



STANDING COMMITTEE ON HUMAN SERVICES

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**STANDING COMMITTEE ON HUMAN SERVICES
2004**

Ms. Judy Junor, Chair
Saskatoon Eastview

Mr. Ken Cheveldayoff, Deputy Chair
Saskatoon Silver Springs

Ms. Brenda Bakken
Weyburn-Big Muddy

Mr. Lon Borgerson
Saskatchewan Rivers

Hon. Joanne Crofford
Regina Rosemont

Mr. Glenn Hagel
Moose Jaw North

Mr. Don Morgan
Saskatoon Southeast

The committee met at 15:00.

The Chair: — I call the Standing Committee on Human Services to order. The first order of business is . . . Mr. Cheveldayoff.

Mr. Cheveldayoff: — Madam Chair, I'd like to draw to your attention inappropriate comments made by the Minister of Learning in the House today, specific concerns regarding the allegations he made against the member from Last Mountain-Touchwood.

I would submit to you that it was nothing more than political grandstanding. And I invite the Chair to review *Hansard*, page 160, and the comments that Mr. Hart had made. And I would ask the Chair draw them to the attention of the Minister of Learning and tell him that we would appreciate any concerns that he has that they be brought to this committee and not to be grandstanding in the House.

The Chair: — Thank you, Mr. Cheveldayoff. Okay, Mr. Cheveldayoff, the remarks in the House were dealt with in the House and don't come to committee. If we wanted to deal with something in committee, we would deal with it specifically here, not carry over something that has been brought up in the House. Mr. Morgan.

Mr. Morgan: — Madam Chair, the Speaker in the House made a determination that it was a matter to be dealt with in this committee and should be raised in this committee. So specifically on the advice of the Speaker, we're raising the matter here. And it's the expectation that this committee, the Chair of this committee would make a determination that the member from Last Mountain-Touchwood's comments were appropriate. And we would be expecting that the Minister of Learning would withdraw the remarks that were made upstairs in the public forum.

The Chair: — Thank you, Mr. Morgan. The Speaker made a ruling that the point of order wasn't appropriate for the House. It was more appropriate being brought up at the committee. It did not mean that he was referring it to the committee. So unless a member brings up a point of order now and makes it a point of order for this committee to deal with, then we don't deal with anything that was said in the House this afternoon.

Mr. Morgan: — Madam Chair, we accept the position taken by the Chair of this committee. We want to express our extreme dissatisfaction and regret that this has taken place in the House today. And I'm troubled that the Minister of Learning wasn't here to deal with it. He's the one that brought it up upstairs and chose not to come back down. We're prepared to let it go by the way for the time being, but we certainly invite the Minister of Learning to come back and address it if he feels appropriate.

The Chair: — Thank you, Mr. Morgan. There is no point of order before the committee, so we'll move on to our first order of business, Bill No. 85 — The Film Employment Tax Credit Amendment Act, 2004. We have the minister here. If she would introduce her officials and if there's any statement she would like to make to the Bill, she can do so.

**Bill No. 85 — The Film Employment Tax Credit
Amendment Act, 2004**

Clause 1

Hon. Ms. Beatty: — Thank you. Good afternoon. To my right is Dawn Martin, executive director of Culture and Heritage, and to my left is Ken Kalu, senior policy analyst in our department. I will make a few comments to start off this afternoon.

The film employment tax credit program, which has been in place since 1998, provides a refundable 35 per cent tax credit to film producers in Saskatchewan. The way the program was initially designed resulted in being difficult to predict and manage a budget for the program on a fiscal year basis. When producers register in the program, they estimate their total production budget. Producers usually register early in the film employment tax program to allow them to use their expected tax credit as collateral when they seek financing for their project. However if producers have finances in place, they actually often register at the same time as they file for their film employment tax credit. This is claimed when their production is complete, sometimes years later. As a result, draw on the film employment tax credit program is difficult to predict on a fiscal basis.

Therefore this amendment will allow the Lieutenant Governor in Council to set a time period for producers to register and file their film projects in the film employment tax credit program. And these amendments are being proposed after consultation with the film industry representatives.

The Chair: — Thank you. Mr. Dearborn.

Mr. Dearborn: — Thank you, Madam Chair. Thank you, Madam Minister, and welcome to your officials. I would just like to start by saying I have no problem with this going forward and being voted off today. The only question I have is, why now? Why are we putting this amendment forth now? Why wasn't this initially part of the Bill? I'm sure they could've foreseen this.

Ms. Martin: — Would you like me to . . .

Hon. Ms. Beatty: — I'll make some general statement. I think a lot of times when we do this kind of legislation and we're new into the games, we sometimes don't foresee issues that we might run into, and I think this is one of them. You know our film industry is doing well, but at the same time we need to be able to use something where we have a better way of predicting and implementing budget planning.

Mr. Dearborn: — Thank you, Madam Chair.

The Chair: — The end of the questions? Then Bill No. 85, The Film Employment Tax Credit Amendment Act, 2004, clause 1 agreed?

