



Services aux Autochtones
Canada

Indigenous Services
Canada

Sous-ministre

Deputy Minister

Ottawa, Canada
K1A 0H4

April 30, 2024

John Williamson, P.C., 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 provide the Committee with an update on the progress made with respect to the impact of my Department's efforts to address the shortage of nurses and paramedics in remote and isolated First Nation communities.

The Office of the Auditor General of Canada tabled a report in May 2021 on Health Resources for Indigenous Communities, which focused on the Government of Canada'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: 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; and Indigenous Services Canada should work with First Nation communities to consider other approaches to address the ongoing shortage of nurses.

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Following the tabling of 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 Office of the Auditor General of Canada 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 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 presented 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. In May 2023, Indigenous Services Canada provided reports #2.2 (nurse recruitment strategy and updated branding), #2.3 (paramedics), #3.a (shortages of nurses and paramedics), #3.b (requests for medical personnel), and #3.c (housing availability). By way of this letter, the Department is pleased to provide you with an updated report on #3.a, #3.b, and #3.c, and will provide one further update with regard to these indicators by April 30, 2025. Enclosed is this year's report.

Yours sincerely,



Gina Wilson

Encl.

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:

Nurses provide essential primary care services to First Nations in remote and isolated communities that have limited or no provincial services readily available during regular operating hours and urgent/emergent care after hours. Indigenous Services Canada is working with First Nations communities, staffing agencies, and other key partners to address nurse shortages and ensure the continuous provision of quality health services.

Since 2020, the COVID-19 pandemic has led to a worsening of the global and national nursing shortage. StatsCan's Labour Report for the fourth quarter of 2023 demonstrates the ongoing nursing health human resources challenges faced by Canada. During this quarter, the number of vacant positions within health occupations across Canada continued to be the highest for registered nurses and registered psychiatric nurses (28,700), nurse aides, orderlies and patient service associates (20,900), and licensed practical nurses (13,300) - collectively representing 70.0% of the total vacancies in health occupations. A recent report of the Canadian Institute for Health Information demonstrated a decrease in the proportion of nurses employed in rural/remote areas from 11.1% in 2013 to 9.6% in 2022.

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, 2024, ISC employed 930 regulated nurses in a variety of direct and supportive services:

- i) 396 Full-Time Community Health Nurses;
- ii) 29 Full-Time General Duty Nurses;
- iii) 443 Part-Time Community Health Nurses;
- iv) 10 Part-Time General Duty Nurses;
- v) 17 Full-Time Licensed Practical Nurses; and
- vi) 35 Part-Time Licensed Practical 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 22, 2024) was determined to be 68% for the public servant Registered Nurse positions, which was then augmented with other ISC employed health professionals and contracted staff. This is the same operational vacancy rate as measured on February 15, 2023.

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 74 contracted agency nurses and 32 additional regulated nurse ISC-employed health human resources (practical nurses and nurse practitioners) and auxiliary health human resources – leaving 46 nursing positions unstaffed.
- The operational vacancy rate is therefore calculated as follows: $223 - 71 = 152/223$ or 68%. An additional 33% of this Registered Nurse vacancy are covered by contracted nurse resources (i.e., $74/223$) with some of the remaining vacancies being augmented with 32 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 over the summer of 2023 and in the two months between Christmas and the end of February 2024. 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 Treasury Board-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.

Between April 1, 2023 and March 31, 2024 the Nursing Relief Coordination Unit received 4,995 requests for medical personnel (see table below for more details). This represents an 11.7% decrease in the number of requests for medical personnel compared to the same time period last year. A decrease in requests is a positive trend, as it reflects improved internal staffing, with less reliance on contract personnel. Of the requests received in 2023-2024, 2,560 were filled, representing fill rate of 51%, compared to a fill rate of 50% in 2022-2023.

	Nurses	Paramedics
Requests Received	4,186	809
Requests Met	2,146 (51%)	414 (51%)

While not all requests for medical personnel could be met through contracts, the additional health human resources that were provided allowed Nursing Stations to remain open and operating at approximately 65% capacity on average with a combination of departmental and contract medical personnel, ensuring continued access to essential healthcare services.

