



FIRST SESSION - TWENTY-FIFTH LEGISLATURE

of the

**Legislative Assembly of Saskatchewan**

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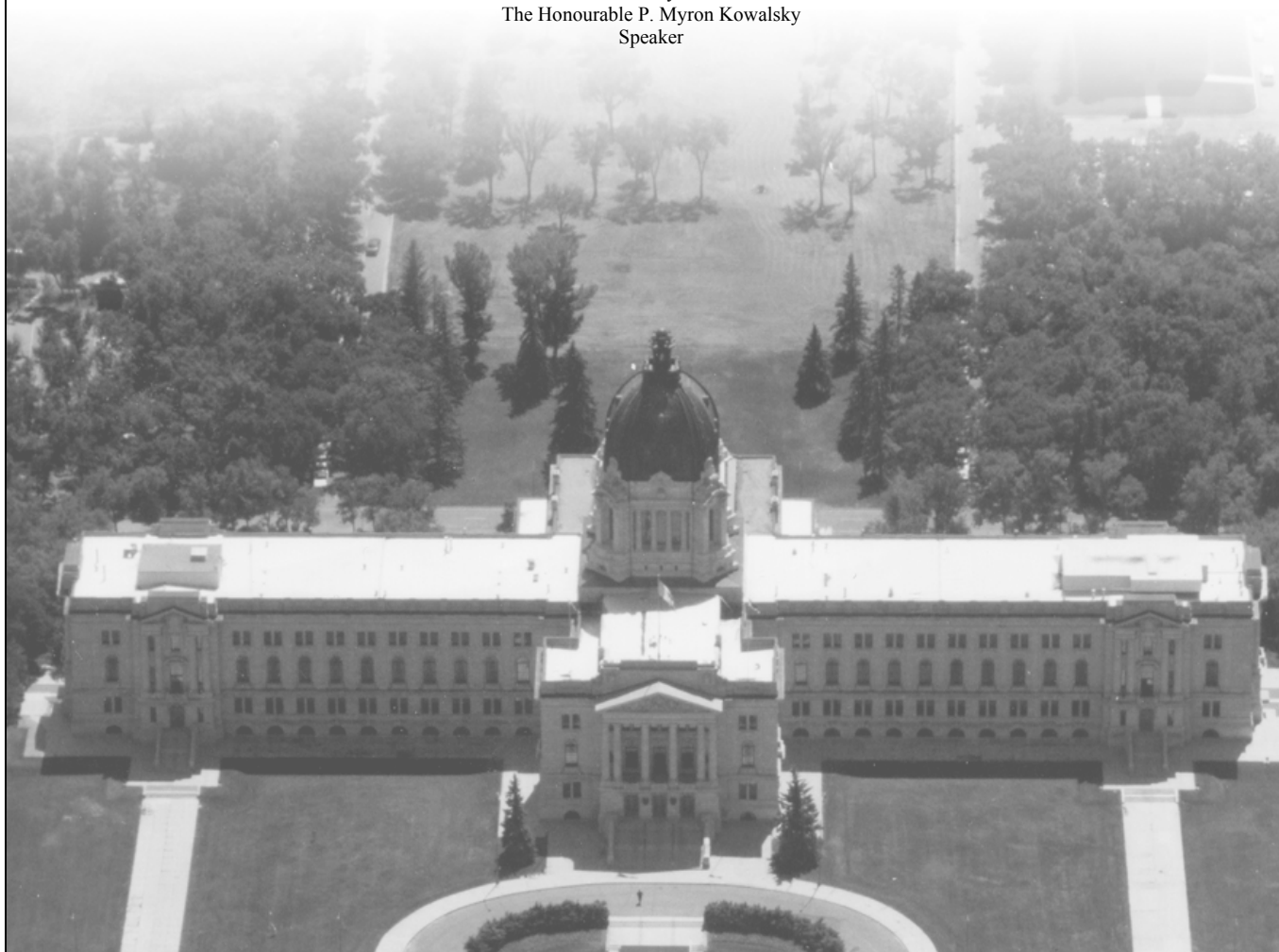
**DEBATES  
and  
PROCEEDINGS**

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(HANSARD)

Published under the  
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The Honourable P. Myron Kowalsky  
Speaker



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EVENING SITTING

Bill No. 36

ADJOURNED DEBATES

SECOND READINGS

Bill No. 35

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Ms. Atkinson that **Bill No. 35 — The Crown Corporations Amendment Act, 2004** be now read a second time.

**The Speaker:** — I recognize the member for Melville-Saltcoats.

**Mr. Bjornerud:** — Thank you, Mr. Speaker. Mr. Speaker, this is an interesting Bill that we have before us today, Bill No. 35, The Crown Corporations Amendment Act. And if we understand right what the Bill is to deal with . . . is to make it legal for the Crown corporations to . . . well, a number of things, but to sponsor the Future is Wide Open campaign.

Mr. Speaker, it's interesting to the point that the Crown corporations were actually funding the Future is Wide Open campaign before, have spent money in the past on this program, and now a Bill comes forward to make it legal to do so.

Now we've also . . . My colleague from Canora-Pelly a couple of days ago asked the minister in charge about a legal opinion that was obtained to see if this actually was legal before. And her response was, well no; we spent taxpayers' money to get that legal opinion, but we're not sharing it with anyone. And I guess we've heard that for a number of years out of this government, Mr. Speaker, so we find that also very interesting.

I think what comes to the forefront here is that what may have happened is that the Crown corporations were sponsoring programs such as this. And, Mr. Speaker, they weren't doing it in a legal fashion or with the backing of legislation that was already in place. We also understand, Mr. Speaker, that the auditor will take a look at this, and he'll report on this, Mr. Speaker. The date that we have to this point is June 3. So whether it's June 3, July 3 or August 3, we'll be here, Mr. Speaker, waiting on that report.

Mr. Speaker, we have a number of questions on this Bill, but I think until we hear the auditor's summation of what he sees in whether the legalities of the sponsoring of programs such as this were legal before or not legal, at this point I think we would adjourn debate and try and get our questions answered according to what the auditor reports.

**The Speaker:** — It has been moved by the member for Melville-Saltcoats that debate on Bill 35 be now adjourned. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**The Speaker:** — Motion is carried.

Debate adjourned.

The Assembly resumed adjourned debate on the proposed motion by the Hon. Mr. Van Mulligen that **Bill No. 36 — The Provincial Sales Tax Amendment Act, 2004** be now read a second time.

**The Speaker:** — I recognize the member for Thunder Creek.

**Mr. Stewart:** — Thank you, Mr. Speaker. It's my great pleasure to speak to this Bill, Bill No. 36, An Act to amend The Provincial Sales Tax Act.

Mr. Speaker, during the recent election campaign, the Premier promised that property tax issue could be addressed within the financial capability of the government and without raising any other taxes. Then after the election campaign was over, Mr. Speaker, the Premier said that well, yes, we can provide some property tax relief as called for in the Boughen Commission, but in order to do that we'll have to raise the PST (provincial sales tax) one point.

And then at budget time, Mr. Speaker, the Premier stated that well, yes, we're going to raise the PST one point all right, but we still won't be able to provide any property tax relief, as promised in the election campaign and after the election campaign and at the SARM (Saskatchewan Association of Rural Municipalities) convention, Mr. Speaker, where the Premier stated that as far as property tax, the property tax burden on the people of Saskatchewan, the status quo was not on.

Mr. Speaker, the property taxpayers in Saskatchewan may have been willing — although they didn't expect it in the election — they may have been willing to pay another 1 per cent PST to get some property tax relief. It doesn't seem like there should be a trade-off there, but in any event, Mr. Speaker, that might have gone over a little better.

But now with no property tax relief and still a 1 per cent increase in the PST, people are very unhappy about that. They feel that they have not been dealt with fairly and openly by this government. And accordingly, Mr. Speaker, I'd adjourn debate on this Bill.

**The Speaker:** — It has been moved by the member for Thunder Creek, that debate on Bill No. 36 be now adjourned. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**The Speaker:** — The motion is carried.

Debate adjourned.

Bill No. 37

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Van Mulligen that **Bill No. 37 — The Tobacco Tax Amendment Act, 2004** be now read a second time.

**The Speaker:** — I recognize the member for Thunder Creek.

**Mr. Stewart:** — Thank you, Mr. Speaker. It's a pleasure for me to speak to this Bill — Bill No. 37, The Tobacco Tax Amendment Act.

Mr. Speaker, this Bill raises the tax on tobacco products again. And while we are against tax increases in principle, we obviously won't be terribly opposed to this Bill as we are mindful of the potential positive effects of increasing the price of cigarettes.

We do note that while the government will raise an extra 17 million through this measure, the budget for the Saskatchewan Cancer Agency will only be increasing 6.5 million. However, Mr. Speaker, we would like to think that this measure . . . this is more of a health measure than a revenue generating measure. And accordingly, Mr. Speaker, I would move this on to Committee of the Whole.

**The Speaker:** — The question before the Assembly is the motion moved by the Minister of Finance, that Bill No. 37, The Tobacco Tax Amendment Act, 2004 be now read a second time. Is the Assembly ready for the question?

