



Standing Committee on Health

ANNUAL REPORT

2019

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Halifax

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Honourable Kevin Murphy
Speaker
House of Assembly
Province House
Halifax, Nova Scotia

Dear Mr. Speaker:

On behalf of the Standing Committee on Health, I am pleased to submit the Annual Report of the Committee for the period from September 2018 to August 2019 of the Sixty-Third General Assembly.

Respectfully submitted,

~~Hon. Gordon Wilson, M.L.A., Clare-Digby~~ *Suzanne Lhnes-Croft*
Chair

Vice - Standing Committee on Health

Halifax, Nova Scotia
2019

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INTRODUCTION AND MANDATE

The Standing Committee on Health, an all-party committee of the House of Assembly, was struck in the Second Session of the Sixty-Third General Assembly. Pursuant to Rule 60(2)(f) of the *Province of Nova Scotia Rules and Forms of Procedure of the House of Assembly*:

The Health Committee is established for the purpose of considering matters relative to access to and delivery of health-care services.

MEMBERSHIP

There shall be no more than nine members of the Legislative Assembly appointed to this committee. As of August 31, 2019, membership of the Health Committee was as follows:

Hon. Gordon Wilson, MLA – Chair
Clare-Digby

Karla MacFarlane, MLA
Pictou West

Suzanne Lohnes-Croft, MLA – Vice-Chair
Lunenburg

Barbara Adams, MLA
Cole Harbour-Eastern Passage

Ben Jessome, MLA
Hammonds Plains-Lucasville

Susan Leblanc, MLA
Dartmouth North

Keith Irving, MLA
Kings South

Tammy Martin, MLA
Cape Breton Centre

Rafah DiCostanzo, MLA
Clayton Park West

MEMBERSHIP CHANGES

Membership in this committee was established on January 10, 2019. There were no changes in committee membership between that date and August 31, 2019.

PROCEDURES AND OPERATIONS

The Health Committee meets on the second Tuesday of every month in the Legislative Chamber, Province House, 1726 Hollis Street, Halifax.

NOTICES, TRANSCRIPTS AND REPORTS

NOTICES

Notice of committee meetings are sent to all members of the committee, caucus office staff, legislative staff and Communications Nova Scotia. The notices are also posted in Province House and are on the Nova Scotia Legislature website at the following address:

<http://nslegislature.ca/index.php/calendar>

TRANSCRIPTS

Transcripts of the Health Committee meetings are available from the Legislative Library in Province House, the Legislative Committees Office, or on the Health Committee web page at the following address:

<https://nslegislature.ca/legislative-business/committees/standing/health/archive/health>

REPORTS

All reports of the Standing Committee on Health are compiled by the Legislative Committees Office and forwarded to committee members for consideration. Upon completion of the review and approval of the report, the Chair tables the report with the Speaker of the House of Assembly or with the Clerk of the House of Assembly.

Distribution of the report is as follows:

To the Speaker and the Clerk of the House of Assembly, committee members, all witnesses who appeared before the committee, the Nova Scotia Legislative Library, caucus offices and the media. This report is available to the general public upon request from the Legislative Committees Office, and is available on the Health Committee web page at the following address:

<https://nslegislature.ca/legislative-business/committees/standing/health/reports>

RESEARCH MATERIAL

Research material for the Health Committee is compiled by the Legislative Library in consultation with the committee clerk and distributed to members by the committee clerk. Reference material is provided to members and caucus staff prior to the meeting date. A copy of this material is also made available to the witnesses appearing before the committee, to the Legislative Library in Province House and to Hansard Reporting Services.

ACKNOWLEDGEMENTS

The committee wishes to extend its gratitude to all witnesses for their time and co-operation. Special appreciation is extended to the Legislative Committees Office; Hansard Reporting Services; Legislative Television and Broadcast Services; and the Nova Scotia Legislative Library.

PUBLIC HEARINGS

WITNESSES

None.

MATTERS OF DISCUSSION

The purpose of this meeting was organizational, to decide on procedures for this new standing committee of the House of Assembly.

COMMITTEE BUSINESS

Chair's opening statement

Comments by members

Operating practices:

- Meeting frequency: Members discussed the possibility of meeting more than once a month. A motion was introduced:
 - [T]hat this committee meets at least biweekly and given that there's Cabinet and also Economic Development on Thursday, my suggestion or proposal would be that the committee meets the second and fourth Tuesdays of the month, in the morning.
 - Moved by Susan Leblanc, MLA
 - Motion defeated.
- Regular meeting dates: A motion was introduced:
 - [T]hat the Health Committee meet on the second Tuesday of each month at 1:00 pm.
 - Moved by Suzanne Lohnes-Croft, MLA
 - Motion carried.
- Location: Members agreed meetings should be broadcast to the public by Legislative Television, if possible. It was noted that while the Legislative Chamber is equipped to broadcast meetings, the Committee Meeting Room at One Government Place is not. A motion was introduced:
 - [T]hat we have the meetings here [the Legislative Chamber], and that we move forward and ask the Speaker for permission to have our meetings held here.

- Moved by Barbara Adams, MLA
 - Motion carried.
-
- The committee agreed not to suspend meetings during July and August, during the March Break, or while the House is sitting. To avoid conflict with House hours, the committee will meet in the morning during the months the House is sitting.
 - Agenda-setting procedures: There was discussion about the proportion of topics per caucus. While the Chair noted standing committees have in recent years divided six topics roughly by representation in the House at 3/2/1, opposition members suggested equal proportions: 2 Liberal, 2 PC and 2 NDP. A motion was introduced:
 - We could do two, two and two in suggesting our presenters.
 - Moved by Karla MacFarlane, MLA
 - Motion defeated (recorded vote)
 - The committee agreed to hold an extra meeting for agenda-setting as soon as possible, before the next regularly scheduled meeting. The Chair asked members to submit their first set of proposed agenda items to the clerk by Wednesday, Jan. 23, with the aim of holding the agenda-setting meeting the following week, on Jan. 29 or 30.
 - The Chair reviewed the Speaker's annual letter about the Legislature's policy of following government closures in case of bad weather, but noted the Speaker could make a separate call if he chose. The committee agreed that if it was necessary to cancel a meeting because of bad weather, every effort would be made to reschedule it in that month in spite of any possible time conflicts.
 - Members discussed how to organize the questioning of witnesses: whether the Chair would keep a speakers list, as is customary in most other standing committees, or allot each caucus 20 minutes of questioning in turn, with 10 minutes of follow-up, as time allows, as is done in the Public Accounts Committee. A motion was introduced:
 - [T]hat the distribution of questioning be 20-20-20.
 - Moved by Karla MacFarlane, MLA [paraphrased by Chair]
 - Motion carried (recorded vote)

DOCUMENTATION

No documents were requested.

