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**Proceedings of the Standing Committee on  
Social Services**

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Department of Health and Community Services  
(Continued from April 24, 2013)

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## **SOCIAL SERVICES COMMITTEE**

Department of Health and Community Services  
(Continued from April 24, 2013)

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Chair: Glenn Littlejohn, MHA

Vice-Chair: Eddie Joyce, MHA

Members:

Tony Cornect, MHA  
Dan Crummell, MHA  
Glen Little, MHA  
Andrew Parsons, MHA  
Gerry Rogers, MHA

Clerk of the Committee: Kimberley Hammond

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Appearing:

**Department of Health and Community Services**

Hon. Susan Sullivan, MHA, Minister  
Shelley Abbott, Executive Assistant  
Scott Barfoot, Director of Communications  
Dr. Cathi Bradbury, Associate Deputy Minister  
Sandy Collins, Parliamentary Secretary to Minister  
Bruce Cooper, Deputy Minister  
Colleen Janes, Assistant Deputy Minister, Professional Services  
Michelle Jewer, Assistant Deputy Minister, Corporate Services  
Debbie Morris, Director, Long Term Care & Community Support Services  
Karen Stone, Assistant Deputy Minister, Policy and Planning  
Colleen Stockley, Assistant Deputy Minister, Population Health  
Mike Tizzard, Director, Financial Services  
Denise Tubrett, Assistant Deputy Minister, Regional Health Services

**Also Present**

David Brazil, MHA  
Dana English, Researcher, Official Opposition Office  
Susan Williams, Researcher, NDP Office

Pursuant to Standing Order 68, David Brazil, MHA for Conception Bay East – Bell Island, substitutes for Glen Little, MHA for Bonavista South.

The Committee met at 6:00 p.m. in the Assembly Chamber.

**CHAIR (Littlejohn):** Good evening, everyone.

First of all, Minister, I want to thank you for the return visit, and all of your staff; it is appreciated greatly by the Committee. I know you have another event at 7:00 p.m., so we will go until 6:45 p.m.

In the interest of time, I am not going to have any more remarks. We are here and we are ready to go.

Andrew, you are up.

**MR. A. PARSONS:** Thank you, Mr. Chair.

**CHAIR:** I am sorry, Andrew. We left off at 3.1.02, so in the interest of picking up where we were –

**MR. A. PARSONS:** I think we had jumped around a little bit, too.

**CHAIR:** I have us at 3.1.02.

**MR. A. PARSONS:** I do have some other questions on other sections if that is okay.

**MS SULLIVAN:** Why don't we do what needs to be done first so we ensure we get that finished, and then we will see?

**CHAIR:** Yes.

**MR. A. PARSONS:** Okay.

Heading 3.1.02.

**CHAIR:** That is where I had us to, Andrew.

**MR. A. PARSONS:** Okay.

There is just about a \$500,000 cut, Minister, in Grants and Subsidies. Can you tell us what this is?

**MS SULLIVAN:** Yes, and I do recall, actually, answering that question last time. This was a reduction that we did across the community agencies that receive funding for it from the Budget process. We pointed out last time that even though we have done some reductions across those community agencies, that our agencies are certainly better off today than they used to be.

We feel confident that they are okay. We have reached out to them, to all of the agencies. We have had conversations with the agencies. They understand where we are, why we are in this position of having to do some reductions here.

The reaction from most all of them, when we called them and spoke to them because this was not something that we communicated via paper, was that they were just very pleased that we had not eliminated funding and that we had not made drastic cuts to them. We are getting some very positive feedback actually from our community agencies.

**MR. A. PARSONS:** I am going to move forward to 3.2.02. I believe 3.2.01 is the section we already discussed about the grants to health foundations. Am I correct?

**MS SULLIVAN:** Yes.

**MR. A. PARSONS:** Okay.

Heading 3.2.02, Health Care Facilities, the line of Salaries has been cut; how many positions?

**MS SULLIVAN:** In this one, you are looking at the Estimates piece?

**MR. A. PARSONS:** Yes.

**MS SULLIVAN:** Okay.

We had a number of infrastructure projects, if I am looking at the right section here –

**CHAIR:** Subhead 3.2.02.

**MS SULLIVAN:** Yes, we are looking at the \$226,000 cut there in Estimates.

**CHAIR:** We are looking at the Salaries, Minister: 3.2.02.01, Salaries.

**MS SULLIVAN:** Thank you.

We have a number of infrastructure projects in various stages of construction, so we are looking at some planning, site preparation, tendering, construction, et cetera. As a result, each project requires different levels of funding in any given year. I guess that would impact on the salary budget that we would need, depending on where we are with the projects and how they are moving forward.

**MR. A. PARSONS:** Some of these projects, the stuff we talked about like the Corner Brook hospital which we know there are consultants hired outside, these are departmental people who work for the department and work in consultation with the people doing the consulting?

**MS SULLIVAN:** This would be through Transportation and Works.

**MR. A. PARSONS:** Okay.

There is a \$5 million jump in Professional Services, under line 03.

**MS SULLIVAN:** Transportation and Communications –

**MR. A. PARSONS:** Professional Services, sorry.

**MS SULLIVAN:** You are looking at Estimates again there?

**MR. A. PARSONS:** Yes, \$13.5 million now. That must be for one of the projects?

**MS SULLIVAN:** Yes, there are several projects here. We are looking at the Corner Brook hospital, the Waterford hospital, the electrical

substation project at the Health Sciences which is a major portion of that particular project, is a total of, if I remember correctly, around \$15 million. We are looking at \$7.8 million I believe for this year for that particular project. That is a major project and piece of work that needs to be done at the electrical substation.

