HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

COMMITTEE

ON

PUBLIC ACCOUNTS

Wednesday, February 10, 2021

Video Conference

Homes for Special Care: Identification and Management of Health and Safety Risks - June 2016 Report of the Auditor General, Chapter 1

Managing Home Care Support Contracts - November 22, 2017 Report of the Auditor General, Chapter 3

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Public Accounts Committee

Keith Bain (Chair)
Keith Irving (Vice-Chair)
Brendan Maguire
Hon. Margaret Miller
Ben Jessome
Rafah DiCostanzo
Tim Halman
Lisa Roberts
Susan Leblanc

In Attendance:

Kim Langille
Legislative Committee Clerk

Gordon Hebb
Chief Legislative Counsel

Andrew Atherton,
Assistant Auditor General

Adam Harding
Senior Audit Principal

Ashley Richardson,
Audit Principal

WITNESSES

Department of Health and Wellness

Dr. Kevin Orrell, Deputy Minister
Vicki Elliott-Lopez, Senior Executive Director, Continuing Care
Bob Lafferty, Director, Investigation and Compliance

House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, FEBRUARY 10, 2021

STANDING COMMITTEE ON PUBLIC ACCOUNTS

9:00 A.M.

CHAIR
Keith Bain

VICE-CHAIR
Keith Irving

THE CHAIR: We'll call this meeting of the Standing Committee on Public Accounts to order. My name is Keith Bain. I'm the MLA for Victoria-The Lakes and the Chair of the Public Accounts Committee.

Just a few reminders before we start. The witnesses are all asked to keep their video on during the meeting. The members should also keep their video on during the meeting to ensure quorum and when voting. Keep your microphones muted until you're called upon to speak. Wait until after I recognize you to unmute your microphone. If you wish to speak, just wave your hand and hopefully we'll be able to see you.

Again, just a reminder, as in every other committee meeting, please put your phones on silent or vibrate.

We'll begin with introductions. We're going to ask the committee members to introduce themselves beginning with Mr. Irving.

[The committee members introduced themselves.]

THE CHAIR: Thank you, folks. I've just run into a little difficulty here with my microphone, so just bear with me for one second, please.

On today's agenda, we have officials of the Department of Health and Wellness to discuss Homes for Special Care: The Identification and Management of Health and Safety Risks from the June 2016 Report of the Auditor General, Chapter 1; and Health and Wellness and Nova Scotia Health Authority: Managing Home Care Support Contracts from the November 22, 2017 Report of the Auditor General.

We have witnesses here and I'm going to ask the witnesses if they would please introduce themselves. We'll begin with Deputy Orrell.

[The witnesses introduced themselves.]

THE CHAIR: Now we'll invite Deputy Orrell to make his remarks to open the meeting.

DR. KEVIN ORRELL: Good morning, Mr. Chair and members of the committee. Thank you for the opportunity to join you today in my role as Deputy Minister of Health and Wellness.

As you saw, joining me today is Vicki Elliott-Lopez, Senior Executive Director of Continuing Care, and Bob Lafferty, our Director of Investigations and Compliance. We are happy to be here to discuss progress made on the Auditor General's recommendations of the 2016 Homes for Special Care: The Identification and Management of Health and Safety Risks report and the 2017 Health and Wellness and Nova Scotia Health Authority: Managing Home Care Support Contracts report.

I'd like to provide some brief opening remarks, and after that, we look forward to the discussion.

Home care is a critical component of Nova Scotia's health and social system. We know that many people want to stay in their homes as long as they can. We also recognize that more than a quarter of our population is expected to be over the age of 65 by 2030.

Currently, we have more than 17,000 Nova Scotians relying on home care services from 20 home support agencies across the province. Providing home care to those who need it is no small feat. We support that work through an investment of more than $260 million in home care programs and services.

I want to thank the agencies, administrative staff, care providers, families, and caregivers, and the department staff who work to ensure Nova Scotians get the care they need in their homes. Even during the pandemic, our focus has been on delivering care to some of our most vulnerable citizens, while keeping clients and providers safe.

That is why we have made improvements to services and programs that improve access to home care and family support in a number of ways, which include:

- Modifying Adult Day Programs to allow virtual supports and one-on-one in-person respite services;
- Creating a new home support aide position for agencies that have wait-lists and a shortage of CCAs;
- Launching a pilot project for a meal delivery program to free up CCA hours for personal care;
- Supporting hospice residences in Halifax, Kentville, and Cape Breton with funding to operate these much-needed homes;
- Investing $5 million to implement a variety of recommendations from the 2018 Workplace Safety for Nova Scotia's Home Care, Long-Term Care, and Disability Support Sectors Report, to reduce the rate of injury for these front-line health care workers. Since 2018, there have been eight per cent fewer workers injured, meaning fewer employee absences and more consistent care for our clients.

In terms of the Auditor General's recommendation and why we are appearing before you today, I am pleased to share that both the department and the Health Authority have made considerable progress, completing 10 of the 13 recommendations. Of the three remaining, work is under way.

Specifically, to establish clear responsibilities and accountability for service provider performance, work has begun to update the accountability language in the service provider contract. We expect all contracts to be renewed by March 2024.

Monthly statistics and quarterly key performance indicators are now submitted to the department for review to verify the accuracy of reporting from home support providers. The way we monitor has changed during the pandemic, but we continue to regularly review and receive the data. Work is under way to modernize our standards and auditing processes in support of the recommendations.

The NSHA developed a patient-family feedback policy to maintain an integrated record of home support complaints. Where consent is provided to share information, the Department of Health and Wellness and the NSHA staff work closely to address complaints and concerns. The department will start sharing quarterly reports with the NSHA in the coming year.

Lastly, a privacy impact assessment will be finalized for the entire complaints process procedure and database in 2021-22. We are proud of all the work that has been done and appreciate the recommendations of the Auditor General from 2016 and 2017 to improve home care in Nova Scotia.

We are excited about the possibilities ahead, but we are realistic about the challenges of today. We have made very good progress, but there is still more to do, and that's why we continue to invest in home care.

[9:15 a.m.]

As we continue our work to design the future of Continuing Care, including the redesign of the way we provide home care, we will be thinking about ways to build more capacity and supports in communities about how we put more control in the hands of the Nova Scotians who use our service and about how we plan and deliver successful, inclusive programs and measure that success.

We will continue to work with the Nova Scotia Health Authority, our funded home care agencies, and a number of partners who share our commitment for safe, quality home care for Nova Scotians in all parts of the province. Thank you for the opportunity to appear before the committee today.

THE CHAIR: Thank you, Dr. Orrell. We'll begin with the first round of questioning - 20 minutes per caucus. We'll go right to the PC caucus - Mr. Halman.

TIM HALMAN: Thank you for your opening remarks. Thank you to all health professionals in our province for their ongoing work to support Nova Scotians.

After the Auditor General's audit, it was recommended that the Department of Health and Wellness establish clear responsibilities and accountability for service provider performance and related reporting requirements and ensure that these activities are carried out.