WITNESSES

None.

MATTERS OF DISCUSSION

The purpose of this meeting was to set an agenda of six topics/witnesses for the committee to examine in the coming months.

COMMITTEE BUSINESS

An agenda-setting session was held. Motions were introduced to invite:

Liberal topics:

- The Liberal caucus would like to propose the following topics: Cape Breton health care redevelopment with witnesses: Ms. Paula Bond, Nova Scotia Health Authority; Mr. Brett MacDougall, Executive Director, Nova Scotia Health Authority, Cape Breton Regional Hospital; and finally, Mr. Paul LaFleche, Deputy Minister of Transportation and Infrastructure Renewal. The second topic we are proposing is the QEII redevelopment with witnesses: Ms. Denise Perret, the Deputy Minister of Health and Wellness; Mr. John O'Connor, Executive Director of Major Infrastructure, Department of Transportation and Infrastructure Renewal; and Mr. Paul LaFleche, the Deputy Minister of Transportation and Infrastructure Renewal. The third topic we bring forward is investments in orthopaedics. The proposed witness will be the newly hired head of orthopaedics. I do not have his name. He is a new hire.
 - Moved by Hugh MacKay, MLA
- An amendment was introduced:
- [T]hat the Cape Breton health care redevelopment topic include the Deputy Minister of Health and Wellness as a witness.
 - Amendment moved by Claudia Chender, MLA
 - Amendment accepted by consensus.
 - Amended motion carried.

Progressive Conservative topics:

- Our first proposed topic is physician working conditions.
 - Moved by Karla MacFarlane, MLA

- Motion defeated
- Our second proposed topic would be Dalhousie Medical School and its role in health care sustainability.
 - Moved by Karla MacFarlane, MLA
 - Motion carried.
- [T]hat we accept Accreditation Canada's 2017 report on NSHA.
 - Moved by Karla MacFarlane, MLA
 - Motion carried.

New Democratic Party topics:

- [T]hat the NDP agenda item be emergency room overcrowding and off-load delays.
 - Moved by Susan Leblanc, MLA
 - Motion defeated.
- That we have as our agenda item, collaborative practice teams and doctor recruitment.
 - Moved by Susan Leblanc, MLA
 - Motion carried.

Correspondence:

- At the committee's direction, the clerk had written to the Speaker asking permission to hold meetings in the Legislative Chamber, with LTV broadcast.
 - In a letter dated January 23, the Speaker granted the committee permission to meet in the Chamber on January 29, and said he would consider what future arrangements would be appropriate.
 - The committee instructed the clerk to write a follow-up letter the Speaker's Office for clarification on meetings in the immediate future.

DOCUMENTATION

No documents were requested.

WITNESSES

Nova Scotia Health Authority

Janet Knox, President and CEO

Tim Guest, VP Integrated Services

Colin Stevenson, VP, Health Services and Quality & System Performance

Dr. Mark Taylor, Interim VP, Medicine

MATTERS OF DISCUSSION

In October 2017, a team of 30 surveyors and one patient surveyor from Accreditation Canada visited Nova Scotia Health Authority. They spent time in hospitals and facilities across the province observing and talking with employees, physicians, volunteers, patients, learners, clients, families and community partners. The visit was part of Accreditation Canada's peer-review process, which helps health care organizations assess the services they provide to their patients based on national standards of quality.

The process is based on a combination of self-assessment, compliance with national standards and required organizational practices and the development and implementation of quality improvement plans and activities.

This was Nova Scotia Health Authority's first province-wide survey after transitioning from nine health authorities to one.

The surveyors reviewed 4,014 quality and safety criteria in areas ranging from governance and leadership to risk management, infection prevention and control, and medication management. Overall, the NSHA met 92.9 per cent of the criteria and were granted "accredited with report" status. Ms. Knox said that meant NSHA had succeeded in meeting the fundamental requirements of the accreditation program, but still had some work to do. She reported NSHA had since completed all the necessary requirements and has maintained accreditation status.

Ms. Knox noted NSHA was recognized for five leading practices, or innovative solutions to improve quality:

1. The Dartmouth General Hospital pressure ulcer team
2. A client-centred waitlist management model for ambulatory care
3. An ambulatory medication reconciliation process for its renal program
4. A Seniors LINCS walk and roll program
5. Its Patients Stories initiative.

COMMITTEE BUSINESS

Correspondence:

The committee received a letter dated February 6, 2019 from the Speaker of the House in response to a request made at the January 27 meeting. The Speaker gave the committee permission to continue meeting in the Chamber while his office “examine[d] the prospect of equipping the Committees Room with broadcasting capability.” He noted this permission would be “subject always to the needs of the House when it is sitting.” On behalf of the committee, the Chair expressed thanks to the Speaker.

Motions:

The committee discussed its previous agreement to move its regular meeting time from afternoons to mornings during those months the House of Assembly is sitting. A motion was introduced:

- That the Health Committee sit at the hour of 9:00 am to 11:00 am [when the House is sitting].
 - Moved by Hon. Leo Glavine, MLA
 - Motion carried.

NDP members raised the issue of emergency rooms in Nova Scotia. A motion was introduced:

- That the Health Committee call Jeff Fraser, Operations Manager of EHS, Mike Nickerson and Donald Dixon of IUOE 727 representing paramedics, and the Deputy Minister of Health and Wellness as witnesses to an emergency meeting of the Health Committee to discuss systemic challenges to our emergency care system at a date and time determined by the Chair on or before February 28, 2019.
 - Moved by Susan Leblanc, MLA

An amendment to the motion was introduced:

- To bring in the same subject that Ms. Leblanc brought in and have it for the next meeting, which is March 12th.
 - Moved by Rafah DiCostanzo, MLA
 - Amendment carried.
 - Amended motion carried.

