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The 30th Legislature
Second Session

Standing Committee
on
Public Accounts

Health
Alberta Health Services

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Standing Committee on Public Accounts

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Standing Committee on Public Accounts

Participants

Ministry of Health
- Deena Hinshaw, Chief Medical Officer of Health
- Trish Merrithew-Mercredi, Public Health and Compliance
- Andy Ridge, Assistant Deputy Minister, Health Standards, Quality and Performance
- Evan Romanow, Assistant Deputy Minister, Health Service Delivery
- Paul Wynnyk, Deputy Minister

Alberta Health Services
- Verna Yiu, President and Chief Executive Officer

8 a.m. Tuesday, November 23, 2021

[Ms Phillips in the chair]

The Chair: All right. Good morning, everyone. I'm Shannon Phillips. I'm the chair of this meeting. I'd like to call this meeting of Public Accounts to order. I'm the MLA for Lethbridge-West. I'm pleased to be joining you here on Treaty 6 territory this morning.

As we begin, I'd like for folks in the room to introduce themselves for the record, please.

Mr. Reid: Good morning. Roger Reid, MLA for Livingstone-Macleod, deputy chair.

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

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

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

Mr. Singh: Good morning, everyone. Peter Singh, MLA, Calgary-East.

Mr. Toor: Good morning. Devinder Toor, MLA, Calgary-Falconridge.

Ms Lovely: Good morning, everyone. Jackie Lovely, Camrose constituency.

Mr. Schmidt: Marlin Schmidt, Edmonton-Gold Bar.

Ms Renaud: Marie Renaud, St. Albert.

Ms Pancholi: Good morning. Rakhi Pancholi, Edmonton-Whitemud.

Ms Robert: Good morning. Nancy Robert, clerk of *Journals* and committees.

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

The Chair: I know we have two members of the committee on videoconference. Could they please introduce themselves?

Ms Armstrong-Homeniuk: Jackie Armstrong-Homeniuk, MLA, Fort Saskatchewan-Vegreville.

Mrs. Aheer: Leela Aheer, Chestermere-Strathmore.

The Chair: Thank you, hon. members.

If the members from the office of the Auditor General could please introduce themselves for the record.

Mr. Wylie: Good morning. Doug Wylie, Auditor General.

Mr. Leonty: Good morning. Eric Leonty, Assistant Auditor General.

The Chair: Thank you, folks.

We'll now move on to approval of the agenda if we could. Are there any changes or additions to the agenda right now?

Seeing none, I would ask a member to move that the agenda for the November 23 – that is coming from the deputy chair – meeting of the standing committee be approved. Is there any discussion on this motion?

Seeing none, members, all in favour? Are there any opposed? That motion is carried.

Members, if you could please remute if you unmuted.

We'll now move to number 3 on the agenda, the approval of the minutes. We have our minutes from last week in front of us. Do members have any errors or omissions to note?

If not, would any member move that the minutes of the November 16 meeting of Public Accounts be approved as distributed? I see Member Turton moving that. Is there any discussion on this motion?

Seeing none, all in favour? Are there any opposed? That motion is carried. Thank you.

We'll now welcome our guests from the Ministry of Health, who are here to address their annual report from 2020-21 and outstanding recommendations from the Auditor General. Friends, you have 10 minutes for your opening remarks. In terms of introducing yourselves, all that I ask, Deputy, is that when you first speak, introduce yourself for the record, and then if any other officials speak, just introduce yourself the first time for *Hansard* so that they can properly attribute your comments in the record.

I'll now turn things over to the ministry. Deputy, your time begins when you start speaking. You have 10 minutes.

Mr. Wynnyk: Thank you, Madam Chair, and good morning. My name is Paul Wynnyk. I'm the deputy minister here at Health. We appreciate the opportunity to meet with the committee to discuss Alberta Health's 2020-2021 annual report and the Auditor General's outstanding recommendations. With me in the room today are Associate Deputy Minister Bryce Stewart; Mr. Aaron Neumeyer, the assistant deputy minister of financial and corporate services; Dr. Deena Hinshaw, the chief medical officer of health; Mr. Evan Romanow, the ADM of health service delivery. Other officials from the ministry are participating virtually in the meeting. Dr. Verna Yiu, president and CEO of AHS, will have further introductions in a moment.

To begin, I want to thank the office of the Auditor General for its desire to improve the health system for all Albertans. We take the Auditor's recommendations seriously and work hard to implement them. The Health department has 13 outstanding recommendations. Nine of them related to chronic disease management, seniors care in long-term care facilities, mental health services, and processes for physician billings are fully implemented and undergoing follow-up work by the Auditor General's office. Two recommendations relating to primary care networks are fully implemented and ready for follow-up. Implementation is in progress for two other recommendations, and we will continue to work with the Auditor General's office as we proceed.

Turning to Health's annual report, I'll recap some of the department's key accomplishments from 2020-2021, focusing first on our pandemic response. Based on the advice of Alberta's chief medical officer of health, government implemented and adjusted public health measures as necessary to reduce the spread of the virus and ensure our health system had the capacity to treat COVID-19 patients.

Among the highlights: we implemented a provincial COVID-19 testing program to track cases and outbreaks, we expanded virtual care options so doctors could provide medical advice to patients over video or phone, we committed $53.4 million to support the addiction and mental health needs of Albertans during and after the pandemic, we provided $260 million to help long-term care facilities and lodges prevent and manage outbreaks, and in December 2020 Alberta began providing the first doses of the COVID-19 vaccine to health care workers and long-term care residents and to the most vulnerable as more vaccines became available.

While the pandemic was the top priority in 2020-2021, we accomplished a lot of other work to improve health outcomes and provide timely health services for all Albertans. Government remains committed to the Alberta surgical initiative to provide Albertans the surgeries they need within the wait times recommended by medical experts. To help achieve this, we're investing capital dollars in AHS-owned facilities while chartered surgical facilities continue to provide surgeries in communities under contract with Alberta Health Services.

In our work to build a high-quality, sustainable health care system, we implemented virtual care options and consolidated regional EMS dispatch operations, among many other initiatives.

Alberta invested $863 million in health facilities, including the Calgary cancer centre and the new Grande Prairie regional hospital, among many high-priority projects. We also continue to ensure that Albertans have increased access to a mix of health professionals who best meet their needs.

While a new agreement was not ratified, we worked to strengthen the relationship with physicians and ensure they are fairly paid and supported. Government spent $90 million to address rural physician recruitment and retention, and the work continues to expand scopes of practice of professionals such as nurse practitioners and physician assistants.

Government has taken many actions to boost mental health and addiction supports. Alberta eliminated the $40-per-day user fees for publicly funded residential addiction treatment facilities. We introduced the opioid agonist therapy gap coverage program and expanded the virtual opioid dependency program, using technology to link Albertans to supports no matter where they live.

Finally, Alberta supported many ongoing population health initiatives to increase access to health services for Indigenous Albertans in communities and to implement the Tobacco, Smoking and Vaping Reduction Act.

Thank you. I will now pass the floor to Dr. Yiu for her comments.

Dr. Yiu: Good morning, everyone. I'm Dr. Verna Yiu, president and CEO of Alberta Health Services. I really thank you for the opportunity to provide some opening remarks. The 2020-2021 Alberta Health Services fiscal year represents one of the most difficult and demanding 12 months in our organization's history. Throughout this year our teams and our people were responding to COVID-19, as you know, the most deadly global health crisis in over a century. Our multifaceted response has demonstrated the resilience, courage, innovation, and dedication of each and every one of our team members. COVID-19 has put our health care system under unprecedented pressure and stress. Our tactical responses to COVID-19 have been a testament to our incredible front-line staff and our dedicated, passionate leaders. Our single provincial health care system gave us the ability to deploy staff across Alberta, to transfer patients within the province to ensure they received care, and allowed for a co-ordinated, consistent approach to COVID-19.

Alongside our effective response to the pandemic we maintained continuity of care during a time of physical distancing, finding new ways to serve Albertans and meet their physical and mental health needs. We found alternatives to traditional ways of delivering care such as moving from in-person chronic disease management classes to virtual, and similarly we also made the shift to other services such as addictions and mental health services, including group counselling. In fact, our virtual health strategy, which included a three-year road map, was accelerated exponentially to transitioning in-person clinic appointments to virtual appointments in a matter of weeks.

Our two main virtual home hospital projects, the virtual hospital in Edmonton and complex care help in Calgary, accepted even more patients to keep them safe and healthy at home rather than in a hospital unit. Both projects used digital patient monitoring to collect patient data that informs clinical decision-making and leverage existing supports in the community such as home care teams and specially trained community paramedics, who can perform treatments and diagnostics in the home setting. All of this enables patients with complex health conditions and those recovering from surgery to receive high-quality acute care from a multidisciplinary team at home rather than in hospital. Both programs cared for a total of 530 patients this past fiscal year compared to 296 the previous year, representing nearly an 80 per cent increase.

8:10

Despite the critical, effective focus on COVID-19 AHS also pushed forward on other crucial work. Wave 2 of connect care launched on October 24, 2020, and involved acute- and long-term care sites along with pharmacy, diagnostic imaging, and Alberta Precision Labs in suburban Edmonton along with dialysis and renal care programs on the Walter C. Mackenzie campus in Edmonton. The 2020-2021 fiscal year also involved planning for the wave 3 launch at select AHS north zone sites less than two weeks after the end of the 2020-21 fiscal year.

