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of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

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MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Seventh Legislature

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LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, August 17, 2000

The House met at 10 a.m.

PRAYERS

ORDERS OF THE DAY

Hon. Gord Mackintosh (Government House Leader): I move, seconded by the Minister of Finance (Mr. Selinger), that Mr. Speaker do now leave the Chair and the House resolve itself into a committee to consider of the Supply to be granted to Her Majesty.

Motion agreed to.

COMMITTEE OF SUPPLY

Consideration of Concurrence Motion

Mr. Chairperson (Conrad Santos): The Committee of Supply has before it for our consideration the motion concurring in all Supply resolutions relating to the Estimates of Expenditure for the fiscal year ending March 31, 2001.

Mr. Marcel Laurendeau (St. Norbert): Mr. Chairperson, there is one thing that I have been wondering about for the past 10 years now. I was wondering if the Minister of Health could tell us what he actually carries in that briefcase that he carries with him. When we see him walking in the House, it is almost dragging on the ground. Could we get a straight answer on this one question?

Hon. Dave Chomiak (Minister of Health): Mr. Chairperson, do I have 40 minutes?

An Honourable Member: Come on, just put it on your desk, Dave. Bring it up and put it on your desk, the whole thing. There are a lot of old socks in there. Dave, those socks, please, no. Geez, this is a question you asked in 1990.

Mr. David Faurshou (Portage la Prairie): Mr. Chairperson, I am glad that that item in question has now been resolved, because I noted that the Honourable Minister's briefcase has

been exhibiting a greater weight of late, even though he always carried a great deal of correspondence, I believe, throughout his tenure as critic.

I would like to ask the Honourable Minister of Health in regard to the recent front-page article of the *Portage Daily Graphic*, which pertained to the Central RHA and the 2000-2001 budget that the Central Region has been allocated for this year. The budget is one of a very meagre increase with last year's expenditures, 12 percent over the previous year. This year's budget anticipated to a 6% increase to see less than 2% increase in the largest rural regional health authority, that being Central Region. It is very, very disappointing to see such a small increase. In fact, the increase really is only going to take care of the salary increases which were negotiated in the past 12 months with health care providers.

I would like to ask the Minister if he has any anticipated monies for targeted programming or capital expenditures that obviously have not been included in the budgetary information provided, so far, to the Central Region. I know that the Minister and myself have had opportunity to discuss concerns out of the Central Regional Health Authority. He has always been a very straightforward and up-front individual. I would appreciate if that type of consideration could be continued.

On just one note that the Minister may not have appreciated, there was correspondence that came his way that had the letterhead of both the City of Portage la Prairie and the Rural Municipality of Portage la Prairie. I would want to pass on to the Minister how very unique that is. It is certainly not in my lifetime that that has ever taken place.

But it demonstrates that, on the issue of health care for the residents of the constituency to which I represent, it goes above and beyond politics. It is most assuredly demonstrating the concern and overwhelming need for continued

upgrade to the facilities in Portage la Prairie that not only services Portage la Prairie proper, but is located on the transportation corridor, the Yellowhead Route, the Trans-Canada Highway that bring people through Portage la Prairie en route to tertiary hospital care in Winnipeg. I believe that if the Central Regional Health Authority were to be supported by Manitoba Health, it would provide for that facility lessening the number of transferrals to the tertiary care facilities. I know this is a long-winded question, but it capsulates the feelings of my constituents, Mr. Minister.

Mr. Chomiak: Mr. Chairperson, I thank the Member for those comments. I just want to indicate at the onset that I have found both when I was in opposition and here in government dealing with the Member for Portage to be a very satisfying experience. I appreciate his candour and his forthrightness and his desire to do the best that he could for his constituents, as well as always being cognizant of the big picture, which I think is a credit to him as an M.L.A. I do appreciate it. We have had some very useful discussions over the years. So I thank him for that.

I will try to address each of the Member's concerns, as I took notes as we went down. First, let me deal with the budgetary process and how we approach this. I dealt with this on numerous occasions during the course of these Estimates. What we did when we went through the budgetary exercise is we took the most recent statistics, I think they were third-quarter for '99, with respect to the budgetary planning process, and what we said was, we wanted to incorporate into the base all of the deficits of all of the various regions and after that provide for the appropriate expenses.

The key issue there was what constitutes a base, what is the base funding that is required to fund the health care system and how we determine that. The sense at that time was if there are consistent deficits, is that reflected under funding or does that reflect an overexpenditure, and all of the ensuing drama that goes on between health departments in the various regions throughout the year?

* (10:10)

So we thought we would try to deal with it in a realistic sense. The reality that has now faced us is that—and this is not a criticism—some of the members' other colleagues have said: We are getting a lot less in our region than certain other regions per capita and we should be getting more. and that is understandable. We are in a situation where we dealt with the same kind of funding formula that had been put in place by a previous regime, and what we tried to do was augment it by the addition of the previous year's deficit. Now those numbers have changed.

Secondly, there is a process going on where we are looking at the whole funding model. That was started previously, and we are continuing that process. Thirdly, we are having individual meetings with all of the various health authorities to try to address the issue. The issue from our perspective, and this came out last night, it came out during the Estimates process before, is obviously we do not want to cut programming. We do not want to cut programming because clearly programming is the direct responsibility of the regions; that is what they deliver and that is what the residents demand.

That is, of course, balanced off with the larger question across the system as to what we should fund in a system that really does have almost limitless demand for good reason. It is a tough balance. We are trying to resolve it without acrimony if we can by sitting down with the regions and trying to work it out and trying to determine where the funding should be and where it is at and how we can accommodate it at our best interest.

The Member indicated that the bulk of the increases were the salaries. I mean, that is not unusual. Eighty percent basically of the health care expenditures are salaries because it is a people-driven, people-orientated system, so whether it is the doctors or the nurses or the allied health professions, et cetera, the bulk of your expenditures are going to go on the salary side.

Having said that, we do fund on a program basis. So we try to address both of those issues and that is no different than—we do try to fund on a program basis, but one should be cognizant

that it is salaries that constitute the vast majority of our expenditures in the health care system right across the board.

Capital is not included in the allocation to the particular region. As the Member knows, we are trying to be very disciplined in our capital project. We have changed the process. It is a process that goes back to processes that were in place, as I understand it, earlier, of three levels of approval of projects. We have been slower in our capital rollout this year because we undertook the most extensive review, I am told, of capital ever undertaken by the Department of Health.

We have gone through everything again. We have assessed everything again vis-à-vis the costs, the benefits, et cetera. Several weeks ago some of the major projects that were ready for tender I announced. I also advised all of the regions, both in direct conversations with them and through the Legislature and other public processes, that over the next several weeks we will be rolling out the rest of the capital plan for this year and the various levels and the various components of that capital plan.

Having said that, I understand the representation and I understand the unanimity with respect to the representation made by the Member and his community with respect to Portage hospital, obviously a significant institution, obviously reflects a lot of the needs in the community. I am not, though, really in a position to circumvent the strict capital process that we are trying to put in place. All of the decisions will be communicated in due course. A lot of them have. I would say, probably the majority at this point have been communicated. Well, no, there has been a lot of communication. There will be continued communication over the next several weeks as to the rest of the capital rollout and what the ramifications are for this year and for succeeding years. I think that generally covers most of the Member's comments.

Mr. Faurshou: Mr. Chairperson, I appreciate the Minister's comments. I believe the case has been made for the regional hospital to be located in Portage la Prairie. I know that the demands are always above and beyond resources when it

comes to health care. The preservation of life is always paramount, and therefore money is no object when one is faced with a health care crisis.

