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Ministaat Aanniaqtailinirmut

Ministre de la Santé

May 15, 2024

Hon. George Hickes MLA, Iqaluit-Tasiluk Chair – Committee of the Whole Legislative Assembly of Nunavut 926 Sivumugiaq Street Iqaluit, NU X0A 3H0

Dear Mr. Hickes,

I wish to clarify and provide additional information to some of my responses during the Department of Health's (Health) appearance at Committee of the Whole on February 26, 27, 28, and March 1, 2024. Please find below additional information about the work of Health.

Medical Travel

Health typically spends \$130 to \$135M per year on air travel expenses, inclusive of medevacs. In fiscal year 2022/23, Health arranged over 26,931 scheduled airline tickets. Health's medical travel team is also responsible for booking duty travel for Health employees.

The Medical Travel Policy outlines entitlements and coverage, and Health staff are responsible for approval of medical travel requests, monitoring contracts and service delivery, and working with other Government of Nunavut departments and third parties to ensure quality services are provided throughout the medical travel process. Case management staff organize appointment bookings, flight, and accommodation requests, and communicate these details with clients.

Families may make a request to the Inuit Child First Initiative (ICFI) for their children, or other, to accompany them on medical travel arranged under Health's Medical Travel Policy. While Health does not book ICFI-related travel, Health may become involved if ICFI approval is made after Health's bookings and there are challenges with all travellers being on the same flight. In these cases, Health staff may need to rebook flights for those on medical travel, amend appointment times, etc. Between April 1, 2023, and March 20, 2024, ICFI booked travel for 811 requests in Nunavut, supporting 1,508 travellers. Most of these trips are connected to existing medical travel, although a small number of these trips may be linked to family visits.

As stated at Committee of the Whole (COW), Health has commenced work to map out transitioning the NIHB program back to Indigenous Services Canada if required. One discussion during the appearance was regarding how many and which divisions are involved in administering programs and services related to NIHB, and an approximation of how many employees such a transition may impact.

Providing an accurate number of positions that are attributed to NIHB would be part of any transition planning and would require a dedicated review as most positions that administer NIHB-related programs and services are Vote 1, with some Vote 4 positions funded under the NIHB contribution agreement. This means that the work does not always breakdown into full-time or part-time equivalents. Overall, it is expected that many of these positions would be required throughout a transition and likely after. While a potential transition is still some time away, and may not occur at all, affected positions could be re-profiled to support other initiatives. With the completion of the two-year interim agreement with ISC in March of 2024, discussions will continue in the development of a long-term NIHB agreement into 2025-26 and the years beyond. As additional details become available, information on any potential transition planning will be provided to Health employees.

Out of Territory Services

During the appearance, members asked about the number of clients receiving care outside of the territory. At the time, I provided the numbers for Embassy West. In addition to these clients, at that time there were also 136 mental health and addictions clients in care outside of the territory, which includes short-term and longer-term placements.

Health has hired a dedicated social worker employed through the Ottawa Health Services Network Inc. (OHSNI), who is located at Larga Baffin boarding home and will deliver an array of crucial services. Health aims to offer similar support to medical travellers in other boarding homes. This is a long-term goal with an anticipated timeline of 12 to 24 months. At this time, Health is exploring funding options, after which hiring, onboarding, and implementation would follow.

Waitlists

Health continues to work through any backlogs that occurred because of the COVID-19 pandemic. During COVID-19, the number of children requiring general anesthetic services for dental care increased significantly due to limited access to facilities in Iqaluit, Churchill, Ottawa, Winnipeg, and Edmonton. While numbers fluctuate frequently, there has been a decrease in the waitlist numbers for general anesthetic. For example, in February 2024 there were 100 fewer children on the waitlist when compared to August 2023. In fiscal year 2023/24, Health requested that NIHB fund additional in-territory dental clinics. Funding for 22 additional weeks of general anesthetic, along with an additional 5 days of oral surgery services in Iqaluit was approved. With respect to vision care, NIHB increased service days from 284 to 360 in fiscal year 2023/24. Supported by the recent completion of Ophthalmic service RFPs to expand the capacity to deliver service and

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eyewear, the current request for fiscal year 2024/25 is 811 total vision service days and up to 116 community trips. Health is currently awaiting response from ISC given the recent ratification of the 2024/25 contribution agreement.