Due to the pandemic Accreditation Canada spring and fall surveys took place from September 27 to October 2, 2020. This involved 22 Accreditation Canada surveyors interviewing more than 900 staff, physicians, patients, and families. Their survey results highlighted the excellent work being done, especially with the COVID-19 response, and stated that AHS is accreditation ready, meaning that we live up to accreditation standards each and every day.

Over this period we have also progressed on implementation of 66 of the AHS review recommendations in the 2020-2021 fiscal year. Eighty-three million dollars of savings were achieved through a mix of ongoing and one-time savings.

I would also like to thank the office of the Auditor General for his work over the years to help improve patient care, efficiency, and safety in our health care system. AHS is already taking significant steps in addressing the recommendations outlined by the OAG. Working with Alberta Health, AHS has developed a CT and MRI action implementation plan in response to the ministerial directive to reduce DI wait times, improve intake, prioritization, and scheduling protocols. AHS has acted on all OAG recommendations. At this point AHS has 11 outstanding OAG recommendations. The two new recommendations relate to CT and MRI services, for which detailed implementation plans have been developed and shared with the OAG. Nine recommendations are currently reported as fully implemented and are currently being followed up on by the OAG. These are related to chronic disease management, seniors care in long-term care, mental health services, and expense claims.

I'm incredibly proud of our approximately 130,000 staff, physicians, and volunteers who have worked so hard and sacrificed so much to protect the health of all Albertans during a global health emergency, and I'm proud of what we have accomplished. We're committed to increasing the quality of health care across the system.

Thank you.

The Chair: Thank you, Dr. Yiu.

We have had somebody join us by telephone. I'm just wondering if that person can unmute yourself and just introduce yourself for the record so that we know who the meeting attendees are, and once we do that, then we can move on to the Auditor General. I'll just give you a minute there. Yeah. You're talking, but we cannot hear you. Maybe introduce yourself in the chat, and we can move on with the meeting business, shall we?

Mr. Wylie, please, from the Auditor General's office. Thank you.

Mr. Wylie: Well, good morning, committee members. It's great to be with you again. I'll take just a couple of minutes if I could. I'd like to provide the committee with an overview of our recent audits as well as the status of the follow-up work that we're doing within the ministry.

First, I'd like to discuss the financial statement audits. As part of our annual financial statement audit work we do audit the Department of Health transactions as part of the consolidated financial statement audit of the province. In addition to that, we've conducted separate financial statement audits of Alberta Health Services itself and its subsidiaries. Those subsidiaries include Alberta Precision Labs, capital group, and Carewest. We also audit the Health Quality Council of Alberta. In all instances, in all of those financial audits, we were able to issue a clean audit opinion.

I'll spend just a couple of minutes, again, on the status of our recommendations. You've heard from the deputy and the CEO. I'll just give you a sense of where we see that we're at in the process. We're currently in the examination phase of our follow-up work relating to the recommendations for seniors' care in long-term care facilities. We're doing that work in parallel with a new performance audit that we're completing on the COVID-19 response in the continuing care facilities.

Our follow-up work for our recommendations to improve systems in the delivery of mental health services is nearly complete, and we'll be reporting the results of that work in the near future.

There are also a number of outstanding recommendations from our chronic disease management audit, that you heard both the deputy and the CEO refer to, and we're presently in the examination stage of our follow-up work on that audit.

Recently the department indicated they're ready for us to follow up on the recommendations relating to the primary care networks, and we plan to begin that work in early 2022.

We're currently in the process of following up our recommendations relating to physicians' billing and the Alberta Health Services expense claims.

Finally, I'd like to highlight that we did issue a report this past year, in April, relating to the use of publicly funded CT and MRI services, and in that audit we identified a number of different areas for improvement, that you've heard earlier, that both the department and AHS are working to resolve.

I'd also like to thank both management groups here today for their co-operation and assistance during our audits. It certainly does make the process more efficient, so we really do appreciate their full co-operation.

That concludes my opening comments, Chair.

The Chair: Thank you, Mr. Wylie.

We'll now move on to our first questioning block. We will begin with the Official Opposition. We are in the in-session two-hour meeting, so we have a 12-minute block to begin. I recognize Member Pancholi, please.

Ms Pancholi: Thank you, Madam Chair, and thank you to all the officials from AHS and from Alberta Health for being here today. I want to begin by saying that if we interrupt you at any point, it is not to be rude. It's that we have very limited time, so I would also ask, if possible, that you keep your responses as direct and concise as possible.

Page 16 of the annual report 2020-21 reads that the COVID-19 response was "based on the advice of Alberta's Chief Medical Officer of Health and as approved by Cabinet," and then, of course, pages 17 to 20 of the annual report outline the department's COVID-19 pandemic response. Specifically, my questions deal with COVID-predictive modelling and information that was received through a freedom of information request, and my questions are for Dr. Hinshaw.

On September 17, 2020, Dr. Hussain Usman, the executive director of public health surveillance at AHS, wrote to his counterpart at Alberta Health about predictive modelling and what work was being done in the department to prepare for the second wave. I'm going to quote from his e-mail now. "We are getting multiple requests internally from AHS for COVID-19 projections . . . I wanted to know if [Alberta Health] is doing any modelling work so that we can avoid any duplication." Dr. Amy Colquhoun at Alberta Health responded in about two hours, and let me quote from her response e-mail.

> There is some modelling-related work . . . but nothing planned regarding projections. This is purposeful: we've been advised not to pursue projections . . . Given that the outcomes of such work may not be supported by all leadership, I would suggest not pursuing this work yourselves.

My question to Dr. Hinshaw: who in the leadership within Alberta Health gave this explicit direction not to do modelling projections to be ready for the second wave?

Dr. Hinshaw: Thank you for the question. To be clear, I think that there's some different terminology being used. Modelling and projections are slightly different pieces of work. There have been projections used throughout the response to COVID-19 to help us determine what the impact would be expected to be on the acute-care system when we are tracking the numbers that we're seeing in terms of COVID-19. I think it's important to not interpret the statements that you've read out as a ban on all work that would look forward. It's simply that it's important to know that when we do modelling work that projects out for many months at a time, the longer out those projections go, the more likely they are to not – there are so many assumptions built into a long-term projection that it's challenging to interpret. We were looking at tighter time periods because that was more reliable, and that's similar to what some other provinces have indicated more recently. You may note that . . .

8:20

Ms Pancholi: Sorry, Dr. Hinshaw. I apologize for cutting you off, but specifically this e-mail indicated, then, that no projections were to be done. My question is, then, that this is Alberta Health saying to AHS that they were not going to do projections because it would not be supported by all leadership, and this was a purposeful direction. Can you advise who within Alberta Health gave the direction not to pursue projections?

Dr. Hinshaw: I just want to be clear that we're talking about multimonth, long-range work that, again, is less precise than shorter term. It's important to recognize that the information referred to in that e-mail is, again, not that we would not do any kind of forward planning but that planning for multiple-month time ranges was not deemed . . .

Ms Pancholi: Thank you, Dr. Hinshaw. Sorry. Specifically, this e-mail says that Alberta Health gave direction not to do projections. My question is: who within Alberta Health provided that direction to not pursue projections? I understand there are differences. I'm asking: who just made the decision not to pursue projections?

Dr. Hinshaw: I'm sorry. I don't have that specific information. I would have to take that under advisement to see if that's something we can provide. Again, my recollection is that the discussion was about the long range, but I can't tell you one specific name. I'm sorry. I don't recall that.

Ms Pancholi: Thank you. If you can, then, table that information with this committee as well as clarify whether that direction came

from within Alberta Health or came from outside of Alberta Health by perhaps the Premier or cabinet.

I'm going to move on to my next question for Dr. Yiu. Unlike the department, Alberta Health, AHS required modelling projections in order to prepare the health care system for the second wave. Indeed, discussion of this is referenced on page 8 of the AHS annual report. It talked about the need for this in order for capacity planning and PPE supply. On September 17 Dr. Usman wrote to your colleague Dr. McDougall, the senior medical officer of health at AHS, about the need for modelling. Dr. McDougall responded that she had "made [the executive leadership team] aware of" Alberta Health's objections "but they still wish to proceed."

So my question to Dr. Yiu is that you heard from Alberta Health not to pursue projections, but AHS decided to do so anyway. How is it possible for you to effectively manage resources and plan when you're getting direction from Alberta Health to do the opposite?

Dr. Yiu: Yeah. Thank you for the question. I don't recall that I ever got direction from Alberta Health to not do modelling. The type of modelling that we do in the system is really based on what – we also do short-term capacity issues, and it's called an early warning system. I think Dr. Deena Hinshaw was correct in saying that it's actually very difficult to do longer term modelling just because there are so many changing variables that could impact on it. Within Alberta Health Services our goal was to actually do short-term modelling. The early warning system is most accurate maybe up to one to two weeks, maybe three weeks at the most in terms of trying to identify capacity challenges for us. It gives us sort of anticipated numbers that we could project out for both in-patient capacity as well as ICU capacity, and we use those projections to always stay ahead. Our expansion of our in-patients and ICU are always ahead of, you know, the high-range scenario because there are low-, medium-, and high-range scenarios in that . . .

Ms Pancholi: Thank you, Dr. Yiu. Sorry. If I could just interrupt for a second, I just want to understand: from your perspective as the CEO of AHS, was it your understanding that Alberta Health was not doing projections, yet AHS made the decision to do projections. Is that accurate?

Dr. Yiu: I would say not. Alberta Health has always been aware that we are doing the early warning system. We've always shared that data with the ministry in terms of what we are targeting for a capacity. Like I said, we've never been told not to do projections because they understand how important our short-term projections are in helping us manage capacity.