I do, though, hope that the Minister has within his consideration for the capital projects, if not major, perhaps at least minor allocations so that the project does not remain on the back burner. If there is at least small progress made, I cannot stress enough the importance to morale of staff that are employed at the Portage General at the present time and to those that are considerate of the health care facilities when they are choosing to retire. We are all conscious of our aging population, and everyone is considerate of communities that will provide for those impending health care needs. And the central region is growing in other age brackets, as well. One only has to look at the Morden-Winkler area that has and continues to see significant population growth. Ultimately, the Central Regional Health Authority is going to be requiring further support.

I do though want to ask, still remaining on capital, the concern that was raised by constituents when they read the article that over \$600,000 is allocated within the Budget toward the carrying of capital debt by the RHA, of which the majority is monies that have been expended toward the construction of the Boundary Trails hospital located between Morden and Winkler. I am wondering, is that standard operating procedure that the RHA must carry the capital project in this particular phase, and how long is it expected to carry it? Certainly one looks to the carrying of debt and the issuance against that debt as lost dollars to services that the system is vitally in need of. So if the Minister could clarify that policy in regard to debt.

Mr. Chomiak: Of course, the actual carrying of debt in terms of capital is the major component of the capital expenditure of the Province. With respect to the specific issue of the Boundary Trails hospital, those arrangements have been in place for some time. I will find out the specific details and provide the Member with a specific direct response to that.

Mr. Faurshou: I appreciate the Minister's response in that respect, and I am certain that he will forward that particular information.

I do want now to turn to the topic of education and the importance of providing education to persons wanting to enter the health care field of employ. I am very, very pleased, as are many in my constituency, of the announcement earlier that the licensed practical nursing program will be hosted at Southport, which is just south of Portage la Prairie, come November. Again, that program is very, very well prescribed to and if an enhancement or continued operations of the licensed practical nursing program at more sites, perhaps Portage as a permanent site might be a consideration as well. But I know that the decision-making process on that lies also with Assiniboine College.

* (10:20)

What I do want to ask of the Minister this morning is that recently the Brandon University, in its co-operative activity with Campus Manitoba, is now offering the program to provide for registered psychiatric nurses. My concern in regard to that program is that, yes, it has been announced. Yes, the Campus Manitoba sites will be able to provide for that program, but it is not well known. The university says that their budget is limited in their promotion and cannot readily afford to try and recruit or even undertake a minor recruiting program for that activity.

I am wondering whether or not, through the nursing retraining and retention program, there can be funds provided to Campus Manitoba so that they can adequately promote the registered practical nursing program that is now available at those sites. Because if people do not know about the program they are not going to pursue it. Sometimes you have to trumpet what you have, otherwise it will go unnoticed.

Mr. Chomiak: That is a very good suggestion, and I will endeavour to see if that can be done. I will contact both officials, as well the nurses fund to see if that can be undertaken. It certainly seems to me beyond the surface to make a lot of sense.

Mr. Faurshou: I have other questions, but I do not want to monopolize the Minister at this point, because there are other colleagues who want to have an opportunity. I think it is only fair that the colleagues have this opportunity to

question the Minister, being that the budget for the health care services in this province is substantial and the majority—well, not quite the majority, but close to 40 percent of our provincial expenditures throughout the year. So I would like now to turn the floor to my colleague, Dr. Jon Gerrard.

Hon. Jon Gerrard (River Heights): My question to the Minister in follow-up, I listened to your comments about your approach to budgeting for the RHAs which was to make up the deficits which were existing. I would ask: Are you not concerned that in approaching it by immediately making up deficits you are not going to encourage RHAs to run more deficits so that next year those who run the biggest deficits will again get the biggest increase?

Mr. Chomiak: Certainly, that is a valid question. I do not want the Member to think that this was not well documented and well thought out. It was an experience of going through the actual demands and the actual predictions made by the various RHAs for their needs and requirements compared to their actuals over a period of years. It was not looked at strictly on the basis that we are subsuming an entire debt because it is just there. What was looked at was what composed that, what it was comprised of and whether or not those were actually a valid and required programming.

Certainly, there is no question that we have a responsibility across the board to manage and to manage through a system of accountability. Certainly, in terms of the exercise we went through, and as the Member probably had heard from comments of the previous member, there is already concern by a number of RHAs that the debt is even greater and it is greater even than that.

What we are trying to do is manage it realistically, manage it based on outcomes and expectations. So certainly, in a straight cursory review and without understanding the analysis that went in, one could assume, and keeping in mind as I indicated in my previous response to the Member for Portage la Prairie (Mr. Faurshou), the demand is almost limitless with respect to needs in the health care system. There has to be some point where you say we cannot

go any further or this is all we can do. That is certainly recognized.

The exercise that we went through this year was not done holus-bolus; it was done with a fair bit of analysis based on analysis made of what comprised that debt, what programming, what it was comprised of, what it was supposed to do, what we should be doing in those regions. That was the basis on which that decision was made.

Mr. Gerrard: I would ask the Minister what he will do next year when several of the RHAs run deficits. I would ask the Minister, as is likely that there will be some RHAs next year which run deficits, will he again make those deficits up? What will his approach be to those deficits?

Mr. Chomiak: The exercise, which is not a one-year exercise, is to try to reach a determination of what is an adequate base-level funding for the various regions for which they are going to manage and to be found accountable. It is not a one-year exercise, it is a multiyear exercise. It is not simply a process of what is the expanding universe, it is also a process of trying to come to grips with what is the contracting universe and what areas are no longer as cost-efficient or as effective for patient outcomes and patient cares.

So it is two separate streams. We entered the process in the middle of a budgetary year which made the announcements more difficult. The announcements will be more intensive over the next year, and it is designed to arrive at what is an adequate base-level funding and a determination of that and then a move towards augmenting funding where necessary and where savings can be realized to do that accordingly.

Mr. Gerrard: What is not clear to me from the Minister's answer is whether the Minister will allow and make up deficits next year or whether in fact you are going to have some other policy which really demands more responsible accounting than running deficits, knowing that they may be made up.

Mr. Chomiak: The expectation is for more responsible accounting.

Mr. Gerrard: I will be watching closely on how you approach deficits next year because that will

clearly send a very important signal. The signal that you have sent this year, quite frankly, says, run a deficit and we will make it up. Now the Minister has talked a little bit about establishing a framework, changing the framework for funding RHAs, and I would ask the Minister—what I have heard to date is sort of fairly ad hoc, quite frankly. We will make up the deficit; we will look piecemeal at the items within the budget. It seems to me that there needs to be a more logical and fair approach to funding RHAs than your last response has indicated. Let me give you an opportunity to provide the Legislature your thoughts on what is the logical and fair basis for funding RHAs.

Mr. Chomiak: Mr. Chairperson, the RHAs in each region undertook a needs-based assessment of their needs and requirements, go through a very elaborate budgetary process that they do in conjunction with the Department of Health, and a continuing review and discussion with the Department of Health based on core services and related services that are to be offered based on certain standards and based on certain needs that are required across the province. It is not ad hoc. It is a very intricate process that requires a good deal of evaluation and a good deal of review, and it is moving towards, not as much as we would all like, but it is moving towards a needs-based and an outcome-based means of determining outcomes.

* (10:30)

The process is in place and the process is ongoing. Coterminous with that, there is also a review of the funding model and the funding approach that was put in place before to see whether or not it is adequate and whether or not it meets the needs and the requirements. I have heard representation in this Chamber from certain members who said our per capita funding in our region is way below provincial-wide per capita. Why is that the case? I have heard representation in this Legislature from regions that say: We are one of the biggest regions and offer the most services. Why do we not get more money? Then it is not made on a per capita basis.

The essence of the argument is how do we get the limited resources we have into the hands

of those individuals that require the services and provide those services. I have heard representation from the Member opposite that we should be augmenting the salaries of nurses and doctors, and that will deal with the situation. I can tell the Member opposite that most of the increases that occurred in the last several years in the Budget were precisely to do that point. But the Member is asking for more augmentation of nurses' and doctors' salaries in order to address the problem. I heard the member represent that. I am not criticizing the Member. That is the Member's position.

