

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

HEALTH

Tuesday, November 10, 2020

LEGISLATIVE CHAMBER

Ronald McDonald House and its Role in the Community

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STANDING COMMITTEE ON HEALTH

Ben Jessome (Chair)
Keith Irving (Vice-Chair)
Hon. Margaret Miller
Bill Horne
Rafah DiCostanzo
Barbara Adams
Colton LeBlanc
Susan Leblanc
Kendra Coombes

In Attendance:

Judy Kavanagh
Legislative Committee Clerk

Karen Kinley
Legislative Counsel

WITNESSES

Ronald McDonald House Charities Atlantic

Lori Barker,
Chief Executive Officer

Lianne Ward,
Family Services Manager

Matthew Campbell,
Vice Chair, Board of Directors / Director of Strategy and Performance -
IWK Health Centre



House of Assembly
Nova Scotia

HALIFAX, TUESDAY, NOVEMBER 10, 2020

STANDING COMMITTEE ON HEALTH

1:00 P.M.

CHAIR

Ben Jessome

VICE-CHAIR

Keith Irving

THE CHAIR: Good afternoon. My name is Ben Jessome. I'm the Chair of the Standing Committee on Health. I'd like to call today's meeting to order. Today, we're going to hear from three guests related to Ronald McDonald House Charities Atlantic and their role in our community.

A quick reminder to turn off your cell phones or put them on silent. In the case of an emergency, we'll head out these doors in front of me, to your right on to Granville Street and then down to the art gallery. Anybody who is not actively speaking, we ask that you keep your mask on during the course of the meeting.

At about 2:00 p.m. or shortly after our first round of questioning, we'll take a brief recess for about 15 minutes. We'll be required to extend the meeting about 15 minutes, if I have the agreement of members of the committee. Thank you.

We'll now commence with some introductions, beginning with Mr. Horne.

[The committee members introduced themselves.]

THE CHAIR: Thank you. I will now invite our witnesses to introduce themselves. Before I do that, I just want to mention that as has been the practice of this committee, we will move in the sequence of the Progressive Conservative caucus, the NDP caucus, and the Liberal caucus with 20 minutes each allotted for questioning in the first round. Then based on the time left over, it will be divided equally in that same order.

I think that's it for housekeeping, so without further ado, I'll invite our guests to introduce themselves and make their opening remarks, beginning with Ms. Barker, please.

[The witnesses introduced themselves.]

THE CHAIR: I now invite Ms. Barker to make some opening remarks.

LORI BARKER: Thank you very much for the opportunity to come and speak with you today about our organization. I'd like to start by thanking all of you for the great work that you do on behalf of Nova Scotians each and every day. I know this has been a very challenging time, but on behalf of our organization and certainly individually, we just want to thank you for the leadership you've brought to the province.

As far as Ronald McDonald House Charities Atlantic, I wanted to take a few minutes today to share a bit of an overview of what we do as an organization and the impact we have on our community here in the Maritimes - and including Nova Scotia, of course - and then also talk about our plans for the future. We have some really exciting developments I'm sure many of you have heard a little bit about. We'll talk a little bit about that today too.

We've been in the community since 1982, supporting Maritime families with sick children. Essentially, we are a home away from home for those families that need to travel to access medical care for their sick child. We do that through two key programs. The first is Ronald McDonald House - that's our more well-known program, located on Tower Road. On any given night, we can have up to 18 families stay with us. Of course, that is not during the pandemic. That is during normal times. In any given year, we would have about 600 families throughout the Maritimes actually staying with us.

To give you a sense of the importance of the work that we do, we certainly exist to alleviate a lot of financial pressure for families. For most families, we understand it through an economic impact report that by staying at the house, they would otherwise be facing costs of about \$272 a day. With an average stay over the course of a year of seven nights, that's almost \$2,000. You can image the strain that puts on a family dealing with a sick child, let alone when they're staying for a month or two.

The other side of the work that we do is really about providing emotional support to families. Again, you can appreciate when families are brought from Cape Breton unexpectedly or they're having to spend a lot of time here in Halifax at the IWK Health

Centre, they're away from their support networks - their family, their friends, their neighbours - so we really step in to provide that emotional support to them. They connect with other families who are on similar journeys. They connect with our staff, with our volunteers, and that really is the priceless aspect of what we do as an organization.

We also have another program called the Ronald McDonald Family Rooms. It's a little less known, but it's space within the IWK Health Centre as well as space within the Moncton Hospital. The work that we do there is really about providing a break from the hospital room - a bit of an escape from the beepers and the buzzers and the clinical settings where families can enjoy just a cup of coffee, maybe have a shower, do laundry.

At the IWK Health Centre, our Family Room also has three overnight stays. For the most critical of cases, our families are able to stay right in the hospital and be very close to their children. The Family Rooms, you might be surprised to learn, receive upwards of 40,000 visits a year between those two spaces. They're very well-used spaces, without a doubt.

Of course, as you can appreciate, we wouldn't be able to do what we do without the support of our volunteers. In any given year, we have fundraising staff and we have volunteers at the House helping with our program delivery. Last year, we had about 2,000 volunteers that contributed 19,000 hours of volunteer service. Without them, we would not be able to do what we do. Then, of course, our wonderful donors that help provide funding to support our ongoing operations.

Where we are today as an organization: In recent years, we have continued to see an incline around the demand for our services. We've unfortunately over the years had to turn away many families who've been calling on us for support. We also, in our 100-plus-year-old building, have a lot of limitations in our current space. We aren't a fully accessible building, which is incredibly important given the population we serve. We aren't able to accommodate children with compromised immune systems because we have shared washrooms in our current space and that poses too high of a risk. We aren't as prepared for public health crises as we would like to be, so that is another element that has come into our awareness, certainly in recent months.

The other big piece is, we are in a house that was built for a single family. If you can imagine the space you have for your kitchen, dining room, and living room, that is what we have at Ronald McDonald House - only we have 18 families using that space. We like to use words like "intimate" and "charming", but it can be intense and a bit chaotic. We want to be able to provide a more restful environment for our families and more options and space for us to be able to provide the important programming that is available and that should be available to help those families through their journey.

As a result of all of that, we've had a lot of consultation with our board and certainly with our partners at the IWK and the decision was made to build a new house, both to

address the wait-list and the families we're turning away but also just to ensure we're providing the best-quality experience to the families who are staying with us. We're going from an 18-bedroom facility to a 36-bedroom house. It will double the capacity and double the number of families that we can support. When you translate that into the number of overnight stays, it's more than 6,500 additional overnight stays we'll be able to provide to those families who call Ronald McDonald House home.

You can imagine there is an investment required for a project of this magnitude. We are very grateful to the provincial governments that have stepped forward, and certainly to the Government of Canada for investing. We are looking at a private sector fundraising campaign that's being led by some amazing community leaders from throughout the region under Scott McCain and his partner Leslie McLean, who are really leading the charge to help advance those efforts.

Exciting times are ahead. That gives you, in a nutshell, who we are and what our future plans are. Any other comments you want to add, Lianne or Matt?

At this time, we'll open the floor to questions.

THE CHAIR: Thank you so much, Ms. Barker. Ms. Adams is going to kick us off for the Progressive Conservatives' first 20 minutes.

BARBARA ADAMS: Thank you very much, all of you, for being here this afternoon. My very first memory is being four years old and in the children's hospital not able to walk for two weeks because I had purpura. I recall the three children who were with me in the same room being terrified every night when their parents left that they weren't coming back to get us. Fortunately, I'm from Metro, so I didn't have that issue.

I cannot imagine what it would be like for any family to have to go home and leave their child without them. We're extremely grateful for all that you do and all that the volunteers do. I mean, 19,000 hours - that is outstanding. Thank you all for what you do, especially during this past year.

You mentioned at the very beginning, Ms. Barker, about having to turn families away. I'm just wondering if you could give us a number of how many referrals you get, and then how many have to be turned away each year right at the moment.

LORI BARKER: Right at the moment, it's an interesting time. We are dealing with a pandemic, so our house is actually down to nine bedrooms as far as operating capacity, and we are seeing a lot less visits to the IWK right now as far as need with everything that's happening in the environment around us.

When we look back a couple of years ago, we might have had 300 nights where we would be turning away families in the run of a year, and that demand, as we look at more

outpatient care, as we look at shorter hospital stays, it has all contributed to an increased demand on those services. More than that, as I said, a lot of it is about the limitations of the old house that we're in, so it's about the quality of the stay that we're able to provide. Shared washrooms isn't what we want to be providing families who are in the middle of very significant crises in their lives.

Lianne, do you have anything else to add around the numbers and where we are?

LIANNE WARD: It is very difficult as we look at pre-pandemic and post-pandemic. Pre-pandemic, we certainly can provide confirmation of stats on the number of families we turned away. Oftentimes it's families that are feeling that they do not wish to stay with us because their child may not have as severe of an illness as someone else, and taking away a room from a more critical or more ill patient.

The statistics that we have available to us give us the number that we physically told that we cannot, but we know that there are some families that are actually self-determining - that they're choosing not to stay with us because they may have a short-term stay. They may not be travelling as far as families from the edges of Cape Breton or from northern New Brunswick, so there's a certain guilt associated too that we want to ensure that we are as available and as accommodating as possible to any compromised patients, any of those with accessibility or disability needs, or those that may only be two hours away versus those that may be eight hours away.

BARBARA ADAMS: Just in terms of the distance away, can you remind us again how far you have to live away in order to be eligible? I wanted to ask whether that was - given COVID-19, where some people may be having to take the bus into town - whether there's been any thought to reducing the distance away that would allow you to take advantage of your services.

LIANNE WARD: Thank you for asking that question, because it is something that for us - we have a discretionary rule, which is typically 80 kilometres away. However, as Family Services Manager, on a case-by-case basis - if there is a patient that is very critical, even being 15 to 20 kilometres away can present a real emotional stress on a family.

For us, we typically say 80 kilometres. However, we have that discretionary ability to review on a case-by-case basis, which we do quite often.

BARBARA ADAMS: Thank you very much. It's good to hear. We, of course - the PC Party - are highly in support of virtual care and would extend it permanently for physicians in the province of Nova Scotia. We're wondering how the access to virtual care during the pandemic has actually reduced perhaps the need for children to travel into the IWK for care and whether virtual care has in fact reduced the demand on your services right now.

Do you have any sense of whether that's something that has changed - the demand for your services?

LORI BARKER: It is something we're monitoring very closely. You can imagine our partnership with the IWK. We're wanting to work hand-in-hand and make sure that an investment in a building that we are looking at is going to be well-used, certainly, in the future. From what we can tell at this time, it will be.

In the earlier numbers, when we looked at the medical feasibility study with the IWK Health Centre, it actually deemed that we could be building a facility upwards of 50-some rooms. When we looked at the financial sustainability and the capital required to build a house of that size, we didn't feel that was the most fiscally responsible move.

