Note: (I've reached out to all the nurses who worked at our TB clinics, and everyone is busy, so I think it is time to ask others)

Carolyn is involved and has been meeting with TB staff in Pang, and can continue to advise/direct case & contact management.

We meet with the hamlet weekly, do you want work space and housing to be on the agenda?

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Dr. Michael Patterson

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Chief Public Health Ofiicer
Atanilluaq Nunallaani Aanniaqtailinikkut Havakti
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From: Nolan, Christopher <CNolan@GOV.NU.CA>
Sent: October 25, 2021 1:14 PM
To: Patterson, Michael <MPatterson@GOV.NU.CA>; Berry, Jennifer <JBerry@GOV.NU.CA>
Subject: Pangnirtung TB situation

Hi Jen and Mike:

I am connecting to discuss or request assistance in regards to the TB situation in Pangnirtung.

Mike- I think you can attest that the situation is growing pretty rapidly, with I believe several new positive active cases recently diagnosed.

We have several challenges:

1. *Staffing*. They are currently staffed with 3 PHNs, but as of tomorrow it will be reduced to 2. As of next Monday it will be reduced to just 1 until the last week of November when it will rise to 2 again.

We are anticipating a full clinic closure here beginning mid-December extending into January and February 2022. We have hemorrhaged full-time staff over the last year, and have been unable to post any positions due to no housing approvals. Our casual and agency PHNs are not wanting to return due to the high workload (working 12-14 hrs/day, 7 days/week) so we are going to be in a situation where we have new staff every few weeks, if we can locate staff at all.

- Is there any team members that can come assist under the PH umbrella- thinking Chloe, Sakhile, etc, even if for a short duration, or on a rotational basis?
- We have tapped out all internal resources and have no PHNs to pull from within the region. Kivalliq has no PHNs to lend, and Kitikmeot has some new hires that are not ready to be re-deployed. We have requested staffing through Bayshore.
- We have our home care nurse working Saturday and Sunday's to assist the PHN team.
- We have an incoming LPN new to Nunavut early November who will be working with the TB team but she will not be functional until towards the end of November.
- We have explored, and are continuing to explore virtual PHN involvement in the TB program. We have just gone back to the vPHN team to put together a more concrete plan of how they can augment service within the TB program as their work to date has largely been COVID. As of 3 weeks ago, they did have some staff available but no one known to Nunavut, and for sporadic periods of coverage. Issues concerning communication pathways, lack of support from RCDC to introduce this new addition, and the fact the TB program is heavily reliant on paper (immunization cards, DOT records, etc) is another important consideration

2. *Space*. There is extremely limited space at the clinic to accommodate TB case management and DOT delivery. We truly only have space for 1 PHN, so adding a 2nd and 3rd means they are working out of open spaces such as holding rooms, etc. DOT is hectic and in very tight quarters with staff working on top of each other.

- I think we will likely need to explore having a satellite office. The Hamlet has been very supportive so is certainly something we could ask through those means if deemed appropriate.

3. *Work prioritization.* The team here are unable to prioritize what needs to be done on a weekly or daily basis, and are struggling to prioritize tasks. This will get much worse when staffing reduces in the coming days/week, and with the constant rotation of new folks in/out. I believe Dr. Pim has been, and perhaps continues to be, involved. I am wondering if either Dr. Pim, Demaio, or Charlene are able to assist in prioritizing what needs to be done within the realistic constraints of staffing? The team here receives frequent emails that are pages and pages long, including 2+ hour phone calls on weekends from RCDC- which is overwhelming the team on the ground.

4. *Housing*. I had clinic staff staying in my spare bedroom as of last week, and our regional MH manager currently has clinic staff staying with her. We do not have enough transient spaces to accommodate a large influx of TB or PH staff which adds to the overall challenges. We do have rooms secured at the Lodge and B&B up until December 31, and I have been following leads on a private house to rent within the community (I will view the unit today once owner gets back to me). With the vast majority of staff being agency and casual- everyone needs a transient bed of which we have very limited numbers.