need and the demand of individuals in rural Yukon communities and in every community.

Ms. Van Bibber: The Safe at Home initiative the minister mentioned was set up to help homelessness in Whitehorse, and it says it will highlight priority areas for action. It didn't state the priority areas or the action, but I want to know if this initiative, this Safe at Home initiative, has helped any hard-to-house homeless people.

Hon. Ms. Frost: I'm a bit shocked by that question. I hope that Safe at Home initiatives — the projects that Yukoners participate in and the many individuals who volunteer and participate in the planning of these initiatives are there because they care. They care about Yukoners. They look for opportunities.

So when we look at our partnerships to create a body for addressing homelessness in Yukon, we provide financial support, we create the positions and we look for opportunities. They are there to provide the advice and guidance that is much needed in Yukon to give us some critical and essential feedback and to tie that in to the long-term planning to address and meet the needs of Yukoners.

The Safe at Home plan to end and prevent homelessness is not just for Whitehorse. As I indicated, a lot of the individuals in the city come from rural Yukon communities. Our objective is to ensure a collaboration with Health and Social Services, with our First Nation partners and with our municipalities so that we address and coordinate opportunities to ensure that individuals who are experiencing homelessness have access to housing and supports in their home communities or, if they so choose to live in Whitehorse, we also have an obligation there as well.

We are committed to ensuring that we increase the supply of safe, stable and affordable housing options for all Yukoners. In the past two years, we have seen an increase in affordable housing units in the city. We have seen 74 units; this year, we're expecting many more and we will continue to address the wait-list and we'll continue to address the challenges we have seen. I'm very happy to say and I want to acknowledge that there are many individuals who participate in that process. It's not just government alone, nor is it Yukon Housing Corporation alone, but Yukoners who step up and provide advice and guidance to ensure we take the essential advice they provide and make sure our resources and investments are put in the right places, which is to ensure we provide accommodations in every community.

Ms. Van Bibber: I'm sorry I shocked the minister. All I was asking was, with the Safe at Home initiative, how many people has it helped? I think it's a great initiative. If people are hard to house, then I'm hoping this initiative will work.

The online portal, "looking for housing", was launched late in 2017 to serve an easily accessible resource of information for those looking for housing. This was to provide information on housing options, services and programs. I did have a chance to look at the site, and it seems very comprehensive.

Can the minister tell us if this site has proven useful — any feedback, either from clients or the department — and is the department finding the information useful?

Hon. Ms. Frost: With regard to how it has helped — the question on the Safe at Home plan — I made many, many, notes and comments with respect to how the plan has helped. It has helped significantly.

The question that — I guess I made that note and that is why I was shocked. It wasn't because of the question; it was because I provided some pretty pointed answers with regard to units that are being built across the Yukon and opportunities and partnerships. They are as a result of the housing initiatives — the Housing First and the Safe at Home initiatives.

With regard to advancement of partnerships and our IT systems and ensuring that clients are provided in-time support as they need them, of course, things evolve, and that's where we are right now. We're evolving into a place where we are trying our best to provide essential services and support to all of the clients that come into Yukon Housing Corporation. Of course, critical feedback is essential, and if there are concerns raised by Yukoners and concerns brought to our attention about navigating through the process, then it is essential that we're aware, so that we can make it as easy as possible. The

objective is to take down the barriers, not put up the barriers. That's our aim and our goal.

Ms. Van Bibber: The Challenge Disability Resource Group was provided \$750,000 and change for the purchase of land in downtown Whitehorse to support a 53-unit residential building with a mix of affordable, supportive, and market housing. This was done in March 2018. Can the minister tell us where this project is sitting at the moment?

Hon. Ms. Frost: I'm happy to speak about the Challenge cornerstone project.

We are, and we have been working with the Challenge Disability Resource Group for quite some time, ensuring that we align with their needs and trying to provide the necessary supports that they require to get their project off the ground, but also noting that it's a huge project. It is certainly not something that the government can afford on its own. My understanding is the current project is in excess of \$17 million. We are providing support and this last spring, the Housing Corporation transferred \$750,000 to the Challenge Disability Resource Group enabling them to purchase the land from the City of Whitehorse.

Other Yukon Housing Corporation program funds will be available to them as well, such as the municipal matching grant and victim of violence funding. The view of this partnership is really a strategic investment, of course. It is to be consistent with our other priorities. We are exploring our approaches to addressing Yukon housing needs and we are committed to working with the Challenge Disability Resource Group, and leveraging other funding sources from the federal government. We're certainly always open to speaking further with them.

Ms. Van Bibber: Also, Blood Ties Four Directions was provided with \$200,000 to help with the development of five tiny homes for supportive housing. Have the five tiny homes been completed and are they filled with clients at this time?

Hon. Ms. Frost: I don't have that at my fingertips, but I would be happy to provide that for the member opposite.

Ms. Van Bibber: I thank the minister for that. In the progress report, it says, "... to streamline and improve housing supports available to social assistance clients."

That is a broad statement. I wonder what these supports would include and are they working for these clients?

Hon. Ms. Frost: I apologize — are we asking a housing question or a social income support question? I am not sure where the member opposite is going with that.

Ms. Van Bibber: It's about streamlining and improving housing supports for clients.

Hon. Ms. Frost: Through the housing navigator, through the client support program and through the social income support department through Health and Social Services, clearly our objective is to provide supports to all clients in that we take down barriers, not put up barriers. Yes, we are working with the clients to ensure that we provide support with navigating our systems. It is done between two departments.

Ms. Van Bibber: We know that the lots that go up for sale are usually bought up fairly quickly. I know the

department is trying to help with access to some of these projects. When I checked, a city-serviced Whistle Bend lot at the lowest end is \$209,000. That is just for the lot. Then there are the permits, the contracts, the supplies, more permits and then the maintenance that is needed to own a home.

Are there any plans for future mobile home lots, such as Mountain View Place condo lots?

Hon. Mr. Silver: I would say, respectfully, that Community Services does have a line item in the supplementary budget and will be appearing at Committee of the Whole. If the members opposite — for those departments that are appearing for the supplementary budget, please ask those questions during Committee of the Whole debate in those departments.

Ms. Van Bibber: As the big day yesterday has passed and cannabis is legal and can be consumed in the privacy of your own home, there is still much debate on the rights of renters and landlords. Is there a clear definition for every building owned and controlled by Yukon Housing Corporation, and how will it be monitored and looked after?

Hon. Ms. Frost: Smoking of cannabis — Yukon Housing Corporation follows the same restrictions as smoking in any of our buildings. All Yukon Housing units are designated as non-smoking due to the potential fire risks, the negative impact of indoor air quality and the costs associated with maintenance.

Ms. Van Bibber: Looking at the 2025 vision was very interesting. It states: “A Yukon where a diversity and abundance of housing options increases the health and stability of all individuals and communities.” These are great words, and that’s for 2025. We’re wondering what happened to the 2019 vision that is just a few short months away. Are we going to have a steady abundance of housing options?

Hon. Ms. Frost: Certainly we are.

Mr. Kent: I just have a couple of questions for the Minister responsible for the Yukon Housing Corporation as well. I just wanted to get some clarity around the housing action plan that it looks like the government approved in 2017. When we were in government previously, we announced a housing action plan, and a number of programs and capital projects flowed out of that, such as the down payment assistance program and the municipal matching grant program. There was an accessibility advisory committee created during our time. Then, as far as capital projects, Betty’s Haven was built, Options for Independence, a new St. Elias Residence, two seniors facilities in Whitehorse, one in your community of Mayo and a number of other program initiatives that I may have forgotten. I am just wondering if the minister can outline what is new in this 2017 housing action plan beyond the programs that we had announced previously and had set up.

Hon. Ms. Frost: Let’s talk about the housing action plan. The housing action plan was there just as a template. It provided opportunities. Certainly the implementation of that is what the Housing Corporation has been using as a model to go forward and to bridge on.

We have done some really creative and innovative things, as I noted, and projects that I have highlighted. I provided a long list of some really great initiatives.

To the member opposite — what’s new? 2017, 2016 — a housing advisory, emergency shelter, four new homes, a new eightplex in Dawson City, upgrades of houses in Carmacks, housing action plan education, 42 units, eight units in Burwash, housing affordability, 22 new family homes and home repair initiatives. We’re looking at the construction of 12 new homes. There are many, many things that have happened over the course of the last two years. We’re using the housing action plan as a guide to make sure that all Yukoners have access to safe, affordable housing. Housing is the key ingredient to healthy communities.

I’m really proud of the success we have achieved by working with our community partners on the housing action plan’s implementation. We recently issued a report on progress, which I urged the member opposite to refer to, that details many of the achievements of the housing action plan — its partners.

Some highlights include: looking for a housing web portal, support for housing navigators, a homelessness initiative, increased collaboration between housing stakeholders, education and public awareness campaigns across the housing continuum, hosting an annual housing forum to share housing issues and solutions, looking at adaptation as we merge and we proceed and recognizing that climate change is affecting the construction and builds in the north.

We also recognize that the federal government, through its national housing initiative, had never before recognized the Yukon as having unique circumstances — that there are self-governing First Nations in the Yukon that have never accessed funding, for that matter. Why is that? The opportunity was not there, and now we’re seeing opportunities for further partnerships.

The new housing initiatives and the fund will continue. We are seeing commitments and we are leveraging opportunities to increase affordable units across the Yukon. We are also looking at an expansion of the municipal matching grant. That was a great initiative and we are working with our partners to increase that. We have launched the developer build loan program and initiated the housing initiatives fund, which is the new initiative that I just referred to earlier.

The housing action plan is for 10 years, so the implementation of that is evolving. The community meets on a monthly basis, so it’s evolving and it’s growing. We will continue to look at the opportunities that are before us with our partners.

Mr. Kent: Not all, but some of the programs and projects that the minister just mentioned were started by the previous government. There are obviously some overlaps. If she doesn’t have the information here today, maybe she could provide us with it in a legislative return or a letter on what new programs have started since December 2016 when her government was sworn in and what new capital projects were

started and completed or are under construction during that time.

Maybe I will just turn my thoughts now to the Housing First model because that is one that was started by this government. Obviously there were some concerns around the consultation process with the location. We heard, or I heard from one of the neighbours — and I went over to a meeting at the home. We asked about this in the Legislature. There was just some confusion, perhaps, by the Minister of Community Services around the dates of the consultation and what exactly had been done.

I am just wondering if there was a “what we heard” document prepared or perhaps a consultation summary, if it wasn’t that involved. Does the minister have any details of that for us here?