Health has been working to shorten waitlists by expanding virtual care. Virtual care services are accessible in all 25 communities, allowing Nunavummiut to access timely health services virtually. A virtual cardiology clinic was deployed in the Qikiqtaaluk region with an Ottawa-based cardiologist consulting more than 250 patients on the waitlist. In addition, an allergist at the Ottawa Hospital was contracted by OHSNI to provide virtual triaging and care to patients. The expansion of virtual care allows clients to stay in their home communities to receive specialized care while also shortening waitlists.

Waitlist waiting times differ depending on the urgency of the referral in question and by speciality. Health also strives to use specialists' time efficiently; for example, if a client does not attend an appointment in Iqaluit, clients within the community are contacted to determine if they are able to attend last-minute, and extra clinics are added where possible when healthcare providers travelling to communities have layover time.

Mental Health and Addictions

Health's paraprofessional program aims to increase the number of Inuit in mental health care by providing the opportunity for training, growth, and advanced employment through career laddering. As of December 2023, there were 39 paraprofessionals hired across the territory who can be employed under the following titles: mental health and addictions program supervisor, mental health and addictions assistants, youth program facilitators, and mental health and addictions outreach workers. Health's Inuusivut, Mental Health and Addictions (IMHA) division is working with the Department of Human Resources to hire paraprofessionals at a faster rate.

During the appearance, a question was asked regarding how many regulations for the *Mental Health Act* had been finalized. In response, I noted that drafting had started this winter for the 10 regulations that were identified as priority. I would like to take this opportunity to clarify research is underway, but drafting has not started.

In response to whether there are specific person years (PY) or positions that will be dedicated solely to supporting the work of the Mental Health Review Board (Board), a Community Assistant Treatment Order (CATO) coordinator will support the Board part-time; this is included in the job description. At this time, existing positions will work to establish the Board and a consultant will be hired to assist with the training and development of protocols. The key functions of the Board are to review long-term hospitalizations and make decisions when there are disagreements, or when a decision is needed (e.g. who should be a client's selected representative, or if a client is exempted from having their selected representative notified of a suicide attempt).

Health is working with the Department of Education to implement a collaboration guide for mental health and wellness programming in all schools. Staff capacity issues have

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delayed the completion of the guide and work is continuing. A draft guide is complete and is anticipated to be finalized in July 2024 for distribution in the 2024/25 school year.

Healthcare Staffing, Emergencies, and Critical Staffing Measures

Vacancy rates for nursing PYs by community, as of February 15, 2024, is as follows:

Community	Total PYs	Permanent ¹	Vacant	Casuals	Vacancy Including Casuals	
Iqaluit	99	57	42	24	18	
Baffin	88	30	59	41	18	
Arctic Bay	6	2 ²	5	4	1	
Clyde River	8	4	4	3	1	
Grise Fiord	3	1	2	2	0	
Igloolik	16	6	10	3	7	
Kimmirut	4	3	1	1	0	
Kinngait	10	1	9	2	7	
Pangnirtung	15	4	11	11	0	
Pond Inlet	11	2	9	9	0	
Qikiqtarjuaq	5	2	3	2	1	
Resolute Bay	4	2	2	1	1	
Sanirajak	6	3	3	3	0	
Kitikmeot	60	25	35	25	10	
Cambridge Bay	23	7	16	10	6	
Gjoa Haven	14	6	8	7	1	
Kugaaruk	6	1	5	3	2	
Kugluktuk	10	4	6	5	1	
Taloyoak	7	7	0	0	0	
Kivalliq	90	39	51	39	33	
Arviat	14	9	5	4	1	
Baker Lake	13	9	4	3	1	
Chesterfield Inlet	5	1	4	0	4	
Coral Harbour	10	3	7	2	5	
Naujaat	9	4	5	5	0	
Rankin Inlet	26	10	16	15	1	
Sanikiluaq	7	1	6	3	3	
Whale Cove	5	1	4	1	3	
Winnipeg	1	1	0	6	0	
Nunavut Total	337	151	187	129	79	
Occupancy Rate %	44.80%					
Occupancy rate when casuals are included 76.55%						

The staffing numbers are a snapshot and do not reflect usage trends during peak periods.