So the demands on the system are fairly intricate. We are trying to do on a population needs-basis assessment. The provision of health care in Manitoba changed in its application when we moved to a regional health structure three years ago. The system of funding that was put in place three years ago is an evolving process. The system of regionalization in this province is still an evolving process. I have heard representation from members in this Chamber that perhaps we should not be doing regionalization on that kind of a basis, that this region within a region requires more in this region; outside of a region does not require more. So it is an evolving process that has changed.

There was a time when the Department of Health was a centralized body that determined need from a centralized basis and went out to the region and just allocated the funds accordingly. It is now supposed to be a system of needs-based requirements that come up from the region that are evaluated by the Department of Health, reviewed by Treasury Board and the departments, and then funded accordingly. So to suggest it is ad hoc is inaccurate. The two factors are: it is an evolving system; and we are trying to put in place some open and direct principles and some review of previous practices to try to ascertain what is appropriate funding levels.

Mr. Gerrard: I thank the Minister, but I think it would be helpful for a little bit of additional clarification. You have talked about a needs-based funding approach. It is not clear to me whether you are using this on a line-by-line basis or a rather global approach to the needs within a region. So that would be the first question.

Within the Minister's answer there was a reference to population-based, needs-based and outcomes-based. All three of those are, in fact, somewhat separate models. Maybe they are all going to be part of your model and how you are going to approach it, but the need is not just reflected by the population. The outcome may be quite different from what the need is. Maybe you can explain whether you are doing the needs-based assessment on a line by line or a global kind of approach and how the needs and the population and the outcome are all integrated.

Mr. Chomiak: Mr. Chairperson, I always disliked a blanket approach to funding. My experience in government, when the federal government went to envelope-based funding versus other kinds of funding, always seemed to me to be too convenient a way of saying: We solved the problem, because we are only funding. We are only proceeding on this kind of a basis. Therefore you should have that funding within that envelope for that particular need. It is not mindful of other needs and other considerations.

It is an evolving process, the stages of needs-based, outcome-based and population-based funding. There is not one category that predominates. The needs assessment that was done by the RHAs and is continuing to be done has formed the basis for the needs. There are certain core services that are obviously funded by the Department of Health that are required to be funded in all regions. After that, there are varying degrees of support. The ultimate goal of all health care systems is to move to some kind of an outcome-based system that matches dollars for the actual health care outcomes. That is by no means an easy process and is by no means something that can be mandated and put in place over a one-year period.

Let me give you an example. The health indicators from the regions in Saskatchewan where acute care facilities were converted into community-based health centres have shown that the population health, the mortality statistics, the statistics on the prevention of diseases centre have gone up dramatically. Ergo, one would suspect that the demand would be very strong in Saskatchewan and other jurisdictions to go to that kind of a model in order to fund your health

care system. The experience of actually doing that is quite contrary. The politics of that are difficult. The resolution of that issue is quite difficult.

Mr. Gerrard: Maybe in the final question you can provide a little bit of clarification, perhaps with some examples in terms of what you are going to use as outcomes.

Mr. Chomiak: Yes, I will get back to the Member on that.

Mrs. Joy Smith (Fort Garry): I welcome this opportunity because as you know, Minister Chomiak, the Victoria Hospital is in my constituency. I have a very close relationship with the staff and with a lot of the patients. A lot of my constituents go there, and I keep very close contact.

Would you please outline the status of what is happening with the renovations in Victoria Hospital and the new addition onto the hospital?

Mr. Chomiak: The status has not changed from that generally that has been indicated previously. That is that there is a request for a significant expansion of capacity at the Victoria Hospital. What we determined to do was to undertake a review of the bed requirements in the City of Winnipeg. That is underway. That has been funded in order to determine the requirements of specific needs across various areas in the city. There is no doubt, it is very clear from the experience we are seeing at Victoria Hospital over the past several years that there are acute pressures on the beds at Victoria Hospital. Certainly, on review, most observers seem to indicate that there seems to be a need for additional beds in that area of the city. Having that kind of information, then when we looked at the situation, we determined what we ought to do is a review of the bed situation across the city of Winnipeg and the bed mix across the city of Winnipeg, so that we could best match the requirements for the needs in both the area and the city of Winnipeg as a whole.

* (10:40)

I could get into a lot more detail on this, except if I do get into a lot more detail on this I

might—I am being careful so that if I put on the record particular arguments one way or the other with respect to the beds it might prejudice the process. So I am reluctant to get into some of the specifics. I know the Member might want specifics, and that is a fair point. I am not sure I want to put on the record and prejudice those issues while we are still awaiting the final review. I have asked for that review to be done by the fall. I am hopeful it will be done in September. That is basically the status of that situation.

Mrs. Smith: With all due respect, Minister Chomiak, this is the same answer I—

Mr. Chairperson: Order, please. Two points. You address the Chair, and you call the Minister by title, not by name.

Mrs. Smith: Sorry. I have had a long night, last night, and my apologies. Mr. Chair, to the Minister of Health (Mr. Chomiak). In all due respect to the Minister of Health, I had the very same answer a number of months ago when I went to see the Minister of Health. I went, explaining my position, and the Minister of Health, as soon as this government came into power, was fully aware of the needs and the stresses at Victoria Hospital.

Mr. Chair, I would like to make the Minister of Health aware that Victoria Hospital is very unique in that they have done their own renovations at their own fundraising, at their own cost. They have put a lot of money into the hospital. Victoria Hospital has been very unique in the fact that, instead of coming to government for money, what they have done is they have undertaken very elaborate and intensive fundraising drives.

I have actually been through the hospital on several occasions. I have seen the new renovations, the tremendous amount of money that they themselves have put into this hospital. I have had numerous meetings, and, you know, the Minister of Health (Mr. Chomiak) needs to be aware, Mr. Chair, that there is only so long a hospital can wait. It has been months since this government has come into power, and I heard at the beginning that they are reviewing the bed situation, whatever that means, in Winnipeg here and in the province.

Now the Minister of Health is quite aware that Victoria Hospital not only services Fort Garry, but it services a lot of southwestern Manitoba, and there is much frustration to go back, to keep going back to the Minister of Health and get the same kinds of answers. The Minister of Health is becoming very masterful at evasive answers. What I am more interested in is producing results. Now the Minister of Health has made it known to me that he is fully aware of the needs in Victoria Hospital. He almost, quote unquote, made a decision and that is great, but this government has been in power now for a number of months. The bed situation and the addition to Victoria Hospital has been something that this minister has been very much aware of.

Mr. Chair, I would like to make the Minister of Health aware of that. It is almost to a point where, well, what now does the Minister of Health say? Well, we are reviewing the bed situation, and I would dare say that an efficient organization should be able to review the bed situation after at least a six-month duration. If the portfolio is well organized, I mean it should not be all that hard to see what beds are needed and project the situation to look at the past history, because those hospitals across this province have that information readily available.

Having said that, the Victoria Hospital has waited in anticipation, wanting to work in partnership, working very collaboratively now. I want to make the point to the Minister of Health, Mr. Chair, that when you have a hospital that works so hard to address the needs of its patients by undergoing very vigorous fundraising and taking care of its own needs, not relying, as it were, on government for the final answers but to approach the Government when the need is there for support and to be able to know what the projections are. Now, No. 1, the Victoria Hospital, they are not the type of people in Victoria Hospital to sit back and say, well, we will wait for three, four years and see what happens.

Victoria Hospital and the patients who attend Victoria Hospital need to have the supports put in for this renovation. It is a very progressive hospital. It is a hospital where, when you walk into the hospital, it is an atmosphere in that hospital that meets the needs. I see the

Minister of Health (Mr. Chomiak) shaking his head, and he will have an opportunity to explain to me once again why the review of the bed situation in the province of Manitoba has taken these many months. But, however, this is the concern that we have.

