Standing Committee on Public Accounts, Independent Officers and Other Entities' Review of the 2017 Report of the Auditor General of Canada on Health Care Services in Nunayut

Iqaluit, Nunavut May 11, 2017

Members Present:

Tony Akoak

Pat Angnakak, Chair

Joe Enook

David Joanasie

Simeon Mikkungwak

Paul Okalik

Emiliano Qirngnuq

Allan Rumbolt

Alexander Sammurtok

Tom Sammurtok, Co-Chair

Isaac Shooyook

Staff Members:

Stephen Innuksuk

Karen Aglukark

Interpreters:

Gwen Angulalik

Andrew Dialla

Allen Maghagak

Philip Paneak

James Panioyak

Blandina Tulugarjuk

Witnesses:

Chris D'Arcy, Deputy Minister of Executive and Intergovernmental

Affairs

Gary Dickson, Q.C.

Elaine Keenan Bengts, Information and Privacy Commissioner

Colleen Stockley, Deputy Minister of

Health

Jessica Young, Manager of Access to Information and Protection of Privacy

Öσ ₫٩₫₫%

<^C <150 b56, Δ676 C56

4 Vo

 $C\nabla \theta_c
downarrow C$

7LD& Lb&A14

<c ⊳p⊂de

᠘ᠮᠸᢦᠴ᠙ᡥᢞᠳ

⟨ر۰ ۲۶۰

4C61-0 4LJ9096

 $\dot{C}^L \ L^{L}_{Sb}_{Sb}, \ \Delta^b 2 P C P^5 P C P L^{5b}$

۵۵۲۶ کنوه

Δ %ba Δ \flat % $\dot{\cap}$ C:

 70° Δ

Par arypepe

JYŻc:

ا∆⁴ ۵ئاذر⊸

200 ¿C°Þ

JC LHJU

&C< <Q<0.5°

5ΔΓ2 <σD5%

<د°اُم کےأن^ہرہ

4^{6}

dn' Ċ', Γσ'C>< Ͻ'-C4

᠂᠘᠆᠐᠙᠘ᠳ᠘᠘᠘᠘

ቦላሲ በ^Ს\°, LᠸᲡ^ናፚላ^ናºበ

Pogaral Colombian Pogar

᠊ᢆᡆᠳᡐᢐᡎ᠘ᢞᡎᢗᠫᠸᡙᠣᡲ᠘ᢗ

⁵ አ[™], ⟨▷८ºΩ⟩ ጋ\ʔበኄ⁰™በናበσኄ]ና

ᡖᡒᡘᡏᠦᢛ᠐ᢗᠵ᠋ᡳᡄᡳᢙᡕ᠋᠆ᢇ

Dennis Stavrou, Executive Director of Iqaluit Health Services

>>Committee commenced at 8:59

Chairperson (Ms. Angnakak): Good morning, everyone. Welcome back on this fine sunny day we have here in Iqaluit.

Before we continue with our line of questioning, I would like to turn the mic over to Ms. Stockley, who has some clarifications to make from yesterday's discussions. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. The first piece of information that I would like to share with the Standing Committee is the number of communities that are already now on the MEDITECH system. The total is 13 now. It changes quite frequently, so I apologize for giving the wrong number yesterday and I'll just go through those if it's okay.

Arviat is now hooked up; Baker Lake, Cambridge Bay, Cape Dorset, Gjoa Haven, Igloolik, Iqaluit, Kimmirut, Kugluktuk, Naujaat, Pangnirtung, Pond Inlet, and Rankin Inlet. The next one scheduled for next month is Clyde River. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Thank you very much for that clarification. Just to inform the Members here, we're going to be using our own briefing documentation as a guide and we are going to be going today from page 23 to 38, and we're hoping to wrap up by noon hopefully today. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Madam Chairperson, and good morning. My first question this morning will be for the Office of the Privacy Commissioner.

Co' rĊÞÞ, DPJ45012LL5 A5b250 d'54652502CL5136 A202020

>>bNL/\^\d5b\JC 8:59-\(\)

 Δ የታዊኦር% (ላናሲ የኮ%)(ጋኒት በሀና): ኦ ትር የሀናን አም ተመመ ነው። ኦ ትር የሀር አም ተመመው ነው። አመ ተመመው ነው። አመ ተመመው ነው። አመ ተመመው ነው። አመ ተ

/Ċ•C (ጋኒትበJና): 'dታ°a广^{*}, Δ^{\$}/

/グ°C (ጋኒትበJና): 'dታ°a广^{*}, Δ^{\$}/

/%°C^{\$}/^{*}^{*} Ȱa Δ

Δ^{*}/*
Δα

- Δ^{*}/*
-

4°6\4° L°α 4°C∩°+'LC°+'D°+, °bLσ°D4°+, Δ°bΔ°C'D°N4°+, Ρ°*'UΔ°, Δ°*'A°+'D°+, Δ°Δ-σ°+, Δ°bΔΔ°, Ρ°Γ7°, °d°Δ°+D°+, αΡ'+'C, <°σ°+'D°+, Γ°NLCσ°+, 4°L 6°+'P°+C'σ°+, Λ)°CPσ4°Γ4°+ C°+'PPσ4°+DΓ 6°+'P°+ΔİΛ°+, °d+'P°αΕ΄+, Δ°+'P°+DC°+.

Δካ/«ኦር። (Ͻʹͱληυί): 'dϧ·αϳ·, Γ΄ γʹϲ·ϲ. 'dϧ·αϳʹ;ϥϤ[™] ϽΡγα[™]γʹ͵»[™] Ϥ^ͱL_→ Lϲυϲϧ[™]Λ[°] Ͻʹʹ[™]Λ[°]ϽLσϤ^{*}Γϧ[™] ΠΛ[™]bϧ[°] ϤϽʹσϤ_Λ«ϧ[°]. Ϲ[°]α ϽΡͿϤϨΠΓ_→Λ[™]d ϧ[°]→Γ Ͱ[®]Λ[™]Ͻυ[™] 23-Γ ΛΓϤ[°]→Ϳ 23Γ[°]-28Ϳ[°], Ϥ[∗]L_→ Ϸ[°]→Γ 'dċσ[™]bΔ Λϧʹ[†]σϤ[™]>Ϳ[°]. Γ[°]C [°]ς[°].

On page 38 of your report you indicate that the draft documents that you had discovered included various references to implied consent, despite the fact that there is currently no provision in Nunavut's legislation for implied consent and that "consent, when it is required, must be written express consent." What was the context in which these draft documents made references to implied consent? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. Thank you for the question, particularly because I would like to correct an error in my report. Consent, when necessary, must be explicit. It can be either in writing but it can also be oral consent, but it must be explicit consent.

The question was how the implied consent came to be in these documents. I certainly didn't write them, so I don't know why they were concentrated on implied consent. I can guess that the reason that implied consent became the focus in those documents is because almost all health privacy legislation in Canada is based on implied consent. That's another one of the reasons we need our own standalone Health Information Act.

Because of the way information flows in the health system, implied consent really is the only logical, effective, and efficient way for the exchange of information. Under the *Access to Information and Protection of Privacy Act*, the flow of information, if the Act were followed on a day-to-day basis, would be far more restricted than it is now.

Does that answer your question?

L^bΛ^bDl^b 38-Γ Þσ^bÖ^cσ Þ^sb^b'Ll&^c CΔ^bdd '/%^cσ^bC^c Δασ^sbPcD^sLC, Δ^bΓ^b'ΔαΓ^b Δασ^cb^bDΓ^b L^aα ααβ^lΓ Lσl^sσ^b CΔLΔ^cDΓ^b Δασ^cb^bDΓ^b ΛC^sb^b^bΓ^lL^c. Δ^bΓ^bC^c Č^aα CCΠ^b'L^ldσ^b ΔΠσΡλλασ^b P^c«Δ^bσ^c ΠΠ^bbσ^b Δ^bΓς/Γ^aαλ>PC^c^b? ^cdf^b, Δ^b/«PČ^c^b.

Δ•ሃ<>C% (ጋጎ,>∩J^c): ቫታ°ሲ፫⁶, Γ¹C ና¹>^c. Γ¹ ቮሲ° <Δ⁴1.

βα° <Δ° (ϽʹͱΛΟυ΄): 'ϭͿϧ·αϳ·, ΔϧϒϘϷϾʹͼ ϤͰͿ ʹϭͿϧ·αϳ· ϹͰ·α ϤΛͼͿΟΓͿϧ·σ. Ϲ·ͰͼϧͰͰͿ· Ϸϭͼϳϲ Ϲ·ͰͼϧͰͰͿ· ΛϹͼϧ;ϲ. Ϥͼϧͼϲ, Ͼͼα ϭͼϭϤϗϲͿͼϧͰͰͿͼ αμαδωτις ΟΛασ ΠηςͼϧͰμμ Ϸͼϗ϶ͼ ϷͿϼϷ Αͼρασ ΠηςͼϧͰμς δερκου Αμασ ΠηςͼϧͰμς δος Πηςͼϧ

Ċ°a 40°σ%
 d°a
 d°a
 b°da%
 ca°a
 b°da%
 chota
 ca°a
 ca°a
 ca°a
 ca°a
 cao
 ₽⊳≫∿Ს₺∆?

Chairperson: Thank you, Ms. Keenan Bengts. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Madam Chairperson. I thank her for the response. I'm just curious: during the course of your audit, did you find any policies, directives, or procedures that are currently being used by the hospital that allow or promote the use of implied consent? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. Most of the policies that are applicable within the hospital are not polices created by the hospital. In fact and maybe Mr. Dickson may correct me, but I don't think that we found any policies that actually referred to consent at all. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Madam Chairperson. Now I would like to ask the Department of Health officials a question. Can you tell us if the hospital has a specific policy, procedure, or directive in place to guide employees on the requirements for receiving patient consent? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. No, not that I'm aware of. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.

Δዮ/«ኦር» (ጋኒአρηυς): የ<mark></mark>የታ°αΓό, Γ^ι, Ρ΄α° <Δ°ι. Γ'ς ςι'>^c.

Δ•ሃ<>C% (ጋጎ,>∩J^c): ቫታ°ሲ፫⁶, Γ¹C ና¹>^c. Γ¹ ቮሲ° <Δ⁴1.

ና፡>ና (ጋኒት∩J^c): የປታ^aα Γ^b, Δ^b/ «Ρ^c^c^b.

ἀ^aσ (^ab^aα^a)^c (^ac
Δ⁶/40C% (ጋ^ί,2∩J^c): የ<mark></mark>የታ⁶ሲ፫⁶, Γ¹ር ና¹>^c. Γ¹

ረዕ- (ጋኒትጠታና): የ<mark></mark>የታት ሲቮ^ቴ, Δ^ቴ/ペ▷ርና^ቴ. ፭^ቴሁ, የዕ▷ትLታ^ቴሪ ር. የ<mark></mark>የታት ሲቮ^ቴ, Δ^ቴ/ペ▷ርና^ቴ.

Δ⁶/ペレር% (ጋጎ, ዶበህና): የ<mark></mark><mark>ሪ</mark> የፊ ፫ የ, Γ ነ ረር የር. Γ ነር

Mr. Rumbolt: Thank you, Madam Chairperson. Again my question is for the health officials. I think my next question may have been touched on previously and, if it has, I apologize.

On page 39 of the report that was tabled, the Information and Privacy Commissioner states that "the Assistant Deputy Minister advises that she intends to arrange for a detailed review of the earlier documents relating to a future electronic health record as well as the nine directives." Has your department begun the review and, if so, when do you anticipate this review will be completed? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. The directives that are mentioned in the commissioner's report are the ones that I read out yesterday. There are actually seven now that will be tabled as soon as they are through translation. That's just a formality to get them done so that we can continue with our work on updating them. That's where we will certainly be involved with the commissioner. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Madam Chairperson. Again for the Department of Health officials. How many positions are included in your department's Health Records Division? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.

ና፡>፡ (ጋ\ትበJ፡): 'dታ°ሲቮ›, Δºሃ᠙ኦርʹ¹፡. ፭°σ፭′ኔካኄ²°⁴°Cጋ፫ሊት³ዕ° ዾ^C /፫. ኦሲ ፭ለ¹⁸dበቦσ፭¹⁸Cና Δ^LL¹8 σ^CCኦበቦታኦCኦ¹⁸ጋ¹⁸, σ^CCኦበቦታኦ/Lዊሶ¹⁸< LΓ፭<>⁸U.

Δ৬/ペレር% (ጋጎ,ዶበJ^c): የ<mark></mark>ሪታ°<mark></mark>۵፫⁶, Γ^رC ዓ². Γ^ر /Ċ⁶C.

Δ⁶/40)ር% (ጋጎ,2በህ^c): የ<mark></mark>የታ°<u>α</u>፫⁶, Γ¹, /ር⁶/_C. Γ¹/_C

Δ•/<>C* (ጋጎ.\\)': የ<mark></mark> የታ^{*} ፈቮ•, Γ^{*}ር ና[‡]>^c. Γ^{*} / ር[†]ር.

Ms. Stockley: Thank you, Madam Chairperson. I don't have the number on the top of my head. I will get it and get back to you. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Madam Chairperson. What specific types of training are employees required to take in order to work in your department's Health Records Division? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. It's mainly on-the-job training. Many of the people who work in Health Records are local hires. Many of them are beneficiaries. We have instituted some very specific protocols with regard to health records.

We have developed an office access protocol and now access to the office is controlled by an access card. I'm sure it will please the commissioner to learn. An access rights list has been developed. Employees of the health information management office and Iqaluit Health Services senior leaders, which includes the executive director and directors as well as nursing managers, have access to ensure due diligence in protecting that information while allowing for access to the information when it's necessary for the purposes of delivery of care.