Hon. Ms. Frost: The preamble to the question — I believe I responded to that and provided the details to the Member for Porter Creek North on what has transpired since 2016. We have done a lot, Mr. Chair.

On the Housing First project, I believe the member opposite wants to know about the consultation and engagement and how that evolved. I can say that the Yukon Housing Corporation had an open house and open-house sessions for members of the neighbourhood on two occasions. We sent out letters, as well, to the neighbourhood to inform them of the Housing First project, and we wanted to highlight that we are committed to the Housing First approach, because that was addressed by the Member for Porter Creek North, who highlighted housing initiatives for vulnerable people. That Housing First project is really to address the question that was posed to us — that is posed by Yukoners — and that is to address opportunities for vulnerable people.

We understand that it’s important to consult and engage, and we have taken initiatives to do that. We broke ground at the end of July of this year and we are on track. We’re hoping to have that project done by the fall of 2019. With regard to consultation, as noted, we had two sessions and did send out a notification.

Mr. Kent: To be clear, we think the initiative is a good one. It’s just that there are some neighbours in that area who had some concerns. They raised them with us; they invited members of our caucus — I guess it was just me at the time who went over to talk to them.

Can the minister clarify: Was the decision made and then the consultations held on that site, or were there consultations done first and then the decision was made to put it there? There seems to be some confusion, especially with the individuals whom I talked to. They seemed to not know anything about it until they read it in the paper, and they are in very close proximity to that lot.

Hon. Ms. Frost: Let’s talk about the unfounded fears that are perhaps being created. I think there’s an opportunity for us to look at the initiative. That unit has been there for many years; in fact, I lived on that street in a residential setting as a young child when I was taken away from my community. That unit has been there for many, many years, Mr. Chair. Post my time in that unit, we opened it up to

provide opportunities for citizens of our community who were challenged. Post that, we opened it up with Kwanlin Dün and provided essential services where we were seeing major challenges in our city for vulnerable peoples. In partnership with Kwanlin Dün, we opened up the shelter to provide supports for those who were difficult to house. So the residents in the area have always known this unit has been there. With the housing initiative, the projects and the initiatives there — it’s very much the same as what they have been accustomed to for many years.

The staff are available 24/7 and they provide assistance to any of the concerns and questions that have been brought forward. I’m not going to get into a debate today about when these things happened. I will say that the project is well on its way, and our objective is to ensure that we provide the necessary gap to address the housing continuation and the project.

We hope to have that completed by 2019 as indicated. By the way, that is identified in the Yukon housing action plan as well — as a note.

I can say that if there are concerns, we would be happy to work with our partners. Once the facility is built, we will look at the programs that are offered there, hopefully to better align with the service needs of those vulnerable clients. Thank you.

Mr. Kent: For the minister, as I mentioned before, we are very supportive of this model that the government has embarked on, and for some reason she took the question — perhaps I phrased it in a way that offended her — but what was I asking is — we know that the St. Elias residents used to be on that site. Under our government, we built a new St. Elias Residence down by Hoge Street, I think. Again, I am wondering — obviously there are differences between the models of what is offered at St. Elias and what will be offered with this new program.

My question is: Did the consultation — and again, I ask this because there was some confusion when we were asking in Question Period and the Minister of Community Services answered a question and there were some timing concerns that we had, so we’re just giving the minister an opportunity to clarify. So the consultation was done first with the neighbours, the letters went out that she spoke of, and then the decision was made to put the building there. Or was the decision made to put the building there, and then the letters and the consultation that she spoke about went out?

I apologize if I offended the minister with my previous question. It was fairly straightforward, I felt. It was a question that we are being asked by people who live in that neighbourhood.

Hon. Ms. Frost: Of course, it’s a sensitive spot, being that it was my home for many years — not by choice.

The Housing First lot did not require rezoning. As noted, it existed there for many years and was used for different purposes, whether it was to accommodate young children that were apprehended or taken away from their communities and housed there, or whether it was to provide support to vulnerable populations. So the zoning was not required, and

engagement to inform the neighbours on the project was what we were doing.

We were informing the neighbours that the project was proceeding. We were not seeking input from the neighbours on whether we were going to go ahead or not. The project was essential and we notified the neighbours, we worked with the Wood Street annex, we worked with the Department of Education and a decision was made. The lot was already owned by Health and Social Services so engagement was limited to discuss the project.

Now, we met with the school council to address their questions. We met with the neighbours to address their questions. We provided ample opportunities to do that. We opened up the Yukon Housing Corporation's boardroom on a couple of occasions, and we gave out notification to all of the neighbours to let them know that this was happening and they were welcome to participate in a briefing session.

Mr. Kent: I appreciate that response from the minister. That's a piece of Hansard that I can clip and send to the parties in that neighbourhood who were concerned and raised those concerns with us.

Mr. Chair, seeing the time, and knowing we have officials appearing from the Hospital Corporation, I move that you report progress.

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

Motion agreed to

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

In order to allow the witnesses to take their places in the Chamber, Committee of the Whole will now recess and reconvene at 3:30 p.m.

Recess

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

Appearance of witnesses

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

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

Witnesses introduced

Hon. Ms. Frost: Mr. Chair, the witnesses appearing before the Committee of the Whole today are Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation.

Chair: Would the witnesses like to make opening remarks?

Mr. Gillen: Mr. Chair, I would like to thank you and the Hon. Minister Frost, Members of the Legislative Assembly and all Yukoners for the opportunity to speak on behalf of Yukon hospitals today.

During my time as chair of the Hospital Corporation, I have been privileged to work with a dedicated and conscientious team who addresses the acute care needs of Yukoners, whatever they may be, whenever they may occur. With me today is Jason Bilsky, the chief executive officer of the corporation.

Together we are representing the corporation, which was established by an act of this Legislature, as an agency independent of government and overseen by a board of trustees, comprised of representatives from communities across the territory, including Yukon First Nations, medical staff, public service and the public at large.

Our role is to support the work of Yukon hospitals' dedicated team of over 600 staff, volunteers and physicians. In addition to quality acute hospital care, our staff also provides a variety of important health services, such as diagnostics, specialist care, therapeutics and patient support services, to name a few.

We are part of an extensive network of care providers that includes the home care and continuing care groups of the Department of Health and Social Services, physicians, EMS and many other professionals, all working collaboratively to ensure Yukoners who need health services receive them in a prompt and professional manner.

Today's demands on the health care system are such that caregivers need to and must work collaboratively to address the needs. No longer can we be standing on islands in isolation from others. We need to work together to address the needs, both individual and community needs, particularly as populations age.

I would like to begin by speaking about how we have become an integrated hospital system and how we are continuing to advance and improve on the care we provide. Not that long ago, we were a single hospital facility in Whitehorse. Today, we are a hospital system with three facilities and hundreds of health professionals who deliver a high standard of care in a way that meets and respects the unique personal and community needs of all in the Yukon.

This summer, we celebrated the five-year anniversary of the community hospitals in Dawson City and Watson Lake. Each in their own right have become health care hubs providing Yukoners an array of services all under one roof — including emergency care, inpatient observation and monitoring, medical clinics and pharmacies — supporting public health and social services.

In January of this year, after significant planning, design and construction spanning nearly four years, we opened the new state-of-the-art emergency department at Whitehorse General Hospital. This new hospital wing was completed on time and on budget. It enabled us to enhance the safe and excellent care that we already provide in so many ways.

This facility features modern emergency treatment areas along with a new intensive care unit to provide more complex

critical care. We have been able to achieve optimal infection control, enhanced privacy and security and improve comfort — all supported by new technology and systems, such as the ED tracker system, which follows patients and their status while in the hospital.

Although you cannot see the pipes and tubes along with the miles of cable behind the walls, you should know that we have strengthened key pieces of infrastructure, like oxygen, medical gases and data networks. All are critical to providing timely, safe and quality care and must be running 100 percent of the time without fail.

We have also continued to partner with the Government of Yukon e-health initiatives. This has improved our ability to send lab tests and receive results as well as provide physicians with quicker and easier access to medication records.

The opening of the new emergency department was not the end of this project, as it created vacated space within the existing hospital and new shell space on the second floor of the new wing. We are planning these spaces for future use.

We are now focused on a long-term redevelopment effort at Whitehorse General Hospital, including the creation of an operating room hub with all surgical-related services located in one area. This means you can now prepare for surgery, register for surgery and have your procedure in one location. Our entire team, including physicians, nurses and supporting services, have started to develop a long-term plan for all of our surgical services in the territory. We now have an opportunity to look at expanding and enhancing surgical services into the future.

It needs to be remembered that our current operating rooms are some 25 years old and require substantial updating. New technology and procedures have changed how and why surgeries are performed. As one of the first steps in enhancing surgeries, we welcomed a new resident orthopaedic surgeon last fall, which has already enabled many patients to receive care in Whitehorse rather than having to travel Outside.

We continue to expand our ability to support emergency trauma care and are actively working to reduce wait times for elective surgeries like knee replacements. In the last year, we have seen a wait-time improvement in knee replacements from 24 months to 14 months.

We are also looking to improve the outpatient and support service areas. Most recently, we opened an enhanced lab collection area where outpatient blood testing occurs. Everything you need for this lab test, including private treatment areas and washrooms, is now located in one spot.

We initiated detailed planning of an enhanced secure medical unit to be located in the shell space above the new ED. Our current secure medical unit is becoming no longer fit for purpose. Although in the early stages of planning, our goal is to enhance our ability to provide care within the hospital and better support transitions to mental health services in the community and outside the territory.

We have embarked on a project to upgrade our health information system, Meditech. These upgrades are very necessary to both patient care and hospital functions. We plan

to begin system upgrades starting this year and continue until 2021.

Over the last several years, Whitehorse General Hospital has been able to build a strong team to support patients diagnosed with cancer. We continue to enhance care with a specialized and highly collaborative team. This team includes four general practitioner oncologists, two chemotherapy nurses, one cancer care coordinator and a pharmacist.

The cost of chemotherapy is one of our challenges. The treatments for cancer are continuing to develop and improve. New and expensive drugs, earlier diagnosis and longer periods of treatment have resulted in more successful outcomes, but it still remains one of our financial challenges.

Increasing standards, continued demand for services and sustained pressures require us, now more than ever, to use our resources to maximum potential. We have been able to make important advances in our hospitals while at the same time managing significant demands for hospital services. In the past year we had 33,500 emergency visits to Whitehorse General Hospital's emergency department. That's the equivalent of every Yukoner visiting the hospital once a year. However, more than 50 percent of those visits are for less serious needs that could be addressed elsewhere. There were about 3,000 visits to Dawson's ER and 2,500 ER visits in the Watson Lake emergency room.