**MR. A. PARSONS:** This \$5 million, that is for consultants, if it is professional services?

**MS SULLIVAN:** For engineering and design, primarily.

**MR. A. PARSONS:** Okay. I get confused sometimes, and this happens in a lot of departments where there is Transportation and Works –

**MS SULLIVAN:** That is right. I understand.

**MR. A. PARSONS:** The other money for consultants that comes under TW?

**MS SULLIVAN:** Yes.

**MR. A. PARSONS:** This money comes under this line item, I guess. How much of this is going to Corner Brook hospital?

**MS SULLIVAN:** Corner Brook hospital: \$7 million for 2013-2014.

**MR. A. PARSONS:** Okay.

This is a question that you are probably expecting. While we are talking about Corner Brook hospital, how many acute care beds are there at Western Memorial currently? I ask this just because I have to ask; there are lots of numbers out there.

**MS SULLIVAN:** There are 199 beds in the Corner Brook hospital. All beds are essentially considered acute care beds.

**MR. A. PARSONS:** Okay.

The briefing book from 2012 says 184. I think the answer last week was 159. We got that at some point.

**MS SULLIVAN:** I do know where the 159 would come from. I recall using the number when we were looking at the number of beds that are operational in terms of acute care beds when I was referring to the 25 per cent that are often used by the clients who require alternative levels of care. We looked at the average of 25 per cent over the two-year period which would take fifty beds out and we would have said 149 were operational in terms of acute care beds, but I do not know where the other numbers would have come from.

The 184: I have no idea where that would have come from.

**MR. A. PARSONS:** How many are operational right now?

**MS SULLIVAN:** It varies from day to day and from week to week. It depends on how many people we actually have in those beds, who are there as a result of other circumstances. We can outline, as I did the last time I was here, a number of circumstances that would require people who are alternative level of care patients to be using beds within that hospital or any of our facilities. They are all kinds of reasons why people would need to use the beds.

We can look at people who are in those beds awaiting long-term care or awaiting long-term care assessment, or awaiting personal care homes or awaiting personal care assessment, or awaiting rehabilitative or restorative care, which is why we are putting a fourteen-bed unit to handle just that, or awaiting occupational therapy, physiotherapy.

An example that I think I gave the last day when we were here would be somebody, for example, who may have suffered a stroke or something serious that would have caused something debilitating and they perhaps cannot go home until renovations are done to their home.

There are all kinds of reasons why people under the umbrella of alternative level of care occupy beds that are considered acute care beds.

**MR. A. PARSONS:** The number fluctuates.

**MS SULLIVAN:** Absolutely.

**MR. A. PARSONS:** Okay.

I just want to move on and I do not know if this falls under this, but personal care homes, what section would that fall under?

**MS SULLIVAN:** The section we already did.

**MR. A. PARSONS:** I do not think I asked any questions on it, or did I?

**MS SULLIVAN:** I do not know.

**MR. A. PARSONS:** You are not getting off that easy.

**MS SULLIVAN:** Okay. Which one?

**MR. A. PARSONS:** Personal care homes.

**MS SULLIVAN:** No, I am trying to find which section for you.

**OFFICIAL:** Subhead 3.1.01.

**MS SULLIVAN:** Heading 3.1.01.

I am going to get back there, too.

**CHAIR:** It is 3.1.01, Andrew; page 16.9, for anybody following along.

**MR. A. PARSONS:** Excellent. Thank you.

The Budget committed \$1.5 million for the implementation of the Enhanced Care in Personal Care Homes Pilot Project. Is this the pilot where Level 3 care is being delivered at various personal care homes?

**MS SULLIVAN:** Beyond Level 2 care, yes.

**MR. A. PARSONS:** Okay. Which personal care homes are involved in the pilot?

**MS SULLIVAN:** We are not in a position yet to be able to launch that particular thing and therefore we will not be releasing any names.

**MR. A. PARSONS:** Okay. So they are not picked?

**MS SULLIVAN:** No.

**MR. A. PARSONS:** Okay. Is there an anticipated timeline on – do people have to apply for it?

**MS SULLIVAN:** There was an application process. There was an RFP that was done. There was a full process that was in place. We have looked at finalists in that particular category – that is probably not the best choice of words.

**OFFICIAL:** (Inaudible) contest.

**MS SULLIVAN:** Yes, it does, and that is not what I am trying to indicate at all. There was a process. There was an internal review of applicants and so on. Then there was a look with RHAs as well. There were scorings done, et cetera.

**MR. A. PARSONS:** Is there a timeline on when you think this will be put out there?

**MS SULLIVAN:** I do not have a timeline in place right now.

**MR. A. PARSONS:** Okay. Is part of the funding for this going to involve training for staff to make sure they can do the Level 3 care?

**MS SULLIVAN:** I do not think that is part of the funding. In terms of being able to do training, I think they would hire appropriate staff.

**CHAIR:** Debbie.

**MS MORRIS:** The funding includes introducing skill mix into this sector. We are looking to have an LPN on site, and part of the funding is for that as well.

**MR. A. PARSONS:** This is my last question.

**CHAIR:** Okay, good.

**MR. A. PARSONS:** We can blame the light.

In this year's Budget you announced \$624,000 to add 100 portable subsidies, so I think that brings it up. The number I have is 2,348 subsidies. In last year's Budget it said the number was being increased by 100 to a total of 1,811. I think that amounts to a 537 discrepancy. So I am just wondering if there is a –

**MS SULLIVAN:** I cannot explain that, but we will certainly look at that and get that number back to you.

**MR. A. PARSONS:** Okay. Those are my questions.

Thank you, Mr. Chair.

**CHAIR:** Thank you.

Gerry.

**MS ROGERS:** Thank you very much.

Thank you so much for coming back.

