



Standing Committee on Public Accounts, Independent Officers and Other Entities

Report on the Review of the Office of the Auditor General's 2017 Report on Health Care Services in Nunavut

**3rd Session of the 4th Legislative Assembly of Nunavut
Spring 2017 Sitting**

**Pat Angnakak, Chair
Alexander Sammurtok, Co-Chair
Tony Akoak, MLA
Joe Enook, MLA
David Joanasie, MLA
Pauloosie Keyootak, MLA
Steve Mapsalak, MLA
Simeon Mikkungwak, MLA
Paul Okalik, MLA
Allan Rumbolt, MLA
Emiliano Qirngnuk, MLA
Tom Sammurtok, MLA
Isaac Shooyook, MLA**

www.assembly.nu.ca

Mr. Speaker, I have the honour today of presenting the report of the Standing Committee on Public Accounts, Independent Officers and Other Entities on its review of the Auditor General's 2017 report on *Health Care Services in Nunavut*.

Mr. Speaker, issues relating to health and the delivery of health care services to Nunavut residents are of great interest and concern to Members of the Legislative Assembly and the residents whom we represent. While many different aspects of health care service delivery in Nunavut would benefit from review and analysis, the Auditor General's report focused on primary health care in our community health centres and on whether frontline health care staff and personnel were receiving the support they needed in order for them to be able to properly deliver health care services.

The Auditor General of Canada, staff from the Office of the Auditor General and Government of Nunavut officials appeared before the Standing Committee from May 8 to May 9, 2017 in the Chamber of the Legislative Assembly to address the findings and recommendations in the Auditor General's report. The Standing Committee's hearings provided an opportunity for the issues raised in the report to be discussed in a public forum as well as giving government representatives the opportunity to address those issues and respond to recommendations. While a majority of the issues raised were addressed to the Department of Health, a number of them also involved the Department of Finance. For this reason, witnesses from both of these departments participated in the hearings which were televised live across the territory and were open to the public and news media to observe from the Visitors' Gallery. Transcripts from the standing committee's hearings will be available on the Legislative Assembly's website.

Mr. Speaker, the Auditor General's report addressed the types of support that are provided to frontline health care personnel in such areas as training and orientation, methods of ensuring and improving the quality of health services, safe work environments and the recruitment and retention of personnel. The overall conclusion was that Nunavut's Department of Health did not adequately manage and support its

frontline health care personnel to deliver services in local and regional health centres in Nunavut.

The Auditor General's report also addressed the Department of Health's need to adequately plan staffing and resources for community health centres. A newly-developed comprehensive plan, or model, for service delivery across Nunavut's communities could certainly help to address many of the key issues identified by the audit.

I would like to take this opportunity to note that the Auditor General's report as well as testimony from government witnesses during the hearings clearly demonstrated that a number of initiatives have already been undertaken by the Department of Health to address the issues raised in the report.

Mr. Speaker, one of the central themes which emerged during the Standing Committee's review of the Auditor General's report to the Legislative Assembly was the need for the Department of Health to improve its implementation of policies, practices and procedures which support the delivery of health care services in Nunavut's communities and to ensure that the implementation is tracked and monitored in order to enable adjustments and measure improvements over time. It was noted on several occasions throughout the hearings that while policies and procedures may have existed on paper in such areas as quality assurance, recruitment of staff or addressing safety aspects of the workplace, they were not always carried out in practice. The audit also noted the absence of mechanisms with which to track and monitor the successful implementation of various policies.

Mr. Speaker, it can be said that for any system the breakdown of one component affects many other components within that same system, as each relies on the other in combination to achieve effective results. The delivery of such a complex system as health care is no exception.

Members of the Standing Committee noted, for example, a number of findings in the Auditor General's report regarding workplace safety. Several safety-related incidents and safety-related risks were identified at community health centres while it was noted further that many community health centres with more than ten staff members did not have functioning occupational health and safety committees as required by legislation. During the hearings, Members learned that one nurse had, in fact, resigned due to an incident of violence in the workplace. In this case, a breakdown in the management of safety risks had an impact on the retention of staff and this in turn put further pressure on the staff recruitment process.

Mr. Speaker, another theme which emerged during the Standing Committee's review of the Auditor General's report to the Legislative Assembly was the need for improved communications and the sharing of information. With respect to the staffing process and the observed length of time between identifying a vacant position which needed to be filled and actually filling that position, it was noted that communications between the many different personnel responsible for the various steps in the staffing process as well as communications between the respective divisions of the departments of Health and Finance were often delayed, resulting in some positions not being filled for over 500 days. Such delays would certainly be reduced with improved communications and exchanges of correspondence.

In addition, Members of the Standing Committee learned of instances where the Department of Health had brought forward business cases to the Department of Finance to request funding for specific initiatives which would have addressed some of the shortfalls in supporting health care service providers and these requests were either denied or only partially funded. It would appear that there could be some improvement in the sharing of information which would allow the Department of Finance to better determine the various cost drivers faced by the Department of Health and to better assess the merits of specific business case requests.

Mr. Speaker, as I indicated earlier, the Standing Committee recognizes that the Department of Health has already initiated a number of activities and programs to address the observations and concerns highlighted in the Auditor General's report.