We welcomed more than 400 newborn Yukoners. We performed more than 2,600 surgeries. We had almost 29,000 lab visits by individuals, resulting in approximately 450,000 tests, as well as managing 34,000 imaging scans at Whitehorse General. In the community hospitals, Dawson performed approximately 2,500 diagnostic tests and Watson Lake was over 1,700. We provided more than 2,100 MRI scans and we offered more than 1,000 chemotherapy treatments to Yukoners in need of cancer care here at home.

Meeting these demands, coupled with sustained and significant bed pressures, requires a daily, if not hourly, effort. In fact, occupancy has been so high over the last year that more than half the time, Whitehorse General did not have a bed available to meet the need.

Whitehorse General's occupancy from April 2017 to March 2018 averaged 95 percent, and for more than half of the days, we were over 100-percent full. This compares to a more ideal state when hospital occupancy is at 75 percent. As a result, our team had to take a number of steps to ensure Yukoners got the care they needed, when they needed it.

We've had to make difficult decisions of postponing scheduled surgeries — only when it is absolutely necessary — to ensure the safety of patients. Last year, we had to reschedule 13 procedures, which represented less than one percent of our yearly elective cases. We recognize that each and every deferred surgery is a serious issue for an individual patient.

We also made use of all the beds and resources in our hospital system, including those in our community hospitals. This meant that, from time to time, we had to move patients to other facilities in our system to ensure that we could maintain

safety and quality, as well as timely access to hospital services where they are available.

We've developed a collaborative discharge process involving: nursing, therapies, First Nation health, social workers, continuing care and home care, and, where appropriate, physicians — all focused on ensuring that patients can safely leave hospital to transition back to home or another health care facility.

This team meets daily to identify barriers to discharge and solutions to patients to leave the hospital. These initiatives, along with some others, have helped to reduce occupancy over the last six months to an average of 87 percent, as well as a 30-percent reduction in the number of deferred surgeries and to reduce the number of patients waiting in the emergency room overnight for a bed from three people to one.

The opening of Whistle Bend Place and the additional 10 new beds in the Thomson Centre will reduce the number of alternate level of care patients in hospital and further lessen occupancy challenges.

Procedures and processes constantly evolve, technology changes, and we constantly monitor what we do to stay current with new approaches to acute care. For example, we are in the process of changing how we perform microbiology tests. Routine microbiology tests will be sent to St. Paul's Hospital's laboratory in Vancouver. Microbiology is one of the many lab disciplines and represents a small portion of the tests we handle at Whitehorse General. This will result in greater efficiencies and effectiveness, with no impact on patients and in a cost-neutral manner.

This past spring, our hospitals participated in the Accreditation Canada survey and, once again, achieved accreditation status. This review demonstrated that we have made strides since our last survey four years ago and that we are following recognized procedures that are practised in all hospitals across Canada.

It highlighted some areas for us to focus on as we move forward, including involving patients more in their personal care. We have changed the medical staff bylaws to enable nurse practitioners to practise in the hospitals and are very actively involved in adding the practice of midwifery to the continuum of care available in the Yukon.

Everything we do is about patients, so we are focused on meeting individual health care needs. The late Dr. Lis Densmore once told her colleagues that medicine is about patients, not diseases. Each day, we focus on our patient experience and they continue to tell us that we provide excellent hospital care. In fact, in our regular survey of patients, we see about 90-percent satisfaction on average. Our patients also tell us that maintaining privacy is an important part of good care. That is why we have made this a priority and have taken a number of steps to protect patient information, including how your information is received, how it is stored and secured to how it is shared with our hospitals and with our health care partners, all in accordance with privacy and HIPMA legislation.

Our hospitals have also taken steps to ensure staff has a strong understanding of the role of ethics in decision-making.

We have developed tools to support staff and patients in making sound choices. In addition to ensuring quality programs, we also continue leading with innovations unique to the Yukon. Our First Nation health programs continue to serve as a model for other hospitals and health centres across Canada, as they strive to improve indigenous health outcomes. Based on our success with the First Nations health program, we helped develop a national report from HealthCareCAN, an association of Canadian hospitals and authorities, entitled *Bringing reconciliation to healthcare in Canada*. The report focuses on health system changes that recognize barriers faced by First Nations in accessing and receiving care.

We have also partnered with the Government of Yukon to continue offering language services, including providing more information in English and French and including improved access to American Sign Language interpretation at key places. We also continue to involve the broader community by growing our number of volunteers — now numbering 60 — who give their time and effort to make patient experiences more engaging and comfortable.

Last year when we reported to this Legislative Assembly, our hospitals had renewed our five-year strategic plan. Today we are on a journey toward the best care every time. All the activities and accomplishments that I have shared here today all stem from the plan, which was developed by listening to and consulting with over 700 Yukoners. We have accomplished much over the last year and addressed many challenges, but we look to the future so that we can be prepared to meet Yukoners' health needs — for example, recognizing that wait times are increasing for certain specialist services. We are making a concerted effort and actively working with government and physician partners to reduce wait times and increase access to specialty services, such as ophthalmology and cataract surgery, orthopaedics and urology.

We are working on meeting the needs of an aging demographic that requires an increasing amount of health care resources. We continue to be a leading organization in advancing reconciliation with indigenous people by promoting health equity. We look forward to participating in the comprehensive health system review, working toward a more sustainable health system and improving patient outcomes.

In closing, ensuring that our hospitals are prepared to meet the acute care needs of Yukoners is a constant challenge as demands for service increase, as technology and new procedures change how we do things.

I would like to sincerely thank our entire team — hospital staff, volunteers, medical staff and all our health practitioners — for the work they do and thank Yukoners for continuing to place their trust in us.

Thank you very much for your time and attention. I hope I have given you some insight into the complex, challenging and sophisticated nature of what we do. We would now be pleased to answer any questions you may have.

Ms. McLeod: I want to thank the witnesses for appearing today. I would like to start off by asking the

witnesses when they became aware that they would appear in the Legislature today.

Mr. Gillen: Mr. Chair, several years ago, we committed to appearing annually in front of the Legislature. We are always ready to appear. We are always happy to speak and answer questions and speak to Yukoners about issues and challenges through the Legislature.

It has been a year since we appeared, so we expected to appear during this Sitting of the House at some time. We have been preparing for this session and past experience has shown that we need to be prepared and flexible about being prepared to meet with the members of the Legislature.

Ms. McLeod: I appreciate the response from the witness. It is, of course, good to see the corporation appear on an annual basis. I am particularly interested to know when the witnesses were advised they would appear today.

Mr. Gillen: It was confirmed to us on Monday that we would appear here today.

Ms. McLeod: Thank you very much for that answer. Can the witnesses confirm for the House when they became aware of the letter from the Deputy Minister of Finance to all deputy ministers asking departments to find up to two-percent reductions in their O&M budgets?

Mr. Bilsky: We actually became aware of the letter in the media. We were not notified with that letter of any reductions to our budget.

Ms. McLeod: So with respect to the letter, has the Hospital Corporation looked at what the impacts would be for the corporation, with the hospital obviously already under pressure?

Mr. Bilsky: As I already commented, the Yukon Hospital Corporation has not been asked to cut our budgets. So I can't answer that question directly about what the impacts might be, but what I can comment on is that, as usual — or as you would expect — health care is an industry of unlimited needs and always-limited resources and pressures.

Having said that, YHC has a balanced budget for 2018-19, and it is based on the inclusion of a 2.5-percent escalation in core funding, as well as \$1.3 million in additional funding for chemotherapy drug costs, which is included in the supplementary budget, which I believe has been tabled here.

As the Chair has already mentioned, pressures continue in chemo drug costs, occupancy in inpatient units and the complexity of services that we provide. We will continue to assess and work with government to live within our fiscal constraints and we will continue to provide that quality care.

We work with government on a number of fronts, such as taking on a collaborative, system-wide approach to health delivery. This includes how we and our health system partners can better be aligned and integrated to serve health needs of Yukoners.

We continue to look at and address our top priority, which is providing safe and excellent hospital care to all Yukoners, recognizing that hospitals must live within our means while meeting significant and growing pressures. We continually look at efficiencies each and every day.

Ms. McLeod: Thank you for that response. Just before we get into a little bit more about the budget, did the Hospital Corporation see a copy of the new *Coroners Act* before it was tabled in the Legislative Assembly just this Sitting?

Mr. Bilsky: I didn't hear the question.

Ms. McLeod: It's the new *Coroners Act*. I'm wondering what effect that would have on the hospital and whether or not the Hospital Corporation had an opportunity to review it or provide comment.

Mr. Bilsky: No, we have not yet assessed the impacts and we have not seen the actual proposed changes.

Ms. McLeod: The witness has mentioned that there is a 2.5-percent escalator to the budget in addition to the additional monies for chemo treatments. Can the witness confirm that the 2.5-percent increase is for this year alone?

Mr. Bilsky: The 2.5-percent increase to our core is to this fiscal period that we are in right now. I think I have commented on the pressures that we have from chemotherapy. About 60 percent to 70 percent of our salaries are contracted wages, so there is an escalation there. We also see significant pressures in our diagnostic services for just volume pressures and complexity pressures in what we do in our diagnostic services.

Ms. McLeod: The 2.5-percent increase to this year's budget — was that the amount that the Hospital Corporation requested for this year? Would the ask for the upcoming fiscal year be the same?

Mr. Bilsky: Yes, I can confirm that the amount that was requested is something that we worked on collaboratively with the government to try to fulfill the needs that we have. It was what was requested. I cannot yet comment on what the upcoming fiscal period will be.

Ms. McLeod: Perhaps the witness could tell us or confirm maybe what the fastest-growing expenditure is in the Hospital Corporation budget. The witness has made reference to the rapidly escalating cost for cancer care. I just wonder if that's the one item or if there are others.

Mr. Bilsky: The three core services or core areas that we see increasing would be in the areas of — I have already mentioned chemotherapy. Specifically with chemotherapy, I think our chair has already mentioned that essentially what is causing that to increase is earlier detections of cancers, better treatments and longer treatments, which means that survivability has increased. That means that volume has gone up and also the cost of the specialized drugs has gone up. In particular, that area has actually doubled in cost over the last less than five years.

Just to give you an example, one of the extreme examples would be of one particular breast cancer drug that is being used. A previous protocol for that treatment would have been running for 24 weeks — it cost about \$15,000. Now that same cancer is being treated with a different drug, and it would run for two years at a total cost for that protocol of around \$250,000 to \$300,000. That's just an extreme example but an example of how that area is growing.