At the time, deputy minister, your department agreed with the recommendations. The response to this recommendation was that the department was implementing performance-based contracts with home care providers in that the department anticipated service expectations, accountabilities, and reporting requirements. These would be key action items stemming from the 2017 Continuing Care Strategy. If I understood correctly, the timeline to get that accountability language in service provider contracts to establish clear responsibilities and accountability - that's 2024.

We know that the Auditor General followed up on this issue in May 2020. They found that this recommendation had not been followed, and by not completing this recommendation, there is a risk that the Department of Health and Wellness may not adequately monitor and manage Homes for Special Care.

Given what was at risk for those requiring special care, how did the Department of Health and Wellness fail to address this recommendation, particularly when you anticipated to do so in 2017?

KEVIN ORRELL: Thank you for the question. I don't believe that we failed to act on the recommendation. The recommendation was not completed. Accountability and related reporting for all contracts was reviewed. These contracts are very long lasting - up to 25 years - and many were up for renewal. Work had begun right away and we began to collect monthly data and statistics to evaluate the key performance indicators. The monitoring that was done was entered into a database, which was identified by the Auditor General as not been present and we have worked to go live with a licensing electronic database.

Complaints were reviewed. We improved our ability to evaluate complaints with family, with the complainant, and with the provider - again, we reported on that publicly. There was a phone line established for complaints by NSHA. The responsibility for home care rests within NSHA. They had been monitoring their performance since June 2018 in response to the Auditor General's recommendation.

We clearly established performance expectations with the care providers and have worked towards having those reviewed within the group. We've also established clear accountability for service provider performance with the renewal of contracts that did come up. This has been taking place since March, I believe, of 2021 and will complete by 2024. It has begun.

TIM HALMAN: As an MLA, one of the most common concerns I hear from residents is staffing: staffing in long-term care and staffing with home care.

I'm curious, do you believe that the failure to address this recommendation as outlined in the Auditor General's Report - do you think this has caused both the external review of Northwood and the Nova Scotia Nurses' Union to conclude that inadequate staffing levels contributed to the tragedy that occurred at Northwood?

KEVIN ORRELL: The tragedy at Northwood is a multifactorial issue. I have already outlined with previous appearances the difficulty in our first wave of COVID-19. This was an infection unknown in the world. It was something that did not have a playbook. There were no absolute ways that we were confident that it could be managed. Basically, the world underwent a very robust plan to deal with this virus during this pandemic.

If you try to isolate Northwood as a single issue, it would be impossible to do so. This virus is widespread. First and foremost, it's necessary to control the environment in which Northwood exists; therefore, the epidemiology within the province and, in fact, within the country has to be part of the consideration.

Northwood was a very large facility. Northwood certainly had a very bad experience during wave one of this pandemic. We had shut down the provision of almost all other services except for emergency and cancer care in our acute care facilities in order to redeploy staff and to have the appropriate staff available at Northwood during the time when so many people were sick and so many people died.

The situation at Northwood was certainly not as dramatic as was seen on the news and reported by many other provinces and jurisdictions across the country. There were issues with people who had to isolate, and those isolation rules were very strict during the first wave. We did lose staff to isolation. We also lost staff who did become infected.

The redeployment of staff from the acute care setting at the Nova Scotia Health Authority and at the IWK Health Centre was extremely helpful in allowing the numbers of people who cared for those residents to be brought up to levels where they could be adequately cared for. I don't believe staffing contributed to all of the assignment of the issues that occurred at Northwood.

TIM HALMAN: Certainly, deputy minister, while I appreciate that analysis, if you return to the report released by the external review in September of last year, the key factors that contributed to the outbreak at Northwood were community transmission, barriers to enhanced room and floor cleaning, and structural challenges. It's also clearly outlined that staffing challenges were a fundamental part to this.

Deputy, in Question Period on March 10, 2020 - a year ago, when we last had a legislative session - the then Minister of Health and Wellness was asked what contingency plans were in place to ensure health care facilities are staffed appropriately in the event health care workers contract COVID-19. The then Minister of Health and Wellness said, "We follow those clinical guidelines and the advice of Public Health officials to be prepared both for the general public and for our health care workers on the front line."

In the minister's answer, he gave the clear impression that staffing levels at long-term care facilities were adequate, even under the strain of a pandemic. Deputy, if what the minister said on March 10th of last year was accurate, how do you explain the findings of the report on the Northwood Long-Term Care Facility COVID-19 Quality-Improvement Committee, namely that facilities were left under-resourced while front-line staff awaited testing results?

KEVIN ORRELL: As I pointed out, it was necessary to initiate testing and to initiate management in the best possible way that we could anticipate for controlling the spread of infection and reducing the number of deaths at Northwood.

We moved a task force in immediately after we recognized that the situation was very serious. This involved members from the Department of Health and Wellness, the Nova Scotia Health Authority, and the IWK, and also addressed many of the IPAC recommendations.

I would say that the staffing was certainly prioritized based on our numbers and the number of people that were absent, and I believe they were prioritized in a way that allowed us to care as best as possible for the people that remained in the facility, the people that became sick, and there were directions given by this task force to improve the situation.

To your point, the recommendations have been very valuable to the department; combined with the IPAC investigations, we have taken them very seriously. There has been significant investment in Northwood: $26 million this fiscal year and $11 million next. There has been significant spending of $4.5 million on environmental management and cleaning supplies, there's been IPAC measures put in place, and we continue to work to attract and to retain workers for the long-term care field.

PPE was an issue during the first wave. We learned how to manage that and how to provide it adequately, and that continues to be a very robust part of how we've gone on to manage the second wave.

Those recommendations are indeed valuable, we've taken them very seriously, we've paid attention to all of them, and I think the results are very obvious in that we have managed well during the second wave.

TIM HALMAN: The province's strategy to keep Nova Scotians home instead of building long-term care beds was one that would only work if there was sufficient home care staffing in place to care for our seniors. We know concretely that this is not happening. Nova Scotians have heard horror stories of seniors falling to the floor on a Friday and being found on a Monday morning because there was insufficient home care staff on the weekends.

As you may know, just yesterday, on February 9th, CBC was reporting that a family is suing a home care company because their father spent two days on the floor. This is an incident from September 2019 to a Terence Bay resident by the name of John Slaunwhite.

At the same time as the number of seniors requiring home care of the past year have gone up each year, the number of home care clients last year dropped from 31,688 in 2018-19 to 30,881. Deputy or Ms. Elliott-Lopez or Mr. Lafferty, could you tell me what percentage of the time home care companies cancel home care visits in Nova Scotia?

KEVIN ORRELL: I can start and then refer to Vicki Elliott-Lopez who will have some more details.

[9:30 a.m.]

There is no question that the pandemic has presented a challenge in terms of managing people in their homes. This has been a very significant consideration and it has caused a great deal of concern that the people who are in urgent emergent need of care receive it, that we support families for the care that they had become used to prior to the pandemic.

Having said that, there are limited number of workers and hours, so prioritization has taken place. There has been a review by care coordinators of what people require. We have attempted to put in place many programs that help to support people in their homes.

For example, we have increased the care provider subsidy. We have looked at home care aides. We have adult day programs, which offer one-on-one care and respite.