Some Hon. Members: — Agreed.

Clause 1 agreed to.

Clauses 2 to 6 inclusive agreed to.

The Chair: — Thank you. Then we'll entertain a motion: Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: The Film Employment Tax Credit Amendment Act, 2004, without amendment. Ms. Crofford.

Hon. Ms. Crofford: — I'll so move.

The Chair: — Thank you. All in favour?

Some Hon. Members: — Agreed.

The Chair: — The motion then is that this committee report . . . A motion then I need to report this, that this committee report Bill No. 85, The Film Employment Tax Credit Amendment Act, 2004, without amendment. Oh, I already did that, right? Don't need that twice.

The committee agreed to report the Bill.

The Chair: — Thank you. Thank you to the minister and her officials.

Hon. Ms. Beatty: — Thank you.

Bill No. 83 — The Medical Profession Amendment Act, 2004

Clause 1

The Chair: — The next order of business before the committee is The Medical Profession Amendment Act, 2004. And I'll have the minister introduce his officials and speak to the Bill if he so wishes.

Hon. Mr. Nilson: — Thank you, Madam Chair. I am pleased to have with me, on my left, Lawrence Krahn, who is the assistant deputy minister. I also have in the room with me John Wright, the deputy minister; Mike Shaw, the associate deputy minister; Duncan Fisher, assistant deputy minister; Max Hendricks, the executive director of finance and the administration branch; and Tracey Smith, who is the assistant to the deputy minister.

The Chair: — Questions? Mr. Gantefoer.

Mr. Gantefoer: — Thank you very much, Madam Chair, and welcome to the minister and Mr. Krahn. The legislation that we're reviewing today, An Act to amend The Medical Profession Act, is legislation that I believe has been done with the consultation and on the request of the College of Physicians and Surgeons, that changes how their electoral boundaries work for their own internal board elections to the college. And the question that I have is . . . We certainly support that to be accommodating to the profession to make sure that that's appropriate.

Does this legislation eliminate the need for every time there are changes to regional health authority boundaries to have to redo this for the college, or is there something that requires this to happen again?

Hon. Mr. Nilson: — That's a very good question, and the answer is yes. What we've done is allowed for the boundaries to be set by administrative bylaw within the organization so we wouldn't have to come back to the legislature for that change. The new boundaries reflect the regional health authority boundaries that are now in effect in the province.

Mr. Gantefoer: — I certainly had a conversation with Dr. Kendel about this, and certainly he confirmed that the department had undertaken this new legislation at their request, and that it met all the requirements and concerns they had, Minister. So we certainly see no reason at all to delay it in any way. And I think it's important that it was structured in such a way that it doesn't create the need for doing this every time there is a change. Thank you.

Hon. Mr. Nilson: — Thank you very much.

The Chair: — Thank you.

Clause 1 agreed to.

Clauses 2 to 14 inclusive agreed to.

The Chair: — Then Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan, enacts as follows: The Medical Profession Amendment Act, 2004 without amendment.

And I will have a motion that this committee report Bill No. 83, The Medical Profession Amendment Act, 2004 without amendment. Mr. Hagel, so moved. All agreed?

Some Hon. Members: — Agreed.

The Chair: — Thank you.

The committee agreed to report the Bill.

Bill No. 84 — The Vital Statistics Amendment Act, 2004 (No. 2)/Loi n° 2 de 2004 modifiant la Loi de 1995 sur les services de l'état civil

Clause 1

The Chair: — Our next item for business is the consideration of Bill No. 84, The Vital Statistics Amendment Act, 2004 (No. 2).

The minister has anybody new? No. Anything to say about this Bill?

Hon. Mr. Nilson: — I want to laud this Bill as a change that we can make as we move towards the centennial year, around how we publish genealogical indexes. This is going to be a multi-year project. But I think it's appropriate that we launch it in this year, that we will give the people of Saskatchewan and of the world access to indexes around who has lived in Saskatchewan in a way that clearly protects those who are here now. But it does provide for information for people when they're doing genealogical work.

The Chair: — Mr. Gantefoer.

Mr. Gantfoer: — Thank you, Madam Chair. Again, Minister, in principle we certainly have no difficulty with accommodating people who want to, as a centennial project particularly, to do family trees and things of that nature.

I guess the only issue of concern is not so much a concern, but a question is: have you checked this legislation and the appropriateness of it with the Privacy Commissioner to make sure that the way and methodology that you publish this genealogical index in no way is in contravention of the privacy legislation in the province?

Hon. Mr. Nilson: — We've sent this over to him, and I think practically what we have here is the enabling part of the legislation.

And one of the questions, I think, where we will be looking very carefully is the times at which information is released. And in Canada right now, for example, for information around deaths, it's usually 20 to 70 years after a death that that's released. And so we haven't decided exactly. We're going to do some consultation around whether it should be 40 years in Saskatchewan or 20 or 70.

So some of those kinds of things, I think, will be part of the discussion.