One major initiative, which Members also addressed during the Legislative Assembly's recent review of the department's proposed 2017-2018 Business Plan and Main Estimate budget this past February, is the department's proposal to redesign its service delivery model. As discussed throughout the hearings on the Auditor General's report, the Department of Health's "model of care" redesign is anticipated to determine what types and levels of health care services would best meet the current and future needs of Nunavut residents while at the same time ensuring that health care service providers are well supported in the delivery of those services. A revised service delivery model could be the key to addressing a majority of the shortfalls identified in the Auditor General's report.

Mr. Speaker, the Auditor General's 2017 report on *Health Care Services in Nunavut* included 17 recommendations directed to the Department of Health with five of those recommendations also directed to the Department of Finance. Departmental responses included in the Auditor General's report indicate agreement with all of the recommendations. As indicated previously, a number of initiatives addressing issues raised in the audit were initiated subsequent to the audit being completed and are identified in the report. In addition, at the outset of the Standing Committee's hearings, Department of Health representatives provided members with a follow-up report on programs and activities being delivered by the department which specifically address the Auditor General's recommendations in the areas of training and orientation, recruitment and retention and the delivery of health care and workplace safety. The Standing Committee appreciated the level of detail and information included in the Department of Health's follow-up report.

Accordingly, the Standing Committee makes the following recommendations:

1. That the Department of Health establish and maintain a system to record, track and monitor the delivery of orientation and training programs to health care staff; to record the status of certification and recertification of health care staff in specific competencies; and to flag training or certification requirements for both new and current personnel.

Mr. Speaker, during the Committee's proceedings, Members raised a number of concerns with respect to the potential risks of health services being provided to Nunavut residents by staff who have not had adequate training or certification.

It was noted that clerk interpreters did not necessarily have training in medical terminology and that this lack of training could compromise their ability to ensure clear and appropriate communications between English-speaking health professionals and Inuit language speaking clients. Departmental witnesses described the types of medical terminology modules that are or will be available through Nunavut Arctic College and the Standing Committee encourages the Department of Health in its ongoing efforts to secure adequate funding to deliver these modules to staff who require the relevant training.

The Auditor General's report also noted that an analysis undertaken by the department regarding the quality of a specific set of X-Ray images had demonstrated that a significant number of them were of too poor quality for diagnostic purposes, which may in part be due to a lack of skills or training. While Committee members were reassured that a follow-up quality review ensured that no diagnosis was made in error with any long-term health effects, Members noted that this type of circumstance posed a liability risk. With the introduction of new diagnostic imaging technology in the future, the Standing Committee stresses the importance of adequate and ongoing training in this area and encourages the Department in its efforts to ensure that both lay staff and nursing staff at community health centres receive appropriate training and that the delivery of such training is duly recorded and monitored.

2. That the departments of Health and Finance continue to work together to improve the staffing process for health care professional positions and ensure that the newly developed Health Professional Recruitment and Retention Strategy addresses the need to retain staff within our communities.

Mr. Speaker, Members expressed some concerns regarding the length of time it is taking the departments of Health and Finance to complete the process of filling vacant positions in the Department of Health. The role of nurses in community health centres in particular is critical to delivering adequate health care services at the local level. Recognizing that there is a shortage of nursing professionals across the country, it was felt that greater efforts must be made to provide more competitive salaries and benefits for indeterminate health care professionals as well as taking opportunities to recruit health care professionals who may be working on a short-term basis but have expressed an interest in remaining to work in Nunavut on a full-time basis.

3. That the Department of Health provide regular updates on the development and implementation of its new “Model of Care” service delivery model to Members of the Legislative Assembly.

Mr. Speaker, as I noted in my comments earlier, the Department of Health’s Model of Care Initiative will provide opportunities to focus on many of the issues raised in the Auditor General’s report and addressed by the Committee during its proceedings. Members appreciate that the Department has initiated conversations with such entities as Nunavut Tunngavik as part of its consultation on how health care service delivery can best meet the needs of Nunavummiut. The Committee strongly urges the Department of Health to provide Members of the Legislative Assembly with regular updates on any organizational changes or changes in how health care services will be delivered at the community level.

In closing, Mr. Speaker, the Standing Committee on Public Accounts, Independent Officers and Other Entities recognizes that the Department of Health has recently been subject to a number of audits and reviews. The Standing Committee fully appreciates the effort and dedication of departmental staff in providing comprehensive input to these initiatives. Given current capacity challenges within the health service system, Standing Committee members recognize that participating in such audits not only increases the workload of departmental staff but pulls them away from their primary roles in delivering health care services to the people of Nunavut.

Mr. Speaker, this Standing Committee report highlights key issues raised by the Auditor General's report on *Health Care Services in Nunavut* and includes recommendations for the government's consideration. Pursuant to Rule 91(5) of the *Rules of the Legislative Assembly of Nunavut*, the Standing Committee requests that the government provide a comprehensive response.

In conclusion Mr. Speaker, I move that the report of the Standing Committee be received by the House.

Thank you, Mr. Speaker.