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HANSARD

Thursday, November 21, 2019 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

YUKON LEGISLATIVE ASSEMBLY

2019 Fall Sitting

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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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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
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Hon. Richard Mostyn	Whitehorse West	Minister of Highways and Public Works; the Public Service Commission
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Yukon Legislative Assembly
Whitehorse, Yukon
Thursday, November 21, 2019 — 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 with the Order Paper.
 Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Mr. Silver: Thank you, Mr. Speaker. I would like to ask my colleagues to help welcome to the Legislative Assembly, Chief Kane.

Applause

Hon. Mr. Streicker: Can you please help me in welcoming a bunch of creative folks who are here for the re:design Craft Fair. We have the organizers, Leslie Leong and Darren Holcombe, and Georgi Pearson, Phillippe LaBlond, Gabrielle Dupont, Aimee Ellis, Judy Tomlin, Briana Tomlin, Sarah Gallina and the Gallina Girlz — Vittoria, Adria, Isabella — and their nonno, Peter Gallina. We have Deanna Slonski, Verda Heiland, Valerie Ross, Joanne Faulker, and we also have one of the sponsors from Zero Waste, Ira Webb. If we could welcome them all, please.

Applause

Hon. Ms. Frost: I ask my colleagues to please help me in welcoming guests here today for the National Housing Day tribute. We have with us Pamela Hine, Mary Cameron, Kate Meechan, Sandra Turner, Jillian Hardie, Al Lucier, Alison Bastien, Sarah Birch-Jones, Sarah Button, Ali Campbell, Line Champagne, Nicole Church, Brett Dietrich, Benoit Liodenot, Lindsay Neely, Catherine Pak, Lauren Ralph, Gabriel Teo, Sandra Turner, Trina Wall, Hanna McDonald, and Kristina Craig. Welcome.

Applause

Ms. Hanson: At the risk of possibly repeating one name — the minister was speaking so rapidly and I wasn't sure that I heard him introduce and welcome Jeanine Baker, a fused art and stained-glass artist, to the gallery.

Mr. Adel: I would like to welcome to the House today a constituent of mine, Marni Delaurier.

Applause

Speaker: Are there any further introductions of visitors? Tributes.

TRIBUTES

In recognition of re:design craft fair

Hon. Mr. Streicker: Mr. Speaker, it's that time of year. The Christmas trees are up in the lobby of the Legislature; lights are twinkling along the sidewalks. There is snow — sort of. For me, Christmas starts with the flurry of craft fairs: Spruce Bog, Cranberry, and the Yukon Public Library and Kwanlin Dün Cultural Centre have craft fairs. Inclusion Yukon has a craft fair. There are craft fairs in our communities. I will be volunteering again this year at the Carcross craft fair.

I find handmade, locally crafted gifts to be a way to add meaning to the whole notion of giving.

Today, I would like to pay tribute to one craft fair in particular — the re:design craft fair. This Saturday, November 23 at the Old Fire Hall from 11:00 to 4:00, I invite all Yukoners to come visit the fifth annual re:design fair. Every time I go to the re:design fair, I am in awe. Not only are the items beautifully made, they are crafted out of salvaged, reused, and repurposed materials. I have seen gleaming refurbished axes, slumped glass bottles turned into bowls, tarnished silverware turned into jewelry, and warm wool sweaters transformed into pillows. These folks are transforming waste into objects of art — aesthetics meets utility, Mr. Speaker.

At the re:design fair, you will find a collection of remarkable craftspeople. As part of this tribute, let me acknowledge just a few of these artists and innovators: Philippe LeBlond recycles metal and machine parts and turns them into ravens, bugs, and crazy kinetic art; Jeanine Baker and Aimee Ellis craft useful household items and gorgeous gifts from discarded glass; Judy and Briana Tomlin repurpose fabrics, notions, and hardware into purses, pouches, and tea cozies. By the way, one artist — Kim Henckel — is coming from the Junction. It's great to see creativity coming from that community. I also should mention the Gallina Girlz — youth who have worked with reclaimed building materials to make some cool Christmas signs and reused jars for cactus containers. I hope I got that right.

I would especially like to acknowledge Leslie Leong and Darren Holcombe. Darren of the Laberge Lumber Company creates bird houses, cutting boards, shelves, toolboxes, and much more out of salvaged wood. Leslie Leong makes beautiful visual art and jewellery from old electronics. I remember her full gown made out of pop-riveted plastic milk jugs; it was amazing.

Leslie and Darren are the creative organizers behind the re:design craft fair. They have pulled together artists and craftspeople to create a circular economy in the Yukon. I understand they will have music by recently retired enviro hero Remy Rodden this year. For all these folks, it's not just a fair; it's about inspiring us to see the abundance we have in the world around us, even in the garbage — in fact, particularly in the garbage.

Christmas is a time of giving thanks and reflection. My gratitude to the re:design craft fair for their gift to the community. Happy up-cycling and happy holidays, Mr. Speaker. Please reuse your Christmas wrapping paper.

Applause

Mr. Istchenko: There's always one member of our caucus who gets excited about craft fairs, as does the Liberal caucus. I like craft fairs too.

I am pleased to rise today on behalf of the Yukon Party Official Opposition and the Third Party to recognize all the crafters, artisans, woodworkers, sewers, artists, and jewellers and many more as they come together. The minister spoke about a few of them already. I believe that the craft fair season officially began back in October with Jack Hlland's Haunts and Holly and now appears to be in full swing.

The Spruce Bog, which is a highlight in the season for many, took place last weekend and there wasn't parking to be found anywhere. It was the place to be on an otherwise quiet Sunday in Whitehorse. I know that shoppers are excited for the coming weekend when there will be over a handful of fairs taking place throughout Whitehorse — the Cranberry Fair, the sixth annual craft fair and open house among them — both taking place at the Kwanlin Dün Cultural Centre. With so many other smaller fairs taking place each weekend among the more notable ones, I would be remiss if I didn't recognize a few of them: the Golden Age Society's antiques and collectibles fair, the new Heart to Home Christmas Market, and the Handmade Holiday Showcase are all great examples.

I would like to highlight something that the minister was speaking about too — the re:design craft fair that is taking place this Saturday at the Old Fire Hall. This event is supported by Zero Waste Yukon and it features artisans who have reworked discarded and salvaged items into works of art for the purpose of resale to the community. That's great.

I would also like to give a special shout-out to the organizers and artisans of our rural craft fairs, such as those in Watson Lake, Faro, and Teslin. A special mention of course goes to the Haines Junction library craft fair which took place at the St. Elias Convention Centre last Thursday. It was packed in there. I tend to be quite partial to this particular craft fair as it is arguably one of our community's biggest and most anticipated events of the season.

This year, a few constituents noted to me that they were happy to see that the Junior Rangers sat at the table and wrapped gifts for people. People wanted to give donations, so they donated them to the legion. Then they were thanked for staying after and picking up all of the tables and chairs and putting them away. It's great to see our communities coming together. Thank you to all of those who really get into the spirit of craft fair season across the territory by making and selling your creations. I'll be doing that once the session is done — in my shop, I'm starting to make Christmas presents. You really do add some local magic to Christmas across the territory.

Applause

In recognition of National Housing Day

Hon. Ms. Frost: I rise today to pay tribute to our partners in housing for National Housing Day. Historically, National Housing Day, November 22, was a day for Canadians to remember that the Federation of Canadian Municipalities identified homelessness as a crisis in this country and called on

the federal government to develop a national housing strategy. In 2017, we celebrated Canada's first *National Housing Strategy*. In March of this year, we signed our Yukon-Canada bilateral agreement under the *National Housing Strategy* and ensured stable 10-year funding for housing in Yukon. We are thankful for the contribution and the continued support of the Canadian Mortgage and Housing Corporation toward housing in the territory. We are working steadily on the goals of the housing action plan for Yukon.

I would like to recognize the dedication of our partners who contribute to these actions. We are working toward a robust housing continuum in Yukon that captures all types of housing, from housing with services to community housing to private market rental housing to home ownership.

The Yukon government is one of the government partners of the Safe at Home plan to end and prevent homelessness. We are working to achieve the goals of the Safe at Home plan, and we made a major step this fall toward this by the opening of the Housing First residence in downtown Whitehorse. The Yukon government directly provided over 800 affordable homes in the territory and we have contributed to over 400 more housing options for Yukoners over the last couple of years. The corporation's loans and grants program leveraged new housing and helped to improve the condition of older housing in the territory. Our partners have stepped up to use our incentives and loans to build new housing and to repair and retrofit older housing. Over 400 homes have benefited from these programs in the last two years, and I want to emphasize that we achieved this with the support of our partners. We could not have done it without them.

There are still housing needs in the Yukon. We will continue to support the work underway and leverage new opportunities to increase rentals, home ownership, and housing options for Yukoners.

The third intake of the housing initiative fund is currently open. We are hoping to receive new proposals for new housing partnerships by the deadline of December 5. I am proud of the work we have done so far. We will continue to work with our partners to increase housing options along the housing continuum using the National Housing Strategy, the housing action plan, and the Safe at Home plan as our guides.

I would just give a shout-out to the staff at the Yukon Housing Corporation for doing such an amazing job and of course to all of our partners for stepping up and helping us achieve what we have in the last two years.

Applause

Ms. Van Bibber: I rise today on behalf of the Official Opposition Yukon Party to pay tribute to National Housing Day, which is on November 22, 2019. A house needs land, building material, connection to services, fixtures, and a touch of paint. A home needs people who add furniture, pictures, and their own personal touches and feel. A house is part of a town, city, neighbourhood, or street. A home is part of you. It is your sanctuary or safe place where you hold your belongings. We treasure our personal space and area. Whether it is owned or rented, we have pride of place.

Having a residence brings along with it many responsibilities to care for, clean, protect from the elements, make sure it is heated and cooled as necessary, and make it personally yours inside and out. We know that the topic of homelessness is not far from our thoughts. We know and see it in our community. People at times do not see the whole range of people who might be affected by a lack of housing. Women and children who are fleeing domestic violence, seniors, veterans, people with disabilities, indigenous people, young people, people who are racially profiled, mentally ill and addicted people, and the homeless all have separate and unique needs. As a society, we look for solutions to provide safe and affordable housing for all Canadians. It is not an easy step.

Should everyone have a house? In a perfect world, yes. Just from the list given above, we struggle to accommodate everyone. We support initiatives that address the affordable housing crisis, and as demand rises, so do costs, which in turn creates a whole new set of problems for more families and individuals. There is no one-size-fits-all.

Many creative solutions are presented and implemented, and I do hope that continues, as every effort counts. I would like to acknowledge all those who continue to do their part to put a dent in the housing crisis. Governments of all levels play a role in ensuring safe and affordable housing, as do community organizations and individual citizens.

I would like to commend all those working toward the ultimate goal of housing affordability for all Yukoners, and I hope that this goal remains a priority in future decisions made across the territory.

Applause

Ms. White: I rise on behalf of the Yukon NDP to recognize November 22 as National Housing Day. The dictionary definition of “home” is a house, an apartment, or other shelter that is the usual residence of a person, family, or household. It is a place in which one’s domestic affections are centred. Outside of the dictionary, in the real world, it is much harder to define “home”. We hope that home is a place of safety and security, a place that we can afford, and a place where we are free to lower our defences and just be.

Today, from coast to coast to coast, there are 3.3 million Canadians who cannot access housing that they can afford, and an estimated 235,000 people continue to experience homelessness each year. Mr. Speaker, these numbers represent people in every community across this country. These are our friends, our families, and our neighbours.

Since 2011, I have spoken about housing in this Chamber more times than I can count. It was a surreal experience to tour the new Housing First complex — a place that offers safety and security to those who face chronic homelessness, a place that community advocates have been championing, and a cause that I was able to voice here for so many years. I am grateful to know that soon those 16 units will be occupied by folks who will finally have the security of home.

The Whitehorse Emergency Shelter transition hasn’t been easy, and we know that the shelter can’t be all things to all people, but we do look forward to the day when the clients in

the community all feel that they have been heard and that the 22 units are home to members of our community. I can’t help but notice that I have more members of the Yukon Housing Corporation in the Chamber than ever before, and I can say from personal experience that they are champions of housing, whether it is the front-counter staff who help people as they go through the monthly rent payments or applications, to loan officers, and of course to the president herself. I want to make sure I acknowledge that they are here.

All levels of government have a role to play in addressing housing. We applaud the work being done by the City of Whitehorse to encourage housing developments.

Mr. Speaker, we’re in the midst of a housing affordability crisis in Yukon, and we wonder when the change happened in Yukon that saw the Yukon government charging the market price for lots instead of whichever was cheaper — the development cost of the market cost. We know that the affordability of lots affects the affordability of housing. Mr. Speaker, land isn’t affordable in Yukon.

So, we applaud the work being done by the Kwanlin Dün First Nation and the Ta’an Kwäch’än Council in getting land available within municipal boundaries. We’re hopeful that this will ease both the housing shortage and the issue of affordability. Mr. Speaker, the need for housing action in Yukon continues to be urgent. We look forward to the day when homelessness is a thing of the past across Canada and right here at home, when everyone has access to a home that they can afford.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Mr. Hassard: I have for tabling a letter that I wrote to the Premier yesterday.

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

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

THAT this House do issue an order for the return of any documents detailing the measures taken by the Department of Highways and Public Works to require contractors who conducted highway right-of-way clearing work along the south Klondike Highway and the Tagish Road to complete the remedial clearing necessary to prevent damage to wildlife and recreational right-of-way users such as dog mushers, cross-country skiers, and snowmobilers.

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

THAT this House condemns the decision by the federal Liberal government to depart from the Government of Canada's 10-year record of principled opposition to the United Nations resolutions that single out Israel, which it did this week by joining with the anti-Israel chorus at the United Nations in voting in favour of a General Assembly resolution co-sponsored by North Korea, Zimbabwe, and the PLO that condemned Israel's presence in Jerusalem and characterized disputed territories as "occupied Palestinian territory"; and

THAT this House condemns antisemitism.

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

THAT this House urges the Government of Yukon to provide details on when the following legislation will be enacted and accompanying regulations completed:

- (1) *Condominium Act, 2015*;
 - (2) *Pharmacy and Drug Act, 2015*;
 - (3) *Societies Act*;
 - (4) *Lobbyists Registration Act*;
 - (5) *Access to Information and Protection of Privacy Act*;
- and
- (6) *Coroners Act*.

Speaker: Are there any further notices of motions?

Is there a statement by a minister?

MINISTERIAL STATEMENT

Early kindergarten — K4

Hon. Ms. McPhee: As part of our commitment to building healthy, vibrant, and sustainable communities, our Liberal government plans to offer enhanced early kindergarten in Yukon's rural communities. To support families and young children in preparing to learn, students in many rural schools have the option to start an early kindergarten class when they are four years old. We are working to expand this to all rural communities. Offering early kindergarten — also known as "K4" — provides young children with an opportunity to practice skills for learning, improve their language development, and prepare for school routines, which supports a successful transition to schools.

One example of a successful early learning initiative that we are seeing across the country is the Aboriginal Head Start Program. The Aboriginal Head Start Program is a federally funded program that enables indigenous community-based organizations to provide structured preschool experiences for indigenous children aged three to five. Some Yukon First Nations are using funding from the Aboriginal Head Start Program to run programs that support the emotional, intellectual, and physical development of children in their communities so that they are better prepared for learning at school.

We can learn from the successes of programs like this where early learning programming is making a difference as young learners transition into school. We have committed to working collaboratively with Yukon First Nation governments

and our community and education partners to improve our programs, services, and outcomes for Yukon students.

Yukon's early years evaluation survey indicated that language, cognitive, and social skills are common areas where young children can benefit from additional support as they transition into school. K4 provides a literacy-rich play-based learning environment where students can develop and practice these skills together and prepare for school routines.

The structured setting of hands-on and movement-based activities helps children to develop skills like creative and critical thinking, listening, speaking and communication, and personal and social awareness. Some existing K4 programs are run for half of the school day. Some are collaborative programs partnered with the kindergarten program at the school. Our goal is to ensure that all of our rural schools have the resources and training that they need to offer quality K4 programming that fits the unique context of their school community. A child's early development and primary school years have a significant influence on their long-term success in their education. Students who develop learning skills at an early age are more likely to succeed at school and graduate from high school.

Recognizing the positive impact that preschool programming has on children, our Liberal government will make K4 available in every rural school. K4 programming will support Yukon children to successfully transition into school, leading to more positive outcomes for their education.

Mr. Kent: I welcome the opportunity to respond to this ministerial statement. We believe that this is a worthwhile initiative; however, it lacks details at this point, so perhaps the ministerial statement is a bit premature.

I had some discussions with the Premier on this initiative on November 4 of this year, and unfortunately, he wouldn't let the minister respond at this time, so I am happy that he is letting the minister speak today as she will have a better understanding of the file than the Premier.

According to Yukon Education, there are only two schools in rural Yukon that don't currently offer this option: Robert Service School in Dawson City, and Johnson Elementary School in Watson Lake.