Ms Pancholi: Dr. Yiu, I have to say that that seems to sort of be contradicted by the information we have, where we actually have an e-mail from Alberta Health to AHS saying: we've been told not to do projections, and we advise you to also not do projections.

I'm just going to turn back to part of that FOIP request. It also indicated that on September 17, 2020 – this is actually a colleague of Dr. Hinshaw's at Alberta Health. Dr. Amy Colquhoun heard that AHS would proceed with its own projections despite the direction from the ministry, and obviously AHS needed to plan. In response Dr. Colquhoun, with Alberta Health, wrote to AHS and said that pursuing the projections at AHS "Makes sense! I can appreciate why they would be quite helpful . . . just thought you should be aware of the feedback we've received on projections (in particular, long term ones)."

It seemed to be that AHS was told that Alberta Health did not recommend doing projections because leadership wouldn't support it. AHS decided to do projections. Alberta Health even said: I get it; I understand why you would want to do projections but just wanted to let you know that we've been told not to.

Maybe I'll turn this question over to Dr. Hinshaw. You know, the team at Alberta Health clearly thought that projections would be helpful yet said: we've been told not to do it. AHS seemed to ignore that direction from Alberta Health and do the projections they needed.

Outcome 1 of the business plan on page 23 of the annual report reads: "health care system . . . that provides effective and timely health care services and leads to improved health outcomes." To Dr. Hinshaw: how can you meet this objective when Alberta Health was actually taking deliberate action not to do projections, and that was a purposeful choice because leadership would not support it? How could you have met that outcome result?

Dr. Hinshaw: I think it's important that the statement that you read out is actually exactly what I was talking about earlier with respect to the time range and the interpretation of projections and modelling. You'll note that in the e-mail it specifically references long range. What I was trying to articulate earlier is that there was not a stop on looking ahead, but we were not doing the long-range, multimonth forecasts because we had seen that the precision the further out that we got was not as tight as when we were doing shorter time intervals. I just want to be clear that this is not about a binary question. It's about the types of time frames that were being used. Again, it's more about the different interpretations of those different time frames and how the reliability is just difficult the farther out you get from the point in time that you do those calculations. Again, it really is . . .

Ms Pancholi: Thank you, Dr. Hinshaw. I appreciate that. However, I understand the projections, depending on whether it's short term or long term, but I think the challenge here is that it clearly was evident from these e-mails that both Alberta Health officials and Alberta Health Services saw some value in doing projections but that the direction from Alberta Health was to not . . .

Mr. Singh: Point of order.

The Chair: All right. Yes. I see a point of order.

Mr. Singh: Thank you, Madam Chair. The point of order is under Standing Order 23(c), the member "persists in needless repetition." The committee has convened for the purpose of considering the ministry's account. The matter has been previously raised and answered already, and we do not need to hear it again, as it is an unnecessary repetition.

Thank you.

The Chair: Yes.

Mr. Schmidt: It's been a long-standing practice of this committee to allow members to ask questions until they get an answer that they're satisfied with. You know, the member is clearly just playing for time here. I just recommend that this isn't a point of order and we let the member continue with her line of questioning.

The Chair: I agree that I do not see a point of order here. The member didn't even get to the actual question that she was following up with, so we're going to let her do that. If she is persisting in needless repetition, hon. member, we'll call her at that time on that. Okay?

Thank you. Please, Member Pancholi.

Ms Pancholi: Thank you, Madam Chair. I simply want to say that there appears to be on the record that there was a difference between

what was done and what was advised by the officials both at Alberta Health and Alberta Health Services. I will ask. You mentioned that you didn't want to do long-term projections, so how far out were projections acceptable? We know that both the federal government and Ontario published medium- to long-range projections at this time. How far out was acceptable for Alberta Health?

Dr. Hinshaw: The projection time frame, again, depended on the purpose of the work being done. As Dr. Yiu noted, there were projections done by AHS that were approximately two to three weeks out in that shorter range . . .

8:30

The Chair: All right. Thank you.

We'll now go over to the government side. We have block 1, which is 12 minutes. Hon. members, I see Mr. Singh. Please.

Mr. Singh: Thank you, Madam Chair. I would like to thank the representative of the Health ministry for being with us today as well as the office of the Auditor General. My question is about the COVID-19 response of the ministry here. Pages 17 through 20 identify the ministry's response to COVID-19 during the 2020-2021 fiscal year. I want to focus on the supports provided to continuing care especially. The annual report notes that there was $260 million in additional funding provided to protect staff and residents. Can the ministry provide more detail on how these funds were allocated and the other measures used to support and protect continuing care? I'm curious to know about this as Calgary-East has the Clifton Manor continuing care.

Mr. Wynnyk: Thank you, Madam Chair, for the member's questions. I'm going to lead off, and then I'll ask ADM Evan Romanow if he's got anything to add. Early in the pandemic the government of Alberta saw the impact of COVID-19 on the continuing care sector, and an immediate investment of $260 million was announced in funding for long-term care, designated supportive living, and seniors' lodges.

Funding helped to meet the extra costs associated with preventing and managing the outbreaks, and the funding helped operators pay for increased costs during the pandemic. Some of these included increased hours for personnel, nursing and care staff; increased hours for housekeeping, food services, and house greetings and security staff; equipment and supply costs such as the additional personal protective equipment that was required as well as cleaning supplies; combination revenue offsets and compensation for COVID-19 related vacancies due to sites in outbreak and the positive increase in the combination rates at the onset of the pandemic; a wage supplement of $2 per hour to compensate health care aides at contracted sites for the extra work necessary during the pandemic. This also helped to alleviate the financial burden for those who normally work at several sites but were restricted to just one site because of the pandemic. This provincial funding was made available to operators through their existing contracts with Alberta Health Services and the government of Alberta, and this continued throughout the pandemic into the current fiscal year.

Relating to public health measures, the government's response has evolved over the course of the pandemic. As emerging evidence has become available, experts' understanding of the virus has been established and the need to balance the impact of public health restrictions on resident quality of life as well. The chief medical officer of health orders specific to single site staffing, visiting restrictions, and operational outbreak standards were adjusted over time to reflect those considerations.

The intent of restrictions has been to prevent the introduction of the virus into the site and, if it does enter, to prevent spread while protecting critical aspects of resident quality of life. These measures included visiting restrictions, some restrictions to resident activity, active health assessment screening, quarantine and isolation requirements, continuous masking for staff and visiting persons, enhanced cleaning and disinfecting as well as hand hygiene and physical distancing. The orders also directed official measures of outbreak and for all staff in long-term care and designated supportive living to work at one site only. This is also expected of licensed supportive living and hospices experiencing an active outbreak.

To off-set the impact of staffing shortages on resident care, in addition to the funding mentioned previously, the government supported several workforce supply initiatives, including paying for health care aide practicums to enable students to finish their programs earlier and providing the flexibility for nursing students to be eligible to work as health care aides.

I'll just ask ADM Evan Romanow if there is anything he would like to add.

Mr. Romanow: Sure. Thank you, Deputy. I would just add that an important component with how these funds were allocated was based on ongoing and iterative engagement with continuing care operators and their associations as well as with residents and their families through town halls and close engagement. I think it's important to highlight that while these dollars were targeted throughout, it very much was based on ongoing and evolving needs throughout the pandemic.

Thank you.

The Chair: Can I just ask a quick request of the folks in the board room. Because you are in a board room and *Hansard* is having a hard time potentially attributing comments because there are, you know, five of you or whatever, when different people are speaking, if you could just say your name for the record so that they can attribute the comments properly. When it's one person in a box and their name is at the bottom, they find it easier. When it's a bunch of blurry people at a table, it's more difficult for them.

Mr. Singh: Thank you for answering this question here.

On page 61 of the annual report it goes into some detail about the early vaccine rollout, which is obviously a significant part of the COVID-19 response. The annual report notes that by the end of the 2020-2021 year 533,699 Albertans had received a single dose and that 101,298 had received a second dose. Can the ministry provide more detail into this early part of the vaccine rollout and any of the lessons that have been learned?

Mr. Wynnyk: Yes. Thank you. Alberta's vaccine distribution triage system was targeted initially to individuals with the highest risk of severe outcomes, including the elderly, the immunocompromised, and those in care settings. Some groups like teachers and first responders were suggested for earlier access to the vaccine due to their exposure risk as front-line essential workers. The province did not have an adequate supply at the time to accommodate all of these requests, so difficult choices had to be made.

Health care workers were deemed to have a higher exposure risk to people with COVID-19 than other essential workers who did not work in the health care system, hence the reason they were prioritized. Allowing priority distribution to all front-line workers such as teachers or first responders would have limited access to other groups who were at risk for severe outcomes such as elderly Albertans and those in care settings. I will stress once again that the infrastructure was in place to administer the vaccines, but there was a supply constraint, I think that you're aware of, at the national level coming in.

Mr. Singh: Although the COVID-19 vaccine was top priority for the department in 2020-2021, what did the ministry do to ensure that other crucial vaccines were still being delivered at significant levels?

Mr. Wynnyk: Alberta Health Services public health – and I will ask ADM Merrithew-Mercredi if she wants to add anything to what I have to say to this – is the sole provider of routine provincially funded childhood immunization programs, and that's at the infant, the preschool, and the middle school level. Alberta Health Services continued to prioritize two-month, four-month, six-month, 12-month, 18-month, and preschool immunization appointments throughout the pandemic.