**MS SULLIVAN:** I am sorry. Can we just –

**MS ROGERS:** Oh, sure.

**CHAIR:** Okay; Debbie again.

**MS MORRIS:** A lot of times we talk about portable subsidies, and that number probably would have been portable subsidies. We have in that sector as well what we call fixed bed subsidies and they are attached to specific beds in the older homes. The discrepancy would be between the total number of subsidies out there available for individuals and those that are – which is a mix of portable, primarily, and the 500 or 600 that are still associated with some of the older personal care homes, known as fixed bed subsidies.

**CHAIR:** Gerry, I am sorry.

**MS ROGERS:** Okay.

Again, thank you so very much for coming back. I know there is a bit of time constraint so we will just move on.

For the pilot project again, I am not sure, did we discuss what the budget is for the pilot project this year?

**MS SULLIVAN:** It is \$1.5 million.

**MS ROGERS:** Thank you.

Is it your plan to actually have it happen this year?

**MS SULLIVAN:** Yes, it is.

**MS ROGERS:** How many facilities will be involved, or do you know?

**MS SULLIVAN:** We should be able to award to three facilities.

**MS ROGERS:** That would include how many people?

**MS SULLIVAN:** Twenty-four beds.

**MS ROGERS:** Twenty-four beds. Thank you.

I know that we talked a little bit about the ambulance program. When will negotiations with the ambulance owners resume, or have they resumed?

**MS SULLIVAN:** Are we going back to that?

**CHAIR:** Gerry, I would like to finish. I would like to get through. We were at 3.1.01, and if we have some general questions there after –

**MS ROGERS:** I have only general questions.

**CHAIR:** Okay.

**MS SULLIVAN:** Okay. Does Andrew want to finish with the other section?

I think what we agreed to, Gerry, before you came in the room, was that we would finish first

the line by line and then we would go back to some general questions.

**MS ROGERS:** Okay.

**MS SULLIVAN:** Oh, he is gone. Sorry.

**MS ROGERS:** I did not have any line by line questions.

**CHAIR:** He is gone. Minister, would you just (inaudible) is gone and Gerry is on the clock for another eight minutes.

**MS SULLIVAN:** Sure.

**CHAIR:** Okay. Thank you.

**MS ROGERS:** When will the negotiations with the ambulance owners resume?

**MS SULLIVAN:** You know, of course, that we are doing an ambulance review.

**MS ROGERS:** Yes.

**MS SULLIVAN:** Negotiations are not our area. We do not do the actual negotiations. That would be a question that is better directed to Finance.

**MS ROGERS:** Okay. Thank you very much.

The paid family caregivers program, what is the budget for that this year? I know that you –

**MS SULLIVAN:** It is \$6.1 million.

**MS ROGERS:** Yes, and it is the plan to use all that this year?

**MS SULLIVAN:** It is.

**MS ROGERS:** Okay, thank you.

I know you said you are looking at it and still designing it, but I am wondering: What are some of the components? Will there be training for family caregivers?

**MS SULLIVAN:** That is certainly one of the areas that we have taken a look at. Until we put a final plan in place it will be difficult to say exactly how we are going to expend the monies, but that is an area we have investigated and we have looked at. Gerry, in all honesty, we really do not have that in place to the degree that we can say monies are going here, here, and here.

**MS ROGERS:** Right, but I am just wondering about some of the components. Will there be monitoring?

**MS SULLIVAN:** Of course.

**MS ROGERS:** Respite?

**MS SULLIVAN:** When you talk about some of these areas, those are components that are part of our home support program in any case.

**MS ROGERS:** Yes.

**MS SULLIVAN:** So, respite is always available.

**MS ROGERS:** Case management?

**MS SULLIVAN:** It is part of what we do through home support.

**MS ROGERS:** Okay, great.

Smoking cessation; what are the plans, if there is anything, for publicly supported smoking cessation at this point?

**MS SULLIVAN:** There is nothing in this year's budget. We continue to invest in a number of initiatives around tobacco control and so on. I think there is \$210,000 that we provide to the Smokers' Helpline. If I am not mistaken, there is another \$225,000 that we provide to the Alliance for the Control of Tobacco. So we continue to invest in those ways.

There is a tremendous amount of work we have done already around awareness and education. There is legislation that we have enacted as well. There are a number of things we have done around smoking cessation.

**MS ROGERS:** Okay, thank you.

Can we get the allocation for home care from last year? How much was spent last year and how much is budgeted for this year?

**MS SULLIVAN:** Is that here in these notes? I would think it is here somewhere. Let's see if we can – what tab are we in? Again, it is all over the place.

**MS ROGERS:** It is, I understand.

**MS SULLIVAN:** I do not know what tab, so I am trying to recall instead.

**MS ROGERS:** Yes, I understand.

**MS SULLIVAN:** We do not have the actuals here. Or do we?

We will get the numbers for you.

**MS ROGERS:** Great. I understand.

**MS SULLIVAN:** I do not want you to use my recall at 6:00 o'clock in the evening.

**MS ROGERS:** Great. I totally understand. It makes lots of sense.

The new assessment tool for home care: Was that initiated only in the last budget year or did it start even before that?

**MS SULLIVAN:** It was implemented, I believe, in last year's budget, wasn't it?

**OFFICIAL:** Yes.

**MS SULLIVAN:** You are talking about the interRAI tool?

**MS ROGERS:** Yes.

**MS SULLIVAN:** That was last year.

**MS ROGERS:** Are you collecting any data about the changes in the hours of home care for people, after the assessments?



**MS SULLIVAN:** It is a little too early for us to be able to do that yet. We started the implementation process. The data and stuff would be available to us, but to be able to do an analysis of that and compare from one year to another, I think it is a little premature to be able to do that.