Can the minister tell us if these two rural schools have the space to offer this program? Of particular concern for us is Robert Service School, which recently had to close a mouldy portable down and move that programming into the school itself. We wonder how much capital will have to be spent to upgrade these two schools to ensure that they have the capacity to absorb these students and start providing this programming.

We are curious about who has been consulted so far with respect to this initiative. Have the Robert Service School and Johnson Elementary School communities been engaged in discussions as of yet? This part is concerning as, according to the Premier, decisions about the length of the day and whether it will be optional or mandatory appear to have already been made with what appears to be little or no consultation.

The Premier mentioned on November 4 that K4 will be offered in rural schools before the end of this mandate. That timeline was noticeably absent in today's ministerial statement,

so I am hoping that the minister can confirm that this time frame is still applicable for us — or are the Liberals going to break that promise as well?

The Premier also spoke about expansion of K4 into Whitehorse area schools. Currently, it is only offered at École Émilie Tremblay with 22 students enrolled as of September 30, according to Yukon Education numbers. I think that many parents of children in Whitehorse would be interested in this program being offered in their schools. There are challenges with room at certain schools in Whitehorse. We are also curious about other O&M costs, such as busing and additional teachers who would be required.

The Premier told the House on November 4 — and I quote: “All rural schools within this mandate — and again, identifying certain pressures, identifying that it would be more complicated to get it out in Whitehorse. I can’t, on the floor of the Legislative Assembly, say that we will get it all done in Whitehorse as well. We will make our best efforts.”

On November 4, the Premier said that the government would be making best efforts to have K4 in all Whitehorse schools by the end of the mandate as well. That is why I am curious as to why there is no mention of Whitehorse K4 in this statement given that this was the Premier’s promise.

Are the Liberals going to be walking away from that commitment? Maybe the Premier spoke out of turn. Can the minister tell us if that statement by the Premier was accurate or not? Are the Liberals no longer making best efforts to expand K4 to Whitehorse before the end of this mandate?

Also on November 4, the Premier told this House — and I quote again: “Yukon Teachers’ Association has expressed some concerns about reporting requirements for K4 and teacher training in early childhood development and assessment processes.”

Can the minister please elaborate for us on what those specific concerns are that the Premier mentioned that the Yukon Teachers’ Association has? The Premier also mentioned that this will alleviate pressures on daycares and day homes. I am curious if those associations — and the daycares and day homes — have also been consulted. I am also curious about what role the Yukon education advisory committee will play in this process.

Again, Mr. Speaker, there are more questions than answers at this point, but I look forward to some responses from the minister.

Ms. White: The Yukon NDP is pleased to see plans for an early kindergarten program to be offered in the communities. We would agree that support for families and children preparing for school is critical. Anything that can be done to enhance young children’s learning needs to be encouraged. Whether it is strong early childhood education through daycares or programs such as those offered by the Child Development Centre, we support the continuum of learning.

In the 2010-11 school year, the Department of Education introduced the early development instrument — or the EDI — as a tool to identify five areas of vulnerability that may affect student success. The EDI was a checklist that kindergarten

teachers completed for each child in their class. The results were to help schools identify the degree to which a child is ready to learn so that interventions can be made early on to assist all students in being successful. The data from the EDI was to be used in part to develop community and school vulnerability profiles that inform the school growth process and school resourcing.

The EDI, which is no longer to be found on any government website, showed where early learning strategies needed to be implemented and worked on. Unfortunately, the tool was used that one time only. Instead of using this tool to measure the success of any strategies put in place over the years, it was discontinued.

The Yukon Liberals say that they make evidence-based decisions, so without the EDI, how is the government now collecting information to help develop community and school vulnerability profiles that inform the school growth process and school resourcing for our youngest learners?

The Yukon NDP fundamentally believes that every child should have access to early childhood education. We have often raised the concern around the affordability of childcare, so offering K4 is one way to help children, their families, their future teachers, and their communities in supporting early childhood education.

Mr. Speaker, for all of the reasons that were listed by the minister, we look forward to the day when every Yukon child, no matter where they live in Yukon, has access to early kindergarten programs.

Hon. Ms. McPhee: Expanding early kindergarten in rural communities will help to build healthy, vibrant, and sustainable communities. It will support families and young children to help set them up for successful education, and that’s what this program is all about.

We are focusing on rural communities first, particularly in Watson Lake and Dawson City, as many of the other rural schools have versions of pre-kindergarten or early kindergarten learning, and it should be available across the territory. We will look and continue to explore introducing K4 in Whitehorse as well, as the Premier mentioned earlier in his answers to questions on the supplementary budget, of which, I note, Education is not a department.

We are working with our educational partners to ensure that there is a smooth transition and, most particularly, that we meet the needs of each individual school community, because that’s critical. I note that the Leader of the Third Party noted that this is an opportunity to alleviate some pressures on daycares in some communities as well, but the primary concern, of course, is that children have the opportunity to learn skills and to get used to school and school routines at an early age. We know that there is research that indicates that this has a positive outcome on their entire school careers.

Our goal is to ensure that all of our rural schools have the resources and the training that they will need to offer quality K4 programming that fits the unique context of each of their school communities. Some of the questions asked if that is happening.

As I have noted — and the member opposite, actually, has noted — there is K4 in many of the rural schools already, so fitting that into the schools, into the programming, and into the teacher education and the training has been something that has been worked on and continues to be worked on as we expand the program.

K4 programming will support Yukon children to successfully transition into school, leading to more positive outcomes. That's really what this program is about. It is a positive step. There are some detailed questions that members opposite may have, and we're happy to provide those specifics either in a legislative return or otherwise.

The purpose of a ministerial statement — and we have taken the opportunity to do so — is to make a statement or an announcement on government policy or on matters of public interest to Yukoners. We understand that Yukoners are interested in early kindergarten, early childhood education, and the opportunities that are available across the territory, and we have taken the opportunity to give information about that today.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Whistle Bend school

Mr. Hassard: On July 29, the government posted a tender for an owner advisor for the Whistle Bend elementary school. Two days later, they pulled that tender down. This tender was then reissued on October 2. When the government pulled the tender down on August 1, they said that it was prematurely posted and required more input from stakeholders. However, in a confidential briefing note to the Minister of Highways and Public Works dated August 6, it is made clear that the government had already made the key decisions around size, location, and design of the school.

Can the minister tell us what, if any, changes were made to the tender between August 1 and October 2 as a result of those consultations, or was the initial delay all just for show?

Hon. Mr. Mostyn: I'm happy to talk about the government's decision to build the first elementary school in about a quarter century. Building a new school for the community of Whistle Bend is a high priority for our government. Highways and Public Works will be working with Education to incorporate feedback from stakeholders and from a project advisory committee throughout the project.

The school will shape the community for decades to come, so we are taking the time to get it right, and we look forward to the community's input.

The tender was initially cancelled so we could work with key stakeholders to ensure that the school best met the needs of the community. The tender was then reposted and is now underway. It will be budgeted in the range of up to \$32 million for the new Whistle Bend school based on industry estimates, and we'll see how it goes from here.

Mr. Hassard: So, once again, a lot of words from the minister, but nothing in terms of answers. That same August 6 confidential briefing note to the minister indicates the timelines of the project. It states that construction is scheduled to start in

June 2021, but it says that this is based on the assumption that the owner's advisor tender would be awarded in September. As we know, that has been delayed significantly and likely won't be awarded until December or even early next year.

The section of the briefing note called "Potential Risks" goes on to say — and I quote: "Delays to the project timeline due to increased and unexpected consultation activities." So, can the minister tell us if the government is still on schedule to meet its timelines for construction to start in June 2021?

Hon. Mr. Mostyn: I will tell the Leader of the Official Opposition that we are committed to providing Yukoners with access to quality education and the tools required to learn. When complete, the new elementary school in Whistle Bend will be the first built in this territory in 20 years, and it will be a great centre point for the growing Whistle Bend neighbourhood. It is important that the community is involved in this project and we are very pleased to have the project advisory committee now in place as the project moves forward.

Mr. Speaker, it never fails to amaze me how the opposition can find fault in any action taken by this government, while completely forgetting the past mistakes. Let's not forget the debacle that was F.H. Collins School. Perhaps the opposition would prefer that we dig a big pit to signify our intentions to build the school before any of the official permits were in place. Perhaps they are suggesting that we rush a tender and ignore our commitments to working with the community.

I look forward to the member's third question.

Mr. Hassard: It would be nice if he actually told us some answers to our questions. In the documents we have, there is an e-mail exchange between senior public servants where one asks what the impacts of the tender delay will be on the timeline and the other responds with — and I quote: "Year one deadlines were already challenging to begin with, especially considering past experience with the French School where the..." statement of requirements took so "... long to complete. With this delay, it may be unfeasible to get the..." statement of requirements "... completed by March 2020."

The August 6 briefing note to the minister goes on to say that the original plan for the school was for 250 students; however, the government has decided to increase that. According to this confidential briefing note — and I quote: "The school was originally planned in project meetings to be 250 students in size as per the program area, recently the school size has changed to 425..."

Can the minister tell us what impact the decision to increase the size of the school by 175 students will have on the project costs and timelines?

Hon. Mr. Mostyn: There are an awful lot of assumptions being made by the Leader of the Official Opposition on the floor of the House this afternoon. I'm going to respond to those.

I will say that the project budget is \$32 million and we expect to have the school built — one of the very first elementary schools built in the territory in 20 years, Mr. Speaker. I'm very proud of that work, as is — I'm sure — my colleague, the Minister of Education.

Mr. Speaker, we could go on about this. I have before me documents that I have from the media that say that in — when was it — 2014? Yukon government put out a \$14.5 million bridge upgrade project to public tender on April 2. It cancelled that project on April 11 after the community expressed concerns about it. Now the project is in limbo because it can no longer meet the deadline to use the \$6.75 million in federal money that had been earmarked for the project. This is the state of affairs that we took over. Procurement was really in a very bad mess. We fixed a lot of those processes. We're continuing to work to improve the way we procure and deliver on projects, and the proof is in the pudding, Mr. Speaker.

Question re: Nuclear energy

Mr. Istchenko: In last week's draft climate strategy, one of the action items was to research the potential use of nuclear energy in the Yukon, including small modular reactors. A little research tells you that small modular reactors — or SMRs — are defined as nuclear reactors generally anywhere from five megawatts to 300 megawatts, and they are designed to be fabricated and set up quickly.

The uptake of SMRs across the globe has grown over the last several years as remote regions look to address their energy needs. So, Mr. Speaker, has the government done any early studies or pre-feasibility work on the potential of nuclear energy in the territory?

Hon. Mr. Pillai: First, we have not undertaken any unique studies on pocket nuclear or small nuclear at this time. I have received interest that we have heard from the community. The committee that has been struck and that we work with under the Yukon Chamber of Commerce just sent me a letter in the last number of weeks saying that the Government of Yukon should take a strong look at this.

What I have been able to gather information on is that there is a lot of interest, but there is a lot of misinformation about where the advancement of the actual technology is and how much it is actually being deployed. So, I think it's prudent to look at all options.

There has been a much different perspective, even from strong environmentalists — we have heard them say that this is an approach that some should take. Then also, on the industrial side, people think that this is also something that should be contemplated. But at this time, we haven't done any studies. If people want us to look into that and they have an interest in it — as this final draft of our strategy consultation goes on to January 17, we urge people to respond — and specifically to this, if they want us to take a look at it.

Mr. Istchenko: I thank the minister for that. As I mentioned, in the draft climate strategy, it's action item 68 that states that the government should research the potential for nuclear energy in the Yukon. However, there is no mention of this anywhere else outside of this action item in that document. There is nothing in the background section. It just appears to be in the action items, seemingly randomly. I'm wondering where the origins of the action item come from. The minister did answer part of my question, but I'm just wondering if there have been any other groups, organizations, or businesses that

have come to lobby the government on this idea and what feedback he has given to them.

Hon. Mr. Pillai: This has become a more current conversation. Natural Resources Canada, I know, has from time to time invited individuals who represent the organizations that lobby on behalf of this industry and this technology. I have not seen anybody here in the Yukon, but at the energy and mines ministers meetings on a couple of occasions — there is usually a presentation from an individual who represents that technology. The Chamber of Mines this past week had an individual here from Sweden, I believe, who is a scientist working in this field. I didn't have an opportunity to see that presentation, but on Monday night at the awards banquet, I did bump into the individual and requested to exchange information so that I could provide it to Yukon Energy.

The University of Saskatchewan has done a lot of consultation around this, of course, because of the commodity extraction that happens in that particular region, but really, at this time, it's early days. I look forward to seeing what Yukoners think that we should do on this topic. As we reflect on the consultation, this may be something that is prudent to research further.

Mr. Istchenko: A little more research tells you that nuclear is not considered a renewable energy source, as uranium fuel is consumed as an energy as the energy is spent. However, the draft strategy contains a number of targets related to the increase of renewable energy.

I'm just wondering, with the goal of increasing renewable energy, how does the minister square a circle — the potential of bringing nuclear online? Is the government actually considering being a little less strict on their renewable energy targets if this means an overall reduction in our GHG emissions?

Hon. Mr. Pillai: Mr. Speaker, to be fair, there are a lot of assumptions and reaching in that particular question. Questions 1 and 2 reflected on the fact that there was a note in the strategy. Question 3 talked about us moving down a path to actually essentially procure this technology. That's not what I said in my answers. It's a good tactic to try to guide me to a place where we're not at, but once again for Yukoners, it's important that I correct the record and say that this is something that we have not done a lot of research on. I understand the elements and values of the plan that Minister Frost and I led, and we're proud of that work.

Yukoners are asking us to investigate some of this other technology. If there is something there that is actually real or if there's a technology that can be procured or deployed in a way, that would be something that we could investigate.

At this time, this seems to be a technology that has not advanced as much as the general public believes that it has. We haven't seen it deployed in other areas. I will wait to see what Yukoners say on this.

Of course, if there are discussions, we will always take into consideration our benchmarks around GHG.

Question re: Teacher staffing

Ms. White: In January of last year, Yukon teachers ratified a collective agreement that required nearly a year of bargaining. Contained in the agreement was a commitment from the Government of Yukon that they would develop a post and hiring framework that would reflect national standards and ensure that all indeterminate teaching positions would be posted so that all Yukon teachers could apply.

This summer, the Yukon Teachers' Association sent a letter to the Department of Education raising concerns about a number of highly sought-after indeterminate teaching positions that had been awarded without being posted for competition to all Yukon teachers.

Awarding these positions without posting them undermines the integrity of the collective agreement signed by teachers and the Government of Yukon.

Mr. Speaker, why didn't the Department of Education implement the hiring policy that they had committed to in the most recent round of collective agreement bargaining?

Hon. Ms. McPhee: I don't have a copy of the letter that the member opposite is noting, but I am happy to answer the question as best I can today.

I will start by saying that I am aware that the Department of Education — particularly with respect to hiring practices and teacher allocations — works very closely with the Yukon Teachers' Association.

It is interesting that the preamble of the question seems to say that the bargaining took almost a year as if that was an issue. There were scheduling problems with respect to when the Yukon Teachers' Association was available. It was a very well-done negotiation. It came to an agreement between the parties relatively quickly. I know that there were a number of changes that are progressive and that the Yukon Teachers' Association was very pleased with, and the parties ultimately agreed.

I'm not sure why how long it would take would be an issue, but I don't necessarily think it is.

With respect to teachers on call, they are an important and valued support in Yukon schools. The department continues to work with the Yukon Teachers' Association in posting those positions for those hires.

Ms. White: I appreciate that the minister's focus veered away from the question, but I was asking about permanent positions that weren't posted for Yukon teachers to apply to. It's important that the minister is proactive in addressing these concerns. In their letter to members, the Yukon Teachers' Association said — and I quote: "We understand that YG intends to continue its approach to hiring in Education and will continue its nepotistic practices."

Perception matters, and while this may not be a case of nepotism, it certainly is being perceived as one. It's not easy becoming a teacher in Yukon. It takes years for teachers to get to the highly sought-after permanent positions. Awarding these positions without posting them after expressly committing to do so, is the absolute opposite, and it does a disservice to Yukon teachers.

Mr. Speaker, can the minister assure Yukon teachers that all future hires will be posted in the fair and transparent manner that was committed to?

Hon. Ms. McPhee: What I can assure the member opposite is that the department will work closely with its partners at the Yukon Teachers' Association to proceed with respect to how teachers are hired, that commitments that were made during the collective agreement bargaining will be abided by, and that we will continue — this is a situation, like many things in the Department of Education, that doesn't have an end date. Teachers come and go, hiring practices happen all year long, the collective agreement brings positive changes forward with respect to the successful negotiation of that, and the commitments that were made with respect to those negotiations — and the commitments that we make on a weekly, if not daily, basis to the Yukon Teachers' Association — will, of course, be abided by.

Members of the Yukon Teachers' Association are, of course, members of the Yukon Teachers' Association, but they are also our employees — government employees — the teachers in schools who deal with our children and educate them every single day. Working with them is an important opportunity for the Department of Education, but I think we need to remember that they are teachers as well.