[Note: The committee later agreed unanimously in two separate email polls to replace Mr. Dixon’s name with Terry Chapman of IUOE 727, and to reschedule the meeting from March 12 to March 14 because of witness availability.]

The committee discussed a change to the approved witness list for the meeting on Cape Breton Health Care Redevelopment. A motion was introduced:

- To add and amend the witness list for the CBRM redevelopment topic when it occurs. In addition to Paula Bond, Nova Scotia Health Authority; Brett MacDougall, Nova Scotia

Health Authority Cape Breton; the Deputy Minister of Health and Wellness; and the Deputy Minister of Transportation and Infrastructure Renewal, our caucus would like to add Dr. Kevin Orrell who is the senior medical director for the CBRM redevelopment project. Dr. Orrell was appointed to this position after our agenda-setting meeting. He will be a very good addition to the current witness list, and be of great benefit to all committee members.

In addition, the Deputy Minister of TIR may not be able to make certain meetings, as mentioned in previous correspondence to this committee. For the Cape Breton Regional redevelopment topic and the QEII redevelopment topic, we would like to amend our list to state Deputy Minister of TIR or designate.

- Moved by Hugh MacKay, MLA

An amendment to the motion was introduced:

- That we continue our original invitation to Dr. Jeannie MacGillivray as well.
 - Amendment moved by Karla MacFarlane, MLA
 - Amendment defeated.
 - Original motion carried.

DOCUMENTATION

The following information was requested and received from the Nova Scotia Health Authority:

- Can you tell me how many people are sitting in an acute care bed that are actually waiting for a long-term care bed?
- Job vacancies. We say there's a 2,000 turnover every year, which creates a lot of work and expense of rehiring and training people. How does that compare to before we amalgamated?
- One of the other measures that was reported on in the [Strategic Indicator Report] was the percentage of approved funding requests for infrastructure, clinical equipment, and equipment. Can you tell us about where the target levels are for those types of requests now, and are there targets for those areas?
- When we were doing our research for this meeting, we were looking into older accreditation reports from the former DHAs because we wanted to compare and contrast, but the only reports we could find were password protected, so obviously we couldn't see them. I'm wondering if you have plans to release those older reports so that we can have a way of looking at progress over the years from accreditation to accreditation.

WITNESSES

Department of Health and Wellness

Denise Perret, Deputy Minister

Dr. Andrew Travers, Provincial Medical Director, Emergency Health Services

Larry Crewson, Director, Emergency Health Services

Nova Scotia Health Authority

Tim Guest, Vice-President Health Services and Chief Nurse Executive

Emergency Medical Care Inc.

Jeff Fraser, Director Provincial Operations, Emergency Health Services

Paula Poirier – President and Chief Operating Officer

IUOE Local 727

Terry Chapman, CEO and Business Manager

Mike Nickerson, President and Business Agent

MATTERS OF DISCUSSION

The meeting had been agreed to as a special topic, outside the previously approved agenda, at the request of NDP members in response to Code Critical, a social media campaign launched by the paramedics' union to make the public aware of the lack of available ambulances in certain areas of the province.

Deputy Perret opened the discussion by recognizing each of the four groups at the witness table and noting their contribution to health care in Nova Scotia:

- IUOE Local 727, the paramedics' union, which represents an internationally recognized group of health professionals;
- Emergency Medical Care, Inc. (EMCI), which manages and operates ground and air ambulance, TeleHealth, and the medical communications centre in Nova Scotia;
- The Nova Scotia Health Authority (NSHA), the province's primary service delivery partner, which operates the province's emergency departments;
- The Department of Health and Wellness, the policy arm of Nova Scotia's health care system.

Ms. Poirier gave a brief history of the partnerships since 1997 between EMCI (or EHS operations) and the Department of Health and Wellness, NSHA, the IWK and other medical agencies in Nova Scotia. She described some of the steps EMCI has taken to reduce offload delays: "adding unit

hours within the system, increasing the paramedic staffing numbers, collaborating with the Health Authority for policy that directs low-acuity patients to be transferred to triage staff ... adding a dedicated transfer coordinator to the EHS medical communications centre to improve efficiency of patient flow and EHS transfers, redesigning the operations leadership model to ensure more support is available for staff, and putting an internal hours-of-work policy into play to help ensure patient safety and staff well-being.”

Mr. Chapman and Mr. Nickerson discussed the working conditions of paramedics, which included long hours without breaks, caused in large part by waiting to hand patients over to hospital emergency care. They applauded recent efforts to address the issue, including a meeting earlier that month with the Minister of Health and Wellness, but said Code Critical would continue until they were satisfied offload delays no longer posed a threat to public safety.

Mr. Guest discussed some of the practical solutions his team was working on in emergency departments, and said the Minister of Health and Wellness had given them “some fairly aggressive timelines” to produce results:

- At the Dartmouth General Hospital, as an example, we have implemented a team that takes handover of the patients when the ambulance comes in to allow them to off-load and return to the community. ... We are expanding that to the Valley Regional site in Kentville. ...
- We have also put in place rapid assessment zones in a couple of sites. Initially, it was put in Valley Regional. A rapid assessment zone is an area of the emergency department where you move the individual around depending on what’s going on. If they are waiting for lab or diagnostic imaging results, they may wait in a waiting area, so they don’t hold up a stretcher the entire time so that you can get more people through in care. ...
- We have also implemented triage protocols where when individuals come, nurses assess them and can automatically order lab and DI tests right from triage to help with the timeline ...

The Department of Health and Wellness said it had contracted the consulting firm Fitch & Associates to investigate emergency health care in Nova Scotia and come up with solutions. Their report was expected to be released in the spring.

COMMITTEE BUSINESS

Members discussed the witnesses invited to appear at the next meeting, on April 9. Paula Bond of NSHA had indicated she might not be able to attend on that date. The committee agreed by consensus to direct the clerk to ask the NSHA to choose a substitute to send in Ms. Bond’s place.

