

Session: 1/67

Date: 18 April 2024

No: 62

LEGISLATIVE ASSEMBLY

OF

PRINCE EDWARD ISLAND

RESPONSES TO QUESTIONS AND ORAL QUESTION PERIOD (PRELIMINARY PROCEEDINGS)

FOR

THURSDAY, 18 APRIL 2024

[1:24 p.m.]

[S. MacEwen in the chair]

Responses to Questions Taken as Notice

Questions by Members

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

For two days, we've heard the Premier and his Minister of Health profess their beliefs that privatization in health care is, in their opinion, the best way forward for Islanders, forcing more and more Islanders to pay out of pocket for health care access that is the worst in the country under this Conservative government.

Privatization of health care (further)

Question to the Minister of Health: Why do you insist on prioritizing handouts for private corporations over investments in strengthening our public health care system in this province?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker, and I do appreciate the question.

[1:25 p.m.]

If we're talking about our investment in long-term care, I think it's important to note that we have a hospital bed problem, with one in seven of our patients in hospital who are LTC eligible. So, again, if we can move those out of hospital and get better care in our homes, I think that's a path that we have to do in order to free up our health care system to eliminate bed blocking at our acute care facilities.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

On February 14th of this year, the health committee received a briefing on long-term care from the department. While this minister didn't bother to attend, there were four senior officials from the department who did present. During this presentation, the committee was told that the department had plans to open 16 long-term care beds through private operators in 2024.

Question to the minister: Were you involved in the negotiations of these 16 beds that were highlighted during the committee presentation on February 14th?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I think we've been quite clear about asking the nursing home association to come in and talk about possible solutions. We didn't know what to expect when we had those conversations. Back to my original answer, if we had the opportunity to make an impact on our health care system by moving people out of hospital who don't belong in there, I think we need to listen to our operators.

Did we expect to be advised that they had a capacity for over 50? I think the answer would be no; we were quite surprised and happy that they have that capacity. Again, we want to move these people out of hospital to help both our hospital system and give them the care that they deserve.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Okay, three questions. Let's see if we can get an answer out of this one.

This is a very strange web that this minister is cobbling together because less than two weeks later, the Premier, in a public speech followed by a CBC story on the 27th, informed Islanders that he and his Minister of Health had secured not 16 but 54 long-term care beds between February 14th and 27th through for-profit corporations. Fiftyfour beds is quite a jump from 16 in less than two weeks.

Question to the Minister of Health: Were you involved in the negotiations and deliberations that turned 16 for-profit beds into 54 in less than two weeks?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I hate to keep repeating myself. Again, we had the opportunity to move people out of hospital, and we're going to move forward with that. If the hon. member disagrees with that decision, I would ask him to reach out to those 50-odd people who are in hospital and have been there for months, some of them, and ask them if that's the kind of care that those Islanders deserve. I don't think they do.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Okay, so, he's zero for three.

We're seeing in real time the minister completely overwhelmed. When the Premier first started taking questions directed to the Minister of Health, I thought it was because he finally realized that his minister was not up to the job, but now I'm beginning to wonder if it was because he was worried what exactly the minister would say, what details he might accidentally let slip.

Question to the minister: Who was involved in negotiating the \$25 million handout for profit corporations? Who was at the table from government, and who was negotiating on behalf of the companies? Was the Premier correct? Was it just you, the Premier, and the private operators?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I can certainly speak for myself. I don't need the Premier to speak on my behalf, thank you very much.

Not to make comparisons, but back to the former leader Wade MacLauchlan, I think

you needed permission to cross the street when you served under Wade. That is not the case in our government. He empowers our ministers, he challenges us, and he wants us to make decisions and be bold and to run our departments the best we can.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

Zero for four.

On February 14th, at the Standing Committee on Health, the bureaucrats presenting were unaware of the 54 new beds. When did you fill them in about your \$25 million deal, minister?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

Again, I'll go back to – I guess the hon. member does not want us to do that, wants us to keep people in hospital unnecessarily, wants us to not provide the appropriate care for Islanders. If that's what he's saying, I would totally disagree with that premise.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

Zero for five.

