Legislative Assembly of Alberta
The 30th Legislature
First Session

Standing Committee on Public Accounts
Phillips, Shannon, Lethbridge-West (NDP), Chair
Gotfried, Richard, Calgary-Fish Creek (UCP), Deputy Chair
Barnes, Drew, Cypress-Medicine Hat (UCP)
Dach, Lorne, Edmonton-McClung (NDP)
Feehan, Richard, Edmonton-Rutherford (NDP)
Guthrie, Peter F., Airdrie-Cochrane (UCP)
Hoffman, Sarah, Edmonton-Glenora (NDP)
Nixon, Jeremy P., Calgary-Klein (UCP)
Renaud, Marie F., St. Albert (NDP)
Rosin, Miranda D., Banff-Kananaskis (UCP)
Rowsell, Garth, Vermilion-Lloydminster-Wainwright (UCP)
Stephan, Jason, Red Deer-South (UCP)
Toor, Devinder, Calgary-Falconridge (UCP)
Turton, Searle, Spruce Grove-Stony Plain (UCP)
Walker, Jordan, Sherwood Park (UCP)

Also in Attendance
Shepherd, David, Edmonton-City Centre (NDP)

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Standing Committee on Public Accounts

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Ministry of Health
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  Lorna Rosen, Deputy Minister
  Dean Screpnek, Assistant Deputy Minister, Health Standards, Quality and Performance

Alberta Health Services
  Deb Gordon, Vice-president and Chief Operating Officer, Clinical Operations
  Darren Sandbeck, Chief Paramedic
  Verna Yiu, President and Chief Executive Officer
8:30 a.m. Tuesday, November 26, 2019

[Ms Phillips in the chair]

The Chair: Good morning, everyone. I’d like to call this meeting of the Public Accounts Committee to order and welcome everyone in attendance. We will go around and introduce everyone at the table, committee members and our invited guests. My name is Shannon Phillips, I’m the MLA for Lethbridge-West and chair of the committee.

Mr. Gottfried: Good morning. Richard Gottfried, MLA for Calgary-Fish Creek and deputy chair.

Mr. Rowswell: Garth Rowswell, Vermilion-Lloydminster-Wainwright.

Ms Rosin: Miranda Rosin, MLA for Banff-Kananaskis.

Mr. Guthrie: Peter Guthrie, Airdrie-Cochrane.

Mr. Toor: Devinder Toor, MLA for Calgary-Falconridge.

Mr. Turton: Good morning. Searle Turton, MLA for Spruce Grove-Stony Plain.

Mr. Walker: Good morning. Jordan Walker, MLA, Sherwood Park.


Mr. Stephan: Good morning. Jason Stephan, MLA, Red Deer-South.

Mr. Barnes: Drew Barnes, Cypress-Medicine Hat.

Ms Gordon: Good morning. I’m Deb Gordon with Alberta Health Services.

Dr. Yiu: Verna Yiu, president and CEO of Alberta Health Services.

Ms Rosen: Lorna Rosen, Deputy Minister of Health.

Mr. Neumeyer: Aaron Neumeyer, Alberta Health.

Mr. Screpnek: Good morning. Dean Screpnek, Alberta Health.

Mr. Leonty: Eric Leonty, Assistant Auditor General.

Mr. Wylie: Doug Wylie, Auditor General.

Mr. Shepherd: David Shepherd, Edmonton-City Centre.

Ms Renaud: Marie Renaud, St. Albert.

Ms Hoffman: Sarah Hoffman, Edmonton-Glenora.

Mr. Dach: Good morning. Lorne Dach, Edmonton-McClung.

Dr. Massolin: Good morning. Philip Massolin, clerk of committees and research services.

Mr. Roth: Good morning, everyone. Aaron Roth, committee clerk.

The Chair: All right. We will now move on to a few housekeeping items.

Mr. Dach: Madam Chair?
The Chair: The committee will need to report to the House that we require the Speaker to rule.

Mr. Dach: Correct. Therefore, according to 65(3), which seems pretty clear to me, once this ruling has been made, the chair must adjourn this committee at this point.

The Chair: Sure. We’ll now give the government side a chance to respond.

Mr. Gottfried: Thank you, Madam Chair. We appreciate the position of the member here and the ruling of privilege that will then be undertaken by the Speaker. However, this committee has unanimously voted on a scheduled meeting, very important meetings, with the respective ministries that have been brought in front of us. We have very important business to do and very important work to do, nonpartisan work, on behalf of the Legislature and on behalf of the people of Alberta. It is our intent to continue with that great work here subject to the meeting and to the ruling of the Speaker.

This Public Accounts Committee is a place for us to be nonpartisan and for us to do the work that we need to do to advise Albertans and to do the diligent work of this committee with respect to public accounts following on the incredible work done by the Auditor General’s department and the work done by these ministries, which are presented to us by way of their annual reports, looking backwards, to ensure that the public funds are spent and executed well. It is the will of our members of this committee that we continue to do that good work. We do have a schedule in front of us, a very ambitious schedule, and we intend to continue to do that work subject to the appropriate rulings.

Thank you.

The Chair: I have before me the next step, which is that the chair will entertain a motion which will form the text of the report on a point of privilege. Is there a motion?

Mr. Guthrie: I’d like to further the discussion on the government side. The request that was put forth is not within the mandate of this committee, nor was it done through the proper channels. It was a request done through the House. I don’t think that point of privilege is applicable for this reason. A subcommittee meeting should have been called, and we should have followed the proper protocol that is set out for this committee. I believe that the demand that was put forth is being dealt with through Legislative Offices. I think that this matter is being dealt with, and this is the wrong forum for it. I think the point of privilege should be removed.

The Chair: All right. At this point the chair will entertain a motion which will form the text of the report on a point of privilege. That is the process.