When people come, existing staff in Health Records and anyone who comes to work in Health Records are advised of that policy and it has to be followed. Thank **/'Ċ•C** (ጋ፟\ትበJˤ): 'dሃ°쇼广ᡃ, Δሃ'<₽Ċጐ, ፞፞፞ሷ\₽በጐቦ^c ለ/L°ጐቦርᡃb ጋየ/JL Þ'bÞበፚ፞፞፞፞፞፞፞፞፞፞፞፟፟፟ዾኯ፟^c, Δሃ'<₽Ċጐ.

Δ⁶/ペレር% (ጋኒትበJና): የ<mark></mark>ժታ°ሲቮ⁶, Γ¹ር ና¹>^c. Γ¹ /Ċ⁶ \subset .

ረ'ር• $_{\mathbf{C}}$ (ጋኒትበJና): 'dታ° $_{\mathbf{C}}$ ι້ $_{\mathbf{V}}$, ΔΦ/ $_{\mathbf{C}}$ Ος $_{\mathbf{V}}$. Δ $_{\mathbf{C}}$ ° $_{\mathbf{V}}$ 4% Δ $_{\mathbf{V}}$ 6% Δ $_{\mathbf{V}}$ 7% Δ $_{\mathbf{V}}$ 7% Δ 0% Δ

you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Madam Chairperson. Just one final question. On page 41 of the report the Information and Privacy Commissioner states that she "found stacks of patient files sitting on unattended desks" during the course of her audit.

What types of training does your department provide to hospital staff to inform them of privacy best practices? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. Again, it's an on-the-job type of training that is provided on orientation with periodic updates through directives coming from the department and newsletters and updates shared with staff. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. My first question is for the Information and Privacy Commissioner. In your report you recommend that the hospital "develop a comprehensive plan including a deadline, to complete the conversion of paper records to digital format including undertaking a security assessment of the process and the Meditech system." In your view what elements would be included in this type of "security assessment"? Thank you, Madam Chairperson.

 Δ 6760 \dot{C} 76.

ና-> (ጋጎ.>∩J·): 'dታ° ሲ፫', Δº/᠙▷፫¹.

የህ'፫'³'<'

Lº/\¹*› Δ1-Γ ▷dሲσ ▷σºὑσ^c

ԵΓ/ሲ ▷'⁰'³'/L√'

<Δ'<'σϳ¹* Δሷ፫\¹* Δά፫\
<Δ'<'dበ¹/°σ^c Ľσ'ኂ√σ⁰ Cdር▷'L^c.

 $\label{eq:continuity} \begin{array}{ll} \text{$^{\text{th}}\Delta^{\text{c}}\sigma^{\text{c}}\Delta^{\text{th}}\sigma^{\text{th}}$

Δ⁶/ペレር% (ጋ^ί/ትበJ^c): ^ናdታ⁶a. ቮ⁶, Γ¹C ና¹>^c. Γ¹/C⁶c.

Chairperson (interpretation): Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. I was waiting for the translation.

We have paper records which are inherently less secure than electronic records. With electronic records, with a proper system, you can know who looks at any record at any time for what purpose. With paper records you can't. With electronic records you can control who has access to the records. With paper records it's far more difficult to do that.

We were told that there were no complete records. The physician treating or the nurses treating needed to have access to both the MEDITECH and the paper record at the same time in order to have the whole medical picture for any particular patient. The best case scenario is that all of that information is in one spot on the computer where it could be seen.

The problem is if you have ever been in the medical records offices, there are so many paper records. It will take time. It will take effort. Do we put everything into the electronic record? Do we pick and choose what we put in the electronic record? How do we ensure that when the paper version is converted to electronic, it has all of the exact same information? How do we make sure that the right information is going on the right patient file?

There are all sorts of land mines in the way when you translate the paper records to the electronic records. That said, it has to be done at some point. Thank you.

Chairperson: Thank you, Ms. Keenan

Δካ «ኦር»: የ<mark></mark> የታ° ሷ ፫ ካ, Γ ነር Γ ቦ ^ው ህ ላ ነካ. Γ ነ ሶ ሲ [°] < ፊ ^ኣነ.

 $<\Delta <<$ 'C Ld4 LowPNCPowhapithle for the point of the property
P/do CALA') C. Tod' or 78°,
blad or 26° or 400 or 4

CAL^aa, CLA^cd^aa^le <A<<ö+color 'b5\D>'J4\n\cDn'dn'. P74\to CALA\bda\n'dn'd ACD\bbCD<'C4\n\adci. 'd>\ac\bbCD\cd'. 'd>\ac\bbCD\cd'.

ΔΥΥΟΡΟΎ(ϽʹλΡΩΙς): ΫͿϧ·ͼͺϹʹϧ, Γ΄ Ρ΄ͼͺ·

Bengts. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you, Madam Chairperson. (interpretation ends) Again to the privacy commissioner. Based on your findings, what would be a practical deadline by which the department can be expected to complete the conversion of paper records to digital format? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. I think that's probably a question better answered by the Department of Health.

It's a matter of resources. It's a matter of knowing whether the MEDITECH system is adequate to the job. Our review of the MEDITECH system was really very cursory. We don't know of the limitations. We don't know whether it's being fully used. We don't know whether it has enough of the bells and whistles necessary to do that.

In my report what I say, we need to have a date certain. It's going to take years no matter what, I think, just because of the volume of paper records and the work that's going to be needed to do that. I think there should be a deadline in mind as opposed to "It's going to be done some time in the future and it will get done when it gets done." Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Keenan Bengts. Ms. Stockley, would you like to answer that question? Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. We anticipate there will be a

 $<\Delta^{%}$. $\Gamma^{\}$ C Γ P $^{\circ}$ %J $^{\%}$.

ΓΡ°*ህ⊲*: L'a, Δ⁶ΗΔ</br>

b°*ህa⁵⁶フーへσ⁵1⁵ bΓγa1⁵ γσ, Ċ⁶dd ϽΡγυ⁶ρ⁵

Lσ⁵2)⁶ δ°0 <Δ<<<<<

Δσβ⁵⁶δ°0 Cρσα⁵⁶<

Λγά⁵⁶C⁵⁶ασβ⁵⁶C</br>

Λγά⁵⁶C⁵⁶ασβ⁵⁶C</br>

Λγά⁵⁶C⁵⁶ασβ⁵⁶C</br>

Λγά⁵⁶C⁵⁶ασβ⁵⁶C</br>

γους συσματικώς

γους συ

Δካ/ペレር% (ጋጎ,ኦበJ^c): ^ናd৮°ሲቮ⁶, ୮^៶C ୮ዖ°°ህ፭⁶. Γ[\] ቮሲ° <Δ°[\].

ቮሴ° <△[%] (ጋኳትበሀና): የ<mark></mark>የታኈሲቮካ, Δካፖペኮርጐ. Δ¹L¹b ርጐዉ ሷጐታላየካናዉጐየቦጋርጢትካያጐ የኦኦኦ<< ለኦታካላ አውፈጭጋጭ.

 4° ጎሀ\>> σ 4 $^{\circ}$ ጋ° Δ 2 $^{\circ}$ ^°2 $^{\circ}$. > Δ 9 $^{\circ}$ 2 $^{\circ}$ 4 $^{\circ}$ 2 $^{\circ}$ 4 $^{\circ}$ 5 $^{\circ}$ 5 $^{\circ}$ 6 $^{\circ}$ 6 $^{\circ}$ 7 $^{\circ}$ 7 $^{\circ}$ 8 $^{\circ}$ 9 $^{\circ}$

Δ⁶/ペÞርና⁶: ^ናdታ⁶αϳ⁶, Γ⁵ Ρ΄α⁶ <Δ⁶5. Γ⁵ /ር⁶C, Γ⁶α ΡΡΓϤΡ<u>Ε</u>ΙΤΑ (?)

transition period of up to five years as we move toward the electronic record. What we're doing right now is the electronic health record stores the most recent and relevant history on the patient, with the paper files having the historical history.

Once we get everybody onto the system, which again we anticipate will happen by December of 2017, we will be well on our way to being able to meet those deadlines that would mitigate the commissioner's concern. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. My question is again directed to the privacy commissioner. (interpretation ends) Are you aware of any specific security risks associated with transferring paper records into digital format? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. I think I'm going to pass this one to Mr. Dickson, who has been involved in that sort of transition in the past. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.

Mr. Dickson: Thank you for the question. A couple of observations. The first one is that there's both a privacy risk and there's also a treatment risk. If we expect physicians and nurses to have the most upto-date information on you as a patient when you're in the hospital receiving treatment, it's important that all be

Δካ/ペኦር% (ጋጎ,አበህ^c): ፕሬታ°ሲ፫^b, ୮՝ ፖር^bሮ. Γ^c ΓΡ°ህላ%.

ΓΡ° ህ⊲[®]: L`aʿ → Ϥ&[®], Δ[®]ΗΔ
C°[®]b → 6°[®]b.
C°[®]b → 6°[®]b.
C°[®]b → 6°°b.
C°[®]b → 6°°b.
C°°b.
<

Δ•ሃ<>C° (ጋጎ,>∩J^c): ^ናd৮° ሲቮ^b, Γ^cC ΓΡ° ህረ^c. Γ^c ቮሲ° <Δ°^c.

ῥα° <Δ°ν (ϽʹͱϒΛͿʹ): የϭͰ° αΓ˙, ΔͼͰʹϘϷϹʹͼ. Γʹ Πͼʹʹ϶ͺͿͼʹϳͼ ϽϭϭϤϚͼͿ, CΔLΔʹϽϲʹΛͼϧ·ϹͼͱͰͿϲ ϤϭͿͼͰͿϥϭͼ. ͼͿͰͼͺ ΔͼͰʹϘϷϹʹͼ.

Δ৬/᠙▷ርጭ (Ͻ^ϳ∖ዶ⋂Ϳ^ϲ): ჼdታ°Ⴍ፫^Ⴊ, Γ^៶ Ῥሲ° <Δ[‰]. Γ^៶Ϲ በ^ϧ៶[°].

available and readily available to you. The prospect of having to not only go through the MEDITECH system but then also have to search for the paper file, there are certainly risks in terms of service.

On the privacy side, the Canadian Association of Health Informatics produced a guide for electronic health records. They have a section specifically devoted to the transfer of going from a hybrid record system, such as you have in the hospital here, to an all-electronic system. They identify the risks. The chief risk is simply that if there isn't a bit of an audit going on as you do the transition from paper to electronic, the prospect of things being missed and the prospect of errors, and so it's important not only that you have a deadline but there be a good system of oversight and an audit provision.

That's why we referenced in the report the 2013 guidelines for the protection of personal health information from COACH, which is the official national organization for people who work in the area of what's known as health informatics, which is all of the things that we're talking about in the report. Thank you.

Chairperson: Thank you, Mr. Dickson. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Madam Chairperson. Transferring to the Department of Health officials. As it is made pretty evident, there are a large number of volumes of files that have to been transferred. What specific monitoring does your department undertake to ensure that hospital staff are adhering to their obligations under the *Access to Information and Protection of*

ΔΔ°ΔΡ°C>ΠΓ4Δ°ά_¿Γ4°6°4
 ἀ°σ4&ς4°6°6°4
 ἀμεςρ» <Δ<<<
 ἐμεςρ» <Δ<<<
 ἐμεςρ»
 C∆64< βΦCL βΟγλέβ∪ιμος $P_{P} = P_{P} + P_{P$ 40%CP6CP6a5L6iC. 6665 4ρ°ċ%ηςρ%ς?%α°L%ic <Δ<<Γ'ΩΔ° 5651071 ΔCD56CA22 Q1L50C $4C^{\Gamma}$ $a \rightarrow a \Delta^{\varsigma_b} \supset \Delta \wedge L \wedge C^{\varsigma}$ ᠫ᠘᠘ᡏᡆᠻᠣ᠘ᠳᢠᡬ᠘ᢆᡧᡰᢆᢣᡎᢗᢥ $CrFebAF4ebAPebCPebCC_{e}UrFC$ $\nabla \nabla pq$ 40° 1° $1^{$ $PPCD45D\Delta^{\circ}a^{\circ}P45b^{\circ}D\sigma_{-}$ ᠫᠬᢗᠵ᠙ᡶᡊᠫᠻ᠐᠘ᢏ᠘ᡧ᠙᠙᠘᠘᠘᠙᠙᠘᠘᠘᠘ 4-L_> 566-CT&C CLL667La6766_45L66C 5

CΔbdd 2013-Γ° ÞσbcdΓσbr° ΔιΓίblob \>>>\land \delta \color \delta
Δ⁶/ペレር% (ጋ^ί\¿\חט^c): ¹d\b^a\cd^b, Γ¹C በ⁶\abla^a. Γ¹C Γρ^a\bd<a>b</sub>d<a>b</sub>. Γ¹C

Privacy Act and privacy best practices? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. There's a scanning and archiving component of the electronic health record and that allows for paper records to be digitized and transferred to the electronic health record. The processes that support that transfer are being followed. This is an important component of our relationship and partnership with Canada Health Infoway. They're very involved in our rollout of the electronic health record and of us getting to the goal of getting everybody hooked up with the electronic record and getting information onto the electronic health record. Thank vou. Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Madam Chairperson. A question again to the health official. When you're talking about this hybrid system and scanning hardcopy documents and files into the MEDITECH system, is there a backup system in place with this MEDITECH system, a hybrid system, for it to be fail-safe? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. There is a backup system available that is followed and used in place. When I talked about a hybrid system yesterday, I was trying to give information that the system that Nunavut is rolling out in partnership with Canada **Δ•/<>C™** (ጋⁱ∖2∩J^c): ^ናd৮°௳广, Γ′С ΓР°°ህ<%. Γ′ /Ċ゚Ⴀ.