If we were moving forward with a 50-plus-bedroom house at this time, we would be more concerned to your point, but given the demand that is being projected at this point, even with virtual care, we feel very confident that a 36-bedroom house will be filled. We also know that the improvement in the quality of stay will drastically increase the number of families who are going to want to be staying with us and feel comfortable in that space.

Matt, would you like to comment a bit more with the IWK lens?

MATTHEW CAMPBELL: Thank you for the question. Alongside the many challenges that COVID-19 has presented the health care system and society in general, it also accelerated opportunities - to your point, with respect to virtual care.

The IWK fully embraced the opportunity to offer virtual care services to our patients and families throughout the pandemic. I'd like to highlight our Mental Health and Addictions program that stepped in very quickly to be able to do that and, for the most part, did not realize an impact to service delivery over that course in time.

That being said, that change did come quickly, and so we are navigating the challenges along the way as we move from kind of a short-term solution to what this looks like sustainably in the long term for both the IWK and for the health system in Nova Scotia. We're working alongside our government and Nova Scotia Health Authority partners to identify what those opportunities are.

I know at the IWK, there are some programs where we've seen the sustainability of virtual care service delivery trends since the start of the pandemic. There are other services where we saw an increase in those virtual care visits that has declined slightly as we've resumed more normal operations over the past four to six months.

We have an internal steering committee in place that is looking to identify what the long-term strategy with respect to virtual care and digital transformation will be. Again, we do that in collaboration with our system partners and look forward to the opportunities

that a potential OPOR strategy - One Person One Record - would bring forward in terms of virtual care delivery as well.

BARBARA ADAMS: I'm really glad that you have an internal health committee looking at virtual care because we had suggested at the last committee meeting when we met with Doctors Nova Scotia that that we have a provincial task force on virtual care, to match the national task force on virtual care. We're still promoting that concept.

We're quite sure that you all have a very close relationship with the family members of the children who are in need of care. I'm just wondering if you have sensed a shift in some of the concerns that they might express to you. I know you're helping to support them financially over their stay in terms of the location of them, but I'm wondering whether you're hearing about other increasing challenges that they might be facing back home, like increasing rents, lack of affordable housing, loss of income because of COVID-19, an increased cost of food and medication.

I'm just wondering if they're expressing those concerns, if they're different than what you heard perhaps a year ago. How does your organization help advocate or link them to resources in their communities to help with those other costs that are also associated with looking after a child who is sick?

LIANNE WARD: Families are certainly very upfront and very communicative with us because we've become such an intimate part of their experience. They tend to share some insights into what stress and struggles they face, either pre-pandemic or in the current times. For us, we are always looking - depending on where they are coming from throughout the Atlantic Provinces - to really ensure that they are aware of what local resources that they have available to them. That very much does vary based on the families that are coming to us.

Certainly, we deal with families outside of the Maritime Provinces as well, given the facility that is closest to us being the IWK and the expertise that they provide. We're dealing with families that are outside of that Maritime bubble as well, wanting to ensure that they are aware of what local supports they have - also to ensure that they're communicating with their IWK social worker. There is a phenomenal team of social workers at the IWK that provide a lot of those directives as to what local supports are available for them.

In addition, families very much do share on a personal level what strains and stresses that they're under when it comes to having to leave their hometown in order to be in the city. A lot of those challenges are very unique to those specific families, whether or not they have additional supports and families around who can alleviate some of that burden when it comes to additional groceries. Child care is a huge component.

When it comes to the ins and outs of their personal finances, I think families keep that information pretty close to the chest because that lays them pretty bare. So unfortunately, I can't necessarily provide direct response to whether or not they're concerned about rental increases and lack of affordable housing. That's not something that families are necessarily communicating to us.

THE CHAIR: Ms. Barker would like to chime in here as well, please.

LORI BARKER: Just one comment to share - thank you for that, Lianne. Families who stay at the house are asked to contribute \$11 per night, so that is part of the process. That said, we never turn away any families. What is important to note, I think, from a numbers perspective is that last year alone, about 39 per cent of our families were not in a position to cover that cost - 39 per cent. So if that gives you a sense of scale as to the need and the financial stresses in these families' lives, I think that would speak to that.

BARBARA ADAMS: I just have one more question, then I'm going to pass it over to my colleague. You mentioned that you could probably use even more beds than the 50, so I'm just wondering with the hopeful increase in population in our province over the next 10 or 20 years, what your projections are in terms of the need for beds that you're going to need over the next two decades?

We have an expectation sometimes that we're meeting the demand now, but if we're just going to meet that now and then five years from now we're going to need another house, do you already know that? If that's the case, what number are you expecting we might need 5, 10, and 20 years from now?

LORI BARKER: We are looking at a 36-bedroom house at this time, and it is an interesting dance we are doing, much like the dance you all are as far as understanding how this pandemic will unfold. As mentioned, the IWK is doing some great work around virtual care, and so as we look to the demand in the future, what we had seen across the country is when other houses have been built in other chapters, within 10 to 20 years there was often a need to expand the service offerings.

Whether that will happen here in light of the virtual care increases, we might actually stay neutral and not need to expand in 10 to 20 years. If we do need to expand, though, we've worked with the architects so that the actual design elements will have the foundation in the building so that we can add more floors on very easily as we move forward in time.

THE CHAIR: Mr. LeBlanc, with six minutes please.

COLTON LEBLANC: Thank you to our witnesses for joining us this afternoon. Thank you for the monumental role that you play in the lives of so many Nova Scotians

and Atlantic Canadians, particularly over the last few challenging months. To your staff and to your volunteers for the ability of creating that home away from home, thank you.

I want to dive a little bit into the project cost itself. It's an \$18.76 million build, quite significant. Since COVID, we've seen that the cost of some building materials have inflated exponentially, so for a 10-foot 2x4 it's almost \$10. Have the costs been reflected in the price of the build, or are there modifications to be made?

LORI BARKER: We are closely monitoring this - Matt, you might want to add a comment from the board after.

In the Spring, when we went and did a further cost estimate to really make sure that we were reflecting at least the point in time at that stage, we knew we needed to make design changes and we did to find cost efficiencies in that. We have a new house committee comprising experts in the community, developers, project managers, architects, who are really advising us. We are great at community engagement and taking care of families; building a 40,000-square-foot home has not been our bailiwick. We've surrounded ourselves with people who are experts in that field.

We're working through the design development right now with the architects, and we'll go back for another cost estimate in the Fall. We are monitoring it closely. It is a concern, without a doubt, so we will see where that costing unfolds in the coming months. But we have already made our first shift to maintain those costs. Matt, anything else?

MATTHEW CAMPBELL: Thank you for the question. The board in its oversight capacity has tremendous confidence in the processes that Lori and the team and others in the cabinet have put in place, in terms of the experts that have been brought in to help guide this transformational initiative for both the Province of Nova Scotia and surrounding Maritime communities.

That being said, we do recognize that these past number of months have placed pressures on the building and construction sectors. Personally, I'm in the process of building a new house and have realized that first-hand. As Lori indicated, as we continue to consult with these experts, the board is aware that the process is ongoing.

If it becomes necessary, we will have the discussion to revisit the overall capital cost and what that means from our capital campaign goal that we have set and have had tremendous success with to date. It's something we're keenly aware of and we'll continue to have oversight on at a governance level.

COLTON LEBLANC: Thank you for the response. I hope for you personally and for the thousands of Nova Scotians who are maybe in a similar predicament that the price of lumber will go down as we deal with this pandemic.

Regarding the funding received from governments, both at a national and provincial level, have there been any restrictions placed on these funds on what you can do with the funding and what you cannot do if it's designated for a certain element of the project or not?

LORI BARKER: No. The scope of the project is really about creating and increasing our programmatic space and ability to accommodate more families. That is the stipulation that's being placed around those funds. If we go outside of that, we will need to revisit discussions, naturally, with those funding bodies, but they understand the scope of which these funds are to be used for.

COLTON LEBLANC: There are two Atlantic Provinces that haven't committed any funding to date. Have they been consulted? Have they offered any insight on whether they'd be supporting this project as well?

LORI BARKER: Just to clarify, Ronald McDonald House Charities Atlantic, despite its name - we primarily focus on supporting Maritime families. Newfoundland has the Janeway Children's Health and Rehabilitation Centre and they have their own Ronald McDonald House, so we will not be approaching the Government of Newfoundland and Labrador for support of this project, despite the fact that we do have a number of Newfoundland families who stay here.

That said, we do have one pending announcement that might happen in the coming weeks and months, so stay tuned on that front. What I can say is, we are very grateful for the support all around that we have received from our friends in government.

COLTON LEBLANC: I guess I'll just wrap up this round of questioning. Regarding the number of families that you welcome from the Atlantic - or maybe more so the Maritime - provinces based on their needs here in the Halifax region, is there a particular number by geographic region of the populations that you support?

LORI BARKER: When we look at our programs, including the two Family Rooms, and the House - about half of the families would come from New Brunswick. About 35 per cent would be Nova Scotian. About 10 per cent from Prince Edward Island, and that can go up one or two points or down in any given year. The remainder would be predominantly Newfoundland, but we do sometimes have families from outside the region. Even Saint-Pierre and Miquelon - we've had families from that region, as well.

COLTON LEBLANC: For essence of time, I'm not going to pose any questions for the remainder of this round. Thank you very much.

THE CHAIR: Thank you, Mr. LeBlanc. We're going to move to the NDP Caucus for 20 minutes beginning with Ms. Coombes.

KENDRA COOMBES: Thank you for being here. I'd like to begin with saying how important and needed the services of McDonald House are. I know your organization changes the lives of many families. I'm sincerely looking forward to hearing more about the work of the Ronald McDonald House and that which you do.

Although this is an important topic, I'm sure you'll understand my dismay that during a global pandemic - a global health emergency with an unprecedented democratic deficit with the Liberals having prevented committees from meeting through the first wave of this virus - the Liberals did not choose to discuss long-term care, public health measures, mental health, or any of the significant impacts of COVID-19 at the Health Committee meeting today.

With that all being said, I do want to hear about the important work that you're doing. One of the questions I have is on paid sick leave and this kind of falls into what COVID-19 has highlighted. That is, how many families who use your services have access to paid time? What is the impact of income loss for parents who take on paid leave due to illnesses of their children?

LORI BARKER: That is something we could follow up with you on. We don't track specific data at Ronald McDonald House Charities Atlantic as to the number of families with us in any given year who are dealing with loss of income or what the degree of that loss of income can be.

I know that great organizations like the Canadian Cancer Society and the Heart and Stroke Foundation of Canada do manage that data when it comes to dealing with various diseases and the impact that has on family, both with respect to cost of medication, as well as the caregiver role that families have. We could certainly follow up with some resources in that respect, but that isn't a primary focus of the data we collect.