Ms Hoffman: Thank you very much, Madam Chair. I know that consistent with Standing Order 65(3), which reads, “When a question of privilege arises in a committee or when disorder persists in a committee,” (a) goes on to say, “If the Assembly is then sitting,” which we are, “the Chair shall immediately adjourn and report to the Assembly.” I’m not arguing the privilege; I’m arguing that absolutely a point of privilege has been raised. It is consistent with Standing Order 65(3)(a), and therefore I move that we report back to the Speaker. I’m sure that Member Dach would be happy to provide his written remarks that reflect what he said here in this discussion. That’s the motion I’d like to move.

The Chair: Well, at this point I have some daylight between the practical guide and the standing orders, so I’m going to refer to the standing orders and just consult with the clerk for one moment.

Seeing that in the practical guide the chair agrees that there has been an issue related to privilege, the committee can proceed to the consideration. There has to be a motion put.

Ms Hoffman: A motion for privilege?

The Chair: Apparently. The motion is debatable and amendable.

Ms Hoffman: I believe Member Dach moved that at the beginning of the meeting, the question of privilege.

The Chair: The motion has to describe the events and so on. It sounds to me like we have some procedural issues here from the opposition side, so we’re going to need a motion, and then that has to come to this committee.

We’ll give it a five-minute recess, no more, in order to deal with the motion.

[The committee adjourned from 8:44 a.m. to 8:51 a.m.]

The Chair: We will call this meeting back to order. It has been the appropriate amount of time. At this point, as I understand it, the opposition members are putting a motion. If the clerk or somebody could please read that motion into the record, then the committee will debate that motion. Members of the opposition, who is moving the motion?

Mr. Dach: I shall.

The Chair: Okay. Do we have text of the motion?

Mr. Roth: Chair, Mr. Dach, I don’t know if this meets your intent. Moved by Mr. Dach that the Standing Committee on Public Accounts report to the Assembly that a purported question of privilege has been raised by Mr. Dach and that the invitation to the Election Commissioner to appear before the committee was not approved and the Assembly find that the privileges of the member have been interfered with.

Mr. Dach: I think that reflects the intent. I’ll leave it at that for now.

Ms Hoffman: May I have a written copy of it at some point?

Mr. Roth: I can post it to the committee’s internal website.

The Chair: Okay. We now have a motion put to the floor. Is there debate on the motion? Mr. Stephan.

Mr. Stephan: Sure. I’d just like to speak very quickly against this motion. You know, we came here. We have an important job as the Public Accounts Committee. Members of the Ministry of Health, the largest department in government, who provide a very important service to Albertans, have taken the time out of their schedule to come and answer questions. This agenda of our Public Accounts Committee has been known for a long period of time. We didn’t come here this morning with a secret agenda. I do not appreciate wasting the time of the officials of the Ministry of Health when we’ve got questions that we would like to ask in support of the public interest. I want to call the question right now. I want you to vote on this motion, and I want us to get back to work and do what we came here to do.

The Chair: Do we have any other speakers to the motion?
Ms Hoffman: Yes, please. Madam Chair, I want to say that I think that maybe not everyone here understands, but I want to articulate how much I absolutely respect the time of the public service, the work that they put in, and the dedication that they provide. I absolutely want to have an opportunity to engage in this topic of important consideration around the Public Accounts review of the Ministry of Health as well as Alberta Health Services. But what we have before us is a question of privilege. What we had before us was a motion that was shared by the chair to all members of this committee, and the majority of the members failed to actually answer the question that was being asked. I think that that is disrespectful to our entire committee. I think it’s disrespectful to the nonpartisan nature, that was mentioned by Member Guthrie, of this committee and the fact that we are all here to work collaboratively in pursuit of the public interest.

I also think the fact that there are staff from the Premier’s office in attendance at this meeting speaks to the fact that this has not become a nonpartisan issue. I think this is something that we very carefully need to consider, and at a minimum I think members should have a responsibility to answer a question of the chair that is asked in writing or in presence at a public meeting before we move on with the remainder of our considerations. Certainly, when we all agreed to the agenda, we did so at the time, and I fully-heartedly agreed to today considering Alberta Health and Alberta Health Services through the Public Accounts Committee.

Since that happened, serious breaches of public confidence and independence have arisen, and I think that we have a duty to respond to those. I think that today’s motion and question of privilege are a bare minimum in responding to that, and I think that the fact that we, again, have members of staff from the Premier’s office in attendance at this meeting speaks to the fact that this, as much as I appreciate Member Guthrie saying that it’s supposed to be a nonpartisan committee – I would like it to return to such, and I think that for that to happen, it’s very important that we entertain this very serious question of privilege that has been raised by my colleague Mr. Dach.

With that, I absolutely oppose the motion to call the question. I think that this is an important matter for us to consider as a committee, and I think that all members of this committee owe the chair a response to the question she asked. If we don’t like the response to the question, so be it, but I think that it’s absolutely orderly to respond to a question of the chair around amending the originally agreed upon order of presentation. I would absolutely love to get to the point where we can have a conversation in good conscience that we are here doing our work as private members around Health and Alberta Health Services. It seems that today’s political climate isn’t conducive to that, and for that reason I support the chair’s original ruling that we refer this to the Speaker of the Assembly for a ruling around the point of privilege, Madam Chair.

Mr. Stephan: I feel that this is grandstanding. There was an opportunity to follow the ordinary process, where the chair could have met with the subcommittee on this item. That was not followed. This point of privilege was preprepared, premeditated, and waited until we appeared as a Public Accounts Committee together. This wasn’t raised during our premeeting together. This is really just theatre.

These individuals have taken time out of their schedule to come and meet with us to discuss the largest department in this government. We have a serious job to do as the Public Accounts Committee. Regardless of your feelings on the merit relating to the point of privilege, the Standing Committee on Legislative Offices is meeting on the 29th. That is the place where that can be raised or in private, again, as members of the subcommittee, but right now we’re in the public domain. We have the Ministry of Health, who have taken time out of their schedule to come and meet with us and discuss providing health to Albertans, and I think that in the public interest we should move on very quickly to ask questions of that and deal with this later.

Again, I’d like to call the question and vote on the motion.

The Chair: I will entertain Mr. Dach, and then we will hear from the government side if they want to either respond or call the question. Thank you. Mr. Dach.