**Some Hon. Members:** — Question.

**The Speaker:** — Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**The Speaker:** — Motion is carried.

**Clerk Assistant:** — Second reading of this Bill.

**The Speaker:** — To which committee shall this Bill be referred? I recognize the Government House Leader.

**Hon. Mr. Van Mulligen:** — Mr. Speaker, I move that Bill No. 37, The Tobacco Tax Amendment Act, 2004 be referred to the Standing Committee on the Economy.

**The Speaker:** — It has been moved by the Government House Leader that Bill No. 37 be referred to the Standing Committee on the Economy. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**The Speaker:** — Motion is carried. This Bill stands referred to the Standing Committee on the Economy.

Motion agreed to, the Bill read a second time and referred to the Standing Committee on the Economy.

#### Bill No. 38

The Assembly resumed the adjourned debate on the proposed motion by the Hon. Mr. Quennell that **Bill No. 38 — The Credit Reporting Act** be now read a second time.

**The Speaker:** — The question before the Assembly is the

motion moved by the Minister of Justice, that Bill No. 38, The Credit Reporting Act be now read a second time. Is the Assembly ready for the question?

**Some Hon. Members:** — Question.

**The Speaker:** — Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**The Speaker:** — Motion is carried.

**Clerk Assistant:** — Second reading of this Bill.

**The Speaker:** — To which committee shall this Bill be referred? I recognize the Government House Leader.

**Hon. Mr. Van Mulligen:** — Mr. Speaker, I move that Bill No. 38, The Credit Reporting Act be referred to the Standing Committee on Human Services.

**The Speaker:** — It has been moved by the Government House Leader that Bill No. 38 be referred to the Standing Committee on House Services. Is it the pleasure of the Assembly to adopt the motion?

**Some Hon. Members:** — Agreed.

**The Speaker:** — Motion is carried. This Bill stands referred to the Committee on Human Services.

Motion agreed to, the Bill read a second time and referred to the Standing Committee on Human Services.

**Clerk Assistant:** — Committee of Finance.

**The Speaker:** — I do now leave the Chair for this House to go into Committee of Finance.

### COMMITTEE OF FINANCE

#### General Revenue Fund

#### Health Vote 32

#### Subvote (HE01)

**The Deputy Chair:** — The order of business before the committee is estimates for Health. Would the minister introduce his officials?

**Hon. Mr. Nilson:** — Thank you, Mr. Deputy Chair. I'm pleased to have with me, to my left, Mike Shaw, the associate deputy minister; then to his left, Bert Linklater, the executive director of regional accountability branch. And then to his left, the member from Moose Jaw; and then right behind them, Max Hendricks who is the executive director of finance and administration; Lawrence Krahn, assistant deputy minister.

Duncan Fisher, the assistant deputy minister is right behind me. Roger Carriere, who is the executive director of community care branch, and to my right is Lauren Donnelly, who is the

executive director of the acute and emergency services branch.

**The Deputy Chair:** — The question before the committee is subvote (HE01), Administration. Is the committee ready for the question?

I recognize the member from Melfort.

**Mr. Gantefoer:** — Thank you, Mr. Deputy Speaker. I would like to take this opportunity on behalf of the official opposition to welcome the minister and his officials to deal with the issues surrounding health care this evening.

As you can probably anticipate with the announcement of some significant changes to the structure of the health system today, there are many of our members would like to have further detail in terms of what the plan is exactly and how it's going to affect facilities and their communities.

So I would like to offer this opportunity to my colleagues to ask questions, beginning with my colleague from Last Mountain-Touchwood.

**The Deputy Chair:** — I recognize the member from Last Mountain-Touchwood.

**Mr. Hart:** — Thank you, Mr. Chair. Mr. Chair, to the minister, I'm looking at the news release that your department issued listing the various communities that are affected by conversions and relocations and consolidations and eliminations of health facilities. And there's one community in my constituency, and that happens to be my hometown of Cupar where there are some changes going to happen.

I guess I would ask a question in the general nature, of a general nature. What measures did your department take to advise the local communities prior to this announcement? How much advance notice did — say — the mayor or affected people in the community get, and what level of detail did they get?

**Hon. Mr. Nilson:** — I don't think there was any advance notice with the mayor, but clearly in the area the people who were working in the facility and others had been in discussion with the regional health authority. And I guess it goes back to some of the things I said earlier today in this House, which is that we were asking the regional health authorities to look at everything they were doing right across the whole system. And so there were some discussions like that.

I think the other thing is that we're going ahead with these kinds of changes and the suggestions that come from local communities will be included in the discussion as we go forward with the implementation.

(19:15)

**Mr. Hart:** — Minister, if I understood you correctly, what you said is that the health authorities were working with the people that are working in the various facilities. There has been no consultation with town councils or village councils. In some cases some of the facilities, and particularly the one affected in my constituency, is not owned by the health authority but it's an association so it has its own board and that sort of thing. Was

there any consultation with any of those bodies, whether it be a board that operates a facility or a town council where the facility is located?

**Hon. Mr. Nilson:** — I'm not sure that I can answer that on behalf of the regional health authority, but I think you have to understand that the challenge that we had was to work with all of the different options that were put forward around this. And ultimately we ended up basically saying, well some of these possibilities could go ahead and other ones couldn't, based on an assessment across the province. And so the regional health authorities were put in a bit of a bind as well because they didn't know sort of how broadly this would be after we looked at the total provincial picture.

**Mr. Hart:** — So what you're saying is that the responsibility was left with the regional health authorities and they were to contact whoever in the community. Because as you can well imagine, when there's an announcement of this nature, whether it's a closure of two beds or closure of a complete wing and that sort of thing, in smaller, rural communities that's . . . you know, it's certainly the whole community is interested. And so it was left up to the regional health authorities to contact the community and let them know that this announcement was coming?

**Hon. Mr. Nilson:** — I think to be fair to the regional health authorities, they were, you know, willing to work with communities, but practically we said no, don't do that until we've made a broad, province-wide decision. And we did that and basically didn't give the regional health authorities a lot of time to go and talk to the people in the community. And I appreciate the fact that you've identified that in this particular community it's two long-term care beds, but even that makes a difference in how the perceptions of the things that happen in the community.

**Mr. Hart:** — Well, Mr. Minister, it's not only the closure of two long-term care beds. It's the relocation and consolidation of health services from one . . . the health centre will be closed and relocated in the long-term care home, and I think . . . I talked to the mayor of the community at noon and she told me that she got a call at 11:30 with very little detail and she was, to put it mildly, a bit upset. And so I basically took the news release and said, well this is all I know, and read the bit of information that was in your news release. And I would think that, you know, the community would certainly appreciate it, and I can only speak for the community in my constituency, but I would suggest that probably if other communities were handled in same way, I would think that they would have appreciated a bit more information and, you know, a bit more advance notice on that.

Having said that, has your department or the regional health authority — well confine my comments to the community of Cupar and the changes that are being planned there — have you got figures that will tell us what type of operational savings there will be by consolidating the two . . . the health centre and relocating it in the long-term care facility? What type of annual operational savings will that accomplish?

**Hon. Mr. Nilson:** — Well, Mr. Deputy Chair, the kinds of information that we have relate to the fact of having one facility

rather than two, so there are the operating costs of operating in one facility other than two. The actual number of jobs affected is point six of a full-time equivalent job, and the benefit of that . . . elimination of that is about \$50,000 in the calculations that we used.

**Mr. Hart:** — Well, Minister, the only thing you can tell us here tonight is that there is point six of a job that will be lost and you're estimating that there will be about \$50,000 worth of savings by the consolidation.

Currently there are two facilities that are being operated. The health centre is in the former hospital, a reasonably large building for the amount of services that are being provided in out of that facility. I would think that . . . I understand that the operational budget of that, the health centre alone, was somewhere approaching \$200,000. So are you telling me tonight that you're only going to achieve \$50,000 worth of savings, annual savings by having this consolidation?

**Hon. Mr. Nilson:** — I think that the member has misunderstood what I said. Point six of a job, that's about \$50,000 on an operating cost. So that only relates to the job. The costs around the consolidation of the building are substantially more, as you have indicated.

One of the challenges in the first year is that you won't get savings because we will end up having to make some adjustments and some capital expenditures. And so what we're looking at, what we do know from experience from facilities right across the province, that integrating facilities does provide substantial cost savings. But I don't have that specific amount because we're also then looking at what kinds of costs there are to do a consolidation.

**Mr. Hart:** — Well, Minister, I would think that then when your officials, the health authority officials are looking at a consolidation that they must look at, once the consolidation is achieved, there is obviously a cost.

And that will be my next question as to what type of additional costs are we looking at this year to achieve this consolidation. And once that consolidation is achieved, there must be some annual savings in operations down the road. And in order to make these decisions I would think that somebody must have done some calculation and some cost estimates as far as what type of operational savings there will be once the consolidation is achieved.