Prompted by the subject matter of the meeting in progress, a motion was introduced:

- That this committee draft a letter to invite Minister Delorey and the Premier, or perhaps the Deputy Premier, to personally meet with business manager of IUOE Local 727, Terry

Chapman, and business agent of IUOE Local 727, Mike Nickerson, along with two members of each Party and representatives from EHS to discuss the suggestions given today to improve the conditions for paramedics in Nova Scotia.

- Moved by Karla MacFarlane, MLA
- Motion defeated (recorded vote).

DOCUMENTATION

No documents were requested.

WITNESSES

Department of Health and Wellness

Denise Perret, Deputy Minister

Kerry MacLean, Special Advisor, Strategic Health Initiatives

Nova Scotia Health Authority

Paula Bond, Vice President, Integrated Health Services

Mark LeCouter, Senior Director, Cape Breton Redevelopment

Mickey Daye, Clinical Director, New Waterford and North Sydney, Cape Breton Redevelopment

Dr. Kevin Orrell, Senior Medical Director, Cape Breton Redevelopment

Brett MacDougall, Executive Director, Eastern Zone

Department of Transportation and Infrastructure Renewal

Paul LaFleche, Deputy Minister

John O'Connor, Executive Director, Major Infrastructure Projects

Brian Ward, Director, Major Infrastructure Projects

Gerard Jessome, Executive Director, Building Project Services

Bryan Darrell, Director, Healthcare Facilities Project Services

MATTERS OF DISCUSSION

In the summer of 2018, the province announced the Cape Breton Redevelopment Program, which would include expanding the emergency department and cancer centre at the Cape Breton Regional Hospital; renovating the emergency department at Glace Bay Hospital; building new community health centres and long-term care facilities in North Sydney and New Waterford, to replace the New Waterford Consolidated and Northside General Hospitals; launching a community-based paramedic program; and building a laundry centre in North Sydney. The delivery of this project is led by a new division of provincial Crown corporation Nova Scotia Lands, the Health Capital Delivery Branch. This branch will report to the Department of Health and Wellness and the Department of Transportation and Infrastructure Renewal.

Witnesses reported on the project's progress over the past 10 months: after hundreds of meetings, they are currently recruiting patient and family volunteer advisors to help with the next stage of planning.

During the question and answer period, the witnesses discussed issues such as site selection, building new buildings vs renovating old ones, staffing issues, public vs. private funding, and the expected number of new beds. They confirmed the existing facilities will stay open until the new ones are ready. A master plan would be released in the late summer or early fall.

COMMITTEE BUSINESS

Denise Perret, Deputy Minister of Health and Wellness, had said she could not attend the May 14 meeting, and proposed sending Craig Beaton in her place. A motion was introduced:

- That for the May 14th meeting on the QEII redevelopment topic, we substitute Craig Beaton with the Department of Health and Wellness for the deputy minister. Mr. Beaton is the best fit for this topic and can provide the necessary information to the committee on this very important topic.
 - Moved by Suzanne Lohnes-Croft, MLA
 - Motion passed

DOCUMENTATION

The following information was requested from the Department of Transportation and Infrastructure Renewal:

- What specific assessment would have been conducted to evaluate the risks associated with the redevelopment plan? ... Are we able to have access to that report?
 - Received and accepted without comment.
- Somebody mentioned the list of people on the drawing board, so to speak – community members, doctors, involved community people. I wonder if we could be presented with a list of names that are on these redevelopment committees for each site – for New Waterford and North Sydney?
 - Mark LeCouter of NSHA, who was present as a guest of TIR, undertook to answer this. Over the next few months Mr. LeCouter's office sent three responses, which were considered in the meetings of May 14, July 9 and Aug. 13. Tammy Martin, MLA expressed dissatisfaction with the responses.

WITNESSES

Department of Health and Wellness

Craig Beaton, Executive Director, Corporate Policy, Planning and Process

Department of Transportation and Infrastructure Renewal

Paul LaFleche, Deputy Minister

John O'Connor, Executive Director, Major Infrastructure Projects

Brian Ward, Director, Major Infrastructure Projects

Nova Scotia Health Authority

Paula Bond, Vice President, Clinical Infrastructure

Dr. David Kirkpatrick, Professor and Head, Department of Surgery, Dalhousie University & Chief of Surgery Central Zone, NSHA

Victoria van Hemert, Planning Lead for QEII Ambulatory, QEII New Generation Project

Brian Butt, Senior Director, QEII New Generation Project

MATTERS OF DISCUSSION

Witnesses discussed the progress of the QEII Health Sciences Centre's New Generation Project, a multi-year renovation of health care services in and around the Halifax region. It will involve a major expansion of the Halifax Infirmary site, including:

- A new cancer centre
- A new outpatient centre
- A new inpatient centre
- A new innovation and learning centre
- Other major renovations.

The project also includes work at other sites:

- A new community outpatient centre in Bayers Lake
- A major expansion and renovations to Dartmouth General Hospital
- A second operating room and renovations to the existing operating room at the Hants Community Hospital (completed February 2018).

This project will support the eventual closure of the aging Centennial, Victoria and Dickson buildings at the QEII's Victoria General site.

Working with the Nova Scotia Health Authority, the Department of Health and Wellness and the medical community, the Department of Transportation and Infrastructure Renewal oversees all of the construction, expansion and renovations. On the advice of Deloitte Management Consultants, the department is using a P3 (public-private partnership) approach to designing, building and maintaining the new buildings.

COMMITTEE BUSINESS

Correspondence:

The committee accepted without comment a letter from the Department of Transportation and Infrastructure Renewal in response to one of two requests for information made at the April 9 meeting.

Members considered a letter from Mr. Mark LeCouter of NSHA in response to the second of two requests for information made at the April 9 meeting. The committee directed the clerk to write to Mr. LeCouter asking for more information.