The minister's unwillingness to share this information is alarming. This is public money being given to private companies, and the minister doesn't seem to think it's important to share this information with Islanders; taxpayers.

Question to the minister: If you are so proud of your handouts to private health care providers, why all the secrecy?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

[1:30 p.m.]

First of all, they're not handouts. These operators provide great service to Islanders. We mentioned the other day that Andrews of Stratford recently was awarded a national accreditation. These are good, great providers. It's not a handout. They provide great services to Islanders in these facilities. We should be proud them; Islanders taking care of Islanders.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: I guess we'll go zero for six, Mr. Speaker.

Secrecy seems to be the rule of the day with this minister. Either that or he's so disengaged from his job that he actually doesn't know what's going on in his own department. Then we have a strange meeting with the Premier, the minister, and the private sector between February 14th and February 27th.

Minister, what bargaining position did you take into that meeting?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

My bargaining position in that meeting was to listen. That's what we do with our providers. As I said before, we're pleasantly surprised that they had capacity. They were willing to expand. That's an offer, I think, that we had to consider seriously. Part of the long-term care review was with wage comparability. Those two things combined together in order for us to do this. This is what we want. It'll be a great day when we start moving those people out of hospital.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Mr. Speaker, health care unions in this province have a history of

frustration with this minister and with this government. Just last week, we had yet another union complaining that this government wouldn't engage with them in good faith. It's easy to understand why organized labour would be upset with a government who shows a clear preference to the private sector at the expense of the public.

Question to the minister: Will you finally just admit that your preferred path forward in this province is to increase privatization in health care delivery, no matter the cost?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

We do value our public sector employees and the services that they do provide throughout our system. We know it's challenging times. We've asked a lot from all those union members over the last four years. There's no doubt they have incredible demands on their time and the workload that we've asked them to do. That's why we put in programs like the LPN tuition program, the RCW program; it's to try to help them improve that workforce. It's starting to happen, and hopefully, we'll continue that path.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

Here is an easy question for the minister to answer: Today, minister, will you table all the contracts with private long-term care facilities that are part of your \$25 million deal?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

Again, it was outlined pretty clearly in the release about the per diem rate that we do pay our operators. We do negotiate them individually. That has not happened yet, but that's the basis of the nursing agreement that

we have with our private care operators. It's outlined quite clearly in the press release.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Opposition.

Hon. H. Perry: Thank you very much, Mr. Speaker.

Alright, let's try this. Since we are talking about taxpayers' money, minister, will you table the briefing notes that you used to come up with this \$25 million deal?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

The Leader of the Opposition is omitting a pretty important fact in this investment in the industry: 65 percent of those dollars are going to wages. That's what we want to do; we want to bring up the private sector so it's equivalent to the public sector. It's been in the long-term review. It was one of the 17 recommendations. Back to that \$25 million, about 65 percent of that is going to wages.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty.

G. McNeilly: Thank you, Mr. Speaker.

UPSE does a great job of representing thousands of Islanders; workers who were there for us through COVID, workers who were there for us constantly. But they're struggling. The members are struggling to make ends meet.

Concerns from UPSE members

Question to the minister: In your opinion, Minister of Health, what are their top concerns and what are you doing to solve them?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

As the member knows, we're obviously involved in the collective bargaining process, so I don't think it's a great idea to talk about specific issues. There are lots of complexities to our contracts with our unions. Myself, I don't sit at the table with those negotiations. We continue to work with them and we're trying to reach an agreement.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty.

[1:35 p.m.]

