



Services aux Autochtones
Canada

Indigenous Services
Canada

Sous-ministre

Deputy Minister

Ottawa, Canada
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June 23, 2023

John Williamson, M.P.
Chair, Standing Committee on Public Accounts
House of Commons
OTTAWA ON K1A 0A6

John.Williamson@parl.gc.ca

Dear John Williamson:

I am writing to share with the Committee a progress update on my Department's nursing recruitment strategy and efforts to address the shortage of health human resources in First Nation communities.

As you may recall, the Office of the Auditor General tabled a report in May 2021, on Health Resources for Indigenous Communities, which focused on the government's response to the pandemic. Specifically, the audit examined whether Indigenous Services Canada provided sufficient personal protective equipment, nurses, and paramedics to Indigenous communities and organizations in a coordinated and timely manner in order to help them respond to COVID-19. This audit resulted in two recommendations: that Indigenous Services Canada should review the management of its personal protective equipment stockpile to ensure it has accurate records and the right amount of stock; and, that Indigenous Services Canada should work with First Nation communities to consider other approaches to address the ongoing shortage of nurses.

Following this report, in May 2022, the Standing Committee on Public Accounts presented a report entitled, "Health Resources for Indigenous Communities." In this report, the Committee issued three recommendations, calling on Indigenous Services Canada to provide a series of reports to the Committee over the next three years to demonstrate progress on the Auditor General's findings. The required reports were to address: 1) results of the personal protective equipment inventory management tool testing and whether or not the Department has a 12-month supply of personal protective equipment; 2) development of a recruitment strategy for nurses, incorporation of

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paramedics into care models, and improvements to workplace safety of medical professionals; and 3) indicators on nursing and paramedic shortages, requests for medical personnel, and availability of professional accommodations.

In September 2022, Indigenous Services Canada provided the Committee with Report #1 on the personal protective equipment inventory management tool, and Report #2.1 on the development of a recruitment strategy for nurses. By way of this letter, the Department is pleased to provide you with reports #2.2 on the nurse recruitment strategy and updated branding, #2.3 on paramedics, #3.a on the shortages of nurses and paramedics, #3.b on requests for medical personnel, and #3.c on housing availability. Reports #3.a, #3.b, and #3.c will be provided to you again by April 30, 2024, and April 30, 2025. These reports can be found in the attached annexes.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Gina Wilson', written in a cursive style.

Gina Wilson

Encl.

ANNEX A – REPORT #2.2 Nurse Recruitment Strategy and Updated Branding

Recommendation: That Indigenous Services Canada (ISC) present to the House of Commons Standing Committee on Public Accounts a report outlining, with concrete examples: by 30 April 2023, its new nurse recruitment strategy and updated employer branding products.

Report: The Government accepts this recommendation and provides the Committee with the following report. The objective of this work is to grow ISC's front-line nursing workforce in the 50 remote and isolated First Nations communities where the department plays the critical role of delivering primary care services.

Successful development of an adequate front-line nursing workforce requires a combination of retention and recruitment strategies. Recognizing this, the Nursing Health Human Resources (NHHR) Framework was approved in 2022 as an evergreen document to guide nurse retention and recruitment efforts of all types of nurses within Indigenous Services Canada and the 50 Nursing Stations managed by the department.

This framework was developed to directly address known challenges, priorities, and opportunities for nurse retention and recruitment in First Nations communities:

- Retention of nurses in remote and isolated First Nations communities has long been a challenge for a variety of reasons including the lack of a modern work environment, safety issues, extended periods away from home and family, lack of childcare and compensation and benefits that are lower than what they would receive working elsewhere.
- Traditional staffing strategies focus on a small subset of the labour market who are actively looking for jobs (36%). However, 90% of the labour market is open to hearing about new opportunities, and many are not being effectively targeted by these traditional strategies.
- Nurse suitability or candidates with the right combination of experience, skills, personality and goals are important to avoid high turnover and vacancy rates within the frontline workforce.

The NHHR Framework is based on 5 commitments. These commitments are detailed below, with examples of initiatives currently underway to support progress on each. Together, these initiatives will have a positive impact on the ability of the department to retain and recruit front-line nurses.

Commitment #1: Talent Acquisition and Management

In order to attract nurses to work with ISC, the department launched an updated marketing and communications strategy in July 2022. Under this new strategy the department is advertising on social media and messaging is tailored to highlight the benefits of working in remote and isolated First nations communities. Advertising is targeted to nurses at varying stages of life and career based on market analysis, in order to attract nurses with the right combination of education, skills and personality traits.

In September 2022, ISC substantially increased recruitment allowance from \$5,500 to \$16,500 and retention allowances from \$5,500 to \$16,500, tripling both to improve attracting and retaining nurses.