Mr. Gantfoer: — Thank you, Minister. I take it then that I would have your assurance that when you proclaim some of the details of this posting of this index that you would vet those proposals to the Privacy Commissioner to ensure that what is actually then proposed isn't in some way in contravention with issues that he may establish.

Hon. Mr. Nilson: — That's right. That's how this needs to be done.

Mr. Gantfoer: — Thank you.

The Chair: — Thank you. Then An Act to amend The Vital Statistics Act, The Vital Statistics Amendment Act, 2004 (No. 2). Short title, clause no. 1, agreed?

Some Hon. Members: — Agreed.

Clause 1 agreed to.

Clauses 2 to 6 inclusive agreed to.

The Chair: — Her Majesty, by and with the advice and consent of the Legislative Assembly of Saskatchewan enacts as follows: The Vital Statistics Amendment Act, 2004 (No. 2).

I now need a motion that this committee report Bill No. 84, The Vital Statistics Amendment Act, 2004 (No. 2) without amendment. Mr. Borgerson. Thank you. All in favour?

Some Hon. Members: — Agreed.

The Chair: — Agreed.

The committee agreed to report the Bill.

**General Revenue Fund
Supplementary Estimates
Health
Vote 32**

The Chair: — Our next order of business is the supplementary estimates for the Department of Health, vote 32. They're on page 12 of your Supplementary Estimates books and while the minister is changing officials I'll remind the members that all questions must be relevant to the subvote, program, or policy being funded. The minister.

Subvotes (HE04), (HE06), and (HE03)

Hon. Mr. Nilson: — Yes, the information has been provided; the amount that is being . . . is talked about here is the \$70.3 million. And so this increase is comprised of 66 million from the first ministers' agreement which will be used for capital, equipment, and infrastructure replacement as well as initiatives to reduce surgical backlogs, expand diagnostic capacity, retain health care providers, and implement health system quality improvements.

There will also be 3.3 million which is offset by revenue from SAHO (Saskatchewan Association of Health Organizations) to sustain the health sector, extended health and dental plans, and ensure the health sector joint job evaluation process. And then there's a further \$1 million which is offset by federal revenue for expanded childhood immunization programs that are provided through the public health trust fund.

The Chair: — Thank you. Mr. Weekes.

Mr. Weekes: — Thank you, Madam Chair. And welcome to the minister and your officials. I would just like to ask the minister, how much of that increased funding to the Health budget will be going to the Heartland Health Region?

Hon. Mr. Nilson: — That's not a specific number that we have right now because it goes into various programs and we're in the process right now of allocating it to the regional health authorities. Not all of it does go to the regional health authorities. Some of it will be spent centrally. But we can provide that information for you, if you require.

Mr. Weekes: — I appreciate that, Mr. Minister. When you allocate that money, is there any conditions to the funding to the regions?

Hon. Mr. Nilson: — For some of the money, yes, because it would be coming with specific ties from the federal government, for example, where we would have specific uses for it. I think practically all of this money is designated. And it's in the general budget that there would be undesignated money.

Mr. Weekes: — Thank you, Mr. Minister. The people in Wilkie signed hundreds of petitions and hundreds of names on those petitions asking for no reduction in their health services in Wilkie. And I've just recently talked to the CEO (chief executive officer) of the Heartland Health Region and he has confirmed that they have adjusted one shift in special care for the night shift, which will affect three people in the region.

I'm just asking the minister that if he will address this issue and really . . . and stand up for the people in Wilkie who have asked, demanded, that there be no changes in their health care system in Wilkie. And with this extra funding, I would ask the minister to do something concerning that reduction in the Wilkie Health Centre that's coming up in January.

Hon. Mr. Nilson: — Well what has happened across the province is that there have been some changes made. I think in Wilkie they have made adjustments around the service mix in providing the care, especially in the long-term care part, during the night, and that there are some jobs that have changed. There's also been some changes made around, I think, three or four jobs that were part-time jobs which have been changed into a single job. And that's meant that some people don't have the same jobs any more. And then they've also added a new job within another part of their operation.

But these are changes that are made in their ongoing budget each year and they do have effects in different communities. But we allow the regional health authorities to try to figure out what works best in their particular area.

Mr. Weekes: — The people in Wilkie are phoning my office and they have grave concerns. They've lost their hospital in the past and now there's continuing downgrading of their health centre. And they are very concerned about losing the health care that they have now. And I'd just like the minister to address that and give an assurance to the people in Wilkie there will be no more cutbacks in the Wilkie Health Centre.

Hon. Mr. Nilson: — Well I understand what has happened is that they did make some changes there with the new structure. They kept some of the staffing in a time period of transition. Now they're operating with their new facility. And the staffing at night has changed slightly, and that's what my understanding is the concern. I appreciate that you've made this point, and we'll make sure that the Heartland Health Authority people know that you've raised it here.

Mr. Weekes: — Thank you, Madam Chair.

The Chair: — Thank you. Ms. Eagles.