Internationally educated nurses (IENs)

G. McNeilly: In relation to the internationally educated nurses you're hiring, are they being hired and compensated as RCWs or RNs?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

A good question. The first cohort will come into our system as RCWs and then will be upskilled. We have signed an agreement with Sask Polytechnic in order to do a bridging program that they can actually start before they arrive in Canada. So, it's a little bit of both. We need nurses in our system and it's another way to help our workforce, to give them a rest and to staff our facilities appropriately.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty.

G. McNeilly: Does the same bridging program relate to Islanders too? Just everybody else.

If they are RCWs, have you spoken to the unions about how this fits within the collective agreement? Yes, the agreement that expired over a year ago.

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you very much, Mr. Speaker.

I'm not sure I understand the premise of the question, but obviously as we bring these workers into our workforce, they will become members of those unions and have all the benefits that other union members have.

I think if we can increase our workforce pool – that's what we want to do. We know there's a shortage in many of these industries. We need to staff up, so this is one of the pathways we're doing it. Another pathway is increasing the number of seats to 98 with the nursing program at UPEI. It's at its max right now. We'd like to increase it more, but there are lots of levers to pull to fill some of these shortages, and we continue to look at every lever.

Thank you very much, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty.

G. McNeilly: See, the problem is this government is moving along. You're talking about two different unions, the Nurses' Union and the UPSE union, and you're not talking to either one, minister. So, it makes it hard for them to make decisions and know where the government is going.

Minister, when was the last time you talked about this change with the unions?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I don't sit in on discussions with the union as the minister. I think we've tabled some meeting dates in this House. I would encourage Health PEI and the unions to always get to the table. It's disappointing if one of those parties walks away, I would agree with that. It's important to keep having those conversations and to try to reach an agreement for the betterment of Islanders and their members.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty.

G. McNeilly: The intention is good, and we all want to get behind it, but the communication is poor.

So, is this part of the contract, minister? And can you please table a sample contract for the IENs so that the unions and people everywhere in Prince Edward Island can see the contract?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you very much, Mr. Speaker.

I would not see an employment contract as a minister. I can't see why they would ever be different. A nurse is a nurse is a nurse. An RCW is an RCW is an RCW, as long as they meet those credentialing and educational requirements. So, I don't think there'd be any difference in any employment contracts that we would give to anybody within our system.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty.

G. McNeilly: Maybe you could go back to Health PEI and just get them to table that then.

Minister, some years ago, Health PEI implemented the Model of Care, which is client-centered care.

Health PEI's Model of Care

Minister: Has Health PEI or yourself abandoned this model?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I am aware of the issues and the challenges that we have with our Model of Care and reassignments. That's why we have some of our union members here today. It's unfortunate that we have to reassign people within our system, but back to those seniors, we need to care for them the best we can. It's unfortunate. That's why we did the LPN

program. That's why we did the RCW, so that we can lift up that workforce.

We're coming to the graduation season from our educational institutions, so hopefully we can add some more bodies to give them some more help.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty.

G. McNeilly: Once again, the communication is poor. This has been in place for well over 10 years. For the Model of Care, long-term care facilities actually assign staff to work in specific units, and minister knows this. This was to build rapport and relationships between staff and residents. Now we hear the staff are being reassigned to work in other units, which is quite upsetting to the point that some are leaving and moving into private sector. That's why I asked you the questions earlier this week.

Minister: Have you discussed this change with the unions, and what has been the reaction of residents and their families?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, and thank you to the member for the question.

Yeah, for sure. Continuity of care is important. We all realize. We want to provide continuity of care in our long-term care facilities, but we want to provide care, to start. So, when we're short in certain units within our long-term care facilities, it poses challenges for us. We want to provide care. I don't like the option of not providing care or under-providing care.

[1:40 p.m.]

Again, the reassignment thing is unfortunate. I wouldn't enjoy it either. I don't think the residents enjoy it. I think we all agree on that. I guess you use the word "operational necessity," but we're going to work through our unions' collective bargaining agreements so that we can staff our facilities to the best that we can, and then provide the best care that we can.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from O'Leary-Inverness.