Motions:

The witness who had been scheduled to appear at the June 11 meeting had asked to postpone his appearance until August, which left a gap in the committee schedule. As a possible alternative, members discussed a report the Nova Scotia Nurses Union had issued on May 2. A motion was introduced:

- ...With that potential opening on June 11th, if these folks are available, I'd like to put forward a motion that the topic of the meeting for June 11th be *Nursing Potential: Optimizing Nursing and Primary Healthcare in Nova Scotia*, and ask the following witnesses to appear if available: Ms. Janet Hazelton, President of the Nova Scotia Nurses' Union; Coleen Logan, Nova Scotia Nurses' Union; and the authors of the report, Paul Curry, Justin Hiltz, and Ashley Buckle.
 - Moved by Keith Irving, MLA

An amendment was introduced:

- [T]o add a representative from the NSGEU to be included in the witnesses for that meeting.
 - Moved by Susan Leblanc, MLA
 - Amendment defeated.
 - Original motion carried.

DOCUMENTATION

The following information was requested and received from the Nova Scotia Health Authority:

- You mentioned that you know what's going to be out in Bayers Lake and that you could give us those details. I would have hoped that would have been today when we got the summary of those details. ... Is it possible to have a breakdown of procedures and in-patients and outpatients and wait-lists, what it looks like now, and what it's going to look like whenever the building is finished?

WITNESSES

Nova Scotia Nurses' Union

Janet Hazelton, President

Paul Curry, Researcher/Educator and Government Relations Advisor

Coleen Logan, Communications Officer

MATTERS OF DISCUSSION

The meeting had been agreed to as a special topic, outside the previously approved agenda.

Ms. Hazelton discussed *Nursing Potential: Optimizing Nursing and Primary Healthcare in Nova Scotia*, a report released May 7, 2019, by the Nova Scotia Nurses' Union. Their research included surveys of four sets of nurses: those working in primary health care, nurse practitioners, home care nurses and emergency department nurses.

The report contains 35 recommendations to maximize the potential of nurses in improving Nova Scotia's health care, based on a system of collaborative care. Those recommendations are grouped under the headings of System Dysfunction; System Design: Collaborative, Scope Optimized, Holistic; Education; Worklife and Workforce.

During the question-and-answer period, Ms. Hazelton praised the efforts of the Provincial Nursing Network, a group of nurses from the Nova Scotia Nurses' Union, the Nova Scotia Government Employees' Union, St. Francis Xavier University, Dalhousie University, the Department of Health and Wellness, the Nova Scotia Health Authority and from long-term and community care.

She discussed current actions that correspond to some of the report's recommendations. For example, a program is starting at Dalhousie University in January 2020 to qualify nurses to prescribe medications under certain circumstances. Moreover, to address staffing shortages, especially in rural areas, Dalhousie and St. FX have added extra seats to their nursing programs; Ms. Hazelton said it was important that funding for these seats continue over the long term.

Other questions and answers addressed workplace violence against nurses, absences due to illness, burnout, salaries, work/life balance and the need to increase the role of nurse practitioners and VON nurses.

COMMITTEE BUSINESS

Correspondence:

Request from the Canadian Cancer Society to appear before the committee.

- Committee agreed by consensus to put this topic on the list for its next agenda-setting.

Request from the office of Janet Knox, President and CEO of the Nova Scotia Health Authority, that three people appear as witnesses at the July 9 meeting on Investments in Orthopaedics, in addition to the invited witness, Dr. Michael Dunbar: Dr. Gail Tomblin Murphy, Vice President, Research and Innovation; Dr. Marcy Saxe-Braithwaite, Senior Director, Perioperative/Surgical Services and Dr. Michelle O'Neill, Orthopaedic Surgeon.

- Committee agreed to the request by consensus.

Motions:

Karla MacFarlane, MLA objected to a comment made by Hon. Margaret Miller, MLA, which she said represented a remark of her own incorrectly. After some discussion, a motion was introduced:

- I would like the committee to bring to the next meeting a copy of the transcript of what Ms. MacFarlane said and what Ms. Miller said so that we can ensure that what our Party has said is accurately recorded and referred to.
 - Moved by Barbara Adams, MLA
 - Motion carried (Recorded vote)

DOCUMENTATION

No documents were requested.

WITNESSES

Nova Scotia Health Authority

- Dr. Michael Dunbar, Outcome Scientist for Orthopaedic Surgical Care, NSHA Orthopaedic Working Group
- Dr. Gail Tomblin Murphy, Vice President, Research and Innovation
- Dr. Marcy Saxe-Braithwaite, Senior Director, Perioperative/Surgical Services
- Dr. Michelle O'Neill, Orthopaedic Surgeon

MATTERS OF DISCUSSION

Dr. Michael Dunbar reported that Nova Scotia has historically had some of the longest wait times for access to hip and knee arthroplasty, or joint surgery. It also has some of the highest demands in terms of disease burden, and some of the worst outcomes with respect to revision rates – that is, arthroplasties that fail. There has been recent improvement in those rates, however, and there is reason to believe they will continue to improve.

Dr. Dunbar took on the role of QEII Foundation Endowed Chair in Arthroplasty Outcomes in 2015, and says the finances and resources from that source have allowed his team to forge links with other organizations, including the Canadian Institute for Health Information, and to build on the data sets collected within Nova Scotia to help plan better outcomes. With the leadership of the Nova Scotia Health Authority and the Department of Health and Wellness, Nova Scotia has become one of the most data-rich provinces in Canada.

He stressed the importance of assessing the most appropriate treatment for each patient, including alternatives to surgery.

Dr. Marcy Saxe-Braithwaite discussed the province's perioperative program, and its recent efforts to move forward with hip and knee care. Government funding announced in October 2017 has helped to finance a more holistic approach to wellness, to support patients before, during and after surgery – or perhaps to help them avoid or postpone surgery, where appropriate.

In addition to recruiting four new orthopaedic surgeons and three new anesthesiologists, the NSHA has hired the equivalent of 80 new full-time employees with a wide variety of specialities, such as physiotherapists, occupational therapists, social workers, dieticians, medical device reprocessing technologists and housekeeping. It has also invested in capital equipment, such as diagnostic imaging, to produce test results more quickly.

Staff help patients assess their individual cases, and determine the best course of action. Patients may decide to begin lifestyle changes before seeking surgery. They may choose treatment in

another part of the province where waitlists are shorter. If they do have surgery, they are encouraged to start working on mobility immediately afterwards.