**MS ROGERS:** Okay, but you are doing that, in collecting that.

The community transportation initiative – I am going to be jumping around a little bit too; I am aware of time.

**MS SULLIVAN:** Sorry.

**CHAIR:** The community transportation initiative.

**MS SULLIVAN:** I am sorry, okay.

**MS ROGERS:** How is that going? Where is that?

**MS SULLIVAN:** I am doing recall again because I do not know where it is in the book. We have looked at that initiative. Did we do that through an RFP, Bruce? Maybe you can remember better than I can, the process that we used (inaudible) –

**CHAIR:** Bruce.

**MR. COOPER:** We did a call for proposals and those have been vetted and assessed. In fact, no public announcement has been made yet, but notification of the successful groups is taking place and will be carrying on, so there will be more to say about that soon.

**MS SULLIVAN:** Very soon.

**MS ROGERS:** What is the timeline then?

**MS SULLIVAN:** Very soon. I want Andrew to hear that.

**MS ROGERS:** What is the budget for that this year?

**CHAIR:** Bruce.

**MR. COOPER:** I am trying to recall the budget.

**MS SULLIVAN:** It is \$500,000.

**CHAIR:** Minister, repeat that, please.

**MS SULLIVAN:** It is \$500,000.

**CHAIR:** Thank you.

**MS ROGERS:** It is a pilot project as well at this point, is it? How many communities do you suspect it will be in?

**MS SULLIVAN:** I think we will leave that to the announcement. I think it is best left to the announcement itself.

**MS ROGERS:** You are not going to make us hold our breath too long.

**MS SULLIVAN:** No.

**MS ROGERS:** Okay.

We talked about the subsidies for personal care homes and long-term care. Chronic disease strategy: Are there any particular plans for anything to enhance that strategy?

**MS SULLIVAN:** Just a second now (inaudible). Sorry?

**MS ROGERS:** Do you want me to wait? I can wait.

**OFFICIAL:** No, that is alright.

**MS ROGERS:** I know it is hard.

The chronic disease strategy: Are there any particular plans or expansion for this year at all?

**MS SULLIVAN:** Who wants to take that one?

**CHAIR:** Bruce.

**MR. COOPER:** The Chronic Disease Self-Management Program continues to roll out, so there is a continuing intake of trainers, but the investments that we have made in past years continue into this year in terms of the continuation of that budget.

**MS ROGERS:** That budget item has remained the same?

**MR. COOPER:** It has remained the same. We did not make any changes to the Chronic Disease Self-Management Program and we are looking at other possible enhancements in using the services of the help line.

**MS ROGERS:** Okay.

The pump for diabetes: I am hearing really difficult stories. Students who have to go off the pump because they turned twenty-five; people who have to go back to needles because they turned twenty-five and they do not have the money. Is there any movement there at all or is there any plan to expand the pump program?

**MS SULLIVAN:** There is nothing in this budget.

**MS ROGERS:** Okay. Thank you.

Electronic occurrence reporting, so the reporting of adverse events: Is there a database being coordinated in the department?

**MS SULLIVAN:** Denise, do you want to answer that question with regard to the database?

**OFFICIAL:** That is actually Karen.

**MS SULLIVAN:** Karen, sorry.

**CHAIR:** Karen.

**MS STONE:** There is a system. It was fully implemented as of the end of October 2012 and it is actually in the Regional Health Authorities, not in the Department of Health and Community Services.

**MS ROGERS:** Is there somebody that coordinates it at all? I would imagine that this is also reported back to the department.

**MS STONE:** Yes, there are some aspects that the department get reports on. So yes, it is coordinated and we have someone in the department who analyzes the data to look for trends.

**MS ROGERS:** Can we get some copies of that?

**MS STONE:** At this time we do not have enough data in there to have produced anything, but we expect to have something during the course of this year.

**CHAIR:** Gerry, I am going to hold you there.

Andrew.

**MR. A. PARSONS:** Thank you, Mr. Chair.

Something was brought up to me; I believe it is called the Vocera System. It is a new system being implemented in the Health Sciences. It is some kind of technology. What is the cost on that system?

**MS SULLIVAN:** We do not know. We will find out.

**MS ROGERS:** (Inaudible).

**MR. A. PARSONS:** It is like a communication type system. It is hard to explain, but I had it here to ask about. I read it and I read it so long I forget it.

**MS SULLIVAN:** No, we do not know the cost.

**MR. A. PARSONS:** You do not know as in you do not know it now and you will get it to me or do not –

**MS SULLIVAN:** I am sure we can get the cost, yes. It is the Health Sciences, so it is out in the RHA.

**MR. A. PARSONS:** Excellent, thank you.

Where is mental health covered under the budget?

**MS SULLIVAN:** It depends on what –

**MS ROGERS:** (Inaudible).

**MS SULLIVAN:** Yes, thank you, Gerry, it is everywhere.

**MR. A. PARSONS:** What is the status of the e-mental health service and awareness campaign? There were some RFPs put out. I am just wondering how that process is going.

**MS SULLIVAN:** It is moving along. If you do not mind, I am going to get Colleen to give you the update on that.

**MR. A. PARSONS:** Yes.

**CHAIR:** Colleen.

**MS STOCKLEY:** As you know the web-based e-mental health services will create greater access to effective, evidence-based online treatment options. We have two RFPs that are out and we are expecting that they will be concluded in the very near future.

**MR. A. PARSONS:** When were they put out?

**MS STOCKLEY:** They were put out – I am not sure of the exact date; I would have to get back to you on that.

**MR. A. PARSONS:** Was it May 2012?

**MS STOCKLEY:** It was in 2012, yes.

**MR. A. PARSONS:** So they are not back yet?

**MS STOCKLEY:** The process has not been concluded yet, no.

**MR. A. PARSONS:** Okay.

Just waiting for that to conclude?