Mr. Dach: Thank you, Madam Chair. We have before us a very serious matter, a question of privilege, and the member opposite wishes to call the question. I oppose that. Now, the bottom of this question of privilege relates to the fact that the chair’s letter was ignored by government members. It wasn’t just a question of them opposing what was suggested, that we call the Election Commissioner before this committee. It was a matter that they chose – and if there was anything deliberate or predetermined or premeditated, it was the government members’ decision to not respond to a letter sent by the chair requesting that we call the Election Commissioner before this committee so that an urgent matter could be heard, an urgent matter which is one that certainly is not being heard to show any disrespect to members here from the Health ministry and from Alberta Health Services.

It is a matter of serious and urgent concern to all Albertans, and a question of privilege is not one that is brought lightly into this committee or into the Chamber. I didn’t raise it to be frivolous at all. It was a question that I felt very deeply about and that I continue to maintain is one that we must deal with and refer to the House for adjudication there. The question of privilege revolves around our ability as a committee to make decisions as to who we call before us.

9:00

That right was being frustrated because the members of the government on this committee have simply refused to even participate in discussion after a letter was sent by the chair to all members requesting this emergency situation be addressed by inviting the Election Commissioner to appear before us whilst the debate was still going on and perhaps even prior to his eventual firing. Of course, that firing actually took place, and our worst fears were being imagined. The government members on this committee are further embedding themselves in means of frustrating our ability as parliamentarians to get to the bottom of the investigation that the Election Commissioner was involved in. Those numbers and how much the Election Commissioner was spending on those investigations and what the priorities were and the processes that were under way: Albertans have a right to know exactly what was going on.

This committee is exactly the committee and the place and the forum that that Election Commissioner should have been appearing at and explaining to Albertans exactly what was going on in his office leading up to the investigations that ended up in many fines being levied. There were ongoing investigations which could have gone even more deeply into what in fact happened during the leadership campaign of the UCP, which ended up with our current Premier being elected the leader. Many questions surround that whole issue, and it’s a major topic of discussion throughout this province right now. It’s taking up a lot of oxygen in the Legislature as well as in here, and rightly so. It’s an attack on our democracy, and it’s being furthered, once again, by members of this committee on the government side by frustrating the chair’s . . .
Mr. Guthrie: Point of order, Chair.

The Chair: All right. Yeah.

Mr. Guthrie: On 23(j), he’s clearly trying to antagonize, and this is getting out of hand. We want to call the question.

The Chair: Under the standing orders it is up to the chair to decide when debate has been exhausted, just so that we’re clear on that. The member is speaking to a point of privilege, which is a serious matter, so he may continue. He can finish his thoughts, and then we will see if there is more debate on this motion.

Mr. Dach: Thank you, Madam Chair. I will continue my remarks and very much implore this committee to not now put the question but to continue this debate because it is the most important debate, I think, that we’ve had in this province in a generation, when in fact we have this situation where a committee’s will, a chair’s will, to consider an urgent matter by calling the Election Commissioner, has been frustrated by the government members of this committee failing to even respond to the request of the chair, thus leaving opposition members no real option other than to insist that their privileges be respected in this committee and throughout our parliamentary life. That’s why I brought forward this point of privilege. Certainly, I mean, there was an orchestration on the part of the members of the government to avoid and plan to avoid your letter.

The Chair: Thank you, Mr. Dach. Any other discussion on the motion?

Mr. Guthrie: Question.

Ms Hoffman: Thank you very much, Madam Chair. I’m on the internal committee website looking for the motion, and I don’t see it uploaded yet.

Mr. Roth: I e-mailed it.

Ms Hoffman: Oh. It’s being e-mailed instead?

Mr. Roth: Yes.

Ms Hoffman: Okay. I need a moment to review the actual motion.

The Chair: Member Hoffman.

Ms Hoffman: Yeah. I guess my nervousness with the wording before us that we’re considering is that it says “was not approved”. My understanding is that everyone who did vote voted in support and there were a significant number who didn’t respond. So I’d like clarity on whether or not this wording is accurate.

Mr. Roth: Chair, it’s the member’s motion.

The Chair: All right.

Ms Hoffman: Perhaps an amendment, then? Okay. I would like to move that we amend the motion in the following way: that we strike the words “was not approved” and replace them with the words – I think I should write it down first. You know what? I’m going to try it, and with the help of the clerk we’ll see if we can land on some wording here. So strike the words “was not approved” and replace them with the words “that a minority of members of the committee responded to the question, that they were all supportive, but that the majority failed to respond.”

Mr. Gotfried: Madam Chair, is the original motion being withdrawn?

Ms Hoffman: It’s an amendment to the motion, that I’m proposing. I think I’d also like to strike the word “purported” as well, so two strikes and one addition.

The Chair: The clerk has some feedback. The word “purported” is the word that is used until it’s decided upon by the House.

Ms Hoffman: So committees can only purport?

The Chair: That’s right.

Ms Hoffman: Okay. Then I’m fine with not striking that word at this time.

Mr. Gotfried: Where is this posted on the committee website?

Mr. Roth: I’m going to have to e-mail it.

Mr. Gotfried: Okay.

Mr. Roth: Just to make sure I have the wording right, Member Hoffman, you are wishing to strike out the words “was not approved” and replace them with “that a minority of the members of the committee supported the motion but the majority did not respond to the request”?

Ms Hoffman: Yes, please.

Mr. Roth: Okay. I’ll e-mail that out.

Ms Hoffman: Sorry. Upon reflection it should probably say, “all members who responded supported the motion, but the majority did not respond,” rather than minority and majority if you could so indulge.

The Chair: As we are waiting for the amendment – people have heard it orally – I will entertain discussion on the amendment. Do I have to do a vote on the amendment, Mr. Clerk? Okay. There does have to be a vote on the amendment as well. Is there any discussion on the amendment?

Mr. Gotfried: Yes.

The Chair: Okay.