R. Henderson: Thanks, Mr. Speaker.

This government has established various net zero targets and energy requirements for 2030. The Minister of Environment actually stated in this House that he's very confident PEI will meet these targets, but evidence seems to say otherwise.

Projects seem to be delayed, government roadblocks with permits, lack of skilled training for workers, and labour needs to construct these projects; the list can continue to go on. This government can't help but get in the way of everything, and usually, it's because they don't do anything.

The Lennox Island First Nation is in the planning stages of PEI's largest solar farm, located at Mount Pleasant in the old former World War II airbase.

Na'ku'set solar project

Question to the Minister of Transportation: What is the status of the two current leases at that Mount Pleasant property, and when will those leases expire?

Deputy Speaker: The hon. Minister of Transportation and Infrastructure.

Hon. E. Hudson: Thank you very much, Mr. Speaker, and thank the hon. member for the question, as well.

Yes, I'm very aware of what he has put forward here. With regard to the leases, there are a number of different lease agreements involved on the property which, as the hon. member is quite aware, used to have the provincial tourism site, which is now managed – and managed quite efficiently – by the First Nation in the member's community.

I certainly welcome any feedback from the hon. member on this, but discussions continue within government – my colleague to the left of me – as well as with First Nations.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from O'Leary-Inverness.

R. Henderson: I'll help the minister a little bit. There are two other leases. One of those leases expired in the end of November of last year, and the other lease expires in May.

The proposed Na'ku'set solar project will provide 50,000 megawatt hours to the PEI grid. That's good, carbon-clean, free energy made and provided by PEI, and it will lead to good jobs and growth of this province as well as for the riding of O'Leary-Inverness.

This government has set a net zero target at six years from now, and this project is going to help them achieve that goal. The idea that this inaction may stall its progress is simply disappointing to see. Minister, without a lease for the land, this project cannot apply for funding. They already missed one deadline, and another one is coming up.

Question to the Minister of Transportation: It's been three years that they've been working on this particular project. What are you doing to remove the roadblocks this project is encountering and sign a lease with the Lennox Island First Nation to allow this project to get going?

Deputy Speaker: The hon. Minister of Transportation and Infrastructure.

Hon. E. Hudson: Thank you very much, Mr. Speaker.

The hon. member references net zero in 2030. I think if he was actually paying attention to some of the things, some of the initiatives that we have put in place as a government as we move forward to net zero in 2030, maybe he wouldn't have to be coming forward (Indistinct).

On this side of the House, we work with our partners, not like the previous administration who barreled through things – just bulldozed through things – to get to where they wanted to get to.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from O'Leary-Inverness.

R. Henderson: I think this minister needs to talk to Chief Bernard on that, and she'll tell you who was the better party to work with on these types of projects.

The government spent nearly \$3 million on burning over six years of biomass in this province with their great Carbonator 6000 idea. The Hermanville wind farm has been under production and burning most of the time too. We've had a company leave the province here just recently to go to another province to set up.

Question – this one is actually to the Minister of Energy: Can you be more specific as to why you were so confident your government will meet its net zero targets by 2030, and will you inform the minister sitting next to you to get that lease signed so the Na'ku'set solar farm can get going? What's the holdup?

Deputy Speaker: The hon. Minister of Environment, Energy and Climate Action.

Hon. S. Myers: Thank you, Mr. Speaker.

I'm not 100 percent sure, you asked me about six questions there, but I'll do you a favour and I'll answer seven.

Our net zero targets aren't based on electricity. The carbon emissions from electricity belong to New Brunswick because that's where the majority of the power is produced. Any on-Island generation that we have is renewable energy; thus, we have zero carbon emissions from electricity.

[1:45 p.m.]

We're really confident in our ability to meet our goals and our targets, as we had pointed out, because we're taking action. We're not punishing people. We're being cooperative. We're doing it in a very just manner. We fight against things like carbon tax, which we look at as unjust, that we wish you guys would support us in our fight against the federal government on.