**MS STOCKLEY:** Yes, that is right.

**MR. A. PARSONS:** Okay.

Minister, I am going to go back and I believe it is under 2.2.01, Provincial Drug Programs.

**MS SULLIVAN:** So you are finished with everything else then?

**MR. A. PARSONS:** No.

**MS SULLIVAN:** No, I mean from the going forward piece because I am looking at fifteen minutes. If there was anything that we did not get to, I just want to make sure that you have had opportunity to get to –

**MR. A. PARSONS:** The problem is I do not know where they fit in.

**MS SULLIVAN:** I understand that actually.

**MR. A. PARSONS:** I do not know where this is – it is on my last page, so I am assuming it is toward the end. Long-term care beds in Goose Bay: What is the wait time right now on getting in there?

**MS SULLIVAN:** We do not have that with us today.

**MR. A. PARSONS:** We can put that one on the to-do list.

**MS SULLIVAN:** Yes.

**MR. A. PARSONS:** Perfect.

**MS SULLIVAN:** You realize that when we are talking wait times that they vary all the time from facility to facility, from month to month.

**MR. A. PARSONS:** Yes, but we can do some kind of average.

**MS SULLIVAN:** Yes, okay. So you are not saying: What is it today? Are you looking for an average over a period of a year?

**MR. A. PARSONS:** It would be nice, if the stats are there to show what it was for 2012.

What was it the year before? Are we making progress?

**MS SULLIVAN:** Yes, we can see about putting that together. Again, you know what I am saying. In terms of long-term care facilities, those stats change weekly.

**MR. A. PARSONS:** Oh, yes. I think I have Health Care Facilities covered.

Regional Health Authorities, 3.1.01, I am just wondering, I presume this is where the ambulance program falls under?

**MS SULLIVAN:** Yes.

**MR. A. PARSONS:** There are some big numbers there. What is the cost of the ambulance program?

**MS SULLIVAN:** It is \$56 million.

**MR. A. PARSONS:** Okay. Is there a breakdown to go between private, community, and public?

**MS SULLIVAN:** We do not have it here. Do we, Cathi? Do we have that here?

**DR. BRADBURY:** Yes, we do.

**MS SULLIVAN:** Okay, Cathi has it.

**MR. A. PARSONS:** They are on the ball. That is good.

**CHAIR:** Dr. Bradbury.

**DR. BRADBURY:** The information that I am giving now would be for 2011-2012. The road ambulance contractors were \$33.17 million; the air ambulance program was \$6.6 million; and the hospital-based road ambulance program was \$16.78 million, for a total of \$56.56 million.

**MR. A. PARSONS:** Thank you.

While we are talking about Regional Health Authorities, there were some nursing changes coming up in Central that were scheduled for

this spring but I think the implementation was pushed back.

**MS SULLIVAN:** I am sorry. I did not hear the first part of your question.

**MR. A. PARSONS:** The nursing, I will use your word, efficiencies – I would say cuts – in Central were scheduled for spring 2013 but I think they have been pushed back to the fall. Am I right?

**MS SULLIVAN:** What we are doing around nursing is not anything that is new at all. We have been looking at, for example, the new skills mix ratio. It is called that, even though that has actually been under implementation for quite some time. The recommendations came forward in the year 2006. I do not know that I would want to say we are doing something new around the implementation of the skills mix.

**MR. A. PARSONS:** There were some changes. We are hearing the changes were scheduled for Central for this spring, but they have been pushed back to the fall, no?

**MS SULLIVAN:** I am not sure what you are referring to.

**MR. A. PARSONS:** I am going to move backwards to – actually, I want to get it out there because if I do not do this I am going to be mad at myself. I am going to go to pharmaceutical services. The first question is: What is the cost to operate the Pharmaceutical Services Division?

**MS SULLIVAN:** Subhead 2.2.01. Did you say pharmaceutical division?

**MR. A. PARSONS:** Yes, PSD, Pharmaceutical Services Division.

**MS SULLIVAN:** Okay. Do we know where that is? The problem is going back now to try to find it. You do not know where it is as you are asking the –

**MR. A. PARSONS:** It is 2.2.01.

**CHAIR:** It is 2.2.01, page 16.7.

**MS SULLIVAN:** Okay. Well, I do not have those pages.

**MR. A. PARSONS:** The other thing too, I know I am going back and forth and I apologize for it, but I am rushed, so I do not really have time to wait. The questions are on the record. If we cannot get the answers right now, at least if they are on the record there is a list of information that has to come back to me anyway.

We can follow up with Hansard and make sure it all goes out. I appreciate the time. I know that I am making you guys go back and forth and I apologize.

**MS SULLIVAN:** Michelle, do you want to just explain what you explained to me there? Because I think what is happening is that we are going to have to extract that information from a couple of different areas for you, but Michelle can explain it to you in a little more detail.

**CHAIR:** Michelle.

**MS JEWER:** The Pharmaceutical Services Division is budgeted under 1.2.03, Professional Services. There are a number of different divisions in that section, so we would have to get back to you on the cost just for that particular division.

**MR. A. PARSONS:** Okay. That is fine.

What is our cost to participate with CADTH, the Canadian Agency for Drugs and Technologies?

**MS SULLIVAN:** It is here somewhere. We will find it.

**MR. A. PARSONS:** Yes. Well, I am going to put another question out. You are going to want to hear this one because we have had some back and forth.