Mr. Gotfried: Thank you, Madam Chair. We have respectful processes in this committee: myself, as deputy chair; we also have a subcommittee, which involves not only myself and the chair but members of our staffing complement for this committee as well to provide appropriate advice to this committee on such issues and such matters and to decide if those matters are to be brought forward to this committee, which is the ultimate decision-making body for this committee.

9:10

None of that communication transpired to allow us that respectful approach to this, so with due respect to the motion, Madam Chair, we like to work together. The chair and I attended the Public Accounts conference. The best work is done by the Public Accounts Committee when we bring a nonpartisan lens to this table and respect to this table in terms of how we proceed and how we move forward in a collaborative manner. What we got were demands and
deadlines without discussion even with the clerk and the legal advice of this committee, that is brought forward to us in a respectful and professional manner at the subcommittee level. All we ask at this committee is that we be treated with the opportunity to seek that learned counsel from our staff, but most importantly, for us to continue to do the good work, as unanimously approved by this committee: a schedule of bringing forward very important committees, very important information, very important work that we need to do to be accountable to Albertans.

That’s what this committee is for, to ensure that we can bring it forward. There is a respectful process. There is a good process in place, and we have unanimous consent for the schedule at hand. I suggest that we get on with that work, that we move forward, as was mentioned by Member Stephan as well. We have our largest ministry in front of us here today, and we continue to not move forward, so I’m concerned with that, that we cannot follow due process in this regard, and therefore I will not be supporting this amendment.

Thank you.

The Chair: Thank you, Deputy Chair.

Okay. The amendment to the motion has been e-mailed out to all members for their consideration. I will entertain one more speaker, and then we will vote.

Please.

Ms Renaud: Well, thank you, Madam Chair. Before I start my comments, I actually did want to thank everybody from Alberta Health Services, the Ministry of Health, the Auditor General’s office, and research as well. This is my fifth year, actually, on Public Accounts, and I’ve had the pleasure of hearing from many members that are here today. I do appreciate your work, and I appreciate your time. What we’re doing in no way reflects thinking negatively of you being here. I have the utmost respect for the work that you do, so I just wanted to say that.

I wanted to speak to this motion, Madam Chair . . .

The Chair: It’s to the amendment.

Ms Renaud: To the amendment.

All due respect, Mr. Gotfried, but you talked about us being a nonpartisan group and wanting to spend our time on this. We just went through a session where we debated a bill, an enormous piece of legislation, that had crammed within it so many pieces that is was difficult to go through.

An Hon. Member: Point of order.

The Chair: Bring it to the amendment please, Member.

Ms Renaud: Okay. One of those pieces was about an independent officer, and we wanted to bring him here to be able to ask questions. An e-mail was sent out by the chair. I responded to it like I always respond to e-mails that we get that are urgent, particularly about Public Accounts. I think that we respect the work of the subcommittee. I would hope that all members would respect the work of the chair when the chair sends out correspondence. I took the time to respond to it, and I find it ironic that, you know, the member is talking about the need to be respectful and to debate this, yet they couldn’t bother responding to an invitation to do something quite important, I think, to discuss in Public Accounts something that happened.

I actually do support this amendment. I think it’s important that we pause and that we talk about this and we explore it. This in no way affects the schedule of the work that we have to do as a PAC; this is about an aberration, something that happened in the Legislature. Again, I support the amendment.

The Chair: Okay. I think what we will do is that we will now vote on the amendment.

Yes?

Mr. Dach: Madam Chair, is it possible to have the full amendment written out in complete form?

The Chair: I believe it has been sent out. Am I correct about that? Maybe we’ll just read it. It’s faster.

Mr. Roth: If the amendment were to be passed, the motion would read: moved by Mr. Dach that the Standing Committee on Public Accounts report to the Assembly that a purported question of privilege has been raised by Mr. Dach and that the invitation to the Election Commissioner to appear before the committee was supported by all members that responded to the request but that the majority did not respond and that the Assembly find that the privileges of the member have been interfered with.

The Chair: Okay. We will now vote on the amendment. All those in favour? Opposed? It sounds to me as if the amendment has failed.

Mr. Dach: Can we do a recorded vote?

The Chair: I will entertain requests, then. All right. All those in favour, please raise your hands. We have to record their names. Raising hands once again, all those in favour: Dach, Hoffman, Renaud.

All those opposed: Barnes, Stephan, Nixon, Walker, Turton, Toor, Guthrie, Rosin, Rowswell, Gotfried.

Mr. Roth: Chair, total for the amendment: three; total against: 10.

The Chair: The amendment to the motion is defeated, and we revert to the motion as unamended. At this point we are back on the main motion.

Seeing no debate on this, then we will move forward to a vote on the main motion – sorry. Mr. Dach.

Mr. Dach: Am I not able to speak once again?

The Chair: Oh, yes, please, on the main motion.

Mr. Dach: All right. Certainly, to close, I once again want to reiterate how seriously I take this matter. A question of privilege is not something to be taken lightly. In fact, in my nearly five years in the House it’s the first one that I have raised, and I thought about it very, very carefully. I was very much disappointed and, in fact, concerned when the government members of this committee failed to show any respect to the chair and to opposition members of this committee and to the legislative process by not even responding, by choosing not to respond to the chair’s request for an urgent meeting of this committee to request the attendance of the Election Commissioner during a time when that commissioner was involved in investigations of the UCP leadership campaign and during a time when it was very much a focus of public attention and where we had an opportunity while that commissioner was still sitting to have him appear before the committee and explain the expenditures and the absolute requirement that he felt to investigate.

I once again just wanted to say that I believe that this question of privilege has certainly got merit, and I believe we should be referring the matter to the House and seeking its jurisdictional ruling on the question of privilege.
Mr. Dach: Can the motion be repeated one more time?

Mr. Roth: Moved by Mr. Dach that the Standing Committee on Public Accounts report to the Assembly that a purported question of privilege has been raised by Mr. Dach that the invitation of the Election Commissioner to appear before the committee was not approved and that the Assembly find that the privileges of the member have been interfered with.

The Chair: Okay. We will now put the question to the committee members. All in favour of the motion? This is a voice vote at this point. Okay. All against? All right.