In Fall 2018, the province launched its new wellness model at five orthopaedic sites: Aberdeen Hospital in New Glasgow; Cape Breton Regional; Dartmouth General; the Halifax Infirmary site of the QEII; and Valley Regional Hospital in Kentville.

Dr. Saxe-Braithwaite reported that recent statistics show Nova Scotia's outcomes have improved: length of stay, readmissions, rates of infection and other complications have all decreased.

COMMITTEE BUSINESS

Motions:

At the June 20 meeting, members had voted to examine that meeting's transcript to discuss an issue that had come up between Ms. MacFarlane and Ms. Miller. Since Ms. MacFarlane was not able to attend the July 9 meeting, a motion was introduced:

- To postpone that conversation to the next committee meeting ... that Ms. MacFarlane is able to attend.
 - Moved by Barbara Adams, MLA
 - Motion carried.

Correspondence:

From the office of Mark LeCouter, NSHA, in response to a request for information made at the April 9 meeting, and a request for further details made at the May 14 meeting. The committee directed the clerk to write to Mr. LeCouter a third time, at the behest of Tammy Martin, MLA:

- When I asked for this, I asked for the people who were on it before this redevelopment committee. The list that we have received, these people have just been added.

I guess what we're looking for is the list of people from 2013 to 2018, up until the announcement. There was an ad hoc group of advisers prior to the establishment of this patient/family committee. I know for certain these patient/family advisory committee members were just interviewed and added after I asked. There's a pre- pre-committee that I'm looking for.

DOCUMENTATION

The following information was requested and received from the Nova Scotia Health Authority:

I'm not sure if you're familiar with the Auditor General Report that was written in April 2018, which was a follow-up of the 2014-15 recommendations. The 2018 April report said

that nine of the recommendations for your area were not done. I'm wondering if anybody knows if those nine have been completed yet.

...

I wonder if afterwards you would be able to send me just a short summary of the ones that have been completed and the ones that haven't yet, if that's okay.

**DALHOUSIE MEDICAL SCHOOL AND ITS ROLE
IN HEALTH CARE SUSTAINABILITY**

August 13, 2019

WITNESSES

Dalhousie University

Dr. David Anderson, Dean, Faculty of Medicine

Dr. David Gass, Interim Head, Department of Family Medicine

MATTERS OF DISCUSSION

Dr. Anderson reported Dalhousie Medical School has made strategic shifts in both undergraduate and graduate medical education over the past few years, to help meet Nova Scotia's needs for more family physicians, and for more physicians outside of the urban Halifax area.

Starting in the 2019-20 academic year, the school has added 16 seats to its four-year undergraduate program to increase the number of medical students per year from 108 to 124. In the past year, the percentage of students choosing family medicine residencies has grown from 20 per cent to 40 per cent. The school hopes to raise that figure to 50 per cent.

Also starting in 2019-20, four students will spend their entire third year of medical school training under the direction of physicians in Cape Breton in the school's Longitudinal Integrated Clerkship program. The goal is that one-third of students will participate in such clerkships around the province over the next four years.

At the graduate level, the medical school has increased its residency training programs to speak to the same trends: more residencies overall in family practice, and more family and specialty residency positions outside the Halifax region.

Dr. Anderson noted that having a medical school with excellent educational programs and research opportunities is key for the recruitment and retention of family physicians and specialists who make up Dalhousie University's medical faculty.

He also discussed the school's efforts to recruit and retain more diverse medical students, including Nova Scotians of African descent, Mi'kmaq and other Indigenous groups.

COMMITTEE BUSINESS

In the absence of the Chair and Vice-Chair, Acting Legislative Committee Clerk Sherri Mitchell brought the meeting to order and conducted an election to name an acting chair from among

the members present. Keith Irving, MLA was elected by unanimous consent and chaired the rest of the meeting.

Correspondence:

The committee accepted without comment a letter from Krista Grant, Nova Scotia Health Authority, in response to four requests for information made at the meeting of February 12, 2019.

The committee received a letter from the office of Mark LeCouter, Nova Scotia Health Authority, in response to a request for information made at the April 9 meeting, and requests for further details made at the May 14 and July 9 meetings. Tammy Martin, MLA expressed dissatisfaction with the response. The committee did not request further action.

Hansard transcript from June 20 meeting on NSNU Nursing Potential Report:

In response to a motion made at the June 20 meeting, members examined the transcript of that meeting to clarify a statement made by the Hon. Margaret Miller. Ms. Miller retracted the word “all” from the sentence: “I found it interesting that the PC Caucus has suggested that the government move forward with all your recommendations.” Ms. MacFarlane accepted the retraction, and the matter was concluded.

The Chair noted the committee would hold an agenda-setting at its next meeting on September 10, 2019, and asked members to submit their proposed topics to the clerk by August 27.

DOCUMENTATION

The following information was requested and received from the Faculty of Medicine, Dalhousie University:

- You indicated that we have over 50 residency training programs and are currently training over 500 across the Maritime Provinces. Do you have a breakdown of those 500?
- In the 2019 #DalMedForward status update, you indicate that the 2019 graduating class matched only 40 per cent of the students to family medicine. First, if you could clarify, how many of those students matched to residencies in Nova Scotia, and how does the 40 per cent match rate to family medicine compare to other medical schools across Canada?
- ... [Y]ou spoke about the four international medical physicians that got residency here in the province. Could you tell us which countries they came from? I’m assuming that it was equal reciprocity in terms of training at the medical schools there.
- When you’re talking about the internationally trained students that are coming in or applying to come in for their third and fourth years – possibly they had applied to Dalhousie and didn’t get in and maybe went to Saba or went somewhere else – how many of those students actually applied to get into that small window of acceptance there?

APPENDICES

APPENDIX A - MOTIONS

The following is a list of motions introduced by the Standing Committee on Health:

January 15, 2019

In its first meeting, the committee discussed operating practices.

Regular meeting frequency: Members discussed the possibility of meeting more than once a month. A motion was introduced:

- [T]hat this committee meets at least biweekly and given that there's Cabinet and also Economic Development on Thursday, my suggestion or proposal would be that the committee meets the second and fourth Tuesdays of the month, in the morning.
 - Moved by Susan Leblanc, MLA
 - Motion defeated.