KENDRA COOMBES: I know, as you just said, that you don't have the data. I'm just wondering - anecdotally, through people having those conversations with you - have they talked about paid sick time and what it would mean if these families had it?

LIANNE WARD: It's not a topic that is often brought to light. I think a lot of it is because of the fact that we already have such intimate knowledge and details of that family dynamic and the child's current illness. The topic and discussion of finances is one that we try to avoid having with families, simply because we want to ensure that regardless of their capacity to cover the \$11 nominal fee that we ask for per night, we want to ensure that any family feels appropriate to stay with us, regardless of their capacity to cover that expense.

Typically, in the event that a family does bring that to light, we want to ensure that they're dealing with their community support worker, as well as their social worker, to ensure that all available funds and programs for them are made accessible to them.

[1:30 p.m.]

KENDRA COOMBES: I'm going to switch gears here. I know the Department of Community Services does provide some support based on need to clients who need to travel for their child's treatment. I've heard that in some cases, the assistance is not as adequate as it should be. That leaves families scrambling to pay for travel, meals and accommodations. I'm wondering if you could talk about the support available from the Department of Community Services and whether you're aware of this problem.

LIANNE WARD: Certainly, on a limited basis, we are aware of what those supports are through the different provinces for the families that we deal with. That being said, we are not experts in that area, and we are always referring families back to that expert so that they can provide the necessary guidance based on what programs are available for that specific family, based on their family dynamic and circumstances.

Again, for us, we always want to ensure that we are never passing judgment on families and what their financial status may be by discussing things that are outside the scope of what our mission is.

KENDRA COOMBES: I'll pass this off to my colleague.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: Thank you very much for being here. Some of these questions that I have are ones that are secondary questions to things you've already been talking about and then I have a couple of other ones.

First, I want to follow up on Mr. LeBlanc's - no relation - question about the geographical locations where people come from. In Nova Scotia, where do you see families coming from the most? Do you have that kind of data? Is it Cape Breton? Is it the Valley?

LORI BARKER: In any given year, that can change significantly. One family can come from a certain region and stay with us for three months, so the number of nights that we might see from that family would be heavily skewed to that region in any given year.

I do have some information I can leave with you that really demonstrates this. Every county, every corner of Nova Scotia - every corner of the Maritimes, for that matter - would have families staying with us. If we look at the Cape Breton region in particular, last year alone there were 533 overnight stays by Cape Breton families. There is definitely support needed throughout the region. Like I said, that can change in any given year for each region.

SUSAN LEBLANC: When families come to stay, if they have kids of school age that aren't the sick child but are family members, are there tutoring services for those kids? How do families function in that way? How does that all work?

LIANNE WARD: Again, based on our limited capacity in our communal spaces, we've not been previously able to provide a tutoring service, and that certainly is one of the topics of discussion for new programs that we may be able to provide.

We are very lucky in the fact that a number of our volunteers have expressed interest. Given the wonderful community of university students that we have here in the Halifax region, we have so many social science students, arts students, as well as medical sciences students, and those are the students that are very eager to get involved and would love to provide that type of volunteer capacity, to provide some tutoring services. Up to this point, we've not been able to do that, but it's a topic that we're discussing.

Oftentimes, what you will see - and this is again one of the privileges that I get to experience as a staff member - are the firsts for children that are staying at our house, whether they are the patient or the sibling of a patient: taking their first steps, going up the stairs for the first time, learning how to read by those nightly bedtime stories that are either happening in our living room or in some of our more intimate spaces.

Presently, it is very much a one-on-one basis and it is something that parents take on, in addition to support or resources they would have through the IWK.

SUSAN LEBLANC: You will know, from experiences with the families that you're working with and from the news, during the first wave of COVID-19, many hospital procedures were cancelled or delayed. You've spoken to that - that you've had less people coming through because less stuff is going on at the IWK. Those cancelled procedures have caused significant backlogs and long waiting lists.

I'm wondering if you can speak to the impact that's having on the families that you are serving at the Ronald McDonald House - anecdotally, I guess.

LIANNE WARD: Certainly, we have seen some modifications to stay requests that we have for families that are coming up in the future. We'll take requests up to a year in advance. However, based on the ever-changing needs of our families, we're only confirming that 24-hour period prior to their stay with us. Based on that, what we're seeing is a lot of modifications, and that may be due to the health and wellness of a family member or a child, in that they're not feeling well enough to travel to the IWK for symptoms that they may have.

I can't necessarily speak to those delays and re-bookings. Certainly, from our perspective, what we are still seeing is that there is still access to care, and there's just a different level of access based on the different variations of care that they can receive, whether it's in person or via telehealth.

SUSAN LEBLANC: Are you anticipating, given that your numbers have been down during the pandemic, that when and if things get back to normal, that you'll be

turning away more families than usual, because you won't have the new building up yet or whatever, that there will be more demand for your capacity because there's more stuff going on again? If so, second question, what happens when you turn people away? What other resources do families have? Do you have deals with hotel rooms where they're subsidized or anything like that for people to go if there's no room at your house?

LIANNE WARD: Certainly, we are referring to other local accommodations that are low-cost, but always referring them back to their point of contact when it comes to their social worker - whether it be a local or their hospital social worker - to ensure that they are accessing any discounted rates that the IWK may have.

For us, what we want to ensure is that we are accommodating as many people as safe to do so at this particular time. We're looking at new and different and unique ways of trying to create those different family bubbles within our house environment now, and constantly looking at the number of active cases, the number of potential exposures, and how we're screening our families when it comes to ensuring that we're at a maximum capacity based on our COVID-19 protocols.

SUSAN LEBLANC: Stressful episodes in families' lives are helped immeasurably by the services that you provide. We've heard a little bit about that already. I can only imagine how important the work you're doing is to those families.

Shelter and accommodations are maybe the most fundamental challenges that families experience. On that, I wanted to clarify something you just said. People can book up to a year in advance, but are you saying their booking is not confirmed until 24 hours before the date? That feels very stressful - the idea that they might not have a place to stay.

LIANNE WARD: Yes, because for us and the families that we are supporting - for example, today, they may not know when they can leave. They're being evaluated on a daily basis and we will never ask a family who is currently staying with us to leave. That puts us in a challenging predicament when it comes to families who are looking to come and stay with us.

We always suggest families have a backup option whenever they've requested to stay with us. If they're coming for a month-long stay and we're not able to accommodate them on the first night that they're here, we're looking to accommodate them as soon as we have a room that opens up. For us, we want to ensure that the families who are currently staying with us are not feeling pressured or rushed to leave earlier than their anticipated length of stay is expecting to end.

It is a challenge that we have experienced, and we are constantly doing everything possible to accommodate the greatest and highest priority of critical patients but looking to accommodate as many families as possible.

SUSAN LEBLANC: I have some specific questions about how families do manage those challenges and that stress around accommodations and also the other things aside from accommodations. Some of the stuff, various people may have already asked. I'm just going to ask in a different way, maybe. I'm not sure how much you'll be able to offer.

You've already talked about the financial challenges. Would you agree with me saying that you don't really get into the weeds about families' financial challenges?

LIANNE WARD: Agreed, we do not.

SUSAN LEBLANC: What about families who don't have access to a vehicle to get to the city or to get to Nova Scotia? Do you know if there are supports available in terms of transportation or public transit for them to actually arrive for their services?

LIANNE WARD: Because we're dealing with families coming from a variety of provinces and areas, I can't say across the board that there is consistent coverage. It is very unique to each province. Again, for us, we're always referring families back to their community social worker to ensure that they're accessing those resources.

LORI BARKER: We also do connect them with other great resources in the community. As much as we are about providing that accommodation and emotional support, transportation isn't within our mandate. That said, there are some great programs like Hope Air and Fuel the Care that Irving supports where we help direct people, as well. Those are wonderful resources.

Without a doubt, access to care from a transportation cost perspective and accommodation is a challenge. Somebody living in Souris or Miramichi doesn't have the same access as those of us who live in HRM. How do you create that equal playing field? There is work to be done, certainly, on that front.

SUSAN LEBLANC: Thank you for that. I would imagine that, on a daily basis, you get all kinds of questions from stressed-out parents as many of us do when we are in our constituency offices. We do our best to sort of navigate where we can and point people in the direction where there is support.

In terms of the capacity of the House, current and future - I just want to confirm that this is right - you said there were 300 days last year where people were turned away. So there were 65 days where you didn't have to turn anyone away - is that correct? Yes? Okay.

THE CHAIR: I just want to confirm the witness said yes. Ms. Leblanc.

SUSAN LEBLANC: You have options - you can connect them with social workers, you can connect them with low-cost hotels and that kind of thing. Then in a general way,

aside from any of the things that we have spoken about already, in your experience, are there are any other areas where there are significant gaps for supports for families who are coming for treatment at the IWK?

[1:45 p.m.]

LIANNE WARD: I think healthy nutritional options is always a paramount concern. When we look at our health care system and the need to eat nutritiously, how that benefits us from a mental health perspective is very important.

One of the things that we are very lucky in that we have a lot of volunteers, as well as community and corporate support, is through our Home for Dinner program. Prior to the pandemic, on three nights of the week, groups would come into the house to cook home-cooked meals. Those are fully accessible for families and they are absolutely zero cost.

Through the course of the pandemic, we've realized that we can't bring those individuals into the house, but we are very lucky in that we have a great deal of commitment from our staff and volunteers where we've been able to pivot that Home for Dinner program into a take-away meal program. We are currently preparing and individually packaging home-cooked meals that can be taken away and picked up on a one-hour basis three days a week directly inside the hospital at the IWK.

Certainly, as we look towards consistency for the future, it is being able to provide not simply a kitchen environment where they can prepare meals to create a degree of normalcy for their family to sit down and have a home-cooked meal together, but it's also to be able to provide those no-cost options for them as well.

SUSAN LEBLANC: In that case, in the normal world, families would have access to the kitchen, but they would bring in their own groceries and cook - so that sounds like a great program, the Home for Dinner program.

The same thing is for breakfast - they just bring in their own groceries and keep them in their room or they keep them in the kitchen? How does it work?

LIANNE WARD: Prior to the pandemic, families would each have access to their own kitchen cupboard, their own space within the fridge where they could purchase their own groceries. In addition to being able to bring their own groceries, there is also a full pantry that is stocked by RMHC of healthy options that families can use to make dinner for themselves or make breakfast for themselves.

We also have some fantastic partnerships with the Egg Farmers of Nova Scotia, among many others - Saputo is another one that comes to mind - that are able to provide us with some of those staples: milk, bread, cheese, butter. Those are all completely free for families to use and to consume.

In addition to that, we also have a Grab & Go Breakfast program, which is fresh fruit, healthy snacks, Nutri-Grain bars, things like that - that are completely free for families to use. Again, during the pandemic, we've been able to pivot that and five mornings a week inside the hospital, there is a take-away snack program so they can drop in themselves or have one of their health workers drop into the family room and grab one of those to-go snacks. It's completely contactless.