Shall the vote be recorded?

Mr. Dach: Yes, please.

The Chair: Okay. We will now do a total for the motion. All those in favour, raise your hands. We have Dach, Hoffman, Renaud.

All those against the motion, please raise your hands: Barnes, Stephan, Nixon, Turton, Toor, Guthrie, Rosin, Rowswell, Gotfried.

We have for the motion, three; against the motion, 10.

The committee shall now resume its business. We now must adopt an agenda. Are there any changes or additions to the agenda?

Seeing none, would a member like to move that the agenda for the November 26, 2019, meeting of the standing committee be approved as distributed?

Mr. Barnes: I'll move.

The Chair: Moved. Any discussion? Mr. Dach.

Mr. Dach: Madam Chair, of course, I'm going to vote against the approval of this agenda because, obviously, we wished to have a different individual appear before us instead, and I once again maintain that that didn't happen as a result of the members of the government of the committee frustrating your efforts to have that happen by refusing to respond to your letter and request.

The Chair: Okay. We have a motion before us for the agenda. All in favour of the motion? Any opposed? Thank you. The motion is carried.

We now have approval of the minutes from our previous meeting on October 22. Do members have any errors or omissions to note in regard to the October 22 meeting minutes? If not, would a member move that the minutes of the October 22, 2019, meeting of the standing committee be approved as distributed? I have that Turton moved. Any discussion? All in favour? Any opposed? Thank you. That motion is carried.

We will now welcome our guests from the Ministry of Health, who are here to address the office of the Auditor General outstanding recommendations and the ministry annual report. I will now invite officials to provide their opening remarks, not exceeding 10 minutes.

Thank you.

Ms Rosen: Thank you, and good morning, everyone. We appreciate the opportunity to discuss Alberta Health’s 2018-19 annual report and the Auditor General’s outstanding recommendations. The members at the table have been introduced, and just to let you know, there are other officials from the Ministry of Health in the public gallery in case we need their help in answering some of your questions.

Before I get started, I wanted to thank the office of the Auditor General for its desire to improve the health system for all Albertans. The ministry takes the issues raised by the Auditor and its recommendations very seriously and works hard with our partners and stakeholders to implement them.

Alberta Health currently has 14 outstanding recommendations: three recommendations that relate to user access management for electronic health records, oversight for seniors in long-term care, and improving conflict-of-interest processes are fully implemented and ready for a follow-up audit; five recommendations are in the process of being implemented; and government is working with AHS and the Auditor General on follow-up audit activity on six recommendations related to chronic disease management.

In addition to these outstanding recommendations, in its November 2019 follow-up report the Auditor General reported that its two recommendations related to the recovery of health care costs for motor vehicle accidents were fully implemented by the department.

Turning to the ministry’s annual report, work continued to improve health outcomes for Albertans in 2018-19. Home-care services were expanded to increase access, reduce reliance on acute care, and enable Albertans to stay at home longer. Government supported the development of about 1,200 net new continuing care spaces, including designated supportive living and long-term care.

Work was done with Health and community partners to strengthen mental health and addiction care for Albertans. Some examples of achievements include the elimination of wait lists for primary and mental health services from the Calgary urban partnership society, the delivery of mental health first aid training to over 250 seniors and their caregivers as well as government staff working in disability services and the hiring of additional school-based community mental health supports. The department also provided approximately $10 million for 14 projects focused on cancer prevention, including two led by community partners and 12 led by Alberta Health Services.

With respect to outcome 2, there are many population health initiatives that are ongoing, including working with community partners to promote healthy living and eating. Opioid actions included training emergency room staff as well as primary care providers to treat patients with opioid-use disorder. Albertans with opioid-use disorder can now commence treatment in the emergency room and then connect with community providers to continue treatment. There are also almost 800 PCN providers now prescribing opioid agonist therapy to their patients; 787 prescribers as of September 30, 2019, distributing more than 137,000 naloxone kits; established new opioid dependency treatment clinics, and expanded the virtual opioid dependence program, which is now helping to treat Albertans with opioid-use disorder in 136 communities across the province.

Government continued health service improvements for indigenous Albertans by collaborating with indigenous communities, Alberta Health Services, the federal government, and other partners to address health priorities and support culturally safe programs and services. The ministry also provided an additional $1 million in 2018-19 to support enhanced sexually transmitted infection outreach services by Alberta Health Services.

Outcome 3. In relation to the third outcome in the annual report, to ensure Albertans receive care from skilled health care providers working to their full scope of practice, work continued to improve the delivery of primary health care services, and scopes of practice were...
expanded for registered nurses, nurse practitioners, and midwives. Support for emergency medical services was increased by $25 million, including support for the community paramedic program.

Work continued on slowing the growth rate of health spending to ensure that Alberta has a high-quality, sustainable health system. This included reducing generic drug prices, which realized more than $30 million in incremental savings for Alberta in 2018-19. In addition, Netcare enhancements were made to improve care coordination, and the MyHealth records portal was successfully launched in March 2019. Government worked with Alberta Health Services to improve communications for referrals between primary care providers and specialists to shorten wait times through initiatives such as e-referral and the Alberta referral directory.

These were some of the department’s highlights from the last year.

I will now turn it over to Dr. Yiu for her comments.

Dr. Yiu: Good morning, and thank you for the opportunity to be here to discuss our ’18-’19 annual report and the recommendations relating to the Auditor General’s report on Health. I would also like to thank the office of the Auditor General for his work over the years to help improve our health care system.

As of November 2019 AHS has 11 outstanding OAG recommendations, of which five are reported implemented and are subject to the OAG follow-up, and six recommendations which are in progress. Among the many that we have implemented, we recently improved our capital financial project monitoring and reporting by implementing e-facilities, a province-wide system used to manage capital projects. We’ve also implemented the Auditor General’s recommendation to improve information technology controls, policies, and processes by adopting a risk-based IT control framework, standardizing IT security controls, and monitoring compliance.