We've taken action. Instead of giving free licenses away, we're giving free heat pumps away because they actually do lower people's emissions. We put in an Islandwide transit system, which the gentleman in

the audience is able to use so he can come to Charlottetown, which we think has been a benefit socially, environmentally, and it's something that Prince Edward Island should have had a long time ago.

On the action with Lennox Island, there's not a bigger supporter in this Assembly of Chief Darlene and her actions than myself. I'll do everything I can to help her get this project on the rail. My understanding is that part of it is fetched up in the duty to consult. We get through that; we're all on board.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Third Party.

K. Bernard: Thank you, Mr. Speaker.

This government has forgotten who they are elected to represent. Just days ago, the Minister of Health said the concerns raised by the frontline experts who warned him of safety issues prior to the opening of the mental health ER don't impact the decisions he makes.

Guess who got physically assaulted when those safety concerns came true? Hint: it was not the minister.

Then, yesterday, he did not take the advice and plea of an emergency room physician who was advocating for a small change to help her and her colleagues.

Advocating for health care workers

Question to the Minister of Health: You don't listen to nurses; you don't listen to doctors. Who are you listening to?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker, and thanks for the question.

I guess I would disagree that we don't listen to our front care workers. With regards to the incident at the EDSSU, I think it's very important – I've had a briefing on it – that this assault happened in a common clinical area; it did not happen in a patient room. I think it's important to differentiate that.

That code white has been not implemented as much as it has in the past because of descalation training. We're moving in the right direction, and the unit is a strong addition to our mental health capabilities on PEI. We listened to our health care workers in order to create that unit and we'll continue to listen to them.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Third Party.

K. Bernard: Thank you, Mr. Speaker.

The location of where the assault took place makes it okay that you haven't addressed the safety concerns? No.

We need a balanced approach, we're told, but it's the job of the Minister of Health to advocate for health. It is not his job to advocate for employers. It is not his job to balance his advocacy. Employers can be represented by the Minister of Workforce. The Minister of Workforce sure isn't advocating and balancing the benefit of health care, or she'd be advocating to remove sick notes herself.

Question to the Minister of Health: Is this balancing act that you're doing with health and private business the reason we're seeing the systematic dismantling of our public health care system in PEI?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I'm not sure how to answer this question. We certainly value our employees in our health care system and we're doing everything we can to support them. I don't know what else to say from that. They're important. We value them. I value them. I'm not involved in union negotiations; we support our people that do, there.

I have an open door. I did the Focus on the Front Line tour; I'll continue to do that. I will certainly step outside and talk with Karen and Sandy after this session, so I will continue to listen.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Leader of the Third Party.

K. Bernard: Thank you, Mr. Speaker.

Don't worry about what you say, minister. Your actions speak louder than your words.

The Minister of Health keeps saying he'll do anything to make health care better and to help our front line, but he won't give them their due bonuses, he won't review the flawed hiring process, he won't legislate more funding for alcohol harm reduction, and he won't remove sick notes for a piddly three days. It seems that every time health care workers ask for anything, no matter how small, the minister and his Cabinet have said no.

Question to the minister: With this kind of treatment, are you even surprised that health care workers are leaving in droves under your watch?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

With regard to the sick notes, I do support any reduction in paperwork for our doctors.

[Interjections]

[1:50 p.m.]

Hon. M. McLane: I do not support the elimination of sick notes, and I want to clarify that. What was on the floor was the total elimination of sick notes. We need to balance our employees. We've heard from employers that there needs to be a balance. We talked about the patient care access in Nova Scotia that has established some criteria in order to ask for sick notes. They've expanded the range of people who can do sick notes, including nurses, pharmacists, and physiotherapists. That's a conversation I will continue to have, and I support moving to that model.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Borden-Kinkora.

M. MacFarlane: Thank you, Mr. Speaker.

There's been a lot of attention and scrutiny regarding the Prince County Hospital this sitting; today, no exception. The minister has provided some comforting words of encouragement, but unfortunately, has shown little evidence that things are actually improving.