Ms. Eagles: — Thank you, Madam Chair. Thank you, Mr. Minister, and welcome to your officials as well.

Because of the increased funds in the health care budget, I would like to know that, as you probably are aware, Mr. Minister, that there's serious concerns in the Sun Country Health Region. In fact there's going to be 28 jobs lost due to the centralization of the laundry facilities to Weyburn. And I would just like to know: is any of this money going to be directed to the regions to alleviate problems such as this?

Hon. Mr. Nilson: — The funds that are being used here are not set out to deal with particular issues like that. In the Sun Country Health Region, they have been working around building a new facility with a new laundry in Weyburn. And part of that plan that they've been working at for a number of years now has been to change how they provide the service on the large laundry — the sheets and towels and some of those kinds of things. Some of the personal laundries will still remain

in some of the smaller centres, but most of the laundry will be done in Weyburn.

I know that they're in continual discussion with some of the communities and with the workers at that particular facility to find the right balance there, but I think their plan of going ahead with a centralized laundry in Sun Country will continue.

Ms. Eagles: — And, Mr. Minister, I'm frankly . . . you know, it's a pretty tough sell out there because, you know, while it's being pled poverty to these workers, the administration in Sun Country Health District has seen huge increases in their wages, some as much as \$28,000.

And, you know, these 28 workers are just devastated because lots of them have . . . you know, their husbands and their families are in Estevan. And you know they're just going to be unemployed.

So I was . . . I guess my next thought on this was, would you be willing to have open consultations in that area or to direct the Sun Country Health District to have open consultations in that area before any final decisions are made?

Hon. Mr. Nilson: — Well my understanding is that the senior management and the board have met with groups throughout the area, but especially some of the workers. I think what we have to remember is that we're given a tough task as managers of the health care system to look at what kinds of things can you do more efficiently in the system, and one of the challenges is always to balance some of the jobs in some of the smaller communities or in other places when you make some of these consolidation decisions. And there are members from right across the whole region. I know from talking to a number of them that they've really struggled around how to do this, but I think they have a plan and they've been working at it for a while and we will be supporting them in what they do.

Ms. Eagles: — Mr. Minister, when I filed a written question . . . And I will read the question:

To the Minister of Health: provide the average percentage of wage increases awarded to administrative positions in the Sun Country Regional Health Authority for the fiscal year 2004-2005 and the total amount of money these increases cost for the fiscal year.

And the answer was the Sun Country Regional Health Authority follows the Saskatchewan Association of Health Organizations' pay bands as a source to guide their compensation policy. The annual increase this year to the salary scale for out-of-scope employees was zero per cent. And yet in the Sun Country Regional Health Authority report it has that . . . I mean a huge increase of 7,000; 7,000; \$28,000.

Hon. Mr. Nilson: — The report, if you look at the date for that, it probably is for last year.

Ms. Eagles: — It's year ended March 31, 2004.

Hon. Mr. Nilson: — Right. And so the present year is 2004-2005.

Ms. Eagles: — Okay.

Hon. Mr. Nilson: — So this year it's zero. So last year it would have been whatever the per cent was. Also the other factor that sometimes comes into play when you look at the annual reports is that the out-of-scope people always follow by one or two years increases that have been in scope, and so sometimes when the in-scope people are down to a lower level, the others are still trying to catch up on the percentages.

Ms. Eagles: — Okay. I thank you, Mr. Minister. Thank you, Madam Chair.

The Chair: — Thank you. Mr. Gantefer.

Mr. Gantefer: — Thank you very much, Madam Chair, and again welcome to the minister and the new officials, and a particular welcome to Mr. Wright. It's the first time that we've had an opportunity to discuss health care issues across the table and I look forward to it.

Minister, of the 66-odd million dollars that are conditional on the federal arrangement, health arrangement, when I broke it down it seemed that there was a whole lot of money being spent on technology and equipment and a smaller percentage of the total on staffing and patient care issues.

For example on patient care, increasing the number of surgeries and home care was \$2 million. And I'm wondering if the minister would indicate specifically what steps will be taken for a estimated cost of \$1.8 million to increase the number of surgeries.

Hon. Mr. Nilson: — Okay. I'll just explain the decision-making process so you can understand why the allocation of the money was made the way it was. We knew that we had this \$66 million to spend between October, effectively, or November, and April 1, 2005. What we had across the whole system were requests around certain kinds of equipment and capital costs that we knew we could deal with in a very quick way. Some of the issues around staffing and around more, you know, employees, or changing the mix of employees, those are things that are part of our annual budgeting process which is going on right now. And so we made a conscious decision to put more of that one-time money into the equipment kinds of things.

Now the 1.8 million basically, I can turn it over to John and he can explain how they're going to allocate it.

Mr. Wright: — Sure. Basically 1.3 million of the 1.8 will be allocated to the health care districts of Regina and the one in Saskatoon. We're focusing very much in on the day surgery side of the equation. We anticipate an additional 800 to 1,000 day surgeries, the long waiters, those in excess of 18 months that we'll be addressing.