Ms. White: Not only are they teachers, but they are members of a union and a union that negotiated with government, and the government isn't following that commitment. That's the problem.

Maybe, Mr. Speaker, this matter really speaks to a leadership problem within the Department of Education. The Government of Yukon's 2018 employment engagement survey highlighted that the dissatisfaction with the Department of Education was rising in a number of key areas which, according to the Teachers' Association, has led to — and I quote: "... record employee cynicism of the senior leadership..." Breaking a promise to implement fair and transparent hiring processes only validates that cynicism.

It's good that the minister has committed to ensuring that the Department of Education — actually, I'm hoping that she will commit that they will do different — will actually follow the hiring process that they agreed to after a year of bargaining, but committing to do what you said you would do after getting called out for not doing it is a low, low bar, Mr. Speaker.

I also have the letter that I will table. Mr. Speaker, what steps is the minister taking to improve the relationship between the Department of Education and Yukon's teachers?

Hon. Ms. McPhee: Again, I'm sorry — I don't know what the member opposite is quoting, and I don't have it in front of me, so I can't make any comments with respect to that.

The Yukon Teachers' Association is, of course, a key, if not the most important, partner in education. We work with them on an ongoing basis to address the needs of Yukon educators. We have, as I've noted and as noted by the member opposite, successfully negotiated a Yukon Teachers' Association collective agreement in the last number of months. It resolved several long-standing issues that have been addressed through that process.

The *Education Labour Relations Act*, as members will recall, has been amended here in this House to reflect the updated provisions relating to the temporary employment, probationary periods, and layoffs of educators as part of the collective agreement.

Again, I don't know what reference the member opposite is making. What I absolutely will commit to is that the Department of Education not only will, but does, on a regular basis — despite the disparaging remarks about the leadership of the department, which I woefully disagree with — the department is working extremely hard every day not only to provide what educators need through the work with the Yukon Teachers' Association, but importantly, to provide what our children need in schools across the territory.

Question re: Access to information

Ms. Hanson: It is 2019. People expect access to relevant information, including how to navigate Yukon government programs and services, to be at their fingertips, yet this government is increasingly controlling the flow of information. Information is no longer on a need-to-know basis, but is based on what government wants you to know. It is our duty as MLAs to get answers to the questions and concerns of Yukon citizens; however, this government's dismissal of questions raised by opposition members undermines the democratic process. We have 18 minutes a week to ask questions of government ministers, questions more often met with random speaking points than with answers. Similarly, Yukon's access to information system currently operates under a principle of restricted access rather than an open, transparent access to information.

The Yukon government website fails basic usability tests. It seems that the only reliable way to get any information is if you have a microphone and a camera. How are Yukoners supposed to get answers other than through Yukon government press releases and photo ops?

Hon. Mr. Mostyn: I am more than happy this afternoon to speak about the efforts that we are undertaking to improve the flow of information out of the Government of Yukon. We spoke yesterday. I had a great discussion yesterday about the local news and provision — how important it is to have institutions like the CBC and many of our local media outlets acting on the public's behalf, getting information to the public, Mr. Speaker. But, internally in the Yukon government, we are working very hard to provide more information. We have the open data portal. We have rewritten the ATIPP act and had a great debate with the Member for Whitehorse Centre on that piece of legislation. The regulations are in process, and we hope to have them done very soon — in a matter of months, Mr. Speaker.

Mr. Speaker, we inherited a woeful state of affairs when we took office. It was a long-neglected, paper-based government that was delivering services much as governments did in the 19th century. We are working to modernize our government to make it a more data-driven, modern, 21st century institution. The work that we have undertaken is ongoing, and we will continue that right through our mandate.

Ms. Hanson: Mr. Speaker, “open and transparent” — the government says the words, but trying to speak transparency into existence simply doesn't cut it. The reality is that, while this government loves to talk the talk, they haven't figured out how to walk the walk. Robust legislative oversight is key to a strong democracy. While this government has passed pieces of legislation to improve oversight, they have failed to implement the supporting regulations necessary to give effect to them.

Yukoners may know that this Legislative Assembly passed new lobbyist legislation and an updated ATIPP act, but what they likely don't know is that these pieces of legislation are useless without their accompanying regulations.

So, Mr. Speaker, when can Yukoners expect this government to produce the regulations for the changes to the ATIPP act and the new lobbyist act so that those important pieces of oversight legislation can be brought fully into force?

Hon. Mr. Mostyn: Mr. Speaker, this system is dependent upon the members of the opposition. We know that. The work that they do every day, questioning us and holding our feet to the fire, is very important. All of us certainly respect the work that they do and take their role very seriously.

The public can also go to the media in the Yukon, and they can also come directly to members of the government. Every day, we are getting requests from the public to answer their questions, and we do so as quickly as we possibly can.

The Member for Whitehorse Centre has asked about the ATIPP act. As she knows, we have modernized Yukon's *Access to Information and Protection of Privacy Act* to provide better service and to meet the changing needs of Yukoners in this digital information age. That legislation has passed the Yukon Legislative Assembly. It is now in the process of having its regulations written. We are writing an awful lot of regulations for an awful lot of pieces of legislation through my colleague's Department of Justice, and we are getting them done as soon as possible. As I understand it, Mr. Speaker, the regulations are expected to come into force sometime in early 2020.

Ms. Hanson: So, the minister veered off at “sometime” we will see regulations — great.

Not only are there structural problems affecting the Yukon government's oversight legislation, there are operational and staffing issues troubling it too. Take ATIPP, for example — the *Access to Information and Protection of Privacy Act* requires the records manager to respond within 30 days. Extensions are permitted under the act up to 60 days; however, Yukoners are experiencing situations in which the 60-day window elapses and they still have not received their request, with no indication of when it may come. Much of Yukon's ATIPP infrastructure is experiencing volumes that it simply cannot cope with. While these delays are no doubt unintentional, to the individual making a request for their own information, it doesn't matter. Access delayed is access denied.

What steps is this government taking to address the delays and responses to access to information requests that many Yukoners are currently experiencing?

Hon. Mr. Mostyn: Thank you very much, Mr. Speaker. The frustration in the Member for Whitehorse Centre's questions is palpable. I mean, I can certainly feel the frustration. As the member opposite knows — because we stood here in this House and debated the access to information and protection of privacy legislation and had a very thorough conversation about that piece of legislation, which will be one of the most modern pieces of legislation in the country and was certainly improved through our discussion and the discussion with the Information and Privacy Commissioner.

We have a great piece of legislation passed and we have regulations that are coming. Currently, Mr. Speaker, as the member opposite knows, the access to information requests are being handled under the old rules and those are frustrating. We are working very hard to get the regulations done so that new legislation hits and starts to improve the way we provide information to the public and to the members opposite.

Mr. Speaker, we have an open data portal. We are providing information — reports that were never tabled before. Mr. Speaker, we are going above and beyond trying to make sure — because it's fundamentally what we believe in on this side of the House. We believe in the provision of information. I did it for a living and I will continue that fight.

Question re: Teacher staffing

Mr. Kent: Earlier this Sitting in Committee of the Whole, we asked the Premier about the amount of teacher vacancies throughout the entire Yukon.

Initially, the Premier told us that there were currently 53 teacher vacancies, but he later clarified that he actually didn't know the answer. I'm wondering if the Minister of Education can give us an update on the number of teacher vacancies in the territory, and can she break that down by community?

Hon. Ms. McPhee: I do not have that number at my fingertips of the amount of teacher vacancies which I understand to be the question — and to break it down by community — but I'm happy to provide that information to the member opposite.

Mr. Kent: We appreciate that commitment by the minister.

We've been told that there are currently two vacancies in Watson Lake, two in Pelly Crossing, and three in Ross River. Similar to the nursing shortages we are experiencing in our communities, the government needs to come up with a long-term plan to recruit and retain teachers so that they can stay and live in our communities.

What is this government doing to address teacher shortages outside of Whitehorse? When will these vacancies be filled?

Hon. Ms. McPhee: Teacher vacancies anywhere in the territory are of concern to the Department of Education as well as to our government. Teachers need to be in the classrooms so that children can be learning.

There is work ongoing on the vacancies noted by the member opposite — if he is correct — two in Watson Lake and the others that he noted are of ultimate concern. There is a very active human resources division at the Department of Education that works every day to recruit and hire teachers.

Effective teachers are critically important for student success. I know that number changes rapidly at all times, whether those positions are filled by individual teachers on a full-time basis or sometimes by teachers on call depending on the actual circumstances at the school.

I know that this work is diligent and always happening, so I will find out if those vacancies are current. I know that addressing housing shortages in our communities is key and that our housing department and other departments — in a one-government approach — are dealing with those issues as well.

Mr. Kent: I thank the minister for talking about housing because that leads nicely into my next question.

It actually turns out that Liberal policies may actually be contributing to the teacher shortage in our communities. To quote from a June 10 CBC article: "The Yukon Teachers' Association (YTA) says changes to the territorial government's staff housing policy will make it harder to attract and keep teachers in rural communities."

In fact, Mr. Speaker, in a news release from the YTA, they say — and again I quote: "With growing teacher shortages in B.C. and NWT, our government has adopted a tone-deaf staff housing policy that will make it even harder to attract and retain Educators in rural Yukon." They go on to say that this new policy is being imposed on teachers.

Can the Minister of Education tell us if, before they brought it in, the government did any analysis on whether or not their new staff housing policy would contribute to the staffing issues in communities?

Hon. Mr. Silver: Mr. Speaker, we have answered this question on the floor of the Legislative Assembly a few times now as far as the new changes to the housing policy here in the Yukon government.

I do recall when I was in opposition, when my job as a teacher in the community became vacant, under the policies of the Yukon Party, that the teacher had to camp on the banks of the Yukon River for two months before getting housing and that housing wasn't even Yukon Housing Corporation's.

So, again, Mr. Speaker, when we took a look at the issues, we went community by community to find out how could we best provide community housing. I am so very proud of the connection between Yukon Housing Corporation, the Department of Education, and Community Services on a whole-of-government approach to make sure that the individual needs of all communities are of paramount consideration when we change those policies.

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

ORDERS OF THE DAY

Speaker: Introduction of visitors outside of the time provided for in the Daily Routine.

INTRODUCTION OF VISITORS

Hon. Ms. McPhee: Mr. Speaker, I would like to take the opportunity to introduce Jacqueline Bedard, executive director

of external and government relations, who has joined us today for the next part of our business.

I would like to ask my colleagues to welcome a number of individuals who have come this afternoon for the next order of business. From Yukon College, we have President Dr. Karen Barnes; we have Beverley Keefe, integrated business manager; Nick Haskins, welcome centre host and administrative assistant; Colleen Wirth, director of student and infrastructure support; Lacia Kinnear, director of governance and strategic initiatives; Giulia Lucchini, director of employee relations and organizational development; Kim Sheridan, marketing manager; Eric Hoogstraten, department head of southern campuses; I have noted Ms. Bedard; Shelagh Rowles, executive director of communities, innovation, and development; Amanda Graham, chair of the school of liberal arts; and Tom Ullyett, the current chair of the Yukon College Board of Governors.

We also have visiting us Nicole Morgan, Deputy Minister of the Department of Education; Kelli Taylor, Assistant Deputy Minister of Policy and Partnerships with the Department of Education; Adrienne Mcilvaney, policy analyst; Kyle Nightingale, a communications and policy analyst; and Mike McBride, director of policy and planning. Thank you all for being here.

Applause

GOVERNMENT BILLS

Bill No. 2: *Yukon University Act* — Third Reading

Clerk: Third reading, Bill No. 2, standing in the name of the Hon. Ms. McPhee.

Hon. Ms. McPhee: I move that Bill No. 2, entitled *Yukon University Act*, be now a read a third time and do pass.

Speaker: It has been moved by the Minister of Education that Bill No. 2, entitled *Yukon University Act*, be now a read a third time and do pass.

Hon. Ms. McPhee: I want to sincerely thank all members for their comments and contributions in support of this act and this milestone for post-secondary education here in the Yukon Territory.

Mr. Speaker, we are very proud to have put this legislation forward. The *Yukon University Act* is a landmark piece of legislation that supports the transition of Yukon College to Yukon University. This legislation marks an important moment in Yukon's and Canada's history — the moment we establish the first university in Canada's north and a moment that is the result of the hard work and innovative thinking of many dedicated Yukoners to bring this dream to life. It is an evolution of our growth as a territory and for Canada. This is truly a great opportunity for the north, Mr. Speaker.

Yukon College has been a leader in many areas of post-secondary education — from reconciliation to northern research and hundreds of topics in between. As Yukon University, it will continue to be a trailblazer as Canada's first northern university and with made-in-the-Yukon programs to meet the diverse learning needs of Yukoners and other students.

As our population grows and our economy evolves, new businesses and careers emerge requiring new skills and knowledge. In some cases, Yukoners have had to leave the territory to acquire these skills and knowledge. With the establishment of Yukon University, more and more, they will be able to access the education and training opportunities that they need right here at home. Mr. Speaker, we are very proud to support these new education and career opportunities for Yukoners and others.

As a hybrid institution, Yukon University will continue to provide the programming that Yukoners rely on, such as trades and apprenticeship programming, adult basic education, and academic upgrading. It will also offer new university-level degree programs that are rooted in Yukon's northern environment, culture, society, and economy and improve the economic and social well-being of Yukoners and Yukon communities.

Mr. Speaker, as Yukon University evolves, it will continue to reflect Yukoners and Yukon communities, including community voices at governance tables and on community campus committees. It will also continue leading its work on reconciliation in post-secondary education, including legislated responsibilities regarding the importance of our government-to-government relations and relationships with Yukon First Nations, a commitment to reconciliation, and joint priorities for education with Yukon First Nations.

Yukon College has been an ally, an advocate, and a leader for reconciliation, ensuring that Yukon First Nation language, history, and culture are a part of post-secondary opportunities here in the Yukon Territory.

In 2018, it began offering the first made-in-Yukon degree program, a bachelor of arts in indigenous governance — and rightly so, if I may say. This degree program addresses the local need to build capacity in Yukon First Nation governments. The first cohort of students from this program are already making positive contributions to their communities through co-op positions with local organizations. They will be prepared with the knowledge and the skills to be effective leaders and supporters with First Nation governments.

Mr. Speaker, I am proud to say that some of this cohort will graduate with their degree — a Yukon University degree — at the end of this academic year.

Mr. Speaker, this legislation reflects how Yukon University will continue its work toward reconciliation through a commitment of the university to honour and support reconciliation with Yukon First Nations, to build capacity within Yukon First Nation governments, and to implement final and self-government agreements.

This is something that, in the Yukon, we are quite used to hearing about now. We are dedicated to our relationships with First Nations. Many of our organizations have taken a lead to improve those relationships and to work hand in hand with our other governments. But this is not something that's common in Canada, and Yukon is leading the way in this work and will continue to do so. Yukon College and soon-to-be Yukon University, we hope, will continue that work and has been a recognized leader in taking up that amazing opportunity.

The legislation reflects how Yukon University will incorporate Yukon First Nation culture, knowledge, and educational opportunities and priorities into the university's programming and activities — such critical opportunities in this legislation that, I dare say, barely exist in other places in Canada, and we are all very proud. I hope this Legislative Assembly is very proud of these steps forward.

Yukon University will also open up new post-secondary opportunities for students, researchers, and professors from across Canada and around the world to work and learn in Canada's north. In September 2019, Yukon College began offering a new bachelor of business administration program. Over time, Yukon University will add new degree programs with a northern focus and learning opportunities.

Canada is one of eight circumpolar countries that border the Arctic Ocean. Canada's north, like other circumpolar countries, faces unique regional challenges. A changing climate and melting permafrost and Arctic ice are changing the environment and traditional ways of life for many northerners.

These challenges spark opportunities for research and innovation, for problem solving, and for investment in solutions. Countries like Sweden, Norway, Finland, Russia, and the United States have recognized these opportunities and have invested in state-of-the-art universities and research centres in their northern regions.

Yukon's investment in post-secondary programming and northern research will be a significant contribution to Canada's efforts to address northern and global issues such as climate change and green technology — another great opportunity that will arise from the legislation that we are passing here today.

Mr. Speaker, we are very proud that this legislation enables Canada to join the world's circumpolar countries in offering university-level education and opportunities by the north, for the north, and in the north.

I want to take a moment to recognize and thank the leaders and the staff from Yukon College for their hard work and dedication in creating and delivering post-secondary programming and research opportunities for Yukoners and for embracing the journey to become a university. I dare say that it has not been a straightforward or a smooth path on some days, but their work has been amazing. The enthusiasm and motivation shown by Yukon College staff and leadership and the College Board of Governors and Academic Council to enact this change, to inspire and lead this evolution, have been nothing short of amazing. I would like to specifically recognize Dr. Karen Barnes, Yukon College's long-serving president — I don't know about long-serving — “serving” president, I'll just say then.