**Hon. Mr. Nilson:** — I think the number may be in the order of \$200,000 that's involved here on an annual basis. But part of the challenge is working with the community around the consolidation project. What do you do with the existing services that are there? Which facility are they provided in? Is there some other appropriate use that can be decided with the community for space in the building that's where the service is moved over to the long-term care facility? And a lot of those kinds of things are ongoing and will be worked out with the regional health authority.

And so as it relates to what we're announcing now, we looked at some things which were going to, you know, eventually be done and this was clearly one that the regional health authority

was looking at. And so we're going to basically allow them to go ahead and do that, but they will do it together with the community.

**Mr. Hart:** — So what you're saying is nobody seems to have those firm numbers at this point in time. There's a number of things that need to take place before you can come up with some firm figures as far as annual operational savings and as far as additional capital costs that will need to be incurred so that that consolidation can take place. And that seems to be a progress in work at this time.

Also I would like to draw to your attention a news release that indicates, in the case of Cupar, that there will be no effect on services. That isn't correct then, Minister. With the consolidation, currently there is a lab in the health centre that provides the . . . well a number of services including X-ray. And I have to admit I think it's only three days a week or whatever, but what will be lost will be that X-ray service. So there actually is a loss in service to the community because the X-ray equipment is old and the community has been told that to provide the X-ray service in the new health centre would be too costly and that sort of thing. So I would just like to correct the misinformation that you have there.

I think what I should do, Minister, because obviously I don't think you're aware of what has happened in the community over the last number of months, and I think I should bring you up to speed actually. And it seems to me that the regional health authority is working in one area and the Department of Health is not up to speed or else has intervened in this whole process. And I think the latter is true.

The community for quite a while, for quite a number of years actually has felt that the current . . . the way health services are being delivered in the town of Cupar are very inefficient. Operating that large building as a health centre just didn't make sense to most people — I mean the heating costs, lighting, all those sorts of things.

And in fact there was a study done, I believe by Mr. Boyd in the late '90s, that suggested there be a consolidation of the health care services in the community. And in fact I informally discussed some of that with a former minister of Health, the member from Saskatoon Nutana. And the community is certainly, like I said, is onside.

In the early part of 2004 there was communication between the Regina Qu'Appelle Health Authority and the community of Cupar to lay down a process to accomplish this consolidation. And what was to happen and what has started, actually, was that the health authority has reviewed the circumstances in the community and were to bring back to the community, to the town council and to the board of directors of the long-term care home and any other interested parties, at a public meeting, alternatives.

One was to simply relocate and close some beds in the long-term care home. And the second alternative was to add some additional space so that there would not be any loss of beds. And that was to be then discussed and an agreement was to be arrived at.

Now it seems to me that this whole process . . . And the community was proactive in this then because they could see it just didn't make any sense and they felt that they should do something to make it happen, and the health authority agreed and so on. But now it seems like this whole process has been short-circuited by your department, Minister, with the announcement that there will be a loss of two beds.

So my question to you, Minister, tonight is, will you allow that process that was agreed to earlier this year prior to any budget announcements or anything like that — it started back in February, as a matter of fact — will you allow that process to continue and let the health authority and the community complete their process of consultation and negotiation so that the community is happy and we would expect that the health authority is happy with the process?

(19:30)

**Hon. Mr. Nilson:** — I'd like to thank the member for that clear explanation of what is happening in that particular community. And what I would say is that the announcement today is an affirmation of what the regional health authority was proposing to do in that community. So that practically, the concern about how the regional health authority will work together with the community is affirmed by this announcement today.

We had challenges right across the province. And part of our job here in Saskatchewan Health was to make sure that there weren't decisions made in one regional health authority that might cause dramatic problems in the neighbouring one or in the overall service in the province. And so the explanation that's been given here really affirms that it is a process, and it's an ongoing process in communities.

And so that practically one of the challenges we have when we deal with budgets overall, on a province-wide basis, you take a snapshot on one point and say, well yes that should proceed. And so I would be pleased to confirm that the regional health authority and the processes that are going there together with the whole community in Cupar and surrounding communities, should continue the way it has been.

**Mr. Hart:** — But, Minister, by your department stating that there will be a loss of two beds, which I find rather interesting because the regional health authority had said that if there was no additional space provided that they would need to close four beds, which the community certainly wasn't willing to accept . . . So I guess there's a whole number of questions around how you're going to accomplish, you know, the consolidation of services by only closing two beds. You know, I think there'll be a lot of discussions that need to take place on that.

But however, the process wasn't complete. It was just starting. And I think, just to provide you with a bit of additional information, back in 1993 the community had asked the health board of the time if they would make this consolidation because they had . . . there was someone came to the community and was very interested in buying the hospital and turn it into a private personal care home. And the answer was no, it was not for sale at that time. That was back in '93.

Now there's been estimates from people in the area, in the

community that are very knowledgeable with the operation of the health centre that said there could have been annual savings of at least \$100,000 per year since '93, and there could have been a viable private personal care home in the community. But that didn't happen. And the community, like I said, was very supportive of that initiative. In fact they were very disappointed that that didn't happen.

Now we've got a situation where we may have this empty building and really . . . I am told that there really isn't anyone really interested in the building and so we're going to have a very sound structure that is reasonably expensive to operate if there isn't any viable operation happening in it, sitting in this community — and a blown opportunity, Minister.

And I think with the past history, the town of Cupar and surrounding area needs to have some special consideration because they were proactive and they wanted your government to make some changes and the government wouldn't go along with it. They said okay, things have gone on enough. Early in this year they said, let's initiate . . . there was discussions initiated and they were very, very agreeable to that.

I think the community of Cupar is going to demand that the process as agreed to, way before any budget talk and way before any of these announcements came along, that they're going to demand that that process be allowed to continue to its fruition. And I am here to serve you notice, Minister, that that's what the community of Cupar wants. And I think they deserve it because they took the bull by the horn and they didn't sit back. They realized that there was inefficiencies there and they said, let's spend our health care dollars more wisely.

**Hon. Mr. Nilson:** — Thank you for that further explanation. And I appreciate the willingness of the community to work together around a project which they've identified for a long time.

I would just advise the member that in the list of facilities that are attached here, this tried to describe the change that was happening in a very few short words and so I recognize that there may be some things that aren't quite exactly described and that practically the regional health authority and the community will continue to work and we will make sure that we understand fully as they move forward to make sure that the services are provided up in that area. Thank you very much.

**The Deputy Chair:** — I recognize the member from Thunder Creek.

**Mr. Stewart:** — Thank you, Mr. Chair. Mr. Minister, since the Herbert hospital is to be integrated into the long-term care facility and the number of beds reduced by seven, and since this facility has handled the overflow from the Swift Current Hospital on many occasions, where do you think these people are going to find hospital beds after this facility is reduced by seven beds?

**Hon. Mr. Nilson:** — I thank the member for the question about the Herbert facility. What the regional health authorities try to do and what we try to do on a province-wide basis is look at the average daily census, and in fact the numbers of beds that are occupied on an annual basis. And I know earlier the member

referred to the peaks that cause some challenges.

But in the facility in Herbert the average daily census for the last couple of years, which we don't have the figures for '03-04, but for '01-02 and '02-03 there were about just under eight beds per day. And I think the number of acute beds was 13. And so there's anticipation that the seven beds will probably match that.

The question was also asked about what would happen. Well the closest hospital's clearly in Swift Current and the occupancy rate there is about 68 per cent or average daily census of about 54 out of 79 beds. And so there is some capacity there.

The challenges come when there are flu or some other kinds of things that come into a community and then we look at the whole, the whole system to try to figure out how to provide that care.

But over the last number of years, it's fairly clear that there's been significant capacity available at the Herbert hospital and so this reduction will be manageable, we think.

**Mr. Stewart:** — Mr. Minister, does the department have any parameters as regards the distance, ideal distance or maximum distance between hospital facilities in the province, since Herbert is currently the only hospital that exists between Moose Jaw and Swift Current on the busy Trans-Canada Highway?

**Hon. Mr. Nilson:** — The specific question around the hospital beds relates to an in-patient service, people who are there for a longer term. But as far as the emergency service, we're maintaining that 7-day-a-week, 24-hour service at Herbert. It'll just be at a consolidated or integrated facility.

So as it relates to some of the concerns around emergencies, the same service will be there, only it will be at this new location.

**Mr. Stewart:** — Well I guess, Mr. Minister, my concern is with the unusual events and emergencies that do occur and in fact just peak seasons for hospital bed usage and that's . . . I don't know how that's going to be addressed. I still don't know how that's going to be addressed.

But let's move on, Mr. Minister. Since the Herbert Nursing Home is always full and there's a perpetual waiting list for beds in that facility, where do you see these people finding long-term care beds in the region?

**Hon. Mr. Nilson:** — My understanding is that in Herbert there is no wait-list at this particular facility, that there aren't people that are waiting to get into the facility. The sort of bed ratio, which is what we use in the calculation, is about the provincial average; it's not way out of line.

What we try to do in many, in all communities is to have sort of a mix of sort of condominiums — independent kind of living spots with some assistance, whether it's home care with some of the assisted living things, then personal care homes, then long-term care homes, and there are . . . I know a personal care home in Herbert that sort of complements the long-term care home. And so the perspective is, I think, that the longer term plans will work based on the load in that particular community.