When you walk into Victoria Hospital, Mr. Chair, you will see an atmosphere in there that is one of very positive feelings, looking to the future, working together, and one that does not expect the Government to fork over a lot of money to heal all its ills. But the vision that is there to develop Victoria Hospital goes out into the community-based medical part of prevention and of support, and in a hospital that has demonstrated its own ability to take the initiative and fundraise to make its own renovations and to produce results for the community that is needed, shows a very progressive and very farsighted vision of the administration and the board in that hospital.

Now there is only so often that one, whether it is the MLA, or whether it is the board, or whether it is other people that can visit the Minister of Health and hear his comments very carefully worded about how concerned he is, and he is just not quite sure, and very evasive kinds of answers. Now if the renovation is not going to happen, it would be very useful to be forthright and put that on the table. There is only so long we can sit across and we can say these are the needs, this is the situation.

From what I am hearing is that the requirements have been met by the hospital for the submission for the Minister of Health's department. Now, if all the requirements are not there, then certainly that should have been relayed to the powers that be at the hospital, but it is my understanding that the proposal and all the requirements have been met. I know that things from time to time do change, but it is my understanding that all of these have been submitted.

In all good faith, I must put on record, I do think the Minister of Health is concerned about the patients here in Manitoba, and I know the Minister of Health does have a huge portfolio, and I know there have been several situations where I feel the Minister of Health has done his best. He has a huge department to take of.

* (10:50)

I guess what I am trying today, with all due respect, is to push some answers. I would also like the Minister of Health to fill me in on record if there is some information that I am not aware of that has prohibited his being able to bring an answer forward. In a big operation like Victoria Hospital there might have been some things that have been missed.

Please do not let this request be misconstrued as a criticism of the Minister of Health. It is not meant to be that. It is wanting some answers in terms of why some decisions have not been made in this area and to push forward the need for having the Victoria Hospital supported so they can continue to expand and to meet the needs of the community nominally in Fort Garry but in southern Manitoba.

I know it is hard. I can understand from the Minister of Health's point of view. There are so many issues that he is dealing with. So, as I said, I do not want my remarks to be misconstrued as being one of blaming the Health Minister because the answers have not come forward. That is not the intent of this thing. We have heard the same answers since I came to the Minister of Health about this situation, and I think the Minister of Health can concur that when I came to see him, this is the same answer that I heard then or very similar.

Now there could be reasons for that, and if I can assist in any way to assist the Minister of Health in helping this progression and some closure to make sure that there is an answer to this renovation issue, I would be very, very pleased to do that.

So my question to the Minister is, there has been a synopsis or a—well, I think basically he has got a big portfolio, he is tired because he has a lot to do, and I think all of us are in that category right here, but I guess all of us try to push forward the big problems that we have with the Minister of Health in terms of the medical situation here in Manitoba, and particularly, I am pushing forward these situations that we have here in Fort Garry and the Victoria Hospital.

My understanding from the answer from the Minister of Health, is that the review of the bed situation is one that is holding up any closure or any answers coming from whether or not there will be money forthcoming to support the renovations at Victoria Hospital.

Now, as I have said before, if there are other elements, my understanding is that the submission was made to the Minister of Health, and he has all the information. My question to the Minister of Health: Are there any missing gaps that I can assist with to enable the Minister of Health to be able to assess the situation in the Fort Garry constituency and put monies forward to support the renovation at Victoria Hospital? I would be glad to assist him in anyway.

Mr. Chomiak: Let me just reiterate my statement. The Member said I was being evasive. But the Member then said later on in her comments, that my statements in her office were consistent with my statements today. I do not see the correlation between the fact that I said: We are awaiting the bed study before making the determination, and I anticipated that in September. I said that to the Member in my office, and I am saying that today.

I also said to the Member that it is clear from an analysis there is some need for some bed situation. I understand the Member's commitment to her community and to Victoria Hospital. It is an excellent hospital. There are several other hospitals in the city of Winnipeg. There are a hundred hospitals outside of the city of Winnipeg and each member and each community feels just as committed to their particular hospital and institution as does the Member.

The issue therefore is: What best serves the needs of the citizens who require that service? Now, it is not as simple as saying: Yes, we have a great proposal, and it is an excellent proposal, and we want to proceed to move on that. There are similar proposals from virtually every hospital in the city of Winnipeg. The question therefore is: Under the needs and the services required for the city of Winnipeg, how best can we allocate those resources?

Now, I do not want the Member to take this as gospel, or as actually dealing with a specific issue. But let me just give the Member an example. Do we need more access to mental health acute care beds in that end of the city, or do we need access to surgical or medical beds in that end of the city, and around the city? That is not exactly the issue in this case, but I am giving the Member an example. The bed mix and the bed requirements are a prerequisite to making a determination as to what would be best to serve the needs of those residents?

For example, when we put in place our hallway medicine initiative, one of the things we were told was that one of the reasons for the increase in needs of the emergency rooms was a requirement for psychiatric services. That appeared to be one of the clogs in the system. Therefore, we put in place registered psychiatric nurses, twenty-four hours a day in certain facilities, to try to take care of that need. That has worked in some instances, and in some instances it has happened at the need and demand. Whatever solutions we reach are going to have a long-term ramification for the entire city of Winnipeg and the entire province of Manitoba.

While I indicated to the Member, and I have said this consistently, on the surface there certainly seems to be a good case for that, the question is: How do we best fit this in with the bed mix? Now what were we to do? Clearly there was a tendency to do that, take the Victoria expansion and just do it. By the way, the Victoria expansion was first recommended three years ago. Do the Victoria expansion today, and then find out that while it met the needs at Victoria in terms of actual acute care facilities, we had needs for other types of beds or other types of services that could not be met. So we thought it was prudent, and I thought it was prudent to ask for a review of the whole city of Winnipeg and the way the configuration existed to see what would be the best mix.

We are awaiting a decision, and I have said that consistently to the Member, pending the outcome of that particular process. It was something that had not been done before, I am advised, and had not been carried out by the health authority, I am advised, and therefore I

thought it was prudent to make a decision based on the evidence and on the needs.

I know the situation at Victoria Hospital. I know it on a regular basis. I visited there on a regular basis. I have sat down with their board members. I am aware of what the situation is, and we want to be sure that we match it with the needs that we have to, because when we went to a system of regionalization and the fact that we are living with the system of regionalization, we are faced with that.

There are very compelling arguments made by every member of this Chamber with their institutions about their needs and requirements, and those arguments vary from arguments I heard yesterday from some members saying the institution, okay, it may not be occupied as much as a city institution, but you have all those hospitals in the city, and we only have this institution in our community, and our whole community relies on it. Those needs have to be balanced off against the needs across the whole province. I do not take this personally; I am not affected by criticism of that. I expect that each MLA will do their damndest, because that is what our job is for our constituents and for what we think is right, and that is what we should do.

* (11:00)

At the same time there are ramifications across the whole system that have to be dealt with, so my position has not been changed. We wanted to make a determination based on the needs and the requirements in the city, keeping in mind that the proposal has been out there for three years, and if we could have the beds open tomorrow, I would love that. If we could staff them and we could have the beds open tomorrow, that would be terrific in terms of my political future, just speaking frankly, because having those additional beds would be terrific.

But I do want to make the best decision for the system, for the entire system, and that is why I thought it was prudent, and I will not change that position that I wanted to see what the results of that bed exercise showed us and move on from there. So my position has been consistent and my position is trying to keep in consideration the overall needs of the entire

system as well as the recognition, quite clearly, that there are demands in that end of the city and there are demands in that institution. We are aware of it, and we are monitoring it. We work with them, and they work with us, and I am hopeful at the end of this process that what we will be able to accomplish is what best serves Victoria Hospital and what best serves the city of Winnipeg and the southern region of Manitoba that relies on those services.