The impact of these initiatives to date is unclear. Provincial employers of nurses have implemented similar strategies over the past year as they also feel the effects of the nursing shortage. As a result, these initiatives may be more effective in preventing the loss of currently employed nurses than as an incentive to recruit new nurses.

Additionally, ISC is working with Public Services and Procurement Canada (PSPC) to renew the contract for the successful digital recruitment platform which has facilitated the application process for nurses, making it easier for them to apply for ISC nursing positions. Finally, ISC has recently developed a branding guide to create a common look and feel across all nurse advertising and recruitment platforms.

Commitment #2: Modernize the Practice Environment

ISC is taking concrete steps to modernize the environment in which nurses practice including by launching the new National OneHealth Clinical Practice Guideline Web Portal available to all nursing stations in Canada. This portal is an online central repository where nurses can readily access the most up-to-date Clinical Practice Guidelines in one location. The portal allows for real-time updates and more effective dissemination of new and updated guidance tools to the nursing workforce as they become available.

A safe and modern work environment is essential to recruiting and retaining nurses, so ISC is moving forward with purchasing an online patient safety incident management system that will allow nurses to use modern reporting tools to document patient safety incidents.

Finally, ISC is in the early stages of exploring the possibility of a dedicated public health nurse role in remote and isolated communities which has the potential to lighten the load of primary care nurses allowing them to focus on urgent and emergent care.

Commitment #3: Ensure the Wellbeing of the Workforce

ISC recognizes that nurses are critical to the communities where they work, and their wellbeing is a departmental priority. Nurses must have a safe and positive working environment, so ISC has provided clear policy support for safe working environments and emergency procedures and have issued three policies within ISC's *Safety and Security Policy Suite* which were developed under the guidance of ISC's national Nursing Safety & Security Steering Committee. The Department has a long standing collaboration with Health Canada (HC) to provide a customized and peer-led employee assistance program, available 24/7, aimed to respond to the unique stressors of health service provision: *The Occupational Critical Incident Stress Management (OCISM) program*. The OCISM program is a cornerstone of the ISC wellness supports for nurses and a key prevention strategy.

The Department has renewed the OCISM services for the next 5 years. The program, through various health promotion and prevention initiatives and by proactively following-up with nurses, aims to reduce the number and impact of critical incidents, accelerate recovery after traumatic events, prevent occupational stress injuries, and promote nurses' resiliency. In addition to the core services, and building on lessons learned from COVID-19, a resiliency program was included in the 2022-2027 agreement with Health Canada's Employee Assistance Services. ISC is also streamlining harassment and violence reporting in order to facilitate and encourage reporting and allow action to reduce this behaviour towards nurses. In addition, ISC has implemented a central hub for reporting security related trends that impact nurses in the Manitoba region. This hub will encourage the reporting of these incidents by facilitating the currently burdensome reporting process and allowing action on identified safety issues. With increased reporting, ISC will be in a better position to respond to security issues that currently threaten nurse retention.

Through the national *Nursing Services Response Centre* and in partnership with the Departmental Chief Security Officer, Regional Field Security Officers are being established. Regular security inspections are currently being completed in remote work sites by these officers.

ISC is implementing other improvements including expanding the central hub for reporting security-related trends to the rest of the regions where ISC provides direct primary care services (Ontario, Alberta and Quebec) and ensuring the continual presence of security personnel onsite in all ISC-managed nursing stations.

Commitment #4: Become a Labour Workforce Influencer

ISC is an active member of Health Canada's Principle Nursing Advisors Task Force (PNATF), reporting to the Committee on Health Workforce (CHW). This is a key collaborative forum with the Provinces and Territories and other federal departments focusing on health human resources and nursing workforce policy in Canada. It is through this task force and also through the regular network of federal nurse leaders, that momentum and support is strengthened on national initiatives. This includes the initiative of the Canadian Council of Registered Nurse Regulators to develop unique identifiers, ease mobility and develop common systems of registration.

ISC is advocating to transform the entire system of how nurses are trained and employed in Canada by exploring solutions to allow greater mobility of Federal Public Servant Health Professionals across provincial jurisdictions. The department is also acting strategically to influence the nursing curriculum to better reflect practice in remote and isolated First Nations communities by advocating for the creation of specialized programs for this type of practice.

ISC has been engaged on the Deep Space Healthcare Challenge, which is a Canadian Space Agency (CSA) initiative which aims to help address healthcare challenges in remote Canadian communities, and eventually in deep space. The CSA is supported by the Privy Council Office's Impact Canada Initiative, its Center of Expertise and Challenge platform. The challenge itself aims to surface ideas and solutions from across Canada's top talents, that allow practitioners in remote settings to detect and diagnose medical conditions within their communities. This challenge is currently in the 3rd phase, with 5 finalists funded to further develop their innovation and a targeted completion in 2024.