/Ċ∘C (ϽʹͱϒͿͿ): Ϥʹ϶ϒϹϷʹͽϹϷʹͽϹΛͺϤʹͽʹʹ· <Δʹ<ʹσͼ Ϥʹ϶ϹϷϒͿͿʹ, ʹͽϛʹϧϷ϶ͺϳʹͼϹϷʹϹϲʹͼϭʹ Ϥʹ϶ϹϷʹͼϹϷʹ϶Ϳϻ. ϹΔͰΔʹϽʹ ϤϷʹϲʹͼʹϹϷʹϟͶʹ·Γʹ ϤϽϤͿΔʹ Ͱϲʹ·ϹϷʹͶϤʹͼϽϪʹ, ϧϽʹͱϒͿͶʹϧʹϧϾʹϹͺϹ ϧͼͺϹϲʹͰΓ ϽʹϧϹͰʹϟͶϲʹϧͰϧϧʹͼʹϧϲͺϹΔͼͿϤʹʹϧϷϧͰϲϧʹϧ·ʹͶϤʹͼϽʹ ϹͰͼͿϭʹʹͰͺʹϧϛʹϧϷϧͰͰΓͺͰʹʹΔϼϲʹͰʹϛʹ϶ʹϼͺͺͼʹͼϧʹ· ϽʹϯͿͼʹͶʹͼϲʹʹϧϷϧͰͰΓͺͰʹʹΔϼϲʹͰʹϛʹϧʹϼͺͺͼʹϧʹϧ ϽʹͼͿΔʹϧ·ϲʹʹϧͺʹϧϛʹϧϽϧʹϧʹϲʹ ϽʹͼͿΔʹϧ·ϲʹʹϧͼʹϧϧϧʹͿϲ. ʹϥϧʹϧͺͺʹϧͰϒͺϷϹʹͼ.

**Δ⁶/'
(**ጋጎ\A\\)'): የሀታ°ዺ፫⁶, ፫⁵ / ፫⁶/-. ፫⁵/-

፫ዮ° ህላ%.

γ'C°C (ϽʹͱϒΛͿʹ): 'dϧ°αϳʹͼ, Δͼγ«Ϸϳʹͼ. Δ΄,
ϤλͼϧͼϭͼͿͿʹ ϭΛϲϷͼϹͼͼϧͼϭͼͼ. Δ΄,
α'ϲϷͼͿͺʹϢϥϭͼ Δ<<ʹʹͺʹͼ ϷͼͿͺʹϢϥϭͼ Δ<<ʹʹͺʹͼ Ϸͼϧͼͼ ω-αΔͼγυλασος Δ΄<΄ και Δ΄- και μασος Δ΄ και μασος Δ΄ Δ΄- και μασος Δ΄ και μασος Δ΄ και μασος Δ΄ Δ΄- και μασος Δ΄ και μ Health Infoway is not just an electronic health record. It also has components of the electronic medical record that the commissioner had been referring to yesterday. Our system will actually serve a greater purpose than the standard type of electronic health record that the commissioner was speaking about yesterday.

When I talked about Kimmirut's rollout yesterday, one of the important features of that, besides getting another health centre on, is that that's the first health centre that is starting out with putting nursing notes right into the system. That's not something that happens in your normal, down south electronic health record. That's somewhere that we had to go and wanted to go under the advice of Canada Health Infoway and in partnership with them. We also have standard computer backup and recovery processes as well.

One of the other things that I wanted to take this opportunity to mention is that the Canadian Institute for Health Information is a very prominent player in health information throughout the country. The territories for some time, as I understand, had been asking for a seat on the board of CIHI. I am really pleased to advise that about a year ago now, my colleagues of the other territories nominated me to be on the board of CIHI and I took my seat about a year ago. I have been able to attend the board meetings over the last year and bring Nunavut's perspective to the table of this important group so that we can look for solutions and opportunities that serve us in the way we need to be served here in Nunavut. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley, and congratulations on your board

Δ⁶/ペÞር% (ጋጎትበJ^c): 'd৮° α ቮ⁵, Γ' γ Ċ $^{\circ}$ ር. $\dot{\Delta}$, Þለቦታ▷ $^{\circ}$ በና bበLት $^{\circ}$ ማናልና.

appointment. It's always good to be pushing Nunavut at those levels. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Madam Chairperson. Again to the Department of Health. On page 41 of her report the Information and Privacy Commissioner states that the hospital's "hybrid record system has continued for some time and we could not determine a hard deadline," as previously indicated, "when all record will be migrated to the Meditech system, though there were some indications that part of the reason for the delay in this transition was the reluctance of physicians to use the system."

Can you clarify if any health care professionals have provided specific reasons as to why they have chosen not to use the MEDITECH system and, if so, what are those reasons? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. I wasn't here at that time, but what I heard was that there were issues with connectivity and the system didn't work as quickly as some of the health professionals felt it should. At this point it's not a choice to use the system; it's an expectation that the system be used because that's where all of the patients'/clients' recent medical information would be kept.

In terms of having a deadline for, in this case, the hybrid of course is referring to the fact we have paper files and electronic files. As we're rolling out MEDITECH, of course we can't completely do away with the paper files because many of the

ለኦ'፫ሊናጋ% ዾ፞፞ዾ፟ዾ፞፞፞፞፞፞፞ዾጜ ፞፞ዻ፟፟ኯዾጚጜ፞፞፞ኯ፨፞፞ ርልLልናጋታኒ Γነር Γዖ°ህላ%.

communities up island are still on paper files. That's what's coming through and transferring with the patients, with the clients.

As I had indicated yesterday, the department came forward with a business case a couple of business cycles ago and Members endorsed us having some extra positions. We have been making really good progress on getting paper records transferred over to electronic format.

We won't be in a place to have one electronic health record until we a) get everybody on the system and then b) have the transition period, which the commissioner had indicated she believed would take years and we believe it could take up to five years to have that done. I know in some other jurisdictions, particularly some smaller jurisdictions, some of this transfer started about six years ago and they're still not fully over with all of their older records into their electronic health system.

It will be a period of time. It's certainly not going to be loosey-goosey that whenever we get to it, but whenever we get our systems all implemented at the end of this year and we see what we have in terms of how many records need to be transferred over, then we will be setting some expectations and some guidelines on those. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Madam Chairperson. Again to the Department of Health. In her report the Information and Privacy Commissioner recommends that "the Health Records office and operations be reviewed to determine improvements

CAL P'6CPSL Δ<<'\\"
d'Gd'6'Q"\"COCLP6' D'7SPNCPCP"/L4'
\"PUL"DN, 4'LD 6NLAD d\"P"CP'6C4'DC
\\"POLAD\"NO" \\"P'6\"O"\"DC <\\'O"\\
D'\C'\"NOU\"\"P'5\"

P/40c 4CP/)4th
fb5\P\f^C)\Lambda^c \text{2}\Lambda^c \text{3}\Lambda^c \text{4}\Lambda^c \text{4}\La

Δ⁶/40)ር% (ጋጎ, ትበህ^c): የ<mark>4</mark>/ታ⁶ <mark>۵</mark>/ታ⁶, Γ¹, / ር⁶/₆. Γ¹/₆

that can be made to security of the paper files." Can you clarify if your department will be conducting this review and, if so, when do you expect to begin this review? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. Yes, that is in process. The first piece of that we put in place was to have the restricted access to the medical records area that I described a little while ago. That's an important feature to make sure that the records are secure and that only people with a requirement or a clinical need to see those records can access them. The next piece that needs to be developed now is the actual tracking system for those paper records. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. My question will be directed to the Department of Health again.

In her report the Information and Privacy Commissioner recommends that the hospital "develop and disseminate informational brochures, posters and other educational materials for the general public outlining their rights with respect to access to their own personal health information and with respect to appropriate collection, use and disclosure of their PHI and how they can address concerns about these things."

Can you clarify if your department will be conducting this public education campaign and, if so, when do you expect to begin Cd+PDA°and'b'sorpe <A<< PbdDA°asor Cdhnd'b°redoc alabe d°od'b'arredoched 'PETPPA'od'odslric? dll à-u<< 'bru 'PETPPA'o<-cdurarredoche 'dhraë, arvepc's.

 Δ **ራ/ペレር%** (ጋኒ/ትሀገሪ): የሀንት ሲቮ, ፒኒር ፐዖቴኒህላ%. ፒኒ ኒርኮር.

Δ⁶/ペレር% (ጋጎ,ᲑᲘJ^c): የ<mark></mark>የታ°ሲ፫⁶, ୮¹, ፖር⁶ሮ. Γ¹ር ΓΡ°⁴ህላ⁵6.

Ċ'daσ ΠΠ⁵bσ Ċ'dd b°\Ja⁵Dchabd^c
ΠcDhlul^cd^cσd^cdl^c
ἀ'⁵P⁶HDΔHΔL'dh^cDh^c, d^cLD
Hd⁵PDL'dhAL^cDh^cDPHΔ^c^cCPN\σ^c, d^cLD
ΠΠ⁵b^ctd^cCDh^cCDh^cC^cDh^cCDh^cCOD^c

this campaign? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. That important issue is actually being covered off in two ways right now. We have drafted a patient's bill of rights that is going through the approval processes in the department right now. That will include everything from a patient's right to have their culture respected, to be treated with respect, to their rights with regard to their privacy.

In addition to that, as I had mentioned yesterday, we're doing a full overview of the Office of Patient Relations in terms of policies, procedures, and information that can be shared and provided to the public, to the patient's families, MLAs, and to Nunavummiut. We expect that we will be in a position to have that launched in September of this year. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Next person on my list is Mr. Joanasie.

Mr. Joanasie: Thank you, Madam Chairperson, and good morning. My first question is going to be to the Office of the Information and Privacy Commissioner. A few times she has talked about the flow of information at the hospital. I would just like to get some insight from her standpoint specifically as it relates to implied and explicit consent.

For the viewers of Nunavut, if you go to the hospital, there is admittance, then you get seen by the nurse, and then eventually by the doctor if it's for an emergency. There are certain points where you have to ΗΗ
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
Ο
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О
О

Δ•/<>▷(ン¹\\>∩∪٩): ٩d৮°௳广, Γ\C ΓΡ°%∪<%. Γ\ √Ċ°С.

ᠨᡃᢗᠣᠸ (ϽᢆᡃᡪᲑႶႮና): 'd৮°Ⴍቨჼ, Δºᡟ᠙ϷĊჼჼ. Ċ°Ⴍ Λ'ᡶႭϷ⊀ჼჼ ŰႭ ቴLቦϧϷႭჅႺჂჼჼ Ĺʹ;ŻሮჼჼቴჼჀჄႠჼႠ C∆L በበናჼჼ< ʹႠ⊲ϲϷϚჼႺ ΔѽϲϧჼϾϷϞჼ ለተ°ႭϷႶჼႶჼႣჼ ሮჼႭ ďჼႶჼჼႠϷႭჅ<ናჼϲď ጋႻ ለϲሊჼልናႶჼႫჼ ላ፟፟፟፟፟L」 ለ'ቴለፆት/ታ/LႫላჼነጋჼჼ Δሷር አჼჼႠϷፈ՛ ለተ°ႭϷႶჼႶჼ, ለჼቴとჼჀ ΔኒΓϳჼႱჄํჃႶჼႶჼჿჼ 'ቴႱቴ' ჾჃႮჼ.

 $\Delta^{<<}$ "> $\Delta^{<}$ "> $\Delta^{<}$ "> $\Delta^{<}$ "> Δ° " $\Delta^{$

Cd°à°Do° Da94FDD° CAL ḋ°GJACJPA° ḋ°GJ/P%NJ°D CdYPDN, AĹº DJA°a°D'b%N°DJJ°Ö° CAL go to.

In your view what would be a good practice as it relates to the current practice now? Are there points in the flow of information where you feel like they need to have more explicit consent provided by the patient in order for them to receive sound privacy practice when they are receiving their health care service? (interpretation) I hope I was understood. Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Joanasie. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. Yes, I think you are.

The flow of health information, when a patient goes in, they have an idea in their head and they know they're going to have to give certain information to the receptionist in order to see the nurse or in order to see the doctor. For most people or most lavpeople who don't deal with the health system on a day-to-day basis, that's probably where they think it ends, but it's not. The doctor then sends off orders for blood work, so the lab does the blood work and sends the information back. There may be clerical people in the meantime that deal with that information. For prescriptions it's the same sort of thing.

Many people in Nunavut get referred to southern Canada to hospitals and medical facilities in southern hospitals. That's a flow of information. Right now under our current legislation, most of that flow of information is not fully in accordance with the Act because the Act allows the information to be used for the purpose it was collected, i.e., I went in and had a broken leg. That's what it can be used for,

C°أيط.

CÞϽʹʹϹϭʹʹϲʹ ʹϧϼʹϧ ΛϲʹͺͺϹͿϭʹϭϲʹͺʹϧϧϧϧͺʹϲͺʹϲͺͼ ϤϽʹϧϹϷʹϧϲʹϲϧϽʹϧ ϹϤͻͿ? ϹΔϹ ʹϧʹϧϧϧϥʹϧ Ϲʹʹʹϭϭ ΔͻϤϭ Ϫ, ϹϹʹͼͺϽϧϷϲͿϧϯϦʹ ΔϧϲʹϛʹʹϲϲϤͶʹͻͿͿϲ ΔϹʹͼ ͼͻͼ΅ϧʹϲͼϧϧϷϲʹϲͺϤϧϲϧ;Ϳϲϯʹͼͺͼʹϲϧϳϧ ΔͼϲϧϧϲϷϲϧͼʹϲͼ ΔϹʹͼͺͿͿϯϧͼʹϧϲϧ ϹʹͼͺΔάϲϧϧϲϷͶʹͻͿ? (ϽϯϧͿϳ϶ʹͼʹϧϽʹϧ) ʹϭϧʹͼͺϳϧͺͺϪϲʹʹϘϷϲʹϧ.