Approximately \$500,000 is to deal with the costs on a fee-for-service basis from the physician side of the equation. We anticipate that the bulk of these surgeries will be done in Saskatoon. They have some spare OR (operating room) capacity, although we are running very close to it, but a lot again will be done on the day surgery side of the equation,

focusing in on those items like cataracts and other items.

Hon. Mr. Nilson: — And just I'd add on top of that, in our spring budget we had \$2.5 million on top of our regular RHA (regional health authority) budgets to go specifically to surgeries. And that money, more of it is going to the orthopedic or, you know, longer and more expensive procedures.

Mr. Gantefer: — Okay. Minister and officials, for example there is a cataract program that's offered out of Melfort hospital, for example. Had there been allocations of increased budget in that event as well, or are you primarily limiting any increased resources to Saskatoon?

Mr. Wright: — At this point in time we've been focusing our discussions on Saskatoon and Regina, and their ability to respond. They tend to be the areas of the longest wait-lists, greater than 18 months. Certainly we have ongoing discussions with the CEOs of various health care districts including Kelsey Trail. But again right now the focus is Saskatoon and Regina. I'd be pleased to follow up with the CEO in Kelsey Trail as to whether or not they have the ability to expand their cataract surgery program.

Mr. Gantefer: — Thank you, Mr. Deputy Minister, and as well when you're doing your longer range planning, I would certainly urge you to look at resources, both operating room and post-op, and recovery potential in some of the regional centres. Because again, Kelsey Trail and Melfort specifically, since the move to the Parkland long-term care facility, it freed up some substantial assets. And I think that it behooves us to use the assets that are available across the province, even if it cuts across health authorities, to make sure we're making the maximum use of facilities before we use one-time monies in sort of a way that maybe we could have saved and used better in the other way.

In the technology area, I'm assuming that, for example, an operating room scheduling system is a software type of, based program that would be of assistance to designing the scheduling process, taking in mind the acuity of need and things of that nature.

Mr. Nilson: — I think the specific issue there is in Saskatoon. They require an update on something they've had for quite a number of years, and this will go very specifically to a need they've identified for a couple of years. And we're really pleased to do that because it also simplifies our province-wide registry which, going to your previous answer, we're now getting information almost all across the province. So we can do that allocation of money that you suggested.

Mr. Gantefer: — And is this system, now that we've had this one-time money and we've got \$2 million for it, does this give us licensing that's likely to last a while, or is it going to be much more of an annualized thing?

Mr. Wright: — No. This will be of a one-time nature to put this in. We're putting it in actually five of the mid-sized regions as well. We're well along the process. We're actually evaluating products from three vendors at this point in time, and will be beneficial to all those five regions involved. We have to make sure the business case is there, properly and thoughtfully,

and there may be some minor ongoing dollars required for system maintenance and operations, but the bulk of the dollars are one-time in nature, to buy the licensing.

Mr. Gantefoer: — Is this software that's already created and you're buying the licensing fees for, or does it have to be customly created?

Mr. Wright: — No. This is off-the-shelf. There's quite a few vendors out there and we've nailed . . . sorry, we've narrowed the list down to three.

Mr. Gantefoer: — Okay. Coupled with that, under technology there's IT (information technology) improvements of \$10 million. Is that for hardware related to the health authorities, replacement of computers, or things of that nature? Or what is that IT improvements?

Mr. Wright: — There's a variety of initiatives around IT including the OR scheduling system, a diagnostic imaging wait times system. We have a patient registry. We're developing a lab reporting system. Very importantly, a scheduling system for patients. So there's a variety of initiatives included within that 10 million. Again we're in the process of developing the business case for each one of those and hope to have them out and up and running over the course of '05-06.

Mr. Gantefoer: — Thank you. Under the broad category of the way I've grouped things, on equipment it talks about \$5.3 million for equipment for surgical suites. Is that focussed in any particular area? I noted in reply to questions asked in the House yesterday about orthopedic surgery, that there seems to be a particular concern about the backlogs there. And is any of this equipment for surgical suites related to orthopedics, and is there going to be maintained equipment for orthopedics in Yorkton?

Mr. Wright: — Not specifically for orthopedics, rather the equipment is to replace and upgrade various types of equipment out there. It's not limited to monitors, anaesthetic equipment, operating room tables and ORs. It's of a general nature, not specific to an area. However certainly a region would have the ability to purchase that equipment that they thought was right and particularly needed in that region. Again we're having ongoing discussions with the CEOs and the finance people.

Mr. Gantefoer: — Well in equipment, I've got the \$1 million to increase the number of MRI (magnetic resonance imaging) and CT (computerized tomography) scans. Is that to hire additional personnel to be able to perform the scans, or how is that broken down?

Mr. Wright: — Yes. In terms of the CT scans themselves, we're anticipating \$226,000 in one-time funding to Saskatoon. They have some extra hours available. Of that 226,000, 153,000 would be associated with a physician remuneration and operational dollars of approximately 73,000.