This problem is not just going to go away. Thousands of Islanders served by the Prince County Hospital will not stop demanding full services at the Prince County Hospital, nor should they.

Plan for PCH staffing (further)

Question to the Minister of Health: Minister, can you provide us with an update on the reopening status of the ICU at the PCH?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker, and thank the hon. member for the question.

We haven't talked about the PCH in quite a while. We are making advancements there. We do have one internal medicine signed. We have an offer in front of another IM. We've added two nurse practitioners to that staff. I think we have three or four for that administrator role in the interview process, so that's very positive.

From a coverage perspective, I was just told this morning that things are looking solid for the summer, so that's a nice update to get.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Borden-Kinkora.

M. MacFarlane: Thank you, Mr. Speaker.

I'm happy to share an update, minister, that I recently received from frontline health care workers this past week who tell me things are definitely not improving, but in their opinion, are getting much worse. One referred to it as a continuing critical care disaster, minister, and said their hope that the ICU will ever be restored at the PCH is at an all-time low. They also pointed to instances where staff and Islanders were being misled to believe recruitment was

occurring when, in fact, those professionals are nowhere to be found.

Question to the same minister: What is the current staffing level of critical care staff at the PCH?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I will table our physician hiring stats that I spoke of a few days ago so the hon. member can see where those physicians are being hired at. We understand that we need to staff that unit safely and appropriately. Critical care nurses and critical care physicians that have that skillset are extremely hard to find.

I'll refer back to the college; one of our potential candidates is now available to us because of the changes that the college made in November. I don't want to discount how challenging it is to maintain that unit at PCH. It is very, very difficult.

I get regular updates. Our CEO spent the week in Summerside, so I hope that she has had some good communication with the staff on the ground there. I think it was a great opportunity for her to get to know the problems and the issues in Summerside. We'll continue to work on that facility.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Borden-Kinkora.

M. MacFarlane: Thank you, Mr. Speaker.

The health care worker at the Prince County Hospital tells me that for every one critical nurse that we hire, two leave. In fact, I'm told that a couple of recent departures are not only leaving the Prince County Hospital but they're leaving Health PEI altogether and are taking up positions – wait for it, Mr. Speaker – as travel nurses.

[Interjections]

M. MacFarlane: And at least half of the remaining staff are looking for new jobs. I could only presume that the two internists that were promised are still stuck somewhere in the minister's pipeline.

Question to the Minister of Health: Before the fall sitting, will you commit to holding another town hall in Summerside to update Islanders on the progress that you've made to bring back the ICU to the PCH?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

I would agree; it is time to provide an update to both the mayor, who has written a letter to us with some of his recommendations, and back to the PCH and the public. I would agree with the member that we need to provide an update. It has been going in the positive direction.

These are really hard steps to take. They're difficult to staff, critical care – again, that skillset – and when you have a low complement of critical care nurses or anything, the demands on them are significant. We recognize that, and it's hard to maintain that pace. We've seen that with our respiratory therapists and how hard they were working. It was basically work-eat-sleep, and that's not fair to anybody. We'll continue to support the PCH as much as possible.

I appreciate your advocacy. I don't like words with "I'm told." I like to deal with facts. So, if you can bring me some actual stats, or who left and why, we'll certainly look at it.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-Belvedere.

S. Dillon: Thank you, Mr. Speaker.

Healthy learners are successful learners. That's why our policies and programs and service around school food and healthy nutrition matter so much. These skills benefit students their whole lives.

[1:55 p.m.]

School nutrition policies

Question to the Minister of Education and Early Years: How do we promote and

encourage healthy nutrition and healthy choices in our schools?

Deputy Speaker: The hon. Minister of Education and Early Years.

Hon. N. Jameson: Thank you, Mr. Speaker, and hon. member, thank you for the question.