Dr. Barnes has long been an advocate for expanding post-secondary opportunities here in the Yukon Territory and has been the driving force behind the transition to Yukon University. I know that she would say “a driving force”, and I'm happy to change that. Thank you to Dr. Barnes and to Yukon College for their continued efforts to improve the social and economic well-being for all Yukoners and to provide opportunities that have truly never been available to our community before.

I would also like to take this opportunity to thank the Department of Education and the Department of Justice officials and staff who worked tirelessly on this bill. Without their dedication and skill, we would not be here today.

I'm extremely proud — I think that's four times saying “proud”, but I'm really proud, and I'm proud on behalf of all of our visitors as well — to stand here today to support this legislation to authorize and support Yukon's first university.

Mr. Speaker, Bill No. 2 proposes a made-in-Yukon opportunity. Yukon University, a hybrid institution that embraces its new challenges while continuing to do what Yukon College has done for over 50 years: serve the unique educational needs of Yukoners.

It will stand as a historic example of Yukoners working together to shape a bright future for our communities and for our country.

Again, Mr. Speaker, I thank all members of this Legislative Assembly, and I look forward to unanimous support of this evolutionary bill.

Ms. Van Bibber: I am pleased to rise today to speak on behalf of the Official Opposition on the *Yukon University Act* at third reading. I won't take long, and I will let everyone know that it is an act that we definitely can support.

From Yukon College to Yukon University, it will continue to be an interesting and innovative institution. We hope that the growing pains will prove to be small as we move forward.

Yukon University will serve the needs of the north and all who access the facility as we forge ahead. First is to complete this part of the transition from college to university by passing the *Yukon University Act*.

Certificates, diplomas, and university degree programs will be transferred to successful students who will thrive in the diverse space in all varieties of educational pursuits. Continuing with the trades, adult basic training, post-secondary courses, as well as research and science is truly investing in the north by providing people with the skills needed for our economy.

The transition will continue to provide high-quality as well as affordable education to many, both at our main campus and at the 11 satellite campuses in the community.

We have heard a number of concerns and comments brought forward from Yukoners during the consultation process. One of the main issues around moving toward university status has been the importance of upgrading and university preparation courses, and, of course, keeping the trades. There have been wonderful investments made by the Yukon government and Yukon College in the creation of the Centre for Northern Innovation in Mining. It is great to know that the trades will continue to be a prominent part of the university.

The board of governors will continue to be a strong voice for the needs and wishes for all to ensure that adequate and timely courses are offered.

There was some discussion on the autonomy of the university so that the board of governors, the newly formed senate, and faculty have the complete ability to implement their

own policies and strategies as needed and required. A university has to be separate from influence from all governments, corporations, and any other interventions.

There is government oversight, though, to ensure that costs, enrolments, and academic outcomes are reported so that the institution is accountable to the public, but overall, there is a definite line.

There is no doubt that funding for the Yukon University will have to be increased, which I am sure is currently being addressed in budget discussions for next year. I do wonder how increases for the university will be weighed against other requirements from the Department of Education, and whether consideration will be given to this in the overall budgeting process for the whole of government.

I must say that I am proud to have my name attached to the Yukon College as a previous chancellor. This act also gives the chancellor a vote, as the position previously did not. This is an added benefit for the person who takes on this titular role.

So, again, thank you to the masters of the legislation writing, the president, Dr. Karen Barnes, the board of governors, and all of the college faculty, as well as the Department of Education for ensuring that we move forward together to have a new act that will encompass our unique needs for the north — the first north of 60 university — in Yukon.

Ms. White: Today, in speaking to Bill No. 2, *Yukon University Act*, there is nothing from the Yukon NDP side except for pride. I think that it is one thing to know that, in the Legislative Assembly by the time the act comes in, it is a clearly packaged document, it is easy to read, and it doesn't show the hours of work that went in to get it there. I can only imagine that if some of our colleagues here from Yukon College have desks similar to mine — that you have years of research, of consultation documents, of conversations that you have had — and that is how we got to where we are today.

I appreciate that it is those of us in this Assembly who are able to move this legislation forward, but it is not those of us in this Assembly who have definitely put in — not only hours, but years of work to get us to this point. What I really want to do right now is to offer my congratulations to all of those whose desks have been taken over by work toward this, who have had the community consultations and the conversations, and who have made sure that Yukoners have been taken along for this ride so that there isn't a fear that we are going to lose the programs that have been so important to Yukon College — but to know that they will continue to blossom and grow.

I really look forward to next May when I can have my high-five line congratulating the very first made-in-Yukon degree program achievement winners — I'm not sure what to call it, but I will be there. Maybe I will have to make a special sign that will be at the front to congratulate the very first class for reaching that achievement.

Mr. Speaker, we have the honour in this Assembly to see the finished product, but we certainly didn't — well, I didn't, of course — have the opportunity to see behind that curtain. I think that is the work that I really want to acknowledge right now, so thank you so much to all of those who got us to this

point — of course, the legislative drafters and everyone at Yukon College who have been working through what might not always be the most comfortable change. Growth, as we know, is not always easy.

With that, Mr. Speaker, we look forward to the vote.

Hon. Mr. Pillai: Mr. Speaker, as we begin to conclude the work on this historically important piece of legislation, I just want to take the opportunity to reflect on one individual who is not with us here today but, under different circumstances, would absolutely be in the gallery today. When this process began — the journey and adventure toward Canada having its first university above the 60th parallel so that we could sit along with other circumpolar nations. Although the work that has been done over a number of years has been absolutely respected globally and has always been groundbreaking — but now this puts us in a position around the table to be able to have that level of institution.

Taking on a task such as this and doing it appropriately takes so much research and work and so many conversations and discussions. That is what the key lead team — of course, led by President Karen Barnes — undertook. In order to successfully navigate that process, you also have to have an extremely strong, intelligent, dedicated, and tireless chair for your board. We were so lucky, when this process started, to have Paul Flaherty in that particular role. He was an exceptional human — how he gave to his family, his community, and the organization he led across the north — but his compassion and commitment to Yukon College was always there at the top.

You can imagine a person in that particular role — the amount of information that they have to review and devour and understand in their normal work leading a telecommunications company across northern Canada — but I would bet there wasn't a document that was ever provided by President Barnes to the chair, Mr. Flaherty, that wasn't reviewed, contemplated, critiqued, and understood before the next conversation arose — and that probably would happen, in some cases, at 2:00, 3:00, 4:00 — who knows with Paul — in the morning, and then probably he was getting up in the morning to go for a run before he started his day and led this massive company and did all the things he did.

I just thought it was appropriate today to honour Mr. Flaherty, who is not with us today. I think we should all take a moment to reflect on what he contributed to this process. I would leave it to President Barnes to talk about, on her own, what a dynamic duo they both were and how they started this process together. When you have two people of that capacity working on something, you get a result like we have today.

I know there are a tremendous number of people who are here with us in the gallery, and they all contributed. There are individuals such as the Member for Porter Creek North who contributed — many people did — but I think we should all, next May when the opening happens, take a moment on our own to reflect on Mr. Flaherty and what he has done for the institution, for the territory, and for our country.

Speaker: If the member now speaks, she will close debate on third reading of Bill No. 2.

Does any other member wish to be heard at this time?

Hon. Ms. McPhee: I thank my colleagues for their contributions here this afternoon. I sincerely thank my colleague, the Minister of Energy, Mines and Resources, for his comments regarding Mr. Flaherty. He is here with us, I'm sure.

I have the extraordinary responsibility and opportunity to stand here today — as I have on other days — with the privilege and honour of bringing forward pieces of legislation that I believe will truly affect the way that Yukoners live in our territory. There have been different topics and they've all been very important to me. I say that is a privilege and honour because really this opportunity has come with the great responsibilities of this job but is really one of the great opportunities and one of the really great parts of this job. I feel as if it is sort of dropped in my lap and that I will be the one here today to speak to this bill and to ask for us to support it. I have on other occasions been able to do that and I take that very seriously, but it is my last opportunity to publicly, on the floor of this Legislative Assembly, really thank all of the people — as the Leader of the Third Party has mentioned — behind the curtain because they're not necessarily me. I've had lots of work to do with respect to this, but it's only a fraction of what has been described by my colleague the Minister of Energy, Mines and Resources and by the others who have spoken across the way today in recognition of that work.

I'm very pleased to have some of the people from Yukon College here to witness this vote today, and I will take the last opportunity to thank them on behalf of all of us and on behalf of Yukoners for the work that they have done. Again, to the folks at the Department of Education who have been right alongside them in a different way and in a different role and the legislative drafters and the folks at Justice who have helped us get to this opportunity today, thank you very much. I will look forward to the vote.

Speaker: Are you prepared for the question?

Some Hon. Members: Division.

Division

Speaker: Division has been called.

Bells

Speaker: Mr. Clerk, please poll the House.

Hon. Mr. Silver: Agree.

Hon. Ms. McPhee: Agree.

Hon. Mr. Pillai: Agree.

Hon. Ms. Dendys: Agree.

Hon. Ms. Frost: Agree.

Mr. Gallina: Agree.

Mr. Adel: Agree.

Hon. Mr. Mostyn: Agree.

Hon. Mr. Streicker: Agree.

Mr. Hutton: Agree.

Mr. Hassard: Agree.

Ms. Van Bibber: Agree.

Mr. Cathers: Agree.

Ms. McLeod: Agree.

Mr. Istchenko: Agree.

Ms. White: Agree.

Ms. Hanson: Agree.

Clerk: Mr. Speaker, the results are 17 yeas, nil nays.

Speaker: The yeas have it. I declare the motion carried.
Motion for third reading of Bill No. 2 agreed to

Speaker: I declare that Bill No. 2 has passed this House.

Hon. Ms. McPhee: It's a bit anti-climactic, Mr. Speaker, but 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): Order, please. Committee of the Whole will now come to order.

Motion re Appearance of witnesses

Committee of the Whole Motion No. 3

Hon. Ms. Frost: I move:

THAT from 3:30 p.m. to 5:30 p.m. on Thursday, November 21, 2019, Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to 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, November 21, 2019, Brian Gillen, chair of the Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, appear as witnesses before Committee of the Whole to discuss matters relating to the Yukon Hospital Corporation.

Committee of the Whole Motion No. 3 agreed to

Chair: The matter before the Committee is continuing general debate on Bill No. 200, entitled *Second Appropriation Act 2019-20*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

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

Recess

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

Bill No. 200: Second Appropriation Act 2019-20 — continued

Chair: The matter before the Committee is continuing general debate on Bill No. 200, entitled *Second Appropriation Act 2019-20*.

Resuming general debate, Mr. Silver.

Hon. Mr. Silver: I just have a couple of responses that I want to go over from some questions from the Member for Kluane on wildlife regulations. There was a question and I have some additional information. We answered as much as we could on the floor of the Legislative Assembly but the department wanted me to come back to something specific.

The question that the Member for Kluane asked was: Is the Department of Environment providing enough information from the public to have informed input on the regulation proposal packages?

Mr. Chair, the Government of Yukon works collaboratively with the Yukon Fish and Wildlife Management Board on proposals to change wildlife, trapping, and fishing regulations.

Proposed regulation changes are submitted to the board, and then the board presents the proposal for public comment. The public engagement activities associated with this review process are led by the board, including survey, design, meetings, and public communications such as advertising. Information that is provided by the Department of Environment relates to the specific proposals coming from the department. Anyone with questions about the survey or having difficulty inputting their responses should contact the board directly.

With respect to moose management proposals, I believe that we have provided the right type and amount of information for the public to respond in an informed manner. With respect to data collection, realistically, we can never know it all, but we are looking to provide viable, adaptive management tools that we can use to bring forward to future discussions how we can better manage wildlife. We are always interested in hearing from Yukoners about engagement methods and opportunities, and we thank the member opposite for raising his concerns as well.

We had another question about the Public Accounts inquiry land and inventories for resale, and this was a question from the Member for Whitehorse Centre. The Member for Whitehorse Centre asked about Public Accounts, inventory for resale, how — and I'm not quoting directly — the designations in each of these categories are made and if the amounts are costs for development or market-value prices.

Mr. Chair, location breakdown of the inventories of land for resale held by the Department of Community Services and Energy, Mines and Resources — in that, we do have a few different categorizations. Those designations are: undeveloped land, or raw land; land under development, which is a work in progress; or developed land, which is developed lots in inventory. Basically, as far as the classification of lots — rural residential — and the sales at development costs, that's for sure — those particular ones classify as lots — as rural residential — and they are sold at development cost.

If we classify the lots as rural residential and we sell at some other value no greater than market value — and those are assumptions that will be included in the development of cost and a blended value there within. Again, if we have classifications as special — and we sell those for an amount that's not more than market value. It's more complicated than saying one or the other. It's more of the classifications of these different lots and how we determine those costs.

Just to clarify some of the extenuating questions from the other day, I understand that we'll be asking questions today on Highways and Public Works, so I'll cede the floor to my member opposite.

Mr. Hassard: I would like to thank the official for being here with the Premier today. As the Premier mentioned, I had some questions regarding Highways and Public Works. I just wanted to talk about the options paper that the government apparently based their decision on in regard to shutting down Queen's Printer and Central Stores.

The options paper says that there will be a savings of \$454,000 in the space and utility section. We're curious how those savings were calculated. Where did those numbers come from? I'm curious as to whether the government is considering selling that building for various reasons. Obviously, I understand that there are still Supply Services staff who weren't affected occupying that building, so we're just curious as to how that number was derived.

Hon. Mr. Silver: I don't have those specific numbers and details in front of me, but I will endeavour to get back to the member opposite with that.

Mr. Hassard: I was certainly hoping that the Premier would have had that information since he knew that we were talking about Highways and Public Works, and this is a document that apparently had gone through the government in a one-government approach, because that's how they came up with making this decision. I would like to think that the Premier should be fairly up to date on this.

I guess, moving on with that line of questioning — if the government is considering moving other departments or branches into the space that previously was used by those two organizations, then I guess the question that we would have is: Is the government then going to terminate any leases that they currently hold with the private sector? What's the plan as far as the space goes?

Hon. Mr. Silver: Again, I could give the member opposite a breakdown of the \$1.6 million in savings. He was asking very specific questions of a specific document that was provided by the minister, and I don't have that information here as we are in general debate of the supplementary budget.

I do know that the \$1.6 million in savings that was identified breaks down as: supplies; procurement improvements — that would be \$600,000; personal savings would be in the range of \$618,000; space and utilities savings as well would be just under half a million dollars at \$454,000; inventory, like liquidation costs that would be one time, would be \$50,000; then also adding design and bindery costs would be just under \$70,000, or \$68,000 to be precise; again, total annual savings of \$1,591,000. So, we do have that information,

but the specific information that the member asked for — based upon the documentation, I don't have that here because we are, as I said, in the supplementary general debate, and I don't have that.

As for the plans for the space that the member opposite talked about — there are no plans at the present. We are looking at requirements for other departments across government — but again, no plans to report at this time.

Mr. Hassard: So, no plans for the current space — and no plans to terminate any current leases.

In the document, it talked about there being \$3 million with purchasing cards. I'm curious, Mr. Chair, if the Premier can enlighten us on how the government arrived at this \$3 million. Can he give us an idea of what was purchased that made up that \$3 million?

I know that we are running out of time.

I recognize that, in the document, it says — purchases of the same types of items available in Central Stores. I can imagine that the minister or the department must have had an itemized list of what was purchased with these cards or else how did they determine how much was being spent on "similar items" through retail?

Are purchasing cards being used for purchasing \$3 million worth of paper, pens, and stationery, or did this number come from purchases of other items? I guess that we're curious, too, as to whether or not employees are able to purchase other items at cost with these cards such as computers, chairs, printers, or things other than paper, pens, and stationery?

Finally, I would ask: What is included in that total of \$3 million that was charged through P-cards and LPOs? I imagine that the Premier doesn't have that specific information at his fingertips, but if he could commit to getting back to us with that information, I would appreciate it.

Hon. Mr. Silver: The member opposite is correct. He is talking about a document that I don't have in front of me here in general debate on the supplementary budget, which this particular issue is not necessarily pertinent to, but I am happy to get back to the member opposite with some answers to his questions when I speak to department officials.

Seeing the time, Mr. Chair, I move that you report progress.

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

Motion agreed to

Chair: Pursuant to Committee of the Whole Motion No. 3, adopted earlier today, Committee of the Whole will receive witnesses from the Yukon Hospital Corporation.

In order to allow the witnesses to take their places in the Chamber, the Committee 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 Motion No. 3 adopted on this day, Committee of the Whole will now receive witnesses from the Yukon Hospital Corporation.

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

Witnesses introduced

Hon. Ms. Frost: 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. If the Members of the Legislative Assembly can please help me in welcoming the witnesses today.

Thank you for coming.

Chair's statement

Chair: The Chair has a brief statement.