À, CLºd4 Δºn's%'c4σ°n' D\PL'YÖ', CALC
Δόch'CPY' Δ'%< Δ'LTJ' 'bPPLJO
ΔL° Δ'6PNFLJ Ȱ Δ'6N'N

ἀ°σ4/P°NΓ', J'CT' J° C CHLJO.

PJ'σ%\J LdJ' LJ Ȱ LHL'

ἀ°σ4'P'\L' J' LL'

ἀ°σ4'P'\L' Ä,

CALC J'C NC'LC P'AG CALA°'LL'

ΔΡ'N'CP'AD TAPLY (Δ° LL)

ΔΡ'N'CP'DO TAPLY (Δ° LL)

ΔΡ'N'C' DO CAL° LL C.

to deal with that broken leg, but that's not all doctors look at. They look at your medical history; they look at everything else. In reality that's contrary to our Act right now.

Under a Health Information Act, all of that travel back and forth of medical information that is necessary to treat the patient for that thing that they presented for, there's an implied consent for it. You walk in and a doctor can rely on the fact that the patient is consenting to all of that transfer of information. It's a very complicated system. I tried once to map how many people would have seen my personal information for one single visit and I think I gave up at about 50.

It's the wording of the Act that is the problem here because the ATIPP Act is not meant for a clinical setting; it's meant for general government activity. I hope that answers your question. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Keenan Bengts. Just before I go on to Mr. Joanasie, there have been times when you go to the pharmacy, for example, and they ask, "What's your birth date?" and there are lots of people all around. Do you work with the pharmacies so that they can, as an example, just for them to become more sensitive over privacy and what that really means in a public setting? Thank you. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. Again, I have two things. One is whether you are working with a public sector pharmacy or a private sector pharmacy.

Private sector pharmacies are covered by PIPEDA and they have to follow the rules

ᠣᢄᢐᡳ᠃ᠳ᠘᠘ ᠆ᡠ᠙ᠳ᠙᠘᠘ᡧ᠂ᢗᡆ᠘᠄᠂ᡀᡰ᠘ᢗ ᠙᠘᠘᠙ᠳ᠘᠙ᢗᢛᠰ᠘ᢣ᠙᠙ᠳᡸ᠘᠐ ᠘᠂᠘᠄᠙ᠯᠫᠮᠻᡊ᠆ᡩᡆ᠂ᢣᠺ᠘ᡰᡶ᠙᠕᠂ᡏᠯᢣᡏᡆᡣᠻᠬᠳᠳ ᠘᠂᠘᠂

Ċ°a d'od'b'a °h'C)Chal' Dhol'tha'
 Lchuta Cl°a a'cd'as'o'h' Dhol'th',
 Ċ°a Δach'corta a'd'an. CΔd°hon'ha'
 ΔL°ad'ha'lto Δlhybbonha'c'l'
 CΔL°a a'c'a D°ha'bp'a'l' c'a
 Δach'corta c'do'hoc'a d'ha'll'a'a d'ha'll'a'a a'ha'll'a'a aob.
 Jach'corta c'do'hoc'a d'ha'll'a'a a'ha'll'a'a a'ha'll'a'a a'ha'll'a'a a'ha'll'a'a a'ha'll'a'a a'ha'll'a'a a'ha'll'a'a a'ha'll'a'a a'ha'll a'ha'll'a'a a'ha'll a'ha'll a'ha'll'a' a'hacaba'llul 50-J' Npbada'b'h.

Δ⁶γ

Δ⁶γ

Δ⁶γ

Δ⁶γ

Δ⁶γ

Δ

Δ

Δ

Δ

Δ

Δ

Δ

Δ

Δ

Δ

C

C<b

Ċᡃd
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵١١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵٤١٥
 ۵١١٥
 ۵١١٥
 ۵١١٥

of PIPEDA in terms of privacy and protecting the privacy of individuals.

Public sector pharmacies, as exist in Nunavut, need to follow the same rules as all other government agencies. They should be following good information practices. It means having the right security measures and the right policies in place for dealing with people. It means that they should be aware that when somebody comes to the counter and they need to identify who they are for the purpose of filling their prescription, they need to have the right physical security in place so that not everyone in the room hears that sort of information.

It's thinking about what you're doing and it's not always obvious, but you have to think about what you're doing and how you're doing it to protect that privacy. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. I think the ones I was speaking about are both privately owned, so I'm not too sure who oversees them when it comes to privacy issues. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. If there were a complaint to be made, it would be made to the federal privacy commissioner. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. If I could just add to that, that is another reason for health privacy legislation because oversight of private sector organizations such as pharmacies could be included under that legislation so that you wouldn't have to go to Ottawa to make a complaint. Thank you.

 Δ ^L Γ J²U 2 O 2 C 2 C 3 C 4 C 5 C

Lddc U&Lbdbc ÀbUbCi&idnnbbd is a second and a politic colored and

Ρ΄Δ° <Δ°¹ (Ͻʹ៶ΑΠͿʹ): 'dϧ°Ⴍϳ·, Διν≪ρϳ·. CΔLC ρ°σ′_μ)δισιος ϊνμμ β°θωίμος στης βΓλαμς ριβρηρημαίς. 'dϧ°αϳ .

 Δ **ዮ/ የኦር%** (ጋ^ኒ/ኔቦህ^c): የ<mark>ዕ</mark>ታ° ሲቮ⁰, Γነ ቮሲ° < Δ %ነ. Γነ ቮሲ° < Δ %ነ.

βα° <Δ° (Ͻʹ៶ΑΛͿϤ): ʹϭͰͼ α΅, ΔͼͰͼϷϾʹͼ. ΔϲͼϷͼϭ϶ͼϫͼ, ΛͼΑΛΓͼϷͼϭͼϲͿ Ͼͼα ϭͼϭϭͼϧͼͼͼϧϲϽϲϲϭͼͿͼ ΔεΓϳͼͰϭͼͼ αϷͼΛͼϧͼϷͼϲϷͰϲͺϭͼϧͼͼͼ Λεμννμα ΔΕς Κεμνμα ΔΕς Κεμνμα Αμακα Κεμνα Κεμνμα Αμακα Κεμνα Αμακα Κεμνμα Αμακα Κεμνα Αμακα **Chairperson**: Thank you, Ms. Keenan Bengts. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Thank you for the response. On page 44 of your report you indicate that most Canadian standalone health information laws require that "reasonable security arrangements" must address... Am I in the right place?

In your view what is the hospital currently doing well and what can it improve upon in its efforts to make security arrangements for personal health information? Thank you, Madam Chairperson.

Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. There are all sorts of security measures, as pointed out in our report.

There are physical security measures such as soundproof interview rooms in the hospital for gathering the admitting information, for example. There are administrative safeguards making sure the appropriate policies and procedures are in place and being enforced and monitored. There are technological security measures making sure the MEDITECH system is secure and can't be hacked, and monitoring that and making sure that there are audit functionalities so that they can trace who looks at what when. All of those standards need to be looked at.

The fact of the matter is that we found lacking in many places; I wouldn't say all of those, but in many respects there could be improvements. Let's face it, nobody is ever perfect. There's always room for improvement no matter how good you are.

 Δ የ**/**የ**ኦርና**⁶: ^ና dሃ° Δ ር⁶, Γ'C +4 Δ 2. Γ' \dot{P} Δ 6 + Δ 6.

Ρ΄Δ° <Δ°ν (ϽʹͱͰΠͿʹ): 「ϭͿϧ·ʹϼͺϔ·, ΔϧϒϘϷϹʹͽ. Δ΄, ϭͿ϶Ͱʹͼ·ʹͼʹͰͿϪͿϧʹͰϹ ϭʹϹʹͼͿͼ·ϽϔͿϧΔϧϭͿʹʹϧ ϹͼϘϭ ϭͺϽϭͺϪͽϧͰͺͰͺϲͺϷϭϧϸϲͿͺϒͺͰϧ·ͺϹͼϭϲ.

 $\Delta L^{\circ} \Delta C^{\circ} L^{\circ} \text{ 'bb} L D^{\circ} C \Delta C^{\circ} \text{ 'All D'} D^{\circ} \Delta L^{\circ} \Delta$

The idea behind this report was really to identify that there are problems and what those problems are so that we can start working on them to improve them. Actually today I'm somewhat encouraged by the responses we have been seeing from the Department of Health. They have taken some steps and I understand more steps are being taken.

This is not something that's going to happen overnight. There's a lot to be done. All of the kinds of security that need to be looked at have to be looked at and improved over the next little while. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Keenan Bengts. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I would also like to ask a question to the Department of Health.

In her report the Information and Privacy Commissioner emphasizes the importance of an employee's oath to protect the privacy and confidentiality of patients. Can you indicate if the Department of Health has any plans to develop a separate "oath of office and secrecy" specifically for hospital employees? Thank you, Madam Chairperson.

Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. Yes, we are. There's much review and work going on right now with regard to policies that will respect patients' rights, as well as in our overview, our review, and updating patient relations material. Another area that will be covered off is the privacy and

CL°a >°a4°°ada» Abia°C>b'b°°°'-'L',
Ab'a >a°D'Lab'LC. à, Ċ'dd
d'C'a'b)广'babdn°r'
PF'7d%C>da°abbad'b'LC
Abyé'c%NC>an'a CLa
'b'U'Nd'Jad's)'d'. 'db'a广', AbyébĊ's.

 Δ ዮ/ペ**ኦር%** (ጋኒ/ኦበJና): የժታ°፞፞፞፞፞፞፞፞፞፞፞፞፞፞፟፞፞ የ' ዮৈ ሩ Δ %\. L୮ላ α %, Γ' ላላ α 7.

ረሳል/: 'd৮°፞۵፫°, ۵^۲ረየኦርʹ°. ላ-Lጋ ፭° σ ፭′ነንና ሬ° ነርጋር ሲዶነሪ° ወ ረላ የነሪገር ሲዶነሪ

CLbdd Δ %ba Δ b%nc AccosJNF6 Δ , Accos Δ %nc Δ %nc

Δ⁰/ペ▷ርሜ: ٩₫ታ°ႭЃ⁰, Γ¹С ₹₫Ⴍ₽. Γ¹ ₽Ċ७С.

/Ċ·(Ͻʹ៶ϞΛυ^c): ʹϭͰ^a Δ^c, Δ^c/«ϷϹʹ^c, Δ΄,

CΔLΔ^c)
(ΑΓΑ^c)
(ΑΓΑ

the requirement for the oath of office and secrecy. That's also reviewed of course upon hiring and upon orientation and refreshed periodically.

Again, one of the first things that we did when we got the privacy commissioner's report was to restrict access to the medical records area to only those who needed to have access. Other policies such as the clean desk policy, the use of screensavers on computers, and things like that are all in the works right now as well. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I would like to direct my question again to the Department of Health.

On page 49 of her report the Information and Privacy Commissioner indicates that "the particular Meditech application in QGH does not have any kind of proactive audit program." Can you explain why the decision was made not to set up a proactive audit program within the MEDITECH system at the hospital? Thank you, Madam Chairperson.

Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. There was no decision to not set that up. I don't know why it wasn't done right from the launch. I wouldn't be able to answer that, but what I can tell you is that there is compulsory training that staff have to go through and that is before they can access MEDITECH.

They also have to meet certain

4ΛΓΣ%/L5Λ4′6′σ°Γ° 6°70Δ%)ΓΛσΊΙ Ċ°α 'PΓ'77ΣΦΦ4Λ' Δσ, ΔL°α Δ%6αΔ5ΓίλΟ' Δ ΔΓ°σ4%ΛΓΣΛΓ΄ '6dΛβσ' Cda (CD56′C′σ4%)Λβ.

γ'C°C (ϽʹϞ≻⋂Ϳʹ): 'dϧ·αϳ·, Δεγ«Ϸϳ·. CΔL°α
'δρΔιμερα'ε CL°α bLΓγραρος. Ργασ
αματικός. Ελυσ
ΔΔαστεραίος Αροτεραίος. Ελυσ
Δεδαλγείος αιμώτος 'δςΝργισ
Δλγεαενγαρος. Ελυσος 'δον Δασος Αροτεραίος Ανοτερασος.

requirements in their job. Not everybody, for example, would have the same access that a physician would have. A physician's access would be different than a medical records person's access, for example, or clerical staff. We have different accesses built into the system as well, so that helps with maintaining privacy. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Again, on page 50 of her report the Information and Privacy Commissioner indicates that originally there was a field for "reason to visit" when employees accessed files in the MEDITECH system, but this field was removed after "complaints from users that completing this field of information was inconvenient." Can you explain the reasons why these staff considered the act of filling in this field "inconvenient"? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. I'm not sure who would have said that they found it to be inconvenient. I wouldn't be able to respond to that, but it is a requirement on the registration screen right now. We are reviewing that format to ensure that it follows what we would expect to have followed in terms of patient privacy.

Sometimes it could be called a.... I can't think of the word now, but it's almost like a complaints list, which is something it's also called. It's a quick reference for the treatment providers, doctors or nurses, to have a quick snapshot of the patient's

ᠵᡝᠫ᠋ᡠᢗᡠ᠉ᠪᡪ᠋ᠺᠪᢣ᠋ᢪᡆ᠂ᠳᡧ᠘ᡟᡷᡗᡆᢣ᠉ᡴᢗᡧ <᠘ᡃ<Ċᡊᢣᡣ᠌ᠫᠺ, ᢂ᠙ᡠ°ᡠᢗ᠘ᡟᡆᡆ ᢧᡥᠦ᠌᠌᠌ᠪᢣᠬ᠘ᡷᡃᡠ°ᢗ᠂ᡠᡃ᠌᠙᠐ᢣ᠘ᠳᡆᢀᠫᢀ ᠙ᡆ᠋᠌᠘ᢞᡆ᠋ᡗ᠘ᢞ᠙᠐ᢣᠲᡆ᠂ᠮᠦᢗᡶ᠉ᡎ᠘᠘᠂ᡠᡆ ᢐᠪᡪ᠋ᠺᢣᢧᢛ᠂ᡏᠣᢞᡆᡤᢀ᠘᠙᠙ᢗᡠᢆᢛ

Δካ/ペレር% (ጋጎ/አጠሪያ): የፊታ° ሲ Γ'ኑ, Γ'ኑ / ር'ኮር.. Γ'ኑር ረላሲ/.