Regular meeting dates: A motion was introduced:

- [T]hat the Health Committee meet on the second Tuesday of each month at 1:00 pm.
 - Moved by Suzanne Lohnes-Croft, MLA
 - Motion carried.

Location: Members agreed meetings should be broadcast to the public by Legislative Television, if possible. It was noted that while the Legislative Chamber is equipped to broadcast meetings, the Committee Meeting Room at One Government Place is not. A motion was introduced:

- [T]hat we have the meetings here [the Legislative Chamber], and that we move forward and ask the Speaker for permission to have our meetings held here.
 - Moved by Barbara Adams, MLA
 - Motion carried.

Agenda-setting procedures: There was discussion about the proportion of topics per caucus. While the Chair noted standing committees have in recent years divided six topics roughly by representation in the House at 3/2/1, opposition members suggested equal proportions: 2 Liberal, 2 PC and 2 NDP. A motion was introduced:

- We could do two, two and two in suggesting our presenters.
 - Moved by Karla MacFarlane, MLA
 - Motion defeated (recorded vote)

Members discussed how to organize the questioning of witnesses: whether the Chair would keep a speakers list, as is customary in most other standing committees, or allot each caucus 20 minutes of questioning in turn, with 10 minutes of follow-up, as time allows, as is done in the Public Accounts Committee. A motion was introduced:

- [T]hat the distribution of questioning be 20-20-20.

- Moved by Karla MacFarlane, MLA [paraphrased by Chair]
- Motion carried (recorded vote)

January 29, 2019

An agenda-setting was held. Motions were introduced to invite:

Liberal topics:

- The Liberal caucus would like to propose the following topics: Cape Breton health care redevelopment with witnesses: Ms. Paula Bond, Nova Scotia Health Authority; Mr. Brett MacDougall, Executive Director, Nova Scotia Health Authority, Cape Breton Regional Hospital; and finally, Mr. Paul LaFleche, Deputy Minister of Transportation and Infrastructure Renewal. The second topic we are proposing is the QEII redevelopment with witnesses: Ms. Denise Perret, the Deputy Minister of Health and Wellness; Mr. John O'Connor, Executive Director of Major Infrastructure, Department of Transportation and Infrastructure Renewal; and Mr. Paul LaFleche, the Deputy Minister of Transportation and Infrastructure Renewal. The third topic we bring forward is investments in orthopaedics. The proposed witness will be the newly hired head of orthopaedics. I do not have his name. He is a new hire.
 - Moved by Hugh MacKay, MLA

An amendment was introduced:

- [T]hat the Cape Breton health care redevelopment topic include the Deputy Minister of Health and Wellness as a witness.
 - Amendment moved by Claudia Chender, MLA
 - Amendment accepted by consensus.
 - Amended motion carried.

Progressive Conservative topics:

- Our first proposed topic is physician working conditions.
 - Moved by Karla MacFarlane, MLA
 - Motion defeated
- Our second proposed topic would be Dalhousie Medical School and its role in health care sustainability.
 - Moved by Karla MacFarlane, MLA
 - Motion carried.
- [T]hat we accept Accreditation Canada's 2017 report on NSHA.
 - Moved by Karla MacFarlane, MLA
 - Motion carried.

New Democratic Party topics:

- [T]hat the NDP agenda item be emergency room overcrowding and off-load delays.
 - Moved by Susan Leblanc, MLA
 - Motion defeated.

- That we have as our agenda item, collaborative practice teams and doctor recruitment.
 - Moved by Susan Leblanc, MLA
 - Motion carried.

February 12, 2019

The committee discussed its previous agreement to move its regular meeting time from afternoons to mornings during those months the House of Assembly is sitting. A motion was introduced:

- That the Health Committee sit at the hour of 9:00 am to 11:00 am [when the House is sitting].
 - Moved by Hon. Leo Glavine, MLA
 - Motion carried.

NDP members raised the issue of emergency rooms in Nova Scotia. A motion was introduced:

- That the Health Committee call Jeff Fraser, Operations Manager of EHS, Mike Nickerson and Donald Dixon of IUOE 727 representing paramedics, and the Deputy Minister of Health and Wellness as witnesses to an emergency meeting of the Health Committee to discuss systemic challenges to our emergency care system at a date and time determined by the Chair on or before February 28, 2019.
 - Moved by Susan Leblanc, MLA

An amendment to the motion was introduced:

- To bring in the same subject that Ms. Leblanc brought in and have it for the next meeting, which is March 12th.
 - Moved by Rafah DiCostanzo, MLA
 - Amendment carried.
 - Amended motion carried.

[Note: The committee later agreed unanimously in two separate email polls to replace Mr. Dixon's name with Terry Chapman of IUOE 727, and to reschedule the meeting from March 12 to March 14 because of witness availability.]

The committee discussed a change to the approved witness list for the meeting on Cape Breton Health Care Redevelopment. A motion was introduced:

- To add and amend the witness list for the CBRM redevelopment topic when it occurs. In addition to Paula Bond, Nova Scotia Health Authority; Brett MacDougall, Nova Scotia Health Authority Cape Breton; the Deputy Minister of Health and Wellness; and the

Deputy Minister of Transportation and Infrastructure Renewal, our caucus would like to add Dr. Kevin Orrell who is the senior medical director for the CBRM redevelopment project. Dr. Orrell was appointed to this position after our agenda-setting meeting. He will be a very good addition to the current witness list, and be of great benefit to all committee members.

In addition, the Deputy Minister of TIR may not be able to make certain meetings, as mentioned in previous correspondence to this committee. For the Cape Breton Regional redevelopment topic and the QEII redevelopment topic, we would like to amend our list to state Deputy Minister of TIR or designate.

- Moved by Hugh MacKay, MLA

An amendment to the motion was introduced:

- That we continue our original invitation to Dr. Jeannie MacGillivray as well.
 - Amendment moved by Karla MacFarlane, MLA
 - Amendment defeated.
 - Original motion carried.

