

ORAL QUESTION—KEVIN O'REILLY, MLA FRAME LAKE

QUESTION 393-18(3): WAIT TIMES FOR AUDIOLOGY SERVICES

October 16, 2018

MR. O'REILLY: Merci, Monsieur le President. My statement earlier today dealt with wait times for audiology services, so I have some questions for the Minister of Health and Social Services. Wait times of 70 weeks for children are simply unacceptable. Can the Minister explain how this acute problem of wait times for audiology, especially children, is being addressed? Mahsi, Mr. Speaker.

MR. SPEAKER: Masi. Minister of Health and Social Services.

HON. GLEN ABERNETHY: Thank you, Mr. Speaker. Mr. Speaker, yes, there are significant wait lists for audiology. We have actually done a number of things to try to reduce that wait list, and the Member has actually identified already that we have put in a third position in audiology. National levels are five audiologists per 100,000 people. We previously had two-and-a-half. Now, we have three, so we are slightly over that. Having said that, we still have significant wait lists.

I have asked the department to begin a review with the NWT Health and Social Services Authority, focusing on wait time and waiting list management within the audiology division. We are hoping to see the results of that review during this fiscal year so we can continue to work to make improvements and reduce some of the wait times for our residents seeking audiology. Mr. Speaker, I just want to be very clear on this: where there are urgent needs, priority needs, those individuals see the audiologist very quickly. It's where individuals are further down in the priority list or do not have needs that are very urgent where we are definitely having some difficulty getting them in within the timelines we have established.

MR. O'REILLY: I want to thank the Minister for that. I have characterized the audiology wait times as unacceptably high, especially for children. It's my understanding that long audiology wait times can correlate with loss of cognitive function. It's not clear whether there are any professional national or international standards for waiting times for audiology. Can the Minister tell us whether there are any standards for audiology wait times and how we compare to other jurisdictions?

HON. GLEN ABERNETHY: While there has been some work conducted by national committees of volunteers established by the pan-Canadian alliance to establish some benchmarks, there are no published standards for audiology wait times in Canada. I do know a cross-jurisdiction comparison, as I have already indicated, shows that there are about five audiologists required per 100,000 people. In the Northwest Territories, we have three, which is slightly higher than that level, but one of those positions is new. I did hear the Member in his statement indicate some pessimism that it's going to make difference, but we are trying to make those improvements by bringing in an additional position. We are optimistic that we will be able to see some results.

The NWT has established some standards for all of our rehabilitation services based on

a scale of 1 to 5: priority 1, 72 hours; priority 2, 10 business days; priority 3, one month; priority 4, two months; priority 5, four months. I can say that, in the priority 1 and 2 areas, we are meeting those levels. I can't say the same for the other priority levels, and those are the areas we are trying to address, and I think those are the areas that the Member is asking about. So we are working to make improvements in those areas.

MR. O'REILLY: I want to thank the Minister for that response. I mentioned the obvious fact that vacant positions bring savings in salary expenditures. I also recommended that these unexpended funds should be devoted to locum positions, wherever possible, to reduce wait times. Can the Minister explain whether unexpended salary dollars for audiology can be used for locum positions, and whether this is common practice for other GNWT medical services?

HON. GLEN ABERNETHY: We use locums throughout our system on many different occasions, and we fund those locums through vacancies and through other unexpended salary dollars. We have brought in some audiology staff to provide some locums. We have also had some incredible difficulty finding people to come in and provide some of that backfill for us. We went for an extended period of time last year where we were actually unable to find somebody to provide that backfill. So I think there are some challenges at a national level to find individuals, but, yes, we absolutely use some unexpended dollars to provide locums if and when we can find them.

MR. SPEAKER: Masi. Oral questions. Member for Frame Lake.

MR. O'REILLY: Merci, Monsieur le President. Thanks again to the Minister for that. We actually did take one of those locums in, and they did house-sit for us at one point, so just so you know. The Minister has often talked about the benefits of system transformation, including standardized information collection and analysis. Can the Minister tell us whether and when we can expect wait-time public reporting for audiology and indeed a comprehensive selection of medical services offered across the NWT?

HON. GLEN ABERNETHY: The move to a single-authority model here in the Northwest Territories, recognizing that we still have two outside the system although they are working closely with the system, has really provided us with an opportunity to start having that discussion and actually do the work to develop some territorial standards and some abilities to track information on a consistent basis. Which is great because we have had information, but it's never been presented or collected in the same way, so it's never been able to be a comparator.

The NWT Health and Social Services Authority is working to standardize data collection in the territory, which is obviously the first step of being able to produce reliable performance data. The authority anticipates being able to publish performance data either late in this fiscal year or early in the next fiscal year. I think this will be important for us, both in the department, in the authority, but in this House, to help us start making some evidence-based decisions on where some of our resources need to go. It's incredibly important data. I want to see it, I know you want to see it, I know Members want to see it, so we will continue to work to get it. Thank you, Mr. Speaker.