However, as a result of a shift to online learning in-school immunization programs were suspended. Parents were still able to have their children immunized, however, at an AHS clinic. Since measles is highly contagious, measles vaccines were prioritized above others. Early childhood immunization rates in Alberta declined in April 2020 following the onset of the COVID-19 pandemic. Coverage for most of the early childhood vaccines improved in June of 2020 after that wave. Monthly immunization coverage decreased in April and May of 2020 as a result of the first restrictions even though those AHS public health centres remained open. AHS is committed to catching up on those routine provincially funded in-school immunizations by the end of June of 2020, but catch-up programs may be impacted should a shift to online learning be needed at any point.

Once again I'll just ask ADM Merrithew-Mercredi if she would like to add anything to that response.

8:40

Ms Merrithew-Mercredi: Good morning. Deputy, I think you summed it up very nicely. I would simply add that last year Alberta achieved the highest rate of influenza immunization that we've ever had when we were able to successfully provide vaccine to 37 per cent of all Albertans.

Thank you.

Mr. Singh: Again, thanks for answering here.

Pages 19 and 20 of the annual report highlight some of the IT solutions and supports that the department initiated in 2020-2021. I want to focus specifically on ABTraceTogether. Alberta was the first North American jurisdiction to use this technology as part of its pandemic response, so I would like to know more about it.

Mr. Wynnyk: Okay. Thank you once again for the question. As of the 4th of March 2021 there were approximately 310,000 users of ABTraceTogether. Seventy users of that app identified 573 close contacts to contact tracers. The uptake, admittedly, was lower than jurisdictions such as Singapore, which achieved a 70 per cent rate. As of November 12 this year 8.8 per cent of Canada's total population are active users of COVID Alert, just for benchmarking. As of July of 2020 in Australia 21.6 per cent adopted their app, and in the U.K. approximately 50 per cent of the population adopted the app there. Once again, I just relate that as benchmarking.

Mr. Singh: Thanks for answering.

How much did the ministry spend on ABTraceTogether last fiscal year?

Mr. Wynnyk: Deloitte was contracted to develop, support, and maintain the app, and the total amount paid to Deloitte for 2020-2021 was one million . . .

The Chair: Deputy, you can go ahead and finish that number.

Mr. Wynnyk: Thank you; $1,390,874, Madam Chair.

The Chair: All right. Okay. We will now move over to the Official Opposition for block 2, please.

Mr. Schmidt: Thank you. My set of questions are to Dr. Hinshaw, and they're related to outcome 1 on page 23 of the annual report. I'd like to ask about the second wave and the Alberta Health Services early warning system. Through a FOIP request we received the AHS early warning trigger system, dated September 25, 2020, that laid out a combination of daily case numbers and R-values that signalled danger ahead. In simple terms, there is a red-coded point where even if first-wave public health measures were put in place that day, Alberta's ICUs would still be overwhelmed. You and other officials here today had this information. More importantly, you held a preparation meeting on September 29 to go over this information so that Alberta Health could "prepare some materials for an update for the Premier."

Looking at the data your office reported publicly at the time, Alberta hit the worst of those triggers on October 30 of 2020, but the government of Alberta did nothing until November 24 of 2020. This led to appalling fatalities among Albertans, 36,000 cancelled surgeries, field hospitals set up, and the rationing of oxygen in Calgary hospitals. This clearly harmed the ability of the health system to deliver timely health services. My question is this. Why did the government of Alberta do nothing to protect Albertans and the health system in November when your own warning system told you that it was time to act?

Dr. Hinshaw: In the fall of 2020 we were monitoring the situation with cases' R-value per cent positivity, and we began in October to implement measures. There was a series of measures that began in October that were regionally focused at the areas that were seeing the greatest impact. We began with voluntary measures, moving to mandatory measures, and those measures expanded over time in both the geography to which they applied as well as the number of required measures in place.

As the impact of COVID-19 grew, the measures grew as well. So in late November and early December there were a significant number of measures put in place that led to the reversal of the growth trend and the decline of that second wave. Actions were taken in a stepwise approach beginning with least restrictive and moving into most restrictive beginning in a targeted geographic sense and expanding to province-wide measures over the months between October and . . .

Mr. Schmidt: Thank you, Dr. Hinshaw. When did you raise with the Premier and cabinet that it was time to implement health measures? On what date?

Dr. Hinshaw: There were multiple meetings over that time period. We had discussions about health measures, again, throughout that entire multimonth time period because, of course, those measures that were put in place were at the direction of cabinet, so each one of those steps required approval. Those conversations were happening on a regular basis.

Mr. Schmidt: Thank you. If Dr. Hinshaw could table the dates that she had these meetings with the Premier and cabinet to tell about the implementation of health measures, I would appreciate it.

Now, again, with respect to outcome 1. Through all of October cases were soaring, the system was flashing red, there were no further public health measures. On October 1 we had 173 new cases. October 6 we had 406 cases. It kept rising. It wasn't until November 24 that serious public health measures were announced, and by that time we had 1,500

cases a day. That's nearly two months when the early warning system was flashing red without serious additional public health measures. We see nearly a year later the same results play out. What lessons didn't you learn during wave 2 that led to these mistakes being repeated a year later in wave 4?

Dr. Hinshaw: To be clear, is it a specific question about this report that you'd like to ask?

Mr. Schmidt: It absolutely is. What failings from wave 2 did you highlight? What learnings did you take from failing to act so early in wave 2?

Dr. Hinshaw: Just to recap, measures were started in October, on October 8.

Mr. Schmidt: Thank you, Dr. Hinshaw. I don't need a recap. You've already provided us with that. What failings did Alberta Health identify in their action in wave 2 that could've prevented future waves?

Dr. Hinshaw: We've seen around the world that waves are not entirely preventable. COVID-19 has changed over the course of the past two years. It's mutated, as you know. We know that the response in Alberta has always attempted to balance minimizing the direct harms of COVID and minimizing the indirect harms of restrictions.

Mr. Schmidt: Dr. Hinshaw, I have three minutes left. What failings did you identify?

Mr. Walker: Point of order, Chair.

Dr. Hinshaw: Just to be clear . . .

The Chair: Yes.

Dr. Hinshaw, I have a point of order on the floor.

Mr. Walker: Yeah. Standing Order 23(c). The member is persisting in needless repetition here. This is, I think, the third time they've gone at this question. I would encourage the member to stick to the report itself. Also, the fourth wave is outside of the scope, Madam Chair. That occurred in August of this year, which is well outside the fiscal year.

Thanks.

Ms Pancholi: Thank you, Madam Chair. It's clearly obvious from the member's question that the question is about the learnings from the second wave, which is clearly within the scope of this annual report. Pages 17 to 20 clearly outline the department's response during the 2020-21 fiscal year with regard to COVID, so I think it's clearly within scope.

The Chair: Thank you. I think we will not find a point of order at this time. What we will do is simply express a caution to the hon. member. If the officials choose not to answer a question, that is also their right. However, they have certain duties at this committee. Those are also clearly enumerated within the Legislative Assembly Act and the standing orders. I will provide that reminder to officials and a reminder to folks in the room, too. If the officials do not want to answer a question, then we can move on.

Thank you. Please proceed.

8:50

Mr. Schmidt: Thank you. My question was to Dr. Hinshaw. What lessons did you learn from failing to act early enough to prevent the second wave that could have been implemented to prevent future waves?

Dr. Hinshaw: Lessons that were learned throughout every wave were applied to planning and to conversations about responding to future waves. It was clear that the seasonality of the virus was something that we needed to pay attention to. From the significant spread we saw in the fall of 2020 and winter, it was clear that we needed to be cautious about any kind of reopening measures and consider before we moved to expanding activities. So there were lessons that were learned in the second wave that were applied, again, to the planning and conversations that were had about responding to subsequent waves.

Mr. Schmidt: Remarkable.

My next questions are for Dr. Yiu at Alberta Health Services. Can you tell us how you managed to keep Alberta Health Services staff morale up as everyone saw the data at the same time while we were seeing no action from the Premier during the period from the end of September to November 23, 2020?

Dr. Yiu: Yeah. Thank you for the question. Verna Yiu, Alberta Health Services. I think it's been very, very challenging for our staff over the past almost two years in dealing with the pandemic. It's been very tiring. Many of them have not had vacations. They've been fatigued. The work has been very difficult. They've been doing more overtime, doing more shifts. So I think overall it's been very, very stressful for our staff, and we've worked very hard at providing additional internal supports within our organization, especially around mental health supports. We know that that's been the number one disability claim going forward, but I think even just acknowledging that has been, I think, something that the staff can relate to.

I do know that public support for our staff has made the biggest difference. For example, when there was the thankful campaign, where people would put positive messages for our staff in their front-door windows , that actually made a huge difference for our staff. The foundations have also been very helpful in providing supports of gratitude for our staff. I think everything helps. Another thing we've done is sort of bringing counsellors on-site to talk about psychological safety within our facilities and then, obviously, providing staff with additional tools around coping strategies. Just giving you a multitude of different things that we've supported as well as support from the public.

Mr. Schmidt: Thank you. What did AHS do to get the government to act to prevent the second wave?

Dr. Yiu: I think that from our perspective what we do is that we provide information to the ministry about any concerns that we may have, and, as we mentioned, we rely a lot on our early warning system.

The Chair: Thank you, Dr. Yiu.

We'll now go back to the government side for I believe it's nine minutes, right? Yeah. Mr. Walker, please.