Mrs. Smith: When I went to see the Minister and when this government came in, we are looking at almost a year later. This was one of the first issues that the Minister was asked about early on when this new government came into power. The reason why I use the word "evasive" right now is it is almost a year later. I can understand that the Minister of Health (Mr. Chomiak) wants to make the best decision, be prudent, and I highly endorse that, but for a Health portfolio to be efficient and to meet the needs of people and with the resources the Health Minister does have at his hands, at his fingertips, by a year later or even six months later, the Minister should have the capacity to understand the bed situation here in the province of Manitoba.

I would understand that each MLA or each representative pushes very hard for their own constituency. I can understand that. But the fact of the matter is, by this time, all of those people who are pushing hard should have some answers. It is a time element involved.

I do not buy the fact that bureaucracies take so long. I worked in a bureaucracy. Do something about it. That is what leadership is all about. I do not expect the Minister of Health (Mr. Chomiak) to, the next day, come up with an answer, after my bringing it to attention or after the hospital bringing it to attention. This has been a long-time situation, and the plans have been revised. Promises were made in the election that things were going to be fixed. It is time now to stop blaming the former government and to be mindful of the leadership, that was supposedly supposed to be so superior, available.

I am glad to hear that the Minister of Health does not take things personally, and I am hoping that he does not because this is not a personal

thing. But I think, with all due respect, the time that has gone by should have provided the Minister of Health with enough time to do a review of the bed situation in the province of Manitoba. With the resources that this powerful Minister has and this powerful portfolio has, certainly that should be made available.

When I talk about evasive, that now I am wanting some answers, I am hoping that decisions that are made are not going to be political decisions. My question to the Minister of Health is two questions: How long will this review process take, and will that review be open to the public?

Mr. Chomiak: The Member reaches conclusions from comments I have made. I do not know where, with all due respect, the Member pulled those answers from. I did not say anything about blaming the former government. I said the proposal had been made three years ago. Now the Member says with all of the bureaucracy that after a year I should have—does the Member not know that after 11 years there was no bed map in the province of Manitoba, with all of the powerful bureaucracies and four ministers of Health? Does the Member not think that would have been a logical first step in terms of any determination?

So when we came into office, we said: Can we have a bed map and an allocation? Maybe that would make some sense. Because it was not in place for 11 years. I asked the WRHA to do something that had never been done before, and they said they would get back to me and they thought that it could be done by the fall, which is what I told the Member when I met with her, which is what I am telling the Member today. Do a review of the bed situation and the bed requirements in the city of Winnipeg.

The Member might think that is something—I understand that it is a different area—might think that it is as simple as doing an accounting. If it were that simple, I think even over the last 11 years it would have been done, but it was not done. It was not done. There was no basis on which—and this is not being critical. Part of the difficulty was that when the system moved to regionalization, it was difficult to reconcile the various requirements and needs and the various systems that were in place of the various

institutions. So it is not necessarily a criticism of the former government. It is a reality. Would I have loved to have the bed map done six months ago? Yes. But at least it is being done.

For the Member to indicate that we promised to fix health care, we put in place a hallway medicine initiative that has been recognized in this country as the best in the country. We have expanded dialysis service. Yesterday, dialysis opened for the first time in the North in Norway House, and we are expanding dialysis at Seven Oaks. There is more dialysis capability in the system today than ever, and than was in place one year ago.

We are expanding the type of cancer treatment available in terms of prostate cancer that was never in place before. We are putting in place a massive reintegration and a massive expansion of our cardiac program—because cardiac is one of the two leading causes of death in the province of Manitoba—than has ever been done. That was not in place a year ago. We have put in place a massive palliative care program that was not in place before. We have expanded ultrasound, MRIs, and CAT scan capability. We put in place an expanded oncology program that was not in place before. We expanded the home care program that was not in place before. We doubled the capacity of the home IV program that was not in place before.

We, for the first time in a decade, funded personal care homes' actual costs that was not in place before a year from today, today being the anniversary of the calling of the last election. We doubled the funding of ambulances available for emergency transports in the city of Winnipeg which was not in place a year ago today. That serves residents of all constituencies in the city of Winnipeg, and we doubled the funding of resources for emergency response outside the city of Winnipeg that was not in place before. There is going to be an announcement of a physician recruitment and retention plan that was not in place before. We put in place a nursing plan that was not in place before.

So, before the Member makes comments about fixing the system and focussing on only one issue, I think the Member should look at the broader issues with respect to health care before making that kind of a comment.

* (11:10)

Secondly, to return to the specific issue of Victoria, I said what I have indicated to the Member, that there was not a consistent or appropriate means of ascertaining beds. If the Member wants me to get into detail on this, I can get into detail on this to explain the complexity of this for the Member. I have seen studies that say we do not need any more personal care homes in this jurisdiction. The Government relied on studies of that kind in 1995 when they cancelled the personal care home program after the last election and did not build any personal care homes, then saw people lined up in the hallways because there were not enough personal care homes, and then went contrary to those studies and built the personal care homes. So the Member should be cognizant of the difficult way and the difficulty of trying to predict these kinds of factors in the health care system.

I intuitively believe we need more chronic bed capacity in the system. Can the Member tell me, for example, how many chronic care beds she believes are required in the city of Winnipeg? Does the Member know when the last chronic care bed study took place? It took place—is that a point of order?

Mr. Chairperson: Are you raising a point of order?

Point of Order

Mrs. Smith: Pardon me if I am wrong, but I am new at point of order things. You know, my understanding is, in concurrence, we are supposed to be asking questions. *[interjection]* My understanding? For clarification, my question to the Chair is, my understanding is in concurrence, we ask the questions. I am not the Health Minister. I cannot answer the questions that the Health Minister is demanding of me, and what I am trying to do is get some clarification. All I asked was about the review and about the beds at Victoria Hospital, and I got this huge—could the Minister of Health not answer the questions, please?

Mr. Chomiak: On the same point of order, what I was saying to the Member rhetorically is does

the Member seem to think that this is a simplistic process in terms of beds, and I wanted the Member to know what the complexity is. I rhetorically asked the Member, does the Member have any idea of the nature of the chronic care number of beds we need in the city of Winnipeg. If the Member does not want me to elaborate on this, I just want the Member to understand that it is not simply a case of the Member saying: I need these types of beds in this end of the city, and without understanding the complexity of the demands across the system. I wanted the Member to understand who said we should have by this point in time have made all of those decisions.

I want the Member to understand, for example, the chronic care bed situation. I do not think a chronic care bed analysis has been done in the province since 1990. The question is what are our chronic care bed needs in the city of Winnipeg today, because it appears that chronic care capacity is required, so therefore one can—

Mr. Chairperson: Order, please. If it is a point of order, it should not go to substantive issues. I think there is no point of order at all. It is just a matter of being polite until the other person who has the floor has finished the comments.

* * *

Mr. Chomiak: I do not want to belabour this. Two points: I just wanted the Member to know that it is not as simplistic—I am not saying the Member is simplistic, I am saying that the issue is not as simplistic as simply saying do this or do that, that there are a number of decisions that have to be ascertained and that data has to be ascertained. I want the member to understand that. If the Member can certainly take that from the discussion then I think I have accomplished my goal of helping the Member understand. I understand the Member's sense of urgency. I recognize that and I hope the Member understands the needs and requirements overall in the system.

Mrs. Smith: Could the Minister of Health please answer the second question? Will the review be open to the public when it comes forward so we understand why decisions were made?

Mr. Chomiak: I will take that under consideration.

Mrs. Smith: To clarify, the answer from the Minister is that there is no answer yet; it is on hold until he will take it under consideration, which means that, at some point in time, after meeting with caucus, they will decide the decision will be made at a later date whether or not the review will be out for public scrutiny.

Mr. Chomiak: No, I think the Member extrapolated far too much. I said I would take the Member's suggestion under consideration. It is a valid suggestion, and I will determine whether or not a process should be put in place.