Another area that's growing significantly for us is medical imaging. As we do more and more closer to home and

the complexity of those tests continues to grow, medical imaging costs continue to grow with it. Another area I'll cite is our lab services. That's just purely the volume of tests that we're seeing which are being prescribed by physicians. It's growing significantly more than what you would consider to be the CPI in the territory.

Ms. McLeod: I think we're all a little shocked at some of those numbers, so thank you for informing us.

The hospital traditionally has been funded based on a 75-percent occupancy rate. I'm wondering if that's still the case.

Mr. Bilsky: Just to clarify, we don't actually get funded based on a certain level of occupancy. Hospital systems are designed to run at a certain level of occupancy, and that optimal level would be about 75 percent. You always require a certain level of surge capacity to deal with spikes in acuity and necessary treatment and service levels that need to be taken care of.

Having said that, if it's designed for 75 percent, that's approximately where we would budget and where we would try to maintain service levels. Above and beyond that, yes, we have worked with government to make sure we're adequately funded to ensure that with anything over 75 percent we can continue to maintain the service levels we have.

Ms. McLeod: I have heard today and I have also seen on the website that occupancy at the Whitehorse hospital is between 95 percent and 115 percent. That has been confirmed today. I'm wondering — just because I don't know — what 115-percent occupancy looks like in terms of service delivery.

Mr. Bilsky: I think I'm proud to say that service delivery for us, even though we have had the impact of significant high levels of occupancy, has been maintained. Generally speaking, as our chair has mentioned, our occupancy from April 2017 to April 2018 averaged about 95 percent to 96 percent, with over 50 percent of those days being 100-percent full.

As I think has been mentioned, the primary reason for high levels of occupancy is the proportion of alternate level of care patients — patients who no longer require acute care and are more appropriately cared for in other settings. We have seen levels to 30 and 40 percent of our beds being occupied by ALC.

Having said that, in collaboration with our YG system partners, we have been able to manage over the past 18 months during this period of high level of occupancy. Just over the last six months, we have been able to decrease average occupancy from 96 or 95 to 87 percent. We have decreased the number of deferred surgeries by about 30 percent and decreased the level of patients staying in ED overnight.

To answer the direct question generally, the impact is access to acute care when you are at high levels of occupancy, and what you jeopardize is the ability to maintain your elective surgeries. You end up with patients being cared for in places that aren't suitable or where they shouldn't be cared for when it comes to acute care — like Emergency. You end up

with people spending an inordinate amount of time in Emergency waiting for admit beds.

Ms. McLeod: Thank you for that answer. How many — and the witness may have made mention of this, but just for some clarity — how many surgical or other procedures have had to be cancelled or rescheduled this year because of the bed pressure?

Mr. Bilsky: On the topic of cancelled surgeries, I would first like to say that YHC takes patient safety and the provision of high-quality care with the utmost of importance. Cancelling surgeries is an issue that we consider very carefully with each and every case. It is always made in the interest of safety for that patient as well as in the interest of safety for other patients.

Before starting a surgical procedure, the team must be sure post-operative patient care needs can be met safely and an operative patient care bed is available. When an appropriate bed is not available, a surgery may be rescheduled. We have a team of experts who make this decision based on known criteria, and we certainly understand the planning and the mental preparation it takes for each and every patient to prepare themselves and their family for the day of surgery, and we are very sorry for every surgery that is deferred. We will always make sure that the patient will know when their next scheduled surgery is. We will make it a priority, and it's usually within a very short period of time — usually within hours or maybe weeks.

In 2017-18, we deferred 13 surgeries due to overcapacity, which represents less than one percent of our planned surgeries and, year to date, there were five deferrals due to overcapacity, all between April and June, with none in July, September — unfortunately, we have had a run here in the last couple weeks of being very full, and I believe we deferred two surgeries recently.

Ms. McLeod: Thank you for that. Just continuing on with this discussion, we have heard a report of a patient who arrived at the hospital for surgery. This person was checked in and put in a bed. She got to speak with the surgeon and then was sent home because there was no nurse or bed available for her care post-surgery. Obviously the surgery did not go ahead and I'm sure we all know that this was extremely distressing for the patient.

How many times does it happen that the patient gets that far in the system before they find out that their surgery is cancelled?

Mr. Bilsky: I can't comment or answer the direct question of how many times a patient has gotten that far. Having said that, I can give you the criteria that we use, and we have a team of experts that actually assess when and how — and yes, it is basically to the hour or to the minute.

The criteria that we use is: when our ICU is full, medical and surgical inpatient areas are full, there are four to six patients waiting in ER for admission beds, there are no discharges pending within six hours, and the elective slate that we have will run past the end of day. As I think you can appreciate, those are hour-by-hour decisions that have to be made. We've placed every effort that we can into making sure

those surgeries go ahead but, as I said, unfortunately, it may be at the last minute that it is decided that the surgery cannot go ahead. As I stated earlier, we are considering what is safest for the patient and what is safe for all patients in each and every situation.

Ms. McLeod: How many patients have been transferred from Whitehorse to either Watson Lake or Dawson City hospitals due to bed pressures at the Whitehorse Hospital this year?

Mr. Bilsky: As you can appreciate — and we've been speaking about the occupancy challenges — more than probably a year ago, one of the pieces of the strategy put in place was to utilize all of the resources that we have and, in particular, all the beds within our system. That includes utilizing Dawson City and Watson Lake, which are two excellent care facilities.

Yes, where it was appropriate, we would transfer patients from Whitehorse to either Watson Lake or Dawson. It has two benefits — it obviously decreases the occupancy pressure here at WGH, but it also ensures that we maintain professional staff competency in the community hospitals.

We use clinical criteria to identify the patients who would be appropriately cared for in those areas. We would not send patients who would not be appropriately cared for. Most patients are transferred there for somewhere between three and six weeks and are then repatriated back.

We fully acknowledge that the transfer process can cause stress and difficulties for all patients and families, and it is done in consultation with them. In the 2017-18 fiscal year, we transferred 22 patients from WGH to either Watson Lake or Dawson City. I believe it was 10 to Dawson City and 12 to Watson Lake. This year currently — year to date — we've transferred seven patients — two to Dawson City and five to Watson Lake.

At this point, it's expected that the number will decrease. It all depends on the occupancy levels at Whitehorse General here, but with the expectation of Whistle Bend and the Thomson Centre beginning to take patients and reducing our level of ALC patients in hospital, we do expect that number to be curtailed. Ultimately, it's about ensuring access to acute care for all patients within our system.

Ms. McLeod: Just a bit ago, the witness made reference to knee surgeries, for instance — wait times being reduced from 24 months to 14 months. I'm wondering about other procedures — other joint issues and cataract surgeries — and what the wait times look like for them. How many people are on that wait-list?

Mr. Bilsky: I'm sorry, Mr. Chair, I didn't hear the last part.

Ms. McLeod: I'm curious as to how many people are on the waiting list?

Mr. Bilsky: Which waiting list in particular? I'm sorry.

Ms. McLeod: I will take a wait-list either jointly or separately for eye surgeries or joint surgeries.

Mr. Bilsky: Maybe I will start with orthopaedics in general. The other topic is about cataracts ophthalmology.

To give you a bit of history about where we have been and where we are going, a resident orthopaedic surgeon started providing care in the territory in the beginning of October 2017. We had to make some significant changes to our OR space and utilization to make room for expanding orthopaedics. I can say that to this point it has been a success in collaboration with government to achieve this success. We have repatriated about 55 percent of orthopaedic medevacs, so these would be emergency procedures or orthopaedic procedures, to YHC.

The wait times for knee replacements has decreased from 24 to 14 months. There is a 70-percent reduction in patients waiting for orthopaedic assessments.

To do so — and again, with support from government — we have had to make some significant improvements in our surgical services. We have increased capacity in surgical services. We have undergone some renovations in that area to include a third flexible operative space that we were able to take endoscopy procedures and decant them into a different room to create capacity. Scope reprocessing has been improved with a new minor procedure room as well as investments in areas of sterile storage. There is also a significant investment in orthopaedic equipment, all geared toward providing services here closer to home and ensuring that people are accessing the services that they require.

On the topic of ophthalmology — wait times to see an ophthalmologist and receive cataract surgery have been growing rapidly and now exceeds three years. There are approximately 350 patients waiting for cataract surgery. The major contributing factor is retinal macular degeneration that has caused an exceptional spike in the last 18 to 24 months. The retinal therapy that I mentioned requires patients to see the ophthalmologist, which is taking time away from ophthalmology assessments and cataract surgery. Yukon Hospital Corporation and YG have identified that addressing ophthalmology wait times is a priority. Over the last several months, we have been actively working with government on proposed solutions to reduce the wait-list within the next year or sooner.

Generally, proposed solutions involve establishing a separate retinal clinic, so we take the retinal therapy and establish a separate clinic so it's not impeding general ophthalmology and cataract surgery. We would also like to increase ophthalmology clinics and OR time.

Having said that, we have recognized the pressures and some actions that we have taken to date to mitigate the clinic wait times, including triaging urgent patients and replacing aging ophthalmology equipment for increasing patient throughput. We have also increased, as much as we can and within the limitations we have, the number of ophthalmology visiting clinics that we can host here. But, as I mentioned, Mr. Chair, we are continuing to work with government to create solutions to expedite the issue of ophthalmology wait times.

Ms. McLeod: I want to thank the witness for that update. The witness made a reference earlier to nurse practitioners, and I am guessing that nurse practitioners would

alleviate some funding pressures because it does not — I presume — cost as much to have them. So how many nurse practitioners are currently working within the corporation?

Mr. Bilsky: Just to clarify, according to the assessments that we have as far as integrating nurse practitioners into our system, I'm not as certain that it would reduce costs associated with health care. Having said that, we are working toward any collaborative models that we can to ensure that people have access to care.

In the recent year, we have made sure that nurse practitioners have access to much of the diagnostic services provided by Yukon Hospital Corporation, and in the recent year YHC has changed the bylaws, and the minister has approved the change in the bylaws, so that nurse practitioners are able to practise in YHC's facilities.

Essentially there are two options for nurse practitioners working with Yukon Housing Corporation. One has always existed, and that opportunity is as an employee of the organization. That is predicated on the fact that a nurse practitioner's skill set meets the job requirements that we have. The other one, which would have been recently brought forward through the change in the bylaws, is the ability for nurse practitioners to participate in care with patients in hospital.

As far as the number of nurse practitioners who are employed by the hospital — again, like I said, we employ nurse practitioners when their skill set and job set meets the requirements that we have. None are currently involved directly in the models of care that we have. However, we have employed nurse practitioners on certain projects within the system over the last year.