We’ve advised OAG that we’ve implemented recommendations related to fees and charges, expense claims, and IT disaster recovery plans and are prepared for a follow-up audit. In areas such as chronic disease management, seniors’ care, and mental health there is more to do, but we are working to implement the recommendations.

9:30

We’re also committed to our work improving the health system and delivering high-quality health care that meets the needs of all Albertans. This work is reflected in our ’18-’19 annual report. Of the 12 performance measures that are available in the report, 10 are better or the same as the year before. We hit our target in one of the measures called people placed in continuing care within 30 days, showing improvement from a year earlier. This means that gradually people are being moved more efficiently from the hospital setting to a more appropriate and often more cost-effective community-based setting. We acknowledge we still have much to do to achieve the target in all 12 of our performance measures but really are focused on making improvements.

Three other measures also show improvement, including percentage of alternate level of care patient days, timely access to specialty care, e-referral, and the disabling injury rate in our AHS workforce. In addition, we have seen stability in six important measures, including patient satisfaction with the hospital experience, wait time for addiction outpatient treatment, unplanned medical readmissions, hand hygiene compliance, and two childhood immunization rates. We acknowledge more work needs to be done to see improvements on nursing units achieving best practice efficiency targets and perinatal mortality among First Nations.

AHS is committed to providing community-based options for the growing population of Albertans. This includes long-term care, supportive living, palliative care, and home care as we shift services from acute-care hospital and facility living to the community. In ’18-19 we opened approximately 1,200 net new continuing care beds, more than double that were opened in ’17-18. Enhancing care in the community is one of the pillars of our AHS health plan. In ’18-19 additional investments were made to bolster home care and palliative care service while the community paramedic program, which brings select hospital services to patients where they live, was expanded beyond Calgary and Edmonton to more communities across the province.

Our health plan recognizes that better community care requires greater integration of the health system, another area where we are making progress. Connect care, our electronic medical record system, met major milestones over the last year, including being on time and on budget, and we are very proud that the first wave of connect care launched successfully on November 3 of this year. A single shared electronic medical record system to store health information, which will move with patients from site to site with their own health information, will not only empower Albertans but will advance integration of care with a single care plan record.

All of these efforts have not gone unnoticed. AHS has been recognized for our work in improving the experience and safety of our patients, staff, physicians, and volunteers. Last week we were named as one of Canada’s top 100 employers for the third year in a row. We have been recognized as one of Canada’s top employers for young people, one of Alberta’s top 70 employers, and we are proud to have been named one of Canada’s best diversity employers for 2019.

Even more importantly, we are recognized as national leaders. The Canadian Institute for Health Information ranks AHS as best in the country in a number of metrics, including perceived overall health, least total time spent in emergency department for admitted patients, lowest use of antipsychotic medications to manage behaviours in long-term care settings, and finally, lowest administrative cost. AHS spent 3.3 per cent of its total expenses on administration. It’s the lowest administration-to-total-expense ratio in the country and 25 per cent below the national average.

The Chair: Very good. Thank you to the officials for those presentations.

I think I’m going to propose unanimous consent to go to five-minute rotations if that is all right with the members. We usually start with 10s and then go to fives. Is the membership amenable to five-minute rotations? Am I seeing nodding heads? All right. Then we’re just going to do that.

First we’re going to hear from the Auditor General, please.

Mr. Wylie: Thank you very much. I really appreciate the presentation.

The Chair: Okay. Very good.

We’ll start with the Official Opposition, with a five-minute rotation. Member Hoffman.

Ms Hoffman: Thank you very much. I really appreciate the presentation. I’ll maybe ask my three questions quickly and then give you the remainder of the time to respond. In terms of the alternative level of care, I’m wondering if there’s a heat map that sort of talks about which facilities have the highest rates of ALC patients and if that could be shared with the committee either verbally now or at a later date through a formal written response.

My second one was around the MyHealth records portal. I’m wondering if we can get some information about what the uptake

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was when it was launched and what the percentage was of people who did step 1 but failed to do step 2, so showed that initial interest but didn’t actually print off properly, sign, and get the reports back in. And if there is a big drop-off there, I’m wondering if we can do something to close that gap so that we can get higher uptake for folks who want to achieve it.

Then my third one was around the lowest antipsychotics in long-term care facilities – I’m assuming those are AHS-operated facilities – if there’s clarity about if they’re contracted facilities as well. If we could get that clarity and breakdown.

Thank you, Madam Chair.

Dr. Yiu: We can definitely provide you with the written information around the ALCs. It has changed, I would say, over the past year. But for the ’18-19 report we can provide that data for you.

Countdown to the MyHealth records portal: I’ll pass that over to Lorna.

But in terms of antipsychotic medications, we actually rolled that out to 110 long-term care sites, which now is at 170, and we’ve actually extended it over 300 supportive living sites. So it’s pretty well across the province. But if you want the details, we can also provide that to you.

Ms Hoffman: Yes, please, Madam Chair.

Ms Rosen: With respect to MyHealth records, which currently gives adult Albertans the ability to view some of their health records from Alberta Netcare such as dispensed medication, immunizations, and commonly ordered lab results, it also allows users to track and manage other health and wellness data manually or using compatible medical and fitness devices. About 80,000 Albertans have registered for MyHealth records as of October 1, 2019. Approximately 1,500 to 2,000 new users sign up each week. More features, of course, will be available in the months and years.

To address MLA Hoffman’s question, yes, we will be looking for ways to promote the MyHealth record use after the review that’s currently under way on connect care, Netcare, and MyHealth records is complete.

Ms Hoffman: Two supplementary questions, time permitting. The first one is: can we get information about that gap between how many say that they want to be logged in and how many actually end up getting logged in?

Ms Rosen: Yeah. I don’t actually have that information handy, but we can get back to you with respect to that.

Ms Hoffman: In writing. Thank you so much.

Ms Rosen: Yeah.

Ms Hoffman: Then my second one is around connect care and the number of legacy systems that it will be replacing. I’m hoping that the CEO can talk a little bit about the number of legacy systems, how old some of them were, and why this investment is important.