Mr. Walker: Thank you so much, Madam Chair. Just to begin, I want to thank the deputy minister, Dr. Verna Yiu, and Dr. Deena Hinshaw and all senior staff for being here and for all the great work you do, including during the pandemic, which has been an incredibly stressful time for Albertans, the first pandemic in a hundred years. Also, congratulations on the great success with the vaccine rollout. My community of Sherwood Park is among the

most vaccinated in Alberta at 90 per cent, and I thank you for those efforts and also from my constituents.

My question will begin with progress on Alberta's surgical initiative, which is a very important initiative. Albertans want the wait times to come down on various surgeries. While the pandemic certainly was front and centre in 2020-21, the ministry was still responsible for delivering all the other programs and services that Albertans need. I know that the pandemic certainly interfered with surgical wait times, but the ministry still would have been working on other initiatives. One of the major initiatives listed in the annual report is the Alberta surgical initiative on pages 23 and 24. What progress was made on the Alberta surgical initiative in 2020-2021 to reduce wait times?

Mr. Wynnyk: Thank you for the question. Despite the pressures brought on by the pandemic, we're continuing to reduce wait times for Albertans through the Alberta surgical initiative. At the end of my response I will ask ADM Andy Ridge, who oversees that particular initiative, if he has anything to add.

With regard to chartered surgical facilities, unlike the COVID-19 impacts on hospital capacity, surgeries in chartered surgical facilities were not delayed after the first wave, and they actually performed more surgeries during the period of the pandemic, 2020-21, than before the pandemic. Two requests for proposals were planned for release in 2021. Those included ophthalmology and orthopaedic surgical services performed in chartered surgical facilities that will help manage the increased surgical demand and expand capacity, notably here in Edmonton and in Calgary as well.

On the capital side there was the construction of new operating rooms in Grande Prairie, and that was completed in 2021. With regard to Alberta coding access targets for surgery, standardized wait-list measurement and coding has now been rolled out across all eligible Alberta Health Services sites. And in terms of wait-list reconciliation the provincial wait-list cleanup across all zones is now complete. With regard to reporting, public reporting on the Alberta surgical initiative launched in March 2021 via an interactive dashboard. The dashboard is available at healthanalytics.alberta.ca, and it's updated on a monthly basis. New reporting elements will be added to the dashboard as the Alberta surgical initiative continues to grow.

Despite the surgical postponements that occurred during the first and second wave of the pandemic, several key strategies were pursued to decrease surgical wait times and eliminate the surgical backlog as part of this Alberta surgical initiative. Work with the Health Contracting Secretariat to increase surgical volumes, through the procurement and expansion of targeted surgical facilities, has continued unabated throughout the time of the pandemic. The department continued with other priority projects associated with the Alberta surgical initiative, and these included capital projects, health workforce planning, clinical care pathway development, quality initiatives, and specialist referral management. Capital projects were ongoing or being planned in Calgary, Edmonton, Edson, Grande Prairie, Lethbridge, Medicine Hat, and Rocky Mountain House.

Once again I'll just ask if ADM Andy Ridge has anything he would like to add to that.

Mr. Ridge: Thank you, Deputy. Yes. Assistant Deputy Minister Andy Ridge with Alberta Health. Just to build on that, the strategies that were put in place prior to the pandemic to address wait times and to address increased surgeries across the province positioned Alberta well not only through wave 2 and the recovery but also to take targeted efforts to build off the Alberta surgical initiative to address the COVID-specific surgical backlog. As a result, the implications in Alberta on recovery were far more progressive than what we were able to see in other provinces. So, again, the surgical initiative has positioned us well not only addressing wait times but also in helping to manage through the early waves of the pandemic.

Mr. Walker: Thank you so much for all that great and very thorough information, Deputy Minister and ADM.

I now want to turn my attention to red tape reduction. This is a very important initiative of our government. We are open for business again, Alberta is booming, including in my area, seeing major investment and job creation, and a big part of that is also red tape reduction, including in government ministries. Reducing unnecessary red tape is one of the main commitments of this government with the commitment to reduce red tape by a third by 2023. This is obviously an ongoing process for all ministries. Pages 21 and 22 of the annual report summarized the progress made during the 2020-2021 year, but I would like a bit more detail if possible. One item mentioned on page 21 is the amendments made to the Health Professions Act. Can the ministry explain how the amendments contributed to reducing red tape?

9:00

Mr. Wynnyk: Yes. Thank you. The amendments consolidated common requirements, reduced the size of professional regulations, created regulatory efficiencies, and allowed for the amalgamation of some of the health-related colleges. This resulted in significantly shorter professional regulations, eliminated the need for many proposed regulatory amendments, and provided more flexibility to professional and regulatory colleges to actually manage their own policy changes, essentially driving it down to the level it should be. This was supported by a priority RTR submission from Covenant Health as well. Many good ideas coming from there.

Mr. Walker: Thank you very much. Now, I just wonder, Deputy Minister. Did regulating new professions under this act contribute to reducing red tape overall, would you say?

Mr. Wynnyk: I'd say yes, absolutely. An example I use is that acupuncturists were the last remaining profession to be regulated under the Health Disciplines Act. The acupuncturist profession regulation came into force on December 30 of last year, bringing the acupuncturist profession under the Health Professions Act. This change then enabled the repeal of the Health Disciplines Act, contributing to a significant reduction of Health's baseline RTR count. I think there are about 104 examples or reductions there.

There are a number of other items outlined on pages 21 and 22 of the annual report that are in that regard. Yes. Thank you.

Mr. Walker: Thank you so much.

Just finally here in the time remaining, Deputy Minister and to your senior staff, how did the ministry ensure that any reductions in red tape did not negatively impact the delivery of front-line services to Albertans last year? That, of course, is very important.

Thank you.

Mr. Wynnyk: Thank you. Well, first of all, stakeholder reaction to the red tape reduction initiatives in general has been, I would say, universally positive. And a number of . . .

The Chair: Thank you, Deputy. I'm sure we'll have an opportunity to get back to it.

We'll now move on to the Official Opposition for nine minutes. I'm recognizing Member Renaud, please.

Ms Renaud: Thank you, Madam Chair. Let's turn back to the public health crisis, the worst in over a hundred years. As we know,

this year covered in this report was dominated by COVID-19, and in order to respond, we really need to understand how the virus works. I'm not sure the public has ever received a straight answer on this question, and Alberta Education, which appeared before this committee just a couple of weeks ago, was asked and they could not answer. So my question for Dr. Hinshaw: is COVID-19 airborne? Yes or no?

Dr. Hinshaw: COVID-19 can in certain circumstances be transmitted through aerosolized particles. We have a summary of the information on the risk factors that contribute to that on our website, that was published in November 2020. For the past year we have been providing the information on the facts. Unlike previous understandings of transmission, that were felt to be categorical, it's clear, as was recently outlined by the National Collaborating Centre for Environmental Health, that there's a spectrum of transmission, which includes aerosolized particles, where there are several high-risk combined factors such as small spaces, poor ventilation, overcrowding, and a long duration of time. This is consistent with . . .

Ms Renaud: Excuse me. Sorry, Dr. Hinshaw. I don't have much time. For the nonmedical professionals, non public health professionals, my understanding is that you're saying that COVID is airborne.

Mr. Turton: Point of order.

Dr. Hinshaw: COVID can be transmitted by short- and long-range . . .

The Chair: I'm sorry. I'm sorry, Dr. Hinshaw. I've got a point of order on the floor here.

Mr. Turton: Yes. Thank you very much, Madam Chair. Point of order under 23(b). I appreciate the questions about the COVID-19 virus in essence, that I know that the member is very interested to ask; however, Public Accounts is about policy implementation. The questions that she is going on right now, regarding just the nature of the virus itself, which would be very similar to what, you know, my son's high school class would be asking: there are probably more appropriate places to be asking those types of questions versus focusing on the work that taxpayers are wanting us to focus on this morning at Public Accounts.

The Chair: Please, Official Opposition.

Ms Pancholi: Thank you, Madam Chair. I would simply say that page 16 of the annual report clearly indicates that the COVID-19 response, which is the subject of this debate, was "based on the advice of Alberta's Chief Medical Officer of Health." The understanding by the chief medical officer of health of how the virus is transmitted is clearly pertinent to how that response was developed. That is the subject of this committee today.

The Chair: Yeah. I do not find a point of order. The nature of the virus and the timing of which, the understanding of how the virus transmits – Dr. Hinshaw just shared with us that it was within this fiscal year that they published an updated understanding of this in November 2020. The understanding of how the virus transmits will go to our review of how PPE was procured. Pretty well all of our pandemic response will flow from what we understand about the virus, which is why we don't wipe down our groceries anymore.

Let's proceed, and I will allow Member Renaud to continue with whatever line of questioning she sees fit.

Ms Renaud: Thank you very much. I would suggest that the high school students would like to know as well. So here we are. We assume, we've heard from international bodies that COVID-19 is indeed airborne. Dr. Hinshaw has given us a lengthy description of the fact that it is airborne. So why didn't the government very clearly communicate that to Albertans? I'm quite sure that Albertans would take steps to prevent contracting this virus if they were clear that it was airborne.

Dr. Hinshaw: The information that was provided in the update that was published on November 20 was subsequently used to inform all the guidance that was developed for every sector. It was used to inform Albertans in terms of all of the different sector-specific advice that was provided. Again, it's clear that the dominant mode of transmission is still short-range transmission. It can transmit over longer ranges if multiple risk factors are present at the same time. However, again, it's important to underline the understanding of COVID-19 not as categorical but as a spectrum. Again, the aerosol transmission potential was included in all sector-specific guidance from that time onwards.