Mrs. Smith: I do have some further questions. My colleagues also have some questions, and I thank the Minister for the answers he has given.

Mr. Peter Dyck (Pembina): Several questions I have, but also comments, and I know that we touched briefly on these during Estimates. My first question and comment is regarding community clinics. I know that the Minister gave some comments about that during Estimates, but in Winkler right now the possibility of a community clinic being there is actually much closer than what we had thought a while ago. So my question is: Is there support for this concept? In fact I met with the people who are leading this charge in developing this community clinic. Is there support for that? Would the Minister in fact, through his department, continue to assist them in establishing them, or what is his take on community clinics?

Mr. Chomiak: The concept of community clinics is a concept that was supported both by previous government and by this government in terms of a concept. I think the Department is supportive and is working with the region to vet the proposal and review it.

Actually, one of the interesting questions, not necessarily in this case, but one interesting question is what constitutes a community clinic? What services does it offer, and what should we be doing in terms of that concept? That I think the water is a little murkier on, with respect to the overall question. There are varying views

and varying comprehensions as to what services and what should be offered at community clinics. It is something that I think, as the province moves more to a community clinic concept, has to be grappled with. So, in theory and in practice, there is obviously support for community clinics. The question is defining the needs and the services of particular community clinics.

Mr. Dyck: Again, for information which might be helpful to the Minister, my take on it is that the community is the capital, the set-up of it, they are funding themselves, but they are looking at some of the equipment and will need assistance there, and then of course the staffing, which would be ongoing, but it is not that they are looking at the capital funding for it in this specific area.

With that, though, I do want to move again to Boundary Trails. I know that the Minister is aware of what is taking place there. It is progressing well, but my question is there is as well, with it being a regional centre, the opportunity for us to receive more services out there, that would be specific to equipment again. Can the Minister just give me an idea of some of the services that they are looking at expanding?

I know that he could go back and say, well, the previous government first of all initiated this and supported the idea of the regional hospital, but I think that in the interim, though, in talking to the members from the RHA and also the board, they are not quite sure of what kind of services this Minister is prepared to allow the community to have within that facility. I am just wondering if through his department he has been in touch with them and if there are discussions that are ongoing regarding equipment and the services that will be given.

Mr. Chomiak: I do not think in theory or in practice there is any different viewpoint with respect to regional hospitals than has been ascertained or has been announced before. Quite clearly we are trying to meet the needs and requirements of the community wherever reasonable and makes most sense for the community. I think we are prepared to look at it, keeping in mind that the various tugs and pulls in each region are quite extensive and that within

some regions there are concerns about the breadth and scope of offering services at a regional centre to the detriment of a smaller centre, et cetera, and that that issue has to be balanced.

I think in the final analysis generally what has been the practice, what has been generally recommended and generally approved by the regional health authorities has been generally forwarded to the Department of Health to be established along with other priorities in the Department of Health for implementation. I know that sounds like a general answer, but I cannot give a specific. If the Member is talking about specific services that he wishes to discuss, I can take note of that and get back a more specific answer to the Member.

* (11:20)

Mr. Dyck: I guess just further to that, this is where the RHA is just asking some of the questions because, again, there are a lot of things that they would like to see. I am sure the Minister is aware of that, as everyone is. But on the other hand they also, as they are asking for certain procedures and certain equipment within the facility, they also need to know what the department, what the Minister is in fact prepared to fund, and that is, of course, equipment. Then it is not only the equipment; very often the equipment is the easiest. It is the ongoing servicing of that and the personnel that it would take to run those services.

So I think they need some direction there. At this point in time, I would not say that there are some really big issues. I think these are ongoing. I am making the Minister aware of it, that they will be continuing to knock at his door, because certainly with the area being one of the largest growth areas in the province, rurally, these are some of the facilities that we need to continue to expand and some of the equipment that we need to look at.

With that in mind, and I know that the Minister is well aware of this, but I did meet this past week with the members from the Tabor Home and the Salem Home. These are the personal care homes within Morden and Winkler. Again, I think everyone is simply

concerned. Where do we leave people who should be in a personal care home? A statistic that I was not aware of, but I just found out this past week, as well, is that the Morden-Winkler area—that is where the Tabor and Salem homes are located—has the biggest percentage, rurally, in Manitoba of people who are 65 years old and older. So it is not just that we have the problem today of having 45 people who are awaiting placement, and do not have a place to go in a personal care home. But this will be growing, and certainly the demographics show that very clearly.

With that in mind, I know also that the Minister has indicated that he has not been prepared to give out his capital budget, and it is going to be coming. But as these boards and communities continue to plan, they need direction as well. So I am just wondering if he can shed any further light on this. You know, ultimately it is: Where do we leave these people? We have to have someplace. I know that neither his government nor ours want to throw them out on the streets. I am not saying that you would; that is not at all what I am implying. But we have a problem. So what are we going to do with these people?

Mr. Chomiak: I appreciate the comments of the Member. I am trying to be disciplined in terms of this capital process. I recognize that it is later than normal. That is unfortunate, but that is because we chose to change the process. We chose to do things a little differently. That is the reality. I am hopeful that next year's process will be much more timely than this year's process.

I expect that the issues raised by the Member will be resolved within weeks. As I indicated to the RHAs when I talked with them, we would be advising them of the bulk of the decisions, the vast majority of the decisions within weeks, and at the outside, the rest of the decisions by early fall. I wish I could outline the information sooner. I am trying very hard to be disciplined in this, and do it according to the process we have chosen. I know it is very difficult, particularly for the regions who have put in their requests a long time ago. I mean, for them it is even longer. It has always been long. We have made it a little more difficult for them, because it is even longer for them. I am

conscious of construction seasons. We are conscious of that and those difficulties. We are trying to move it out as fast we can, and I am hopeful that those issues will be communicated within weeks.

Mr. Dyck: Okay, just further for clarification then, I understood from the Minister that it would be several weeks before the capital program will come out. I understand that. But the other one, maybe I just missed it. But what are we going to do with these people who are awaiting placement? Do you as a minister then, through the Chair, have a strategy as to what we will be doing with these people who are awaiting placement?

It is turning out to be a retirement community, together with industry. We welcome them. I think, together, with the Minister, we have an ongoing problem. I could name several people who are 103 and 105 years old living on their own in an apartment. Yes, this is by their own choice. But we just know that they will be needing a place. Then it becomes one of a physical problem. Where do bring them? Do you have a strategy as to what we will do?

Mr. Chomiak: Yes, it sort of harks back to a part of the issue that I was trying to deal with with the Member for Fort Garry (Mrs. Smith). Let me put it in these terms for the Member. Per capita we probably have more personal care home beds in Manitoba than in any other jurisdiction. We have more acute care beds in Manitoba than in any other western jurisdiction.

Paradoxically, we have pretty high demographics. We have a lot of waits for people to get into personal care homes. That is a very paradoxical question. I know how difficult that question was to grapple with the last five years. I think what happened was the previous government looked at this issue and said: Is it prudent to start building tons and tons of personal care home beds when we already have the most? Yes, we have demand. There are other options. The previous government did look at other options in terms of support housing, related services and requirements.

Now there is a tangential issue on top of that, and that is chronic care beds. I think the

Member from Fort Garry (Mrs. Smith) thought I was trying to be political, but I was trying to educate the Member as to another new component, in fact, and that is chronic care beds and the extent to which people are in acute care beds and personal care home beds who should be in chronic care beds, who require a different need.

So what I am saying to the Member, and the Member, I think, is cognizant of this, yes, we are supportive of housing supports; we are supportive of alternatives. We have expanded the home care issue. We are going to be building more personal care home beds. But we do have a larger question we have to face as a society and as a province. That is what kind of supports, what kind of needs, what kind of services are we going to be providing to our elderly, who I suspect and who we think, intuitively, and the Member mentioned the 103-year-olds who are living in apartments who may not want to go into personal care homes, and in fact maybe should not go into a personal care home. I know the previous government looked at that. That was one of the reasons for a stall on the personal care home construction, because they looked at the numbers. So, yes, we are looking at that. We are doing reviews of the numbers. We are doing crunching. We are studying the issue.