Δ⁶/4℃℃ (ጋጎ,2∩J^c): የ<mark></mark>የታ°<mark></mark><mark></mark>ሷቮቴ, Γ′℃ ⊀ላሷ. Γ′ /'Ċ⁶℃.

P/4σ Δbd4 Þ5bΛڬ5Å5 NNS5CÞ5C5LC, 4L ڬ5Ċ5 Å5σ4/Þ566Nڬ65 ΔЬς56CÞ7 condition or medical history. That is one area that we are currently looking at with our IT folks. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I know that you're reviewing it right now, but can you indicate when you will be implementing or including this field for "reason of visit"? Thank you.

Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. I can't commit to the timeline right now. It is still a required field. It's one of a number of issues that we're reviewing with our IT system people. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I would like to go back to another question I posed earlier and I would like to direct my question to the Information and Privacy Commissioner. Perhaps I'll direct it to both witnesses.

When someone goes up to the hospital here in Iqaluit, there is some confidential information that has to be accessed in order to treat the patient. Some of the patients wait a very long time to see a physician or a nurse. Sometimes it takes a whole day of waiting to be seen. My question is: should the system be revamped so that confidential issues and all personal information are protected to

'bΔΔ'b'C'σ¾LΔ' <Δ<< CLካσ¾ Cd'b'Cሊব'b'LC αΔΔ° αΡγασίρ'Γτ. 'dγ° αΓ˙, Δνγος˙.

Δ⁰/ペ▷ርሜ (ጋጎ,ᲑᲘJº): የ<mark></mark>ዕታ°血፫७, ୮ኄ८ ≺◁血᠘. ୮ኄ ґᢗᢆᠣᠸ.

Δº/᠙ኦር% (ጋጎ,አበህ^c): የ<mark>ປ</mark>ታ°ዺ፫⁶, ፫¹, ፫¹ ረር⁶ሮ. ፫¹ር ረላሲ.

ረላል/: 'dሃ°ሴ፫[†], Δ^C/«ÞĆ[†]. ▷በሲ⊲[†]b°ፚ?L፫[†]Γ[†][†] ላለ[‡]dበቦ[‡]b▷ሃ[†]ዾ^c b°[†]ህሴ[‡]ጋ፫ሲዶ[†]d° Δ^LΓ[†][†][†]ປረው[†] ጋ\▷L[†]לበ፫ሲσ[†]. CL[†]P° Δ[†]b∆ ላለሊ/۲[†][†].

'bD>LUC ἀ'σσακσά') ὑς ὑς ὑς Δίσ Δίσος ἀ'σσακσ' με ρς βρείτος απολες. Ρεσ απολες απολείτος απολε

make sure there are safeguards, so that all the information related to me as a patient would be kept confidential?

What system should be put in place so that there's better protection of confidential information? Should we look at other jurisdictions to see what kind of safeguards they have in place to make sure that all the documents are kept confidential and in order for the system to run smoother and to cut down on the waiting time?

I hope I was understandable. I'm directing that question to both witnesses. Thank you, Madam Chairperson.

Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. I think that's what this whole report has been about, looking at how things worked in the hospital and making suggestions for change. Absolutely I'm a big believer in not reinventing the wheel.

Other jurisdictions have great policies and great processes. I can give you one example from the Northwest Territories. For example, before any employee at the hospital in Yellowknife is allowed access to their electronic health record, they have to do a written test on access and privacy and their understanding of access and privacy. Unless they get an 80 percent on that test, they don't get access to the system. That's a really basic training kind of a tool and you can find examples of this throughout the country. There are lots and lots of examples of how the system can be improved.

What you want to avoid is getting overwhelmed by going to too many places

ᢆᠯᢛ᠍ᠹᠬᡳ᠘ᢛ᠘ᢞᠣᠫ᠓ᢞᡴᡕ᠋ᢗ᠋᠘ᡎ᠐ᠳ᠕ᡆᢛ᠑ᠸ᠘ᡩᢈ ᠘᠘᠘᠘ᠾ᠂᠌ᠪᢞ᠙᠘ᡱᡩᡕ᠋ᠫᢣᢛᢗᠪᢣᡳ᠘ᡏᠪᡥᡐᢉᡗ ᠘ᡰ᠋ᢤ᠋ᡶᡕᠻ

4^LΔ ρ⁶bργα⁶bρρ⁶υ CL⁶dd d⁴γρ⁶⁶γρ⁰ς
d⁶σdα^LΓ γ¹Δ <Δ<dΓ⁶ ρdα⁶ ¹ψ¹υνσ⁶
ρ⁸«3⁶σ⁶ ΔαβΓρ⁶ Δ¹Γ μ¹υννηρηγη⁶σ⁶
λρινησ⁶ λ⁶Cργασ⁶ ¹γο⁶ 2η⁶ γος
d⁷γρ⁶ CL⁶dd ¹ψη⁶ μο γ⁶ 2⁶ σ⁶ σ⁷ α⁶b⁶ ρ⁸«3⁶σ⁶
dγ⁶ρ⁶bΔ Δαβ⁶ γα⁶σ⁷α⁶b⁶ ρ⁸«3⁶σ⁶
λγ⁶ρ⁶b CL⁶dα⁶ψ⁶ σ⁶ γα⁶βρ⁶γιρ⁶ γα⁶βρ⁶γιρ⁶ α⁶βρ⁶γιρ⁶ α⁶βρ⁶γιρ⁶ α⁶βρ⁶γιρ⁶ α⁶βρ⁶βα α⁶βρ⁶βα α⁶βρ⁶γιρ⁶ς α⁶βρ⁶βα α⁶βρ⁶βα α⁶βρ⁶βα α⁶βρ⁶βα α⁶βρ⁶βα α⁶βρ⁶βα α⁶βρ⁶βρ⁶βα α⁶βρ⁶βα
ጋየረ $^{\circ}$ ታይ ርL $^{\circ}$ የ $^{\circ}$ ታ ላለ $^{\circ}$ ላበቦታና. ነላታ $^{\circ}$ ሷ $^{\circ}$, Δ ረረዋኦ $^{\circ}$ ት,

 Δ **º/᠙ኦር%**: የժታ°ሲቮ⁰, Γ\C \forall ላሲረ. Γ\ Pሲ° < Δ °\.

and getting too much information and trying to do it all at once. This is not something that is going to happen overnight. The improvements to the system are not going to happen overnight, but there has to be continuous and ongoing improvement to the way things are done. We have to continue to look at them. We have to be cognizant of them, not just today because I am here and we are talking about this report, but next year after this has kind of gone by the wayside and everyone has moved on.

The role of the privacy commissioner has to be enforced. If I don't get complaints, I can't deal with the issues. It's not that I want to see privacy breaches, but if I don't hear about the privacy breaches so that I can review them and make suggestions for change, things aren't going to change. There are all sorts of things that can be done to make privacy more protected and to add to the security and ensure that individuals know their rights when they enter the hospital.

 bΓ/aρ'ɔ⁰ b°ðaʿaʿb¬cnσʿ¹ʿ Λ‹ťdŚɔ°σ⁰

 ΛcndſbſbʿCભɔ⁰ bLPyſbʔ°aʿaðuɔ

 Þſbɔ°δρ°° l°dL ʔſdΓſndſbſbʿC°° l°<<'ɔ.</td>

 P/dσ ɔh'ゅncp ſbc°c l°bd Lcu ſgc

 ʔſdΓſndδσʿgc ſbaΔ‹ɔ°asy°° l°cɔðu,

 ÞſbÞ′yÞcÞſɔðu Pʔdσ

 ſbañɔʔnhcÞʔ°aʿa'ay'ay'ðu dʔ'yÞDnhhgc'ɔ.

 CL'y Λcndhʔɔ'yba' ΔιΓj³udc CLbd

 ¬ν-ΓγιροΡις (ndbgrodſc)

 aþcnhċnfbbcnd¹ɔn'ɔ CΔbd

 ἀ°σαδασίς

 ἀ°σαδασίς

 ÞÞλLσσίς ſbaΔc)σφ Λξαρης

As I say, it's not going to happen overnight. There are a lot of things to do. By all means, I think it's important to go to those who have already done this for years and years and years for advice and direction. Thank you.

 $\begin{array}{lll} & \text{P^-}\Delta^{\text{h}}\text{P^{\text{o}}}\dot{a}^{\text{h}}\text{CD4^{\text{h}}}\alpha^{\text{h}}\alpha^{\text{h}}\alpha^{\text{h}}\text{CD4^{\text{h}}}\alpha^{\text{h}}\alpha^$

Chairperson: Thank you, Ms. Keenan Bengts. Ms. Stockley.

Δ⁶/ペレር% (ጋጎ, ትበህና): የ<mark></mark>ቫታ°<mark>亞</mark>广⁶, Γ′C <mark>ל</mark>ላ<mark></mark>교</mark>ረ. Γ′ / ር⁶C.

Ms. Stockley: Thank you, Madam Chairperson. With regard to training, it is required before individuals can access MEDITECH. I keep wanting to call it the new area of the hospital, but I know it's the old area. In the renovated area of the hospital there's actually a little computer lab and an IT person there that is available and training is scheduled before anybody

/'C'o ((ጋኒትበJ^o): 'dታ°ሲቮ', Δ^o/«ኦር^o.

Δሮ°σላ^oበCኦ^ob'Cሲፈ፫' 'bና\ኦን'^{J'}

Δ/ʔ°ሲ^o'/c ኦ°ነ° σ°ነ° σ°. CΔ°ሲ ፈ° σላል°ነ°ሲ

ΔCኦσ°ህ, Δưህ^oበCኦσ°ህΔ፫' CΔbσ

'bና\ኦን^bdል'Cር^o, 'bና\ኦንርሊትC'b^o)σ^Δ C°«σ

Λር-L^o\Δ'b'C^o)^C Δሮ°σላ^oበ'በ'b'C'^o)^C

accesses the MEDITECH system. That's something we already have in place

If the Chair would permit me, I need to correct something that I had stated in answering Member Joanasie's question about the reason for visit. That is a requirement in the registration field. That was one of the recommendations of the privacy commissioner. That is a requirement now. It was put in place in February of 2017. I didn't realize that when I was answering the question. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I also thank you for that correction. I would like to reiterate that people of Nunavut go to other jurisdictions for treatment and go outside of their community to be treated. We do know that if they're going to the hospital here in Iqaluit, there will be a long wait time for the patient and it becomes very tiring for many people. Maybe improvements to the system should be considered so that it cuts down on the wait time.

It's very important to keep the documents safeguarded and to make sure that there are improvements considered. If an individual goes to the hospital, is there a concern about safeguarding the documents? Some people have to state the reason why they're visiting the hospital or what kind of ailments they have. There's a requirement for the individual to consent prior to treatment and sometimes implied consent is used at the hospital.

I would like the wait times to be cut down because the patients don't like to wait a

 C° 'b shot in Δ '2 and Δ '3 and Δ '2 and Δ '2 and Δ '2 and Δ '3 and Δ '4 and '4

CL°a 4>c</42°a;d \\ \delta 4>c\delta 5

long time and some of them get tired easily. Is that a concern to the department and to the Information and Privacy Commissioner's office? That's my last question. Thank you.

Chairperson: Thank you, Mr. Joanasie. Ms. Keenan Bengts.

Ms. Stockley: Thank you, Madam Chairperson. With regard to wait times, the hospital uses the CTAS system, it's called. It's a triage system in which people are seen according to the urgency, whether they're urgent or emergent.

When you check in and you are asked certain details about your presenting symptoms or sometimes you will be asked, "What has brought you to the hospital?" or things like that. When that's being described and those first few things that may be done, depending on what you indicate your illness or problem is, it could be you have your blood pressure checked or that kind of thing, then you're triaged on a scale of how urgently you need to be seen.

Unfortunately, when a person presents with something that is not as urgent as others, it means that they have a longer wait time. We are compliant with the CTAS system. We do monitor what the wait times are more informally than formally at this point and it is a concern.

The expectation is that when you're waiting, your charts would not be out anywhere where they could be seen by anybody else, that they would be kept safe and secure. Certainly information on MEDITECH would not be visible to anybody with regard to your case and your information. As I mentioned, one of the things that we're looking at is improving

 4dσραθιτος
 4dσραθιτος

 C'bath/σαστα
 CL*a

 Λσαρρυμα
 4ch

 Δ/L
 100

 Δ
 100

 C*a
 100

 P
 100

 P
 100

 C*a
 100

 P
 100

વં° ታላል፦ ላነ ታላንልና ርዜ° ል ላጋጭር ኦሮጭበና ጋሀ, ርዜያ ላር የቃና የሀው ላጋጭር ኦናቴናር የነጋና ላነ ታላና, ላነ ተመፈሊ ታልና ላይ ኦሮ የኮጋር ነጋና ነው ልና ነጋ ታ ዜሮናር ኦሮ ጋመ. ጋላልና ሲና ምህ ርጎ ሲና የይንት አንድር ኦምጋው ላና የኮርር ኦናቴናር የነጋጭ የኮህር ር ዕው ላና ዜጎ ነጭ ለና.

>>d&fafisherfoco difficulty >>cfift of the control
the lockout screens and screensavers, and those things.

I hope that answers your question. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. (interpretation) Are you done? (interpretation ends) Oh, Ms. Keenan Bengts. Sorry.