Ms. McLeod: I have just a couple of questions about chemotherapy. We heard, of course, that chemo costs have doubled over the last three years — or three to five years. That amounts to about \$2 million for these drugs. I guess my question is whether or not the numbers of patients are increasing — if the patient number is remaining static and it is just, as has been mentioned, the longer lifespan and the earlier detection? I would kind of like to get a sense of what we can look at for escalating costs in the near future.

Mr. Bilsky: I won't repeat everything I have said about chemotherapy. Just to add to it, though — increased complexity, earlier detection and increasing longevity are the causes of a 22-percent increase in visits and a doubling of the cost per treatment over the past five years.

Maybe to cite just a few facts or numbers — we are estimating in this current year that the average chemotherapy treatment is in the neighbourhood of about \$2,500 per visit versus in 2015, that same number would have been \$1,300. The number of actual chemo visits has been increasing. These are not discrete patients. These are the number of visits that we are seeing in a year. In 2015, it would have been 676. In the current year, we are estimating around 850 or so. It has stabilized over the last couple of years, but it has increased over the last five years.

Again, I would say that the biggest driving factor in the cost of chemo is the actual cost of the drugs themselves. We

are talking about very specialized drugs — immunotherapy and things of that sort that are causing the cost.

Ms. McLeod: With respect to treatments that are offered in-territory at the Whitehorse General Hospital, is the Yukon Hospital Corporation considering making dialysis available here?

Mr. Bilsky: On the topic of dialysis, currently there are three types of renal replacement therapies: peritoneal dialysis, hemodialysis and basically kidney transplant. Peritoneal dialysis and home hemodialysis are available in-territory currently, supported by the — I think — BC Renal Agency. In-centre hemodialysis — meaning in-hospital here or in-centre somewhere else — is not available in the territory.

At this point, we and Health and Social Services agree that the threshold, as far as just the numbers, to be able to sustain a hemodialysis unit here has not been met. At this point we are not considering establishing a hemodialysis program here in-territory.

Ms. McLeod: I have a question about the new emergency room. I wonder if the witnesses could update us on how that is working out, whether or not there are any issues that need addressing and are they contemplating any renovations to make service better?

Mr. Bilsky: As you all know, we completed in January and opened a new emergency centre here at Whitehorse General Hospital. We did that on time and on budget. It began operations in that emergency. That entire project actually also included the new MRI program, which was opened up several years ago. I do believe that we have achieved all of the objectives that we set out to achieve. The key project objectives included improving patient and staff safety flow, infection control, lines of sight, delivery of care, improved staff productivity, energy efficiency and sustainability of the building, space to support better staff, physician recruitment and retention, traffic flow and parking.

We also created a shelled second floor space for future needs — and decreased medical travel costs and enhanced diagnostic services. From all accounts that we have today, patients, people who work there, our team — we've met those standards and those objectives that we set out to achieve.

As with any large building project of this size — we're talking about a project that was in excess of \$55 million — there will always be corrections and additions through that period as you continue to operate within the space and learn more — very minor in nature. Some that I might comment on would be some areas that we have learned about through patient flow — areas of privacy where we need to alter some of the furniture or alter the flow a little bit better.

We learned that through patient flow, although we had a curb letdown in front of the building — about 50 feet from the front of the door — patient flow basically dictated that we should put a curb letdown closer to the door, even through the original curb letdown was adjacent to the parking lot, which we thought was proper patient flow. I would say that any corrections, additions or warranty issues that we have had have been fairly minor.

Ms. McLeod: We have had heard that the Salvation Army is now operating on fewer hours and closes its doors at 10:00 p.m. Can the witness tell us whether or not they have seen any increase in emergency room visits after 10:00 p.m. that could be attributed to this early closure?

Mr. Bilsky: It's an important issue, I think, for all Yukoners. Just to put it into perspective, we see approximately 33,000 visits through the Whitehorse General emergency department annually. Data that we have today shows that we see about 1,500 to 1,700 patients through the ED annually due to intoxication, so probably more than four a day. I can't comment on whether we have seen a spike, but we do see periods where it can spike up. I can't specifically relate that to anything to do with Salvation Army's services that they provide.

I can say, though, that, from our perspective, intoxicated patients can put pressure on the system, and there appears to be a gap in the system as we see it today. Our ED is not a sobering centre and it's not a detox facility; it provides acute care. It is an acute care emergency medical facility.

From our perspective, one of the recommendations made some time ago in the Beaton and Allen report was the creation of a sobering centre somewhere in downtown Whitehorse. I'm not sure if the Salvation Army is meant to service that clientele, but I think that is a gap in the system.

Ms. McLeod: Can the witness confirm how many patients were admitted to hospital for an opioid-related misuse or overdose? I'm not referring to just those who have been reported — the 15 who have been reported to have died in the last year. I'm more curious as to how much wider the problem is and what kind of pressure it puts on the emergency room.

Mr. Bilsky: It is a very serious issue. The opioid crisis affects all areas of Canada — probably more acutely in western Canada, as I'm sure you have seen through all the statistics.

I can't specifically say how many are admitted, but I can tell you how many we see, because the admission would come through the ER if they were admitted. It's only a fraction of those coming through the ER who would actually be admitted.

Having said that, opioid-related — and I said opioid-related — presentations to the ER have ranged over the last couple of years between 140 and 175 annually. Having said that, we continue following the lead of Yukon government and their response to opioid misuse and abuse, and we're actively participating in all strategies involved, particularly surveillance and information sharing, open lines of communication, communicating to those at risk, overdose response and harm reduction — and also looking at proper opioid prescribing and pain-management practices, which to date have been effective.

Ms. McLeod: Can the witness please confirm the number of alternative level of care, or ALC, patients who are currently admitted to the hospital and who are suited to reside in a continuing care facility? I think I heard a reference to 10, but perhaps that can be confirmed.

Mr. Bilsky: I want to make sure I answer the question correctly. Could I get that question repeated please?

Ms. McLeod: We know that the hospital is housing some persons who require a higher level of care and that they are in the hospital due to a lack of a more suitable spot for them. I'm wondering what that number is. How many of them are in there perhaps waiting to transfer to Whistle Bend Place?

Mr. Bilsky: Yes, we have had high and persistent rates of alternative level of care patients — ALC patients — who stay for an extended period of time within the hospital and yes, it does put significant pressure on the acute care system. It can range and has ranged over the last two years anywhere from 20 to 35 percent of the total beds that we have. This equates to anywhere from 10 to possibly up to 16 patients that are waiting in our acute care system.

What this means is that those patients no longer need acute care within our system. Having said that, as I've mentioned earlier, we've taken some extraordinary steps to try to manage that over the past two years. I think that in spite of those pressures, we've been successful in making sure that all people have access to acute care. We're very confident and hopeful that over the next period of time — a month to two months — with the opening of Whistle Bend and the opening of 10 additional beds at the Thomson Centre, this is going to reduce the pressure and number of ALCs.

As of yesterday, there are plans to move, I believe, nine patients in the last week of October and the first week of November directly from hospital to other care facilities. We look toward a system-level target of 10 percent or less, with average lengths of the stays of less than 30 days for each ALC patient.

Ms. McLeod: I appreciate that answer.

It was indicated the last time that the Hospital Corporation came to the Legislature that there was a needs assessment completed to see whether it was feasible to develop the vacated emergency department space into an area that could house enhanced mental health services.

What is the status of this idea? I would like to know whether further discussions have taken place around it and whether or not government has approved moving forward on this.

Mr. Bilsky: There are two pieces, I think, to that question. I believe when we were here last year, we would have mentioned that we were planning the second-floor shell space as a potential to improve the secure medical unit that currently exists — so basically moving the secure medical unit that we have over into the second-floor shell space. I believe the question actually mentioned the vacated ER space. There are actually two different spaces there and I will comment on both, just to make sure that I cover the bases there.

Specifically, and I have already commented on it, the former ED was vacated as a result of the new development. We moved everything over. We did a needs assessment and some of the highest priorities that we had were — one of those that rose to the top was a priority focused on enhanced surgical services and the associated support functions. Essentially what we did was take all of the vacated ER space and worked on how we could redevelop that on an interim

basis — call it a short-term basis — to enhance all of the surgical services. What we were primarily trying to accomplish there was to increase surgical capacity and improve patient flow within that system, as well as the efficiencies of operations within there.

What we did with that space is we developed a flexible operative suite to accommodate endoscopies as well as other procedures, which took them out of the main ORs, increasing our total capacity in those ORs.

We also improved patient flow by developing more appropriate waiting spaces and access to services. We increased the provision of support space, such as pre-operative and recovery rooms. We also increased the storage space for supplies and equipment and increased the central sterile storage processing area — basically where we reprocess scopes and sterilize things — for better flow and better access.

This interim step was partially precipitated by the introduction of orthopaedic surgery but also precipitated by the high-priority needs we had. Those spaces are some 25 years old and will require major redevelopment coming up, which is a long-term planning process that we are into at the moment and we will have in front of government.

The other area that was mentioned was the second-floor shell space that is above the new emergency department. Yes, we have done some extensive planning through the development of that as an improved secure medical unit. As I think our chair has mentioned, the existing SMU is a safe-room area but doesn't meet the current patient and safety standards.

At this point, we have done detailed functional planning. We have created schematic designs and options associated, as well as high-level costing.

We expect to continue that planning process, including program planning, making sure that we're looking across the entire system — so not just hospital needs, but needs outside of the hospital — and working with our partners in Health and Social Services to improve the space. The opportunities we are looking at are trying to improve the physical space, introduction of other aspects of the healing environment, improve recognition and respect for First Nation needs and cultures as well as accommodation for safe rooms, patient dining space, lounge and potential medication rooms. Our expectation is that we will have basically completed this level of planning within the next several months and have something in front of government early in the new year, as far as government considering the plans.

Ms. McLeod: Thanks for that answer.

We have had this discussion before, but I'm wondering if there has been any further discussion around providing Wi-Fi or Internet to patients in our community hospitals.

Mr. Bilsky: Thank you for the question, Mr. Chair. Just a slight bit of background — guest Wi-Fi here at Whitehorse General Hospital is only possible due to the generosity of Northwestel and Yukon Hospital Foundation.

To answer the question directly: At this point, YHC does not have plans to install a Wi-Fi-capable system of supporting public access in Dawson City or Watson Lake. Essentially we

haven't deemed this a priority and our resources are extremely scarce. There are other technology solutions that exist for patients to access the Internet. Capital costs for creating a system like that could range anywhere from \$50,000 to \$200,000, depending on the quality of the systems. Also, there are ongoing operating costs associated with providing guest network each month.