¹Overstaffing is typically coverage for an incumbent on leave or to assist with high demand levels. ² Job share employees.

Health has used paramedics to ensure continuity of services in health centres and to ensure that, at minimum, emergency services will be available. Health has secured funding to hire a paramedic practice consultant for two years to lead the work on defining the role in community health centres. This information will help inform future decisions about the use of paramedics.

Currently, paramedics are a contracted service hired to fill existing nursing vacancies. Health's goal is to fill these vacancies with nursing professionals, reducing the reliance on paramedics and prioritizing community health nurses for the limited staff housing and clinical space that is available. At this time there is not a plan to create a training program for paramedics similar of that to the nursing program.

With respect to what is considered an emergency, in the context of a nurse triaging afterhours calls, an emergency is when a client experiences symptoms that would need to be seen immediately and are threatening to life or limb, such as seizures, cardiac arrest, major trauma, or severe allergic reactions. Currently, the Chief Nursing Office offers virtual certification training for the Canadian Triage Acuity Scale for indeterminate and casual Community Health Nurses. This is available twice monthly.

If a situation is not imminently life threatening, the nurse would gather a client history to assess the severity of symptoms and an appropriate time for the client to be assessed. The process is as follows:

- 1. Call is received.
- 2. Nurse records client demographics and symptoms using a standardized age-based triage form. The form is completed for every after-hours call. It ensures that the nurse asks appropriate questions when assessing urgency. In addition to assessing urgency by using the standardized from, clients must be seen within 4 hours if they meet the following criteria:
 - Clients who are pregnant.
 - Children ≤2 years of age.
 - Clients discharged from hospital within the past 48 hours.
 - Clients who have had an endoscopic procedure within the previous 3 days.
 - Clients who have complex medical conditions.
 - Clients who are ≥65.
 - Clients who are in police custody.
 - Clients who are ≤2 weeks postpartum.
 - Clients who have had a surgical procedure under general anesthetic within the previous 10 days.
 - Clients who have had multiple visits or calls to the health centre in the previous 72 hours with the same presenting complaint.
- 3. Nurse communicates to the client the most appropriate time to be seen at the health centre, based upon the severity of symptoms.

With respect to the discussion on bonuses, nursing bonuses are not currently offered to non-front-line positions, except for those positions which provide front-line services through periods of surges, short staffing, etc. Bonuses have been focused on front-line positions to encourage candidates to work in these critical positions. Vacant non-front-line positions can be filled through other measures, such as contracted services or out-of-territory coverage during the recruitment process.

Prior to the critical staffing measures, bonuses and allowances were only for front-line nurses or those deployed to the front-line as part of their job description. Positions eligible for tiered premium allowances include: the supervisor of health programs, outpatient/inpatient manager, community health nurse, nurse practitioner, public health nurse, psychiatric nurse, midwife, and mental health consultants who are staffed through the Government of Nunavut's Department of Human Resources. In addition, regional environmental health officers, who are within the Chief Public Health Officer (CPHO) office, are entitled to critical staffing measures.

There are several positions within the CPHO office that require a nursing degree and license, noted below. These positions are not eligible for the critical staffing measures:

- o Communicable Disease Specialist (two positions);
- o Territorial Public Health Nursing Consultant; and
- o Tuberculosis (TB) Nurse Educator.

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Currently, Pond Inlet has 5 days of physician coverage per month, with two permanent physicians located in Iqaluit serving the community and locum coverage while they are on leave. Health would support a permanent physician that would like to practice in Pond Inlet or in any other Nunavut community. There is also a funded Nurse Practitioner position in Pond Inlet. The previous incumbent recently retired. Health is trying to fill this position with casual or agency staff.

Third-Party Funded Positions

There are 123 third-party funded positions. As discussed at Health's appearance, some positions are funded long-term, and some are term limited. Please see the table below for a breakdown:

	Ending 31 March 2024	Ending 31 March 2025	Ending 31 March 2027	No end date	Total FTEs ¹			
1 FTE	1	1	5	104	111			
0.5 FTE	0	0	4	20	12			
	-	-	-	-	123			
¹ FTE = Full time equivalents.								