The stories that you hear that are very tragic are, of course, serious events that we will be looking into and investigating. Having said that, with 17,000 people identified in my opening remarks that receive home care in the province, there are thousands of people who are extremely happy with it. I am going to turn it over to Vicki to make further comments.

VICKI ELLIOTT-LOPEZ: What we can say is that authorized hours of care have actually increased about 23 per cent over the last five years. We've seen a continual climb of the number of clients served.

The other thing that I would say is that we try not to look at home support within a box in and of itself. What we're trying to do is serve Nova Scotians with a variety of home and community care services. If you look at the entire package of home and community supports, we've had an increase of 900 clients in our direct benefit programs and increased investments of over $5 million. We increased investments to Caregivers Nova Scotia, the Alzheimer's Society of Nova Scotia, the ALS Society of New Brunswick & Nova Scotia, VON Canada volunteer programs, adult day programs.

We do know that people are receiving a better continuum of supports in the community. Some may opt out if they can qualify for a direct benefit program and want to feel empowered to purchase their own services. They actually may opt out of home support.

Because COVID-19 has been a precarious year with respect to data collection, because we had such a large number of clients cancel services, fearful of people coming into their homes over COVID-19, our key performance indicators aren't relevant necessarily within the COVID world because it's hard to compare . . .

TIM HALMAN: Mr. Chair.

THE CHAIR: Mr. Halman. You have three minutes left.

TIM HALMAN: That's exactly my point. Ms. Elliott-Lopez and deputy, I certainly appreciate your remarks, but again, I want to refocus here. The question is a very direct question. What percentage of the time do home care companies cancel a visit?

VICKI ELLIOTT-LOPEZ: Pre-COVID-19, the percentage - the last report I would have seen was between two and three per cent of wellness visits for a variety of reasons.

TIM HALMAN: How much notice is given to families if cancellation has to occur? What is the policy? What is the standard with respect to cancellation?

VICKI ELLIOTT-LOPEZ: Technically speaking, I guess as much notice as possible, we would like families to receive. If they're in a position where they don't feel that they have received enough notice, we always encourage them to reach out to the agency. If they don't feel that they've found resolution in that regard, then we encourage them to reach out to their local care coordinators to come up with a solution to their issues.

TIM HALMAN: What would you like to tell Nova Scotians when they call MLA offices saying that their home care was cancelled again and again? What do you have to say to Nova Scotians? It's happening. I hear it all the time.

VICKI ELLIOTT-LOPEZ: Again, we encourage them to reach out to the facility. If that doesn't resolve their issue, then the Nova Scotia Health Authority - through their care coordinators - will step in and try and resolve their issues.

We have been brought in in serious incidents, as well. As the deputy mentioned, we, through our complaints process, which we have a formal process in place, we are hearing that most Nova Scotians are quite satisfied with their services and as tragic as some of the issues are, they are a small percentage of what we see.

THE CHAIR: The time for the PC caucus for the first round of questioning has expired. We'll go now to the NDP caucus.

Ms. Leblanc.

SUSAN LEBLANC: Good morning, everyone. I just want to, before I begin my questions, note that Deputy Minister Orrell's opening remarks were somewhat different than the ones that were circulated. I was wondering if a new updated version could be circulated to the committee.

KEVIN ORRELL: I certainly have no problem having those sent along.

SUSAN LEBLANC: Thank you.

I have questions about home care and long-term care. The first one I'd like to ask about is: I recognize that the department has done a lot of work to implement wait times reporting over the last few years for long-term care. Accounting for and publishing the numbers are an important step of, obviously, addressing them. I think that the same logic would apply to home care.

You sort of alluded to this, but I'm wondering if you can provide a regional breakdown to the committee of what wait times for home care look like across the province. That's the first question.

KEVIN ORRELL: There is a graph I can refer to. Vicki, unless you have something that you can say right away . . .

THE CHAIR: She's shaking her head. She doesn't.

SUSAN LEBLANC: Mr. Chair, if the information is not readily available at this moment, we're certainly happy to receive it afterwards.

KEVIN ORRELL: I have a graph for long-term care here. I can certainly get that information to you in the form of the graph and the data that have been collected.

THE CHAIR: Thank you. Maybe that could be shared to the committee members.

Ms. Leblanc.

SUSAN LEBLANC: That's great, but I'm wondering if the department will make wait-list information for home care available publicly in the way that it does for long-term care and other kinds of care.

KEVIN ORRELL: I can speak about the wait time for home care. There's no question that it has gone up since last January. We would certainly identify that since January 2020 until January 2021, there has been approximately a 35 per cent increase in the wait time.

In January 2021, there were 1,086 clients waiting for about 4,680 hours of home support. Since July 2020, we have tried to mitigate that with several measures that include the Supportive Care Program funding that has been doubled from $500 to $1,000. To increase the Caregiver Benefit, the submission has gone to the Executive Council.

We have expanded the adult day programs to provide one-on-one care for high-risk candidates. Home support aide positions have helped to support home support. We're leveraging with community partnerships, like the Alzheimer Society of Nova Scotia and AWARE-NS.

The fact of the matter is that since September, where the peak of the wait time occurred, we have now had several months of improvement in the wait time based on some of these measures.

SUSAN LEBLANC: We've heard that before earlier in the committee, so thanks for reiterating that. My question is, is there a system going to be put in place where wait times for home care become public in the same way that wait times for other health care services become public? It's great that you have that information, but is there a place where Nova Scotians can go to find out what the wait times are like region by region? If that's a no, then that's great. If that's a yes, I'd like to know when that will be available.

KEVIN ORRELL: We can take that away and explore it, but I would not anticipate that it would not be available.

SUSAN LEBLANC: Okay. I understand that there are new wait-list variance policies that prioritize long-term care placement to people who are in a state of crisis at home or who are occupying a long-term care bed. It seems like this wait-list variance policy is necessary because of the absolute severity in shortages of beds and the compounding effects of the growing wait-list. Is this policy being used presently, and if not, when will it come into effect?

KEVIN ORRELL: Sorry, can you slow down a bit and repeat your question?

SUSAN LEBLANC: Certainly. I understand that the department is looking at a new wait-list variance policy that prioritizes long-term care placement to people who are in a state of crisis at home, or who are occupying a long-term care bed - sorry, an alternate level of care bed in hospital.

It seems that the wait-list variance policy is necessary because of the severity of shortages of long-term care beds and the compounding effects of the wait-list. I'm wondering, is this policy that we've heard about being used presently, and if it's not, when will it be taking effect?

KEVIN ORRELL: I'm going to refer that to Vicki Elliott-Lopez to address.

VICKI ELLIOTT-LOPEZ: With regard to how we place individuals, there is a placement policy that the Nova Scotia Health Authority care coordinators utilize. What we have done during COVID is introduce a hospital placement variance. So in order to move people from hospital into the place that they want to call home, we've introduced a policy by which hospital placements are prioritized first. That said, in our normal policy we do have a community variance policy, so those who are requiring urgent placements in community are prioritized for placement in long-term care.