**Mr. Stewart:** — Mr. Minister, it's certainly my information and from people who should know in Herbert, that there certainly is a waiting list for that facility. I'm wondering, Mr. Minister, are you concerned that with the downscaling of that facility by 15 beds that we'll find people who should be in that facility being put in beds in acute care facilities instead because they can't be looked after at home?

**Hon. Mr. Nilson:** — I think that looking at all the factors in Herbert and surrounding area the mix, as described in the changes that are to be made, is appropriate for the demography as we go forward. And that's one of the things that the people who work within this long-term care area continually are watching because we don't want to be in a position where we put a lot of money and invest it in facilities that 5 or 10 years from now aren't being used.

But at the same time we continue to monitor this. And if the member has information or the community has information that should be included in this, which includes looking at what will the demand be 5 or 10 or 15 years from now, that's information we're quite willing to look at.

**Mr. Stewart:** — Thank you, Mr. Minister. You mentioned demographics. I'm wondering, how do our demographics of 75-year-old-plus stand up as a percentage of the population of southwest Saskatchewan as compared to other parts of the country and as compared with long-term care beds in other areas?

(19:45)

**Hon. Mr. Nilson:** — We actually do look at the population of 75-year-olds and older across the province. In the year 2001, the total number for the province was 74,791. The population for the whole province of 75-plus will peak in the year 2006 with 76,471. And then it's anticipated that there will be decline in this population down to just under 73,000. So in effect we'll have a flat line over about a 10-year period and then it will increase a little bit, but never come back to the peak that we will have in 2006.

As it relates to the Cypress Health Region, which is where the Herbert hospital is located, it's anticipated that the peak year will be 2006.

**Mr. Stewart:** — Thank you, Mr. Minister. Do you have similar demographics for age 85 for the province?

**Hon. Mr. Nilson:** — We don't have it available with us here this evening but it is the kind of information that we could probably obtain if the member would so desire.

**Mr. Stewart:** — Thank you, Mr. Minister. I would appreciate that. You see, this is where I believe that your department is making mistakes in your calculation. The average age of entry in the Herbert Nursing Home is 83 years of age and I know that your calculations have all been based on 75 years of age. There is hardly anybody in Herbert Nursing Home that's 75 years of age. Fortunately people in the Southwest live good, long lives.

Mr. Minister, have the costs of renovating the facilities to include the hospital in the nursing home facility been



established?

**Hon. Mr. Nilson:** — The initial estimates — and as you can well expect that this isn't involving the various consultants who might be involved — would be that it's somewhere around half a million dollars but possibly up to \$800,000. And so that's the estimate.

And if I may refer to your previous comment about the cohort of 85-plus, well practically when we're doing the planning, because it takes a while for the facilities to get completed, we would use the 75-plus in anticipation that as the planning spills forward, many of those people who are now 75 would be 80 and on up.

**Mr. Stewart:** — Thank you, Mr. Minister. How much will the annual savings and plant costs be from integrating these facilities? We've already established it'll cost probably 800,000, and that's not including some consulting fees I think you said, to make the renovations. And so I'm interested in what the annual savings will be.

**Hon. Mr. Nilson:** — It's anticipated in this particular facility it'll be about \$1 million a year in saving by consolidating the two facilities. That means that if it costs us about \$800,000 with the capital, if that's sort of the maximum, we should be able to recover that cost within one year. And the operating costs include staffing costs as well.

**Mr. Stewart:** — Mr. Minister, of that \$1 million that you speculate that the department will be saving a year, what percentage of that or what part of that is plant costs and what part would be in wages, employee costs?

**Hon. Mr. Nilson:** — What we know on a system-wide basis, that our costs in health care about 73 per cent relate to staffing and the other 27 per cent relate to facilities. We anticipate that it would be similar to that in this particular operation.

**Mr. Stewart:** — At that rate, Mr. Minister, you'd have to save \$730 in salaries a year. How many people are you going to lay off?

**Hon. Mr. Nilson:** — We anticipate there'd be approximately 20 full-time equivalent jobs.

**The Deputy Chair:** — I recognize the member for Arm River-Watrous.

**Mr. Brkich:** — Thank you, Mr. Chairman. I want to talk about the facility bed closures in Davidson. I believe you and me were there when we did the ribbon cutting a few years ago. And I think in the speech there you failed to mention that you'd be cutting a quarter of their long-term care beds is basically what you're doing to that facility is cutting a quarter of the long-term care beds.

What is the reason for slicing that many bed closures in Davidson?

**Hon. Mr. Nilson:** — There are a number of different pieces of information that come into working and making up this decision. I think the one factor is that in the Heartland Region,

there are no waiting lists at all for long-term care. Another factor is that this particular wing is the old wing, and it's below the code. In other words, it's not up to the same status as the parts of the building that were there when we did the opening a few years ago.

And also, the overall capacity for long-term care within this region is pretty close to the provincial average that we have, which we use as a guideline around the number of long-term cares in the region after we have reduced it by 10 in this facility.

**Mr. Brkich:** — You talk about some of the rooms in that wing not being up to code. Can you explain that a little more to me?

**Hon. Mr. Nilson:** — I think the explanation lies in the fact that this wing, which is part of the former Prairie View Lodge, was — it was built in 1965 — so that's almost 40 years ago. It hasn't been renovated since it was constructed, and it has a number of deficiencies such as small rooms, they have shared bathrooms, there's poor heating, and the wheelchair access is inadequate.

**Mr. Brkich:** — Thank you, Mr. Speaker. On that, that would be just on a few of the rooms, the shared bathrooms. I have been into the wing there and some of the rooms are a little small. But in fact my grandmother is in one of the beds in that old wing and she even finds it nice because that wing, that particular room, you can actually open a window, you know, and get some a little bit of fresh air. She enjoys it quite well there in that wing.

And I know it was raised to me quite a while ago there that they were worried that they would close it. But they were hoping that they would be still using it for when there is an excess of bed users in Davidson, because I know that they use them beds last. For right now that there is 36 beds filled in Davidson, so there is going to be a shortage of six beds right now. Where are you planning on putting them six people out of Davidson?

**Hon. Mr. Nilson:** — There wouldn't be any plans to have people moved out of their rooms. But as the time goes on, there are more rooms available and basically we would be having new residents go into the other wings and slowly stop using this particular wing.

**Mr. Brkich:** — Mr. Minister, that was my train of thought. And also I talked to some of the people there, and that's what they are worried about, that they would be closed immediately. But I am glad that you will be, as time goes on, maybe not say reusing them beds and slowly just eliminating them as they become empty.

I guess question is, what will you be doing with that particular wing?. Do you have any plans right now for long-term usage of that wing?

**Hon. Mr. Nilson:** — The plans would be the Heartland Health Region's plans, but my understanding is that at this point they will just close it down. But if some other options should become available I'm sure that they'd be willing to be looking at that. But practically they're planning to basically just use the newer rooms in the facility.

**Mr. Brkich:** — So I understand as the beds become empty they just won't be used, that they won't be actually trying to shuffle some people around in the next month or that's the understanding.

Okay. Another call I had when I was talking to the people there was, will there be any immediate job loss connected with the announcement of closing that particular wing down? Because if you're not going to be actually be moving some of the people out of the facility, you will still need the staff there to maintain your 36 people.

**Hon. Mr. Nilson:** — On an annualized basis, when the wing is no longer being used, there will be three full-time equivalent jobs that will no longer be required, which is an annual saving of in excess of \$100,000 on an ongoing basis.

**Mr. Brkich:** — Thank you, Mr. Minister. Another point I'd like to talk about, Davidson. You did announce the bed closure; there was quite a bit of concern because just, I think it was two weeks ago if that, there was notice put out for home care that there would be no overtime. So basically they weren't going to be going out to home care on the weekends from what I understood for a while. So then all of a sudden these bed closures are announced.

And also I just had a letter or two concerned about no home care being done on the weekends for the next month. Can you give me a status on the status of home care for Davidson?

**Hon. Mr. Nilson:** — I don't have the detail here about that particular decision. Those are Heartland Health Region management decisions around how to provide home care in a particular area. But by you raising it here then we'll, you know, raise it with them as well.

Practically I know that often there are some challenges around providing home care across some of the broader areas. But I think we have to really commend the people who do that work because they often travel quite long distances and then provide very good care, which allows for many of our elders to spend most of their elderly years in their home and not in a long-term care facility.

**Mr. Brkich:** — Thank you, Mr. Minister. That's our thought, my thought, and the thoughts of the people in that area. So they were quite concerned when the two kind of come together because it does take a lot of pressure off long-term care beds in that facility because I know people are cared at home. But some of them just needed that little extra help once a day that keeps them in their own home for quite a few years before they actually have to move into a long-term care.

So I'm hoping that that's a program that is kept going for quite a number of years and basically no cuts. Because I know on the weekend . . . It was like they say, if you need it Monday — the care — you need just as much on a Saturday and a Sunday, you know, as you do during the week, Monday to Friday.