I have reviewed the past practice and the Standing Orders to see what instruction they may provide with respect to time for witness introductory remarks and for their responses to members' questions. I am not satisfied that the 20-minute time limit provided in Standing Order 42(3) for members, that is currently the rule, should be extended to witnesses. The primary purpose of having witnesses appear in the House is to answer questions asked of them by members. In the very short amount of time that we have to question witnesses, the Chair must consider the needs of members to have some of that time. I must tend toward shortening opening remarks and ensuring that members are given as much time as possible to ask questions. I would therefore ask the witnesses delivering their introductory remarks to stay to five minutes in order to facilitate as much time in the two hours that they appear for members to ask questions.

Do witnesses care to make opening remarks?

Mr. Gillen: Mr. Chair, I would like to thank you, the Hon. Minister Frost, Members of the Legislative Assembly, and all Yukoners for the opportunity to speak on behalf of Yukon's hospitals today. As chair of the Hospital Corporation, I consider it a unique privilege and honour to work with and represent a hardworking and exceptional team that delivers safe and excellent hospital care, 24/7. I have seen first-hand that our hospitals are very complex, sophisticated organizations that are continuously evolving, responding, and moving in order to meet those needs.

Our hospitals are overseen by a board of trustees comprised of representatives from communities across the territory, including Yukon First Nations, medical staff, the public service, and the community at large.

With me today is Jason Bilsky, chief executive officer of the corporation. Our role is to support and oversee Yukon hospitals and their skilled and diverse teams comprised of over 600 employees, including 350 direct care and clinical staff, as well as about 265 support staff. We also have top-notch medical staff and dozens of passionate volunteers.

Yukoners may not know that our organization is established through an act of this Legislature as being independent from government. We are not an arm of government, but we could not and cannot deliver safe and excellent hospital care without the government's ongoing support, policy direction, and partnership. We meet with the minister quarterly to discuss and align on matters related to the hospitals and the health system and work with the department on almost a daily basis on a range of issues.

As an essential service provider, we must collaborate with government and many others across what we call the "continuum of care" in order to achieve a common objective, which is the best possible care for the people of the territory. In addition to delivering on our legislated mandate to provide quality acute hospital care, our staff also provides a wide range of essential health services such as diagnostic, specialist care, cancer care, therapeutics, and patient support services, to name a few.

As Yukon's population grows, it is even more important that the territory's network of caregivers works together to address individual and community needs across our territory.

In closing, it must be remembered that we operate in an environment of unlimited need, but with limited resources. Yukoners know what they expect of their health care and hospital systems. There are considerable challenges ahead for both of us, but we are working within our means to respond.

I want to thank our dedicated staff and volunteers, our physician partners, our donors, community, government, and health system partners for assisting us in providing Yukoners with the best care every time.

Chair: Mr. Bilsky, would you care to make opening remarks?

Mr. Bilsky: No specific opening remarks, Mr. Chair. Thank you.

Ms. McLeod: I want to thank the witnesses from the Hospital Corporation for joining us here today and helping us with some questions that we have.

I want to start with MRIs. Can the witness tell us what the process is to get an appointment for both emergency and non-emergency reasons — specifically, what is the process to set up appointments after the doctor submits a request?

Mr. Bilsky: To answer the specific question, the process for setting it up would be a referral from the physician. The referral request would go into our MRI clinic here and then contact back from the clinic to the patient to actually establish a specific time for the MRI test to take place. It is all initiated by the physician's requisition.

Ms. McLeod: So, the process is the same, whether it is an emergency or non-emergency — the only difference would be the time involved, I'm guessing. Can the witness confirm how long, on average, an individual requiring an urgent diagnostic MRI scan might have to wait? What is the longest time frame that an emergency request has taken?

Mr. Bilsky: I appreciate the question about the MRI. Just to give a bit of context, the MRI program itself has been in operation since 2015. In September 2019, we were very proud to say that we had reached 10,000 MRIs — proud to say this

because it has a profound effect on all Yukoners. Those are 10,000 visits that didn't have to go outside the territory and away from supports, away from home, away from work, and possibly maybe putting them into uncomfortable circumstances.

So, having this local MRI program here has really increased the standard of care that we are able to provide here in the Yukon. Every year, we complete a review of the MRI program and its utilization statistics to ensure that its utilization is effective and efficient here within the context of the demographics that we have and the utilization rates that we are seeing.

Maintaining competency is very critical to us — to everybody here — and now that we are over 2,300 MRIs in the territory — originally projected at 1,800 MRIs in the territory — we are close to getting to a tipping point here where we have to probably start extending hours and we have to probably start looking at potentially another MRI technician in the territory versus running the solo model that we do have today. We are not there yet, but we probably will be there within the next few years, and we will continue to monitor that.

Having said that, we do mitigate the wait-lists that we do have, and we do that in several ways. Mostly, it's done through bringing in temporary locum technologists to try to reduce any wait-lists that we do have. As we monitor and see the wait-list starting to increase, we bring in other technologists to help reduce that wait-list. We also bring in technologists in periods of vacancy for the current technician in terms of covering off vacation requests or illnesses or sickness.

To answer the very specific questions about wait times, we actually recently went through a process like that and reduced the non-urgent wait times to 100 days or less — so that's for non-urgent. The urgent requests that go through their triage as very urgent, which I think the member had asked about — our target is seven days, and our actual average is about two days, so they're seen within two days.

Sorry — I don't have the specific answer to how long the very longest urgent request has taken, but I can tell you that, when the triage is urgent, they are, on average, two days or less.

Ms. McLeod: Thank you very much for that answer.

The last time that the witnesses were in, we spoke about the number of MRIs carried out over a day in 2017. It was approximately eight to 10 persons, depending on how many can be fit in on that day.

The witness mentioned at the time that the corporation operates within the national average. I see from the corporation's annual report that the total number of MRI scans has gone up 11 percent since 2017-18. I don't know what that translates into as far as numbers are concerned. How many MRI scans are given in a day currently? Is it still eight to 10? How does the corporation measure among the national average for scans per capita?

Mr. Bilsky: It depends on how we are trying to deal with the load of the request at any given time. A normal day — yes — is probably between eight and 10 scans. It may range higher if necessary.

Having said that, as I just mentioned, if we do decide that we need to work at increased capacity, we will bring in more technologists, or run longer days or potentially more days in a week trying to reduce that. It really depends, and it could end up with more than eight to 10 per day.

Currently, we measure ourselves against — as was mentioned there — how many MRIs per year per 1,000 — per capita per 1,000.

In the most current year, we have increased to 58 per 1,000 population per annum in the territory, which is slightly higher than what you would see across Canada in per capita estimates that we have today. By “slightly higher”, I believe it would be around 50 to 55 in Canada, so we have a slightly higher utilization rate than the rest of Canada, but it has been growing steadily internationally and nationally as far as utilization rates in Canada.

Ms. McLeod: My next question was going to be whether or not you had any plans to increase the services to reduce wait times, but I think you have already answered that for me, so thank you.

I am looking at a graph here — and I have provided the witnesses and the Third Party with it so they know the graph that I’m speaking about — and the document is entitled “Access to Services: 90th percentile summary 2019-20 Q1 Wait times”. I am just going to explain essentially what I see this document saying and ask the witnesses for clarification on some of it so they can walk me through it. This document contains data on wait times for a number of procedures from cardiology all the way up to rheumatology.

Let’s just look at cardiology, for instance. It says that the benchmark is roughly a two-month wait time. It’s difficult to tell, but let’s say that it is two months. It looks like the graph is saying that there were 60 people on the wait-list and that they were waiting at least 16 months. For rheumatology, the benchmark is nine months, yet there are 41 people who have been waiting 40 months for a procedure. I am wondering if the witness can tell me if I am reading these documents correctly, and if so, these numbers and wait times for all these procedures seem somewhat concerning.

I guess let’s start there. Let’s see if I am reading this correctly.

Mr. Bilsky: I appreciate that the member provided the graph just shortly in advance. Just to put the graph in context, the data shown on this graph is specifically only for our visiting specialist clinic here in the territory. The visiting specialist clinic is a clinic that we host — they are rotating clinics that we host here in the territory so that people don’t have to travel Outside. There are a limited number of specialties — only 11 specialties — and obviously, within the health care system, there is a much broader range of specialties available there. These are probably the most highly utilized that we have in the territory. It is not meant to cover off every and all of Yukoners’ needs when it comes to access to specialty services.

Access to specialty services can be delivered in several ways. It actually is a partnership — as far as when it comes to access to specialty services — guided by the Yukon Medical Association organization, the Yukon Hospital Corporation, and

Health and Social Services, and it’s meant to ensure that there is access to these specialty services. It can be delivered in several ways. One way that it can be delivered is through resident specialists, meaning specialists who actually live here, deliver their services here, and are always here.

Currently, that would include specialists such as pediatrics or orthopaedics that we have here. It includes visiting specialists, which you would see on this particular graph, but it also includes medical travel and travel outside the territory to access other specialties, as well as virtual health, or telehealth. There are opportunities to access specialty services in those ways.

What the graph here shows is actually — yes, I believe the member is reading this — but it’s reading one type, one way to access specialty services. It includes the wait time that you would see through the visiting specialist clinic that we have here, as well as the number of people waiting, but that’s not to say that it is the only way that they would receive service. If it was triaged or assessed to be very urgent, there would definitely be the impetus to have that person travel Outside to access those specific specialties.

Having said all that, I also don’t want to understate the fact that we’re very busy; we’re at capacity. We’re definitely bursting at the seams when it comes to our visiting specialists, and our constraint here is basically physical space — to be able to provide in our particular setting that we have within the hospital.

We continue to focus and partner with our government partners — Health and Social Services — to try to provide ways to reduce the wait-lists and provide more access to specialty services. An example of that is, in the past year, ophthalmology cut wait-lists in half and increased the number of cataract surgeries by more than double, and we’re going to continue. We have that tripartite group that I have already mentioned, and we’re working hard to try to figure out how to maintain equitable and fair access to all specialty services.

Ms. McLeod: I have two questions. Is it the hospital’s intention, desire, or goal to bring the time in months that people are waiting down toward the benchmark? If so, understanding that we may never get down to the benchmark, what would the Hospital Corporation require, in terms of resources, to make this happen — aside from space?

Mr. Bilsky: I very much appreciate that question, and the answer to that question is very long and very complex — if you were actually trying to reduce. Again, what I want to say is that we are continuing to work and to create access. It is not necessarily just about reducing these lists; it is about providing access in different forms and different ways. As I already mentioned, that could be resident, that could be visiting, that could be through medical travel and also through other forms of technology that they can access.

As far as continuously trying to reduce, it comes in many, many forms. You know, increase in frequency of visits of visiting specialists, potentially repatriating or creating opportunities for resident specialists to be here, increasing technology, as I said. In certain circumstances where we just cannot sustain critical mass of certain types of specialties, it

will always mean that medical travel is the only way to create access to certain services.

Ms. McLeod: I am going to move on to the topic of chemotherapy. We spoke in 2017 about the recent financial increase of chemotherapy drugs. Can the witness update the House on the cost of chemo drugs as compared to 2017? If there is an increase, can the witness let us know how much was due to an increase in the cost of the drugs and how much is due to an increase in the number of patients?

Mr. Bilsky: Again, just to put chemotherapy in context and cancer care in general in context — cancer treatment in the Yukon has evolved significantly over the past 10 to 15 years. It has evolved from a singular physician compounding and administering drugs — you know, 15 years ago — to the current collaborative care team that consists of four Yukon GPOs with special training in oncology, as well as a significant partnership with the BC Cancer Agency, chemo nurses, dedicated pharmacists here, as well as the cancer care coordinator.

Yes, correct — there is an issue of volume and there is an issue of complexity when it comes to chemo treatment here in the territory. In the last decade, we've seen treatments having better ability to target specific cells and having fewer toxic effects on body organs for better positive outcomes, which is great.

The challenge is that, as people are diagnosed earlier and live longer, it means that treatments are extended and the costs and the volume continue to grow. Again, that's a good thing.

New target therapies and biological medications are becoming increasingly complex. New classes of drugs called agnostic drugs have revolutionized cancer care. These drugs are not cancer-type specific and they may be used in different types of cancer. This is a new type of treatment. It is usually very expensive and it typically costs between \$150,000 and \$200,000 per patient per course of treatment. As I said, essentially, this is a good news story. Early detection improves longevity and longer treatment plans. More lines of therapy are available and more complex and different types of drugs are available at increased costs.

To answer this very specific question, we have seen our drug costs increase — from 2016 to an estimate in 2020, they have nearly doubled, although they have somewhat stabilized in this past year. When I say that they have stabilized from last year in total cost for chemo drugs, our chemo visits though have increased from 2016 from about 827 patient visits to about 910 in the current year — so not a significant amount of patient visits, but the cost per course of treatment has more than doubled.

Ms. McLeod: Thank you for that answer. As the witness has said, when we spoke last in 2017, there was a complement of persons who were dedicated to providing the chemotherapy program, and as the witness has mentioned, there was a nurse and four GP oncologists, a pharmacist, nursing care, and a cancer care coordinator — I guess we could put in there. So, can the witness tell us whether or not, in the last two years, any persons have been added to this program?

Mr. Bilsky: Sorry, Mr. Chair. I didn't actually hear. What was added?

Ms. McLeod: Has there been an increase in staffing in the last two years?

Mr. Bilsky: There has been an increase actually in probably the total dedication of FTEs to this program. It comes in probably a shift of resources in the chemotherapy nurses as well as a dedicated pharmacist. We've dedicated — I believe that we have one chemotherapy nurse who can do dual-purpose chemotherapy as well as a cancer care navigator. That's not necessarily a full new addition to the program; I think that's a partial new addition. Then over the past two, maybe three years, we've dedicated a pharmacist to this program as well.

Ms. McLeod: Has any further consideration or any consideration at all been given to expanding the chemo program into our other two Yukon hospitals? If the Hospital Corporation was prepared to look at that, what would have to be done to make it happen?

Mr. Bilsky: Sorry, Mr. Chair. I didn't quite hear the question.

Ms. McLeod: My question was whether or not the Hospital Corporation has considered or has looked at moving — expanding the chemo program into our two other Yukon hospitals, and if so, what sorts of things would need to happen in order to push those services to rural Yukon?

Mr. Bilsky: Thank you for the question, Mr. Chair. Thanks for repeating it; I appreciate that.

At this point in time, chemotherapy is a very specialized program and it requires some very dedicated and specialized chemotherapy nurses as well as pharmacists to be able to oversee and compound drugs.

At this point in time, there's not a consideration to move that program out into the community hospitals. At this point, to administer it — it would be a complex program to maintain — to have the critical mass to maintain that in the communities.

Ms. McLeod: I'm hoping to have a little bit of a chat about whether or not the Hospital Corporation is looking at being able to deliver radiation treatment at Whitehorse General Hospital — of course, allowing Yukoners to stay here in the territory if they get that kind of treatment.

My question is about whether or not the hospital has looked at this and what might need to happen to make that happen.

Mr. Bilsky: Currently, our understanding is that there are about 40 to 50 patients requiring radiation therapy treatment annually. As with many programs, as I'm sure you can appreciate, which are very specialized, such as radiation, we lack the critical mass to support radiation therapy treatment. Radiation therapy programs are very complex and intense. They require an entire radiation team — probably more complex than chemotherapy cancer treatment, because it includes an oncologist, radiation oncology nurse, medical physicist, and radiation therapist. With the small number of patients in the Yukon — although I fully understand how difficult it is to travel and what kind of an inconvenience — especially with a diagnosis of cancer — how difficult that can be and how great it would be if it was here — it's extremely

difficult to maintain the skill and competency here with the volume of patients that we have.

It would also require the addition — beyond our current CT and MRI, we would have to have specialized CT and MRI units dedicated only to radiation therapy treatment. It's something that we continue to monitor; however, it's not currently a program under consideration by the Yukon Hospital Corporation.

Ms. McLeod: So, the witness mentioned critical mass. What would that number be that would make it much more feasible — understanding that it's going to cost a ton of money. For patient care, what would that number of patients be?

Mr. Bilsky: That's a difficult question to answer. I don't have an answer that would say what that critical mass would be, but I'm fairly certain that it's going to be in the hundreds of patients daily. I mean, these are very, very highly specialized clinics, and there are few of them that you would see, even in more populated cities.

Ms. McLeod: Thank you for that. Does the Hospital Corporation track the cost to send a person out for radiation? I'm wondering if it's costed out in two different ways. Perhaps the hospital tracks and covers the radiation portion of the bill that you're going to get from a southern hospital, and Health and Social Services would cover the medical travel part of it. I just wonder how that financial arrangement works.

Mr. Bilsky: To answer the specific question, the Yukon Hospital Corporation does not track the cost of radiation therapy Outside. As far as administration of the entire cancer treatment, it is obviously a collaborative effort. Our administration component is really about the chemotherapy. Having said that, if there are additional costs for medical travel or reciprocal billing for radiation treatment or any other treatments outside of the territory, that would be tracked, monitored, and delivered through Insured Health — Health and Social Services.