Ms. Keenan Bengts: Thank you, Madam Chairperson. I would only add that the genesis of electronic health records was to make the system more efficient and effective. A good electronic health record will speed things up. Instead of doctors having to go through pages and pages and pages of paper records, it's all right there in front of them. The electronic health record is an important way forward for all of us. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. (interpretation) Are you done? (interpretation ends) Okay. We will on a break for 15 minutes. Thank you.

>>Committee recessed at 10:02 and resumed at 10:22

Chairperson: Welcome back. I understand that, Mr. Dickson, you wanted to clarify some information that you spoke of yesterday. Mr. Dickson.

Mr. Dickson: I did. Thanks very much, Madam Chairperson, for giving me the opportunity.

Yesterday when I was talking about something called the pan-Canadian framework for health privacy and confidentiality, I said this is something that had been developed by deputy ministers across the country in I think I

 PDU_J 4%<5% J5% J6% J6% J6% J6% J6% J6% J6% J6% J6% J7% J7

Δ⁶/«ΡC% (Ͻ^{$\dot{}$}\2): 'd৮° $\dot{}$ ^{$\dot{}$}', Γ' $\dot{}$ 'Ċ $\dot{}$ ^{$\dot{}$}'. (Ͻ^{$\dot{}$}\2) Γ' $\dot{}$ Ρ $\dot{}$ ^{$\dot{}$}'. LΓ $\dot{}$

Δ⁶/«ΡC% (ϽʹϞͰΠͿʹ): 「ϭͰʹʹϼʹϳʹϧ, Γʹ, Ρʹϼʹ <Δ[%]、 (ϽʹϞͰΠͿʹΡʹʹϧʹʹͼʹʹͽϽʹͼ) CΔĹ? (ϽʹϞͰΠͿʹ) Ĺ⁶ʹα CΔL CʹδΔ⁶6/δΔ⁶α⁶ʹϑ/ͼ⁶6 15 Γσ⁶7σ⁶.

>>bNLASE C _ 56 % b % b D a c a 6 D C 10:02-F 4 L _ A P 4 6 6 G D D 10:22-F

 Δ ⁶/**4**>C⁶ ()\(\dagger\)-\(\Delta\)-\(\dagger\)-

ቦ•ጎ° (ጋጎትበሀና): $\dot{\Delta}$, Δ ጋ Δ ናቱ ፖቴ δ σ Γ ር ናቱ δ ር δ ላልና ታቴ δ ኮሪ δ ኖኒ.

 $\Delta^{<<}$ \% P6P/6CPL baCc $\dot{\alpha}$ %PN%CPLLdo be $\dot{\alpha}$ DCL $\dot{\alpha}$ CPL $\dot{\alpha}$ CPCPC $\dot{\alpha}$ %PCMCP%PC $\dot{\alpha}$ %PCMCP%PC

said 2001. In fact it was 2003. I'm not sure anybody was waiting restlessly for the clarification, but I would like it on the record. It was 2003 that the Canadian provinces said implied consent is going to be the foundation for the standalone health information laws developed across the country. Thank you very much.

Chairperson: Thank you, Mr. Dickson. Ms. Stockley, you also have additional information to provide us from a previous answer. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. There are actually two pieces of information that I would like to share.

One is in response to I believe it was Member Joanasie's question yesterday about the storage of personal health information. With regard to any databases that exist outside of Nunavut, for national reporting purposes, we submit information to federal bodies such as the Canadian Institute of Health Information, Public Health Agency of Canada, and Health Canada. That is usually de-identified information so that a person's personal information, such as name, date of birth, and those kinds of things, is not associated with that. Any information we do share with our southern partners, there are data sharing agreements in place that guide the collection and use of the information, including clauses about privacy obligations such as the reporting of a breach. That was one piece of information I wanted to share.

There was another question this morning with regard to the number of positions in the health information management group at QGH. The answer to that question is that there are 18.5 positions. Ten are full-time indeterminate, which I'm very glad

to share that information. Three are casuals, with one direct appointment in process. Four of these positions are new and with staffing, two records clerks and two registration clerks. One manager position is vacant. That is with staffing and right now is being covered by an acting assignment. One is a Vote 4 job waiting for a new funding agreement to be finalized. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. May I ask, the manager position that you spoke of, when are you advertising that, just so you have an audience. Thank you. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. We're waiting for word on housing for that. As soon as we know about the housing, it will be posted, so in the very near future. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. The next name on my list is Mr. Akoak.

Mr. Akoak: Thank you, Madam Chairperson. Good morning, everyone.

Just curious to the answer that was given earlier when the Chair asked about someone being asked about their birth date, along the same lines. I would like to know the answers from both the commissioner and the Department of Health because this is real and it happens in the smaller communities.

I realize it's not in the report. It has nothing to do with the Qikiqtani hospital. It's real and it happens, especially in the smaller communities. We have sometimes a family member reporting on local radio, which everybody listens to. It happens **Δ⁶/«ኦር**» (ጋኳትበJ⁶): ¹d৮°ഫ፫⁶, Γ¹ ፖር⁶ሮ. CΔ° ዉ Ϥ▷ር-(በትJ⁶ Δ¹⁶ba Δ¹5¹5\Δ>⁶6⁷6 C¹⁶b¹6 Ͻ\¹σ-4¹⁶6, Γ¹ ፖር⁶ሮ.

Δº/ペኦርጭ (ጋኳትበJና): የ<mark>ቫ</mark>ታ° ሲቮ^ቴ, Γ^ኒ ረር^ቴር. የህናር ኦርና የተ

፭'d፭% (ጋ\ትበJ^c): የ<mark></mark>ቫታ°ሲቮ⁶, ል⁶ታペ▷ር^{ና6}. ▷^cሬ⁶d^c, Δ^Δ°α².

when a family member keeps the condition of another family member at the hospital or coming out of the hospital. I'm just wondering if you can explain to the viewing audience if that is a breach on a patient and what can be done to stop it if it is a breach. Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Akoak. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. This is an issue, frankly, I have been dealing with since I first became Information and Privacy Commissioner, but back then it was the health centres that were calling the radio station and asking them to announce on public radio, "Joe Smith, you need to report to the health centre to pick up your daily dose of" whatever. That was stopped a long time ago.

The Access to Information and Protection of Privacy Act applies only to public bodies. When a family member goes public with information, they're not covered by the Act. It depends, I suppose, on where the information comes from. If the information comes from the patient himself or herself and they may have told their parents that this is happening and this is what's going on, that's fine.

Within the hospital setting, there should be privacy so that the only way that the public can know what's going on behind the scenes is if there's the consent of the patient, essentially. You can't control family. If they know through legitimate means, then that's free game. If they have learned because they have been allowed into the emergency room or into the treatment room, and the patient is unconscious, you're walking a finer line

Pa° <Δ% (ϽϞΛΟΓ): ϭͿϧ·αΓ, ΔϧϒϘϷϹʹͽ, Ϲʹ·α
 C«Չ ΔλΙΞΟΠΡς ʹʹΓΕ ΙΕΓΓΑΊ ΙΒ ΓΕ ΙΕΓΓΑΤΑ
 ΔΑ ΑΛΕ ΑΛΕ ΑΛΕ ΙΕΓΓΑΤΑ
 Δ΄ ΦΑΚΕ ΑΛΕ ΙΕΓΓΑΝΑ
 Δ΄ ΤΕ ΑΛΕΝΑ
 Δ΄

 ἀ*σ
 Δ*Γ
 Δ*Β
 Δ
 Δ
 Δ*Γ
 Δ*Γ<

there.

Should they be in the treatment room? Well, they're family. They want to be there. They want to know what's going on, but the patient can't give consent. In those situations, really, the health workers need to exercise discretion and do their job. If they have reason to believe that the patient doesn't want their family to know, to ask the family to leave, it's a really fine line. They're going to use their discretion all the time.

I'm not sure if I have answered your question, but that's how I would address it. Thank you.

Chairperson: Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. The only thing that I would add is if the family member is an employee of Health and became aware of the information through their employment, then yes, that would be a breach and that would be a problem. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. That's a good point. (interpretation) Mr. Akoak, any more questions? Mr. Akoak.

Mr. Akoak: Thank you. This is a question to the commissioner. On page 53 of your report you state that "The discussion of verbal consent ignores the reality that ATIPPA does not permit verbal consent." Can you clarify which document discusses "verbal consent"? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Akoak. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam

C°Co.

CAL PbdDA°a°a° Ar%CPPd%Sad%b%A

C°a Dd&°a°boca, AcPbad%bda°c°?

Ac°Poce %b>LULri%tC %bad<cc4t%i%

Prdo d°P°ari%t°PtC %b>L°%PCO°,

%b>L°%P6-rb-rtc. CALc d°odrp%n

%b>LCACrow CLYP%

A°badifor Acad%bar'anh. CALc

%b>copp C°a d°od&cd%rtz%Pcb

Acfor C°&odbby%D; Cc

doddyabsb; bobca

ΔΛ¹⁶dΠΓγΔ¹ ΡΡ¹L¹Ū¹d α_>ל¹U, Ρ/Ϥσ CΔĹ¹ ΡΡυγ¹⁶CS. 'dγ²αΓ¹⁶'.

△⁰√९▷С⁰: Г¹ √Ċ⁰С.

 Δ ዮ/ የኦርቴ (ጋኒ/ ኦቦህና): የժታ° ሲቮቴ, Γኒር ፭ዓላናቴ. Γኒ ዮሌ $^{\circ}$ ረ∆ቴኒ.

Ρ፞፞፞፞፞^ <Δ[&] (Ͻʹ៶, Ρ∩J^c): ˤdϧͼαΓ˙^b,

Chairperson. As I said this morning, when I looked back at the regulations under the *Access to Information and Protection of Privacy Act* in preparation for this hearing, I realized that I had made an error in that when consent is required, it must be explicit consent. I had said that it must be in writing but it can also be oral, but it has to be explicit. It has to be, "I consent to this disclosure." Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. Mr. Akoak.

Mr. Akoak: Thank you, Madam Chairperson. This question is to the commissioner again. Throughout your report you emphasize the difference between privacy and confidentiality and that this distinction must be made in policy and procedure. Can you further explain what this distinction is and can you explain how this distinction should be made clear in hospital policies and procedures? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Akoak. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. I am going to pass this on to Mr. Dickson.

Chairperson: Thank you, Ms. Keenan Bengts. Mr. Dickson.

Mr. Dickson: Thank you for the question. This is an area where there is actually a surprising amount of confusion we see not simply in Nunavut but in the southern provinces as well. I can perhaps explain it this way: confidentiality relates to keeping my personal health information safe and secure and ensuring it's not being shared with people who have no need to know.

Δ°γ
Δ°γ
Δ°γ
Θ΄

Δ৬/९▷ር% (ጋጎ,ᲑᲘJ^c): ʿd৮°亞广, Γ՝ Ῥሷ° <△°¹. Γ¹ር ፭ʿd◁ˤь.

 Δ ⁶**/** ^Q **/** ^C (ጋ^ኒ/2 \cap J^c): ^ና d ታ ^a \oplus $\dot{\Gamma}$ ^b, Γ ^{\,} \dot{P} $\dot{\Phi}$ ^a $\dot{\Phi}$ $\dot{\Phi}$

If I go to see my doctor this afternoon, when I chat with the doctor and I'm relating my health history, I am deciding what I am going to share and I may decide not to share certain information with the doctor. That's privacy. It's me making a decision about what I'm going to share about my personal health information. When I leave the doctor's office, confidentiality really relates to what happens to the notes the doctor made or put into his computer when he talked to me.

Confidentiality is part of privacy. Every confidentiality breach would be a privacy breach, but every privacy breach is not a confidentiality breach. When the health privacy law was introduced in other Canadian provinces, we had to keep saying to health care providers that this law is a privacy law. It's built on a foundation of confidentiality; the culture of confidentiality that you will have known from the time you finished medical school or nursing school. You understand the confidentiality, but it's built on top of that.

Privacy creates new kinds of rights. It creates the right to be able to see the personal health information somebody has about you, the right to ask to have errors corrected, the obligation that a health worker can only collect information if they have a need to know it, and that they must collect the least amount of identifying information about me that's necessary for the purpose. Privacy creates the right to be able to appeal to an independent commissioner for an investigation if I think something wrong has been done with my information.

Confidentiality, as I say, just relates to keeping your information and my

 CL° a b° Yanër NNS®CDYLK $^{\circ}$ OL $^{\circ}$

information protected and safe. Privacy is that bigger concept and it kind of involves what as a patient we want done with our information. It captures confidentiality, but it's bigger than that.

That's my attempt to answer the question, but you can tell me if it's still a bit unclear. Thank you.

Chairperson: Thank you, Mr. Dickson. Thank you very much. Mr. Akoak.

Mr. Akoak: Thank you very much. Thank you, Madam Chairperson. My next question is to the department. On page 53 of her report the Information and Privacy Commissioner raises concerns regarding your department's *Health Directive*, which states that "the Department of Health must provide a process of due diligence in order to ensure the circle of care protects its clients, staff, department and the overall Government of Nunavut." Can you explain what is involved in this "circle of care"? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Akoak. Ms. Stockley

Ms. Stockley: Thank you, Madam Chairperson. As part of our work, this is one of the things that we are reviewing of course. The term "circle of care" can be very problematic because it implies that certain people or professionals generally have a right to be involved in or receive information that's personal about you. The term that is more in favour right now than "circle of care" is more on a "need to know" to make sure that only the people who need to know about your health record or about your private information know. That's one of the pieces of work we still have to do.

 $Cd+D^{\circ}b^{\circ}C\sigma d^{\circ}b^{\circ}b^{\circ}d^{\circ}L^{\circ}\dot{U}CCd+\Delta^{\circ}b^{\circ}C^{\circ}D^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}D^{\circ}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C^{\circ}d^{\circ}L^{\circ}\dot{U}C$

CAĹʿŒ Cº᠙ PÞUJAʿBS. ÞʿBÞNʿNAʿLſUBŒſŒĠU DPJʿNABʿPITJAÞ JŒ. ʿdÞBŒŤ.