Commitment #5: Maintain a Nimble and Agile Surge Response

Being able to quickly respond to public health emergencies with surge resources is a priority for ISC, as communities must have health care even in emergencies. In addition, it is important to ensure an equitable distribution of nurses across ISC-managed nursing stations. To improve ISC's surge response and ability to distribute relief nurses, the department has developed a national primary care travel nurse team to support regional needs and decrease reliance on contract nurses and provide an innovative hybrid model of work to attract nurses. ISC has also developed a national public health surge team to support regional surge needs for public health support.

ANNEX B – REPORT #2.3 Paramedics

Recommendation: That Indigenous Services Canada present to the House of Commons Standing Committee on Public Accounts a report outlining, with concrete examples, by 31 July 2023, the changes made to policies and contracts to incorporate paramedics into the model of care.

Report: The Government accepts this recommendation and provides the Committee with the following report. ISC is identifying new approaches and best practices to expand the mix of health professionals, such as paramedics, into the models of care to deliver primary care services in remote and isolated First Nation communities.

ISC has undertaken a review and analysis of paramedics' scope of practice by province, identifying roles and responsibilities related to primary care essential services and specific activities paramedics may conduct with medications, including controlled substances as defined by their provincial regulatory body and/or association. This comparison provides a framework of how paramedics could be integrated into the multi-disciplinary team. The results of this analysis were included in the "Implementing Interprofessional Models of Care" document for paramedics. This document will assist the department with determining how paramedics can be even further integrated into the multi-disciplinary team.

In March 2020, ISC consulted with paramedic associations and regulatory bodies across Canada, including the Canadian Organization of Paramedic Regulators, for feedback on the draft "Implementing Interprofessional Models of Care" document. As part of the consultation, ISC asked specific questions with regards to paramedics conducting activities such as handling and administering medications, including controlled substances.

As a result of the consultations with the paramedic associations and regulatory bodies, ISC was invited to participate on the Canadian Organization of Paramedic Regulators (COPR) Pan-Canadian Essential Regulatory Requirements (PERRS) Stakeholder Advisory Committee. The COPR is currently developing a harmonized approach for pan-Canadian essential requirements for paramedics: competencies and standards that will reflect and specifically focus on the needs of the public and patients, for safe and effective care by paramedics. The release of the pan-Canadian framework and standards should result in a consistent regulatory approach across provinces, allowing the department to integrate paramedics into the models of care across the country.

While ISC understands the important role interdisciplinary teams play in the provision of health services, the department must act in accordance with the existing legislative requirements. Incorporating paramedics in the model of care requires proper mechanisms to allow paramedics to have the supports in place to carry out their duties. Paramedics must also be compliant with regulations and function within their scope of practice as defined by their provincial regulatory body with whom they are licensed to practice.

Paramedics are currently required to operate under authorizing mechanisms such as medical directives with protocols by a medical director. These requirements are currently met through the contracting model. However, the current scope of practice for paramedics is based on the treatment of a patient in transit and not within a primary health care facility such as a nursing station. Therefore, there is a need to address scope of practice issues for paramedics as their role evolves to providing care in settings which their scope of practice does not currently take into consideration. For example, a paramedic may be able to initiate a dose for some types of

medication while in transit to a care facility using hospital based protocols but are not permitted to provide a patient with a weeks supply to continue treatment at home. The roles and responsibilities of paramedics in nursing stations continue to be refined. The department will review and update policies and procedures, and work with regulatory bodies, as needed, to support paramedics working in nursing stations while addressing issues related to scope of practice.

ISC will continue to explore the best approach to integrate paramedics into the models of care for the department, while keeping in mind the model of care must also be able to be transferred to a community when requested.

ISC has paramedic contracts for services at the national level, as this approach standardizes the request for paramedic services and allows for an economy of scale with the contracting process. The national paramedic contract has been written in a manner to allow paramedics to remain within their scope of practice as defined by their provincial regulatory body and/or associations, while also enabling authorizing mechanisms while delivering care in remote and isolated nursing stations.

ANNEX C – REPORT #3 Shortages and Availability

Recommendation #3: That Indigenous Services Canada present three reports to the House of Commons Standing Committee on Public Accounts that include A) indicators on shortages of nurses and paramedics in remote Indigenous communities, such as vacancy rates; B) number of requests for medical personnel and of requests met (including percentages); and C) indicators on housing availability, by 30 April 2023, 2024 and 2025.