Ms. McLeod: Obviously, we have had some discussions within the territory about the absence of kidney dialysis in the Yukon. Of course, the impacts of the lack of dialysis have a number of implications for the health and well-being of Yukoners living with this acute kidney disease.

Patients requiring hemodialysis, of course, are required to be treated in a facility that is equipped with this equipment as well as specialized staff. Has the Hospital Corporation done any of the preliminary work or research around bringing dialysis treatment to the Yukon? Understanding that there is also that critical mass piece to providing this treatment, do you have an idea of what that number is?

Mr. Bilsky: Again, to put dialysis into context — or renal therapy probably more correctly — there are three types of renal replacement therapy. There is peritoneal dialysis, there is hemodialysis, and there is renal kidney transplant. Obviously, kidney transplant is the last stage of therapy. Peritoneal dialysis and home hemodialysis are currently available in the territory; however, in-centre hemodialysis — and that could be in-hospital or it could be in another clinic outside of the hospital delivered by another agency — is not available in the territory.

To our knowledge today, there is one Yukoner receiving home hemodialysis, and there are nine receiving peritoneal dialysis. Those are different forms of dialysis.

Again, the work that we have done and how we understand it — the BC Provincial Renal Agency guidelines suggest that a threshold of 65 to 75 patients requiring hemodialysis per year would be required in order to support a hemodialysis service in-centre here. It would include needing a resident nephrologist and specialized nursing and equipment, obviously. Again, this is about critical mass.

Initiation of a hemodialysis service in Yukon essentially would be — anything is possible, but it would be a policy decision made by the Yukon government at this point, and I don't believe that the position on that has changed recently.

Ms. McLeod: Is it the corporation that would currently track the number of persons receiving this treatment Outside, or would it be Health and Social Services? If it is the Hospital Corporation, do you know what that number is right now?

Mr. Bilsky: The numbers that I have — and I believe that this would be tracked by Health and Social Services. The current 2019 data that I have is that there are nine patients on peritoneal — I think I mentioned that — one patient on home hemodialysis, and as far as we know, three have relocated to BC in the past year. As of 2019, there are 63 with chronic kidney disease, but they don't necessarily require any type of dialysis or treatment at the moment.

Ms. McLeod: I was going to ask whether or not the Hospital Corporation has had any discussions with the Yukon Hospital Foundation about fundraising on the next big project — as has been done for the MRI and the teaching simulation unit — with regard to bringing dialysis treatment or radiation therapy, but from your previous answers, I am guessing that we don't have the people to support that sort of thing anyway.

Has the Hospital Corporation explored what would be required in terms of staff and equipment for the Watson Lake and Dawson City hospitals to be able to deliver babies?

Mr. Bilsky: At this point, maternity births in each community — the total in the territory — actually are quite steady. I don't know if people know this, but there are approximately 400 to 410 births per year in total in the territory. We are very blessed here — our average length of stay in Whitehorse is what I would consider to be very safe and very steady at 2.5 days.

The challenge that we have with births in communities is that, today, WGH is the only Yukon hospital equipped to do planned deliveries, and that's a risk-management strategy — meaning trying to avoid any adverse events that we may have in birthing.

The feasibility of planned labour and birth in both Watson Lake and Dawson City was considered based on best practice recommendations from the Society of Obstetricians and Gynaecologists of Canada and even taking a look at the current practice in NWT. Really, there isn't a sufficient volume of births at each site per year to maintain competency of maternity care for planned births in those communities. We even utilized benchmarks or looked at benchmarks of consults in NWT of 25 births. To maintain two professionals per year would be

required. We continue to monitor the annual births as they trend. Today, there are approximately 15 to 20 births per year coming from each community — less the 20- to 25-percent non-elective C-sections that are included there. I would estimate that we're at less than half the number of births per community required to do planned deliveries in the communities.

Again, when we talk about risk management in each community, there is no surgical backup for any type of adverse event that may occur in either one of the communities.

Ms. McLeod: Obviously, I think everybody is pretty happy to see that cataract surgeries have doubled, actually, over 2018 to reach 520 this year.

My question would have been to ask what this means as far as wait times are concerned, but if I look at this chart, then I would say that the wait time is now about 16 months. You can correct me if I'm way off the mark there.

Anyway, I want to congratulate the Hospital Corporation for making that happen. Of course, I am sure they did it in conjunction with Health and Social Services as far as some funding is concerned.

I just want to ask a question about the visiting specialist clinic and a question about how many specialists currently visit the territory in the course of a year. How many of these specialists travel to either one of our other Yukon hospitals?

Mr. Bilsky: Just to answer this very specific question, the number of specialties that we host are — there are 11 different specialties. As I mentioned before, the range of specialists in health care is much, much vaster and broader than that. It varies as the number of actual specialists — meaning the number of physicians who fill out that 11 complement — I'm going to estimate that it could range anywhere between 30 and 40.

At this point in time, there are no specialist clinics being hosted in the two communities — Dawson or Watson.

Ms. McLeod: Is this something that the Hospital Corporation would be considering — moving some of these specialists Outside to visit the two hospitals, at least, anytime in the near future?

Mr. Bilsky: I appreciate that question. We do continuously monitor the levels of patients who are having to travel to access specialty services. Certainly, if we were to determine that any of these reached a critical mass that would allow us to be able to do that — again, I couldn't tell you today what that critical mass looks like. It may be a combination of everything from cost to ensuring that we look at convenience to do so for patients, but at this point, we don't have anything.

There are some specialized services that we are planning to start to introduce in the communities, one being pre-op appointments — so having access to an anesthetist in advance. We're starting to access those specialties, potentially through telehealth, as well as access to ultrasound in the communities. We will be starting to do some rotating visits in the two communities for ultrasound. We're expecting that this would avoid hundreds of trips for people in the Dawson area and people in the Watson Lake area to have to come into Whitehorse.

Ms. McLeod: That's good news indeed.

With respect to the current O&M costs of the existing secure medical unit, what are the current number of beds in the unit? When we look at a new secure medical unit, has the Hospital Corporation completed a business case, and has it been submitted to government?

Mr. Bilsky: Just again, to put it in context, the mental health services or the secure medical unit that we currently operate — today, Whitehorse General Hospital has a five-bed plus a two-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. To clarify even more, we do not have a psychiatric program available for any patients requiring specialized assessments or long-term treatment. Those are transferred out of territory, which generally makes up about four percent of the total admissions coming in.

To extend that explanation a bit further, the secure medical unit assessment that we have currently done at Whitehorse General Hospital — the current secure medical unit does exhibit some deficiencies such as safety concerns related to an ability to appropriately zone patient populations, meaning separating maybe aggressive or violent patients from non-violent patients and other overall deficiencies in the types of appropriate patient and staff spaces. It doesn't necessarily mean that it's unsafe; it means that it can be improved.

To answer the question, yes, assessment and planning has been conducted by hospital staff, physicians, and staff from Health and Social Services and Justice and Corrections were involved.

It has started to create a foundation for a recommendation that has gone forward to government. Right now, that recommendation includes the development of the second-floor shell space above the new emergency department. The development that is proposed is to build out a 12-bed unit, although initially, eight beds are to be operationalized, and four would be roughly shelled in and ready to be quickly stood up when needed.

The improvements that we're seeking here are meant to improve the healing environment, improve recognition and respect for First Nation needs and culture, support safer activities and services that are currently provided off-site, reducing the need for patients to move and reducing risk, and most definitely improving the physical space for safety for patients and staff being able to segregate staff, zoning areas, and things like that.

Obviously, this is a key part of our continued development in advancing forward, and it's also an important key part in our overall bed strategy, as this new secure medical unit would vacate existing space and then that would be converted into additional general inpatient bed space for us.

As I have mentioned, we worked with Health and Social Services on this project already. It is for consideration in front of government right now, but it has not been agreed nor committed to nor approved. We're working to see if we can move forward with this.

Ms. McLeod: When did the Hospital Corporation present this request or the proposal to the government?

Mr. Bilsky: I apologize, Mr. Chair. I didn't hear that question.

Ms. McLeod: My question was about when the proposal went to government for consideration.

Mr. Bilsky: As I've mentioned, informally, we've been working on this over several months with the Department of Health and Social Services. It was presented to the department — I would say in September — for formal consideration at that point in time.

Ms. McLeod: Has the corporation received any indication of when they might expect an answer or a commitment from the government?

Hon. Ms. Frost: Thank you, Mr. Speaker. With respect to the secure medical unit at Whitehorse General Hospital, perhaps I can respond to that, given that project clearly needs to go through a budgetary process and the collaboration that we — working with the Hospital Corporation. So, putting in a bit of context, the secure medical unit and the shell space that was there and built historically by the — I guess it was designed by the previous government when the new emergency units were put in with no consideration really around what that space was to entail — so it hasn't been in discussion since September. We've been having this discussion, I think, since the new emergency units have opened up and that was really to start speaking about: What are we going to do to address some of the bed pressures?

Now, we've taken some initiatives to alleviate some of those pressures — and that was to clearly look at the re-enablement unit — open up some spaces at the hospital — so eliminating some pressures and then clearly looking at the current secure unit that's there right now.

The point that was made earlier — I mean, we're clearly looking at bringing in psychiatric supports. We now have, I believe, three specialists coming on in the next little while. So that has been budgeted for, and that was done in collaboration with the hospital. When we talk about a secure medical unit, that will take some time given that we've seen some pressures, but we also need to work collaboratively together.

I just want to note that it's not just the hospital or Health and Social Services. We have a working group that has taken some internal looks and review at the complexity of that unit but also at the need for a unit like this.

Ms. McLeod: I appreciate the comments from the minister. I think she really just confirmed what Mr. Bilsky had previously told us — that they had been working on this for a number of months or longer and that indeed the project went to government in September.

The question was about when the Hospital Corporation might expect to hear a response from government — and yes, we all know it has to go through a budgetary process, so are we looking at this hitting the budget for — the budget that will be presented for debate in March — I guess that is kind of my question. I'm looking at a little bit of timing. I understand that maybe — I don't know who wants to answer that one.

Mr. Bilsky: Specifically, no, we don't have any firm time on this and I would say that it's a continuous work in progress and it does involve many other parties other than just us and Health and Social Services. It's an integral part of the entire health system, to be sure. With that, I can say that we don't have firm timing of it as far as any response.

Ms. McLeod: Thank you for that. At this point, does the Hospital Corporation have an estimated cost for the new unit?

Mr. Bilsky: As we had planned it — and, again, this is our estimate, and it is a very high-level estimate based on a functional plan and what I would call a conceptual design, so these are not detailed designs. There is work yet to be done with other partners that we have in the system to determine exactly what this might look like, but it is in the range of \$17 million in capital costs and a potential of \$2 million to \$2.5 million in annual operating costs to move forward with what we have conceptualized at this point in time — but, again, no commitment to do so. It would take a significant amount of detailed planning to actually refine those numbers.

Ms. McLeod: Excellent.

In the government's five-year capital concept, there is money for operating room expansion. My question would be whether or not the Hospital Corporation has completed a business case, has it been submitted to government, and/or has it been approved?

Mr. Bilsky: I am sorry, Mr. Chair. I think the question was about operating room expansion.

Just one moment, please, if you don't mind, Mr. Chair.

I am probably going to break this down into two components. There has been some long-term planning, and when I say "long-term", we are looking out 25 years as to what surgical services might look like in the territory. That long-term planning has come up with some priorities and definitely some concepts of what surgical services might look like, predicated both on demographics as well as on any type of expansion of services that we might have in the territory.

Having said that, it is very long-term planning that we might have, and I don't think that this is what is being considered in what the member is asking.

So, to break that down, we have actually proceeded with some — what I would call shorter term or medium-term operating hub or surgical service improvements. The improvement of the existing surgical services area in Whitehorse General Hospital was identified as a priority in a needs assessment in 2016-17. Because of the Whitehorse General expansion project overall, it provided resources to support a basic level of renovation to vacate spaces, such as the former emergency department, which were adjacent to the surgical services area. This has helped to address some immediate needs that we had and provided improved spaces to better support existing operating rooms and related supported services.

What it did for us was — first, it allowed us to increase the capacity of our surgical services in the department. This was essentially done by creating a third operating room. It's smaller in size and it doesn't have the full capability, but what it allowed us to do was decant some scoping procedures out of

the main ORs into this smaller room, and it increased our overall capacity. Also, what it allowed us to do was to improve patient flow by developing more appropriate waiting spaces. It also increased storage space for the supply of equipment. It also increased our central sterile reprocessing areas. This is where things move from being dirty to being processed, sterile, and clean again. It also allowed us to have a dedicated post-anesthetic recovery area and dedicated resources.

As far as we're concerned, these improvements were necessary. They allow us to go through the process of the full assessment of long-term planning for surgical services in the future, and they allow us several years to allow that planning process to continue as we look forward 20 and 25 years.

Mr. Gillen: Mr. Chair, I would like to make a comment on that topic, if I may. Almost every area of Whitehorse General Hospital is directly impacted by the operating room situations, because increased surgeries may mean more pressure on nursing, pressure on support services, bed availability, equipment, supplies, as well as our ability to provide post-operative recovery and the necessary occupational and physiotherapy services for the patients.

We have already started to grow one element of our surgical services, and that's orthopaedic surgery. As you may know, we now have two orthopaedic surgeons in Whitehorse. The most recent one was a Yukoner born and bred in Whitehorse who is now working in our hospital. Forty years ago when our population was around 17,000, we had two ORs. Now our population is close to 40,000, and we still have the same two ORs, so something needs to happen along there.

As I said, we have started to grow. Orthopaedic surgery — knees and other joints — is one area that we have expanded and continue to expand.

Last year, we performed over 475 orthopaedic surgeries, a 25-percent increase over the previous year. What is more — we were able to keep over 100 Yukoners for treatment in Whitehorse rather than them having to go Outside.

OR staff is — we are starting to get pressures. We are starting to get large pressures, and we have to figure out a way to better serve the surgical needs.

Ms. McLeod: Would it be fair to say, then, that a new operating room in its entirety, I guess — I think the word I'm looking for is "expansion". So, is a new operating room to accommodate this growing population on the radar in the shorter term rather than a 20-year window?

Mr. Bilsky: If I understand the question correctly — and I'm probably going to repeat myself here — we have conducted long-term planning related to the future long-term needs of surgical services. By that, I mean that we are looking forward 20 years to what the long-term needs are. That means that, as we move forward to meeting those long-term needs, we would end up with a large and complex project that would probably take five to seven years to basically gestate — to come to fruition — to meet the needs over the next — my estimate of 20 years. It requires comprehensive stakeholder involvement to ensure that it appropriately meets the needs of Yukoners and care providers and the funders' requirements.

As I said, we have completed what we think is a needs assessment. It's a very high-level, functional service program with engagement internally of surgeons and other physicians, surgical nursing, and support staff. Having said that, as I mentioned, this would be a very large and long-term plan that would take many years to get to detailed work on.

Ms. McLeod: I thank the witness for that clarification.

Moving on a bit, we have been hearing from some folks about the hospital chapel. Apparently, this has always been located in the atrium across from the old emergency room and has been relocated to a room upstairs. Folks tell us that it is not a dedicated room and that it's not really appropriate for use as a chapel because it's a storage room.

So, the question is whether or not the chapel will be re-established either in its previous location or in a newer location — but established as a chapel nonetheless.

Mr. Bilsky: As I think the chair has mentioned — and I may have mentioned already — space is at an extreme premium within the hospital, and that means using every square foot that we have as best we can in an optimized way.

There was a dedicated chapel on the main floor. Through our assessment, the number of hours that it was currently being utilized required that we had to find additional other uses — or at least multi-purpose some of that space. So, on a short-term basis on an interim basis, yes, the chapel has been moved to a different room. It's not actually a storage space. It was another multi-purpose meeting room, and it does have other uses. It is not yet determined exactly where the chapel space will land permanently. I can't tell you whether it will be a permanently dedicated space, but I think it would be prudent for us as an organization to use all of the resources that we have to their fullest advantage. I think the chapel space will be an appropriate space as a chapel, but it may not be a dedicated space in the end.

Ms. McLeod: Thank you for that clarification.

I just want to have a chat about some bed pressures. In 2017 when we spoke about this, there was considerable concern in the community around the issue of bed pressures. It was obviously hoped that the opening of Whistle Bend Place would reduce that bed pressure at the hospital. I would like the witness to tell us if that has been successful in reducing that bed pressure. How often is the hospital at capacity? How does that compare to the pressures that we were having in 2017?

Mr. Bilsky: I appreciate the question. Yes, definitely, there is no doubt that our system is continuously pressurized — not just the hospital, but all facets, I think, of the health care system.

To that end, on a daily basis, our hospital staff — and I applaud our hospital staff and our partners Outside in continuing care and home care for the hard work they do, because it is a daily effort to work together to aggressively manage hospital utilization. I think we all agree that our intent here is about ensuring that patients and clients receive the right care in the right setting all the time. That is a constant patient flow management issue that they are dealing with.