Another question I'll put to you — and it's being put to me — is will there be any other bed closures or cuts in the Davidson hospital coming up?

(20:00)

**Hon. Mr. Nilson:** — It's not anticipated that there would be any other change at this facility, and that was one of the reasons that we set out a list like we did. But we do know that on the operational side, as you were raising, that the health authorities are still looking at how to deal with operational costs cuts, as opposed to facility changes.

**The Deputy Chair:** — I recognize the member for Kelvington-Wadena.

**Ms. Draude:** — Thank you. Thank you, Mr. Deputy Chair. And, Mr. Minister and your officials, thank you. I appreciate the opportunity to ask some questions on behalf of some of my constituents, and they are people from the Foam Lake area.

I don't know if you had the opportunity to watch the news tonight, but if you did then I imagine you saw the mayor from the town of Foam Lake. And to say that he was frustrated is probably the understatement of the year.

They have a facility that has been . . . They've been advised today that their patients from their hospital will be moved . . . Move patient and residence services of health care centre to Jubilee Nursing Home. Home care and public health offices will remain at the health care centre. Reduction of four acute care beds — it says they haven't been used since about 2002 — 11 long-term care beds, and a respite bed in the health care centre.

Mr. Minister, I know that one of the things that your department talks about quite a lot is the integration of departments and the relationship between various departments when it comes to the work that a government is supposed to do. I am wondering if you realize what happens in a town when they actually lose the health care facility. There is no opportunity for growth. The economic growth is gone.

And building a new home, the opportunity for somebody to see this town as a place where they can call it home isn't going to happen any more, whether it's for a senior or whether it's for somebody who's going to start a business. I know as a business person myself — when I had a life — I was . . . there was no chance that you'd consider a town viable if there wasn't some kind of health care services if you were going to have a business.

So my first question to you is, when we talk about rural revitalization and the opportunity to grow Saskatchewan, do you look at this issue when it comes to closures of health centres?

**Hon. Mr. Nilson:** — I thank the member for that question because I think that's exactly what we have done in this particular announcement today, is that basically there are changes in the kind of health care that's provided even in these 12 communities. But all of the communities will retain health services.

One of the challenges that we have, as we look at the resources that we have, is how do you use those resources in a particular region and in the province. And sometimes the suggestions

come forward to just eliminate health services completely in communities.

As I indicated before, I think that when we're looking at these facilities from a health perspective, we are also looking at them in conjunction with what kind of educational facilities are there, what kind of communication facilities — the highways, the SaskTel kind of services, these kinds of things — because we know that all of those things have to work together for the community to have a base to build their local economy on. And so practically what we've been trying to do in this announcement, but also in how we've looked at facilities right across the province, is recognize the big pressures for people to cut taxes and reduce the amounts of money that come into the provincial system, but at the same time provide services as a good base for the whole, the whole of the local community.

**Ms. Draude:** — Mr. Minister, with the resources that your department and your government has when it comes to tracking information, can you tell me when the last time was that there was actually a home built or a business started in a town without a hospital?

**Hon. Mr. Nilson:** — I wouldn't have that information within the Health department, but I think, you know, that's a fair question. But I think that also there are, there are some communities that don't have health facilities where there has been some building going on but often they're in relative proximity to other towns or cities that do have health care facilities. Because we all know, practically, that you end up making decisions like that based on the kinds of services that are available.

**Ms. Draude:** — Thank you, Mr. Minister. I'm sure that if your department or whatever department would be involved in this kind of information would check it, I would think it would be next to nil. There is no chance for a town or a community to grow if they don't have the basics, and the basic is what a government is supposed to provide and that is health care centres, education, and infrastructure — a highway where they can get to work.

Mr. Minister, I'm aware that they had to close down the actual hospital part because of a nursing shortage a couple of years ago, but the mayor and the people from the town are telling me that this is something they would have liked to work with within the health district but they haven't had the opportunity. It seemed like it was easy to just say no, it isn't going to work.

We do know that the Jubilee nursing home, though, has 48 beds and they have a waiting list. Can you tell me what kind of waiting list they have in that area?

**Hon. Mr. Nilson:** — Yes, I am pleased to provide the information. My understanding that the wait-list for the Jubilee lodge right now is eight people, and the wait-list for the whole of the Sunrise Health Region is 52 people, and sort of the average waiting time for placement is about five weeks.

But we also know that there is a project going forward in Yorkton which was also on the news, I think the night before, which is the new long-term care facility next to the Yorkton regional hospital. So that that will provide further capacity in

that particular area. But I think the simple answer is that there is a wait-list at the Jubilee lodge of eight and that is something that we're aware of.

**Ms. Draude:** — Mr. Minister, I'm sure that there are enough people on your side of the House to know . . . have rural roots enough to know that when people have been in a town all their lives, they're raised in the town, and their family grew up in the town, when they want to retire they don't want to move to a town that's 50 or 60 or 100 miles away. And I know that that's what's happening in this area because some of my colleagues have had people that have to move to Foam Lake from as far away as Saltcoats.

This isn't any kind of a lifestyle that not only do they want to have or should we expect that they would have to have. The pioneers and the people that have built this province shouldn't have to be expected to move around the province in their golden years to find a place that our government decides is just some place to dump them as they get older. And I think it is the kind of frustration that we're seeing right around this province when we're just looking at numbers. People aren't just numbers.

And the people in the Foam Lake area, you're saying there's just eight of them. I'll be delighted see if that's what the people in the Foam Lake are telling me are on the waiting list. But I'm wondering if those people are . . . if there's names in other parts of that region as well where we're saying these people have to have a home so we're just going to put them someplace. The frustration is growing and with this kind of announcement, I can assure you it's not just the mayor of Foam Lake but it's the community that's saying, we're being gutted again.

Mr. Minister, the waiting lists we have discussed, and I'm wondering if your department is aware of the fact that this health district took away the opportunity for grocery stores to actually supply some of the food that was used not only in the hospital but in the Jubilee nursing home this year. It used to be that quite a few hundred thousand dollars were purchased in the town and not . . . in the last couple of months they decided there would be more cost savings by buying it all in Yorkton and shipping it out to Foam Lake. Is your department aware of that?

**Hon. Mr. Nilson:** — The answer is yes, that the department is aware of it, and I'm aware of that.

And this points out one of the challenges. We have \$1.7 billion that we spend in the regional health authority budgets, and we ask them to make the best use of those dollars right across the board. As I said previously, approximately 73 per cent of that money relates to staff and the benefits and salaries and things like that.

Other areas, though, we ask them to use their ability to try to purchase things at the best price possible. I understand that in this particular region that they went to ordering a bigger amount of certain products, bakery products and that which allowed them to get a better price. That's something that they're trying to do so that they can make the operation run with the funds that they have.

**Ms. Draude:** — Mr. Minister, you may want to be aware then that the local grocery stores, the local businesses were never

given the opportunity to bid on those businesses, on all of the products. We didn't have the chance to see if they could actually bring in material and perhaps, for goodness' sake, unbelievably maybe even supply the town of Yorkton. Why would we always think that the largest centre could provide something at a better cost?

These businesses were just told that they would no longer have the opportunity to supply goods to their local town. And we're talking about milk and bread and bananas being shipped out from Yorkton because supposedly there's some cost savings. And at the same time when we're talking about the big picture of keeping a community going, we're saying that these people didn't have an opportunity.

Mr. Minister, can you tell me what the cost is going to be to move patients and residents to the nursing home?

**Hon. Mr. Nilson:** — It's my understanding it would be a minimal cost. If the movement takes place by attrition, or mostly by attrition, there probably wouldn't be any cost. But then if there are some patients that are moved, it would be done with the appropriate facility, most likely using the local ambulance. And that would be a cost that would be paid for by the regional health authority. Some of the furniture and other costs, that would be a relatively minimal cost for a move within that particular town.

**Ms. Draude:** — Mr. Minister, I've been advised that there's actually been . . . they've been told to resubmit a cost, a capital cost proposal to the health district. Can you tell me what that's about?

**Hon. Mr. Nilson:** — My understanding would be that when you integrate a facility there will be some costs to have some of the services that were previously in the health centre, in the new building, and they will all be in one place. And so what would be requested would be, well what are the anticipated kinds of things that would need to be done at that facility to accommodate some of the services from the health centre?

We have information about these kinds of construction projects from right across the province, and part of what would happen then is the regional health authority would get some advice for some of the people in Saskatchewan Health who work on capital projects. So that would be what the request would be about, is what kinds of things you need to do to accommodate some of the services.

**Ms. Draude:** — Mr. Minister, can you tell me what the anticipated annual savings will be by closing down this facility?

(20:15)

**Hon. Mr. Nilson:** — It's anticipated that the annual savings will be about \$1 million and it will affect about 20 full-time jobs.

**Ms. Draude:** — Mr. Minister, I would think that \$1 million isn't the 20 full-time jobs, so at some time can you provide the breakdown of how the million dollars is actually going to be saved?

**Hon. Mr. Nilson:** — I think that the answer will be the same as I gave to the member who asked about the Herbert situation, which is very similar. And it usually works out that the employee costs are around 73 per cent and that the remaining 27 per cent relate to the other operating costs.