In the meantime, during COVID we do know that people have expressed that they're struggling while they wait for long-term care in community, and we are providing additional support such as $5,000 extra a month for things like overnight respite. We're supporting the VON to provide one-on-one respite and support in instances where they can do that. We're looking at the home support wait-list and we've offered $2,000 a month in direct benefits for those on the wait-list to again acquire additional supports.

We've approved a large number of exceptions to our home support authorized hours and a variety of services through the Nova Scotia Health Authority to enable more supports at home while people are waiting for long-term care.

SUSAN LEBLANC: I'm going to switch gears a tiny bit. It's clear that the many years of lack of investment in long-term care in new beds has left no flexibility in the system currently. This became clear again in the last number of months when your department took the approach of cutting funding to long-term care facilities that maintain more than a 3 per cent vacancy as they prepare for a second wave of COVID.

A freedom of information request made by our office revealed that letters indicating that funding would be cut were received by homes who did not in fact plan to maintain a 3 per cent vacancy, that Nova Scotia Health Authority officials were caught off guard by the approach, and questioned whether it was effective at all.

My first question is, how many beds did the policy open up, and how many people were moved from hospital to long-term care as a result of the approach?

THE CHAIR: And that question is for?

SUSAN LEBLANC: Dr. Orrell.

KEVIN ORRELL: As far as absolute numbers, I will again refer to Vicki, but what I would like to point out is that this was an issue that we raised with the long-term care facilities so that they received appropriate notice for this and were not caught off guard. Some chose not to respond to the notification and act accordingly.

[9:45 a.m.]

The health care system is an accordion. When one end of it moves, the next has to move. We were in a position at the point in time where we had to address the vacancies in the long-term care facilities because, number one, the epidemiology and the infection in the province had improved to the point where it was safe to bring people back into their homes.

Secondly, the hospital had a large number of alternate level of care patients who were basically shutting down the system. In order for us to continue to provide acute care, elective surgery, and investigative surgery for people who had undiagnosed problems that could have been serious, it was necessary to have the appropriate facility in the hospital. We had to clear the beds that the ALC patients were occupying.

Furthermore, there have always been issues - and it has been discussed at many tables before - about delivery of patients to an emergency department and offloading of ambulances. All of these beds occupied by people who could have been placed and living safely elsewhere were important issues for these considerations on the acute care side.

The homes were given notice. They were allowed to keep three per cent vacancy to manage COVID-19. Then, when we established the residential care units where positive patients with COVID-19 - fortunately none have occurred - could be cohorted, even then, some of the homes responded by filling those three per cent vacant beds. This allowed the whole system to move appropriately to allow us to provide care right across the province to all people who needed it.

THE CHAIR: Ms. Leblanc. You have nine minutes.

SUSAN LEBLANC: However overdue it was, we were, in the NDP caucus, very glad to see the announcement of 236 new long-term care beds that will be built in the Central Zone and more beds that will be replaced across the province.

There's clear evidence from other jurisdictions that for-profit long-term care has worse outcomes for patients than public or not-for-profit. Is there any commitment with this announcement to public or not-for-profit builds in the expansion?

KEVIN ORRELL: Is there any commitment for . . .?

SUSAN LEBLANC: Is there any commitment that the 236 new beds that were recently announced will be designated public beds or not-for-profit beds? Or will those beds be going into private long-term care?

KEVIN ORRELL: There will be a combination of beds, for-profit and not-for-profit. I must say, because all of the facilities, profit and not-for-profit are licensed, based on the recommendations that we're addressing today, we feel that we have an accountability in place that will allow us to assess, evaluate, and respond to the issues of care within profit and not-for-profit facilities.

SUSAN LEBLANC: I'm going to go back to home care for a moment. I understand that there has not been a request for proposals for home care providers in some time.

Our caucus has been contacted by at least one home care provider who feels that they would be able to contribute to alleviating home care shortages and wait times in the sector and has asked a number of good questions including: why is the government not opening the contracts for other eligible companies to alleviate wait times and what is the timeline to tender the home care contracts?

KEVIN ORRELL: In fact, we are looking at a redesign of home care. HANS has been given money to come up with a redesign planned for the sector. In fact, the ability to reduce wait times will be very similar to the types of things we've initiated during COVID-19 to try to keep people in their home.

We would try to create a system that is more flexible than it is now. It would be client-centred, funding would be direct and allow people to seek some of the services themselves, so this would open up that sector to competition and increase the number of providers and perhaps increase the number of people who would be able to access providers in a competitive way.

SUSAN LEBLANC: Can you just provide a timeline on that overhaul, first of all, and also, would it include a process to officially identify companies that might be eligible for subcontracting in the system?

KEVIN ORRELL: Can I refer that to Vicki?

VICKI ELLIOTT-LOPEZ: We actually do encourage providers now to subcontract to reputable organizations when they can, particularly if they are dealing with workforce shortages and they have growing wait-lists. In the past, for example, the Victorian Order of Nurses actually used that mechanism. I guess the answer to the question with regard to are we looking more broadly, yes, and so in a number of ways, as Deputy Orrell pointed out, we are looking at more flexible arrangements, and, in fact, some of the work that has already been identified early on in the Health Association of Nova Scotia process is that providers themselves feel that we should be introducing more direct benefits to clients to allow them to purchase their own services.

We could mirror some other best practices in government whereby clients receive the funding, and then there's a preapproved list of providers and then they actually get to choose which provider they want, and as we move to more of a flexible client-centred system. Those are the models that we're currently reviewing right now in collaboration with the sector and the Health Association.

THE CHAIR: Ms. Leblanc, three minutes.

SUSAN LEBLANC: I'm just still looking for the answer on the timeline.

VICKI ELLIOTT-LOPEZ: We're developing a timeline right now. We're aligning it with our Continuing Care blueprint work that's under way, so I can't give a definitive timeline at this time, but it is forthcoming.

SUSAN LEBLANC: I'm just going to go back to my previous question about the policy and long-term care. Sorry that I keep flip-flopping, but I didn't know if I'd have enough time. In terms of the policy of the clawing back money from long-term care facilities that have more than a 3 per cent vacancy, I'm wondering if you can tell us how much money was actually clawed back from those service providers in terms of that policy.

KEVIN ORRELL: I would refer to Vicki on the amount. I know there were a few homes. It was not a large number.

VICKI ELLIOTT-LOPEZ: The last report that I saw was just covering around $300,000 and over 20 long-term care facilities.

SUSAN LEBLANC: Also in that, how many beds actually opened up with that policy? I don't think I got an answer on that.

VICKI ELLIOTT-LOPEZ: Last summer, we had over 600 vacancies across the system, and currently we're at just around 350. Some of those are actually approved. As you know, with Northwood, for example, we've approved 100 beds be closed, so once you start to whittle it down, the approved, we have about 194 beds available across the system, and of those, 85 are already attached to individuals. It has, in fact, opened up the system

quite substantially and significantly reduced wait-lists in hospitals. The number of placements has increased dramatically over the last several months as a result of this.

SUSAN LEBLANC: You did mention in terms of some of the adjustments you've been making for home care that you're increasing benefits to caregivers and that kind of thing. Right now, the Caregiver Benefit is $400 a month. Many people believe that should be increased and the rules to qualify for it should be expanded. Are you looking at making the Caregiver Benefit more widely available and are you going to increase the amount?