Ms Renaud: Dr. Hinshaw, did your sector-specific guidance for schools indicate that it would be a good idea to get HEPA filters, or high-efficiency particulate air filters, in classrooms?

Dr. Hinshaw: Our guidance specifically indicated that ventilation and ensuring good ventilation was important. It is important to recognize that ventilation and indoor air quality is a complex issue and should be dealt with by certified professionals in that area. The installation of a HEPA filter in a system that's not overseen by an air quality expert can have, unfortunately . . .

Ms Renaud: Dr. Hinshaw, we do understand that these systems require technical expertise. We repeatedly heard from the Premier, the ministers of Health and Education about big investments being made in school ventilation as part of the capital maintenance and renewal spending by the government during this fiscal. But we asked the Ministry of Education, and the bulk of the money didn't actually go to improving ventilation systems. It was more an immediate plan to create some jobs and repair things like windows, water fountains – the list goes on. We're talking about $250 million. My question is: did the chief medical officer of health provide advice that the funds should have been spent to improve ventilation in schools? If so, if that was the case, do you know why that advice wasn't predominantly followed?

Dr. Hinshaw: We provided advice to Education about the COVID risk minimization measures. There is no one single measure by itself that will be sufficient, so we provided that list in our guidance, that's publicly available, in terms of all of the things that would minimize the risk of COVID transmission. But it's not . . .

Ms Renaud: Dr. Hinshaw, if I could just clarify with you. As the Ministry of Education was looking to spend $250 million, were there any questions to your office about: is it a good idea to invest in HEPA filters or improve ventilation systems in the schools in Alberta?

9:10

Dr. Hinshaw: I see it as my role to provide the recommendations that minimize risk, but I don't direct funding allocation in other ministries.

Ms Renaud: Would it have minimized risk to invest some of the $250 million in improved ventilation or HEPA filters?

Dr. Hinshaw: Again, it was part of my recommendation in a list of recommendations that ventilation in schools is an important thing for consideration. However, it should be noted that COVID-19 mitigation measures require multiple layers of protection. No one single intervention is sufficient. So the recommendations that I provided were that package, again, left to other ministries to determine their spending. My recommendations were that package and that list of layers of protective measures that would minimize the risks in schools.

Ms Renaud: So improving ventilation in schools would have minimized the risk of transmission of COVID in schools, but something happened so this advice wasn't taken. Those investments weren't encouraged, and that didn't happen.

Okay. So I'm going to move on, Dr. Hinshaw. Now, one of the things – we've asked for modelling or projections to be publicly released, but my question is about school boards particularly. Did any school boards during fiscal '20-21 ask your office for modelling or projections since it was your direction that they should manage their plans locally, and if so, did you or the ministry provide that modelling or projection to school boards?

Dr. Hinshaw: I'm sorry. On what page does it say that we directed a local response in 2020-2021 for school boards?

Ms Renaud: Well, we have repeatedly heard during I don't even know how many press conferences the Minister of Education and yourself, I'm quite sure, that these decisions were taken locally by school boards about where to invest, how to manage, whether to have mask mandates, all of these things. We know that this has happened. So my question is: did the school boards reach out to your department, to your office to ask for any modelling or projections so they could best make decisions locally?

Dr. Hinshaw: I have a team that helps me manage correspondence that comes from external partners, so I would have to go back to the team to review what correspondence we received. I want to be clear that in fiscal year '20-21 there was a provincial mandate that required, for example, masking in schools. So in fiscal year '20-21 there was a consistent approach to the public health measures that were required to be taken in schools in terms of an order that I signed. Of course, that year: the half of that year we had no vaccine and limited supplies in the second half of that fiscal. So just to be clear that there were universal provincial mandates with respect to protective measures in schools.

The question of specific requests for modelling: again, I'd have to go back to my correspondence team and seek to review what came in throughout that fiscal year . . .

Ms Renaud: Dr. Hinshaw, if you would agree to table for the committee any documentation received from any of the school boards requesting projections, that would be most appreciated. Thank you.

I've got 10 seconds, so I'm good.

The Chair: All right. We'll now move over to the government side for the next block, please, of nine minutes.

Mr. Toor: Thank you, Chair. I just wanted to start by saying thank you to the department, especially Dr. Hinshaw. Thank you for your role. I think Alberta was going through a very tough time, and for the role you played, I really want to say thank you on behalf of Albertans and especially the residents of Calgary-North East. Congratulations again for running a highly successful vaccination. In Calgary-North East 99 per cent of the population is vaccinated with the first dose. Thank you.

The question that I want to start with is outcome 2.2, focusing on the implementation of approved recommendations from the review of Alberta Health Services. The question for the ministry is to provide detail on what progress was made to implement these recommendations during 2020-21.

Mr. Wynnyk: Thank you for the question. The implementation of the approved initiatives from the Alberta Health Services review implementation plan will realize savings while improving access and make the health care system work better for Alberta patients. The end result will be a more sustainable health system better suited going into the future. In October of last year government approved Alberta Health Services to proceed with 66 initiatives. Sixteen were approved as early initiatives in May 2020, and an additional 50 initiatives were approved in October 2020 to move forward. Today approximately 22 of the 66 approved initiatives have realized savings.

Mr. Toor: What tangible results were realized during '20-21 from implementing these recommendations, and what metrics did the ministry use to monitor this?

Mr. Wynnyk: Yes. Thank you. I should add, before I answer, as well, that I'll just remind Dr. Yiu at the end if she would like to add anything.

Alberta Health Services realized $83 million in savings last fiscal year from beginning to implement the approved portion of recommendations from the Alberta Health Services review implementation plan. Progress has been made with advancing virtual health care options, consolidating regional EMS dispatch operations, expanding the use of chartered surgical facilities, as we've heard, to free up hospitals to perform more complex surgeries, and finding administrative and back-office efficiencies. While minimizing disruption to managing the COVID response, Alberta Health Services was able to find some of its most significant savings through additional reductions in discretionary spending, to the tune of $28.5 million; carefully managing overtime, realizing $12.1 million; and making changes to Alberta Health Services' liability insurance services for $9.3 million. All of the recommendations have a financial target along with key performance workforce quality or safety measures where appropriate.

A couple of examples. In optimizing clinical staffing, AHS would look at measures such as nursing units achieving targets, health quality indicators, and the skill mix associated with quality. To ensure that the organization and staff are able to move forward with the recommendations and changes, Alberta Health Services has dedicated change management plans in place.

Madam Chair, I'd like to give the opportunity to Dr. Yiu, if she would like to add anything, as she's obviously implementing these changes.

Dr. Yiu: Yeah. Thanks very much, Deputy Wynnyk. Just to say that when we actually embarked on the AHS review, I think one of the things that was very positive or validating for us was that about two-thirds of initiatives were already things that were well under way in the organization, so we were not starting from square one. The intention was always not only to bring efficiencies into the system but also to improve the quality of care. We know that best practices and quality of care always result in efficiencies.

We're very pleased with our work over the 2020-2021 fiscal year. Some of the big foundational elements to the AHS review have been the development of what we call the sustainability program office. This

actually brings in savings initiatives not just from the AHS review but also beyond the AHS review. Putting in sort of a well-functioning, centralized process that actually allows us to track and monitor and make sure that there are no unintended consequences has been very positive for the organization.

Thank you.

Mr. Toor: Thank you.

How did the ministry ensure that front-line services were not negatively impacted by the implementation of any of the recommendations relating to the restructuring goal?

Mr. Wynnyk: Thank you. In the fall of 2020, after releasing the Alberta Health Services comprehensive review implementation plan, the government's direction to Alberta Health Services was to take a long-term and gradual approach to the implementation and to make sure that patient care remained paramount throughout this journey. Alberta Health Services was directed to only proceed with a portion of the recommendations identified in the implementation plan, with, I stress, no job losses for nurses and other front-line clinical staff. Any reduction in full-time equivalents would have been through attrition only. Alberta Health Services has hired over 2,500 staff to ensure that the health system had the resources to respond to the pandemic regardless of the budget. The government spent $1.5 billion for health-related COVID-19 costs in 2020-2021 and has committed $1.25 billion for 2021-2022 in the COVID-19 recovery plan contingency.

Once again, I'll just provide an opportunity, if she wishes, for Dr. Yiu to add anything.

9:20

Dr. Yiu: Thank you. Just to state that, in addition to what Deputy Wynnyk had commented on, we do actually follow very closely the quality metrics as well as our workforce metrics duly, as I mentioned, to make sure that we deal with any potential consequences that we didn't anticipate. I think we've got mitigation plans to sort of identify any issues, especially with the workforce challenges, and overall I think that, as I said before, we're quite pleased with the amount of savings that we've brought forward without any impact to the front-line services, as stated.

Mr. Toor: Thank you.

Outcome 2.4, on pages 35 and 36, is focused on working with "independent providers to develop long-term care and supportive living spaces in community and modernize the continuing care legislative framework to enable more integrated care." Could the ministry provide a detailed update on the progress made to this outcome during the 2020-21 year?

Mr. Wynnyk: Yes. In 2020-2021 more than 2,600 new continuing care spaces have been approved, are under construction, or in the planning stages. These include, if you break down that figure, projects announced by government – there are 599 there – approved projects actually under way as we speak, 1,473, and the projects previously offered by Alberta Health Services number 528, to make up that 2,600 figure.

Mr. Toor: One particular element of this outcome is that $20 million was committed to AHS to modernize continuing care facilities. Can the ministry provide a detailed update on what was achieved with these funds, especially with this $20 million?