**Ms. Draude:** — Mr. Minister, just so you're aware, I'll tell you that the Foam Lake area, to say that they're unhappy and displeased and frustrated and saying that it's genocide for the town is probably the feeling that's happening out in that area right now. And when I spoke to the mayor and to some of the people today, what they are telling me is what they believe their town needs is the doctor that they have right now and a nurse practitioner so that they have 24-hour service in their community.

I'm not sure what the health district plans are right now, but I can tell you that's what the community wants and that's what they need to remain viable, in their opinion. And I think it's very important that some of the local people's input is sought when it comes to making the decision that's going to put a stamp on the future of the town.

So that's what we're asking for. That's what we'll be making sure your department is well aware that we need to ensure that Foam Lake remains a viable community. And in the next short while I'm sure that you'll be having not only delegations but a lot of pressure on your department to ensure that that is what the town of Foam Lake receives from your government. Thank you.

**Hon. Mr. Nilson:** — The member asked a question about what possibilities there are. It's my understanding that the Sunrise Health Region, working together with the people involved with the primary care health centres across the province, have identified that Foam Lake is possibly a site where a primary care team could work. And so we anticipate that it would make sense for the local people to work together with the regional health authority as they look at what kinds of services can be provided over the long term.

**The Deputy Chair:** — I recognize the member for Moosomin.

**Mr. Toth:** — Thank you, Mr. Chairman. Mr. Minister, I have a few questions regarding health care as well.

And in your announcement today, Mr. Minister, you talked about putting more money into health care on one hand, and you also talk about the fact that the districts still have to find \$20 million worth of savings. And when everything is said and done, there's actually more savings and more money, than there is money going into the health care services.

When we talk about savings, Mr. Minister, there's an issue that comes up every time when you . . . no matter where you, who you, when you're talking to people. And it arises from the fact that people still do not believe that we've really have found efficiencies in how we deliver health care services in the administrative level and as we've amalgamated health care boards.

And you can take a look at . . . come out to any one of the health care districts, certainly in the area I represent. There isn't

a person that wasn't involved in administrative before that isn't in some position of administration in the new facility in many cases. And in many cases some of those positions are actually much higher paid than they were in previous years.

But, Mr. Minister, when we talk about savings and efficiencies, has your department ever even looked at some of the savings that could be achieved if you look at home care? As a result of the most recent amalgamation services and the fact that the districts and the people, the employees in those districts had to look at different union structures — because of the fact that in the larger district they had to decide which union they wanted to be under — and it's created a lot of controversy. It certainly created some problems in the fact that, for example, home care workers, home care workers living in an area that used to provide it now are driving down the road to get their assignments and maybe having driving further afield.

And it doesn't matter where you go. Montmartre was a good example recently where there was home care workers actually right in the community but are actually sent elsewhere and people brought in from, say, Grenfell, for example. And it's a stormy day. And you have to ask yourself. People are saying, well if they're travelling, that's a cost.

Aren't there ways . . . and I suppose what it comes down to is talking to the unions and having them sit down and find out ways they can find efficiencies so that those savings can be passed on — we can actually provide, put the money into direct patient care.

Same thing goes with nurses, Mr. Minister. We hear of overtime, Mr. Minister, and yet I don't know. You may have had . . . my colleagues and I have had young people coming to our office with nursing degrees and they're telling us they're just having a difficult time getting full-time employment.

Are these some of the issues, Mr. Minister, that can be looked at? When you start talking about efficiencies, are you asking of your department, asking of the health districts to look at . . . when you're saying all areas, are these some of the things you're asking them to take a look at? Can we find efficiencies in addressing some of those issues?

**Hon. Mr. Nilson:** — The answer for the member is yes, that it's about all of the things that the member raised and many more things. The way I like to put it is that each one of us is responsible for making the most appropriate use of health care. So there's a responsibility of the individual.

For each of the people who work within the system, there's a responsibility to do their job well and to make sure that they're doing their job in the most effective way. For those people who are administering and managing the system, it's their job to make sure the dollars are used well throughout the system. And then clearly on a province-wide basis, we have to continue to raise questions about how we spend money and what do we do.

I think that it's, you know, valid questions that the member raises. When we look at what we're doing with the asking for further administrative efficiencies, we have to remember that the amount of the budgets that the regional health authorities have is \$1.7 billion. I don't have the exact number, but in effect

what we're saying is we know that you probably need \$1.72 billion to do everything the way that you did it last year. We're asking you to do that with \$20 million on that amount. And we know that there are challenges because they are asking questions about everything that they're doing, and that's what we expect them to do.

**Mr. Toth:** — Mr. Chair . . . thank you, Mr. Minister. And Mr. Minister, I was pleased to see in the announcement this morning that you actually had administrative efficiencies were some of . . . was the first item that you talked about, service changes and program changes.

And I would take from the service changes and program changes that some of the areas we discussed about home care delivery and that, that some of . . . if they're caregivers and we can somehow get unions to recognize this and recognizing how they can be a part of the delivery of the system.

And I guess the question to you, Mr. Minister, is has the department actually sat down and looked at some of the overall expenditure? You've said it. We know it. We realize it — 2.7-some billion dollars. It's getting fairly large. It's likely 44 per cent of the provincial budget, and we all recognize that that cannot go on for ever. In fact as a result of the expenditure there and the fact that people are still on waiting lists, I've run across people recently who are actually buying insurance policies, that if something happens they're not waiting for Saskatchewan Health to provide health care, they're prepared to look elsewhere.

And so I think what we need to do is not just decide we're going to put more money in but find out if we can find the efficiencies to deliver the services so that communities like Moosomin . . . And I noticed there is an extra \$6 million being taken from the capital fund. The people in Moosomin would kind of like to know exactly where their project is sitting and when they eventually will have a go-ahead to proceed.

There's been a lot of time and effort over the past number of years, Mr. Minister, to raise funds. People have worked very diligently to put these funds together. In fact, Mr. Minister, you had the privilege of coming out to one of the Moosomin Moose hockey games just to see how the community was working as . . . and not just a community, the surrounding area. It's a regional area that has combined their forces to put their responsible . . . the dollars that they are responsible for in place. So I'm wondering, Mr. Minister, if you could give us an idea of what the plans are for this facility and when a go-ahead will be given regarding the facility?

**Hon. Mr. Nilson:** — The member is correctly identifying me as a Moosomin Moose, and I'm not sure if my fellow Moose is here on this side of the House with me tonight but we're very proud of that role.

What I am happy to explain to the member is that that project is on track to proceed and that the dollars are there for this year to proceed. They're just almost ready to approve the functional plan which then allows for the design of all of the appropriate drawings which will allow for construction. And those things are all just flowing in the course that they should. And so we have the dollars for that, and they're not affected by any

decision today.

**Mr. Toth:** — Mr. Chairman, Mr. Minister, so is there kind of a timeline you can kind of give people in regards to this process of moving to that structural design and — say — a sod-turning, an actual movement of dirt on the facility and construction beginning?

**Hon. Mr. Nilson:** — I can advise the member that the appropriate announcements will be coming very shortly which will allow for this project to proceed I think at quite a good pace, which we'll all be pleased with.

**Mr. Toth:** — I thank you. I thank you, Mr. Minister, and I know the people in Moosomin are certainly looking forward to that as there had been so much letdown over the years that they've almost given up hope, but there is still a little glimmer of hope. So your comments tonight I think are certainly going to be appreciated, and we thank you for that.

Mr. Minister, as well there is . . . the community of Wolseley is facing some transition, and part of it has to do with the fact that, as I understand it, the kitchen was located in the . . . and the heavy care home was located in the basement, and they've run into some fairly significant health problems. As a result, they've started to utilize the kitchen in the old . . . in the hospital, I shouldn't say old, the hospital wing. Now they're planning on rebuilding, redesigning the kitchen in the care home.

The concern however for most residents is the longevity of the acute care facility, and I think we can get, as my colleague from outside of Moose Jaw, Thunder Creek, had mentioned too, like when you look at Wolseley, basically you're looking from between Moosomin and Regina. You do have Wolseley, and you do have the communities of Indian Head.

But a couple of the concerns in regards to long-term care is of course patient availability. Pardon me, not patient availability but physician availability. And also you're well aware of the fact that West Central Pelleting has set up a plant, and you're well aware of the serious injury accident that occurred last year and the importance of that physician in that community. And Natural Valley Farms is also planning on constructing a processing plant in the area. And the type of businesses that certainly accidents can happen and availability of facilities such as the Wolseley hospital is certainly paramount.

And I'm wondering, Mr. Minister, if you can give people of Wolseley an assurance as to what they can expect from their acute care facility and its longevity in the community, because I think it's very important for the well-being of that community.

**Hon. Mr. Nilson:** — Well I think that part of what we wanted to do today was to indicate to those communities where there may be some change in those communities, and Wolseley is not on that list, so it's not anticipated that there would be any change. But I do recognize that they'd have to do some fairly major work in the facility to deal with the mould in the kitchen and that that work, as I understand it, is ongoing. And so practically there may be discussions in the community, but it's clearly not part of anything that we anticipate happening this year.

