

**Consideration in Committee of the Whole of Bills and Other Matters
Capital Budget—Dept. of Health and Social Services
Location of Long Term Care Facility in Hay River**

September 27, 2017

MR. O'REILLY: Thanks, Mr. Chair. I'll just preface my questions with I'm trying to understand the decision to locate a new long-term care facility in Hay River. Can the Minister or staff tell me: what is the demand going to be from the South Slave for long-term care beds? I think it's probably in the NWT long-term care program review. Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Minister.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. Mr. Chair, very rapidly yesterday I went through a list of our progress or our intention to move through to accommodate the 258-bed shortfall in the Northwest Territories by 2026. Just for the record, we know that there's a continuing demand that goes beyond 2026, but we're using a 10-year planning horizon at this point to help us start to address the shortages.

What we know is currently the greatest demand is in Yellowknife. Then the area where we had the second-highest level of demand, and one of the more complicated areas, is the Beaufort Delta. Then the next area is the South Slave and Dehcho. This is where the additional pressures are coming.

2026 is coming very fast; it's nine years, so we have a significant amount of work to do in a nine-year window. We want to maximize the number of beds as quickly as possible, recognizing the different degrees and complexities of build across the Northwest Territories.

We also have to factor in cost. We also have to factor in where we can get some economies of scale and some benefits from opportunities that have presented themselves.

The 72 long-term care beds in Yellowknife is an opportunity that has presented itself as a result of the construction of the new Stanton building and the ability for us to actually occupy more space than I think we thought we were originally going to be able to get in the old Stanton. Basically it's the best price point for moving forward with a large number of beds as quickly as possible, and that is the 72 beds at long-term care.

Our next priority, given the acuity, we have people living in medicine units, if you will, in hospital units in Inuvik, which is deeply troubling. When we looked at the Inuvik issue, we realized that we have to do significantly more work there. We have to do permafrost studies and other things to determine current or best locations. We need to understand where we're building. We also have to think about location. There is some desire to put it close to the old hospital, and the reality is that might not be practical.

We've put some money in this budget so we can do that work and do some permafrost study, and do some site location surveys and figure out where the best place is for that to be. We'll come back in the capital plan once we have that information because that

will help us develop a costed plan.

We have to make sure that we're addressing the problem at a territorial level and not just as a Yellowknife level, so then we had to look at the next two high-pressure areas, which are Hay River as well as Fort Simpson.

In Fort Simpson we were planning to move forward with a health centre, but in light of the long-term care report and the fact that in Fort Simpson we thought the building was worse off than it was; and it's not. We have some life left in that building, so we want to make sure that when we're moving forward with Simpson we have a plan that's really going to meet the needs of the community, which means a possible combined health centre/long-term care facility much like the one we have in Norman Wells. We want to keep moving forward with that planning.

That leaves us with Hay River. Right now we know that in Hay River, given the demands there, it's about 36 beds, which was what was identified for Hay River. When you look at that, we've got an easy build environment. We think we can get affordable product in there. We think we can get 48 beds in there probably at one of the best price points in the Northwest Territories. That's going to be able to deal with a lot of demand in the South Slave.

We have come up with the order based on all those scenarios and all the information provided. We believe by going 72 in Yellowknife, 48 in Hay River, 48 in Inuvik, and 48 in Simpson with the health centre, we're going to get the best value for money and move forward.

Now, Mr. Beaulieu did ask me a question one time, which was, "Why are you not doing 36 beds in Hay River? Why are you doing 48?" The bottom line is, in our analysis, what we learned is the best model for care is 24-bed pods. We could build 36 beds in Hay River to meet Hay River's 2026 needs, but if we do that, we're going to have to go away from the 24-bed-pod model, which gives us the best price point and the best value for money. Then we're going to have to look at making an expansion in there to take us to 2034. We're a little ahead on numbers in Hay River, but basically it gives us the best price point; it allows us to continue to move forward with 24-bed pods; and it moves us away from the mistake we've made in the past, which was making facilities that are too small where we're not getting best bang for buck. If there is anything else, let me know.