Talking about CADTH, ACDR, PCODR, I have asked you questions in the House about the TOBI Podhaler, ondansetron, Neupogen. We do have people here in the Province locally – I know you are aware of them – who are asking

for the coverage. The C-17 says we are the only place struggling to get it covered. Now, I know we come back and say: Well, we listen to the ACDR, but we seem to be the only Province that really is so strictly adhering to it.

In Nova Scotia, they are just taking it as recommendations. What I am wondering is why are we having so much trouble? Some of them are not even really cost issues, per se. When it comes to the ondansetron, which is the young children, there are only a handful of those kids at any time in the Province. I am just wondering why we are having so much trouble getting some of these medications covered.

**MS SULLIVAN:** Again, I am going to defer to the medical person on our staff to answer that question for you because I think you will get a more fulsome answer.

**MR. A. PARSONS:** Yes.

**CHAIR:** Dr. Bradbury.

Cathi?

**DR. BRADBURY:** New brand drugs are reviewed by the Common Drug Review and CADTH; pCODR does new oncology drugs, and the Atlantic Expert Committee looks at existing drugs, but changes to their indications or extensions to the formula. The Common Drug Review looks at both the effectiveness of the medication as well as the cost of it relative to similar medications used to treat the same condition.

We use the recommendations that come from these committees, similarly to other provinces, in that we take them under advisement and then make recommendations to the government as to whether they should or should not be covered.

**MR. A. PARSONS:** Something like ondansetron, is that covered also? Ondansetron is one; it is for the children with nausea or whatever. I think it is being covered in other provinces. I am sure they go through the same reviews. I am just wondering why we have so much trouble getting something like that. From

what I have been told the coverage cost for that is actually very low.

**CHAIR:** Andrew, I need you to – I want to be fair to Gerry.

Colleen. Behind Bruce – there we go.

**MS JANES:** Thank you.

As Cathi has indicated, when we receive recommendations from our expert bodies we look at those recommendations and consider them in conjunction with budget, what our mechanisms are in terms of funding, and the type of product and other policies in place in the jurisdictions. So each jurisdiction makes independent decisions.

For that particular drug, that is funded as part of our Prescription Drug Program. We do cover it for both adults and children. We have a set of criteria that we use to assess requests for coverage. In other jurisdictions, ondansetron is not necessarily always covered under the drug program. Some cover it through different mechanisms. So the implementation of coverage can look a little different in the various provinces.

**CHAIR:** Okay.

Gerry.

**MS ROGERS:** I will ask a question now about midwifery and where we are at with midwifery, what are the barriers from moving on and getting the legislation in shape and –

**MS SULLIVAN:** I missed the first part; I am really sorry.

**MS ROGERS:** Midwifery: Where are we?

**MS SULLIVAN:** Okay. In terms of midwifery, we have hired two experts. Their names escape me and they are from –

**MS STONE:** McMaster.

**MS SULLIVAN:** McMaster. Thank you, Karen. They are from McMaster University.

**MS ROGERS:** Oh, McMaster, good.

**MS SULLIVAN:** They are. They are doing an extensive piece of work for us around that. Do we have their report as of yet? Karen, why don't you finish answering the question?

**CHAIR:** Karen.

**MS STONE:** We are expecting their report in September, they will be –

**MS ROGERS:** I am sorry –

**MS STONE:** We are expecting their report in September. They will be here in the Province meeting with stakeholders beginning on May 13.

**MS ROGERS:** Who are the stakeholders? I mean, I am not looking specifically for names, but when you say stakeholders.

**MS STONE:** The Friends of Midwifery, midwifery advocacy groups, health professionals.

**MS ROGERS:** So May 13?

**MS STONE:** They arrive, and they have already scheduled meetings with these groups. I am not privy to that schedule.

**MS ROGERS:** Okay, great.

We are going to have a report in September and then what? Anything else in this –

**MS STONE:** They will be making recommendations, which we will review.

**MS ROGERS:** What exactly are they studying?

**MS STONE:** They are studying how we could effectively and efficiently implement midwifery in the Province.

**MS ROGERS:** Okay.

What is the budget for this, this year? Is there any money for any implementation should there be any recommendations to move forward?

**MS STONE:** No.

**MS ROGERS:** Nothing? So we are just going to study it.

**MS SULLIVAN:** I do not think it is fair to say, Gerry, that we are going to just study here.

**MS ROGERS:** I know.

**MS SULLIVAN:** This is an area of concern and has been an area of concern –

**MS ROGERS:** For a long time.

**MS SULLIVAN:** – for me and it is an area in which I personally want to move forward, but we have to have the information done before we can make any decision. Now, to try to put a dollar figure into a budget when we have not yet received the report is really difficult to do.

**MS ROGERS:** Yes.

**MS SULLIVAN:** This is something that we have taken, in earnest, a good hard look at and we want to move forward with it.

**MS ROGERS:** Please do not take that comment from me as any kind of criticism for what the staff are doing, but that there has been constant, constant pressure to move on with this and it is –

**MS SULLIVAN:** I am not getting constant pressure; I have to tell you that.

**MS ROGERS:** Well, we are hearing it. I guess people are not directing the pressure in the same place. Obviously, there is a need. There is obviously a need.

**MS SULLIVAN:** We have had meetings with a number of groups. We have told them and expressed our interest in moving this forward. In fact, those same groups I met with were really happy with the movement we were making. When we identified for them who the two

consultants were, they were exceptionally happy with that. They are really looking forward to working with us as we move forward.

**MS ROGERS:** I guess if you are a midwife, you have to be patient. I do applaud the fact that this is moving forward, and this is really good news. I just know we have been talking about it for a long time.

The air ambulance service: Are there eleven vacant positions now in the air ambulance service?