(20:30)

**Mr. Toth:** — Mr. Minister, I guess the reason for the question is the fact that there is still some significant decisions that regional boards are going to have to make. And in view of that and the assurances from the department that these services will . . . the efficiencies will be found in other areas . . . like, I mean a determined effort will be made to find efficiencies before you just start closing beds and more acute care beds in the system.

And as I've indicated earlier, the necessity of facilities, especially when communities are working so hard to bring economic activity to their area . . . and I can assure you and I think, Mr. Minister, you are probably well aware of it that the communities that are being more successful these days are communities that actually have access or have acute care services and physicians available in those communities, and it's paramount. Thank you.

**Hon. Mr. Nilson:** — I'd like to thank the member for a description of why we made this announcement today about 12 communities that were having some changes. The goal was to say that these are the 12 communities. The other communities are continuing to build and work in their own areas and are not on a change list. So thank you for that question.

**The Deputy Chair:** — I recognize the member from Lloydminster.

**Mr. Wakefield:** — Thank you, Mr. Deputy Chair. And good evening, Minister, and your officials. I just have a quick question pertaining of course to Paradise Hill. Your announcements affected 50 per cent of the hospitals in my constituency. There is only two, so that's certainly one of them.

I guess the question is this: what would your advice be, Mr. Minister, when I'm speaking to the people in the constituency around Paradise Hill that have struggled very hard over the years to maintain their hospital? You know that we've had delegations come to Regina, that they've met with you, Mr. Minister, and I think your officials on maybe more than one occasion. And I think they're highlighting the fact that this is an important part of their community.

And I guess in the bigger picture . . . Maybe you have to do what you have to do from your perspective and your department's perspective. But in the bigger picture, people in the rural areas, under the guise of being told that there's rural revitalization ongoing, they're being picked away at time and time again, and they're getting a little frustrated with the things that are happening. For instance, the closing of the rural service centres is affecting the rural areas. The consolidation of the highway maintenance areas have affected small communities in rural, and it's just downloading on the municipal governments, so they have to struggle with these taxes.

I guess what I'm saying . . . there is an ongoing frustration, and the people in Paradise Hill particularly, who see the hospital as a vital part of their community being changed. As you know, it's very close to Lloydminster. It's certainly within the shopping area of Lloydminster, and the increased PST makes it very awkward.

So, Mr. Minister, what advice can you offer the constituency — the constituents — around Paradise Hill that in fact this is in their best interest?

**Hon. Mr. Nilson:** — So, I appreciate the question. It's always a challenge in any particular community, but in this situation, the average daily census in the hospital using the beds is 1.4. That means approximately less than two patients a day. So sometimes it's higher. Other times it would be lower. And so the total numbers of days of stay in the year 2002-2003 is only 500 for the 365 days in the whole year.

So one of the challenges is this is a million dollar operation. With changing what we're suggesting here, we'll save about a million dollars, and it will affect about 17 jobs. But if people aren't using it, the facility, then I think that's the kind of thing that the citizens of Saskatchewan ask us to make some changes. So in this particular case, there are clearly some challenges, and there may be some other ways of providing the services that the people will actually use.

So I think that that's where we have the challenge on this particular facility.

**Mr. Wakefield:** — Mr. Minister, yes, you're right. It is a challenge, and if . . . I think I heard you right when you said a million dollar savings in that facility. Will that be per year? And the 17 job displacement, I'm just confirming those things.

I was going to ask what the savings might be and how then, Mr. Minister, does that translate into what people in the Paradise Hill can expect in return? I see in the follow to the news release, there is something like conversion of the existing hospital to health service, consisting of visiting medical service. I assume that means visiting physicians coming on occasion, or regular. There will continue to be lab and X-rays, and the 17 beds closed.

The question is, is there a visiting physician? Has there been consultation to have a visiting physician to continue to come to Paradise Hill? Without a physician, there really . . . is there a need for the X-ray and the lab service?

**Hon. Mr. Nilson:** — It's my understanding that there is one doctor there that shares call with St. Walburg and that as long as the physician's there then some of these services will be there. I know from my discussions with the regional health authority board up in that area, that one of the challenges is providing the staffing, the medical staffing, but I know they are working at it as well.

**Mr. Wakefield:** — Thank you, Mr. Minister. It is a challenge, an ongoing challenge in areas like that. But the jobs that are in place are very important to those communities, and a reduction of 17 jobs in a community like Paradise Hill is going to be pretty hard for them to swallow, for sure.

Also in the backgrounder to your press release, under Paradise Hill it says, "all other services are to remain." And I guess my question is, what other services do you anticipate with that statement? Are we talking about respite beds? Are we talking about other services that normally apply to health centres in other locations? Just so that when I'm asked that question, what

can I respond? Other services will remain.

**Hon. Mr. Nilson:** — The member asks about the services. This is information that we try to describe changes that happen in the community. We'll get further information from the regional health authority so that you can have that clear information about what kinds of services will be there in the longer term.

I also assume though that in this particular community they will work with the regional health authority to see what kinds of services that can be provided that the people will actually use given the fact that the services that are there now haven't been used very much.

**Mr. Wakefield:** — Thank you, Mr. Minister and Mr. Deputy Chair. I have just one more question, and then I'm going to turn it over. The question, Mr. Minister, is not about Paradise Hill, but it's a proposed addition to a new long-term care facility in Maidstone.

I know that area well. It's where I grew up. And I know lots of people. And the questions will be coming to me as well as the member from Cut Knife-Turtleford. Could you give me any idea that this project, which I think was being proposed and moving along, is it still continuing to move along or what stage is that at?

**Hon. Mr. Nilson:** — This project is in the initial planning stages, which means that they're looking at kind of how they can do that within the regional health authority. And so that's where it's at right now.

**The Deputy Chair:** — I recognize the member from Canora-Pelly.

**Mr. Krawetz:** — Thank you very much, Mr. Deputy Chair. Mr. Minister, my question or questions . . . and there may be one, or there may be many depending upon your answers, Mr. Minister, I guess. Representing Canora-Pelly and Canora-Pelly being part of the Sunrise Regional Health Authority, there has been a lot of concern in the Preeceville area as the member from Moosomin has indicated with concerns in Moosomin. And I noted, Mr. Minister, that last fall — specifically September 19 — you travelled to the community of Preeceville, and you announced the government's commitment to the integrated health care facility there. And I believe you announced that the province was committing \$700,000 for the project's plan and design work. That was an announcement that took place on September 19.

Mr. Minister, in light of the capital expenditure that has been indicated to be spent in this year's budget, could you indicate to the people of Preeceville what the status is of the capital project in the community of Preeceville?

**Hon. Mr. Nilson:** — I would like to thank the member for that question. I think the way I can describe this, these are also in initial planning like the Maidstone project that's kind of in a similar track. All of these projects are going to go ahead, but we are having to slow them down a bit this year because some of the challenges around the financing. But it's still planned to go ahead, but it's not going to be moving quite as fast as anticipated, given some of the bigger financial challenges

around the whole system.

**Mr. Krawetz:** — Mr. Minister I know that that answer will come as a bit of a challenge to the people of Preeceville because, as you are aware, the funding that they were asked to put in place by former Health ministers in fact is in place. They've been ready to go for a number of years, and I note your comments, Mr. Minister, the quotation that is in the *Preeceville Progress* of September 25 says, and I quote:

Today's announcement is about moving ahead and building a better future for the people of Preeceville and surrounding area.

It didn't talk about a delay. It didn't talk about a future. It talked about moving forward in September 2003, interestingly just before the election, Mr. Minister. Now I heard you today say that your government and you are committed to this project. Will you be able to indicate to the people whether this is delayed for the current fiscal year, or is it just part of the fiscal year, or are we already delayed into 2005? Will you be able to commit to the people of Preeceville when this project will undergo a sod-turning ceremony as the member for Moosomin asked about the facility in Moosomin? Can you be more specific and indicate exactly when this project will begin to be reality in the community of Preeceville?

(20:45)

**Hon. Mr. Nilson:** — I think what I can explain is that when we've made commitments about projects going ahead, we will go ahead with them. There are other communities like Preeceville that have raised quite a bit of money where there isn't a commitment to go ahead with the project, but they're hoping there will be. So this is different than that kind of a community.

What the process of looking at the functional design . . . doing those kinds of things, we'll continue working with the regional health authority, but we won't be in a position during this year to basically say we're going full speed ahead because it takes some time.

I think the member from Moosomin will identify that there were quite a few years where there was a lot of discussion about how and where these things were going. With the member from Moosomin I can say that project's going ahead and moving along because there's so much work that's been done.

We have more work to do in Preeceville. We have more work to do in Maidstone, but these ones are moving along. The project in Outlook has lots of work done, and it's moving along. So it often depends on what's happened. But practically, when we've made a commitment to move forward, we're going to do that, but we have to do it and fit it in with the amount of money that we have.