SUSAN LEBLANC: I really enjoyed asking these questions. Maybe we'll see you in the second round. Thank you very much.

THE CHAIR: We'll move to the Liberal caucus, beginning with Mr. Irving.

KEITH IRVING: Thank you all for being here. Clearly, the Ronald McDonald House is a very important part of our system in working with the IWK and providing services to our critically ill children. Thank you for all the work that you do.

First of all, I want to ask you to expand more on the emotional support aspect of your work - I don't think many Nova Scotians have a good sense of that - and whether you could expand on that. Do you have professional counsellors or volunteers? Are they trained? Is it just a shoulder to cry on? What makes up the emotional supports that you provide?

LORI BARKER: You are correct in noting that we do not have trained professionals. It is not a formal program that you would receive. It is more the informal type of emotional support that we are referencing. You're right - shoulder to cry on, someone to talk to.

We talk to families, and I've heard families speak of other families as mentors. You have somebody who has a little one in the NICU who is four weeks ahead of you, and you come back from the hospital and you're overwhelmed and trying to process the information, and you have another family who is down the road four weeks ahead of you saying, you know what, you're exactly where you need to be, this is exactly what you can expect, and there's someone there to talk through those things with. That's the emotional piece that I refer to.

Our staff are amazing listeners as well as are our volunteers - again, it's more informal. I don't want to misrepresent that as though to seem we are professional counsellors. That is not part of our service offering.

KEITH IRVING: Thank you for the shoulders. Just going back to the \$18 million build, and I don't think the presentation touched on the contributions to date, so could you outline where we are with respect to federal-provincial funding and private sector funding and the gap that needs to be filled over the coming months, years, whatever?

LORI BARKER: What was formally submitted and funded was a \$21 million total project. Initially, we were looking at 18, so that might be where the number comes from. We, of course, have the support of the federal government and the Provinces of Nova Scotia and Prince Edward Island. Hopefully, another announcement forthcoming that will bring public-sector support to the \$11 million mark, which leaves a \$10 million gap that we are looking to the community to help step up and support.

We are well on our way towards that: I would say about 70 per cent or more towards the private sector goals. Again, we have some phenomenal volunteer leadership throughout the Maritimes based in all our key centres helping to mobilize the community.

KEITH IRVING: Perhaps I'll offer this up as an opportunity for you to share with Nova Scotians on ways to help. Your website talks about an Adopt-A-Room Partnership Program, a Community Champions program, and donations and volunteering. I was wondering if you could maybe expand on that to let us all know of how Nova Scotians and other Maritimers could step up and help.

LORI BARKER: Certainly, as we mentioned earlier, volunteers are the lifeline to our organization. Right now, it is a very difficult time to be volunteering with us. We have to be very mindful of those that are able to come into the spaces that we have, just to protect the health and safety of our families.

For those that are looking for other ways to help, yes, please do visit the website. If you are reading the news and watching, the charitable sector has been very much impacted by the pandemic, obviously reflective of our economy and where individuals are finding themselves today. It has been a challenging time, and so that support, if those of you out there in the province that are interested in helping, online donations would be tremendously helpful, and as we head into our holiday season, we also have a wish list. If there are those of you who prefer to give items, then we can make arrangements as to how those can be delivered safely to the house as well.

KEITH IRVING: The Adopt-A-Room Partnership Program and Community Champions - do you want to expand on those?

LORI BARKER: The Adopt-A-Room program is a wonderful way for community partners to sponsor a room. In essence, their name goes on that space for the run of a year, and so we encourage those of you who are in a position to join us - those naming opportunities begin at the \$5,000 mark.

The Community Champions initiative really speaks to our third-party fundraising. Community groups, service clubs, organizations, families who want to do something to support the cause - we always encourage people to think about the overnight cost to the organization to sponsor a family, and that's \$140 per person. To be able to contribute that amount, you would know that you're helping with the cost of an overnight stay for a family

to be with us. Lots of different ways to get involved, but community fundraising is certainly one way.

KEITH IRVING: I'll turn it over to my colleague.

THE CHAIR: Ms. DiCostanzo.

RAFAH DICOSTANZO: It's always lovely to hear about the Ronald McDonald House. I thought I knew the Ronald McDonald House, but I've confused the Ronald McDonald House with the Ronald McDonald Family Room, because they could stay there, so to me that was the house.

I'm actually listening to you and thinking, how did I not hear about the house? I worked with refugees, and the majority of them are of course in the city. They would not need to stay overnight, most of them, so I've had a couple of occasions where I've used the Family Room, where I'll get my assignment and either the nurse or your amazing social workers.

I really want to commend the two or three social workers whom I've worked with at the IWK and how sensitive they are to different cultures and different people - where the husband had gone to take the kids from school and the mother had been there for hours without food. She would tell me, can you ask her and see if she's had anything to eat, and if not, maybe take her to the McDonald Family Room.

It was very emotional for me at times. I would take them upstairs and the food there is so strange - there's peanut butter and the bread that we're used to. They're not used to either. I remember the first time I did it, I put it on and she just shook her head no. She wouldn't touch it. They're not used to peanut butter, so I spent 10 or 15 minutes explaining what peanut butter is and how we use it here.

I'm wondering if there is anything between the volunteers that you have - if you can maybe have some of them who are students from the university, who are of the cultures of the new immigrants, who would help them understand and help you stock pita bread, maybe, and something else that they're able to eat. She went hungry.

The second time, I did a trick. I sat the second lady on the couch and I did the toast. I did one with peanut butter and one with peanut butter and jam. I told her to close her eyes and taste them. She ate them and loved them. This is how I had to make them understand that this was the best thing for my kids and how their kids would love it. I introduced them to things we eat here.

It's very difficult for the newcomers. They would go hungry before they'd ask for food or for money. That cultural difference is very important. Maybe have your volunteers or students who will understand so they can inform the people using it. I don't think I've

ever had anybody using the house overnight, or the other house that you just told me about. I'm so excited that you're making it larger.

Do you have any statistics of how many multicultural or new immigrants have used your services?

LORI BARKER: That is a discussion we've been having. It is not data that we have been collecting to date. We have traditionally been an organization that has been incredibly respectful of the privacy of families, but we are increasingly understanding the importance for conversations such as this. I think it is increasingly important for us to be able to capture that information in a way that's very respectful to families.

One of the things that we have established within our organization is a diversity and inclusion working group to look at how best we can support and ensure that we are providing that experience to a diverse range of individuals and families who are coming to us. Yes, without a doubt, food is one of those elements. Signage, our welcome packages, and how we're able to present the information in a language that they know - all of those elements are pieces of the diversity and inclusion that we're working towards. We would invite any of you who are interested in contributing to that conversation to please let us know if you're interested in helping inform those discussions.

I also wanted to touch on you mentioning that you weren't aware of the house. One of the things that we really are focused on is raising awareness of the house and of the Family Room programs in general. There is a lot of messaging out there, as I'm sure you can understand, so making sure that we connect with those families and that everyone is aware that we are there to support them is critically important.

If you have advice or insights on how we can be doing that differently, please do let us know. It is really important. It's one of the things that as we go into this major campaign, as we publicly launch in the Winter, we're really excited about the profile that will come with that, so more families know that we're there as a resource.

THE CHAIR: Excuse me, Ms. DiCostanzo. I think we're going to take this opportunity to break for 15 minutes. We'll reconvene the committee at 2:15 p.m. Thank you.

[1:59 p.m. The committee recessed.]

[2:15 p.m. The committee reconvened.]

THE CHAIR: Order, please. We're going to move back to Ms. DiCostanzo for nine minutes.

RAFAH DICOSTANZO: Again, thank you for the information you provided regarding the newcomers and maybe a relationship with the Immigrant Services Association of Nova Scotia. We'll let you know who is coming and what languages and who to invite - and also for us to promote it for you. What can we do as MLAs - my colleagues and I - if you are trying to fundraise?

It's a bit difficult with COVID-19 to have events and invite us and we can promote it for you as well, but maybe if you have a poster of a fundraising event or information that you want to share, if you could send it to us and we will share it with all our constituents. That way, people also get to know about Ronald McDonald House that we didn't know. I'm wondering if you have any of these ideas right now.

LORI BARKER: Thank you so much for the offer. We would be incredibly grateful for any of that. We can share some information links to the website. I know some of that information was circulated before the meeting.

With respect to the campaign itself, we'll be publicly launching in January. We'd love to circle back to you then around the new house initiative in particular. If all goes well, the hope is that we have a shovel in the ground next Summer. That will really depend on the level of community support we receive, so thank you for offering.

RAFAH DICOSTANZO: We would be honoured if we were invited to come and publicize it for you. If you have small posters, I think that's the easiest thing for us, with a little information and a link to where they can help or how they can donate. Little posters work very well on our social media.

THE CHAIR: Ms. Miller.

HON. MARGARET MILLER: Thank you so much for coming. This is such an important thing for families in the Maritimes - to know that they have your support when they're at probably the worst times in their lives. I don't think there's anything harder than seeing your child struggle, let alone major medical issues that impact the whole family.

I have a few quick questions. The first is about your average night's stay. I know you mentioned that seven nights was your average stay. I understand there is not a maximum. You never tell people or ask people to leave or whatever. What is the longest stay that you've ever had?

LIANNE WARD: I can provide that after. However, it is in excess of one year that we did have a family staying with us. It was a Nova Scotia family.

MARGARET MILLER: We don't need a further update with that. That's great.

Maybe you could walk me through this process. I'm wondering, if a family is, say, coming from northern New Brunswick and doesn't know what they're in for really until they get there and need a place to stay, can you walk me through that process of what they have to go through when they're coming down and their child is coming to the hospital? You talked about social workers and whatever being referred. Can you walk me through that, what a family would have to go through?

LIANNE WARD: Thank you for the question. No matter whether it's a preplanned event that would bring them to the IWK or something that is traumatic and in the moment, needing immediate accommodations, the IWK social work team will typically contact us if it is a family that is currently in crisis and needs accommodation immediately.

For the Ronald McDonald House, we do have support 24/7 with our resident managers. They can accommodate a family to check in at any time of the night, depending on what time the family may arrive and require accommodations. Simply, with us, all that we require for families to do is to confirm that they in fact have a pediatric patient under the age of 18 or up to the age of 21, that they're still classified as a dependent, that they receive a referral from a social worker to confirm that they are aware of what our space is and the fact that it is communal living - they're shared communal spaces - and that they will work well in our environment.

MARGARET MILLER: I was interested to hear that they needed to supply some of their own food. I wasn't aware of that at all, so that's really interesting. It really speaks to where that can be improved, I think, in looking at your policies and where your partnerships can be.

In the existing facility, how many staff do you have now that actually work for Ronald McDonald House? I know you have a lot of volunteers besides that. How will that change with the new building? Will the capacity increase the staff or just increase the residents who are there?