Dr. Yiu: Yeah. We had about 1,300 systems in the province. One of the major intents, actually, of trying to amalgamate and reduce the number of legacy systems is cost of maintenance. We had it guesstimated that our cost of maintenance over 10 years would amount to – our current budget is about $200 million a year – about $2 billion. Actually, investing up front, connect care is going to save us money over the next 10 years.

Our initial intention, actually, was to reduce the number from 1,300 down to I think fewer than 400. I think we were somewhat optimistic and probably not completely aware of all the systems that were absolutely critical to the functionality of what the connect care looks at. We think we can probably get it down to 700, 800, and the intention is that you try to go even lower than that.

Ms Hoffman: I’ll cede the remainder of my time, Madam Chair. Or I’ll ask more.

The Chair: You have 40 seconds. You can do what you like with it.

Ms Hoffman: Oh. Okay. Great. We can move mountains in 40 seconds.

I appreciate the information that was shared around the antipsychotics. I think that anyone who has visited somebody that they care about who’s in a long-term care facility or assisted living knows that they want to be their most authentic self and to live there long term, not to live there as somebody other than who they are. I’m hoping that you can maybe elaborate on some of the strategies that people use to ensure that staff don’t experience burnout, that patients, of course, are able to be who they are and manage the realities that we know that there’s . . . [Ms Hoffman’s speaking time expired] That went faster than I thought.

The Chair: Yes. I’m sure we’ll get back to it.

We now have five minutes in the government rotation. Please, Mr. Turton.

Mr. Turton: Yes. Thank you, Madam Chair. Thank you very much for coming here today. I apologize for many of you wasting your time, but hopefully we can see you back before this committee very soon to answer the questions that many Albertans are anxious to ask about the largest ministry that we have here in the government.

My first question actually pertains to page 97 of the annual report, schedule 1. It shows that capital costs such as housekeeping, laundry, and linen, which is, of course, one of the dirtier aspects of your business, surpasses the budget amount from 2019. Are you able to explain these increased costs and shed light on why the expense is so costly and higher than anticipated?

Ms Rosen: We’ll have to get back with the specifics on that. I do apologize for that. I do believe that the increase is probably given that we are seeing higher volumes of use for our acute-care facilities over the time period that we are projecting and that we will actually have greater linen services and housekeeping services that go with greater use. But we’ll get back to you with the specifics around that.

Mr. Turton: Okay. Yeah. I mean, obviously, with the timing it’s unfortunate that we wasted an hour on procedural theatre, not allowing you the time to provide the answer today, but I can get that answer later on.

More of a philosophical question but it’s also regarding the numbers: can the department inform us as to what research was undertaken in order for an informed decision to be made with respect to the selection of in-house laundry services versus contracted services?

Ms Rosen: With respect to laundry services in AHS I’m going to state some facts, as I understand them. In-house laundry services are only provided in rural Alberta. In the two major centres, certainly Edmonton and Calgary, laundry services have been provided on a contracted-out basis. In fact, on a forward-looking
basis, we will be looking to renew one of those contracts that is coming up in relatively short order.

With respect to why in-house services were continued to be provided in rural Alberta, I do believe that part of that was looking at how those services were provided, the employment afforded individuals in those rural municipalities, but there was certainly a question about, then, being able to maintain or manage the capital costs associated with laundry services, that was under examination.

Mr. Turton: Real quick, because I know my time is drying up here: was there a business plan or any research that was undertaken to support that analysis about why you made the decision to keep it in-house versus going with the contracted service which you had previously?

Ms Rosen: There wasn’t actually a change made. The contracted services are still maintained as contracted services. I think that what was under question was whether or not the rural services should actually be moved into a private contract or whether the contracted services should be moved into public doing. The latter would have taken some investment of capital, and that decision had not actually been made, to the best of my knowledge. I’m looking to Dr. Yiu to confirm that. Yeah. Those decisions had been talked about. I realize that there were some media reports around that, but there were not decisions that were actually made that I can speak to.

Mr. Turton: Madam Chair, how much time do I have left?

The Chair: Twenty seconds.

Mr. Turton: Okay. I’ll read this off, and hopefully I can get this written out. Can you please also provide some insight as to how the cost of replacing and upgrading the laundry services has impacted AHS from a capital investment and staffing perspective, including costs of salaries and benefits, versus contracted services?

The Chair: Very good. Well, I’m sure they can provide that as an undertaking.

Anyways, we’ll go back to the opposition for their five-minute rotation.

Ms Renaud: Thank you, Madam Chair, and thank you once again. I’m going to focus on chronic disease management. Again, at the May 29, 2018, PAC meeting the department stated that performance and measures around chronic disease management were under development by the PCN governance committee. Could you tell us what the status of these new measures is?

The second part of this question is: can you give the committee an example of the new measure that speaks to increased integration of chronic disease management specifically?

Ms Rosen: The governance structure is actually a collaboration between Alberta Health, PCN physician leads, and Alberta Health Services. The Alberta Medical Association is a nonvoting member of the provincial committee. But the provincial PCN committee provides ongoing advice to the minister on governance, leadership, and strategic direction for the PCNs. The zone PCN committees advise through the provincial PCN committee on program policy, areas of common priorities, areas for standardization, service plans. I can talk to you, if you’re interested, about the membership.

On March 16, as recently talked about, we did launch the MyHealth records to enable Albertans to record and track health events. We have as of November 26 actually about 100,000 Albertans signed up.

I think that that’s the answer that I have to your question at this time.

Ms Renaud: Okay. I’m going to switch topics a little bit and just ask, like, at a really high level: what is the status of implementing the Valuing Mental Health: Next Steps initiatives?

Ms Rosen: A public progress report, Moving Forward Progress Report on Valuing Mental Health: Next Steps, was posted on the website in February 2019 outlining the achievements made on implementing next steps.