Certainly, we know our kids can't learn without food in their bellies, so we take this matter very seriously in our schools. Healthy eating, of course, starts at home, but our schools do have an important role in all of this. I'm really proud – I think we can all be very proud – of the lunch program that we have within our schools; our snack programs, our breakfast programs.

In fact, this year, it's estimated this year that 800,000 meals will be served through our lunch programs, and again, the uptake on our breakfast and snack programs are quite high. So, I think we're doing a tremendous job here within our schools, but certainly, there's always more work to be done.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Charlottetown-Belvedere.

S. Dillon: Thank you, Mr. Speaker.

Our school nutrition policies talk about the criteria for quality for vending machines, restricting energy drinks, and creating a climate to promote health eating.

Question to the same minister: How do we measure the success of our schools' nutrition policies and when were they last reviewed?

Deputy Speaker: The hon. Minister of Education and Early Years.

Hon. N. Jameson: Thank you very much, Mr. Speaker, and again, thank you, hon. member, for the question.

Our School Food Program, certainly, can be measured by the nutritional value of the food, as well as the uptake, which has been high as I had said previously. You mentioned our policies. We do have a number of different policies; the PSB does.

Our Nutrition in Schools policy, as you had mentioned: I believe it was developed in 2010, and it was updated in 2016. The CSLF would have a similar policy. In addition, we do have operational policies that would sort of standardize some pricing, the rules around advertising, vending machines, et cetera. And the PSB, as well, uses a Guide to Food Choices, so we try to make sure that any foods served in our schools are whole grain, minimally or unprocessed, locally sourced, seasonally available, et cetera, et cetera.

Thank you, Mr. Speaker.

Deputy Speaker: the hon. Member from Charlottetown-Belvedere.

S. Dillon: Thank you, Mr. Speaker.

As you mentioned, the Public Schools Branch nutritional policy was last updated in 2016. We've made great strides with our school breakfast programs and with the PEI School Food Program since 2020. The Canadian food guide was also updated in 2019.

Now the federal government is looking to invest more into our School Food Program. It's not lost on me the cost of food these days, and how difficult times are for families, understanding the importance of economical, healthy food while we want our students to learn the value of healthy food choices that will lead to a lifetime of good health.

Question to the same minister: How can we strength our school nutrition policies and programs to reach a goal of better nutrition and healthy eating choices for our students?

Deputy Speaker: The hon. Minister of Education and Early Years.

Hon. N. Jameson: Thank you again, hon. member, and I really do appreciate your passion on this. I'm very passionate myself about nutrition. I know we've got some great team members who live and breathe this daily, so I really want to give them a shout-out if they're watching.

Certainly, the curriculum around nutrition within our schools is very strong. As it relates to our policy, in 2020 we were in the

midst of updating it, and at that point we made the decision to start a school food lunch program. We redirect our focus to that, so the policy updates sort of had been on hold, but I think that's something that we need to look at because, again, it is incredibly important.

So, I'm looking forward to reconvening and working with our school authorities on ensuring that our policies are up to date and that we continue to ensure that we are feeding our kids the most nutritious food and that we're also educating their families. A lot of it, as I said previously, starts at home, so what can we do to engage families and caregivers in that regard?

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Summerside-Wilmot.

T. DesRoches: Thank you, Mr. Speaker.

We've been talking in this House a lot about health care recruitment, but one part that we haven't talked enough about is adding associate physicians to our Island health care system, with the exception to the hon. Member from Tyne Valley-Sherbrooke who's an advocate for it.

Associate physicians are internationally trained doctors who haven't met the local licensing requirement yet, most of the time.

Associate physicians

A question for the Minister of Health: What update can you give the House on adding the new associate physicians to our health care system?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker, and thank the hon. member for the question.

[2:00 p.m.]

Yes, a very exciting addition to our system. I think it's important to note that they don't replace our physicians or nurse practitioners within our system. The interest has been extremely high, and probably our best international recruiter sits beside you. He's

been great to deal and handhold some of our international physicians.

