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Wednesday 26 March 2008

**Journal
des débats
(Hansard)**

Mercredi 26 mars 2008

**Standing committee on
government agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Wednesday 26 March 2008

Mercredi 26 mars 2008

*The committee met at 0935 in room 151.*INTENDED APPOINTMENTS
SIVAM VINAYAGAMOORTHY

Review of intended appointment, selected by official opposition party and third party: Sivam Vinayagamoorthy, intended appointee as member, Mississauga Halton Community Care Access Centre.

The Chair (Mrs. Julia Munro): Good morning, everyone. This committee stands for business today.

I would bring your attention to the first order of business, which is the deferred vote on the intended appointment of Sivam Vinayagamoorthy as member, the Mississauga Halton Community Care Access Centre.

Ms. Van Bommel had previously moved concurrence in the appointment of Mr. Vinayagamoorthy and, at the request of Ms. MacLeod, the vote on the motion was deferred until today's meeting. Is there any discussion? If not, all in favour?

M^{me} France Gélinas: Sorry. I didn't realize you were going so fast.

The Chair (Mrs. Julia Munro): Sorry.

M^{me} France Gélinas: Am I too late?

Mr. Michael A. Brown: You are too late, because it's just a deferred vote.

The Chair (Mrs. Julia Munro): Yes.

Mrs. Maria Van Bommel: On a point of order: I do believe that there is no discussion on this motion. I think it's just a deferred vote, is it not, Chair?

The Chair (Mrs. Julia Munro): I think that we will have to move, as we have, to the vote.

M^{me} France Gélinas: Can I ask for a further deferral for one week?

The Chair (Mrs. Julia Munro): I don't believe that's within the power of the committee.

M^{me} France Gélinas: Okay.

The Chair (Mrs. Julia Munro): All right. All those in favour? Opposed?

Ms. Lisa MacLeod: Recorded vote.

The Chair (Mrs. Julia Munro): You have to ask before.

Ms. Lisa MacLeod: Sorry. I'm a little rusty.

The Chair (Mrs. Julia Munro): I declare the motion carried.

MICHAEL LEMAY

Review of intended appointment, selected by third party: Michael Lemay, intended appointee as vice-chair, Champlain Local Health Integration Network.

The Chair (Mrs. Julia Munro): We will now move on to appointment reviews. Our first interview today is with Michael Lemay, intended appointee as vice-chair, Champlain Local Health Integration Network. Mr. Lemay, please come forward.

Good morning, and welcome to the committee. As you may be aware, you have an opportunity, should you choose to do so, to make an initial statement, and subsequent to that, there will be questions from members of the committee.

Just for everyone's understanding, today we will begin questioning with the third party. Each party will have 10 minutes allocated for questions, and we'll go in the rotation I have suggested. As is the practice of this committee, any time you take in your statement will be deducted from the time allotted to the government party.

You may begin.

Mr. Michael Lemay: Thank you very much, Madam Chair, and good morning, committee members. This is a new process for me, and I do appreciate the opportunity to meet with the committee.

I would like to begin by highlighting some aspects of my CV and my experience on voluntary boards.

I was born and raised in Penetanguishene, on the shores of Georgian Bay. I completed my education at the University of Ottawa and my teaching qualifications at the U of T. My first year of teaching was 1964, in Elliot Lake. I spent the next five years at North Dundas District High School, near Winchester and Chesterville, in the North Stormont area. I then moved to Renfrew county, where I spent the rest of my teaching career with the Renfrew public school board.

I taught French and English, but spent most of my career in guidance. I was fortunate to have been principal of summer school for a number of years, as well as principal of the night school program. I spent the last 10 years as a high school vice-principal, and again, I was fortunate to work in several communities in our county, from Pembroke to Petawawa, Renfrew, Barry's Bay and a wonderful high school located between Cobden and Eganville. A highlight of my career was teaching two years in Baden, Germany, at the Canadian Forces base.

During my teaching career, I sat on various boards; notably, the Phoenix Centre board of directors, a children's and mental health centre serving Renfrew county, and also the Renfrew County Family and Children's Services board of directors. During my tenure on both boards, I progressed through chair of finance, vice-chair and chair of the board. It was during this period that I learned a great deal about governance in the public sector and the important function it provides to an organization. I'm still learning, and I know that this learning process never ends. My work on these boards was very relevant to my work in education. I gained a new perspective into the difficulties that some of our students are undergoing due to being in care or having mental difficulties.

When I retired in 1997, I wanted to continue to serve my community. Having spent 35 years in education, I felt that I needed a new challenge. Pembroke had just gone through a restructuring plan under the auspices of the Ontario Health Services Restructuring Commission, which resulted in the closure of one of our hospitals. I responded to an ad requesting applications for a new board, which was to be set up to govern the Pembroke general hospital. I applied and was appointed to the board. Thus began my education in how the health care system functions in our province. Our community was divided when we were left with only one hospital. We, as a hospital board, never lost sight of our mandate, which was to develop a wide range of quality health care services that would meet the physical, emotional and spiritual needs of all.