We definitely work in partnership with others. I would certainly say that right now, that's not a priority need. We dedicate all of our resources toward patient care at the moment.

Ms. McLeod: Thank you for that.

With the operating room at Whitehorse General Hospital, the Hospital Corporation was considering adding another shift in the operating room. Was such a proposal submitted to government? What has been the result or outcome of this?

Mr. Bilsky: I am not aware of adding another shift or extending hours beyond what we currently do. I already commented on the redevelopment steps that we have taken in there. Adding a third or a flexible operating room, taking endoscopy procedures out — it reduced our utilization rate within those two ORs that we currently maintain from approximately 90 percent down to less than 70 percent.

We don't have anything from government; I don't believe we requested anything. We will continue to monitor and make sure that we do, and we have long-term planning steps underway right now to look at surgical services into the future to make sure that we meet the demands of Yukoners.

Ms. McLeod: I thank you for that.

I just want to have a brief conversation now about Meditech. We know that last year the witness advised us that the system is currently 20 years or better and also that there has been some forward movement and this year some money has been committed. Can the witness tell us how much money has been committed in this budget, what the total cost is and how that's going to roll out?

Mr. Bilsky: Thank you for the question, Mr. Chair. Maybe a slight bit of background. The Yukon Hospital Corporation system, which the member mentions, is called Meditech. It's an Enterprise computer system and it's 30-year-old technology that we use. It's what we call our health information system. Currently, the platform that we're working on, as I said, is 30 years old.

It's functional, but it has a dated user interface and I'll say it's difficult to use. The analogy is comparing DOS to a Windows-based type environment. Although Meditech, the company itself, continues to support the version we're on now, updated functionality is either not available in this platform or only available years after it's available on newer platforms.

We have had this on our radar for some time now. Without updating our system, we won't be able to move toward advanced clinical systems, things such as bedside medication verification, electronic medical records and so on. Adding the new functionality to the current system will be a huge undertaking but also a huge benefit.

Right now, we have been working with government, and I can't say exactly what has been allocated, but we have been working with government. Our expectation is — and it all depends on the scope of the project and the scope of the actual upgrade that we do — that it can range anywhere from \$6.5 million to \$8 million and will span over a period of probably 18 to 24 months, as far as the project. It touches every corner of our operation and reaches beyond even our operation, because there are other organizations in the territory like community nursing that have access to it.

Ms. McLeod: Can the witness tell us whether or not there has been any discussion around continuing care, the Whistle Bend Place, tying into the Meditech system in cooperation with the Hospital Corporation?

Mr. Bilsky: Thank you for the question, Mr. Chair. We have been actively planning the scope of Meditech and certainly it begins with us as the core user. We're very hopeful that we can begin a project sometime in the new year that actually looks at upgrading this.

We have discussed this with our partners in Health and Social Services to find out whether any of their needs, not just within continuing care but elsewhere — whether there are any needs that can be met through Meditech, and that includes GoldCare with continuing care. I think it would be a prudent move to make sure that, as we make an investment this large, we're leveraging as much as we possibly can so we're looking at every possible opportunity that we can.

Ms. McLeod: I just have a couple more questions and then I will turn it over to my colleague to my left.

I have just a couple of brief questions about ATIPP and HIPMA. The government has indicated that they have dedicated 0.1 of a position to deal with ATIPP for the Hospital Corporation. Of course, the Department of Health and Social Services added 3.5 persons to deal with ATIPP and HIPMA. I have a couple of questions about that. What does 0.1 of a person get you as far as ATIPP is concerned? Is that enough for the hospital's needs?

Mr. Bilsky: I think the comment may stem from: What are the dedicated resources of 0.1? That would be, I think, administrative resources that are meant to service the ATIPP requests directly. Having said that, privacy itself — ATIPP, HIPMA and other pieces of legislation that we need to comply with — we take these very seriously.

Privacy itself can be a great access or barrier to care if people don't believe that their privacy will be maintained within the hospital system, so we take that all very seriously. That goes right from the board level through to leadership and right down to the front lines.

To say that it's 0.1 — maybe I'm speaking beyond what the direct question was, but there are people who are very dedicated to making sure that privacy is important to us. That flows through IT systems, through ethics, through the front line, through even hallway conversations — policies, procedures and education — so making sure that we do it and making sure that it's in the best interests of what we do. How we can make sure that people feel very comfortable and confident accessing services helps us in the long run.

Ms. McLeod: Yes, I appreciate that security of our information is important to everyone. My question is: How many hours of staff time does it take to deal with ATIPP or HIPMA requests that go through the Hospital Corporation? Or perhaps none go through the Hospital Corporation. I'm just trying to work my way around the flow of information.

If the Hospital Corporation has 0.1 of a person who is dedicated performing this task — I think I understand that there are probably many more hours of time spent by other people in the organization — I'm wondering how many hours it takes. Does 0.1 of a person do it? What really does the Hospital Corporation need to adequately provide this service?

Mr. Bilsky: That's a very difficult question to answer. As I have said, the 0.1 that is being referred to may be a portion of our ATIPP officer. But as I have said, we have a privacy officer, and each and every ATIPP request that comes in is different and requires attention by different people, depending on what the ATIPP request is and what area of the hospital they are requesting from.

I'm sorry — I don't have the direct answer to that question, but I can say that each and every ATIPP request could vary, based on the type of request and how much information is being requested.

Ms. McLeod: With that, I'm going to wrap up and pass this over to my colleague from Takhini-Kopper King. I want to thank the witnesses for appearing and answering the questions today.

Ms. White: I was letting the witnesses know before that this is the awkward part because of my location in the room. My questions need to be directed to the chair, but really — it's weird — I have to look away from that.

Earlier today, I asked the Minister of Health and Social Services if she could confirm that four surgical beds at Whitehorse General Hospital will be closing, with one less nursing staff per shift, in the coming weeks. Can the officials confirm or disconfirm that please?

Mr. Bilsky: I think what is being referred to is not a surgical bed. Earlier, I mentioned a number of strategies that we undertook about 18 months ago to deal with the overcapacity that we have at the hospital. One of the initiatives that we undertook, among many, was to set up a temporary holding room. Initially that was set up with four holding beds. It was actually a converted inpatient room — one converted inpatient room in a storage area — and we initially intended to have four beds in that area. It turned out that trying to put four beds in that area was not going to work. We ended up with three holding beds in there. Those three holding beds — it was a temporary measure. It has been up for more than a year, and it was staffed temporarily.

One thing I will note is that these are not inpatient rooms; these are transition beds. Either people are flowing and waiting to be admitted to an inpatient bed or somebody we can take from a room and they are about to be discharged and they are held there until they are discharged. So they are not full inpatient rooms by any means.

Our expectation is that with Whistle Bend and Thomson Centre coming online here with beds and decreasing

occupancy — and also in conjunction with the recently vacated ICU space — we will now convert this holding space as well as the previous ICU into inpatient rooms. So we will take the holding room, which I think is what is being referred to here — but please excuse me if that is not the question — and convert that back into a proper inpatient room, and we will take the previous, old ICU and convert that into two inpatient rooms.

Certainly these holding beds have helped us to deal with the overcapacity issues. As we expect capacity to come down — as I said, we do not believe that we need these holding beds anymore and we will convert them into what we require as inpatient beds. I don't believe it has had any impact, or will have any impact, on services going forward — actually, it should improve services because they will be considered standard inpatient rooms.

We also have long-term plans to make sure that we introduce new beds as we need them — this is part of those long-term plans — to keep pace with the increasing and changing demographics that we have.

Ms. White: Just for clarification, has the closure of this holding space already happened or will it be happening in the coming in weeks?

Mr. Bilsky: No, it has not happened. Actually, as of today, there were people being held in those spaces.

As I've said, because we've had a bit of a surge over the last couple of weeks, we expect it to happen sometime in November or December, and that's as we decrease the ALC rates — with moving ALC patients over to Whistle Bend.

Ms. White: With the closing of that holding space, though — that sounds like it is post-operative. Will that affect surgery cancellations? Will there be any risk of people not having surgeries completed because there aren't these holding beds to go to?

Mr. Bilsky: Just to clarify, these are not post-operative beds. These are not part of the surgical bed unit. These are, as I've mentioned, holding beds for people waiting to be admitted, usually through the ER. Our expectation is — no. I have two reasons to say that it won't have an impact on surgeries going forward. One is that we expect a decreased level of occupancy overall in the hospital because Whistle Bend and Thomson Centre are coming online, and two is that we expect to convert these back into inpatient rooms and increase our bed status that way.

Ms. White: There was mention about the curb going into the emergency room. It's a good one — the curb letdown in front of the emergency room. When is that actually going to be complete?

Mr. Bilsky: Just to go back a little bit — for those who have been there — and I don't want to drag everybody through infinite detail here. There was a curb letdown. There is a curb letdown that was originally planned, and it directly aligns with the access from the parking lot across the driveway that goes directly in front of the emergency department and then up. I would estimate that it's about 50 feet from the direct opening of the front door.

Since that time, and since we've assessed patient flow and where people are getting dropped off, we've now actually created another curb letdown that is about, I would say, 15 or 10 feet from the front door. It's not directly in front of the opening doors, because the distance from the doors to the curb is too shallow to create a letdown there, but — it's hard to describe it — it's right in the bend, and I would say it's about a quarter of the distance from the other letdown. Now there are actually two letdowns, and that work has already been completed.

Ms. White: The reason for that question is, when we talk about accessibility, especially for our friends with disabilities — that was highlighted by an advocate as being an issue — going to the emergency room and having the accessible entrances up on the other side. I'm pleased to hear that has happened.

Does the hospital have a trans patient policy on how hospital staff — or how trans patients are treated?

Mr. Bilsky: I don't know if this is proper protocol but, just to go back to the previous question, I do appreciate the accessibility issues. We went to significant efforts to improve accessibility in our facility as we went through a major redevelopment. We brought the parking lot significantly closer to the front of the building. We increased the number of accessible parking spots and made sure that width and access to the building was improved substantially.

As far as a transgender policy was the question, I do believe that we have one. I can't cite it myself personally, but I do believe that we have one as far as interactions with patients.

Ms. White: Was the trans community consulted when developing that policy?

Mr. Bilsky: I can't comment on that. I don't have any knowledge of that.

Chair: Mr. Gillen, did you have a comment?

Mr. Gillen: Yes, I did. In relation to the previous discussion about accessibility to the hospital, as people may know, my daughter is in a wheelchair. We have taken her to the hospital for blood work, for other things, to see specialists, to go to Emergency, to go to the cafeteria for the barbecues. I pride myself on being someone who constantly wants to make sure that accessibility is looked at, is managed and is appropriate. There are lots of places in Whitehorse where it's not, but I know from practical experience that the accessibility, the letdowns and the width of corridors that exist in Whitehorse General Hospital meet my requirements, and I have no issue with them.