KEVIN ORRELL: It is under review, but the issue is that the Caregiver Benefit is considered salary. That places some people in the position of receiving more salary and subsequently having to respond to that from a tax point of view, et cetera. There are implications to the increase. We are looking at all of the implications before we make a decision that some families and some people participating as caregivers would not appreciate.

THE CHAIR: Thank you. The time for the NDP caucus for the first round of questioning has expired. I'm going to first recognize Mr. Maguire. He was waving before and then I know that other members of caucus had their hands up, as well.

Mr. Maguire.

BRENDAN MAGUIRE: I just had a quick question for the deputy. During the peak of COVID-19, obviously we saw cases and you've all done a fantastic job, along with Nova Scotians, with the second wave.

My question is: I know that there were individuals at Northwood, in particular, who were exposed. I actually know somebody that was exposed to COVID-19, but never developed the actual illness. Is that something, with their permission, that you're looking at those individuals to figure out why they had potentially been exposed, but never contracted the actual illness?

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KEVIN ORRELL: Immunology and infectious disease is a very sophisticated specialty. The way an infecting organism invades a host and the way the host responds is a complicated issue. There may have been some subacute exposure prior to them being at work, for example, that may have provided antibodies that helped to protect them so that they didn't become infected.

On my end, it was very personal for me because my son, who is a registered nurse, redeployed to Northwood and actually became infected. He had no symptoms, thankfully. He continued his interest in long-term care after that.

Age is a significant factor in trying to determine why some people become symptomatic and why others don't or why some people who become symptomatic have

long-term subsequent problems because of their infection. It's a very complicated and not easily understood issue.

BRENDAN MAGUIRE: My question was less about the employees and more about the individuals living at Northwood. You mentioned age could be a factor, but we know that there were some seniors who never contracted the illness even though they may have had roommates and individuals who may have been exposed.

I guess it's just something interesting to me because I do know someone who lived in that facility who is in their 90s and never actually contracted it. Are you actually looking at the residents of the facility? Not just at Northwood, but individuals within households who may have been in contact with someone with COVID-19 but did not actually get the illness.

KEVIN ORRELL: Individually, we are not looking at situations like that from the department's point of view. I think that is a subject for clinical researchers to determine. I would think that that would be of significant interest to many. That would require very significant stringent research techniques.

THE CHAIR: Thank you. Mr. Maguire, you got your question answered?

Mr. Jessome.

[10:00 a.m.]

BEN JESSOME: Perhaps to the deputy and Ms. Elliott-Lopez as well, the AG's Report reflected a request for some recommendations around reporting requirements and some key indicators to be established related to both long-term care and home care contracts.

Deputy, can you please cite some of the steps that have been taken to establish and what those reporting requirements are now, and what those key indicators are to ensure not only that the expectations in the contracts are being met, but quality of care is maximized?

KEVIN ORRELL: In Nova Scotia, all licensed homes are inspected twice annually; residential care facilities, once annually. Broadly, the inspection includes addressing more than 400 issues. That has to do with a care provision, care support, care hours. It looks at administration, it looks at medication - the administration of the medication, the documentation of it. It looks into the charts, the architecture of the building, the maintenance, the facility safety, home care protocols. It looks at the administration and how they function. It looks at their board and how they meet and the responsibilities to do so in a regular fashion. There are about 400 or more issues that are addressed.

Inspectors, when they come, would evaluate that. Because there are so many, there is frequently something to address. After those are identified, the home is given a comply-

by date where they would have to address those issues that were raised. They're given 30 days to respond. If there are still outstanding issues, then that's further extended. If at some point, they fail to address those, they would then be issued a short-term licence for about three months that would then make it necessary for them to respond in order to preserve their licence in this sector.

That's on the inspection basis. There are occupational health and safety issues. We now have workplace safety issues that are being addressed. Since COVID-19, some of the regular inspections have been stopped during the first wave. They have been initiated again slowly. However, it has not distracted from our ability to assess. There are virtual assessments, telephone assessments. All the licensing during COVID-19 has been done for three-month short-term licence during that time.

There are IPAC considerations also as part of the inspection process. The IPAC recommendations were a significant part of a study that we did across the province last year. Those are being evaluated as part of the inspection process. I could refer to Bob for more detail on that.

BOB LAFFERTY: I hope my microphone is working much better now. [Inaudible]

THE CHAIR: I'm sorry, but your microphone is not coming through at all. There's a lot of static on it. Maybe we'll just go back to Mr. Jessome, okay?

BEN JESSOME: Thanks for that response. Deputy, you referenced the longevity of the contracts that are established. I think you referenced the number of 25 years. What is the value in having such a long-term contract from a quality assurance perspective? We live in a society where things are ever-changing and technology is improving, care is improving. Is there opportunity in establishing shorter-term contracts that tie a greater level of perhaps accountability and modernization - or an ability to be more modern and accountable through a shorter-term arrangement with some of these service providers so that if we come up with a eureka solution to a problem that we're not bound to a contract for another 15 years before we can make changes?

KEVIN ORRELL: I agree 100 per cent. None of us who are appearing as witnesses would have been party to the historic events that led to such long contracts. As part of the redesigned blueprint for change, the valuation of how we can better deliver service, those things will be under consideration, most certainly.

BEN JESSOME: My final question before I hand off to my colleague, Ms. DiCostanzo. With respect to home care workers, is there any consideration or proposal from that workforce to create some type of a professional organization similar to nurses, doctors, physio, et cetera?

KEVIN ORRELL: We have introduced a request for funding and a change in the way that we address many of the allied health professions to become regulated. That is

legislation that we are introducing that would apply to several - I don't believe it applies to all of the home care providers at this point in time, but it certainly would help to address issues with CCAs, for example.

BEN JESSOME: May I just clarify what sort of a timeline is that legislation on?

KEVIN ORRELL: Vicki, do you have a better answer than I might provide?

VICKI ELLIOTT-LOPEZ: With regard to regulating the CCA workforce, we do have some frameworks ready to go, and we're hopeful that they will be introduced imminently.

THE CHAIR: We go now to Ms. DiCostanzo. You have seven minutes.

RAFAH DICOSTANZO: I have just a quick question probably for Dr. Orrell or Ms. Lopez. I know that the system has to change and evolve, and it's happening everywhere across Canada. I have a special lens, actually, because my elderly parents are in Oakville, Ontario, and they are looked after by the system there, and my in-laws who are 90 and 94 are looked after by the Nova Scotia system. The kids, four siblings in Toronto and there's two siblings here, and we're helping to keep our parents in their own homes, in their apartments because it's very important to us that they stay in their own home.

I can't be more proud of our system here in spending more money to keep our parents and all seniors who wish to stay home. To me, that is the best way to provide the care that we need, and I know both systems are doing really well, amazing services.

I also want to say sometimes we have very stubborn parents who would say no to somebody who's coming to help them. (Interruption) I'm sorry, the system just turned me out and brought me back in. It happens very rarely, but it happens when I talk for some reason. It doesn't like me to talk.

