

## Report 11 - Health Resources for Indigenous Communities - Indigenous Services Canada - Management Action Plan

| Recommendations  | Management Response / Actions  | Responsible Manager (Title)            | Other Required Stakeholders | Planned Implementation Date |
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| <p><b>Recommendation 1 (#11.46):</b></p> <p>Indigenous Services Canada should review the management of its personal protective equipment stockpile to ensure that it has accurate records and the right amount of stock to respond to the current pandemic and future public health emergencies faced by Indigenous communities and organizations.</p> | <p><b>Response:</b></p> <p>Agreed. Indigenous Services Canada reviewed its initial inventory of personal protective equipment (PPE) from before the COVID-19 pandemic and compared it with the average burn rate for PPE for the first year of the pandemic. The department found that, overall, it was in good standing to meet the needs of First Nations communities in relation to the intended use of the PPE stockpile for department-employed health care workers, under its legal obligation. Additionally, 2% of each PPE shipment procured by Public Services and Procurement Canada was allocated to Indigenous Services Canada through the Public Health Agency of Canada’s National Emergency Strategic Stockpile, under the federal-provincial-territorial–approved policy of the allocation of scarce resources during the pandemic.</p> <p>To ensure that Indigenous Services Canada has accurate records and the optimum amount of stock to respond to the current and future public health emergencies, the department has completed the first phase of an automated inventory management tool. The first phase is completed to track outbound inventory. Work for the next phase to track inbound inventory has begun. The department is reviewing its cyclical approach for purchasing and disposing of PPE to allow for an optimum amount of stock to be maintained. Finally, the department is finalizing inventory management requirements for warehousing services that meet the needs for tracking the department’s inventory.</p> <p>The department will continue to identify and maintain</p> | <p>Director, Communicable Diseases</p> |                             |                             |

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|  | optimum amounts of PPE in its stockpile for the needs of First Nations people living on reserve to respond to public health emergencies. It will continue to work with provincial, territorial, and federal partners in identifying the optimum amounts of PPE to protect Indigenous Peoples.                         |                                      |     |                  |
|  | <b>Action Item 1.1:</b><br><br>Work with contractor to complete a full re-count of all current PPE stockpile and update both inventory management systems accordingly to ensure accuracy and consistency of current inventory data.   |                                      |     |                  |
|  | <b>Key Deliverables:</b><br><br>1.1 Updated inventory count report.   | 1.1) Director, Communicable Diseases | N/A | 1.1) July 2021   |
|  | <b>Action Item 1.2:</b><br><br>Develop detailed PPE inventory management requirements to include in ISC's PPE warehouse contract to ensure utilization of a real-time Warehouse Management System (WMS) that captures complete and detailed information and history on inventory, shipping and delivery of all items. |                                      |     |                  |
|  | <b>Key Deliverables:</b><br><br>1.2 Final Statement of Work (SOW) for Inbound, Warehousing, and Distribution Solution contract.   | 1.2) Director, Communicable Diseases | N/A | 1.2) August 2021 |
|  | <b>Action Item 1.3:</b>   |                                      |     |                  |

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|   | ISC will implement a phase 2 of the automated inventory management tool and conduct detailed monthly inventory analysis to ensure proactive management of PPE inventory.   |                                      |     |                 |
|   | <b>Key Deliverables:</b><br><b>1.3</b> Phase 2 Inventory management tool and document outlining inventory analysis process.  | 1.3) Director, Communicable Diseases | N/A | 1.3) March 2022 |
|   | <b>Action Item 1.4:</b><br>Review and revise the 2014 hybrid approach for procuring and disposing of PPE based on expiry dates of stock and PPE consumption rate to maintain a stable inventory to meet the needs of First Nations and Inuit communities.  |                                      |     |                 |
|   | <b>Key Deliverables:</b><br><b>1.4</b> Document outlining hybrid approach.   | 1.4) Director, Communicable Diseases | N/A | 1.4) March 2022 |
| <b>Recommendation 2 (#11.61):</b><br>Indigenous Services Canada should work with the 51 remote or isolated First Nations communities to consider other approaches to address the ongoing shortage of nurses in these communities and to review the nursing and paramedic support provided to all Indigenous communities to identify | <b>Response:</b><br>Agreed. Indigenous Services Canada agrees with collaborating with the 51 First Nations communities it directly serves in developing approaches to addressing staff shortages, including the health-human-resource complement and best-practice models for the community. The department will work through its Nursing Leadership Council to identify new approaches and best practices in: |                                      |     |                 |