There are times when the hospital is overcapacity. It's most important for us here at Yukon Hospital that we maintain the

ability to provide acute care and ensure that patients are, as I said, in the right place at the right time and transition through settings that are most appropriate for their care. To answer the very specific question, our average occupancy, most recently — by most recently, I mean in the past eight months — has been between 90- and 100-percent occupancy. This compares to the prior calendar year and probably even the past three years where we were seeing an average of between 100 and 110 percent — somewhere in that neighbourhood.

That really meant, over the past several years, that probably more than one-half of the days, we were at over 100-percent occupancy, with no bed available. Today, we're probably down to less than maybe a third or less of being 100-percent full, which is a significant improvement, and we continue to try to improve that.

To put it in context, hospital-full challenges in the Yukon mirror those that you will see all across the country, and it will require continuous effort and work to continue to move this forward. We're actively working to monitor and improve the discharge process, utilize all hospital beds in our system, and improve the health system capacity and support for patient care in the right place with our government partners overall.

Ms. McLeod: I thank the witness for that update. I am running a little bit out of time, because I will have to turn this over to my colleague from Takhini-Kopper King, but I just have a few questions about the finances.

Last year, we know that the hospital didn't get enough money from government to cover costs until after the end of the fiscal year. According to the information we were provided by the Department of Health and Social Services during briefings on this year's budget, the government said that \$2.8 million requested by the Hospital Corporation in period 4 last year wasn't given to the hospital until this new fiscal year — this year.

So, considering that there is no funding for Health and Social Services in the supplementary budget that we are currently debating, we are wondering if that is something that is going to reoccur this year. So, did the hospital ask for any additional funding for the upcoming period 4, and if so, how much?

Mr. Bilsky: I can't speak to the budgeting process of government and I will have to leave that to government to answer that question. But, at this point in time, the Yukon Hospital Corporation has a balanced budget for 2019-20 based on a pending decision that we have outstanding for escalation through our core funding and some additional funding to make up for other anomalies in the funding process, such as an orthopaedic program that we have established and also some changes to out-of-territory and out-of-country patient revenue rates that have been established.

What I can tell you is that, at this point in time, we are essentially considering that the pending decision would flow through — we would be essentially on budget for this year to date and we are projecting to try to maintain that balanced budget through year-end.

Ms. McLeod: It begs the question, of course: How much is the current request before government?

Mr. Bilsky: As I mentioned, we don't necessarily have a current request in front of government when it comes to the budget. We had set a budget early in the year, and we are, right now, looking at making sure that core funding has been established in its entirety. We look at core funding and other funding which makes up — about 83 percent of our total funding comes from government. I believe that it is over \$72 million as far as total core funding.

Ms. McLeod: Obviously, that leaves me with a bunch of questions, but I don't think that I am going to get my answers here today.

I want to thank the witnesses for their time today. I must tell you — and I hope you pass this on to your staff — that people who I talk to are absolutely happy with the services that they are receiving from the Hospital Corporation, so thank you for that. With that, I am going to turn this over to my colleague.

Ms. White: I thank my colleague, the Member for Watson Lake, for that.

Our office contacted the Hospital Corporation ahead of time in the hope of giving some advanced warning for some answers. In the recently tabled Hospital Corporation document, it says that there were 32,500 emergency room visits. Mr. Chair — no surprise to you — I have been trying to figure out how much it costs to walk in the doors of the emergency room — not in the doors of the waiting room, but to walk through those doors into the emergency room. What is the cost of a basic walk-in visit to the emergency room? I understand that everything else will be additional; I just want to know what the cost is of a human being getting checked into the emergency room.

Mr. Bilsky: The comments are correct as far as — in 2018-19, we held steady at probably around 32,500 visits that were coming in. We are trending probably over 33,000 visits. There is a steady increase in the number of visits that we are seeing. Both community hospitals do a great job — in Watson Lake and Dawson City — at between 2,500 and 2,800 ED visits.

Having said that though, it's very, very difficult to estimate the cost per visit, because the complexity of every visit varies per visit. Costs for ED visits for all the facilities and the overall operating expenses will vary from case to case as each requires a different time to assess and treat and they have different supports, such as lab and imaging, and different supplies and different equipment that are involved.

We continue to review patient feedback on the number of visits, wait times and acuity as several of the primary means of evaluating the effectiveness and efficiency of the emergency department. That is our primary concern: access to care and making sure that the effectiveness and efficiency meets the needs of Yukoners. It is not that we are not conscious of cost; it's that we don't look at cost per case because it varies so much.

Ms. White: The reason I'm asking is that there is a report that has come out of the Hospital Corporation that says that 60 percent of emergency room visits are not emergencies. So, I'm looking for a base.

I understand that everything will be added on top of it, but there must be a number. There must be some kind calculation

that one can say that someone entering the emergency room — without imaging, without anything; just being taken into a room waiting to see either a nurse or a doctor — there must be a base cost. What I'm asking for is: Is there an estimated number — before we add any additional services — of a human being sitting down in one of the emergency room rooms?

Mr. Bilsky: I think, as I've already mentioned, we don't cost — we don't have a per-case cost flowing through the emergency department, but to maybe address some of the comments about acuity flowing through and what's being said there, I would probably estimate — not dissimilar to what's being said there — that there is estimated to be probably 40 to 50 percent lower acuity versus high acuity moving through the ED at any given time.

Having said that, that doesn't mean that these are inappropriate visits to the ED. What that really means is that's an indication of how patients would be triaged and possibly how long they might wait and what services that they're being provided within the ED — meaning lower acuity are going to wait longer and higher acuity are going to take priority as they move through the emergency department. Yes, some of this is predicated on the fact of what's available in communities as far as alternate services.

Our true estimate of what I would expect and what we see as visits that should alternatively be seen somewhere else other than an emergency department is somewhere between five and 10 percent. Examples of those would be typical prescription refills or maybe possibly IV treatment that could be provided somewhere else.

Again, I understand the request to have some sort of baseline estimate, but our concern is primarily about ensuring that we have acute care access for, I would say, the 90 percent of people who present — the 90 to 95 percent of people who present and ensuring that they're triaged appropriately and that they are receiving the care that they deserve.

Ms. White: It wasn't a challenge to the service or to the level of care being offered at the hospital. It's merely referencing reports that have come out of the Hospital Corporation. I guess I'm curious as to how the information then gets shared with the Canadian Institute for Health Information — a national organization that collects information and then puts it into easily digestible packages to understand.

I'm just trying to figure out — we know the transfer monies. It is also in the same report that I referenced. There is a table, and it has the — I'm just looking for the table now. I think it was 84 percent of the money that runs the Hospital Corporation is transferred from the government. In the documents that I referenced about the 60 percent of visits that were not emergency — that is a report that I could also find to bring in.

I'm just trying to figure out, if that's the case — we know that there's a doctor shortage. We know that we don't have nurse practitioners working in clinics in town. We know that there's one in Mayo, which is fantastic. The official mentioned being able to get IV treatment elsewhere, but we know, for example — recently, there was a senior who was kept in

hospital to get IV treatment, because they couldn't access it in Whistle Bend, which is a continuing care facility.

So, I'm just trying to figure out how these all work. I'm going to continue asking how much an emergency room visit costs, and I'll leave it for today — but I did call ahead of time, so it shouldn't have been a surprise that I was going to ask for a number.

Last year, when the witnesses were here, there was a hope — a great hope, actually — that, with the opening of the Whistle Bend continuing care facility, we would have a lot more available bed space than we have. The witness just said that we're between 90 and 100 percent capacity. I would just like to know what the trend is. How come our bed pressures are still so high? Because really, what we had been told often is that it was that there were seniors who were just waiting for a continuing care facility, and then that transfer was going to happen, and it should be easier.

I just wanted to know if we could talk a bit about the current bed pressures, what we saw when Whistle Bend continuing care facility opened, and if there is any end in sight to the pressures that we're currently facing.

Mr. Bilsky: I thank the member for the question. Factors such as the opening of Whistle Bend — and in particular, I think you're probably talking more about alternative care level patients or patients who do not require acute care — meaning not in hospital — are only one component of occupancy or utilization of the system.

Factors such as the opening of the Whistle Bend respite and re-enablement program — which was initiated by government — the unit at the Thomson Centre, and the daily process for transition and patient flow and planning, including continuing care and home care, have all had a positive effect, I would say, on the ALC burden in particular that we have seen at YHC.

As a result, the ALC pressures at YHC have improved to approximately 10 percent in the first six months of this calendar year, meaning that about 10 percent of our total bed days are ALC patients. That is in contrast to several days previous to this and previous to an aggressive effort with, for example, the home first program, respite and re-enablement, and Whistle Bend itself where we were seeing days that were more like 25, 30, and 35 percent of our beds being utilized. Even more importantly to us, these patients — clients — are in environments where their care is — and I don't mean that the hospital provides bad care — it is more appropriate for what they are doing and it is better care for them. They are not exposed to risk in a hospital. They are not in a situation where they are decompensating because they are not receiving the type of socialization or program that they should receive somewhere else.

We have also seen a significant decrease in the number of days or the average length of stay that any particular ALC is in hospital for — less than 30 days on average versus before when it was significantly higher than that — which is an important thing for us to keep in mind, because as people spend time in hospital, it is much more difficult for them to move out of our institution. So, we will continue to focus on decreasing the

number of ALC patients in hospital. It's important to us. The high percentage of ALC patients pressurize the acute care system and it makes it challenging for us to ensure that acute care is available for everybody. It is, without doubt, that ALC patients who no longer require hospital care — it is both expensive for them to be in hospital and it exposes them to risk — as I said, functional decline and increased risk of an adverse event.

Thankfully, we continue to work with Health and Social Services on this — and patient flow has been relatively efficient and effective — and in trying to move this forward. It can always be improved, that is for sure.

As I think I have already mentioned, though, this occupancy and system utilization isn't just a factor of ALC; it is also a factor of acuity in the system — meaning the presentation of acuity and how many people have to be hospitalized. We can't avoid that fact — with the demographics, with the population, as we continue to age, as the demographics continue to require more and more acute care in our system. So, that will continue to creep, and it has continued to creep.

As I think I mentioned earlier, we have improved from continuously being over 100 percent to being, on average, around 90 percent or so. As an example, today was 89 percent occupancy. It can fluctuate within a day, but it's certainly better to have that extra 10 to 15 percent that we did not have before — and that had an impact on things such as people staying in the emergency department for longer when they should be admitted to a bed or to deferring surgeries. Both of those statistics that we maintain have declined significantly from several years ago.

Ms. White: How many days — I have the report that goes to March 31, 2018 — has the hospital been fully at capacity? I am not sure if we call them “stays” or “days”, but how many times have people had to stay in the emergency room as opposed to being moved out?

Just as a clarification, Mr. Chair — I am sure that you know this — the ALC is an alternate level of care. As a non-medical person, I just had to look that up because I wasn't sure what the ALC abbreviation meant, but “alternate level of care” is what that means.

Hon. Ms. Frost: Just for reference, I think that the question is a fair question, but I just want to make a note that we are working through Health and Social Services with the hospital very closely to address some of the bed pressures. We have worked quite closely with our continuing care facilities ensuring that the clients who are there and who really shouldn't be at the hospital are appropriately placed in our continuing care facilities.

Not so many months ago, we opened the 10-bed re-enablement unit at the Thomson Centre, and that provided significant relief for the hospital as well. So, we are working together on trying to alleviate the pressures. I just wanted to make that note because, as we look at the aging-in-place plan, rather than having clients referred to long-term care at the hospital after post-operative surgeries, they would enter the re-enablement unit. We work with the Yukon Housing

Corporation and the staff for the home care programs. There is lots of collaboration happening around addressing continued pressures.

Chair: Did you have something to add, Mr. Bilsky?

Mr. Bilsky: I think that I would have to ask for a repeat of the question to make sure that I address it properly.

Ms. White: My very specific question for the Hospital Corporation was: How many days was it over capacity? How many stays have been in the emergency room? I am not sure if you calculate it by number of nights — because it could be more than 365. I am just trying to figure out where we are with those numbers.

Mr. Bilsky: To answer the first part of that question as far as being over capacity, I think that I had mentioned earlier that, prior to this year — so I would say back into 2018 and prior for several years — for more than one half of our days — so over 50 percent of our total days — we were at 100-percent full or greater. Hopefully, that will answer the first part of the question.

The second part of the question about the number of days being spent in ED — what we actually track is the number of patients who have to actually overnight in ED when they should be admitted or have access to a bed. That has also declined — probably in that same period of time — to probably about half of what it used to be. So, we're less than two — about 1.8 or 1.9, on average patients are having to stay in ED overnight and sometimes zero, sometimes a little bit more than that, but on average it's about 1.9 patients who are waiting because we don't have a bed to admit them to. They are still receiving care. They are in the emergency department, but they are not admitted directly into an inpatient bed because it is not available.

Ms. White: I appreciate that we're talking about previously — 2018 and ahead of time when it was easily 30-percent overcapacity on a regular basis. I was asking for current numbers.

Mr. Bilsky: I apologize if I wasn't clear, but those were current numbers. As of today, on average, we're seeing about 1.9 patients per day who are being held in the ED and waiting for a bed. As of currently, today, about 30 percent of days reach, at some point in time in the day, 100-percent capacity.

Ms. White: I thank you for the clarification.

You mentioned before that there are five beds in the secure medical unit, and there are two rooms. It's my understanding that the secured unit — and I think the witness mentioned a bit that the two rooms are used in case there is escalating behaviour and someone needs to be in a more secure space. I have heard concerns that those two rooms at different times have actually not been empty when there have been five people in the secured wing, and I just wanted to know what that number is — whether we look at the year for 365 or where we are currently with that number today.

Mr. Bilsky: I'm sorry. I don't have the information about the occupancy of those two particular secure rooms and when they're not available.

Ms. White: I just highlight it as a concern — just having had conversations with folks.

Last year when the witness was here, we talked about the clinical simulation centre. A big congratulations to the Hospital Corporation for opening something that's super complicated. I don't really understand it, but I know it's very exciting.

This is the ability to have real-life simulations on very unattractive manikins, but they can show really complicated health issues. It's controlled by a technician — that is my understanding — from outside of the room. I just wanted to know how that was going, what kind of training days we're seeing in there, what our hopeful capacity is, and what that looks like so far.

Mr. Gillen: The questioner is correct. Several months ago, we opened a state-of-the-art training facility at Whitehorse General Hospital. The funds for that were raised over a two-year period by the Yukon Hospital Foundation. Approximately \$1 million was raised for that.

It will expand the skills and capacity of staff physicians and other health centre providers who work in and with our hospitals, such as paramedics, home care, continuing care, community nurses, et cetera.

The centre is outfitted with equipment and patient-like manikins that are computer-controlled and allow our health team to work as a team by practising and preparing for real-life scenarios that can happen at different stages. These manikins talk, make noises, make rude noises, scream, yell — all this stuff.

We have also been able to place two of these training manikins in each of the community hospitals so that staff there can refresh and update skills as needed. To date, we have run a number of simulations, including caring for trauma patients in the OR, extremely ill pediatric patients, and a patient requiring care after an overdose. In December, we'll be hosting a special two-day anesthesia simulation for our physicians and nurses.

I mentioned pediatric patients. In the centre in Whitehorse, we have MamaSim, who is pregnant, father sim, baby sim, and teenager sim, so we can do all stages of life. We can have a doctor practising to do an appendectomy and somebody pushes a button, something goes wrong, and the doctor has to be quick on his feet and solve that problem. It gives the doctors and our nurses a great opportunity to practice in advance to keep their skills up.

It's not just for hospital staff. As I said, community nurses, paramedics, and continuing care people are all able to benefit from this. I was reading last week that these simulation clinics are very common in Europe. In fact, the four major teaching hospitals in Ireland have centres in each of them, and they train their undergraduate doctors on these things. They actually have a thing called SimWars where there are actual competitions with trophies between medical teams to determine who can manage best to control the issues that the manikins are presenting.

We are very proud of our Clinical Simulation Centre. When it was first proposed, I wasn't a great supporter of it. I am now totally sold and committed to it. I think it will stop our nurses and our people having to sit and read books or go Outside for training. They can get real and practical training on the job in Whitehorse.

Ms. White: For a minute there, I veered off thinking about how terrifying it would be to see these simulation manikins — the photo on the Yukon hospital website is enough to cool my blood — thinking of them having crises at the same time.

Mr. Gillen: If you would like a tour, we can arrange that.

Ms. White: I am totally going to get a tour.

One of the questions that I have is — we just talked about how other community partners could also have the opportunity for training there. I just want to know how the Hospital Corporation plans to extend simulation services to community partners, understanding that there is a limited amount of space.

Mr. Bilsky: That is an excellent question. We have always planned, from the beginning, with the intent of certain principles — that what we want to do has to be multi-agency or inter-agency dependent. We know that the health system isn't just the hospital. There are so many people who are involved, as my chair has mentioned — EMS or mine rescue or other agencies are examples. It is essentially one integrated system, so one of the principles has been about it being inter-agency and also multidisciplinary, meaning multiple professions involved. Portability is another one of the principles that we wanted to ensure is upheld through this.