The remaining amounts of 628,000 are attributable to CT scans, predominantly in Regina and Saskatoon. Of those, roughly two-thirds is physician remuneration, and the residual is for operational dollars.

Mr. Gantefoer: — Thank you. I notice a final payment on the

Regina MRI which would then finish the capital cost funding, I am assuming, for that piece of equipment.

Hon. Mr. Nilson: — That's correct. So it'll be paid for in this year.

Mr. Gantefoer: — Can you explain the \$3 million allocated to the linear accelerator?

Hon. Mr. Nilson: — In Saskatoon they require replacement of their linear accelerator which I think is approaching 19 years of age, and so this will be to replace that linear accelerator.

Mr. Gantefoer: — Okay. The \$6 million for equipment for safe workplaces, would you break that down and as part of that the issue around the safe sharps, needles, and things of that nature. Or is that included in that all?

Mr. Wright: — No, we're . . . I'm sorry, Minister, with respect, no, we're still working on the scope of the sharp needles. That will likely be an element in the '05-06 budget. With respect to the equipment for safer worker places, we're very much focused in on occupational health and safety issues. They're of a significant concern to the department, so we will be investing, with our partners, the RHAs, in a variety of types of patient-lift equipment, electrical beds, therapy tubs, and others. We're going to allow some flexibility to the RHAs to invest in those areas where they see safety as their concern. And hopefully this will go a long way to assisting in reducing injuries and preventing accidents.

Mr. Gantefoer: — Is part of this to have the needed equipment for people who are physically very large so that, you know . . . some of those issues, particularly in Saskatoon and Regina, you know, so that the issues of appropriate operating rooms, patient care beds, perhaps even access to diagnostic equipment is available?

Hon. Mr. Nilson: — I'll just start, and then Duncan can add a little more. This is based on the RHAs identifying needs, and we know that that's one area where they need to replace some equipment.

Mr. Fisher: — And certainly some of this money will be going towards new patient electric beds and lifts to allow staff to move patients and lift patients more safely.

Mr. Gantefoer: — Okay, thank you. There is an area that's replacing aging diagnostic equipment, \$8.3 million. Is that again generic across the RHAs that are making requests for prioritizing how these funds are going to be allocated?

Hon. Mr. Nilson: — Yes. This is something that we see going across the province. One of the things that we have been doing as we are able, is updating equipment. One of the facts of the new world is that digital images are required for transmission over high-speed Internet and other places, and so what we're trying to do is make sure that we can focus on those areas where we need to replace some of the older equipment. Also it's an efficiency matter in that you don't have to transport the negatives or the actual films, and so we know that can save a lot of money on many parts of the operation.

And so the RHAs have all been looking at this. And as you know, in any new facility that you go in, they will have digital equipment. And so this money is going to be used to replace equipment in other facilities where that hasn't been done yet.

Mr. Gantefer: — There's infrastructure upgrades and maintenance of \$8 million. Again, is that generic across the RHAs and based on their priorities?

Hon. Mr. Nilson: — Yes, we have a standing list of concerns or all-of-a-sudden emergency things that happen, that you just need some money to fix a roof or fix an elevator or fix other things, and so this money is going to meet some of that need, and hopefully we can take off the list a number of challenges that we've had over the last couple of years. And we're continuing to look at that as we move forward in our next year's budget as well.

Mr. Gantefer: — You know I appreciate the minister said that this was . . . tried to focus on one-time expenditures. But maintenance issues seem to me to be more of issues that would be in the normal operating budget, and this is picking up the shortfalls that have allowed to occur rather than new initiatives.

Hon. Mr. Nilson: — Well for example it may an elevator that's functioning now but really needs to be replaced so that that would be a one-time expenditure.

Mr. Gantefer: — Until it needs to be replaced again.

Hon. Mr. Nilson: — Hopefully 25, 30, or — like our elevators here in the legislature — every 50 years.

Mr. Gantefer: — There was one in the Pool elevator in Watson that was even older than that when I was a kid.

Under staffing issues, quality workplace initiative — is that supporting and building on the project that was started by the Moose Jaw Health Authority, the Registered Nurses' Association, and the department, and has been expanding and seeing some pretty positive results?

Hon. Mr. Nilson: — Yes, and I think we would acknowledge the good work that the SRNA (Saskatchewan Registered Nurses' Association) and SUN (Saskatchewan Union of Nurses) have done. And it was in Moose Jaw, but it also was in a number of other places in the province, and so we're building on that work. Once again it complements some of the equipment around safety issues as well and quality workplaces. A lot of those things all go towards dealing with some of the challenges that we have in some workplaces.

Mr. Gantefer: — Is it the intent of the department with this money — and I suppose supported by a regular budgetary commitment — to make sure this quality workplace initiative basically is available across the whole system? Because I think the results have been shown to be pretty positive in terms of worker morale, and the sense that the professional staff are engaged in decision-making, and making recommendations that are meaningful to the improvement of not only the workplace for their own case, but also improved patient safety and timely access.