Report #3: The Government accepts this recommendation and provides the Committee with the following report. The objective of this work is to measure the frontline health human resource needs in the 50 remote and isolated First Nations communities where the department directly delivers essential primary care services.

A) Indicators of Shortages of Nurses and Paramedics in Remote First Nations Communities

Nursing:

Since 2020, the COVID-19 pandemic has led to a worsening of the global nursing shortage. Attracting nurses to positions in remote or isolated First Nations communities is a constant challenge that has been amplified by the national nursing shortage. Living away from home, the inaccessibility of services and activities, and the lack of childcare are some of the reasons why nurses leave remote or isolated First Nations communities often within 2 years of their initial hire.

As of January 31st, 2023, ISC employed 783 nurses in a variety of direct and supportive services:

- i) 375 Full-Time Community Health Nurses;
- ii) 29 Full-Time General Duty Nurses;
- iii) 368 Part-Time Community Health Nurses; and
- iv) 11 Part-Time General Duty Nurses.

In the 50 remote and isolated communities where ISC directly manages primary health care, Registered Nurses are the primary health human resource, which are supplemented by other ISC-employed health professionals including Nurse Practitioners, Licensed Practical Nurses, and paramedics.

ISC utilizes an indicator for registered nurse *operation vacancy* - this measure recognizes the reality of team rotations in nursing stations managed and tracked through a national nurse scheduling system. As a result of the transient rotational nature of the workforce (i.e. 2 weeks in and 2 weeks out of community), ISC determines a point in time measure of registered nurse 'operational vacancy'. Despite activities aimed at attracting new registered nurses, and retaining existing registered nurses, the average operational vacancy (on February 15, 2023) was determined to be 68% for the public servant RN positions, which was then augmented with other ISC employed health professionals and contracted staff.

Operational vacancy of public servant positions – 68%

Description:

- The number of actual public servant registered nurse positions in ISC-staffed nursing stations required in order to be fully staffed on any given day is 223 (which would be 100% occupancy).
- The average fill rate in recent months for these 223 positions was 71 public servant nurses. The remaining 152 positions were filled by 79 contracted agency nurses and 30 additional regulated nurse ISC-employed health human resources (practical nurses and nurse practitioners) and auxiliary HHR – leaving 43 nursing positions unstaffed.
- The operational vacancy rate is therefore calculated as follows: $223 - 71 = 152/223$ or 68%. An additional 35% of this RN vacancy are covered by contracted nurse resources (i.e., $79/223$) with some of the remaining vacancies being augmented with 30 auxiliary positions (paramedicine, practical nurses and nurse practitioners).

In Manitoba and Ontario, all remote and isolated ISC-managed Nursing Stations experienced reduced capacity due to staffing shortages in the two months between Christmas and the end of February 2023. To address these vacancies, ISC contracts agencies to augment staff levels in nursing stations with both contract nurse and paramedic resources. ISC continues to monitor staff levels on a daily basis and adjusts staffing as necessary.

Paramedics:

To date, paramedics have been used to supplement the workforce in the absence of an adequate number of registered nurses. However, due to scope of practice differences, while paramedics can assist in the provision of services in communities, they cannot replace nurses. To date, the majority of paramedics working in communities are contractors, and the department has no TBS-approved FTEs, as such, we cannot determine a vacancy rate and resources are demand driven on request of regional operations. The department is working to determine how it can optimize the paramedic skillset within the model of care. The data in part B does, however, provide an idea of the difficulty contractors have had in meeting ISC needs.

B) Number of Requests for Medical Personnel and of Requests Met

The ISC national *Nursing Relief Coordination Unit* assists ISC regions by facilitating regional requests for contract medical personnel (nurses and paramedics) to temporarily fill vacancies and keep nursing stations open.

As of February 15, 2023, the Nursing Relief Coordination Unit received 8,925 requests for medical personnel between April 1, 2021 and December 31, 2022 (see table below for more details).

	Nurses	Paramedics
Requests Received	7,811	1,114
Requests Met	4,454 (57%)	623 (56%)

C) Indicators on Housing Availability

Assigning accommodations for core primary health care staff is managed through the national nurse scheduling system.

Visits from medical specialists, oral health professionals, and other non-nursing health professionals, such as mental health workers, have been delayed or cancelled in multiple regions over the 2022-23 Fiscal Year due to a lack of suitable accommodations for these professionals.

In 2022, one remote/isolated community where nursing services are managed by ISC lost all permanent nursing accommodations due to issues with building structural integrity.

Based on the Nursing Workforce Survey (2020), 49% of nurses indicated they were satisfied with the quality and availability of living accommodations provided by the employer while 27% were dissatisfied and 21% felt neutral. This survey will be repeated in 2023 allowing a comparison with previous data.