**Mr. Krawetz:** — Thank you, Mr. Minister, for that answer. And I'm sure that the people of Preeceville will accept your word that you are committed to this project.

Mr. Minister, a final couple of areas regarding this project . . . and there was some uncertainty as to the announcement that

you made last fall regarding the commitment of the \$700,000 for the work as I indicated, for the plan and design work. Was that \$700,000 provided in the fiscal year that has been passed? Or is the commitment for that monies to come out of the current fiscal year to allow them to proceed?

When I asked the Chair of the committee and the mayor, Mr. See, about whether or not there was indeed a \$700,000 actual amount of money that was allocated and allowed this committee to move forward with their plan and design, the answer was quite, you know, unclear. And it almost seemed like that there was no financial commitment other than a promise that indeed finances were available for this fiscal year, '04-05, that this design stage could go ahead. Can you clarify, Mr. Minister, where the \$700,000 commitment is at as far as the level of actual dollars being provided to have this project move forward?

**Hon. Mr. Nilson:** — What I can advise the member is that there is a written commitment for the \$700,000, but it will be drawn down as they spend it. And so as they're moving forward in this planning process that, as it's required in the Sunrise Regional Health Authority, that money will be available for them as they move forward.

And this is basically the process that's used. So there is money that's committed. And as the expenses are incurred in their planning process, they draw that money down.

**Mr. Krawetz:** — Just one final question, Mr. Minister. If the Sunrise Authority incurs some expenses for design immediately, in the next month, will they be able to access the \$700,000 in this fiscal year?

**Hon. Mr. Nilson:** — The answer is yes because that money is committed there for them to move along so.

**The Deputy Chair:** — I recognize the member from Cypress Hills.

**Mr. Elhard:** — Thank you, Mr. Chairman. Good evening, Mr. Minister, to you and your officials. First of all I'd like to start off by thanking the minister for making time in his schedule again today, as he did last week, to meet with delegations that came to the legislature on behalf of their communities and their facilities to address their concerns directly to the minister. And I appreciate the fact that he made time to meet with them on short notice.

Having said that, I would ask the minister, following his meeting with the delegation today from the Climax-Frontier area, what assurances he was able to give them that their concerns would be addressed?

**Hon. Mr. Nilson:** — Well, Mr. Deputy Chair, I appreciate that question. And I too enjoyed the chance to hear from the people in the local communities of Climax and Frontier and surrounding areas.

I have some personal knowledge of that area, which I then explained it, so I understood sort of the topography and some of the challenges that they have in that particular area, and also understood the concerns that they're raising around how they



can go forward in developing some of their economic plans. And in many ways it's similar to other communities across the province that are concerned about having available health care, education, and the roads and connection. But they are in many ways like some of our northern communities where they have basically one road into that area, and it often has challenges around weather and other kinds of things. And so that was recognized and understood.

But we also have questions about how to provide some of these services. I think that my own sense of the discussion with the community is that they have some ideas and some suggestions about how these things might be provided. They have some challenges getting sufficient staff, but they also have a doctor who's down there, who works together with them, and I encourage them to work with the Cypress Regional Health Authority and look at planning for the health care in that whole southern part . . . or the southwestern part of our province.

And so I want to thank the people for the meeting. And it was sort of fit together in between a few other things that were pressing today, but my sense is that the goal would be to work together with the community and with the regional health authority to see what services can be provided and how to do that in a way that's good for them and good for the rest of us in the province.

**Mr. Elhard:** — Thank you, Mr. Minister. I think the delegation, if I understood correctly, were somewhat assured, or reassured maybe, by your familiarity with the geography and the topography and the challenges that they face there. As they probably indicated to you repeatedly, it's isolation that is their biggest concern and the fact that the transportation in and out of there is so unreliable, frankly. And when you get an air ambulance rushing in there to evacuate a patient and getting stuck in a mudhole in the middle of the only runway in the area, that only amplifies the fear and the concern about the isolation and the access to services.

Having some reassurance though from your familiarity with the area, I guess, Mr. Minister, what they want to know is the possibility or the probability of continuous lab services being available on the current schedule — five days a week, as I understand it right now — just as a means of making the viability of the current physician's practice real for the long term. We have a physician in that community that is prepared to stay there. He seems quite settled there and happy to provide medical services to the people of that area. And the viability of his practice really hinges on having lab services available on a five-day-week basis. Is that a realistic possibility for that community after your discussion with the delegation?

**Hon. Mr. Nilson:** — I appreciate the question, and that's clearly one of the possibilities that they're looking at. One of the challenges, as I'm sure the member understands, is the availability of staff on a continuing basis. And so some of the discussion we had was around how to have people recruited to go and live in that area. And so that is often tied in with quite a few of the other things that we know, the schools and the . . . whether it's a full-time job or a part-time job, and in fact whether they're used to living in that beautiful part of the province which some people have never seen before.

So I think that, practically, that's part of the discussion, and it's clearly . . . we want to have support for the physician doing his work. And that's, I think, what should be the continued discussion with the regional health authority.

**Mr. Elhard:** — Thank you, Mr. Minister. I noticed in the sheet that was handed out at the press conference today in which the changes to the various facilities around the province were delineated, there is an indication here that there may be a possible hiring of an advanced clinical nurse.

Now I'm not particularly familiar with that designation, but am I to assume that this position would be one that was brought into place if the physician was to leave, or is this an adjunct, an addition to the physician services in that particular clinic?

**Hon. Mr. Nilson:** — I think one of the big challenges in that particular area of the province is the fact that if you're the sole physician, you're on call 24 hours a day, 365 days a year. And so one of the suggestions or one of the things that they've been talking about . . . is there some way to provide some support to the physician so that he can in fact have some time off and know that somebody else will be covering many of the things that are there.

This is something that has worked in other communities. And I know your member to the right there knows how that works in the area around Kyle and Beechy, and it has turned out to provide some very good services. Have the physician service available when that's needed, but have it supplemented with these advanced clinical nurses or nurse practitioners.

**Mr. Elhard:** — Mr. Minister, the communities of Gull Lake — and Gull Lake was represented here — but also Cabri, which was not represented at the legislature, have had some concerns that they have brought to my attention both previous to and since the announcement today.

And in view of the fact that you have indicated that there will be \$20 million of expenses to be cut from health district budgets throughout the province, should those communities and should those health facilities in Cabri and Gull Lake be concerned about the programs that they're offering in their communities as a result of that budget reduction?

**Hon. Mr. Nilson:** — Mr. Deputy Chair, the announcement today was to set out clearly where there would be changes in facilities. There is also a recognition though that there are changes in the amounts of some of the administration and services. And as I explained previously, if you look at the regional health budgets as approximately \$1.7 billion, we recognize by this statement that the actual operating running rate may be 1.720 billion. It's that extra 20 million that we are asking for some efficiencies to be found across the system. I think if you took a percentage of the total 1.7 billion as a budget, for example for Cabri, and sort of figured that it would somehow be proportional to that, there'd be minimal, if any, effect in most communities.

But what it does mean is that we have to have everybody continuing to look at the most efficient way of doing things within any particular service, and that we're going to be working with everybody — whether it's the patient or the

provider or the overall administrator of the system — to make the most effective use of our dollars.

(21:00)

**Mr. Elhard:** — Mr. Chairman, through you to the minister, the implications of the service cuts however . . . can you envision any circumstance in which cuts might be significant enough that it would affect the viability of any given facility in the health district?

**Hon. Mr. Nilson:** — I think the answer to that is no.

**Mr. Elhard:** — Mr. Chairman, I'd like to thank the minister and his officials for their attendance here tonight, for their willingness to discuss the issues with us, and we would look forward to another opportunity at some time in the immediate future.

**Hon. Mr. Nilson:** — I'd like to thank the members for the questions and for the opportunity to explain some of the things that we announced earlier today. And I especially want to thank all of the people who are here with me this evening who have been working very diligently on a number of challenging issues in the health care field.

So thank you very much.

**The Deputy Chair:** — Could I ask the minister to move progress?

**Hon. Mr. Nilson:** — I move that we report progress and ask for leave to sit again.

**The Deputy Chair:** — The minister has moved that the committee report progress on the estimates for the Department of Health. Is it agreed?

**Some Hon. Members:** — Agreed.

**The Deputy Chair:** — Okay. The motion is carried.

**The Speaker:** — I recognize the Deputy Chair of committees.

**Mr. Iwanchuk:** — Mr. Speaker, I'm instructed by the committee to report progress and ask for leave to sit again.

**The Speaker:** — When shall the committee sit again? I recognize the Government House Leader.

**Hon. Mr. Van Mulligen:** — Later . . . Oh no, next sitting, Mr. Speaker. Sorry.

**The Speaker:** — I recognize the Government House Leader.

**Hon. Mr. Van Mulligen:** — I move that the House do now adjourn.

**The Speaker:** — It has been moved by the Government House Leader that this House do now adjourn. Is it the pleasure of the Assembly to adopt that motion?

**Some Hon. Members:** — Agreed.

**The Speaker:** — Motion is carried. This House stands adjourned until tomorrow at 1:30 p.m.

The Assembly adjourned at 21:04.

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