LORI BARKER: We have 13 to 14 full-time staff. We are recruiting right now. We also have a number of part-time staff - six Family Services Associates who handle the evenings and weekends for us. When we go to a 36-bedroom facility, we will indeed be increasing the staff complement in order to ensure that that quality of stay and access is there for the families who need support, have questions, and that we can handle the check-in process with that many more families coming through the front door.

Right now, our operating budget is about \$1.4 million - it was last year, in 2019. We're projecting, with the house and the two Family Rooms, that we will probably be around \$2.2 million in the new house, so a large part of that is going to be just managing the facility. Right now our house is 11,000 or 12,000 square feet; our new house will be 40,000 square feet. We certainly will have a higher bill around the maintenance of the

facilities, but we will be adding likely another three to four staff that will be helping on the mission delivery side of things.

Just to speak to the size of the house, that's very much informed by the sizes across the country and the overall square-foot-per-bedroom ratio we should be working with to ensure we have enough space to accommodate these families comfortably through programming spaces, the kitchen space, and through the bedrooms.

MARGARET MILLER: That sounds really exciting. I too look forward to the day when that shovel goes in the ground and work can start.

I assume less than a year for the build - is that what your expectation is?

LORI BARKER: It will not be 12 months. I wish it would be that quick. Our architects and construction representatives are estimating it will be likely a 24-month build. Eighteen months at best.

THE CHAIR: Mr. Horne.

BILL HORNE: It's been very enlightening listening to your conversations today. Just to continue on, do you have families from outside of Canada stay?

LORI BARKER: It doesn't happen often, but if a family were to find themselves in the Maritimes and needing to access care at the IWK Health Centre, they would go through the referral process that Lianne spoke to, and we are there to help any of those families in need, so it is on occasion that that has happened.

Just to speak to the food piece as well, you can imagine the diversity in tastes and preferences that come with 18 families, and so we are always doing our best to make sure there are lots of options for the families, but as you can appreciate, even when we go somewhere for a weekend or a night's stay, we might have our own tastes, and so we just want to give families the option to have a space to bring in their own, whether it's snacks or their own meals. We do very much try to provide that range.

THE CHAIR: That's actually going to conclude this round of questioning. We'll move on to the second round, 12 minutes a pop. We'll begin with Mr. LeBlanc and the PC Caucus.

COLTON LEBLANC: Thank you very much so far for the informative session and information that you brought forward to this committee.

Looking through the dossier of your online documents on your web page, I learned that 65 per cent of Canadians live outside of a city with children's hospitals, so having a robust facility and organization like yours speaks to the importance of the care that's being

provided here in Nova Scotia for Atlantic Canadians. I also understand that there are 15 Ronald McDonald Houses across the country.

I'm just wondering what yours is going to look like in comparison to the others across Canada. I'm sure there's things that go well at those facilities currently and things to improve on. Just wondering if you can provide a few remarks on that.

LORI BARKER: Just to speak to that statistic around the 65 per cent, if you can believe it, in the Maritimes we are a very rural region, and we here actually have closer to 78 per cent of our families living outside of a city with children's hospitals, so the demand for our service, as you can appreciate, is even higher relative to other areas of the country.

As far as the spaces, we work very closely with our chapters across the country to learn about what works in their houses, what doesn't work, what improvements can be made. We certainly leverage the great best practices that are in place. So much so that our architectural firm - we're working with Lydon Lynch locally, but we're also doing so in partnership with a firm out of Toronto called Montgomery Sisam, who has built the house in Toronto and also a number of their Family Rooms. We're able to really incorporate a lot of those great best practices around the design of the kitchen and things like that.

What varies by region is the architecture design that you're looking at based on where you're building and the size of the land that you're working with. You can appreciate that all of those pieces lead to some variances around what the houses look like from one chapter to the next.

COLTON LEBLANC: I'm interested to know more about how you got to this point. You spoke earlier this afternoon about accessibility features of the current house, that it's dated, and that it's pretty much built for only one family.

How did you get to this point? I assume the demands have grown, but at what point did you say, we need to make some changes here and we need to go to government? I'm wondering how those discussions with government took place and how well received they were.

LORI BARKER: I've been on the team for about four years. What I can share is that this has been a conversation. As you can appreciate with any large undertakings like this - capital projects - the vision for them often comes up a number of years before. It's probably been about 10 years or so that the vision and the recognition that we needed to do more for Maritime families was really borne by the board and the executive director at the time.

There's been a lot of evolution in those conversations, talking with our partners in government and at the IWK Health Centre all along the way to really inform what that space needed to look like and what we needed to do to create a space that would meet the

needs of families today and well into the future. Government has been part of those discussions in various iterations all along - at different levels of government, as well.

COLTON LEBLANC: Touching base on a previous question I asked regarding the funding of the project, is government going to require any reporting on the progress of the project - let's say if there were delays with the project? We discussed previously if costs surmount what's been previously projected and then maybe an avenue to go knocking on some other doors in the future.

LORI BARKER: Reporting requirements are absolutely an element of what we need to look at, both with our provincial government and our government-funding partners. Our first report request has already come in around the government funding with the Government of Canada.

That is, without a doubt, an important part of this process and an expectation around the receipt of funds for this project. It's also a best practice we implement around all of our donors. Any of our major supporters to the capital project will be receiving updates and will understand how their funds are being used towards the overall build.

As far as cost management, as mentioned, we are doing what we can to ensure that we're managing costs and that we're making changes to the design to minimize any costs that we can. We don't want to make any changes to the detriment of the experience that our families are going to have, of course, so we're trying to balance that. If additional funds are required and we deem that to be necessary in order to not compromise the quality of a family's stay, we would be looking to the private sector to help bridge that gap. By "private sector," I would mean community supporters and donors.

COLTON LEBLANC: Can you speak a little bit to some of the high-level details of the data required in those reporting documents to various levels of government?

LORI BARKER: I can share with you what they have requested from me. They will be looking for accounting and invoices, obviously - a true understanding of where the funds are being spent. We are accountable legally as a charity with CRA to make sure that those funds are being used based on the donors' intentions, and government would be considered a donor and major investor in this project.

There are a number of different elements that they'll be speaking to, but certainly proof of payment and cost of project fees will be an element of that.

COLTON LEBLANC: I guess living in a world of COVID-19, I'd like to dive into some of the challenges and barriers that COVID-19 has presented for your organization and for the house. You closed the house and reopened it and then set some limitations for volunteers.

I'm just looking for a status update of where you guys are at present, and then what you're hoping to achieve in the near future based on the current epidemiology.

LIANNE WARD: I didn't think we would ever be in this position. I think when someone had originally talked about COVID-19 and us being financially and fiscally responsible and talking about what a house closure would look like, I was the first one to say that's never going to happen, and here we find ourselves nine months later. We unfortunately did have to close our house and spent two very long months and very tireless days in preparing for what our inevitable reopen would look like and how we could do that safely for the most critical of families.

Initially, when we reopened the house, we had a significant number of different COVID-19 protocols, all of which we have maintained. But we have gone through a very strategic and very slow reintegration process to ensure that we are constantly monitoring what those daily exposures look like - not just simply in the HRM but all across the Maritime Provinces - and that we're screening our families accordingly.

In addition to that, we are also doing daily wellness checks with each of our staff, our volunteers, and any of our mandatory visitors to the house - that being maintenance volunteers, maintenance contractors, things like that. With our families, we want to ensure that they feel as safe as possible and that they understand the seriousness that we have taken this pandemic, and how we're applying the lessons learned from Premier McNeil and Dr. Strang and how we're constantly evolving to ensure that on a day-to-day basis, we are keeping our families, our staff, and our volunteers as safe and as healthy as possible.

Right now, we are at nine families. When we originally reopened, we started with five and we were doing family bubbles, only doing an admittance window of three days and then locking down for a period of 14. As we have seen our numbers dwindle here in the Maritime Provinces and how successful our bubble has been - not looking at the recent exposure list - it's really managing that day to day and evolving those numbers as safely as possible, with our IWK partners as well guiding us along the way.

MATTHEW CAMPBELL: I just want to commend the team at RMHC for the robust reopening plan that was put forward and developed, that was presented to the board and required board approval prior to commencement. I also want to acknowledge that the team has worked with RMHC Canada in the development of that plan and speaks to their commitment and drive to be able to offer service offerings to the families of the Maritime provinces.

COLTON LEBLANC: I guess to tie in with the financial burden that we spoke about previously for charitable organizations, you said that there was a close relationship between the McDonald's restaurants and the charitable organization. I'd know of my constituency and my region, that the owners of those restaurants proudly support the

initiatives to fundraise for your organization. Can you explain a little bit of that relationship and how it certainly benefits your organization in the house?

LORI BARKER: It's wonderful to have an opportunity to speak to that partnership, actually. I think there's quite a misunderstanding at times around the partnership where some people think that we're fully funded by or a foundation of McDonald's, and that isn't the case.

That said, they are Our Founding & Forever Partner. Without a doubt, we have an incredible partnership. I've never seen anything like it actually with corporate partnerships in the charitable sector. They are engaged financially and with our crews at all levels of volunteerism right up to RHMC Canada.

Last year, I believe it was about 45 per cent of our annual operating came through different initiatives with our McDonald's partners. Relative to the other chapters in the country, we're extremely proud that that percentage is actually the highest here in this region. The norm that you see across the country is about 30 per cent, so they are incredibly engaged here. Not just in their ongoing in-restaurant programs like their Happy Meal program and different things, but they come out and support all of our different events and initiatives very actively.

COLTON LEBLANC: I'm just going to wrap things up by thanking you all very much for attending today's Health Committee. It's very much appreciated to learn more about the future of your organization and the future of your house and its benefit for all of our region.

I'll open up the floor. Ms. Ward previously spoke about personal experiences, about opportunities of the first - of the first time reading, first time walking, and if there are any other opportunities they'd like to share with us about that.

LIANNE WARD: How long do I have, because I can probably do this for a week straight. I'll talk about one special Cape Breton family. It really does drive home the feeling of privilege that our staff and volunteers have, that we get to experience all of the firsts.

We had a Cape Breton family who came through when she was a high-risk pregnancy with her first pregnancy - that pregnancy is now a two-year-old, very cute little boy - and she's coming through again experiencing another high-risk pregnancy.

As we're walking through the house, she can tell you the exact place where her water broke. She can tell you the mom that was sitting at the dining room table who was sending her off with well wishes as she was getting her hospital bag to head to the hospital, scared out of her mind - just being assured and having a bit of a celebratory party as she was walking out the door to make that very short seven-minute walk to the hospital.

Now we get to experience her two-year-old son and how their family unit and dynamic is growing. We are reminded of that privilege on a daily basis.

THE CHAIR: Very cool. Ms. Leblanc for 12 minutes.