Anyway, what I've been able to do is compare the services that are happening in Ontario and the services that are happening here. Both struggle with a lot of things, but they are incredible services. I am so grateful for both.

I have seen one difference. There is a pilot program in Halton, the area which encompasses Oakville, where my parents are, that's called Supports for Daily Living. It's been working amazingly. The four siblings, we are so grateful for the help. We text. We have connections.

The most important thing that we've noticed is they send the same personal support worker (PSW). Because my mother has dementia and my mother-in-law has dementia and they're dealing with that, that has been a very important thing, that they have the same PSW that shows up every day.

They get three hours of service in Ontario divided three times a day. They show up for an hour in the morning, 20 minutes, and another hour at night. It is working incredibly well. We truly love it. We are so grateful as siblings.

This is a pilot that is happening in Ontario. They're probably having the same issues as we are and they're trying new things. I know here that we are not using that system because different people showed up for my in-laws. We didn't even use the service because my mother-in-law couldn't deal with the dementia and having different people show up at the house.

The Supportive Care funding that you're providing was a miracle for us. We were able to find a lady that can go in and hug them and be with them, but it's the same - our own private PSW - and we're paying for it with the Supportive Care funding that you have provided.

These are amazing things. For the system to evolve, we need these things. May I ask Ms. Elliott-Lopez if she knows about that program? I know we're revamping the system. What else have we learned from other jurisdictions that we can use here?

VICKI ELLIOTT-LOPEZ: Yes, I would totally agree with you with regard to consistency in a service delivery provider coming into someone's home, particularly people with dementia. We have heard that. We do know that scheduling can sometimes be difficult to achieve here with our local service providers.

Absolutely, as we look to home support redesign, we look at other best practices and other models. You mentioned the Supportive Care benefit program. Again, a flexible client- and family-centric and empowers people to make their own choices with regard to the service providers that they bring into the home. Certainly, that's a fundamental component of our blueprint. Our philosophy of care as we move forward is that it has to be empowering. It has to focus on the client needs. Particularly, as we know, client needs are getting more complex and we can't fit them into boxed approaches. They need to be flexible and provide different options and opportunities.

Our 20 providers across the system are strong. We have excellent partnerships and relationships with them. As the deputy mentioned earlier, predominantly what we hear are really good stories and really positive feedback on our home support providers and the services that they offer and deliver.

It's really about providing choice. Increasing choice and flexibility across the system more broadly. Yes, we are looking at different models to support us in making some of those key decisions.

THE CHAIR: Ms. DiCostanzo, you have one minute.

RAFAH DICOSTANZO: I just want to say thank you. As an interpreter and as a former president of the interpreting services, it was a difficult thing for us to have the same interpreter go with the same patient all the time. It's a logistical nightmare, trust me, but we made special attention to mental health patients or others. We tried to train them so they could have somebody else - a different interpreter - so that we can have enough interpreters to do those services.

People don't understand the logistics involved in having the same person go in to the same patient. There are a lot of things involved in this. I just want people to understand how difficult this logistic matter of providing those services is. The patients or the client - in our case, it's both my father and father-in-law saying they want this person, not that one. That's what they have to deal with and it's very difficult. In their 90s and late 80s, you can't change their mind. I'll say to my father, you can't do that, baba.

[10:15 a.m.]

It's very difficult things that Ms. Elliott-Lopez and the department have to deal with to provide these amazing services to our clients. I thank you. I truly thank you from both my in-laws and my parents in Ontario. I see some amazing things that the system provides here in Canada and we should be so grateful.

THE CHAIR: That concludes the first round of questioning. We'll go now to the second round. We're going to allow six minutes for each caucus and we'll begin with Mr. Halman.

TIM HALMAN: Deputy, I would like to return to the topic of staffing, specifically within home care. When private home care companies are accepting new clients, but we know they're telling families on day one that they do not have enough staff to provide the number of hours of home that has been prescribed to the senior, it also reduces the number of hours of care they are able to provide to existing clients.

Can you tell us why private home care agencies are allowed to accept a client when they knowingly don't have enough staff to provide the prescribed care?

KEVIN ORRELL: The difficulty of course during the pandemic as the wait-list increased was that people did require service and it was necessary to prioritize. Having put in some of the measures that we previously discussed about the caregivers, about supportive care, about adult programs and things like that, we could adjust to the difference in care that they provided prior to the pandemic and offset some of it with those programs.

The other issue that contributes to an ability to accept more clients is that during COVID-19, there have been refusals by clients to allow caregivers into their homes. In fact, during the first wave, it was necessary to support those providers so that they didn't have to lay off staff, which would have been tragic. Having said that, with the reduction because

of client refusal, there is an ability to re-deploy those people to new clients or to clients that are prioritized for a higher level of care.

TIM HALMAN: Certainly, we recognize that staffing of home care was an issue pre-COVID-19. I recognize COVID-19 has in all likelihood amplified that as well. I think that certainly needs to be on the radar screen - the companies where this is taking place.

Also, with respect to staffing, in particular with training - as you know, many Nova Scotians requiring home care have conditions that require specialized care, such as those living with ALS. Effective home care must be designed to address the needs of the patients, even if those needs are unique or rare. Could you or Ms. Elliott-Lopez or Mr. Lafferty outline how the department is working to address these concerns?

KEVIN ORRELL: The system is such that the delivery of the care is under the direction of the NSHA. They have care coordinators who evaluate and prioritize. For example, if you pick someone who has ALS, there are some services that are provided to them that could be safely applied by people who have less training and less skill.

There are other services that would require a higher level of skill. So you wouldn't eliminate on a broad basis; you would try to re-deploy someone for the services that would not be as critical as others and therefore, you'd be able to use the people who have a higher level of education and skill in more appropriate and fulfilling ways.

For example, meal preparation. Prior to COVID, there were many times that our CCAs, instead of being involved with personal care, would have to prepare light meals and spend their time doing something that they didn't want to do, and they would certainly have preferred to stay within their own realm of skill and training. Something like that, we have introduced the home aides program where other people can do that and it frees up the trained people to do the job that they're actually trained for.

TIM HALMAN: With respect to staffing again, deputy, a common concern here from residents is the lack of consistency of a continuing care worker to arrive on the doorstep. Could you enlighten us as to what percentage of the time does a different continuing care worker go to the house the next day?

KEVIN ORRELL: I cannot give you an exact number, no. I would say that the providers have attempted to bubble their workers so that there is a small group that the clients are familiar with. Given the exhaustion of this workforce, it's not possible to have them working all the time, so it's obviously necessary for other people to fill in for days when they're not working or have to be off for rest or for other reasons. The reduction of the broad group of workers to smaller bubbles is both good for the client and it's also good for the COVID infection risks.

THE CHAIR: The time for the second round of questions for the PC caucus has expired. We'll go now to the NDP caucus. Ms. Roberts.

LISA ROBERTS: In a freedom of information request that our office received back from the Nova Scotia Health Authority, we saw that at least at one point during the Northwood outbreak, continuing care assistants were the most numerous among infected staff at the facility, and in the documents, the Nova Scotia Health Authority contemplated, discussed whether continuing care assistants might need enhanced personal protective equipment training.