March 14, 2019

Prompted by the subject matter of the meeting in progress, a motion was made:

- That this committee draft a letter to invite Minister Delorey and the Premier, or perhaps the Deputy Premier, to personally meet with business manager of IUOE Local 727, Terry Chapman, and business agent of IUOE Local 727, Mike Nickerson, along with two members of each Party and representatives from EHS to discuss the suggestions given today to improve the conditions for paramedics in Nova Scotia.
 - Moved by Karla MacFarlane, MLA
 - Motion defeated (recorded vote).

April 9, 2019

Denise Perret, Deputy Minister of Health and Wellness, had said she could not attend the May 14 meeting, and proposed sending Craig Beaton in her place. A motion was introduced:

- That for the May 14th meeting on the QEII redevelopment topic, we substitute Craig Beaton with the Department of Health and Wellness for the deputy minister. Mr. Beaton is the best fit for this topic and can provide the necessary information to the committee on this very important topic.
 - Moved by Suzanne Lohnes-Croft, MLA
 - Motion passed

May 14, 2019

The witness who had been scheduled to appear at the June 11 meeting had asked to postpone his appearance until August, which left a gap in the committee schedule. As a possible alternative, members discussed a report the Nova Scotia Nurses Union report had issued on May 2. A motion was introduced:

- ...With that potential opening on June 11th, if these folks are available, I'd like to put forward a motion that the topic of the meeting for June 11th be *Nursing Potential: Optimizing Nursing and Primary Healthcare in Nova Scotia*, and ask the following witnesses to appear if available: Ms. Janet Hazelton, President of the Nova Scotia Nurses' Union; Coleen Logan, Nova Scotia Nurses' Union; and the authors of the report, Paul Curry, Justin Hiltz, and Ashley Buckle.
 - Moved by Keith Irving, MLA

An amendment was introduced:

- [T]o add a representative from the NSGEU to be included in the witnesses for that meeting.
 - Moved by Susan Leblanc, MLA
 - Amendment defeated.
 - Original motion carried.

June 20, 2019

Karla MacFarlane, MLA objected to a comment made by Hon. Margaret Miller, MLA, which she said represented a remark of her own incorrectly. After some discussion, a motion was introduced:

- I would like the committee to bring to the next meeting a copy of the transcript of what Ms. MacFarlane said and what Ms. Miller said so that we can ensure that what our Party has said is accurately recorded and referred to.
 - Moved by Barbara Adams, MLA
 - Motion carried (Recorded vote)

July 9, 2019

At the June 20 meeting, members had voted to examine that meeting's transcript to discuss an issue that had come up between Ms. MacFarlane and Ms. Miller. Since Ms. MacFarlane was not able to attend the July 9 meeting, a motion was introduced:

- To postpone that conversation to the next committee meeting ... that Ms. MacFarlane is able to attend.
 - Moved by Barbara Adams, MLA
 - Motion carried.

APPENDIX B – DOCUMENTATION

The following is a list of documents and information requested and received by the Standing Committee on Health:

February 12, 2019

The following information was requested and received from the Nova Scotia Health Authority:

- Can you tell me how many people are sitting in an acute care bed that are actually waiting for a long-term care bed?
- Job vacancies. We say there's a 2,000 turnover every year, which creates a lot of work and expense of rehiring and training people. How does that compare to before we amalgamated?
- One of the other measures that was reported on in the [Strategic Indicator Report] was the percentage of approved funding requests for infrastructure, clinical equipment, and equipment. Can you tell us about where the target levels are for those types of requests now, and are there targets for those areas?
- When we were doing our research for this meeting, we were looking into older accreditation reports from the former DHAs because we wanted to compare and contrast, but the only reports we could find were password protected, so obviously we couldn't see them. I'm wondering if you have plans to release those older reports so that we can have a way of looking at progress over the years from accreditation to accreditation.

April 9, 2019

The following information was requested from the Department of Transportation and Infrastructure Renewal:

- What specific assessment would have been conducted to evaluate the risks associated with the redevelopment plan? ... Are we able to have access to that report?
 - Received and accepted without comment.
- Somebody mentioned the list of people on the drawing board, so to speak – community members, doctors, involved community people. I wonder if we could be presented with a list of names that are on these redevelopment committees for each site – for New Waterford and North Sydney?
 - Mark LeCouter of NSHA, who was present as a guest of TIR, undertook to answer this. Over the next few months Mr. LeCouter's office sent three responses, which were considered in the meetings of May 14, July 9 and Aug. 13. Tammy Martin, MLA expressed dissatisfaction with the responses.

May 14, 2019

The following information was requested and received from the Nova Scotia Health Authority:

- You mentioned that you know what's going to be out in Bayers Lake and that you could give us those details. I would have hoped that would have been today when we got the summary of those details. ... Is it possible to have a breakdown of procedures and in-patients and outpatients and wait-lists, what it looks like now, and what it's going to look like whenever the building is finished?

July 9, 2019

The following information was requested and received from the Nova Scotia Health Authority:

I'm not sure if you're familiar with the Auditor General Report that was written in April 2018, which was a follow-up of the 2014-15 recommendations. The 2018 April report said that nine of the recommendations for your area were not done. I'm wondering if anybody knows if those nine have been completed yet.

...

I wonder if afterwards you would be able to send me just a short summary of the ones that have been completed and the ones that haven't yet, if that's okay.

August 13, 2019

The following information was requested and received from the Faculty of Medicine, Dalhousie University:

- You indicated that we have over 50 residency training programs and are currently training over 500 across the Maritime Provinces. Do you have a breakdown of those 500?
- In the 2019 #DalMedForward status update, you indicate that the 2019 graduating class matched only 40 per cent of the students to family medicine. First, if you could clarify, how many of those students matched to residencies in Nova Scotia, and how does the 40 per cent match rate to family medicine compare to other medical schools across Canada?
- ... [Y]ou spoke about the four international medical physicians that got residency here in the province. Could you tell us which countries they came from? I'm assuming that it was equal reciprocity in terms of training at the medical schools there.
When you're talking about the internationally trained students that are coming in or applying to come in for their third and fourth years – possibly they had applied to Dalhousie and didn't get in and maybe went to Saba or went somewhere else – how many of those students actually applied to get into that small window of acceptance there?

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