SUSAN LEBLANC: I might just give up my time just to hear other stories about pregnant moms. I just love those stories. I have a couple more questions.

For families with children who have complex medical needs - obviously, we've talked a little bit about this already - accommodation might be one of a host of expenses that they are experiencing. Obviously, expensive medications or medical devices that may not be covered by the Nova Scotia Family Pharmacare Program or a private drug plan or aren't covered because families don't have access to a private drug plan. I'm wondering if you know or if you can speak to what proportion of families that use your services have private drug coverage.

LORI BARKER: That is not data that we collect so we would just defer to the regional statistics around that.

SUSAN LEBLANC: Can you speak to even anecdotal knowledge around what kind of expenses folks incur that aren't covered - like insulin needles? Things like that that wouldn't be covered by drug plans, that you've heard folks talking about that create challenges for them?

LORI BARKER: We've spoken about transportation costs certainly being part of it, the accommodation part, costs, meals, medications. There are a number of medications that are still not on the Nova Scotia Formulary, and so we see that be a burden for families that are dealing with certain types of illness.

Anecdotally, we are certainly familiar with those kinds of costs. Sometimes it's not just about the costs, though - it's about lost income for those families who are no longer able to be working because one or both parents need to be in the city to support their child and support one another through that journey. It's not just cost, it's lost income in that respect.

Also, child care - so for families that are travelling, they might not always have their other children with them. If they don't have community supports, that can also be another source of financial stress.

SUSAN LEBLANC: This is a good segue into my next question. Undoubtedly for these families who are under all of this stress, they are facing immense anxiety, perhaps depression - certainly fear. Do families have easy access to mental health supports at the hospital? You've spoken several times about the social workers, but do they have access to specific mental health support?

LORI BARKER: Again, that is not a service that we provide specifically, so that would not be a conversation we're having with our families - outside of referring them back to their support system like their social worker and team at the IWK Health Centre.

SUSAN LEBLANC: Is that something you would ever look at providing, like having in-house counsellors - if a great, big, giant donation landed in your lap to be able to support that?

LORI BARKER: It isn't something that we do at Ronald McDonald House Charities at this time. That's not to say there wouldn't be an openness to exploring those types of partnerships, but in Canada right now that isn't part of the mission delivery.

SUSAN LEBLANC: I just want to ask a little bit about your budget. You said that your operating budget is about \$1.4 million right now and it will go up to \$2.2 million. Your partnership with McDonald's restaurant owners is 45 per cent - I don't know if they have an official group that they're a part of that gives that money. Can you speak to other sources of revenue? If it's \$150 or \$160 a night to have a family there, and \$11 is what they're charged, then where is all that money coming from?

LORI BARKER: We are very fortunate for many community partners. Just to clarify, where the McDonald's support comes in isn't based on a formula. As we go to \$2.2 million, their support won't automatically be at 45 per cent. It will adjust accordingly - so even more reason and more priority around engaging community partners around the work that we're doing.

As many charities do, we have a couple of fundraisers. We have a great Golf Classic that happens annually. We have an event called the PJ Walk for Kids that happens throughout the Maritimes, now virtually thanks to COVID-19. We've been able to be really creative in how we encourage families to participate in that.

We have a number of corporate partners; Adopt-a-Room is one of those initiatives we talked about earlier; many third-party fundraisers; and then a lot of just direct-response opportunities where individuals and organizations are contributing through online appeals or direct appeals that come through mail.

That said, we do have some work to do to get to the level where we are going to be at the \$2.2-million mark. Our revenues last year were around \$1.6 million to our annual fund. We have been growing that revenue, so we're at a place to sustainably support the new house.

SUSAN LEBLANC: So it is literally largely individual donations, then? Corporate donations or individual gifts?

LORI BARKER: We don't receive any government funding for ongoing operational support at this time, so it is purely private-sector support.

SUSAN LEBLANC: Do you apply for government funding? Is that a conversation that you're trying to have or have had, or is that sort of like a philosophical decision of the organization?

LORI BARKER: I wouldn't say it's a philosophical conversation. I think that we're seeing governments invest more so in capital-type projects or one-time extraordinary projects that the charitable sector is undertaking. I think there's reticence around providing ongoing operational support to the charitable sector.

SUSAN LEBLANC: I'm going to just refer to my little list here. I also wanted to know about the renovation or the new build in terms of that budget. What is the full budget of that project?

LORI BARKER: It's \$21 million.

SUSAN LEBLANC: How much do you have left to raise? Seven?

LORI BARKER: We are north of \$18 million now.

SUSAN LEBLANC: So that remainder is community support? Does that include corporate donations or is that literally individuals writing cheques? That's part A. Part B is, besides the government funding, have you announced your big partners and can you talk a little bit about that?

LORI BARKER: The \$18 million certainly reflects both public and private sector. We have not launched publicly, so we haven't been announcing any of the corporate or individual donations as of yet. That will come as soon as we launch the project in the Winter.

SUSAN LEBLANC: Mr. Chair, I don't have any more questions.

THE CHAIR: We'll move on to the Liberal caucus and then if there's any time afterwards we'll go from there. We've got Mr. Horne for 12 minutes, please.

BILL HORNE: The more you talk, the more information we're getting about Ronald McDonald House. It's quite impressive.

You have said that the new building's cost is \$21 million - it's going to have a lot of upgrades, I'm sure. Maybe you could discuss some of the upgrades over and above what the older building has had for you?

[2:45 p.m.]

LORI BARKER: The \$21 million, just to clarify, includes soft costs as well. There's the cost of construction, professional fees, architectural fees, engineering - all of that adds up quite a bit - as well as your taxes and your financing and your fixtures, furnishings, and equipment. It doesn't take long, unfortunately, to get to that amount but it is including both hard and soft costs. I just wanted to clarify that piece.

As far as the experience, we will have a vastly larger kitchen area. We're calling it the kitchen pavilion, where our home for dinner groups can come in and still have lots of space for the families to be preparing their own meals. We're going to have much more family-centered, kid-centered space - play areas in the house for kids to be able to enjoy. That's an important element of making sure that when they're away from their hospital, they're really enjoying a nice quality of life.

We'll have a grassy courtyard in the middle of the house where families can just sit and be - where they can enjoy fresh air and play on some equipment. We're going to have more programming spaces. Right now, our dining room doubles as our board game table, our arts and crafts room, and our yoga studio. Now we're going to be able to have space where those programs are better contained, where families that are dining can do just that. We'll have an arts and crafts area where the kids can really just cover themselves in glitter and stay in that arts and crafts room.

There'll be much more space for the families to also be able to choose. Lianne mentioned it's all about choice. Families will be able to congregate in a larger living room together if they want, or they can choose to have their own space and sit in quiet. We will have a small, quiet, reflective room.

The bedrooms are the things that are going to change most drastically as far as the quality of experience is concerned. Right now, we have two beds in a room and a sink. There's no space for tables and chairs and everything else. In the new space, we'll actually have tables and chairs. We'll have a washroom that is located in the room, much as you would see in a hotel space, where the families can really comfortably stay together, spend quiet time, or come out and mix with the other families.

Those are some of the highlights of what the new space - fully accessible. We will have two elevators, so that's a major change. We have one old elevator that gets you most of the time from the lower level to the main level, and much closer proximity to the hospital. I don't think I've mentioned, actually, that we are right across the street from the emergency entrance of the IWK Health Centre, so that will be huge.

MATTHEW CAMPBELL: Thank you, Lori, for that great description. I'll just also add that there are four full apartment suites, one on each level, incorporated in the design. That will be an upgrade, so to speak, from what's currently available - as well as a fitness

room for families to be able to use during their stay. Many more amenities that will be offered that will support the well-being of families during difficult times.

LORI BARKER: Just to add on that, the apartment-style suites are so critically important because I mentioned that there is a significant population we cannot support right now: children with compromised immune systems. Those apartment-style suites, one on each of the four floors, will allow those families to safely isolate - not medically isolate, but safely isolate. They'll have their own kitchenettes and be able to spend time away from the hospital very comfortably.

BILL HORNE: What is going to happen to the older facility? Is it going to be torn down or are you going to maybe turn it into something else?

LORI BARKER: That lot will be sold. We don't know who will be purchasing it; it is not up for sale at this time. The nice thing about building this new space is we don't have a tight, tight deadline that we need to meet because we're going to be out of that building - we do fully own it at this stage. It will be sold when we move into the new space.

BILL HORNE: When is the expected move into the new place?

LORI BARKER: At best, we do hope to put a shovel in the ground next Summer. I think, realistically, the construction period will likely be 24 months. Depending on available trades and materials, that could be longer. The goal would be to be within the house in two years from that point.

BILL HORNE: Just to go back to a question you may have answered in many different ways: What is the typical family that goes to the hospital or IWK and wants to stay at the Ronald McDonald House? Is there such a thing as a typical family, or is it all over the map?

LIANNE WARD: It's as typical as the demographics of Nova Scotians. I think that there is no typical family, whether it be a single-parent single-income that has had to give up their income in order to be present with their child seeking medical attention or a new Canadian family that has maybe one child or multiple children who are all requiring care.

A personal experience I've witnessed at the IWK is that when there are multiple children in the same family who are all requiring different specialized care, those are all being coordinated as well as they can possibly be, so it is reducing the frequency of trips that those families coming from a great distance have to make.

I do just want to make one note. We love our facility now and we are going to continue to love it until the day we move to our new house. We are very excited and very passionate about helping more families and delivering our mission in an even greater way. We are going to love this house until it can no longer be loved.

We also want to respect that since 1982, this house has meant a lot to the families that have stayed with us. We want to respect that. We want to continue on that tradition and those traditions we've created at our current house, and really have that smooth transition to our new house. We may lose a little bit of the Victorian character of our 110-year-old home, but we are definitely going to be transitioning that into our new, modern facility that can assist more people in a better way and is still going to give them that feeling of comfort and home.

BILL HORNE: Do you offer any medical assistance at all within the lodging that you have?

LIANNE WARD: Not presently, no. That's certainly not within the mission delivery. We want to make sure that what we do, we do very well, and that we allow the phenomenal facility of the IWK to be the experts in that area.

THE CHAIR: Ms. Miller, please.

MARGARET MILLER: Thank you again. I'm happy for this chance to ask you a few more questions.

I'm ending my political career soon, so at this point I'm sort of reflecting on what the things I'm most proud of are and what the things that we've accomplished are. Then there are always things that you haven't done that would have been on a wish list that you wish you could have gotten done.

If you were to look at that now, what would be the things you would say that you're the proudest of? What initiatives have happened that you're most proud of? If you had the druthers, what would be on your wish list for the future?

LORI BARKER: Lianne might well want to follow up on this. Our mission is all about keeping families close. Our mission is all about what happens on a daily basis and the role that we play to help alleviate some of the burden and stress that these amazing families are facing when they're dealing with - as you mentioned earlier - some of the scariest, most overwhelming stages in their lives.