**MS SULLIVAN:** You are talking about the medical flight team?

**MS ROGERS:** Yes.

**MS SULLIVAN:** There are five, I think. Do we have seven in training, Cathi?

**OFFICIAL:** Seven.

**MS SULLIVAN:** Yes, seven in training, so that would leave five we are recruiting for.

**MS ROGERS:** Okay, seven in training?

**MS SULLIVAN:** Yes.

**MS ROGERS:** Is it possible to get the logbooks for each pilot for dispatches from Happy Valley-Goose Bay in the last three years?

**MS SULLIVAN:** I do not have logbooks.

**MS ROGERS:** Well, the information about the hours of flights and the dispatches for pilots from Happy Valley-Goose Bay.

**OFFICIAL:** I have flight numbers and hours of flight time.

**MS ROGERS:** Sure, that would be good.

**MS SULLIVAN:** Hours of flight?

**MS ROGERS:** Yes, and the number of dispatches; not just hours of flight, but the

number of dispatches from there. That would be great.

**MS SULLIVAN:** Okay, Cathi, whatever you have that we can share.

**MS ROGERS:** Thank you very much.

Nurse practitioners: Can we have numbers of how many we have and where they are?

**MS SULLIVAN:** One hundred and twenty-three.

**MS ROGERS:** Thank you.

A list of where they are?

**MS SULLIVAN:** We would have to compile that, but we can do that.

**MS ROGERS:** Great, thank you.

The ABE program at the Waterford is a joint project with the Department of Health and with AES. We know that is being discontinued. It is specifically for people with quite complex mental health needs.

**MS SULLIVAN:** Again, that is not something that is within the department. That would be with Eastern Health. The contract would exist between Eastern Health and AES. Not contract necessarily, but the dialogue around that would not be anything we would be doing here in the department.

**MS ROGERS:** I just wonder, is there anything to ask you about that.

**MS SULLIVAN:** I think if you need to ask questions around that I do not think the AES Estimates have been done. I think that might be the more appropriate place.

**MS ROGERS:** It was a program that was initiated by the Waterford to serve their clients and people on an out-patient basis.

**MS SULLIVAN:** We are really not familiar enough with that here. Again, that would be

something through Eastern Health and the Department of AES.

**MS ROGERS:** Okay. Thank you.

I believe I just might be content here. I think those are all of my questions.

Thank you very much. Again, for the midwifery stuff, it is good news that it is moving ahead. I think that there are many people who will be happy about that.

**CHAIR:** We have a couple of minutes before the minister has to depart, so I will go back to Eddie.

**MR. JOYCE:** Thank you.

Minister, I asked last week for the Hatch Mott MacDonald report and Stantec report. Will I be receiving that?

**MS SULLIVAN:** Again, that is a joint thing. I need to have that discussion with the Minister of Transportation and Works. I committed at the time to having the discussion with the minister and I will.

**MR. JOYCE:** Do you know when that will be?

**MS SULLIVAN:** I will try to do that over the next – somebody make a note for me so I remember. It is as simple as that. I need to remember to have the conversation with the Minister of Transportation and Works.

**MR. JOYCE:** He did commit to do it. He already committed to do it so if there is any delay – him and his deputy minister committed to release both reports.

**MS SULLIVAN:** Okay.

**MR. JOYCE:** It is in Hansard.

Is there a report on readmission rates provincially in the Department of Health? There are statistics –

**MS SULLIVAN:** No, we do not have that.



**MR. JOYCE:** There is not a statistic –

**MS SULLIVAN:** Within the Department of Health?

**MR. JOYCE:** Within the Department of Health –

**MS SULLIVAN:** No.

**MR. JOYCE:** – statistics for readmission. Are you absolutely sure because I am sure it is compiled in Western Health and given to the department –

**MS SULLIVAN:** It may well be out in the health authorities, but you are asking me if I received those in the department?

**MR. JOYCE:** It is given to the Department of Health, the readmission rates, and it is compared western to provincially, I can assure you.

**MS SULLIVAN:** It could be through Teledata. We will have to follow up and see.

**MR. JOYCE:** Yes.

I am sure it is, just to let you know there is and that is where the readmission rates – and I know the readmission rates on the West Coast are higher because people are out quicker. The readmission rates for the West Coast is higher than Eastern, about 4 per cent higher, just to let you know. It is in the department, I can assure you, somewhere because I can –

**CHAIR:** Eddie, it is 6:45 p.m. and the minister has an appointment.

**MS SULLIVAN:** It is possible for us to get it through Teledata.

**MR. JOYCE:** Okay.

**CHAIR:** I am going to give you one more question because the minister has to leave.

**MS SULLIVAN:** Yes, just to clarify, it is possible for us to get it through Teledata. That does not mean it is in the department, however.

**MR. JOYCE:** Okay.

I have one more question?

**CHAIR:** You have one more question. The minister has an appointment at 7:00 o'clock and she has to –

**MR. JOYCE:** Can we come back again some other time?

**MS SULLIVAN:** When we were here last Wednesday I offered to stay two extra hours, and I said I could stay. We finished at 12:00 o'clock and I said I could stay until 2:00 o'clock because that is when were going to reconvene the House that day. Then I said I would come back a second time, and I am here.

**MR. JOYCE:** Can I just go through in thirty seconds?

**MS SULLIVAN:** Thirty seconds; let's go.

**MR. JOYCE:** Someone, any official can go through.

In the beds in Corner Brook, palliative care, are they considered acute care beds in a hospital?

**MS SULLIVAN:** Cathi, because I do not have –

**DR. BRADBURY:** Yes.

**MR. JOYCE:** Medicine for strokes and diabetes?

**DR. BRADBURY:** Yes.

**MS SULLIVAN:** We just answered all these questions before you came in, actually.

**MR. JOYCE:** I am aware.

Mental health?