We have established the sim-based learning program. I would say that it is currently in its infancy stages. It is a program that we want to have a long-term plan for, meaning: How do we engage further with partners? How do we make this more portable? How do we extend it out to communities, if possible? Some of that has yet to be determined. We have just gone through a planning process internally to take a look at how we might continue to evolve that over the next couple of years. That may include evolving the space that is being used. We don't know that for sure right now, but we do know that we have begun this, and it's going to be an integral part of our education, training, and how we will keep skills and competencies for all of our professionals and supports — the partners that we do have.

Ms. White: I guess, when trying to understand how all this works out, my understanding is that — well, I guess I should ask the question. Do we have visiting radiologists who come to the territory? If they do, how often do they come, and how long are they here for?

Mr. Bilsky: Yes, there are visiting radiologists who come to the territory when necessary and they are specifically to attend to procedures that require a radiologist involved with a diagnostic medical imaging procedure that is necessary. Having said that, we also use an Outside agency that reads images and interprets tests Outside — so there is a vast amount of that which happens. Specifically, and I am sure that it varies — as much as the radiologist is here — they are usually here for a week to two weeks, intermittently, at a time, but we do not have a resident radiologist in the territory.

Ms. White: Is the sim room able to be used when there is a radiologist in town?

Mr. Bilsky: I think I understand the line of questioning a little bit better now. There is a piece of the sim room, which is actually the smaller — it is about the size of a large bathroom,

I would say — that is used for observation of the main sim room, and that is a shared space between medical imaging and the simulation area. At this point in time, it is a shared space, so it means coordination of scheduling for when potentially it is being used by medical imaging or potentially when it is being used for the simulation efforts.

Ms. White: So, does that mean that those two things can't happen at the same time?

Mr. Bilsky: It does essentially mean, Mr. Chair, that those two things cannot happen at the same time, but neither of them are 24/7 instances — meaning that the simulation centre is not running 24/7 and neither is the use of that by medical imaging, so it is a scheduling issue. I think that I have already gone to great lengths about how space is always at a premium within the hospital, and here is another example of how we are trying to make best use of the space that we do have and optimize that.

How it moves forward in the future is yet to be determined, and we will continue to monitor. If it gets to a point where either is untenable, we will have to continue to re-address that and to deal with it.

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

We had WCB appear earlier this week and one of things we had asked about was whether or not the referral system had increased from the WCB side for the MRI usage, and they said that it had.

I was wondering if the Hospital Corporation could give us an idea of what those numbers were in the calendar year. I know we talked about how, looking into the future, we may need to look at a second technician. If they could also let us know how often the MRI is running — so whether it's 9:00 to 5:00, Monday through Friday — or what that kind of scheduling looks like.

Mr. Bilsky: Sorry, I missed the very last piece of the question, as I was looking for some information.

Ms. White: Scheduling of MRI.

Mr. Bilsky: Yeah, I mean, the Yukon Hospital Corporation continues to work with WCB to maximize the use of local services for WCB clients where possible. It was a concerted effort that we made probably more than a year ago. Today, I am pleased to say that most WCB scans that are required are performed in-territory. There still may be instances where WCB patients are required to have those scans outside of the territory, but it's usually because they're in conjunction with other specialized services that they need outside the territory, not just a specific scan or other service that can't be provided here.

Just to give you some statistics: in 2018-19, we probably doubled the number that we were performing for WCB patients here to probably 60. We're estimating probably 70 here in the territory this year for WCB patients. Again, they're expedited and triaged accordingly.

As far as we know, we believe that there are probably in the neighbourhood of about 10 that go outside of the territory and again those are for reasons that we can't provide all the services that we need here. Probably, the estimate is 80 percent of all WCB MRIs are now performed in-territory whereas,

before, maybe 40 or 30 percent were being performed in-territory.

Ms. White: Just to get an idea, so Outside, for example, it would be a fee for service — so what's the cost recovery? Is there a fee that is charged to WCB or is there a percentage or how does that work out between the two organizations?

Mr. Bilsky: It is a fee for service that's being charged for WCB. I don't know the exact rate and I'm sure that it varies per the different type of test that is being performed. But I do believe, if I were to estimate here, that it would be between \$1,000 and \$1,500 per test that's being performed. That's my estimate.

Ms. White: That's a great relationship to have then between the two entities in the Yukon.

We know within Yukon government that there are bonus schemes for upper management. I just wanted to know if the hospital does bonuses for year-end and how they're calculated and, for example, what levels of positions would receive those bonuses.

Mr. Bilsky: We do have a system of pay-for-performance within our hospitals that apply to non-unionized, or excluded, employees within the system not uncommon with what you would see with any hospital or any organization that works under pay-for-performance, so there is a base salary that's included which is available to each and every excluded employee. That base salary is based on market rate as well as the pay-for-performance, which is included in that market rate.

To be very specific, pay-for-performance works in a system in which your performance appraisal, your expectations, are set, your performance appraisals are met or not met, and from that perspective, you're going to be allowed a higher or lower pay based on your performance, and that can range anywhere from one to six percent of your base salary depending on performance.

Obviously, somebody who vastly exceeds expectations and outperforms is going to be higher on that scale, and somebody who doesn't perform is going to be much lower on that scale. Again, all within the context — if it's a market-based compensation system that includes a component of base salary as well as pay-for-performance — and also part of that market-based compensation package would include all other benefits such as health and dental and pension and everything like that.

Ms. White: I was wondering if the witnesses could speak to the staffing model that is currently used by the Yukon Hospital Corporation compared to previous staffing models, and then how did strategies evolve since the 2000s? Again, how does Yukon Hospital Corporation hope to review and assess staffing needs and staffing strategies in the upcoming years?

Mr. Bilsky: Just to clarify that question — I am going to assume that we may be talking about nursing staffing models versus all general staffing models?

Ms. White: Correct; I did mean nursing staffing.

Mr. Bilsky: Mr. Chair, if it's okay, I will try to keep this as brief as I can, although I think the answer to this question is quite long.

We continue to review and revise nursing and clinical staff models to optimize the level of care and maximize the scope

and skill mix of various nurses, nursing, and related professions within hospitals. Our goal here is to ensure that we have the right person who is providing the right care and having each and every professional within our organization feeling safe and confidently doing the work at the highest skill possible within their profession.

Our models have been predominantly to use RNs and LPNs. Having said that, through some reassessments, we've really been working toward diversifying the skill mix and, as I said, moving that skill mix to the highest level that they possibly can be within the scope they have, which means that we have added health care aids that have been employed and are being employed in Yukon Hospital Corporation as well as advanced care paramedics who are recently being employed in Watson Lake to help solve some challenges that exist there.

If you would like me to speak specifically about nursing models, it really does differ per unit. The nursing/patient ratios that we try to maintain — the percentage of RNs and LPNs that we have — it can range anywhere from one-on-one nursing care for the sickest patients to probably generally — and that is where you might be looking at one nurse to five patients in more of the general units who are not in intensive care. It really differs. As I said, we continuously review the nursing model.

I might speak just a little bit — if I could, quickly — about where we see nursing going in the future and how that's being shaped possibly nationally and even locally with some of the shortages. In particular, human health care resource constraints are among many pressures that we face within our hospital systems, and we're no different from the rest of Canada in this. One-third of our staff resources are nurses and our operations require many specially trained nurses. There's a national shortage that's currently underway and is increasing as we speak. The Canadian Nurses Association projects that there will be a shortage of over 60,000 nurses in Canada by 2022, which is right around the corner.

As nursing becomes more specialized and standards of care change and models of care change, this shortage will continue to impact us. Aside from general nursing staff, we require specially trained nurses in areas such as the intensive care unit, surgical, OR, pediatrics, et cetera. Despite these challenges, and while these vacancies still exist in YHC, we have been very successful in adding nursing resources and other clinical supports across the organization.

Maybe to address some of the specifics of the question, we have a model currently that is RN-based. It includes over 250 staffing nurses, but as I said, we are looking to really expand that. We have added 12.5 nursing positions over the last year. That includes areas such as permanent surgical recovery nurses, maternity nurses, float-pool nurses, and a clinical nurse educator. As I have already mentioned, we are continuing to add within our skill mix and those examples include increasing the number of LPNs who are currently being engaged, as well as advanced care paramedics. To be more specific on those two, advanced care paramedics have expanded scope and they can be used in emergency settings, such as in Watson Lake and Dawson City, to help relieve nursing shortages that we see there.

An added benefit of LPNs and HCAs is that it creates more opportunities for locally trained skilled health professionals here in the territory — that means people from communities who are educated — I was going to say Yukon College, but maybe now I can say Yukon University — locally here and from the communities, so there is an appetite here for retention, recruitment, and building skills and capabilities.

In short — and I know it's not a very short answer — we are continually reviewing the skill mix and the nursing models that we have in the territory. I am proud to say that we have never had a curtailment of service even though we have had some significant challenges. Those challenges are both in-territory and influenced out-of-territory nationally. We are very proud to say that we have been able to maintain services to date and we continue to forecast that into the future.

Mr. Gillen: We mentioned earlier that the space in Whitehorse General is at a premium. We are constantly challenged to find space to do certain things. We are also constantly challenged about nurses. As Mr. Bilsky mentioned, the pressures with the national shortage coming down the way — we are not immune to that; it is going to hit us. We are trying to be very creative in finding nurses to deal with those situations. We have started working with the Department of Health and Social Services on a joint strategy to attract nurses to the territory. We have written to various hospitals in Alberta where there is a lot of discontent among the nursing confraternity about the possibility of their relief staff coming up to Yukon to work for short periods of time.

We are doing what we can; we are trying very hard to make sure we have enough nurses available. Mr. Bilsky mentioned that we haven't had to curtail services yet. That is true, but you just have to do an Internet search or read the paper, and you would find out that Williams Lake maternity had to close their doors for three or four months. Fort Nelson had to close their maternity wards. I believe it was Chilliwack or Abbotsford that had to close because of a shortage of maternity nurses.

Those places have other hospitals within a couple of hundred kilometres — we don't. It's just that the pressures on our nursing resources are constant and nationwide, and we're not immune to them, but we are trying our best to solve them.

Ms. White: What's the turnover rate for nurses currently?

Mr. Gillen: I'm sorry?

Ms. White: I know that one of the challenges that we speak about with all these things — and I thank both the witnesses for their many examples — but one of the concerns is that in a high-stress, high-pressure situation, people go on sick leave or they change professions. What is the turnover rate for nurses in the territory?

Mr. Bilsky: The turnover rate for nursing over the last two years was approximately 15 percent. To our knowledge, this is about four percent below the national average. But still, we believe this obviously disproportionately has a negative effect on an operation as small as ours in the territory.

Ms. White: The nursing aides — are they permanent staff or are they contract employees?

Mr. Bilsky: Aides — nursing aides?

Ms. White: Sorry, Mr. Chair. I wrote down NA, and I thought that was right. We talked about how there were nurses on the floor and they are being supported by — I thought it was nursing aides — the wrong word, but if they could help me figure out what I'm looking for.

Mr. Bilsky: Sorry, Mr. Chair. I believe — I could be wrong; I'm going to take a stab at this one, but you may be referring to health care attendants or health care aides — HCAs.

At this point, we're introducing HCAs into our organization. We have hired casual aides at this point in time, but the intent is to integrate full-time HCAs into our organization as we move forward, even as casuals; yes, they are employees of our organization.

Ms. White: Thanks for the help with that. How many nurse practitioners are currently employed by the Hospital Corporation?

Mr. Bilsky: Definitely, the answer — I could agree on the short answer. The exact answer is that currently we employ — we don't employ nurse practitioners within our facilities under the Yukon Hospital Corporation. Having said that, definitely, the Minister of Health and Social Services has prioritized the advancement of collaborative care models as a priority. Options do exist for NPs working within YHC facilities as privileged practitioners within the system — that is either working in a primary care clinic or working as an employee of another organization. Current NPs engaged in primary care models may attend patients in hospital and provisions for NPs have been made through the medical staff bylaws that we have within our organization.

Specifically, within hospitals though — as I mentioned, we don't have any current employees, but we could have employees and have had MPs work within our system. It really depends on the requirements of the role that we're looking to fill. As employees in certain positions, nurse practitioner qualifications may be the best to fulfill leadership or project positions with YHC. As I said, we will continue to employ and have employed them in the past depending on the qualifications of the position.

I will continue to seek the inclusion of NPs in our workforce and we will continue to develop care models according with their skills and competencies as they're required.

Ms. White: So, currently none, but there is the possibility — which is a relief.

One of the things that had happened between last year when the witnesses were here to now is that microbiology labs have all been sent south to St. Paul's Hospital in Vancouver. I wanted to know how specimens are being picked up from both Dawson City and Watson Lake and how they are being transported to Whitehorse and then shipped Outside.

I also want to add a question there about laundry pressure. It's my understanding that the hospital in Whitehorse no longer uses mattress covers and part of the reason is that there is a lot of pressure on the laundry. So, I would like to know about microbiology and I would like to know about laundry pressures.

Mr. Bilsky: I'll first address microbiology, hopefully in a holistic fashion. Yes, there were changes made that occurred

in October 2018. More than a year has passed now of consolidation of some of the microbiology sampling that has occurred and that consolidation that happened with St. Paul's in Vancouver — a larger and much more sophisticated lab than what we have here. This was to address ongoing and unresolved quality concerns that we had in meeting increasing and evolving standards.

Again — not to digress, but to go back — based on lengthy analysis and consultation, it was determined that we lacked critical mass in sustaining some of the specialized competencies in the Yukon at that time and that we probably could not reach that. What I can say is that, based on several periods of post-implementation reviews, the consolidation of microbiology under St. Paul's Providence Health Care has improved the quality of microbiology services and maintained an acceptable turnaround time with an extremely low sample rejection rate.

To speak specifically about some of the transport mechanisms that are being used — it really depends. We use commercial transport mechanisms with both the community hospitals. It could be by air; it could be by ground. Obviously, air has been a challenge with Watson Lake over periods of time — less so with Dawson City.

One important initiative that we undertook through this whole process was that, through some technology that we were able to use, we were able to stabilize the samples that are being transferred from the community hospitals — which means that when a sample is taken, we can actually institute certain mechanisms and chemistry so that the samples are much more stabilized and they can make it through transport. Then, when it really comes down to the transport time, it may seem like the transport time has increased, but in reality, because the processing time and the reporting time have been decreased, that ensures that the overall turnaround time has either been approved or acceptable in all cases. That is also on top of the fact that the quality and the rejections are less — the quality is improved and the rejection of samples has been less than it was before.

The second part of the question, I believe, was about laundry. I am not aware of laundry pressures that we might have and not being able to service the laundry needs that we do have. We operate an excellent facility and have a fantastic group of employees in our environmental services who have a certain clinical standard that we need to meet. As far as I am aware, we continue to meet that standard both in terms of the quality of the laundry that we have and in terms of the turnaround time or the need for laundry to be able to be in the right place at the right time — again, I think that's through an excellent team who we have working there.

Ms. White: Just really quickly before we say goodbye to the witnesses — it wasn't a criticism of staff; it never is a criticism of staff. I'm sure that they are phenomenal. It was mostly why we stopped using mattress pads.

But, with that, the time is the time. It is the end, so I just want to thank the witnesses for coming in and for, of course, the conversation.

Mr. Chair, seeing the time, I move that you report progress.

Chair: Are there any further questions for the witnesses?

Hon. Ms. Frost: I just wanted to take a moment to acknowledge the two senior executives from the Hospital Corporation — Brian and Jason — and for them coming today and taking the time out to respond to the questions. I appreciate your presence. Thank you.

Hon. Mr. Silver: I hope that the witnesses join us at the BAH Humbug Festival of Trees cocktail party in the main administration building right after we get out of here.

Chair: The witnesses are now excused.

Witnesses excused

Chair: The time is now 5:30 p.m. The time designated for the appearance of witnesses pursuant to Committee of the Whole Motion No. 3 has now expired. The Chair shall therefore thank Brian Gillen, chair of Yukon Hospital Corporation Board of Trustees, and Jason Bilsky, chief executive officer of the Yukon Hospital Corporation, for appearing as witnesses today.

The Chair shall now rise and report to the House.

Speaker resumes the Chair

Speaker: I will now call the House to order.

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

Chair's report

Mr. Hutton: Mr. Speaker, Committee of the Whole has considered Bill No. 200, entitled *Second Appropriation Act 2019-20*, and directed me to report progress.

Also, pursuant to Committee of the Whole Motion No. 3, witnesses appeared before Committee of the Whole today to answer questions 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.

The time being 5:32 p.m., this House now stands adjourned until 1:00 p.m. on Monday.

The House adjourned at 5:32 p.m.

The following document was filed November 21, 2019:

34-3-25

Changes to Canadian Broadcasting Corporation services and Central Stores and Queen's Printer Agency, letter re (dated November 20, 2019) from Stacey Hassard, Leader of the Official Opposition, to Sandy Silver, Premier (Hassard)