I think that those are the moments. Every one of those days, every one of those nights that our families stay with us are the moments that we hold on to and that we're most proud of. Within those days, there are all sorts of other moments. As Lianne said, there's the firsts. There's the coming back after ringing the bell. There are all of those special moments that are cherished in this space.

Really, when we look at moving forward and how we want to leave our mark as an organization, it's just to make more of those days possible. That's what this new house is

all about. It's making sure that we are not going to have to turn away families, and that we can support them in the best way that we can.

LIANNE WARD: One of the things that we take great pride in is trying to create a really fun experience for the patient as well as for the siblings. Oftentimes they can be dealing with quite painful treatments and operations where there is going to be a long and intense recovery. Having patients and siblings be excited about the trip to Halifax to the IWK, lessening some of the focus and attention that may be on the fear associated with what traumatic event they may be going through, and creating that level of excitement is something that we try very hard to do.

Our facility is all about kids being kids, and kids remaining with their support system, and in trying to create those really fun memories and opportunities.

It's things that they can look back on that they really enjoyed. They don't necessarily focus on the pain of the treatment but more the opportunity that they got to learn a new recipe with one of our volunteers. It's trying to shift some of that focus sometimes and allow kids to be kids.

MARGARET MILLER: You had mentioned the lady who was a seven-minute walk to the hospital when she was in labour. How is that going to work with the new building? How far away is that?

LIANNE WARD: One of the things that we have been very excited about is the location and the fact that we will be a crosswalk away from the hospital. Even though now we are only a seven-minute walk away and we are in such close proximity, just being that much closer will mean the world of difference to the safety and security that people feel in just crossing the street versus having to come down a block and a half.

In addition to that, we are very hopeful that our facility being across the street and within eyesight of some of the children that may have a window that overlooks our facility, that they'll be really excited and wondering what's happening across the street and something that really is very child-friendly.

THE CHAIR: Ms. DiCostanzo.

RAFAH DISCOSTANZO: I just have a comment. I'm listening to you and I said, they picked the best people to run this house. Honestly, you're both so passionate, so loving, and I'm sure all the staff exude this sense of duty and love for these families and I'm sure that's the feeling of the house. Thank you for all that you're doing.

LIANNE WARD: If I could just make one comment, and this really does drive home how dedicated and committed our owner-operators are, my road to Ronald McDonald House started when I was 15 years old, and that was because I was hired as a

part-time cashier at the McDonald's in Woodstock, New Brunswick. The stewardship and philanthropic attitude of those owner-operators, in the face of tremendous hardship - and I get emotional speaking about this because of how much passion they instilled in their part-time cashiers - for me, it's a full-circle moment in the privilege that I get to work at RHMC Atlantic.

LORI BARKER: It's almost like a reunion tour here. My first role was actually in the valley working at a McDonald's as well. It's not a qualification to apply to work at the team, but it certainly speaks to the love that our community has for this charity and what has been instilled in so many people that have walked through those doors in the past. Again, just thank you so much for the time to be here and for your questions and your kind comments.

THE CHAIR: We'll jump back to Ms. Adams for about a minute and a half if she's got one more.

BARBARA ADAMS: It's actually not a question, I just want to take the opportunity to promote the wish list again for Ronald McDonald House, and I'm going to give the website. It's rmhcatlantic.ca, and the high-priority items are grab-and-go snacks, Lysol wipes, hand sanitizers and Ziploc bags. Other items are sponsoring a meal, providing supplies for meals, and gift cards.

I'm going to challenge all of the non-profit organizations out there and all of the businesses in Nova Scotia to step up and to consider donating something on the wish list, and I just want to take this opportunity again to thank all of you and all of the volunteers and everyone who is supporting you for what you are doing, because at a time when our children are ill is the time when they need the most support. Thank you all very much for all that you do.

THE CHAIR: Thank you, committee members. We'll invite our guests to make some closing remarks, if they'd like. Ms. Barker.

LORI BARKER: Again, just wanted to thank you, to thank the community as a whole who's helping to bring this vision to life, to thank all of our supporters, our volunteers, our donors, the leadership of our board, who helped to make sure that our space is open and kept safe for the families who are staying with us, especially during this pandemic. We look forward to sharing the excitement of our plans for this new house and the transformational impact it's going to have, so thank you all for that.

THE CHAIR: Mr. Campbell.

MATTHEW CAMPBELL: On behalf of the board of directors, thank you for the opportunity to speak with you today, for your considerate questions, and for your support and acknowledgement. The message can be shared broadly throughout our communities.

Thank you for all that you do in support of Nova Scotians and for the show of support to Ronald McDonald House Charities Atlantic.

Again, just to acknowledge on behalf of the board the team and everything that they do. I believe it has been a strong demonstration of their commitment and passion to the families of this province and beyond. My acknowledgement and deepest respect to Lori and her team. Thank you again.

THE CHAIR: On behalf of the Standing Committee on Health, thank you all for your time and effort.

We have a little bit of committee business. We're going to recess for one minute to give our witnesses time to exit the room to the back. Then we'll get started again.

[3:01 p.m. The committee recessed.]

[3:02 p.m. The committee reconvened.]

THE CHAIR: Order, please. We're going to reconvene. I'm going to take the liberty of jumping to request a motion for accepting the 2020 annual report to be tabled in the House of Assembly. The Clerk emailed members the draft on October 30th, requested any edits, and no one suggested any. Do I have a motion?

BARBARA ADAMS: I make a motion that we accept the annual report as written and submitted.

THE CHAIR: Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is carried.

To our next order of business. Mr. LeBlanc, would you like to remind the committee members of your motion for the record?

COLTON LEBLANC: Thank you, Mr. Chair. Due to the expiration of time at the last Health Committee meeting, I had a motion on the floor that we were unable to deal with and entertain. I'll read it again for the benefit of the House. It is as follows:

"I'd like to make a motion that we write to the new Minister of Health and Wellness to extend virtual care services, while at the same time forming a virtual care task force as has been done at a national level. This would be to ensure that all stakeholders that need to be at the table can be consulted to ensure that virtual care is appropriately rolled out effectively to not only benefit all of our

population, but also have the positive impact on our doctors as well.”

If I may, I'd like to add a couple of comments to that. At the last meeting, we heard from Doctors Nova Scotia, who overwhelmingly expressed their approval and satisfaction - and so have Nova Scotians in that statistics greater than 95 per cent who have had complete or part satisfaction with virtual care.

Here we are a month after the last Health Committee, we haven't heard any update. We're 51 days before the end of the calendar year. May I add, we have to reconvene the Legislature at some point. There still hasn't been any progress on this matter for Nova Scotians.

I know that myself and my colleague from the Progressive Conservative caucus will be supporting this motion. Thank you very much.

THE CHAIR: Thank you, Mr. LeBlanc. Is there any discussion? Ms. Leblanc.

SUSAN LEBLANC: Yes, we support this motion. I just wanted to make two extra comments. The first is yes, we're 51 days from the end of the calendar year, but we're also possibly moving into a second wave of the pandemic. We have the most cases we've had in months in Nova Scotia of COVID-19. Time is of the essence, in my opinion.

I'd also like to flag an issue that was brought to my attention by a physician and community member in Dartmouth about virtual care. That is that virtual care is actually not available to people who use a walk-in clinic. This is very concerning because, as you know, there are many people in Nova Scotia who still don't have access to a family physician and need to use walk-in clinics but can't do virtual care at those clinics.

In terms of this issue, it's especially important that we make sure the minister is aware of that and that he is working on that particular issue around virtual care. I'll leave it there, but yes, I will be supporting the motion.

THE CHAIR: Thank you. Ms. Adams, please.

BARBARA ADAMS: I just want to remind everyone that one of the reasons why we're bringing these motions forward at the Health Committee instead of in the Legislature is that we're not sitting in the Legislature. Otherwise, we would have directly asked the Minister of Health and Wellness.

One of the things that we're aware of is that the physicians from across the province and Doctors Nova Scotia have indicated very clearly that they book patients months down the road. At the present time, the extension for virtual care by the current government is

only until the end of this calendar year. We've only got a month and a half left. These physicians need to know what's happening.

We encourage the government to accept this motion and we are calling for a recorded vote.

THE CHAIR: Is there any further discussion? Mr. Irving, please.

KEITH IRVING: I looked at the national report that was referred to in the motion. That was actually a report led by physicians. It was completely independent by government and its purpose was to develop some national best practices to be shared across the country for physicians and how they use virtual care in their offices. The idea that we would do this at a provincial level seems somewhat repetitive and would certainly be something that Doctors Nova Scotia may want to do to help advise and do professional development with doctors.

With respect to the other elements in the motion, virtual care has been extended and the Department of Health and Wellness and Minister are working with Doctors Nova Scotia on future long-term arrangements. The idea of creating a task force seems rather moot, so we'll not be supporting this motion.

THE CHAIR: Ms. Adams, please.

BARBARA ADAMS: Of course, I'm very disappointed to hear that because we only have a month and a half left and physicians book patients three to six months down the road, but they can't do that because they don't know whether they have virtual care as an option to book people. It's causing a lot of confusion.

The other point I want to make is, if I'm recalling correctly from reading the report cover to cover, the report recommends provincial task forces and Doctors Nova Scotia indicated support for that. Frankly, I'm going to trust Doctors Nova Scotia to know what they need best for Nova Scotians.

Again, we're going to call for a recorded vote because we want it clear that we are in favour of the task force as well as extending virtual health care for all Nova Scotians. We want everyone to be aware of that. Thank you.

THE CHAIR: Thank you. Is there any further discussion?

There's been a call for a recorded vote. We will begin on my near left with Ms. Leblanc.

YEAS

Susan Leblanc
Barbara Adams
Colton LeBlanc
Kendra Coombes

NAYS

Keith Irving
Margaret Miller
Bill Horne
Rafah DiCostanzo
Bill Jessome

THE CHAIR: The motion is defeated.

Ms. Leblanc.

SUSAN LEBLANC: I would like to first ask for an extension of time for this meeting - perhaps an extra 15 minutes - because I would like to put forward a motion.

THE CHAIR: There has been a call for an extension of the meeting by 15 minutes, putting us at 3:30 p.m.

Is it agreed?

It is agreed.

Ms. Leblanc.

SUSAN LEBLANC: Thank you. I'm raising this issue and this motion as Health spokesperson for the NDP Caucus to recognize the critical health system impacts of our paramedic services.

Paramedics put themselves and their families in harm's way to take care of Nova Scotians during the first wave of COVID-19. They will do so again, should we experience a second wave of the virus, but paramedics are still grappling with the same issues from before COVID-19 arrived, and some have intensified.