I have been told by national experts in the country that the real gap and the real pressure we are going to be facing is not the personal care home beds, not the acute care beds; it is the middle portion, those people who require some assistance and varying degrees of assistance which may or may not be operated by home care. How do we support those people staying in their community? That is the issue we have to grapple with as a government and as a society. We are looking at that. We are studying that. We are doing number crunching. We are doing analysis. At the same time, we are cognizant of this incredible demand on personal care home beds at a time when we have more per capita in other jurisdictions, keeping in mind that the demographics in Manitoba are unique as well, together with Saskatchewan.

I do not have an answer for the Member. I just want the Member to know that we are considering all of the options. We are considering how to best meet the needs of those people the Member has referenced.

* (11:30)

Mr. Dyck: Just to follow on that train of thought, another thing that is happening and concept that is being developed within our community is a 70-unit—actually, it is apartment blocks or condominiums—which is going to be designed specifically for this, where the people will own their own facilities. However, the problem that you run into is that, as they require personal attention, the same type that you would need in a personal care home, but because they own their own condominiums, they would not qualify.

Is the Minister prepared to look at that? Again, it is in a confined area. It is not that it is spread all over the community, but within this confined area, in the same manner as what you see take place within a personal care home. It would have to be massaged somewhat, but is the Minister prepared to look at that, and in fact to fund some of the care that they would be able to receive within a facility like that but not have to put out that capital investment?

Mr. Stan Struthers, Acting Chairperson, in the Chair

Mr. Chomiak: We are looking at that. We are studying that.

Mr. Dyck: One further question, and I know that I asked you this during Estimates and you said you were going to be developing a strategy and a plan for this, but this has to do with hospitals that will no longer be in use. Again, I am referring to Winkler and Morden, as we move into the regional centre. I guess both communities have been asking me ongoing and as lately as last week as to what this Minister and what this government is planning to do with facilities that will no longer be used.

I know that previously we had indicated that we would be looking to the region to see if there was in fact some use that they could have and the RHA could look at it to see if there was a use for the buildings themselves, but if the costs of renovations was too high, I think we had indicated that we would be prepared to give it back to the community.

I am just wondering if this minister has had an opportunity to do some planning and in fact

to come up with a strategy as to what they would do with vacated buildings.

Mr. Chomiak: Yes, I recall the Member asking that question. I stand to be corrected. I believe I did respond, but the Member might have been occupied in other duties in another committee. Having said that, I will reply to the Member directly on that.

Mr. Dyck: Okay, your mike was off, and I just wanted to clarify that. Will this be fairly soon, within the next several months, as to specifics to that? And will it be specific to the region, or is this sort of general for the province of Manitoba?

Mr. Chairperson in the Chair

Mr. Chomiak: As I recall, I did reply with respect to the general policy. I will try to duplicate that and get that to the Member shortly.

Mr. Dyck: Thank you very much. I will defer to my colleague.

Mr. Faurshou: I would like to continue with a couple more questions on the Central Regional Health Authority and some of the concerns that are pressing matters in that region. Since the funding announcement for emergency services came by way of the Budget, there is a feeling within rural RHAs of being disadvantaged, in light of the support given to northern regions of the province as well as to the city of Winnipeg. Ultimately, emergency services, and I speak specifically of ambulance, have had to raise their rates charged to persons who have received services by ambulance.

I am wondering whether the Minister is aware of how southern Manitoba and central Manitoba are really, truly feeling the pinch in this area. As we recognize services are more centralized, interfacility transfers, as well as lengthy travel distances for those services, are becoming more of the norm as time progresses. I would appreciate the Minister's response in this regard.

Mr. Chomiak: As I understand it, a process that commenced with the regionalization and the

movement of emergency services to the health authority is a policy that commenced some time ago and is continuing. There has been impact in terms of the policy decision to standardize rates across the system. That has had an impact on rural Manitoba.

The initiatives in the North were the issue of the user fee for the flights, which in terms of the overall budget was a very small budgetary matter relative to other budgetary expenses but was seen as very much a prohibitor and a user fee in northern Manitoba. I do not want to get into a political debate on that issue.

I do want to focus again on the issue. Obviously, the goal and the intention is to not decrease but to improve the kinds of services for emergency transport that are available in rural Manitoba. As I have indicated over and over again, there has been incredible pent up demand outside of Winnipeg particularly for emergency services for a long time. A task force was put together. The task force made recommendations. It indicated that we were the lowest per capita funders in the country.

What we tried to do this budget, we could not do everything this budget, but we did attempt to significantly augment the resources in this year's budget to emergency services. We did in several areas, to the effect of almost about an 80% increase to the resources provided to rural Manitoba for ambulance services from the previous year's budget.

Now because there is such a deficit to be made up it is not something we could do in one year, but we tried to take the most significant recommendations in the task force report and act on them. Having done that, it has of course prompted a whole series of concerns, which we attempted to address by getting feedback and input. Some are still not resolved yet and some require more communication and far more discussion, but the attempt was made to take the key areas and try to address some of the deficiencies in service.

The overall goal, obviously, is to enhance services to meet the needs of rural Manitobans who have particularly difficult tasks because of distances in many areas of accessing services.

That is all caught up in the whole issue of volunteers and training. The intention is not to eliminate volunteers. The intention is to train and upgrade as many support services as possible so that people have access to better trained and quicker access to service. Whether those two goals can be achieved at the same time is actually the more difficult task, but that is certainly the goal. The intention of moving to a centralized dispatch system, the augmenting of the operating grants, the augmenting of the capital purchase and the funding of communication equipment, each of those categories is rife with controversy. Those were all attempts to try to augment some of the major deficits that occurred in ambulance service in rural Manitoba. So that was the intention. The goal is to improve the service for all people outside of Winnipeg. We are going to try to do that over the course of the mandate.

* (11:40)

Mr. Faurschou: I appreciate the dilemma facing the Minister. There is no easy fix in regard to a situation that has developed over a number of years respectively as population shifts and services are more centralized.

I want though to impress upon the Minister the absolute importance of the leadership out of his office. Because this type of service covers and crosses over jurisdictions that are operated by various regional health authorities, Manitoba Health must provide a template which in fact will guide these types of services and how the services are funded. When it gets down to other considerations such as the personnel and where they are located, and some of the communications equipment and those other more tailored elements of the emergency services that the RHAs are quite capable of putting in place, because they know where the demand areas are, they know where the personnel are located, they know the communication pathway which would give the greatest and quickest response. That is the type of decision making that I believe RHAs are very, very capable of doing.

However, when it comes down to the actual level of funding, the reasons for use of the emergency service—and I want to draw the Minister's attention to a young couple that

recently had a birth. They celebrated their first child. Difficulty was experienced with the pregnancy so that transfer to Winnipeg was required. The \$500 bill that they received on top of, I am most certain that the Minister appreciates the demands of a newborn and the financial constraints that young couples have, this was a bill that was very, very difficult for the young couple to accommodate. It was no fault of their own. It was a development within the labour and birth that required this. Portage General Hospital, again a deficiency that is hoped to be overcome by a new hospital, but this was an example that I think the Province has to take leadership in and recognize when Manitoba Health should, in fact, be responsible for the funding, because assuredly there are more examples than the one I cite this morning.

I think if as elected representatives we sit down and try and put ourselves in the shoes of the constituent that is facing the problems, it is not really a question. It is a concern that requires leadership and understanding and then leads into my question in regard to the partnership. I really say that in the true essence of partnering, as all the regional health officials are there as the Minister's allies with the same dedication to providing for Manitobans as he, the Minister, possesses.