Mr. Wynnyk: Yes, I can. Thank you. Once again I'll ask Dr. Yiu if she wants to supplement my answer.

Alberta Health Services is currently implementing several projects to modernize their heating, ventilation, and air conditioning systems.

The Chair: Thank you, Deputy.

We will now move over to the hon. Member for Edmonton-Gold Bar.

Mr. Schmidt: Thank you. For many Albertans with serious health conditions, they were hardest hit by COVID-19 because their surgeries were delayed, and getting good data out of the ministry has been quite a challenge. Performance indicator 1(c) provides some percentages but not actual cases, so can the ministry share with us how many surgeries were delayed during wave 1?

Mr. Wynnyk: Thank you for the question. In terms of delaying, with regard to surgery delays and backlogs, in late 2020 the government started implementing the surgical recovery plan to actually address the backlog. I'm just checking my notes here.

Mr. Schmidt: Thanks, Deputy Minister.

I'm not looking for a whole lot of explanation, just a number. How many surgeries were delayed during wave 1?

Mr. Wynnyk: The backlog of surgeries due to COVID-19 was estimated to be 30,000 procedures by the end of March 2021.

Mr. Schmidt: Do you have a breakdown of how many surgeries were delayed in wave 1 and wave 2?

Mr. Wynnyk: In wave 1 surgical activity was restricted to emergent and urgent care only. That resulted in 25,000 scheduled surgeries being delayed. On wave 2 I believe I will have to get back to you.

Mr. Schmidt: Thank you very much.

Can you also commit to providing in writing a breakdown of the figure in terms of the types of procedures that were delayed and also which zones those occurred in?

Mr. Wynnyk: We will endeavour to do so, yes.

Mr. Schmidt: Thank you very much.

We often hear that the surgical system was really operating near capacity before the pandemic. There are only so many anesthesiologists and OR nurses, surgeons, that kind of thing. As of March 31, 2021, how many surgeries could Alberta Health Services perform weekly in a normal period?

Mr. Wynnyk: I think on that question, because it's directed to Alberta Health Services, I will ask Dr. Yiu if she can answer that.

Dr. Yiu: Yes. Thanks very much for the question. Prepandemic we were doing probably about 5,000 surgeries per week. That's kind of the prepandemic number. You can imagine that with COVID and the changes that were required as a result of infection prevention and control and the cleaning aspects that actually . . .

Mr. Schmidt: Thank you, Dr. Yiu. I don't mean to be rude. We've got a lot of questions to get through and not much time.

How many surgeries could you surge to? What is the maximum capacity, I guess, for surgeries in a week?

Dr. Yiu: Paul, did you want me to take that one?

Mr. Wynnyk: Yes, Dr. Yiu. Please do.

Dr. Yiu: Yeah. I'm sorry. My video is not working, so apologies for that.

Just to say that when we are at maximum surgeries, probably about 5,000 per week, perhaps we could go slightly over that, but that's kind of our maximum number if that's the question you're asking.

Mr. Schmidt: Okay. That's the maximum number. Is AHS always operating at that maximum number of surgeries during a normal period? Like, if we can remember back to prepandemic times, is that the normal number of surgeries that you would always complete?

Dr. Yiu: Yes, on average, it is.

Mr. Schmidt: Okay. So that's a sustainable number? You could do that every week for forever?

Dr. Yiu: Correct.

Mr. Schmidt: Okay. Thank you.

Are you saying that there's no surge capacity in surgeries, that you couldn't increase beyond 5,000 per week?

Dr. Yiu: We have increased – our plan with the Alberta surgical initiative, without the pandemic, is to actually increase beyond our normal activity to potentially up to 6,000 surgeries, which would take us up to about 125 per cent of normal activity.

Mr. Schmidt: But those others, that additional thousand per week, wouldn't be conducted by Alberta Health Services itself. Is my understanding correct?

Dr. Yiu: There are some aspects that we could potentially surge, but, correct, it would require partnerships with other stakeholders.

Mr. Schmidt: Thank you.

During the pandemic people put off seeing their family doctor, procedures were delayed, diagnoses that would have normally been made simply never happened, and we'll see the unfortunate outcomes of this as time moves on. Does either Alberta Health Services or Alberta Health have any projections as of March 31, 2021, on how many additional surgeries will be required because of a lack of early diagnosis when regular care was unavailable or not being sought?

Mr. Wynnyk: Sorry. I'm having a hard time with the computer here. Go ahead.

Dr. Yiu: Apologies for my camera. We can say that we can get back to the numbers in terms of the additional wait-list that has been created as a result of the waves. In fact, we actually did catch up on the backlog. We are currently working on a recovery plan.

Mr. Schmidt: Sorry, Dr. Yiu. You may not have understood. I may not have phrased my question correctly. How many additional surgeries would be required because of a lack of early diagnosis? You know, somebody could have been diagnosed with something that could have been prevented but left it too long, now has to have surgery, that kind of thing. Do you have any projections on that up to the end of March 2021?

Dr. Yiu: That's a very good question. We actually don't know what that is. We're working on that component, but that is kind of a big unknown for us right now.

Mr. Schmidt: Okay. Thank you.

I'll turn it over to my colleague from Edmonton-Whitemud.

Ms Pancholi: Thank you, Madam Chair. I'm going to use the remaining time in our block to read questions into the record. We're asking that you table with this committee written responses to the following questions.

Number one: on the ABTraceTogether app, since it was operational and over the course of this fiscal year, can you provide the committee by month how many people had downloaded the app, how many active users on average per day, how many cases identified because of the app, and how many people directed to isolate?

9:30

Number two: can you please provide a cost estimate for this fiscal year of the total spent by the ministry on the ABTraceTogether app both in terms of contracts awarded and internal Alberta Health resources?

Number three: can the ministry identify on a per capita basis how much was spent on the app per case of COVID-19 formally identified?

Number four. The Health Advocate reports to the Minister of Health, and she was operating during the pandemic. Can the ministry please identify the total number of reports to improve the pandemic response passed on to the minister or the ministry from the advocate? Likewise, can the ministry identify the total number of recommendations to improve the pandemic response made by the advocate and any reports, briefings, or recommendations by the advocate during that fiscal year related to the pandemic?

Number five: can the ministry please identify how it responded to each recommendation made by the Health Advocate during fiscal year 2020-21 related to the pandemic?

Number six: of the 30,000 surgical procedures backlogged as of March 31, 2021, can the ministry break that down by type of surgery and provide a cost estimate by procedure to get caught up, including the supplemental cost of overtime and additional staffing required?

Number 10: in fiscal year '20-21 how many general practitioner resignations, retirements, relocations were there from the Chinook primary care network, and what was the ministry's recruitment and retention strategy and cost of recruitment in Chinook PCN as of March 31, 2021?

Question eight. As we entered the second wave of COVID-19, the Premier and the minister repeatedly stated that restaurants and bars were safe. On November 12 it was announced that for 14 days bars would be required to end liquor sales by 10 p.m. and close by 11 within regions that were given an enhanced status. As of November 11 how many total cases of COVID-19 were formally linked to bars and restaurants, and what percentage of cases did that represent?

Similar question for group fitness activities in – sorry; this is question 12. Group performance and indoor sports activities were permitted in certain areas. What percentage of the total cases in those . . .

The Chair: Thank you, hon. member.

We'll now move over to the government side. I see Mr. Rowswell, please.

Mr. Rowswell: Thank you very much. I want to talk a little bit about addictions and mental health. Outcome 4 in the annual report focuses on mental health and addictions, and the importance of providing supports for these challenges became paramount during 2020 and 2021. I've got a few questions about progress made on these outcomes during the last fiscal year. Objective 4.1 on pages 51 and 52 focuses on implementation of the new mental health and addictions strategy. Can the ministry explain what progress was

made last year in implementing the new strategy? Yeah. If you could do that, please.

Mr. Wynnyk: Thank you, Madam Chair, for the member's question, and I will ask ADM Evan Romanow if he wants to supplement my answer here at the end. As noted in the annual report, the recommendations from the Mental Health and Addiction Advisory Council will inform the government's actions to implement a recovery-oriented system of care in Alberta. The council's report, entitled Toward an Alberta Model of Wellness: Recommendations from the Alberta Mental Health and Addiction Advisory Council, was submitted to government in early January of this year. The council recognized the need to transform the way Alberta addresses addiction and mental health challenges, and Alberta's government is considering the recommendations as part of our strategic approach to building a comprehensive, recovery-oriented system of care. The report has not been publicly released due to delays resulting from the COVID-19 pandemic; however, it has been reviewed and accepted by cabinet. In response to the recommendations a crossgovernment committee has been established and has already begun implementing many of the recommendations to help Alberta shift toward a recovery-oriented system of care.

I'll just ask ADM Evan Romanow: anything to add?

Mr. Romanow: Sure. Thank you. Evan Romanow, ADM of health service delivery. I would just add some more specific details that relate to very important populations. Looking at rural, remote, and Indigenous communities, additional work was also provided through government's commitment of $15 million over three years, so $5 million a year, through Alberta Health Services for honouring life, Indigenous youth suicide prevention, and Aboriginal youth and community empowerment strategies.

There was also work – as noted in the annual report, as of December 2020 49 communities and organizations were funded to support this work, and this funding is so critical to building capacity to support youth well-being, including suicide prevention, life promotion, mental wellness, work experience, et cetera.