4'd4% (ጋኒት∩ህና): 'dታ°ฉ广ι∟ሊ⊲⊅'. 'dታ°ฉ广',
Δ°/ペ▷Ċጐ. 'd° σ'd′ቴነˆα° ∿Ր′ጋ፫ሊት'd° ፚጐኒጐ

ላለሊሀ፫ና'ናጐ. L'ለՆጐሁታ 53

ጋ\▷L'ላበ፫ሊσጎ!, b° ጐህ፯ጐጋ፫ሊσጎ! ԵΓረ۵▷′
▷σቴኮ፫ຝΓσጐዮ°σ Δ/ἰጔ°σናጐ/L'L°
'd° σ'δነ፯° ∿Ր′ጋ፫ሊት'd°
▷ጘԵንትጕላንበቦ«ናሮጐቦ°σ . ር∆₺dላ ▷ናቴጐ/L«LC
'd° σ'δነ፯° ጐቦ′ጋ፫ሊት'dὑጐ ፕԵኦትር∩ຝና/ቦላ፫ ዮ/፫ቪσና, ₽⁰d፫ἰ፬ና ԵԼՐታ▷σጐ

ላ▷ር ነበላኘ σ'ላናጋላናኒጐነጐ Δጐቴልሷትጐበ፬ና
ሁペιጐዕና እ፫ ሊሊት፫ኒጐቦ° ል. ዉጋልሷን° ፯ጐዖ▷
'ሮኄ ፈペጋናበ/Lላጐ ₽₺d፫ኒ፬ና ԵԼՐታ▷σጐ ነይጮ
ጋዮነቴኒጐነጐን 'dታ°፯፫, Δኮ/ペ▷ርጐ.

 Δ የ/ የኦር% (ጋኒ/ ኦቦህና): የሀንት ሲቮ, ୮ኒር ጳሳላጭ. Γኒ ረርቱር.

γ'Ċ• (ϽϤϒΛͿϤ): 'Ϥϧ·α΅, ΔϧϒϘϷϾʹ· ΔʹͼϧαΔ϶ʹϹʹʹϼϲ ΔϲϹϧϷϲʹͼ 'ϔΓΓΡΑʹ·ἀΊΓυΓΛΙ. Ϲʹ·α ΡͼͿʹ·ϼϲ ΒͰΓϧϷϭʹ·Ϳ, ΔλͰΓϧϷϭʹ·Ϳ 'ϧϼͼ ϤϧϷʹʹϒϲϷϒϹʹͽϲ ϹͿϧϷϹϤʹͼϧʹͺʹͼ ϤͰͺ϶ϲϹϷʹͼ ΡͼͿϲ ϹϤΛϹϷͿʹ·αʹͰͺʹ·ϳϲ Δϲʹ·ϭϲ ΛϧϒΛϲʹ·ϭϲ. Ϸα ΡͼͿϲ ʹϧϷϧͰͰϹͿʹϧͼ ΑλͰΓϧϷϭͼϤͺϷͼͿϲ ϷͼͿϲ ʹϧϷϧͰͰϹͿͼͼ ʹϗϧͰͰʹͼ ΔλͰΓϧϷ϶ͿϤʹͼʹϝͼʹϧ ϷͼͿϲ ʹϧϷϧͰͰϹͿͼͼ ϷͼͿϲ ʹϧϷϧͰͰϹͿͼͼ Ϳʹͼα Ϲͼͺ ΛϲαΔημίΩΙ Ͱϲ. When health-specific privacy legislation was being rolled out in some of the other jurisdictions, "circle of care" was a very common phrase, so it seemed to be adopted here as well. Like I said, it has kind of fallen out of favour and we will be looking toward redevelopment of that with terms along the lines of "need to know". Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. (interpretation) Mr. Akoak, do you have any more questions? Mr. Akoak.

Mr. Akoak: Thank you, Madam Chairperson. Just one last question to the department. In its 2017-18 business plan your department indicates that it is preparing for the "introduction and implementation of the Model of Care redesign." Can you clarify if there is any relation between this new model of care and the "circle of care" that is referenced in your department's *Health Directive*? Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Akoak. I think you touched on that a little bit, but Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. Good question. Not directly. The circle of care, as I mentioned just now, has to do with people who have a need to know information about you. It could be your doctor, nurse, the lab technician, or the pharmacist. It deals with how they become aware of the information and what they do with it when they become aware of it.

The model of care review is the Department of Health's review of the care that's being delivered in the health centres and who is delivering the care. One of the things we're looking at, for example, is **Δ⁶/«ÞC%** (ጋጎ,ዶበJ^c): 'dታ°血广⁶, Γ'C ዻ፞፞፞፞፞dዻ⁶. ▷'bÞ/ሲႱ≟⁶d⁶bÞ/ና_ጋ4^c, የረላσ Γ' ረር⁶C.

/'Ċ・ (ጋ\ት/) ሀና): 'dአት ሲቮቴ, Δቴ/ የኦርቴ. ል, ፈ/\ቴሬጠናጠፈኞቴ. ሮቴሲ ቴLቦታ ኦታጌና ላየሮታ ርLቴሪላ 'ቴኦት L ታሊፈትና ጋ\ኦ L ታረጠናሪጠ ዮና ጏናርና, ፈቴሪ ፈንኦቴብ, 'ቴኦት \ቴብ, ልታ ሁቴ ጠናበት ኃቴሪና 'ቴ ኌቴ 'ቴኦት አ ተ ነህ ነ L ቴርር ል ነ ፐ ፌኒ ህ ህ ታሪና.

what is on the plate of the supervisor of health programs or the nurse in charge. Are they doing a lot of administrative duties that could be done by an admin person or could be done by a different kind of nurse, maybe a licensed practical nurse? How many community health nurses do we need per number of population?

That's our model of care project, looking at who is delivering services at what time and how they're being delivered in the communities, which will actually then feed into the need to know, how these health professionals will interact and what they will do with your information. They're kind of related. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. (interpretation) Are you done? (interpretation ends) I have no more names on my list. I think I'm going to open up if anybody has any last questions that weren't touched on over the last day and a half or anything in the report that you may want to bring up. Mr. Enook.

Mr. Enook (interpretation): Thank you, Madam Chairperson. My question is for the Department of Health. Perhaps she has already touched on this, but I would like further clarification.

The Information and Privacy
Commissioner's report indicates that there is a lack of policies at the hospital, for example, a fax transmissions policy. There needs to be policies and directives which are currently lacking. I am aware that the Deputy Minister has stated in the past that they are working on these policies.

For our ease of mind and so that we won't be as concerned as MLAs and

CĹŦ ᢤŦďᢐᢡ᠉ᡥᢉ᠑ᠸᡙ᠘ᡃ᠙ᢤᠾᡲᢥ᠘᠘ᢡᡆ <᠘ᡃᠵ᠋ᠸᡙᡅ᠘ᡃᡟᡟ᠘ᢗ, <᠘ᡃᠵ᠋ᠸᡙ᠘ᡱᠾ᠘ ᠕ᡊᡙᡆᡟᠮ᠈ᢀᢀᡱᡠᡕᡆᡟᠯ᠘ᢩᠣ᠂᠘᠑ᡩ᠑᠘ᡥᠣ᠘ ᡠᡟᡒᡠ᠂ᢤᠳᡆᡟ᠌᠌᠌ᢧᢛ᠓ᠮᢐᡳ᠘᠘ᢨᠦᡀ ᢗᢦᠫᡃ᠘᠃

Ċ°α C°« Λ
 Λ
 Λ
 Λ
 Γ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 Θ
 <l>

ΔΫ
ΔΫ
ΔΥ
ΔΥ
ΔΥ
ΔΥ
ΔΥ
Δ
Δ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ
Γ</

Nunavummiut, are the policies that need to be in place proceeding smoothly and are they being implemented in a timelier manner? I would like further clarification that. Thank you, Madam Chairperson.

Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. Yes, they are being worked on and we have prioritized them ourselves with regard to what will support the first things to rollout. As I mentioned earlier today, the patient's bill of rights is going through the approval processes right now with the department and I am involved in that approval process and as well, the overview of the new policies and procedures that will support the Office of Patient Relations. Some of that are privacy complaints and privacy concerns and the policies that support that will come out at that time. We will be sharing that information and new promotional materials. Our target date on that is September of 2017. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. (interpretation) Do you have any more questions, Mr. Enook? Mr. Enook.

Mr. Enook (interpretation): Thank you, Madam Chairperson. Lastly, there are many recommendations. They are all important and they have to be implemented as soon as possible. In dealing with the recommendations in your department, which require the most work and why do they require the most work of all the recommendations? I hope I was understandable. Thank you, Madam Chairperson.

Chairperson (interpretation): Thank you,

₽₽Ÿſ₽Ŋſ'n, CĿĠϤ ϤϽϤႱሊϧϷϧሊϤĊſ CĿĠϼჼႱ ┢ϟϥ;ϦϤʹϲϲϤͿϿϤͽʹϲʹ; ϤჼϹϿ ϤϽϹʹͽϹϷ;ϦϤͽʹϲʹ, ϤϽϹʹͽϦʹϲʹϤͿϿϤͽ·ʹϲ ʹϻϧϧʹϯϹϯͺͼʹͽϷϦϤͽϧϹϫϭϲ; ϹʹϧϹϧ· ϽϷϟϦϥϧϧͺϴͻϹϽͿϧͺͼϧϽϧ·ͺͺͼϧϧͺͺϗϧϒͺͼϷϳͼ·

Δካ/<>ሶርጭ: ፕժታ° αΓ', Γ'C ΔΔ'. Γ' γϹ'ς.

Δ⁶/«ΡC⁶ (Ͻ^ί, ͰΛυ^c): ፕժታ⁶α Γ⁶, Γ¹, Υ Ϲ⁶ις. CΔĹ? Γ¹C Δ₂ο⁶.

Δሣペኦር%: ቫታ°ሷቮゥ,

Mr. Enook. Ms. Stockley.

Ms. Stockley: Thank you, Madam Chairperson. We implemented a number of things that the privacy commissioner had issue with, for example, moving the fax machine, making sure training for staff is a requirement, looking at screensavers, looking at timeouts to make computer screens go dark, and access to medical records. That swipe card system has been implemented. A number of things have already been done. Every one of the commissioner's recommendations has been accepted and is in various stages of work. Many have been done, as I just mentioned.

The one that is going to take the most work and is going to take the longest is the health-specific privacy legislation. That's going to require a lot of consultations, but we're already leading the working group and we do expect to have a legislative proposal ready really early in the new days of the government. That's what we continue to work toward. EIA is involved in that. The Department of Justice is involved in that. As we move along, we've had consultations with NTI.

We're getting our work done that will support that and enable us to get in a position to do that very quickly. That will definitely take the most work. I expect that significant and very broad consultations will be required for that very important piece of legislation. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. Mr. Okalik.

Mr. Okalik (interpretation): Thank you, Madam Chairperson. I would like to thank the people before us as well as the

۲٬۲ کے، ۲٬ ۲څنر.

ዾb፫%: ¹d৮°ႭЃ⁰, Δጎ/ペ▷ር¹b%ጏ፞፞፞፞፞፞፞ኈ. Ć⁰dϤ ჼd৮°ႭЃʔL৮⁰b CĹፚጎፖLጚና ላ┖ጔ Ć⁰dϤ Department of Health for starting to respond to the recommendations that were made. It is clear the work in this area will be ongoing. We hear a lot about the Department of Health through our constituents on how the department can improve the care they are providing. It's very important to us and I know there's further work to do.

I would like to thank the people attending the Chambers. It is clear they will be implementing the recommendations and I'm not too concerned about that. We haven't really heard anything bad about private information being shared, so I'm not as concerned about that, as I know they're in the planning stage. I'll stop there for now. Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Okalik. Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Madam Chairperson. I would also like to thank our visitors from the Information and Privacy Commissioner's office. With Nunavummiut watching, they addressed their concerns very clearly. I thank them very much and I know Nunavummiut gained a much greater understanding, along with me.

With that, I haven't been saying very much because we just seem to be going back and forth on the use or possible abuse of digital information and my colleagues have been saying what I wanted to say.

I would like to thank the Department of Health for listening to and understanding our concerns. Once things are implemented, I expect a better level of care for the patients in the future. Even

Δ⁶/' የኦርሜ (ጋጎ, ኦበJ^c): የ<mark></mark> የታ° ሲቮ⁶, Γ'C ኦ৮ርሜ. Γ'C ራረሜ.

ἰΨ: 'd', Δ'' « Δ'' « Δ'' () Δ'' (

CΔLΔ°ϽႶʹͻͿ σʹϲϲϧϹͼͼϼϲͺ ϾϧϤ ϷϹͼϹϽͼͼ<ͻͼϳ϶ͰϹϧͼͼ ϧϲϧϷͿͼ ϹͿͼͿϤ ΛϧϥϲϲϷͼͼ. ϷͼϧϷͿͼϧϲϧϧ ΛϧϷͼͼϲϥͼͻϹͼ ϷͼϧϷͿͼϧͼϹͿϥͺ

after we're gone, they will have a better place to work and I thank them very much. That's it for me.

Chairperson (interpretation): Thank you, Mr. Shooyook. Anybody else? Mr. Rumbolt.

Mr. Rumbolt: Thank you, Madam Chairperson. The past couple of days we have been concentrating on the issues with the Qikiqtani General Hospital mostly. I think, if the privacy commissioner did an audit on any of our communities, you would probably find a lot of similar circumstances.

I would just urge that when the Department of Health is looking at these recommendations by the privacy commissioner, a lot of them can probably apply to our communities and to ensure that anything they can do to improve the issues that we have in our communities would be greatly appreciated. Thank you, Madam Chairperson.