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| best practices.   | <ul style="list-style-type: none"> <li>engaging First Nations communities in staffing processes; and</li> <li>expanding the skill mix of health professionals, such as paramedics and licensed practical nurses.</li> </ul> |  |   |  |
|   | <p><b>Action Item 2.1:</b></p> <p>Working with the Nursing Leadership Council, and the Nursing Retention and Recruitment Steering Committee, ISC will examine its current recruitment model to:</p>                         | 2.1) Manager of the Centre For Nursing Workforce (CNW) | <p>2.1 a) ISC corporate sectors (HR, Communications, Media/Marketing), NRRS</p> <p>2.1 b) FNIHB Regions, HR</p> <p>2.1 c) FNIHB Regions, Corporate Sectors of HR, Communications, Media/Marketing</p> | <p>2.1a) March 2023</p> <p>2.1 b) June 2021</p> <p>2.1 c) January 2022</p> |
| <p><b>Key Deliverables 2.1:</b></p> <p>a) Adopt a new strategy for nurse recruitment that embraces industry best practices. Moving away from traditional <i>post and wait</i> recruitment methods, to active talent sourcing and talent management throughout the employee life cycle, founded on industry research.</p> <p>b) Adopt tools and methods to improve the candidate experience, throughout the hiring process.</p> <p>c) Adopt targeted recruitment posters – Primary Care, Public Health, Nurse Practitioner, Charge Nurse- that clearly define roles and will resonate with Canada’s nursing workforce.</p> |   |  |   |  |

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|  | d) Develop, with the Communications Branch, updated employer branding products that present ISC as an employer of choice.   |   | 2.1 d) FNIHB Regions, Corporate Sectors of HR, Communications & Media/Marketing  | 2.1 d) March 2023  |
|  | <p><b>Actions Item 2.2:</b></p> <p>ISC will develop a retention strategy through the following Key Deliverables.</p>  | 2.2 Manager of the Centre For Nursing Workforce |  |  |
|  | <p><b>Key Deliverables 2.2:</b></p> <p>a) Complete the implementation of the following elements of the Nursing Services Response Centre (NSRC)</p> <ul style="list-style-type: none"> <li>a. Triage/Case Management.</li> <li>b. IM/IT</li> <li>c. Compensation</li> <li>d. Security/Facilities Management</li> </ul> <p>b) Enhance the occupational health and safety capacity of the department to support ISC nurses.</p> <p>c) Establish a regular cycle for frontline workforce feedback through;</p> <ul style="list-style-type: none"> <li>a. Workforce survey (every 5 years)</li> <li>b. Nursing Advisory Committee</li> <li>c. Customized exit interviews.</li> </ul> |   | <p>2.2 a) Corporate Sectors of HR, CSO, IM/IT and FNIHB Regions</p> <p>2.2.b) Regional workforce</p> <p>2.2.c) ICSD, FNIHB Regions</p> | <p>2.2 a) March 2022</p> <p>2.2.b) April 2021</p> <p>2.2.c) September 2021</p> |

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|  | <p><b>Action Item 2.3:</b></p> <p>ISC will build on the lessons learned during the pandemic in incorporating paramedics in the models of care and skill mix, and will:</p> <ul style="list-style-type: none"> <li>a) Ensure that the roles and model of care is updated to clearly articulate the inclusion of paramedics, and within the regulatory scope of practice.</li> <li>b) Reviewing existing contracts to incorporate paramedics to better our service delivery models.</li> <li>c) Reviewing or modify our applicable policies to be inclusive of paramedics.</li> </ul>         |   |  |   |
|  | <p><b>Key Deliverables 2.3:</b></p> <ul style="list-style-type: none"> <li>a) An environmental scan identifying paramedic scope of practice and roles and responsibilities delineated by region.</li> <li>b) Revised contracts to incorporate paramedics and better reflect roles/responsibilities beyond the pandemic.</li> <li>c) Updated policies, notably: <ul style="list-style-type: none"> <li>i. Revised FNIHB Controlled Substances (CS) Policy and Procedures and request an exemption from the Office of Controlled Substances (OCS), Health Canada (HC).</li> </ul> </li> </ul> | <p>2.3 a) and c) Director of Primary Health Care Systems Division</p> <p>2.3 b) Director of Primary Health Care Systems Division; Manager of the Centre For Nursing Workforce</p> | <p>2.3 a) FNIHB Regions</p> <p>2.3 b) FNIHB Regions, ICSD</p> <p>2.3 c) Office of Controlled Substances Health Canada, FNIHB Regions</p> | <p>2.3 a) June 2022</p> <p>2.3 b) December 2022</p> <p>2.3 c) June 2023</p> |

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|  | <ul style="list-style-type: none"><li>ii. Updated mandatory training requirements (e.g., CS training module), and adapt as needed.</li><li>iii. Assessment of Clinical Practice Guidelines (CPG)s/formulary in the context of paramedics scope of practice.</li></ul> |  |  |  |
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