Paramedics are still working short and working extremely long shift without breaks, being worn down, burnt out and sometimes being assaulted at work. They now have to contend with the risk of bringing COVID-19 home to their families. These issues have an impact on the health care system as a whole. It's critical to understand what gaps exist in our emergency health services and how to address them.

To this end, the Auditor General has asked the Department of Health and Wellness to conduct a review of Nova Scotia's Emergency Health Services, which resulted in a report by Fitch & Associates at a cost of \$144,000, but the department has refused to release the report to the public. Nova Scotians deserve to know what improvements are recommended in the report.

I move that the committee write a letter to the Minister of Health and Wellness, calling on him to immediately provide the Fitch & Associates report to the members of the Health Committee.

THE CHAIR: Is there any discussion? Mr. LeBlanc.

COLTON LEBLANC: I would like to thank my honourable colleague, Ms. Leblanc, for bringing forward this motion to the Health Committee. It's certainly an issue that speaks close to home for me due to my previous professional background. Ms. Leblanc is very correct in saying that the issues that currently exist have existed prior to COVID-19.

This challenge is within the system, such as the missed lunches and prolonged shifts and the assaults on paramedics. There is also the impact on the delivery of care for Nova Scotians, such as missed transfers, surgeries and appointments, which is effectively resulting in prolonged and delayed response times when you call 911 and you're expecting paramedics to arrive at your door in due time.

This is happening right across our province, including in my constituency of Argyle-Barrington. I know I, and many members of my caucus, have been sounding the alarm on this. I appreciate the paramedic union's efforts for sounding the alarm with their Code Critical Campaign.

It's shameful that the current government continues to be so secretive in failing to address this concern. In fact, I wrote to the Auditor General last month, I believe it was - which is part of my exhaustive measures to bring to light the issues within the system and to continue to call on the government to address the many challenges that exist within the pre-hospital emergency care system.

Every day, the health, safety and lives of Nova Scotians are put at jeopardy because of this government failing to address the challenges and their disconnect with the important care in services that paramedics provide to Nova Scotians each and every day.

THE CHAIR: Ms. Adams.

BARBARA ADAMS: I also want to thank our colleague from the NDP caucus for bringing this forward. I spent two hours at a constituent's home the other night with three paramedics who were waiting to transport somebody to the hospital. I had an opportunity to speak to them. They are burnt out and exhausted. After they were going to be done the call - taking this person to the hospital, where they expected to be sitting with them for at least six to eight hours to off-load - they then had a two-hour drive because they were from down in the Valley, coming to Eastern Passage.

It is unconscionable that the public paid for a report for \$144,000 but don't have any right to see what those recommendations are. If at any point in our history we needed the best evidence possible to make changes to our health care system, it is right now. I'm calling on the government to approve this motion. I don't want to be presumptive, but I'd like for us to have a recorded vote on this as well.

THE CHAIR: Any further discussion? Hearing none, there has been a call for a recorded vote.

YEAS

Susan Leblanc
Barbara Adams
Colton LeBlanc
Kendra Coombes

NAYS

Keith Irving
Margaret Miller
Bill Horne
Rafah DiCostanzo
Ben Jessome

THE CHAIR: The motion is defeated.

Ms. Adams.

BARBARA ADAMS: I have three motions to put forward, so I would like to ask for an extension of the time in order to bring these three forward.

If anybody is frustrated - I just heard a bunch of sighs and head-shaking - perhaps we could reconvene the Legislature, which is where we would have preferred to be asking these questions. I hope you'll indulge us, because since we've only sat for 13 days this year, this is the only opportunity government has given us to ask some questions, so I'm going to make a motion that we extend the time another 15 minutes until we can get through these three remaining motions.

THE CHAIR: There has been a motion made to extend the time an additional 15 minutes.

Would all those in favour of the motion please say Aye. Contrary minded, Nay.

The motion is defeated.

Ms. Adams.

BARBARA ADAMS: I have to tell you, in all of my time in public office, to have members of the government vote down my opportunity to bring forward the voice of my constituents because they don't want to hear what they have to say - I have to tell you I'm shaking with anger right now. We've got an upsurge in numbers of cases in this province

and community spread, and this government doesn't want to give us an extra 15 minutes? I'm going to move on to the first motion and see what we can get done.

Number 1: the preamble I'll keep short. We had an incident last week where Public Health put out a warning about potential community exposure all over HRM, especially in Halifax. Initially when people called 811, they were told they weren't to get tested because they didn't have any symptoms. It turned out Public Health made an error and they got a new motion sent out to the public telling them to call back. Right now in this province, we do not allow for testing of people who do not have symptoms.

The PC Caucus is putting forward a motion for this Health Committee to write to the Department of Health and Wellness to expand COVID-19 testing capacity to include those in Nova Scotia with no symptoms who may have experienced community contact. I would like to have a recorded vote.

THE CHAIR: Is there any discussion on the motion? Mr. Irving.

KEITH IRVING: I believe that we need to leave the decisions around testing to the experts at Public Health. They are the ones that are evaluating the risks and the resources that we have, and I think it would be best placed to trust Public Health to make those decisions on behalf of Nova Scotians. They have done a remarkable job to date, and I think this is no time to walk away from the trust that we've given them to make the best decisions for Nova Scotians.

THE CHAIR: Any further discussion on that motion? There has been a call for a recorded vote.

YEAS

Barbara Adams
Colton LeBlanc

NAYS

Susan Leblanc
Keith Irving
Margaret Miller
Bill Horne
Rafah DiCostanzo
Kendra Coombes
Ben Jessome

THE CHAIR: The motion is defeated.

Ms. Adams.

BARBARA ADAMS: In the interest of time, where I won't get to the third motion, I am going to bring a motion forward from the PC Caucus for the Health Committee to write a letter to the Speaker of the House asking for the Legislature to resume.

We're making this motion because in this calendar year, the Legislature has sat a grand total of 13 days. Ten of those days were to debate the budget; that's the mandatory 10 days, so we've literally had three days in this entire calendar year to ask government questions, to hold them accountable, to ask for clarity and to put forth ideas . . . (Interruption)

THE CHAIR: Order, please. I'm going to rule this motion out of order on the basis that we do not have the capacity as a committee, nor as members, to compel or direct the Speaker. The Speaker has the latitude and the ability to conduct business. We as members and as a committee do not have the purview to do so, so I'm going to rule that motion out of order.

Ms. Adams, please.

BARBARA ADAMS: One of the things that we are aware of is that Alberta and Ontario are piloting rapid testing at airports even while they're struggling with widespread community transmission of the virus. We also know that they will test people who do not have symptoms.

We are the last province to adopt the COVID Alert app. As put out in a press release by PC Leader Tim Houston, we are testing the second lowest per capita basis in Canada, only marginally ahead of Newfoundland and Labrador. Since October, the Province has averaged 561 tests per day.

Most new cases are as a result of travel outside of the Atlantic bubble. Public health advisories for flight exposures have been issued on several occasions over the past few months, especially recently. The government just recently changed the rules on seasonal workers coming back to the province.

If the Province has the extra testing capacity, there is no reason why we are not testing at airports. The point-of-entry testing is the logical next step for tracking the virus and preventing its spread in our province. We stress that we need to use our resources appropriately.

Therefore, I would like to make a motion that our Health Committee write a letter to the new Minister of Health and Wellness requesting that we implement COVID-19 testing at airports.

THE CHAIR: Thank you, Ms. Adams. Is there any discussion on that motion? Ms. Leblanc.

SUSAN LEBLANC: I just have a question, Mr. Chair. Do we have to vote yes or no, or is there an option to abstain? There is an option to abstain, therefore can you just give us two minutes to deliberate?

THE CHAIR: There has been a request for a two-minute recess. I am compelled to - as long as the committee's okay with it - oblige that. We'll reconvene at 3:25:30 p.m.

[3:23 p.m. The committee recessed.]

[3:25 p.m. The committee reconvened.]

THE CHAIR: Order, please. Ms. Coombes.

KENDRA COOMBES: We feel that we need to trust Public Health, and there's more information needed with regard to this, so our caucus will be abstaining from the vote.

THE CHAIR: Ms. Adams.

BARBARA ADAMS: While I do appreciate the desire to trust Public Health, which of course we do, I will also make a comment that when I came back in from Toronto this Summer, I walked straight off a plane from Toronto, right through 300 people who were sitting waiting for flights to all across Canada. I was allowed to go the bathroom, the canteen, the vending machines and the places where you pick up the luggage before we were taken through the COVID screening, so there are still things that can always improve. So I would like to call for a recorded vote.

THE CHAIR: Mr. LeBlanc.

COLTON LEBLANC: I'd also like just to reiterate the point that if we were sitting in the Legislature, we could ask the minister - who is, in fact, in charge of the delivery and access of health care, who is, in fact, in charge of Public Health, and Public Health is accountable to that minister - we could ask that minister these very questions that we are trying to get answers to today.

THE CHAIR: Mr. Irving.

KEITH IRVING: I think it's again very important that all MLAs be part of the solution here, and Public Health has been leading us with professional, thoughtful and compassionate leadership. To undermine Nova Scotia's trust in Public Health with motions like this, I think, is very disappointing.

I think we as MLAs for all Nova Scotians need to put our full faith in Public Health. They are the experts on this. We as politicians are by no means the experts, and to say that something that happened in July in the earliest parts of this epidemic is a reason to question Public Health's direction in this province is very, very disconcerting. We will not be supporting this motion.

THE CHAIR: Ms. Leblanc.

SUSAN LEBLANC: I just want to say that I agree with my colleague from the Liberal Caucus who just spoke, and also I agree with my colleague from the PC Caucus, and reiterate the fact that this discussion would not need to happen like this, or could happen in a much more fulsome way in a debate in the Legislature, were we permitted to sit and do our jobs.

THE CHAIR: Ms. Adams.

BARBARA ADAMS: As a health professional, I want to remind everyone that Alberta and Ontario are already piloting rapid testing at airports, so it isn't that we don't trust Public Health, which of course we do. It is the fact there are sometimes better things coming that we can learn from other provinces, and as a health professional who has worked in Ontario as well as Halifax, I can say we can always do better.

We always want to look at other opportunities, and had we been sitting in the Legislature, we could have had this discussion instead of making a motion. I'm going to call for the recorded vote now.

THE CHAIR: There has been a call for a recorded vote.

YEAS

Barbara Adams
Colton LeBlanc

NAYS

Keith Irving
Margaret Miler
Bill Horne
Rafah DiCostanzo
Ben Jessome

THE CHAIR: The motion is defeated.

Our next meeting will be Tuesday, December 8th of this year, 1:00 p.m. to 3:00 p.m. Our witness will be Dr. Stephen Beed, regarding the ongoing work with organ and tissue donation. (Interruption) I'm hearing an issue about back-to-back Liberal caucus agenda items - that was a decision that was made at the discretion of the Clerk based on scheduling.

That concludes committee business for the day.

[The committee adjourned at 3:30 p.m.]