Hon. Mr. Nilson: — Basically these funds will be available for people to apply to Saskatchewan Health for use of the monies in . . . like some of these previous projects' work. And so we will see that they are being used, you know, in a way that enhances the workplace. And it's . . . they're good examples for other places where sometimes the practices then just become part of the regular operations.

Mr. Gantefer: — Continuing education and training received \$1 million by my records. Can you outline specifically how that is being allocated?

Hon. Mr. Nilson: — I'll let John . . .

Mr. Wright: — I'll try to keep it general. We do have the specifics here, but for a variety of initiatives associated with both front line workers and management. For example we're allocating 80,000 to training for dispute resolution, alternative dispute resolutions; 245,000 for clinical educational opportunities; 240,000 for programs for middle and senior managers to upgrade their skill sets. I'm just touching on some of the larger ones. OR or operating room training for LPNs (licensed practical nurse) and RNs (registered nurse), we're allocating 175,000 there; cultural awareness training, and a couple of other minor items which will total a million dollars.

Mr. Gantefer: — Thank you, Mr. Deputy Minister. There's \$1 million allocated for physician recruitment, and my question there is, it seems to me that in many cases recruitment, not only of physicians but registered nurses and other medical professionals, sometimes can be pretty haphazard and hit-and-miss. Some regional health authorities do a pretty fair job of dealing with the issue and others not nearly as effective.

And there doesn't seem to be as much coordination across the system as might be desirable. Is there some of this money going to be used to hopefully improve the province-wide initiative to make sure that medical professionals that are in scarcity and need are going to be recruited in a coordinated, professional way?

Hon. Mr. Nilson: — I think this specific money will actually go to the College of Physicians and Surgeons, and it will be used in the international medical graduate assessment program and licensure area. We know that the costs vary, depending on the assessment of the particular individual who is wanting to have their credentials checked. And then you end up having to put in place a program — whether it's one month or six months or two years — to sort of upgrade that particular person's credentials. And so this will be managed through the College of Physicians and Surgeons. We anticipate they'll be working with Manitoba and possibly Ontario, which has a lot experience in this area.

Mr. Gantefer: — Thank you, Minister. Minister, from your comments earlier, I understood you to say that this money became available approximately of October of this year, and the program had to be put into place for the fiscal year ending March 31, '05. Did the department kind of just sort of say, okay, we've got this money, let's try to allocate as best we can? Because it seems like from October till now is not a real long period of time. And by having the pressure on by the way this money became available through the federal-provincial

arrangement, it seems to me that you probably had to rush some of this a fair bit to get the broad outlines at least together and are now working at having RHAs sort of specifically apply for these allocations.

What process did you have with kind of saying, okay, we're going to put so much money in this pot and so much in that pot? And what was the communication and discussion process that resulted in these decisions?

Hon. Mr. Nilson: — I think the important point to note is that our Premier did a very good job around the table in Ottawa in September. I mean, he basically stuck there until we got the money, and all the provinces realized, with his lead, that you better stay at that table if you want to get this money. So we ended up with more money than we thought we would when we went down there. We knew what the allocation was very quickly. We also knew that there would be some amount in this budget year and then over the next number of budget years. And so this \$66 million, we immediately turned it over to the deputy minister and other senior management working with the CEOs across the province. And I'll let John explain the process.

Mr. Wright: — A couple of things, Madam Chair. First was, I had the wonderful opportunity to travel during the months of July and August and part of September throughout the province to meet in the home locations of each of the RHAs. During those meetings myself and my assistant deputy ministers had great discussions around what are the priorities, what are the issues, what do we need to address. Coming out of that, I had a clear sense, as did the department, around some immediate priorities and a variety of other items. Certainly we were blessed with a first ministers' meeting where again the Premier did an excellent job, and for this year we walked away with \$66 million.

There were a couple of priorities identified at the first ministers' meeting that we have adhered to very carefully. For example, part of the 66 million, approximately 19.4 million was associated with dealing with wait times. And so we carefully allocated dollars, not only to 1.8 million to put more people through but also to equip the ORs, to provide equipment and a variety of other things.

Similarly there was an allocation of approximately 15.5 million dealing with equipment, and we've allocated around that. The remaining dollars were picked up and utilized in those areas where the CEOs had identified priorities. And we knew where equipment was failing or old, as the minister had indicated with the linear accelerator up in Saskatoon. So I'd like to think that it was a joint product.

We talked subsequently with the CEOs. I think on average and on balance, the CEOs are quite pleased with the allocation that we've come up with. Certainly some regional health authorities would like a little more bit more here, and others a little bit less there. But I think the people of this province will be well served with the allocation. So there was a consultative approach taken.

Mr. Gantefoer: — Thank you, Mr. Deputy Minister. Minister, you indicated that as part of this federal-provincial undertaking that it's more than one year in length and that there are a blueprint or a formula, if you like, for going forward. Could you

outline what, according to this agreement, you're anticipating will be the special funds, if you like, under this program and how long that they go forward.