Additional work in the future is very much committed to helping rural communities meet their addiction and mental health related needs. One example of this work under way is $4.6 million over five years for a rural mental health project. This project, for example, has components relating to training animators in over 150 rural communities to support communities developing their local action plans, offering community grants that allow communities to implement key projects identified in their action plans, and really developing and maintaining rural mental health networks to share knowledge, resources, and promising practices. Of note, over 104 communities have trained animators to lead this type of work.

These are just some of the examples of work under way in these areas.

Mr. Rowswell: Okay. Thank you very much.

I know my local constituency has the Thorpe Recovery Centre, which was, you know, on death's door just in 2019. I'm just wondering. As an example, like, can you talk about how Thorpe has recovered – I know it was on the recovery part – the results that might have happened with how full that facility is and any other examples of on-the-ground results of your actions?

Mr. Wynnyk: ADM Romanow, go ahead.

Mr. Romanow: Sure. I think it's critical. What you're referencing is government's commitment of $140 million to address opioid crisis and support, importantly, the creation of 4,000 new publicly funded mental health and addiction treatment spaces across the province. As you noted, the Thorpe Recovery Centre Society: there were 1,722 spaces which were supported through this overall allocation of $140 million. There are a number of examples additional coming online, being contracted through Alberta Health Services in real time and ongoing, that support those spaces across the province. Really, it is dedicated to enhancing residential addiction treatment capacity, providing funding for additional treatment beds, which include detox, residential addiction treatment, residential recovery spaces, and further increasing Albertans' access to treatment more broadly.

Mr. Rowswell: Okay. Thank you.

Pages 52 and 53 discuss some of the ministry's work to improve access to a continuum of appropriate supports, particularly for rural, remote, and Indigenous. You've commented about that a little bit. Could the ministry provide a bit more detail on these supports?

Mr. Wynnyk: Once again I'll ask ADM Evan Romanow to comment on that.

Mr. Romanow: Sure. Thank you. I think it's important – and I did highlight some of these very specific initiatives. Additional work has been put in place both to support throughout the pandemic virtual types of supports as well as enhance physical supports that are on the ground and across the province. A major initiative that was supported through this, for example, was Alberta Health leading a commitment of $7.3 million over three years to support youth mental health hubs. As noted on page 53 of the annual report, these hubs provide supports for youth aged 11 through 24 to access primary health care, addiction and mental health services, and community supports. These spaces and services, again as mentioned, are both physical and virtual, are designed to offer youth-friendly and improved access to prevention and early intervention supports and treatment and recovery services as required.

It's important to note the partnerships through this type of work such as with the Canadian Mental Health Association, Alberta division, which serves as the lead organization to provide oversight of the youth mental health initiative. Speaking to the reach of these hubs – and they're at different stages of development throughout the province. However, there are hubs in Drayton Valley, Fort McMurray, Fort Saskatchewan, Grande Prairie, Medicine Hat, Enoch Cree First Nation, Maskwacis, and Samson Cree Nation, which are delivered in partnership, and then a tri-region area through Parkland county, Stony Plain, and Spruce Grove. These services, again, vary depending on the location, and the hubs are really tailored and developed in partnership with the community to respond to community needs.

These are some of the types of examples that have supported that work.

9:40

Mr. Rowswell: Okay. Great. My final question is: just how did you measure success for these supports?

Mr. Romanow: Absolutely. As mentioned, a number of these programs are at various stages of development, so measurement is ongoing and will subsequently be provided in future years. We certainly have seen greater uptake during the pandemic for the virtual types of supports. The regular reporting – for example, youth hubs and other initiatives that are funded – does provide to ensure that we are seeing the right access. Additional work that the ministry is providing is to develop a measurement on the referral pathways that individuals are seeing throughout the system, again, to really have that focus on recovery.

The Chair: Thank you very much.

We'll now move over to the Official Opposition. I believe we are in block 4, correct? Sorry. Block 5. Okay. Regardless, please, hon. member.

Ms Renaud: Thank you. As of November 11 how many cases were formally linked to group activities, and what percentage of total cases in all regions did that represent?

Question 10: how many people have died from COVID in long-term care facilities, continuing care, and emergency shelters? Please break down the numbers by facility.

Question 11: how many health care workers contracted COVID while on the job? How many AHS employees, care workers in long-term care, continuing care, and home care? Please break down by each case, by site and employer.

Question 12. Page 52, outcome 4.2, mental health and addictions, notes $25 million for 231 community projects focused on mental health and addiction. Break down each of the projects' locations, anticipated outcomes, and names of organizations, the total the amount granted by Health.

Question 13. Spending related to the COVID-19 pandemic response accounts for the increased expense, which totalled approximately $1.5 billion. Can the ministry disaggregate the provincial and federal funding allocated to each of these initiatives?

Question 14: how is the minister tracking the health impacts of patients who are affected by delays in receiving home care? Has the ministry undertaken a regional analysis to understand where in the province Albertans were most impacted by reduced home-care service levels, and if so, what were the results of that analysis?

Question 15. The ministry states that home care is a critical support for hospitals during a pandemic, but staffing levels were reduced due to COVID-19 and requirements under the public health orders. What steps did the ministry take to address the challenges presented by staffing levels?

Question 16. The ministry reported a $50 million decrease in spending on home care due to significantly fewer contracted home-care hours provided through AHS. How did the ministry ensure that patients requiring care still received care? How did the ministry monitor the health outcomes of patients? How does the ministry plan to take this spending variance into account for future budget planning?

Question 17: over fiscal '20-21 did AHS assess the morale and/or mental health of its staff or contracted employees? If so, can you please table that information with the committee along with any comparator years – say, 2018-19, 2019-20 – to provide context?

Question 18. Page 66 of the Health annual report, performance measure 5(b), shows how poorly Alberta fares when it comes to child immunization rates relative to the public. Knowing that getting people vaccinated would be a challenge, what work happened in advance of vaccine delivery to set the stage to active vaccine update when doses arrived?

Question 19. I'm going to ask that both the ministry and AHS receive a copy of the excellent research briefing, dated November 9, '21, by the Legislative Assembly of Alberta officials and to provide answers in writing to each question in that document to this committee.

Question 20. We saw a high level of external review conducted by KPMG, but I would like to hear from the chief medical officer of health. Can she provide in writing her top three lessons learned from the first wave of the pandemic and some very brief commentary? Can she also provide in writing her top three lessons learned from the second wave of the pandemic and some brief commentary?

Question 21: for fiscal '20-21 can the ministry tell the committee the dates on which either the department or the CMOH briefed the Premier and/or cabinet and/or cabinet committee? I appreciate cabinet confidentiality. I don't need topics. I'm only looking for dates.

The Chair: Thank you, hon. member.

I'll now go over to the UCP side, and then we have a small item of business after that.

Ms Armstrong-Homeniuk: Another key responsibility of the ministry is to initiate programs that improve the general health of Albertans. Obviously, 2020-21 was dominated by the pandemic and with good reason, but now I do want to explore other public health initiatives taken last year. Can the ministry provide a more detailed explanation of what was done in 2020-2021 to reduce chronic illnesses referenced on pages 59 and 60?

Pages 62 and 63 outline what the ministry did to improve and to support maternal-infant health and early childhood development. Can the ministry provide more details on the six programs that it invested $2 million in in making prenatal care accessible?

Pages 63 and 64 of the annual report highlight the work done with First Nations, Métis, and Inuit communities to improve their health outcomes. Can the ministry provide an overview of the progress made last year?

Now I'll cede my time to my colleague Devinder Toor.

Mr. Toor: Thank you, Chair, and thank you to the department again. I'm just going to read in the question, which I was in the middle of. It's about the annual report, which mentions a number of capital investments in continuing care facilities. Can the ministry provide the committee with an update on the progress of these new continuing care centres?

Pages 19 and 20 of the annual report highlight some IT solutions and support the department initiated in 2021. I just want to focus specifically on ABTraceTogether. Alberta was the first North American jurisdiction to use technology as part of its pandemic response, so I would like to know more about it. How many Albertans used ABTraceTogether together in 2020-2021, and how did the uptake compare to other similar apps?

How much did the ministry spend on this in the last fiscal year?

A follow-up. Obviously, with any IT solution making sure that any personal details are secure is vital. Can the ministry tell the committee how it ensured that Albertans' information was secure?

What advantages and outcomes were realized through using its own tracing app rather than implementing the federal counterpart?

How did the ministry measure the success of ABTraceTogether?

How much time do I have left, Chair?

The Chair: Thank you, Mr. Toor.

I'm just looking to the floor, hon. members. We had a reference to the LAO briefing that was provided to us, which is completely in order. However, friends, that is contained on our internal website, so I would just look to the committee for permission to provide that briefing to the ministry officials so that they can appropriately respond to the question.

Seeing no objections to that, I thank the hon. members for that, and I thank the table for reminding me of that.

With that, friends, I will thank the officials and the folks from the Auditor General's office for joining us here this morning. I will ask, the committee asks that outstanding questions are responded to in writing within 30 days and forwarded to our committee clerk, who sits to my left here.

Moving on, then, to other business, I'm looking to the floor to see if any of the hon. members have any other business to raise at this time.

Seeing none, friends, our next meeting is on Tuesday, November 30. It is the Ministry of Transportation. We will all see each other next week at the same time.

Just reminding everyone at the table, mostly the chair, to take any of your used cups and so on from the table for the safety of the LAO staff, please.

I will now look to the floor for a motion to adjourn. Would a member move?

Mr. Reid: So moved.

The Chair: I see the deputy chair moving that the meeting be adjourned. All in favour? Are there any opposed?

Thank you very much, friends. We will see each other next week.

[The committee adjourned at 9:49 a.m.]

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