CHAIRPERSON (Mr. Simpson): Thank you, Minister. In the interests of time, I would ask you to tighten up the answers going forward here. Mr. O'Reilly.

MR. O'REILLY: Thanks, Mr. Chair. I thought I was long-winded. Sorry, I appreciate the complete answer from the Minister.

Where I was trying to go with this is I want to understand how the decision was made within the South Slave to locate at Hay River versus, say, Fort Smith.

As I understand it, the demand in the South Slave is going to be 45 beds; Hay River, 31; Fort Smith, 14. When I look at the long-term care program review, I see that now there are 28 beds in Fort Smith and there are 25 in Hay River. If this 48-bed facility in Hay River goes ahead, what happens to the people in Fort Smith who need long-term care?

Are they going to have to move to Hay River? Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. Minister.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. I apologize for all the detail, but there are times when the detail is important, so it's important for me to get that information out.

The bottom line is, if you look at the Fort Smith numbers, they are significantly lower than the Hay River numbers. If we went ahead and moved the small number of beds in Fort Smith, we would be reliving the same mistake we've made before, which is building facilities that are too small to gain real economies of scale, and it's going to cost us more money in the long run. Building 24-bed pods gives us the ability to get significant economies of scale, have a staffing model that makes more sense and is more logical, and gives us better bang for buck. I do remind the Member, however, that this is a 10-year window horizon we're looking in, but the problem goes beyond 2026 into 2034.

I would suggest, and I believe it would be appropriate, that in our next phase of planning we would be looking at communities like Fort Smith and those other communities where we aren't moving forward immediately. You know, in Norman wells we've just built a new facility, and this is indicative of the problem we had, the day we opened we were four beds short. We need to have planning horizons; we need to plan appropriately; and we need to take advantage of economies of scale and models that give us best bang for buck. The model that we presented gives us best bang for buck. It does leave us open for Fort Smith in the next phase.

CHAIRPERSON (Mr. Simpson): Thank you, Minister. Mr. O'Reilly.

MR. O'REILLY: Thanks, Mr. Chair. I get that the Minister is very knowledgeable about this and he's committed that we're going to get some long-term care beds; that's great. I'm just trying to understand better the decision to locate the facility in Hay River versus Fort Smith.

I understand that there's some kind of data that talks about a price point of 24 beds and 48. If he can provide, and it doesn't have to be here, some more detailed analysis of these price points and how we can start to build smaller facilities to meet the needs in our smaller communities, and we've heard that in this House over the last couple of days, I'd be interested in seeing that, and maybe that has to happen in the next 10-year phase.

If he can provide some data, some information, about these different price points and models and when we're going to get to the smaller communities so that people can age in their own communities, if he could provide that, and if it has to be offline that's fine, that would be great. Thanks, Mr. Chair.

CHAIRPERSON (Mr. Simpson): Thank you, Mr. O'Reilly. One minute. Mr. Abernethy, Minister.

HON. GLEN ABERNETHY: Thank you, Mr. Chair. Mr. Chair, I've already committed to committee in an in-camera briefing that we had that we would provide them with our document that clearly articulates our plan moving forward with colour photos and all the

charts and graphs that you want.

I just want to caution the Member: there is no intention at this point in time to make long-term care facilities in our smaller communities. I think I've articulated a number of times why, when it comes to a long-term care facility where you have level 3/4 patients with high needs who require 24/7 care, there is not really the capacity to safely do it in smaller communities, which is why we're working with the Housing Corporation to have independent living units in smaller communities around the Northwest Territories.

There will be a plan to accommodate the 2034 needs. We will always be reassessing those numbers to make sure we're on track and get the benefits of the support mechanisms we're putting in to help people age in their communities and their homes. I have made a commitment to make that available to committee members. Once we get it all put together in a readable format, I'll be sharing that.