Ms. White: I appreciate that. Emma is a super lucky human. I do appreciate that, but it was highlighted by someone who does have accessibility needs, so I do appreciate that the Hospital Corporation addressed it.

How many permanent nurses are currently on staff? How many are term, on contract or auxiliary on call? What are overtime rates for nurses working full time?

Mr. Bilsky: Specifically nurses — I don't have the exact numbers for nurses, but I can comment on full-time, part-time, term, casual, and I will comment on it by union,

which generally will denote whether they're nursing or support staff, if that's okay.

We have a total of 595 employees. Of those, full-time are 247, part-time are 140, term are 33 and casuals are 175. In the PIPSC, which is generally the nursing category, although there may be others in the other union, we have 67 full-time, 85 part-time, 21 term and 79 casual, for a total of approximately 252. I would approximate the total number of nursing staff we have to be probably around 250 to 275.

Ms. White: Is the Hospital Corporation still hiring — I'm not sure of the term. When I worked in England, I was an agency chef. I would get called in to fill in. Are there still agency nurses being hired at the Hospital Corporation?

Mr. Bilsky: Just to be clear, we utilize agency nurses. We don't hire them because they're under contract. We do have contracts with two different agencies in order to provide sufficient coverage at YHC across the year. It is one method for us to maintain a flexible workforce. What we do to try to create that flexible workforce is that we have a casual pool for general duty nurses. We continue to grow that; however, in special areas such as in maternity, emergency department, ICU or potentially the OR, it remains a challenge to source people locally. Obviously, it's our intent to make sure that people are permanently employed here whenever possible and whenever we can train them.

The main triggers for using agency nurses is when we fall short and cannot fill them locally during peak vacation times. It approximates between three and four percent of the total nursing staff requirements so it's not a large or significant portion. Where possible, we minimize the use of agency nurses and we try to do that through training internally or increasing or maintaining casual pools.

As I said, in specialty areas, oftentimes this isn't sustainable nor is it economic to try to maintain a massive casual pool of specialized nurses because they are in demand elsewhere and we just can't retain them if they're not fully employed.

Ms. White: With those agency nurses, is accommodation included in the pay? I know when I was an agency chef, I would go into these places and I would make substantially more than the people who work there permanently, so if we can just talk a bit about whether or not accommodation is included and what the cost is relative to someone who would be a permanent or casual person with those skills.

Mr. Bilsky: Yes, there are costs that are paid in addition and those would include incidentals such as accommodation. I am going to estimate that it's probably between a 25- and 30-percent premium that is paid. When I say that, I'm comparing the direct salary cost — loaded salary cost — to an agency cost; but I would also have to factor in the ability to maintain and sustain people here, which is not possible in some of the specialty areas. We do employ people and maintain people in those specialty areas on a full-time basis, but what I am talking about is when those people go on vacation and you need an agency nurse or you need to fill that spot for a short period of time. It is pretty much impossible to

maintain a casual pool just for the short periods of time of sickness or vacation. Those peak periods of time are usually in the summer or at Christmas.

Ms. White: It's not a criticism; it's just a question. The reason why I asked the question — for example, I have friends who went to learn to become nurses and who are nurses and specialized nurses, in some cases — who are not able to come home to work. I was just trying to figure out what that was.

Is there a minimum amount of time that an agency nurse would come in or a maximum time that a contract would last? Are we talking about an extended — is it six weeks, two months, three months or six months? What does a contract look like?

Mr. Bilsky: We have standing contracts with two different agencies that provide the agency nurses. This is very commonplace across Canada — across the world, actually — and not just in the profession of nursing, as was mentioned. It could be in many professions.

Having said that, when agency nurses come here — if you're talking about a discrete nurse, it could be anywhere from weeks to months. Sometimes it would be because we may have a position that's very difficult to fill and recruit for and we're not finding somebody, but we still need to provide service. We can rotate different agency nurses through that same position.

Ms. White: When we talk about the ophthalmologists — I'm not sure if I have that right. We're just going to talk about the eye doctor. One of the reasons we were told that there were such lengthy wait times for cataract surgery was because of the delays in getting the initial scanning and assessment done. Once that is completed, the time frame for cataract surgery is relatively short. One of the concerns raised to us is that the local optometrists were told that the hospital was going to replace the aged and often malfunctioning equipment for that first critical assessment. I was told actually that some of it is now a manual measurement and a confirmation on the computer to get that right, whereas equipment exists where it is a scan of the eye and it's done — if the officials could talk about that please.

Mr. Bilsky: I think I mentioned earlier that we have seen a significant spike in those requiring ophthalmology services, and it's caused by a certain retinal therapy that has just come online within the last — it was there previously but we have seen a real spike in the last two years, which has really caused a significant spike. As I mentioned earlier too, we have invested in equipment. I believe two years ago, we updated probably \$250,000 worth of equipment in that area. I believe that right now, we're in the final stages of procurement for some new — I believe it is, but I will probably get it wrong — OCT equipment, which again improves throughput. I believe that is the equipment that is being spoken of here.

Ms. White: I think it is probably the OCT that I am focusing on about cataract surgery. Part of the challenge is — I understand the spike. I guess the challenge for me is that I see day to day someone terrified about losing their driver's licence in their 70s. Once they lose it, to get it back, to be

perfectly honest, is next to impossible. With the equipment the official just mentioned is coming online, when is that expected — the OCT equipment?

Mr. Bilsky: I can't comment exactly when the equipment — I don't know the manufacturer lead time on that, but I would expect that it's within weeks or months to have that equipment.

Just to clarify, I believe that throughput itself is part of the equation to decreasing wait times and increasing the amount of surgical services that we can provide. But having said that, we have been working very aggressively with government on proposed solutions and I believe that there is a strong appetite to move forward with increasing the number of clinics that are held, increasing surgical service time — which is really what the throughput is all about — and also, as I said, establishing a separate retinal clinic to separate the retinal therapy from cataract and ophthalmology consults.

Ms. White: I just look forward to a time when the witnesses come into the Assembly and we're not talking about up to 350 people on a wait-list that can go for multiple years. I will celebrate that along with the officials when they're here.

Just a quick clarification: Is the secure medical unit similar to a secure forensic unit?

Ms. White: Sorry, Mr. Chair — if I could add something to that. If it is not the same, could they just explain the differences between them as opposed to the basic answer of yes or no?

Mr. Bilsky: I will start with the basic yes or no, and say that, no, they are not the same. A forensic psychiatric unit is not the same as a secure medical unit. At Whitehorse General Hospital, currently, we have a five-bed-plus-two-seclusion-room secure medical unit. Its purpose is to provide a safe environment for acute mental health patients while we assess, stabilize and provide basic interventions and transition to community supports in or out of the territory to specialized hospitals. It does not include psychiatric programs available, and any patients requiring specialized assessments or long-term treatments are transferred, basically, out of the territory.

At this point in time, the difference would be the ability to treat longer term patients with those specialized needs that psychiatric patients require. As I said, the unit that we have today — the mental health support that we provide — is basically for transition periods.

Ms. White: I thank the official for that clarification as I wade through terms that I am trying to get a handle on. The *Chief of Medical Staff Annual Report 2017-18* actually has an entire point that talks about the secure medical unit. It says: "Planning is ongoing to develop an enhanced Secure Medical Unit in the shelled, second floor space above the current Emergency Department. Our priority is to improve the facility so we are better able to support Yukoners' acute mental health needs within the hospital..."

One of the questions I have is: Since this report came out, is the plan still to locate the secure medical unit in that shelled out space that was in the new construction?

Mr. Bilsky: I think I mentioned earlier that, based on functional planning and a needs assessment performed as we

were completing the construction of the expansion, it was determined that moving or creating an enhanced secure medical unit was a priority for us, among a couple of other priorities, including surgical services.

Right now, we have been planning. We have created a functional plan, which includes schematic diagrams and some programming.

Yes, right now it is planned to be on that second-floor shelled space but, having said that, nothing has been approved and we are still working with our partners to absolutely finalize the details and scope.

Ms. White: It is going to come as no shock to anyone that the state of my desk right now is making it hard for me to find the document — but is there not a discussion now to create a simulation facility for doctor training? Could the officials tell me more about that and where that is going to go, and why we are looking at doing that? I will go from there.

Mr. Bilsky: YHC, with support from the Yukon Hospital Foundation, is planning a simulation-based learning environment and space within the Yukon Hospital.

The foundation is now currently engaged, and has been engaged for the past year, in fundraising to support the associated capital and start-up and operating costs for a period of time. Key components of what we would call a sustainable program include planned curriculum that meets current and evolving needs, a multidisciplinary inter-agency approach, a team approach, dedicated and appropriate space and equipment and engagement of all Yukon communities and expert assessment and feedback.

Really what a simulation-based learning environment is — it is exactly as the words would say. It's a learning environment where you simulate the actual circumstances that you're going to be operating under. As you can appreciate, similar to somebody flying a plane, you wouldn't want the first time that a clinician actually lays hands on you to be the first time they have actually ever experienced something like this. It's an important piece of maintaining competencies and a learning environment. It was brought forward by physicians as an important piece, and we're partnering with physicians and the Yukon Hospital Foundation to bring this forward.

I think, as long as we build a sustainable program and not just invest in pieces of equipment, it could have some very significant impacts, not just on the Hospital Corporation, but from an inter-agency perspective and from a community perspective. Through simulation-based learning and through practices like that, you really find out where the gaps in systems are and you find out how people actually work together who don't typically work together, whether it's EMS or mine rescue or people who are in the emergency department or dispatchers — people like that. Those can all be put together in a simulation environment.

Ms. White: Is there a fully costed estimate of what this facility will cost in the end? I say this because the original MRI announcement talked about \$2 million, and then that was matched by Yukon government so then it was \$4 million, but then I think the fascinating part was that we needed to build the space for the MRI, so that wasn't part of purchasing the

MRI — and then it kind of ballooned into this \$70-million project.

It was great that we could purchase the MRI, but if it didn't have a home that we had to build after, then saying it was going to be \$4 million was maybe not the most honest way of talking about the cost of it. So is there a fully costed estimate of what this simulation facility will look like and cost?

Mr. Bilsky: Just to clarify with the MRI — it didn't cost \$72 million. It actually cost \$6.8 million.

As far as simulation-based learning, right now with the estimate that we have, we're looking at between \$400,000 and \$500,000 for equipment, and we're going to repurpose space that currently exists within the facility, so we're expecting minor renovation costs to make it available for simulation-based learning.