In general, the CCA workforce is plagued by low wages, staff shortages, high turnover, and high levels of injury, and I wonder if Ms. Elliott-Lopez or the deputy could talk about what the impact of COVID-19 has been on the labour landscape for that profession.

KEVIN ORRELL: I can start, and I think Vicki would have more to add. Firstly, in terms of PPE present in the facility for CCAs and for other people that work there, as you know, early in the pandemic there were evolving impressions by the Public Health Agency of Canada and other scientific groups recommending PPE, which later evolved into more significant protection, so we, in fact, in Nova Scotia, introduced masking, for example, prior to the recommendation from the Public Health Agency of Canada, so we introduced it prior to the federal government saying that it was necessary.

The Northwood review was very helpful. We learned that there were people that, although we provided PPE, we learned that people weren't always educated in terms of how they safely donned and doffed it, and we have addressed that issue. There was a significant contribution to the education of employees at that time.

I forget the second part of your question.

LISA ROBERTS: It was about the labour landscape for CCAs. They're a poorly-paid group that is providing essential work.

KEVIN ORRELL: So in Nova Scotia, we pay all of our CCAs across the board at the same level, whether they work in acute care or in long-term care, and that is not something that's done in all jurisdictions. In fact, I think there are very few jurisdictions that do that.

The wage we provide is midway between the minimum wage and an LPN wage. They receive shared pension, medical benefits, and other benefits from their work. That's where we've been with it. As I've said, it's an equitable workforce across all sectors of the health care field.

Vicki may have more . . .

LISA ROBERTS: I'm sorry, Dr. Orrell. What you're just describing to me doesn't seem to line up with what I understand from conversations with the non-profit sector and with unions representing CCAs. I think there would actually be quite a bit of discrepancy depending on where CCAs are employed.

Maybe Ms. Elliott-Lopez could just comment on that. I think there's some discrepancy between, certainly, CCAs employed by the NSHA versus CCAs employed elsewhere.

VICKI ELLIOTT-LOPEZ: With respect to numbers or with respect to pay?

LISA ROBERTS: Maybe quickly in respect to pay and then I would like to ask another question, if I can squeeze it in.

VICKI ELLIOTT-LOPEZ: Dr. Orrell's correct in that the pay scales don't vary across NSHA to long-term care to acute care. If those situations which you're hearing are happening and I think it would be really important, actually, for us to know so that we can follow up.

Given that the majority of our CCAs across the sector are unionized, we would want to have those discussions if any discrepancies were seen. We have implemented equity across all sectors for the CCAs.

LISA ROBERTS: We will follow up. A question about complaints, which was one of having a record of complaints, and transparency around complaints was one of the recommendations from the Auditor General's Report.

Parents who have children in licensed child care centres can go on to a government website and see if an inspection has resulted in a complaint or a need to rectify something in the licensed child care sector. Is there anything similar to or planned for that either for home care providers or for the long-term care sector?

KEVIN ORRELL: Yes, this does already exist. When inspections are done, they are ultimately - after the inspection's complete and released - made public on our website. Complaints are addressed with the complainant, the family, the institution, or the provider. After, they are then released for public viewing.

THE CHAIR: Thank you. The time for the NDP caucus has expired. We'll go now to the Liberal caucus.

Ms. DiCostanzo, you have six minutes.

RAFAH DICOSTANZO: If I may, Ms. Elliott-Lopez, go back to my question. Maybe you can give us an outline. I know you're leading a system-wide change. Maybe you can describe what that means and what you're working on.

VICKI ELLIOTT-LOPEZ: Last year, pre-COVID-19, we did what we called a journey mapping exercise. We talked to a lot of users of our system to determine what their pain points were. We documented that. Then COVID-19 hit, and we had a number of lessons learned from COVID-19.

We are in a good position now, we feel, that we're ready to start to move to change the way our system operates. COVID-19, of course, put a spotlight on our system. Clients told us that they wanted things like more flexibility and options, for example.

[10:30 a.m.]

We know our investments are big in the system, so if it's not working - if we don't have a smooth continuum of supports, particularly where clients' needs are changing - we know we need to change how we deliver services. We don't want to continue to evolve and add ad hoc pieces to the system. For example, we look at our legislation, and our legislation is very environment-specific, and we're ready to turn that on its head and make it more client-focused. We know that client needs are changing, very complex. We want a system that is responsive to everybody's unique needs.

As we look to transform the system, we want to create a more client- and family-centred, flexible system, we want to focus on service excellence. We look to our infrastructure and then the announcements just made. We look to various aspects of the long-term care panel report and the Workplace Safety Action Plan, implementing those to really focus and achieve a sector that thrives on service excellence. Then finally, we know the underpinning of all of that is a skilled and stable workforce.

We're confident, as we move forward, that if we focus our efforts on those key areas, we will be able to create a system that is more responsive and evolves as people's needs evolve.

RAFAH DICOSTANZO: That is wonderful. I have another question in regard to this evolving workforce. I'm looking at the immigration part of it and how much immigration has helped. I know that's one of the streams, to bring what we need, and CCA has been one of the biggest one, bringing as many. I just can't imagine where we would be with the shortage in CCAs if we didn't have that open immigration, of the workforce that we have here.

I think our immigration has moved in an amazing way to supply. Do you see that, and how many of your newly-hired CCAs are as a result of this increase in immigration?

VICKI ELLIOTT-LOPEZ: We are aware that the Nova Scotia Office of Immigration has worked closely with partners across our sector. We've had some great success stories with recruiting abroad, and it has certainly improved our workforce complement.

I don't have exact numbers in front of me, but anecdotally we hear about the great success of those programs. We also know, even internally across Nova Scotia, we're expecting up to 600 new CCA grads this year, which is a significant jump over last year. That's in combination with the recognition of the Recognizing Prior Learning pilot that was launched in combination with our bursary program, and we do see increased enrolment across the province.

When you take all of those measures and combine them, we are confident that we will continue to see growth across the sector.

RAFAH DICOSTANZO: With immigration and the difference for us as newcomers or multicultural people, we have different needs. For me is to make my father understand to use the system. We refuse - only the kids have to help the parents. We come from that culture. Is there that kind of training for the new CCAs and the old CCAs of how to deal with different cultures? For us, the system is not providing both with my in-laws who are Italian and my parents who are Arabic - the expectation is that the siblings have to provide the service, not the government. We are not used to that.

Is there that kind of training included as immigration is increasing, and sometimes it is those immigrant PSWs that know how to deal with it, and maybe to be included in their training how to make sure that the service understands the client. It's a difficult thing for you. I just know how difficult it is for us as siblings to even accept the service. There are different needs when it comes to immigrants and their misconceptions.

KEVIN ORRELL: There has never been a time that has been more appropriate for introducing some of the cultural aspects to delivering home care and long-term care as there is today. We have made some significant considerations and movements in the direction of supporting people. For example, we have now signed a contract to have a long-term care facility built in Eskasoni which addresses their needs on many levels, but from a cultural point of view, it's certainly very important.