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Our board was often frustrated as we worked our way through the bureaucracy of the health ministry; it seemed to take forever to get things done. The slowdown, fairly or unfairly, always seemed to come from Toronto. It was like trying to move a huge elephant that was 400 kilometres away. It was a pleasure to be on the board and see the completion of a \$46-million capital project, but the process was over eight years. Again, I moved to the position of chair of finance, chair of quality assurance, vice-chair, chair and past chair. The hospital board policies permitted a total of three three-year terms to sit on the board, but I was asked to serve a 10th year, as we had a new chair who requested that I remain to help with the transition.

It was during this year that the LHIN act was being discussed, and the idea of an integrated health system closer to home appealed to me. Having resided in rural and small communities most of my life, it was important that any changes that occurred factored in the challenges that we faced in our smaller communities. Providing health care in small communities is challenging, and some of those challenges are unique when comparisons are made to the larger communities of our province. The government's vision of a system driven by the needs of clients would not leave those of us in smaller communities out in the cold. Our local community would have a say in how health care was managed, so I decided to apply.

In December 2005, our hospital board had a visit from Michel Lalonde, who was chair and one of the first three members of the LHIN, and Rob Cushman, who was the CEO. They visited our board and made a presentation on what they hoped to see for the Champlain LHIN. We were impressed and pleased that LHIN collaboration with the health service providers was an integral part of making a health care system that helps people stay healthy, delivers good care when they need it, and is sustainable. Finally, a silo approach is being replaced by collaboration.

In January 2006 I was appointed to the Champlain LHIN, and I was reappointed for a three-year term this past January. In late January I was asked if I'd let my name stand as vice-chair, as our vice-chair was having health difficulties. I said I would, thus my appearance before this committee.

I'd like to thank you again for this opportunity to meet with you.

The Chair (Mrs. Julia Munro): Thank you very much. As I mentioned, we'll begin with Ms. Gélinas.

M^{me} France Gélinas: Thank you. You mentioned in your resumé that you spoke French. Est-ce que vous parlez français?

M. Michael Lemay: Oui, mais ça fait tellement longtemps. J'ai enseigné le français en 1969. Depuis ce temps-là, j'ai eu assez de difficulté. Si je suis dans un groupe de francophones, ordinairement, on parle français, mais c'est plus facile pour moi de parler en anglais. Donc, les francophones parlent en français, puis je réponds en anglais, et ça va bien.

M^{me} France Gélinas: Est-ce que vous savez le pourcentage de francophones dans la section géographique desservie par le RLISS de Champlain ?

M. Michael Lemay: C'est assez grand. Par exemple, je sais que dans la ville de Pembroke, d'où je viens, c'est environ 5 %. Donc, c'est assez grand. Mais à Ottawa, puis vous avez Cornwall, il y a plusieurs francophones.

M^{me} France Gélinas: Est-ce que vous préférez que je continue en français ou en anglais ?

M. Michael Lemay: Ça dépend. Puis-je répondre en anglais?

M^{me} France Gélinas: Oui, vous pouvez.

You talked about your experience and service on the board of the hospital. What is your knowledge of community-based agencies that are under the responsibility of the LHIN?

Mr. Michael Lemay: I am very comfortable with the hospital sector, because that's where I began, but when the CCACs—we had a very close relationship with the CCACs as a hospital board because we felt it was important that they play a role in the hospital. So we had very good communication and we had one of their workers have an office in the hospital, which made it easier for the clients when they were leaving.

With the former district health councils, I was on an advisory committee that was involved in various appointments to the district health council. Again, because they managed pretty well the whole health area, it went quite

well. So I'm fairly comfortable with most of the areas. Some of them I'm not, like the small community home services that are available; I'm still learning about those.

M^{me} France Gélinas: Aside from the CCACs, do you know which other community-based agencies are under the responsibility of the LHIN?

Mr. Michael Lemay: You've thrown me here, so that's why I have to look. There's the addictions and mental health—and that was involved with the hospital; the community support services, which, again, I'm just learning about over a period of time; the community health centres; and, of course, long-term-care facilities.

M^{me} France Gélinas: In your knowledge of community care access centres in your area, are most of the contracts awarded to for-profit companies?

Mr. Michael Lemay: I can't answer that. Again, they've been amalgamated and now the head office is in Ottawa. I believe they just appointed a new CEO, and the board's just reorganizing itself. I have not had any contact with the new CCAC board.

M^{me} France Gélinas: As vice-chair of the LHIN, would you support your community care access centres awarding contracts to for-profit companies?