C) Indicators on Housing Availability

Indigenous Services Canada recognizes the importance of ensuring well-maintained accommodations are available in community for health professionals. A lack of accommodations can have a significant impact on the retention of health professionals and the capacity to continue to deliver essential health services.

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 2023-24 Fiscal Year due to a lack of suitable accommodations for these professionals.

In 2024, one remote/isolated community where nursing services are managed by ISC lost all permanent nursing accommodations due to a fire. As a result, two communities currently function with temporary, portable accommodations for health professionals.

A recent national accommodation survey was carried out with health professionals working in the 50 communities in which ISC provides direct primary care services. The questions used to create the survey were extrapolated from the Canadian Housing Survey 2022. 266 professionals responded. The results of this survey indicated that in the 12 preceding months:

- 65% of respondents had experienced undrinkable water coming from the faucets lasting more than one week
- 46% of respondents had experienced infestations of unwanted pests
- 79% of respondents indicated the accommodations were in need of repairs.
- Of those who indicated that accommodations were in need of repairs, 59% indicated that minor repairs were needed and 41% indicated major repairs were needed.

Based on the Nursing Workforce Survey (2023), 40% of nurses (compared with 49% in 2020) indicated they were satisfied with the quality and availability of living accommodations provided by the employer while 37% (compared with 27% in 2020) were dissatisfied and 21% felt neutral.

Indigenous Services Canada is working with regions and communities to address these challenges. Concerns voiced over specific accommodations are considered when Field Safety Officers (FSOs) visit communities to inspect the Nursing Stations. FSO findings are addressed in community action plans that assign priority and accountability to these issues. Supported in part by funding received from Budget 2021, Indigenous Services Canada is working with First Nations communities (the owners of the accommodations where ISC nurses reside in community) to identify the accommodations requiring repair and resolve existing infrastructure issues.

Après le dépôt de ce rapport, en mai 2022, le Comité permanent des comptes publics a présenté un rapport intitulé « Ressources en santé pour les collectivités autochtones ». Dans ce rapport, le Comité a formulé trois recommandations, invitant Services aux Autochtones Canada à présenter une série de rapports au Comité au cours des trois prochaines années afin de démontrer les progrès réalisés par rapport aux constatations du Bureau du vérificateur général. Les rapports requis devaient aborder les questions suivantes : 1) les résultats de la mise à l'essai de l'outil de gestion de la réserve d'équipement de protection individuelle et déterminer si le ministère dispose ou non d'une réserve de 12 mois d'équipement de protection individuelle; 2) l'élaboration d'une stratégie de recrutement pour le personnel infirmier, l'intégration des paramédicaux dans les modèles de soins et l'amélioration de la sécurité au travail des professionnels de la santé; et 3) les indicateurs sur les pénuries de soins infirmiers, de demandes de personnel médical et la disponibilité en logement pour les professionnels de la santé.

En septembre 2022, Services aux Autochtones Canada a présenté au Comité le rapport n°1 sur l'outil de gestion de la réserve d'équipement de protection individuelle et le rapport n°2.1 sur l'élaboration d'une stratégie de recrutement du personnel infirmier. En mai 2023, Services aux Autochtones Canada a présenté les rapports n°2.2 (stratégie de recrutement du personnel infirmier et mise à jour de l'image de marque de l'employeur), 2,3 (paramédicaux), n°3.a (pénurie du personnel infirmier et ambulancier), n°3.b (demandes de personnel médical) et n°3.c (disponibilité du logement pour le personnel de la santé). Par la présente lettre, le ministère est heureux de vous présenter un rapport à jour sur les questions n°3.a, n°3.b et n°3.c. Le ministère vous présentera une autre mise à jour concernant ces indicateurs d'ici le 30 avril 2025. Le rapport de cette année se trouve en pièce jointe.

Je vous prie d'agréer l'expression de mes sentiments distingués.



Gina Wilson

P.j.