Hon. Mr. Nilson: — Yes, well basically the shorthand version is that it'll average out to about \$90 million a year for each budget year hereafter until about 2013. And so put that in context, though. Out of this year's budget, that's 3 per cent of the budget. So it's very nice to have. It has some specific things that it will fund. But we'll have a more detailed explanation as how we allocate that money as we move and present the budget in March because it's important. But it has to be taken in the context of the money that we provide from our own resources here in Saskatchewan.

Mr. Gantefoer: — Is there on these . . . going forward, this approximately \$90 million, does it have similar types of parameters allocated to how this money is being spent or planned, as the current \$66 million was in the balance of this year?

Hon. Mr. Nilson: — I think the key one in this money that's sort of allocated is around wait times because that was clearly one of the Prime Minister's goals. And so for this year, it's 19.4. Next year, it's 19.4. In the third year, it's 37.2. And in the fourth year, it's 37.2 and then it drops down to 18.6 in 2008-2009. And then down to 7.8 for the next five years. And so it . . .

Mr. Gantefoer: — Theoretically, we're going to catch up.

Hon. Mr. Nilson: — Well that's the theory. Now practically, what we know is that costs around dealing with wait time issues aren't just operating room time and equipment and all those things. It's the training of the specialists and the surgeons. And we have some real challenges, as you've identified before, around some of the staff that we need. And so you have to keep into context all of this.

But we're pleased to have the money because it's helping us now, and it gives us predictability, and that's really a crucial factor in getting money from the federal government.

Mr. Gantefoer: — Thank you, Minister. The one final question in terms of looking forward and thinking in terms of one-time expenses, is there consideration by the department to support the proposed medical light beam at the Canadian Light Source as a special project which would enhance our research and diagnostic capacities pretty dramatically?

Mr. Wright: — I take it, Madam Chair, that the hon. gentleman is referring to the BMIT or biomedical imaging technology of Dr. Tomlinson. Indeed the beam line is a cost of in excess of \$8 million, stretches well under the parking lot.

Through the Regina, the Saskatoon health regions, they've committed in excess or at three-quarters of a million dollars over the next several years. Health care funding from our partners and others, including charitable foundations, I believe total \$2.7 million. So I'd like to think that the Saskatchewan health care community has contributed to this.

I had a recent opportunity to discuss this beam line again with

the good president at the University of Saskatchewan, and I certainly had the impression that the funding is underway and in control.

Mr. Gantfoer: — Thank you very much.

The Chair: — Seeing no further questions then, the supplementary estimates for Health, vote 32, provincial health services (HE04) 21,800,000. Agreed?

Some Hon. Members: — Agreed.

Subvote (HE04) agreed to.

The Chair: — Medical services and medical education program (HE06) 1,500,000. Agreed?

Some Hon. Members: — Agreed.

Subvote (HE06) agreed to.

The Chair: — Regional health services (HE03) 47,000,000. Agreed?

Some Hon. Members: — Agreed.

Subvote (HE03) agreed to.

The Chair: — For Health, then, vote 32, 70,300,000. Agreed?

Some Hon. Members: — Agreed.

The Chair: — Then I need a motion that:

Resolved that there be granted to Her Majesty for the 12 months ending March 31, 2005, the following sum for Health, 70,300,000.

Ms. Crofford. Agreed?

Some Hon. Members: — Agreed.

Vote 32 agreed to.

The Chair: — Seeing no further business before the committee, I'll thank the minister and his officials.

Hon. Mr. Nilson: — Thank you. And I'd like to thank my officials. And as the member from Melfort noted, there was some very good work by people throughout the health system to figure out how to spend this money that we received in October in the most appropriate way. And I want to thank everybody involved.

The Chair: — Thank you. I believe we have some business circulating that we'll have to stay for one minute for.

What the committee members have before them is the Standing Committee on Human Services second report which we will table tomorrow in the . . . oh, sorry. We'll do it today. So the committee has considered the estimates of the following government departments and agencies and adopted the following resolutions, supplementary estimates 2004-2005:

Resolved that there be granted to Her Majesty for the 12 months ended March 31, 2005, the following sums: for Corrections and Public Safety, 996,000; for Culture, Youth and Recreation, 9,527,000; for Health, 70,300,000; for Justice, 1,085,000; for Learning, 131,415,000.

The committee will recommend that, upon concurrence of its report by the Assembly, the sums as reported and approved shall be included in the Appropriation Bill for consideration by the Legislative Assembly.

Could I have a motion to accept that?

Mr. Hagel: — I so move.

The Chair: — Mr. Hagel. Thank you. Agreed?

Some Hon. Members: — Agreed.

The Chair: — Seeing no further business, we will now adjourn. We need a motion to adjourn. Mr. Cheveldayoff. Thank you. Agreed?

Some Hon. Members: — Agreed.

The committee adjourned at 15:59.