Mr. Michael Lemay: I'd be very hesitant. Again, the most important thing for me is to look at the system as being client-based. Because we have so many small communities in our area, if that was the only option that was available—looking at the client—I'd say yes, but that would not be my first choice at all.

M^{me} France Gélinas: Are you familiar with how contracts are awarded through community care access centres, the bidding system?

Mr. Michael Lemay: No, I'm not.

M^{me} France Gélinas: In the community sector, they often talk about a one-way valve, because the players at the table under the LHINs are all small except for hospitals. They're very much afraid that the lobbying power of the hospitals will mean that less and less resources will end up in community-based care, because the hospitals need a lot of money and there's a limited amount. What are your views toward a one-way valve, so that in the coming years money cannot be taken away from community-based care to fund hospitals?

Mr. Michael Lemay: I personally believe that the health system will not work if we start doing that, especially when we're looking at an aging population. The community-based services that are being offered are extremely important. I think at some point we have to change our attitude and look at wellness and prevention as the main factor and look at all the determinants of health care to make things work. To take money from—I personally would not favour that at all.

M^{me} France Gélinas: Those are my questions.

The Chair (Mrs. Julia Munro): We'll move on to Mrs. Van Bommel.

Mrs. Maria Van Bommel: I just want to say thank you very much for appearing before us today and taking on this challenge. I, myself, have been on a hospital board, as chair, and I know it's a wonderful learning ex-

perience for everyone, but it is also on a volunteer basis, and I certainly want to say thank you very much for that.

Ms. Lisa MacLeod: I'm an MPP for the Champlain LHIN, as is my colleague Randy Hillier from Lanark—it's the longest name here—LFLA or something like that. I have a couple of questions with respect to how you would carry out your mandate as vice-chair of the LHIN. I've known Robert Cushman for quite some time, before I was elected and before he was with the LHIN, and I know a lot of the work that you're doing. I've got two issues that I've been working on in the community, and one is the shortage of long-term-care beds in the city of Ottawa. We're short roughly between 250 to 850 beds. There's a lot of bed blocking going on at the Queensway Carleton Hospital, the Civic hospital, and it's caused enormous concern in our community, and I'm wondering how you believe we can best address that through the LHIN and with the province of Ontario.

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Mr. Michael Lemay: You're correct, it's probably the most difficult issue we're facing right now in our LHIN—and that's right across the LHIN, not just the Ottawa area.

One thing that's happening that I feel we can do right now is with the provincial aging-at-home strategy that the government has begun and that we're working with now. I think it's really important, as one of the main challenges is trying to get people out of hospital beds and back into the community. But to be able to do that, we have to have the community services available to help those people. Again, we're right back to the determinants of health, where I think we have to look outside the box in regard to social housing. How are we going to work in those areas to help?

It's not going to be easily solved, but I think that by working closely with all the agencies in the community that are working with the elderly population, it can work. It will be slow. I don't think we'll solve it just by building tons and tons of space; we have to use what we have now.

Ms. Lisa MacLeod: I think that you and I both agree, then, that there needs to be a comprehensive and integrated strategy rather than just beds.

Mr. Michael Lemay: Yes. I agree totally.

Ms. Lisa MacLeod: Having said that, I know that you were a little hesitant, when you were speaking with my colleague from the third party, about private investment in the public delivery of health care. I take a different philosophical approach to that, simply because I've seen the shortage of doctors in my community. I've also seen our hospitals under the crunch of the so-called bed blocking. I think there could be some unique partnerships, particularly in my neck of the woods, where we've got one of the highest birth rates in Canada but also one of the larger seniors' populations in Canada. That, in and of itself, presents unique challenges. I would just like your comment on that in terms of the public delivery of health care with private investment.

Mr. Michael Lemay: Again I'm hesitant, but I don't think you just throw it away. I think it has to be looked

at. If health care is going to be sustainable in this province, and I look at it from the point of view of my grandchildren as well, then I think we have to look at all possibilities. But we can be a little more efficient with the use of the funds that are presently being provided to health care. We have to look at all those options before we go outside.

Ms. Lisa MacLeod: Okay. I just have another question. This is something I've been talking to the police chief in Ottawa about—Vern White. I put a resolution, in fact, two weeks ago through the finance committee here at Queen's Park with respect to a much-needed drug treatment facility for the city of Ottawa. The LHIN has come out and endorsed this, has identified a need, that we could probably service 200 youth who are addicted to drugs and other substances and get kids off the streets and back on track. The government yesterday didn't include in their budget any money for a drug treatment strategy. I'm wondering how you think we can best put our resources together, as a municipality and as a LHIN, to ensure that these kids are getting off drugs and back on track.