As well, they're a community who train to be nurses at Cape Breton University. They will be able to work there, so it will be a very important facility as a standout to demonstrate how people from their community can be engaged in their community and with workers who have lived and been raised in the community and who are appropriately trained for the care.

THE CHAIR: The time for questioning has expired. We want to thank the witnesses for being here this afternoon and making their presentation and making themselves available for the questions. I'm going to turn it over now to Deputy Orrell for any closing remarks.

KEVIN ORRELL: Thank you so much. We are very happy to have participated. We feel that the COVID-19 pandemic has highlighted and provided us with information about how to move forward on a long-term basis in terms of delivering care in alternate

ways. We are encouraged by our ability to engage with HANS and to look at a redesign of home care. It has been a sector that we feel needs to be modernized and needs to be addressed. With the blueprint for change, we think that we can move along in our efforts to do so. Thank you very much.

THE CHAIR: Thank you all. Again, it was an interesting thing, I'm sure. As time goes on, the questions will become even more. Again, thank you. We have other business to look after so I invite the witnesses to leave the meeting, if they wish. We'll just wait a couple of seconds and then we'll get into the remaining business for the meeting.

I think we can back into the meeting. There's only one person not here so we'll get right on it. At our last meeting on January 13th, Mr. Halman made a motion and it wasn't able to be brought to the vote because of time limitations. I'm going to ask Mr. Halman to state the motion again. Then we'll open it up to the floor for the discussion. Mr. Halman.

TIM HALMAN: The motion before the committee is this: I move that the Standing Committee on Public Accounts brings the topic of COVID-19 immunization at the earliest possible date in order to understand the details of this plan entirely. Suggested appropriate witnesses should be from the 11 members of the immunization committee, the Department of Health and Wellness, and the Nova Scotia Health Authority.

Let me add that I still maintain - the PC caucus still maintains - that the topics outside of the Auditor General's Report should still come forward to the Public Accounts Committee despite the motion put forward by the Liberal caucus in Fall 2018. The mandate of this committee is to not only look at topics within the Auditor General Report. It is, of course, also to examine public expenditures and the administration of public policy.

Just this morning, the *Chronicle Herald* in their editorial indicated that Nova Scotians expect the vaccine implementation to be done logically and expeditiously. In order to better understand the process, I believe this topic would be appropriate to the Public Accounts Committee to better understand that process.

Already, I've had police in Nova Scotia reach out to me wanting to know why they've been removed from the phase in which they were to be immunized. I've had teachers reach out to me wondering when they will be immunized. I've had average everyday residents of this province ask, when their time comes, how will they be notified?

The end goal here is to achieve clarity. The end goal is to achieve a greater understanding of the process of the COVID-19 immunization in Nova Scotia.

THE CHAIR: Thank you. We have a motion on the floor. Is there any discussion?

Mr. Jessome.

BEN JESSOME: While I appreciate the member's comments related to communication and transparency related to the vaccination protocol and procedure and updates for Nova Scotians, two things: firstly, we do have an agenda-setting process for all committees that I think we should maintain. Secondly, the Health Committee has been established as a mechanism to deal with subjects of this nature. I believe that, frankly, our position is that this is a suitable topic for our Health Committee to consider bringing forth at their agenda-setting meeting. Thank you.

THE CHAIR: Any further discussion?

Ms. DiCostanzo.

RAFAH DICOSTANZO: I totally agree with my colleague. We haven't spent the money yet on vaccines and seeing how it works and doesn't work and being audited. Until then, we wait to bring it in to the Public Accounts Committee. We can bring it in later on once we've spent the money, made sure that the money was well spent according to the AG. Thank you.

THE CHAIR: Mr. Halman.

TIM HALMAN: While I appreciate the comments from my colleagues, I still maintain this is an appropriate topic for the Public Accounts Committee, as it relates to public policy and public administration, which is within the legislative mandate of this committee. Mr. Chair, I'd ask for a recorded vote.

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

We'll start with Mr. Irving.

YEAS	**NAYS**
Tim Halman	Keith Irving
Lisa Roberts	Ben Jessome
Susan Leblanc	Hon. Margaret Miller
Keith Bain	Brendan Maguire
	Rafah DiCostanzo

THE CHAIR: The motion is defeated.

We'll move to the next item on the agenda, which is the prorogation of the House. This was in last month's agenda but not dealt with. As a result of that, the committee was polled, and it was agreed to just continue the committee's schedule and business set prior to prorogation. That's for your information at this point.

Also, information was requested through the Department of Finance and Treasury Board at the December 9th meeting. That correspondence has been circulated to all the committee members.

Then last week, the Subcommittee on Agenda and Procedures met. There are two items that we talked about. The first was the reconstitution and the item was on last month's agenda. Again, the members were polled, and it was agreed to establish the Subcommittee on Agenda and Procedures with the same members as prior to the prorogation. Again, that is received for information.

Also, the subcommittee met on February 3rd and a record of decision from that subcommittee meeting has been provided to the members. I'm going to ask for a motion to approve the record of decision.

[10:45 a.m.]

Ms. Roberts.

LISA ROBERTS: Before I move to approve the record of decisions, I regret that I didn't suggest that someone appear, related to the first topic listed, from the Department of Business, as well as from the Department of Finance and Treasury Board. I'm not sure what the best mechanism is to modify that topic just to add a witness.

We already have someone from Nova Scotia Business Inc. and from Tourism Nova Scotia, but it would make sense to have somebody from the Department of Business as well as the Department of Finance and Treasury Board.

THE CHAIR: I'll just ask the committee if they'll agree to invite a representative from the Department of Business. Show of hands, please.

Okay, we'll just add that to that motion. Ms. Roberts.

LISA ROBERTS: I move that the department schedule and accept the topics and witnesses proposed by the Subcommittee on Agenda and Procedures from our February 3rd record of decision.

THE CHAIR: Mr. Jessome.

BEN JESSOME: I just wanted to flag and raise a question related to the representative from the Department of Finance and Treasury Board. Is Deputy Minister Rafuse still going to be available? I know that he announced a retirement recently.

THE CHAIR: I don't know if the clerk can answer that. At this point we're not sure. Ms. Roberts, you have something?

LISA ROBERTS: No, just that I'm sure that there will be an acting deputy minister and that the department will come with the witnesses able to speak to the file.

BEN JESSOME: Understood.

THE CHAIR: We do have a motion and that was to approve the record of decision. Would all those in favour of the motion, raise your hand. Contrary minded, raise your hand.

The motion is carried.

I think that pretty well covers all the items on the agenda. I don't think there's anything else to be added at this point.

Our next meeting will be on March 10th in the Legislative Chamber - so it says here. We're going to have an in camera briefing from 8:30 a.m. to 9:00 a.m. The meeting will be from 9:00 a.m. to 11:00 a.m. as usual. The witnesses are going to be the Department of Lands and Forestry concerning forest management and protection, from the November 2015 Report of the Auditor General, Chapter 6; and species at risk - management of conservation and recovery, from the June 2016 Report of the Auditor General, Chapter 3.

If there is no further business, thank you all for participating this morning.

We stand adjourned.

[The committee adjourned at 10:48 a.m.]