Going forward, the government will develop a provincial mental health and addiction strategy to address specific recommendations of the committee’s report: increasing access to addiction and mental health services through primary care centres; expanding home care support those who identify addiction and mental health as a primary concern; supporting Albertans in crisis through expansion of programs, including police and crisis teams, provincial family violence treatment programs, diversion programs, drug treatment courts, and mental health court models, into more communities; increasing access to mental health services and reducing recidivism and use of emergency departments for those in contact with the criminal justice system; supporting First Nations, Métis, and Inuit people and communities through the establishment of a continuum of addiction and mental health services and increased access to services to manage the impact of residential school experiences on mental health, ensuring that service provision is not disrupted by jurisdictional disputes.

The government currently has committed $100 million over the next four years to implement this strategy as well as $40 million to address the opioid crisis.

On November 4 of this year the government announced the appointment of a mental health and addictions council of 23 members that will provide recommendations to inform a new mental health and addiction strategy, that will focus on improving access to recovery-oriented care and better support Albertans who need help to get their path to recovery. The council will build on the Valuing Mental Health: Report of the Alberta Mental Health Review Committee 2015, released in February 2016, which was led by Dr. Swann, and the work of the Minister’s Opioid Emergency Response Commission. The council will collaborate with stakeholders to identify key actions to improve access to recovery-oriented mental health and addiction services, with particular focus on services in primary care and home care and for people in crisis or in contact with the justice system.

I do want to also add that we do believe, between Alberta Health Services and Alberta Health, that getting meaningful performance metrics around mental health and addictions is of prime importance, and we will be working together on that over this coming year as well.

Ms Renaud: Just a quick follow-up. I don’t know how much time I have. I guess, just generally: could you define recovery for us, what that means? What is the definition that you’re using? Also, I don’t know if this . . .

The Chair: All right. We’re going to go back to a five-minute rotation with the government.

Just a reminder to the deputy and to others that we are considering backward looking, the 2018-19 annual report and so on, and not plans going forward.

With that, another five-minute rotation to the government side, please.

9:50

Mr. Walker: Thank you. Thank you all so very much for being here. I was really looking forward to this PAC today. Again, like Member
Turton, I apologize for what’s gone on here, this theatre and stunt today. Sorry for wasting your time. Before I became a politician, I was a civil servant with the Alberta government, and I know how precious your time is and how hard you work. My apologies.

Getting into my questions, I want to focus on the ambulance services. They’re very important in my area of Strathcona county. As you may be aware, we have an innovative, province-leading ambulance service whereby we have three people in our ambulances. We’re able to do that because Strathcona county municipally pays a subsidy to our emergency services that allows having that third person in the ambulance. But shared coverage with Edmonton does provide its challenges. Now, my question: on page 49, is the statement of expenses directly incurred by the ministry for ambulance services? The 2018 actual was $500 million. The 2019 actual is $525 million, a 5 per cent increase from the year before. How does the ministry assess performance for that $525 million annual investment in ambulance services?

Thank you.

Ms Rosen: In terms of how we actually judge performance, we – ambulance services are what I would call an on-demand service. Somebody phones 911, and we send an ambulance. There isn’t what I would call a choice with respect to that. What we do try and do, though, and what we target from a performance perspective would be to have an ambulance arrive within a certain period of time. With respect to targeted times, I believe that perhaps Dr. Yiu might have some additional information. I think that, though, in terms of your question about the money, it directly reflects a greater degree of use because the costs are what the costs are at this point in time, and as demands go up, then the actual costs go up as well.

Dr. Yiu: Yeah. Maybe I can just comment. You had asked about performance metrics. We actually published that quarterly on our AHS website, so we can actually provide you with a link to that.

Mr. Walker: That would be great.

Dr. Yiu: To give you examples, we follow things like patient satisfaction, which is actually quite high. We follow things like percentage of time that the protocols are followed because it’s a very protocol-driven area. Then response times are obviously another one that you would be involved with. In terms of the increased budget, as you know, with increased capacity and demand – and as Lorna said, it is driven as a service demand – we do have the need for replenishing ambulances. We do have need for increasing operating, but despite that, you know, I think we’ve actually done a good job managing our budget despite the capacity and growth demands.

Mr. Walker: Thank you for that.

Chair, how am I for time?

The Chair: You have one and a half, my friend.

Mr. Walker: Okay. Thanks. I will just quickly ask: does AHS track the movement of ambulances in smaller communities to and from large urban areas?

Dr. Yiu: Yeah, absolutely, we do. I mean, I’ve got, actually, Darren Sandbeck, who’s our chief paramedic officer. Maybe what I’ll do is that I’ll get Darren to come up to the microphone because he can describe, I think, very succinctly the type of integration that we have with EMS.

Mr. Sandbeck: Thank you. We do track movements of all ambulances across the system, both into and out of communities. We’ve recently, in about the last year, become very aggressive in moving those community-based resources, community-based ambulances out of the metro areas in Calgary and Edmonton and back to those communities to provide coverage.

Mr. Walker: Thank you so much for that. Very informative. Chair, what am I at, 30 seconds, 40 seconds?

The Chair: Yeah. If you have anything that you want to read into the record, go ahead, please.

Mr. Walker: Yeah. I would just say that that’s all very informative and enlightening. I appreciate it. I know that meeting with the Strathcona county emergency medical ambulance service people has also been informative. They’re saying that where we can also improve is on the data sharing of the metrics that we’re talking about. As I understand it, you guys are working on that collaboratively with ambulatory services, including in Strathcona county. I just want to highlight that for my own area. They want to continue to work closely on that, sharing that.

The Chair: Thank you, hon. members. Hon. members, we have exhausted our time for our meeting here today.

I do want to share with you that the committee has received written responses to questions asked in previous meetings of the committee from the Auditor General, the Alberta Conservation Association, and the Ministry of Energy. As per the standard practice of this committee these written responses will be posted to the committee’s external website.

Then we will move on to the date of the next meeting. The next meeting of the committee is scheduled for December 3, 2019, starting at 8:30 a.m. with the Ministry of Energy and the Alberta Energy Regulator.

I will now call for a motion to adjourn. Would a member move that the meeting be adjourned? Member Hoffman has moved. All in favour? Any opposed? The motion is carried.

Thank you.

[The committee adjourned at 9:56 a.m.]