Ms. White: I thank the official for the answer. I'm just going to go back to the MRI. If the MRI itself was \$6.8 million, what was the cost for building the space for the MRI to be hosted in — the construction of that space to house the MRI?

Mr. Bilsky: I'm going from memory here, because I don't have this in my notes, but I believe the MRI equipment was approximately \$2 million to \$2.5 million, and I believe the actual building itself was another \$2 million to \$2.5 million, and then the rest would have been planning and whatnot.

Ms. White: Great — that is way less than the note I had, which is fantastic. I can find that in other places.

There was an announcement that microbiology was going to get moved over to St. Paul's because there were existing contracts. This is a big deal. When we look at the strategic plan and it talks about meeting Yukoners — there is a line and I'll try to find it — but it was about meeting people where they were to get what they needed. The first thing I want to ask is how many people worked in the microbiology lab prior to any changes that have happened?

Mr. Bilsky: To answer the direct question about microbiology, three microbiology employees were affected by the change and of those, all have positions within the lab. We have replaced those people, so there were no job losses because of any changes that we've made. Maybe to expand on microbiology services overall — the transfer of microbiology samples to St. Paul's Hospital/Providence Health — the whole purpose here is to ensure that we maintain high quality, safe and excellent patient care.

The factors that went into making this decision really come down to several: our lack of critical mass — microbiology represents less than 10 percent of all lab samples at Yukon Housing Corporation — and lack of an on-site laboratory physician makes it difficult to sustain a highly subspecialized service. WGH's lab is not equipped or resourced to maintain today's standards for microbiology testing, and supporting microbiology to the standard required is not practical or sustainable in the Yukon at this time.

Low-volume sites across Canada have experienced the same challenges, so YHC is not alone on this. Evidence

suggests that a consolidating microbiology service is effective in improving the quality and sustainability of microbiology services. St. Paul's Hospital, which we have had a contract with for — I'm going to say — 20 years to provide other assessment of testing, they do have advanced equipment on-site medical microbiologists, which again are not practical for us.

What I can say is that the decision followed consultation with physicians, laboratory employees, union partners and community partners, including full assessment of all the transportation and the logistics implications of doing so. So it is true, yes, our routine microbiology samples have begun actually — in a phased approach — to start being transferred. As I said, to answer the direct question: staffing — there were three who were affected by this change and all have positions, including retraining for those positions.

We did consider other options that were not viable at this time. Primarily, the first and probably most important thing that I will say is that there was no negative impact on patient outcomes. The reporting time, the turnaround time on reporting — although transportation logistics has increased, the reporting time for results has not changed, so that, as far from a patient's perspective, it is intended to be seamless and the actual health outcomes are not negatively impacted by this change.

Ms. White: It is interesting because when the whole conversation was going on about transferring microbiology to St. Paul's in British Columbia, I think there's an interesting thing which is that, at that point in time, St. Paul's was actually trying to get as many of the smaller outside hospitals to send their results — their testing — to them, because they were in the process of actually trying to fight for their own ability to keep lab testing.

I guess my question is — when you look into the situation at St. Paul's, which is that they were actively targeting rural hospitals for those test results, meaning there were other discussions about other locations — in the end, does it benefit Yukon or does it benefit St. Paul's more? Or is it an equal partnership?

Mr. Bilsky: I cannot comment on the benefits to St. Paul's, but what I can say is that, after extensive assessment that included expert clinicians, laboratories, employees, physicians and specialty physicians, including an economic assessment and patient outcome assessment — everything, right down to testing logistical timelines and whatnot — this is the best option that we had for us at that point in time, and we have done extensive planning to make sure that all the outcomes that we expect will be achieved, all the objectives we have will be achieved and there will be no negative impacts.

Ms. White: Has the Hospital Corporation ever thought about creating a review board to supervise decisions and clarify communications between departments of the Hospital Corporation?

Mr. Bilsky: I know it seems like a simple question, but can I ask for clarification on what is meant there?

Ms. White: In Hansard, they are able to slow down the speed at which I talk. We have very few minutes left so, has the Hospital Corporation thought about creating a review board to supervise decisions and clarify communications between different departments of either Whitehorse General or the Hospital Corporation as a whole?

Mr. Bilsky: To answer the direct question exactly, I would say no, but I'm not sure. If I knew more about what was entailed and what a review board was, I would possibly be able to elaborate on probably what the interest was there or what the intended objective was of a review board, because we may have something that exists or processes that exist in a different format. I'm just not familiar with that.

Ms. White: When the whole discussion around microbiology was happening, the union was saying one thing, people within the lab were saying something else, and the management of the hospital was saying something else. It seems to me that if there was a board within the Hospital Corporation made up of different people from different departments who were able to kind of go through those decisions and be able to break it down and explain it to the other wings, that could be helpful. It was just in those terms.

Mr. Bilsky: Thank you for that clarification. Absolutely — in this particular circumstance, there was a whole team that was put together at a working level to assess the situation, and it took an extensive amount of time to make sure that every angle of this decision was being assessed.

Ms. White: On March 16, 2018, the Information and Privacy Commissioner made recommendations directly to the Hospital Corporation. The Hospital Corporation accepted three out of the four recommendations. The one that wasn't accepted was encouraging — I'm just going to quote it right off the bat.

It says, "(c) in the future, where the Custodian does not seek consent from individuals to disclose personal health information for the purpose of providing them post-partum at-home, follow-up health care, I recommend the Custodian adopt the practice of informing these individuals about the disclosure of their personal health information and their right to refuse consent for the disclosure so that they may exercise control over that information."

This is a case of someone from a community coming in to have a child and information being disclosed without their consent. The Hospital Corporation accepted three out of four of the recommendations, and I just want to know why recommendation C wasn't accepted.

Mr. Bilsky: As I'm sure you can appreciate, this was a complex situation. I won't comment specifically on the details of the case, just to maintain privacy.

Having said that, I believe that the difference we have with the Information and Privacy Commissioner on this particular issue is a difference between a couple of things. One is implied consent versus explicit consent. In this case, the Information and Privacy Commissioner is requesting or recommending explicit consent in every case. In our case, we're saying that there is implied consent. We do communicate with patients about the collection of their

information and making sure that the information is used to care for them within the circle of care of clinicians, and that's what we believe happened in this case.

Along the continuum of care, it's very important that there's an exchange of information, and it wasn't released outside the organizations that were providing care to this individual.

Ms. White: I think the concern is that, if we don't look at the individual situation at all — but if we talk about someone coming into Whitehorse for medical care and they are leaving their community — I'm not looking at this case at all — but if they're coming into Whitehorse for medical care, to not have the care given to them in their community, then transferring that information could actually be a breach of privacy.

When we talk about implied consent as opposed to explicit consent, then it becomes challenging. Is the hospital looking at their procedures as far as whether or not they are getting explicit consent when people come in from communities for medical treatment before that information is disseminated into the community they came from?

Mr. Bilsky: We have assessed the situation, including legal review of these types of situations, and it is our firm belief that we inform our patients of the use of information, how it will be used and where it will be used. It is, in certain circumstances, an implicit consent, and, to be quite frank, when we're unable to transfer information or use information within the circle of care — we'll call it that — it can be quite a barrier to providing care if we're not able to do that in a seamless and effective way.

Ms. White: The last point I'll make is that there are all sorts of reasons why a person from the community could come into Whitehorse for health care, and there are all sorts of jobs they may do in that community. I can understand the concern of the barriers, but there are times where that information being shared could actually create barriers.

My plea to the Hospital Corporation is that we reconsider the difference between implied and explicit consent. The Privacy Commissioner even said it can be as much as there is a sign that says that your information will be shared with medical practitioners — however the sign is — but understanding that, sometimes, sharing that information could actually create barriers, because we could be talking about many different situations.

I will just put that there and, of course, I look forward to the next time that the officials appear in the House.

Hon. Ms. Frost: Seeing the time, I would like to just take a moment to thank Mr. Gillen and, of course, Mr. Bilsky for your time today. I really do appreciate you coming in here — I know this is your second time that you have appeared — and for answering the questions from my colleagues in the Legislative Assembly.

I certainly want to look at advancing our partnerships and look at your key priority areas, and you have highlighted some of that very clearly for us today, as we clearly look at our strained budgets, but we also realize that health care and health models that you do so well at delivering are really

exceptional. You're doing an exceptional job at the hospital — and all the staff there and the partnership and the excellent work. Thank you so much for your honesty today and for your openness and for participating in the discussions today.

Chair: Thank you, Ms. Frost. The witnesses are now excused. Mr. Gillen, you have some parting comments?

Mr. Gillen: I just want to sort of close this. Earlier in my comments, I said that I hoped I had given you some insight to the complex, challenging and sophisticated nature of what we do, and I trust that the comments and the answers to the questions — great questions that were posed to Mr. Bilsky — will enhance that and will give you something to think about, that it is not always crystal clear and cut and dried and that there are so many aspects.

I know that people think that in the hospital, we want to do this, so we can go off and do it. I hope Mr. Bilsky has given you the information — particularly in discussions about the SMU — about the depth of analysis and the depth of planning and the depth of consideration of people's needs and where we are going in the Yukon in terms of that stuff.

That's not just with the SMU; that's almost with everything that we do in the hospital. We plan it out because we have to — because it affects individual Yukoners' health. Thank you, Mr. Chair.

Chair: The witnesses are now excused.
Witnesses excused

Hon. Ms. McPhee: I move that the Speaker do now resume the Chair.

Chair: It has been moved by Ms. McPhee that the Speaker do now resume the Chair.

Motion agreed to

Speaker resumes the Chair

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

Chair's report

Mr. Hutton: Mr. Speaker, Committee of the Whole has considered Bill No. 207, entitled *Second Appropriation Act, 2018-19*, and directed me to report progress.

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

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

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

Hon. Ms. McPhee: I move that the House do now adjourn.

Speaker: It has been moved by the Government House Leader that the House do now adjourn.

Motion agreed to

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

The House adjourned at 5:28 p.m.

The following legislative returns were tabled October 18, 2018:

34-2-154

Response to oral question from Mr. White re: home-warranty programs (Streicker)

34-2-155

Response to oral question from Mr. Hassard re: cannabis retail store (Streicker)

34-2-156

Response to matter outstanding from discussion with Mr. Kent related to general debate on Bill. No. 207, *Second Appropriation Act, 2018-19* — Yukon Language Centre personnel (McPhee)

The following written question was tabled October 18, 2018:

Written Question No. 29

Re: competition for position of chief coroner (Cathers)