One thing I want to talk about is we've had, I think, more than 50 applicants. The big challenge is verifying credentials. I think we didn't expect that it would be so difficult to verify their training and their past experience. It's a challenge, but the uptake has been very positive.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Summerside-Wilmot.

T. DesRoches: Thank you, Mr. Speaker.

I was hopeful to hear that we reached out to everyone and we had a bunch lined up to come, but creating a path to get more doctors licensed and working in our health care system is a good thing, so I support adding associate physicians.

Question back to the Minister of Health: I realize that each person has different education skills – as you pointed out – and experiences, so the process would be different to get them licensed. On average, how long does it take to get an associate physician license?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you.

We should also talk about physician assistants, too, and associate physicians. It is a very difficult process. Government does not do it; it's the College of Physicians that verifies their eligibility to do this. I do know – I believe – that at least about nine or 10 have been screened in so far that meet those requirements. Back to a hiring update or something, it would be nice to provide that in the fall. I do know that we have a signed agreement with a PA, who I believe is going to western PEI somewhere.

I want to talk about currency of practice. One of the biggest hurdles – they call it currency of practice – is that these physicians have to have 450 hours of currency of practice over the last five years. That's where they fall off a lot; some people have not been a physician for longer than

that or have not practiced as long as that. The physician that was trained in Mexico that was at the town hall on PCH, I know we've brought her in and had a conversation.

What I like about this is that this is another pathway for those physicians to take the Royal College exam and become a physician on PEI. That's very exciting to me.

I anticipate we'll probably add nine or 10 to our system. We have to do it slow and integrate in with all our other providers because obviously this is a new position, and how they interact with our nurses and our physicians and our nurse practitioners. We want to go slow, but we want to do it right.

Thank you, Mr. Speaker.

Deputy Speaker: The hon. Member from Summerside-Wilmot.

T. DesRoches: Thank you, Mr. Speaker.

I think associate physicians and physician assistants are a great add to our health care team and support for the existing workforce, especially at the Prince County Hospital. We all know that the Prince County Hospital can use any help, any support, that we can give them.

Another question to the Minister of Health: Are any of these new associate physicians or physician assistants slated to work at the PCH, and if so, when might we expect seeing them join the team?

Deputy Speaker: The hon. Minister of Health and Wellness.

Hon. M. McLane: Thank you, Mr. Speaker.

A good question. It will take some time. I think we're very pleased with the uptake from our physicians because a physician has to agree to take an AP under their wing, so to speak, in order to work under their supervision. I don't know the exact numbers on that, but it's quite significant. I even know the orthopedic group, when I had my follow-up appointment, have expressed interest in taking an orthopedic in order to support their group.

The physicians have to support the AP because they do work under the supervision. I'm sure that there are some great physicians at PCH who are willing to do so, and I can go back to the department and see if there's some uptake at the PCH.

Thank you.

Deputy Speaker: The hon. Member from Charlottetown-West Royalty, final question.

G. McNeilly: Thank you, Mr. Speaker.

I asked Michael Trainor: If the students had one question they wanted to ask, what could it be? The students watching online, this is your question.

Shelter supports in Summerside

Students are curious about the shelter support capacity in Summerside. Why is there nobody living in the shelters? Why has it not been used so far, and what are the security enforcements? I'll ask that the Minister of Finance because she improved this. These students are asking these important questions. Why are the shelter systems not set up in Summerside?

Deputy Speaker: The hon. Minister of Finance.

Hon. J. Burridge: Thank you, Mr. Speaker, and I'll thank the class for that question.

I think, from what I heard, the trailers are on site, and I think what they're trying to negotiate now is a deal with the provider to oversee that site. I think that that might be the hang-up that they're waiting.... But I think they are close in a negotiation, and once that is in play, then I think that we'll start to see things happen fairly quickly.

Thank you, Mr. Speaker.

[End of Question Period]