The total number of positions within the Department of Health, as reported in the Main Estimates for 2024/25 and Business Plan for March 31, 2025, is 1372. In *Towards a Representative Public Service* the total number of positions in Health are 1324.7.

There are several factors that may have contributed to the discrepancy, including deactivations or reprofiling of positions which impact the staffing compliment, and

operational processes that differ between departments; for example, when positions are in different stages of creation, this can impact what constitutes a created position.

Public Health

Larder beetles are small, oval-shaped beetles that typically measure between 7mm to 9mm in length. Although they are not known to transmit disease directly to humans, they can contaminate food and surfaces. Individuals with allergies may be sensitive to the hair or skin these beetles shed. Preventative measures include maintaining cleanliness and using proper food storage practices, such as: clean up of spills and crumbs to eliminate food sources; storing food off the floor and in airtight containers; and ensuring cracks or gaps in doors, windows and walls are sealed to prevent entry.

Infestations are typically temporary; larder beetles require a food source and an ideal temperature to reproduce and complete their life cycle of 40 – 50 days. If an individual discovers an infestation in their home, they can dispose of any infested food items and thoroughly clean affected areas, including vacuuming. Insecticide treatments may be necessary for severe infestations; a pest control professional may be consulted for effective and safe methods to eradicate larder beetles.

In terms of possible improvements to the Tobacco Smoking Act (TSA), specifically around enforcement, Health has been working in a variety of areas. The Tobacco and Cannabis Program (TCP) team is strengthening the current program and resources to reflect the new tobacco laws and regulations. For example, the Tobacco Retailer Toolkit has been updated with enhanced features and content and is currently in the approval process. An additional set of four retailer reporting forms have been developed to aid retailers in complying with the new TSA and regulations and have received Health Ministerial endorsement and are now being distributed. An RFP was awarded for a comprehensive TSA Mass Media Campaign and other projects that highlights the changes made to the new laws surrounding the use of tobacco, vaping, and cannabis. Among key messages Nunavummiut will be aware of smoke-free public and GN staff housing, smoke-free vehicles, and where to seek support with reducing/quitting tobacco, e-cigarette, and cannabis. In addition, an RFP for a comprehensive, evidence-based Tobacco Education and Compliance Program (TECP) is being developed. The program will provide support to the new position of Enforcement Officers with retailer education and outreach visit, progressive enforcement of the legislation, and formalized tobacco and smoking product retailer inspection activities.

Health currently does not routinely test for alcohol or drug consumptions at entry of community health centres or the Qikiqtani General Hospital and, therefore, any data collected is incomplete and would be misleading to actual trends. Further, Health does not currently have a live surveillance system and so data compiled provides point-in-time information. There are a number of data sources that need to be explored in Nunavut to capture a full picture of substance related harms in the territory. Health is required to report-opioid related deaths to Health Canada. The report is published every year and can be found here (https://health-infobase.canada.ca/substance-related-harms/opioids-

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<u>stimulants/</u>) The metric used in the report for opioid-related deaths is 1 per 100,000 population; Nunavut statistics have been supressed to date.

There are other sources of information. For example, the Canadian Substance Use Costs and Harms project seeks to provide "comparable, valid and up-to-date data on the costs and harms of substance use in Canada." As noted on their website (CSUCH.ca), in 2020, 2,701 substance use-attributed emergency visits were attributed to alcohol, 152 to cannabis, and 135 to opioids in Nunavut. In 2020, substance use in the territory cost the healthcare field up to \$49 million.

Health regularly communicates with the Department of Justice and works directly with the Coroner as part of Mental Health Surveillance work under an Information Sharing Agreement to collect comprehensive data around any death with psychoactive substances detected. There have been discussions with the Public Health Agency of exploring options around a public health surveillance system related to substance abuse and harms. These discussions are occurring with Coroners and Chief Medical Examiners. Health's epidemiologist team is involved in supporting these discussions.

I hope this helps to clarify questions and concerns raised by Members.

Matna.

Hon. John Main Minister of Health

Minister responsible for Suicide Prevention

cc: Members of the Committee of the Whole

John Quirke, Clerk, Legislative Assembly of Nunavut

Megan Hunt, Deputy Minister of Health

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