Chairperson: Thank you, Mr. Rumbolt. I guess what I'm going to do is open up for closing.... Oh, sorry, Mr. Qirngnuq. I'm sorry, Mr. Qirngnuq. Go ahead.

Mr. Qirngnuq (interpretation): Thank you, Madam Chairperson. We're talking about the Qikiqtani General Hospital in Iqaluit because it is the biggest hospital in Nunavut. With respect to privacy and confidentiality issues which are being addressed and put in place, if this is properly implemented in Iqaluit, then it will reach the smaller communities. We would like to see something like that in the future.

The issue of privacy is very important because personal information should not

▶√√√</l>√√

be shared openly. It's up to the individual if they would like to share their own information openly. I would like to thank the Information and Privacy Commissioner of Nunavut for her support and the Department of Health. I am pleased and thankful that we now have a better understanding. Thank you, Madam Chairperson.

Chairperson (interpretation): Thank you, Mr. Qirngnuq. (interpretation ends) Before we wrap up, I would like to take advantage of your time here and ask a little bit about a privacy issue. It was an issue that was raised by a couple of my constituents.

I recently wrote a letter to the Minister of Finance concerning the government's policy regarding reference checks during the staffing process. It is my understanding that the government may have recently changed its policy regarding the process. I will be tabling copies of my letter and the Minister's response to it during the upcoming spring sitting.

It is my understanding that candidates who apply for GN jobs used to be able to see copies of all references that were made about them, whether they were positive or negative. It is my understanding that this policy has changed and the candidates can no longer see these items.

I do understand the need to encourage referees to provide candid references, but I am also concerned that candidates who unsuccessfully apply for positions do not have the opportunity to challenge claims about them that may have been made in bad faith.

I would like to ask the Information and Privacy Commissioner for her thoughts on

Δ⁶/«ኦር%: 'dሃ°۵፫⁶, Γ'ር 'የዮኄ%: (ጋጎትበሀ⁶)

Δ⁶/
Δ⁶/
Δ⁷/

Poyton of the policy of the po

 $\begin{array}{lll} & \mathsf{DPAPLUL} & \mathsf{CLbdd} & \Delta^{\mathsf{sba}\Delta\dot{\mathsf{b}}}^{\mathsf{scC}}^{\mathsf{bC}} & \mathsf{adSC} \\ & \mathsf{dPALAG}^{\mathsf{pc}} & \mathsf{dL^{\mathsf{c}}} & \mathsf{dL^{\mathsf{c}}}^{\mathsf{c}} & \mathsf{dDALC} \\ & \mathsf{dPALAG}^{\mathsf{pc}} & \mathsf{dL^{\mathsf{c}}} & \mathsf{dL^{\mathsf{c}}}^{\mathsf{c}} & \mathsf{dDALC} \\ & \mathsf{dL^{\mathsf{c}}}^{\mathsf{pb}} & \mathsf{dL^{\mathsf{c}}} & \mathsf{dDALC} \\ & \mathsf{dL^{\mathsf{c}}}^{\mathsf{pb}} & \mathsf{dL^{\mathsf{c}}} & \mathsf{dDALC} \\ & \mathsf{dL^{\mathsf{c}}}^{\mathsf{pb}} & \mathsf{dL^{\mathsf{c}}}^{\mathsf{c}} & \mathsf{dDALC} \\ & \mathsf{dL^{\mathsf{c}}}^{\mathsf{pb}} & \mathsf{dL^{\mathsf{c}}} & \mathsf{dL^{\mathsf{c}}} \\ & \mathsf{dL^{\mathsf{c}}} & \mathsf{dL^{\mathsf{c}}} \\ & \mathsf{dL^{\mathsf{c}}} & \mathsf{dL^{\mathsf{c}}} \\ & \mathsf{dL^{\mathsf{c}}} & \mathsf{dL^{\mathsf{c}}} & \mathsf{dL^{\mathsf{$

ϽΡΥΥLU→Ϥʹ϶Ͻʹʹυ ΔL°α αΡΓΛΥΊΘΠΟʹ CdϧΡϧιασονως αΠʹσΦ ΡΥασ ΔΥΪΑΠΓΟΘ CLbda ΔʹΦαΔϳϧʹΦCςΥΙΏΤΑΟ ΔΦαΔϳϧʹΦĊΦΠΟΡΦΎΓΟΠΟΓ Cdt°αʹΨΥΊΘΕ ΓΕΙ ΔL°α ΡʹστΑΘΑΘΑΓΙΕΙ ΚΙΑΙΟΡΘΑΡΠΟΓ.

CVTC AVV4TG2 ጋ/bF,4CVQ.Jc

this issue. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Madam Chairperson. Let me start by saying this: access to information rights have been held by the Supreme Court of Canada to be quasi-constitutional in nature. That means those rights should only be removed in circumstances that would cause serious and demonstrable harm. The right of access to one's own personal information is at the top end of that scale. It is the highest level of entitlement that there is in the Act.

References on job applications are by definition the personal information of the person about whom the opinion is. If you give an opinion as to my suitability for employment, that is my personal information. Your opinion is my personal information by definition under the Act.

The Act currently provides public bodies with the discretion to refuse access to disclosed personal information that is evaluative or opinion material, which is compiled solely for the purpose of determining an applicant's suitability for employment. When that information is provided either explicitly or implicitly in confidence, it is a discretionary exemption, which means that the discretion must be applied in each individual case and be weighed in each individual case.

Disclosure is always the default or should always be the default and only if there is a very good reason over and above possibilities, maybe or might happen, should that information not be disclosed to the individual about whom it belongs.

In a policy which says that we are simply not going to disclose any of the Δ /L^565L% $^{\circ}$ 6 CL>F% $^{\circ}$ 6. F\ $\dot{\mathsf{P}}$ 0. $^{\circ}$ 6 $^{\circ}$ 6.

Pa° <Δ⁶ (Ͻ¹λΑΠJ¹): 'd۶° α Γ˙°, Δ⁶γ «Ρ C˙°.
 Δ¹L¹δ ΛΓ42Π¹δρ2L, Δ⁶6 δ¹δλδ γ 4 4 σ δ d
 Δ¹LΓ Ρα Ε΄ α Α΄ α ΡΠ¹Π° Δ¹
 Ͻ⁶ ¹Uδ α Γα Δ¹L α C˙ d A Λ⁴ α Ρ Π˙¹
 Λ⁶ Γα Δ¹ Γα

 $\label{eq:localization} \begin{picture}(200,0) \put(0,0){\line(1,0){1}} \put(0,0){\line(1,0){$1$$

ᡏ᠋᠘᠘ᢉᢛ᠂ᠵ᠙ᢛᡳ᠘ᢣᢛ᠂ᠪᡆᠼ ᠘᠃᠙ᠺ᠘᠘᠘᠘᠘᠘᠘᠘᠘ information we get from references is clearly, in my opinion, contrary to the Act because in each individual case that discretion must be exercised and only if there is a good reason not to disclose it, which goes beyond the general, should it be withheld

I hope that answers the question as thoroughly as I can without knowing facts of a particular case. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. I guess my question on that: when they come up with their reason why they don't want to disclose, is that something they share with the person trying to access the information? Thank you. Ms. Keenan Bengts.

Ms. Keenan Bengts: Thank you, Chairperson. That has always been my position since day one. When you're exercising discretion, you have to let the individual know why and what the considerations that went into that exercise of discretion were. I must say, however, that it's more often that I don't get those explanations when I'm doing an investigation than I do. It's still an ongoing work in progress getting public bodies generally, not just in this area but public bodies, to provide the considerations that went into an exercise of discretion, but I believe it's necessary. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. Thank you very much. I would like to also open it to you now, perhaps, to go to you, Ms. Keenan Bengts, for your closing comments.

Ms. Keenan Bengts: Thank you, Chairperson. I would like to thank the Committee for encouraging me to do an Λϧ·⋂·σ <Δ<<σ CΔι/ιμσ». CΔL γϭͿͼΩ»%ΛϧϥϽϧͺΛͼ, Λͼ, Δος Αφρος Αφρος Αφρος ΑφροςΛϧϥϽϧ, Δος Αφρος ΑφροςΚρος Αφρος Αφρος Αφρος ΑφροςΚρος Αφρος ΑφροςΚρος Α

᠙᠙ᡐ᠘ᡶ᠙᠘ᡧ᠘᠘ᢣ᠘ᡶᢛ᠘ᡶ ᠘ᡩᢗᠫᡲᡉᢛᢤᡎ᠘ᡶᡳ᠂ᡏᠲᢞ᠘ᢩᡤ

 Δ **°/ペ▷ር%** (ጋኒ/እጠሪ): 'dሃ°ፚ፫•, Γ' ጵሴ° < Δ °'. 'dሃ°ፚ፫ጐ/ላጐ ላ፡L Δ Δ^LL δ Γ' ጵሴ° < Δ °' L Δ °σ• ▷ና δ ▷/ፕ δ δ δ ° Δ °.

ጵፌ <۵% (ጋጎትበሆ): የፀታኄሲቮ, Δ67९ÞĊና ሀተጋ

audit. It was a most interesting exercise and I think very beneficial.

I would like to thank the Department of Health for working with us on this. I would particularly like to thank those who we dealt with during our site visit at the hospital last June, all of whom I understand have pretty much moved on.

It was a fascinating exercise. I think we have come up with a series of recommendations that will improve the situation. We were encouraged by the enthusiasm of the people we spoke to, which was always positive.

If there's one recommendation that I would put above all in these 31 recommendations that we made, I said it yesterday and I'll say it again, I think the most important recommendation is the appointment of a chief privacy officer within the hospital, within the clinical setting. That person will take care of almost everything else in this report. It will be their responsibility to take care of almost everything else in this report.

Once again thank you for your interest and thank you for encouraging me to do this. Thank you.

Chairperson: Thank you, Ms. Keenan Bengts. Ms. Stockley.

Ms. Stockley: Madam Chairperson and Members, thank you for the invitation to appear before the Standing Committee.

As well, I would also like to thank Nunavut's Information and Privacy Commissioner Elaine Keenan Bengts for her recommendations. They're very helpful. Thank you as well to Mr. Dickson for appearing with her. CL⁶4/L4⁶40⁵576 40⁵64C0⁶4/LLC. 4⁶44¹6 ACL4N⁶20 ⁵6840C0⁶69.

 $\label{eq:controller} \begin{array}{lll} \text{Id} & \text{Action} \\ \text{Id} & \text{Action} \\ \text{Alto} & \text{Action} \\ \text{Alto} & \text{Action} \\ \text{Action} \\ \text{Action} & \text{Action} \\ \text{Action} & \text{Action} \\$

4)፫'dኑ% Ċ゚Ⴍ ґ%'Ⴀ▷'dႭϧ%Cና ▷d4 31-ሢLC
 4)፫'dϧΔ' ϤͰͺͻ Δϧ<'ϧ% ▷'b▷ፖሊር▷%)J
 ▷'ᠴΓͻ ▷'b▷ፖሊԻԵ°σ?L'ͻͿ. CΔ°α
 Ե°ሢႭ%)፫ሊσ¹Ϳ' ԵԼት Δ%ԵႭʹϳϧჀ
 \%PC▷'d'ͻͿ ൎϤ゚σϤ&\Γ. CΔ°α Ե°ሢႭ%)፫ሊት
 ዮ/፫ἰናበላσቱ ▷ペጵርንσቱ ἀͻበ°
 Λϧϧ\ϧ·Ϲռգϧϧ·Ϲϧ·Ϲ.

ʿdদ°aൎΓ°b°σς·%>∿U CΔL°α Ρʹϲ៸σ

/Ċ·C (ϽϞϟႶͿ^c): Δ٬/<βĊ^c, LCしC▷^c! ^cdゲ^cat^c! ኢ^c٬/^cĠ∩C▷√^cac▷ςL.

 $^{\prime\prime}$ $^{\prime\prime$

I would also like to say "thank you" to the staff at QGH. Although Ms. Keenan Bengts just mentioned that many of the staff have moved on, they have moved on to different roles. We've had great success in the last number of months with having competitions put out and getting people in positions on an indeterminate basis. That's good news for all of us. The staff at QGH and their dedication in working towards the commissioner's recommendations are certainly commendable.

I also want to say "thank you" to the interpreters and support staff whose talent and support make this hearing possibly. Even when I'm going too fast, they have great patience.

Finally I think it is really important, especially over the last four days really that we have been together, to thank the Standing Committee, the MLAs in general, and cabinet who have supported the department's efforts. The support that we have been receiving as a department and I have been receiving as a deputy is just amazing.

I take your points to heart that this is an audit of QGH, but this is important to all communities and all Nunavummiut. Together we will make sure that they have current and appropriate privacy protocols for their personal information. My heartfelt thank you to each and every one of you. Thank you, Madam Chairperson.

Chairperson: Thank you, Ms. Stockley. From our side of things too yes, thank you very much, Ms. Keenan Bengts, Mr. Dickson, and Ms. Stockley and your staff. Mr. D'Arcy, thank you very much for attending this and of course my fellow colleagues and my staff too. Interpreters, I agree with you, we can't do much without

「付けっしてとしている」」
「付けっしている」」
「付けっしている」」
「付けっしている」」
「ロかっしている」」
「ロかっしている」」
「ロかっしている」」
「ロかっしている」」
「ロかっしている」」
「ロかっしている」」
「ロかっしている」」
「ロかっしている」」
「ロかっしている」
「ロかっしている」
「ロかっしている」
「ロかっしている」
「ロかっしている」
「ロかっしている」
「ロットー」

them. Thank you, everybody. I'll close this meeting. Thank you. Bye.	CĹĠººľ< <c. bnlơº="" c°<p="" lj<s.="">N°.</c.>
>>Committee adjourned at 11:01	>>bNL^5c _o%b%D< 11:01-Г