**DR. BRADBURY:** Yes.

**MR. JOYCE:** Orthopaedics?

**DR. BRADBURY:** Yes.

**MR. JOYCE:** General surgery?

**DR. BRADBURY:** Yes.

**MR. JOYCE:** Maternity newborn?

**DR. BRADBURY:** Yes.

**MR. JOYCE:** Women and Children's Health?

**DR. BRADBURY:** Yes.

**MR. JOYCE:** Internal medicine unit?

**DR. BRADBURY:** Internal medicine is the same as medicine.

**MR. JOYCE:** Okay. So there are eight on that.

Adult rehabilitation; like the occupational therapy?

**DR. BRADBURY:** Yes.

**CHAIR:** Okay.

**MR. JOYCE:** No, no, there are only two more. That is it then.

Alternative care level, the personal care homes; that is not, and I already know it is not. That is right, waiting to go into a home, a seniors' home?

**DR. BRADBURY:** Alternative care patients are in-patients who have been medically discharged who remain in an in-patient acute care bed.

**MR. JOYCE:** Yes, okay.

Rehabilitation? I think you already said occupation rehabilitation is acute care?

**DR. BRADBURY:** Yes.

**MR. JOYCE:** Okay.

Just to let you know, Minister, what we checked off just then was 174 acute care beds at Western Memorial Regional Hospital now. They are statistics given to me by Western Health and

also by the Premier the day she made her statement. As we speak, as just confirmed by your department, there are 174 acute care beds at Western Memorial, just to confirm that.

**CHAIR:** Okay. I want to thank the minister and her staff for coming. Minister, I want to thank you for coming back once again. I appreciate your time and I appreciate the time of your staff.

Just a couple of things, we have the minutes from our Department of Education meeting of May 1. Can I have a motion to approve the minutes of the Department of Education for May 1?

**MR. JOYCE:** So moved.

**CHAIR:** Moved by Mr. Joyce; seconded by Mr. Cornect.

All those in favour, 'aye'.

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay'.

Carried.

On motion, minutes adopted as circulated.

**CHAIR:** Will the Clerk call the first subhead, please?

**CLERK (Ms Hammond):** Subhead 1.1.01.

**CHAIR:** Does the first subhead 1.1.01 pass?

All those in favour, 'aye'.

**SOME HON. MEMBERS:** Aye.

**MR. A. PARSONS:** Can I have a chance to speak for twenty seconds, Mr. Chair?

**CHAIR:** Just let me get through this 1.1.01 and then I will give you twenty seconds, Andrew.

**MR. A. PARSONS:** Sure, no problem.

**CHAIR:** Subhead 1.1.01.

All those in favour, 'aye'.

**SOME HON. MEMBERS:** Aye.

**CHAIR:** Opposed?

Carried.

On motion, subhead 1.1.01 carried.

**CHAIR:** Andrew, please.

**MR. A. PARSONS:** Minister, I appreciate you and your staff showing up here tonight, but I still have a lot of questions that there is not enough time to answer. Would you commit to, if I sent you a letter with a number of questions, that you and your staff would put the answers together, along with the other ones that are on the record, and get back to be me within, say, thirty days? Is that a fair request?

**MS SULLIVAN:** I would certainly commit to getting the answers back to you, but without knowing the detail required through those questions, I do not know that I can commit to thirty days. I would have to see the questions because sometimes it takes a lot of working through RHAs, working as you saw here tonight where we have to go from one end to the other, because there are various sections in various different parts of this binder.

We will certainly get them back to you as quickly as we can. I cannot commit to thirty days unless I know what the questions are.

**MR. A. PARSONS:** Okay, thank you.

**CHAIR:** Thank you, Andrew.

Call the rest of the subheads, please.

**CLERK:** Subhead 1.2.01 to 3.2.02 inclusive.

**CHAIR:** Will subheads 1.2.01 to 3.2.02 inclusive carry?

All those in favour, 'aye'.

**SOME HON. MEMBERS:** Aye.

**CHAIR:** Those opposed?

Carried.

On motion, subheads 1.2.01 through 3.2.02 carried.

**CLERK:** The total.

**CHAIR:** Shall the total carry?

All those in favour, 'aye'.

**SOME HON. MEMBERS:** Aye.

**CHAIR:** Opposed?

Carried.

On motion, Department of Health and Community Services, total heads carried.

**CHAIR:** Shall I report the Estimates of the Department of Health and Community Services carried without amendment.

All those in favour, 'aye'.

**SOME HON. MEMBERS:** Aye.

**CHAIR:** Opposed?

Carried.

On motion, Estimates of the Department of Health and Community Services carried without amendment.

**CHAIR:** A motion to adjourn.

**MS ROGERS:** So moved.

**CHAIR:** Moved by Ms Rogers; seconded by Mr. Joyce.

All those in favour, 'aye'.

**MS ROGERS:** (Inaudible).

**CHAIR:** Gerry.

**MS ROGERS:** Thank you very much for coming back. Thank you for your incredible service to the people of the Province. I know how complex and huge this department is. Thank you for doing it with such expertise, caring, and commitment.

**CHAIR:** Thank you, Gerry.

The next meeting of the Social Services Committee will be Tuesday, May 7, 2013, at 9:00 a.m. here in the Chamber, and it will be Child, Youth and Family Services, and Women's Policy.

A motion to adjourn.

**MR. JOYCE:** So moved.

**CHAIR:** Moved my Mr. Joyce; seconded by Ms Rogers.

All those in favour, 'aye'.

**SOME HON. MEMBERS:** Aye.

**CHAIR:** Carried.

Thank you very much, ladies and gentlemen.

On motion, the Committee adjourned.