What is the feeling right at the present time is that the regional health authority's relationship with the Government is being distanced because of the Manitoba department personnel. I am not saying that personnel are overzealous or stepping into the places where they are not welcome, but I am just wanting to express that the regional health authority, both the higher administration and the appointed boards of directors are finding it very difficult to have a relationship that is truly one of partner in the field of health care services because of fixed agendas that do not really allow for the two-way communication that I believe partners in the service of health care in our province really requires. The team approach, and I want to emphasize that the Minister should not view the regional health authorities as in the distance or subordinate in service provision, but really there as the right and left hand of the Minister's office, there to be called upon and work together in the true team spirit that always prevails.

Mr. Chomiak: I thank the Member for his comments, his earlier comments, with respect to leadership and the template. That is a very valid suggestion, and I want to discuss and deal with that with officials to see if there is more we can do in a leadership capacity. I thank the Member for that question.

The issue of the \$500 bill, because of time constraints, I have commented extensively on that issue. We have had some good discussion in here with members of the Opposition on the difficulties of that issue. The third issue raised by the Member, I think, is also a very insightful comment. It is something that we are concerned about. I can indicate to the Member that we are taking specific steps to deal with that issue. I think that over the next several months, there will be a significant change in that particular area. I would be curious if the Member would let me know in the next 60 days or 90 days whether or not he feels that is the case as well.

Mr. Faurichou: I appreciate once again the Minister's response. I will take it upon myself to keep in communication on that front. Because I know the individuals involved in my area are very dedicated and committed to the best service possible for persons in need.

I want to now ask the Minister of a topic of discussion that I entered into with the Long Plain First Nation who are really concerned about the training opportunities for First Nations peoples, because they are very cognizant of their high level of demand. I believe the statistics bear out that over 70 percent of their registered band members spent at least one day in the hospital over the course of the last twelve months, which is an alarming usage of the health care facilities.

They are concerned about the possibility of a nurse practitioner type of training that would provide for reserve on-site service, if I might say. But nurses under the current criteria are prevented from doing a lot of diagnosis and treatment that are available to reserves in the North. Through the federal government's ability, they provide for this criteria of operation by well-trained nurses. They are able to do much more than they are able to do in the south here at the hospitals.

I am wondering whether the Minister has had any discussions as to a skill-set training that

would allow for nurses to undertake greater latitude in the health care field, provided certainly the training is there. We recognize that reserves in the south are not perched on the outskirts of major centres like Portage la Prairie or Brandon. They are a fair distance. If possible, these newly constructed clinics that are going on the reserves are able to be staffed in that fashion. Thank you.

* (11:50)

Mr. Chomiak: Again, those are discussions that we are having. There are various permutations and various options that we are looking at in a variety of fields.

I do not want this to seem like I am giving a general answer to a specific question, but the range of different options and alternatives we are looking at in this area is quite incredible. The Member can appreciate that the different jurisdictions across the province have come to us with all very good suggestions. We are going through them, systematically.

The overall issue of training more Aboriginal people, not just in terms of nursing, and I am saying that is a very specific point because I said yesterday in the course of these debates that we are cognizant of the retention issue and we are cognizant, for example, in rural Manitoba we can train more rural doctors and give them more opportunity in rural Manitoba. We stand a much better chance of retaining them in rural Manitoba, and that will be part of our strategy. We are cognizant of that with nurses; we are cognizant of that with allied health professionals; and we are cognizant of that with Aboriginal people, and that is one of the themes that we are trying to build into all of our resource training.

The issue, of course, of nurse practitioners is one that was espoused and carried out in terms of four projects by the previous government which we are continuing and which we hope to develop and expand even further. So there is no question that is a direction that we must continue to move in.

Mr. Faurichou: Mr. Chairperson, I appreciate, once again, the Minister's response. It is

interesting as to the options that are developing. I am certain that he will take that opportunity to study them well.

But we are wondering also, too, you know, we look to getting all of these facilities in Winnipeg state of the art and all of the other services more centrally located in tertiary hospital facilities, but I am wondering whether the Minister has given any further thought to looking upon the success of the mobile breast screening unit and the potential of being able to bring those specialized services in other capacities to rural Manitoba where potentially, rather than transport, operations are conducted on a scheduled basis at facilities by special teams or doctors that leave the inside of the city of Winnipeg and commute, rather than having multiple patient transferrals occur to a facility here in Winnipeg. Sometimes, to transfer a number of patients is a lot less cost effective than one doctor perhaps being transported to another location, whether that is by personal choice or whether those types of considerations are being considered.

Mr. Chomiak: It is clear that the mobile breast screening has been a success, and it is one of the reasons why it has been supported for a number of years. I do not have a specific answer to the Member on that issue. I think clearly the fact that, for example, there are some deficiencies in terms of specialists, provision of services, certainly in the city of Winnipeg and clearly outside of the city of Winnipeg makes it very difficult for individuals and communities that require services. I think that idea is one that bears discussion. I do not know about the practicality of it. But I think it is clear that any government wanting to provide any service, if they could deliver it in that fashion and provide it to more individuals, then I think it is something worth following, worth providing for. It is done in certain areas, psychiatry being a classic example. I think it is something that is worth pursuing.

Mr. Faurschou: Just a final comment in regard to something I did bring up in Estimates. I wonder whether the Minister has had an opportunity to study the rate of remuneration towards speech and language pathologists that I raised in Estimates there. A number of years

ago, many of the speech and language pathologists, because of their involvement with young people, were transferred to the Department of Education and to local school divisions because their primary employ was with young people who perhaps through the school was better administered. But that took those individuals under the pay scale of the Manitoba Teachers' Society and local school divisions' contract salary scale and left the individuals that were in Manitoba Health employ at significantly less remuneration, in addition to the two months of holidays that the pathologists and the employees of school divisions have versus the three, four, five weeks under the Manitoba Government Employees association wage scale. It was just a question, a reminder, that it was definitely a concern raised to my attention.

Mr. Chomiak: Mr. Chairperson, the Member did ask that question, and I did not provide him with a response. I will endeavour to do that. I recall the question specifically, and I know I did not give the Member a response. I will do that.

Mr. Gerrard: I would just ask the Minister, although there were a lot of problems with SmartHealth, the drug information system as it was put in place in places like Beausejour Hospital did seem to be having some positive benefits, and I wondered what his plans are for the drug information component of the SmartHealth.

Mr. Chomiak: Mr. Chairperson, I think if I heard the question correctly—because there is a bit of a din in here—the Member said in light of the SmartHealth difficulties, what about the DPIN program and its rollout at various locations. Do I understand that question correctly? Yes. There were tremendous difficulties with DPIN and with SmartHealth. The DPIN rollout, as I understand it, has been one of success. There is an evaluation that has been done, and it has, from my inquiries, been generally successful.

I should note that it is interesting that the Pharmacare, the DPIN program, was a program that worked, but it preceded SmartHealth. It was put in place prior to SmartHealth. It had its own stream, and it perhaps is one of those projects that should have been managed as a specific

project rather than melding into the big pot of the big grand scheme of SmartHealth. So it is an interesting, I think, case example of a specific program that seems to be working effectively and perhaps might show the potential for building on as opposed to—but it was a separate stream and it was a separate program.

It was unanimously agreed to in this Chamber by both myself and by the members of the Liberal Party at the time, and by the Government, as something that should be pursued initially prior to the introduction of the

SmartHealth initiative which then took the DPIN under its wing and then utilized the DPIN as one of its success stories. But from the evaluation and the rollout of the expansion of the program when I last asked and last determined, it appeared to be working effectively as it had been planned for.

Mr. Chairperson: The hour being 12 noon, pursuant to the rules, I am interrupting the proceedings of the Committee of Supply with the understanding that the Speaker will resume the Chair at 1:30 p.m. today.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, August 17, 2000

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