Mr. Michael Lemay: As you said, I think again that we have to work together with the municipality and the LHIN has to provide some leadership, and you don't give up. As a LHIN, we keep making a request to the ministry as we see that it is something we can accomplish—some good within our community. I wouldn't give up on it, but again, in the case of a LHIN, I can see working with the municipalities to support it as much as we can.

Ms. Lisa MacLeod: I had a conversation with some police officers who believe that there are four issues with respect to drug abuse: prevention, treatment, harm reduction and enforcement. Of course, the two major areas that you want to move forward on are prevention and treatment.

This government, the McGuinty government, has decided in the city of Ottawa not only to undermine the municipality that decided to move away from a crack pipe-needle exchange program but they then funded it right underneath the city's nose and have taken on that line of thinking rather than putting the money into drug treatment. Could you tell me where you stand on that issue?

Mr. Michael Lemay: I think that drug treatment is extremely important. Prevention also is important. I really haven't looked at it that closely to be able to comment fairly. You're correct: Prevention and treatment are extremely important. That's what I would look at first of all.

Ms. Lisa MacLeod: I would urge you to. There are children in the city of Ottawa who are doing so many drugs in Tim Hortons that last week one of the Tim Hortons in Ottawa said that they were going to remove their bathroom facilities. So we have an issue which is borderline crisis in the municipality that I represent and one that you will represent as a member of this board. It's a serious issue, and I would urge you to learn more about it.

In closing, I just want to congratulate you today. I've looked through your CV. I believe you're qualified for this position. The official opposition will be supporting your candidacy. I did notice that you did some work with the Phoenix Centre.

Mr. Michael Lemay: That's correct.

Ms. Lisa MacLeod: I want to applaud you for that, because the work that they're doing with very little budget from this government has been extraordinary. I know that your member of provincial Parliament, John Yakabuski, has taken the funding fight to the floor of this Legislature to make sure that they're properly served.

With that, I just congratulate you and thank you for your time here today.

Mr. Michael Lemay: Thank you very much.

Interjection.

The Chair (Mrs. Julia Munro): You have one minute.

Mr. Randy Hillier: Then I'll make it quick.

Thank you very much for being here today. You mentioned in one of the earlier questions that streamlining and effectiveness are required. I've seen significant burdens placed on hospitals. I was speaking to one Mike Gagne over at Carleton Place hospital in our LHIN. He was saying to me that the nursing staff spend 30% to 35% of their time doing administrative paperwork burdens. Is the LHIN, or are you yourself, looking at ways of implementing some streamlining and some effectiveness so we can get better use out of the dollars being spent in our hospitals?

Mr. Michael Lemay: I know we're working very closely with the hospitals. In fact, when I go back to Ottawa this afternoon, we'll have our meeting tonight involving the accountability agreements that the hospitals are signing with the LHIN. As far as the LHIN is concerned, we expect them to be efficient, to be spending the money properly and putting in areas that we can check the performance of the hospital.

Mr. Randy Hillier: Accountability, definitely, yes, but what I'm looking at is, are we taking any proactive approaches in this LHIN to improve that efficiency so we can get better value for the people we're serving in these hospitals, instead of just a steady drain of needing more and more money?

Mr. Michael Lemay: I believe it's starting. The LHINs have to evolve. Really, only in the past year have we worked very closely with the hospitals. So it will take time, but I have enough faith that they can work, that the population we're serving will be well served and that the hospitals will do what's expected of them.

The Chair (Mrs. Julia Munro): That concludes the time that's allocated. Thank you very much for coming here this morning.

Mr. Michael Lemay: Thank you very much.

MICHAEL NEWMAN

Review of intended appointment, selected by official opposition party: Michael Newman, intended appointee as member and vice-chair, Consent and Capacity Board.

The Chair (Mrs. Julia Munro): Our second interview is with Michael D. Newman as an intended appointee as member and vice-chair of the Consent and Capacity Board.

Good morning, and welcome to the committee. As I outlined a few moments ago, you will have an opportunity, should you choose to do so, to make some remarks. Subsequent to that, the members will have the opportunity to ask questions. We move in rotation, so we will begin the questioning with the government members. If you wish to make a statement, please proceed now.

Mr. Michael Newman: I'm a lawyer; I've made some notes. I'll try to keep it brief.

Good morning. Thank you for inviting me. I was born and raised in Ottawa and did most of my schooling in Ottawa. I attended Carleton University and graduated in 1975 with an honours B.Com, a bachelor of commerce. I then went to the University of Ottawa law school, graduating in 1978. I articulated in Toronto; I moved to Toronto at that point. I'm married. I've got three boys. We live in the city of Vaughan. We've lived in Vaughan for almost 19 years now.

I've always been involved in public service and community service and volunteer service. From 1992 to 1995, I served on the Vaughan Public Library Board as a representative chosen by the public school board in York region. From 1996 to 1999, I was the chair of the local scouting organization in Maple, which is the community we live in. In 1998, I was appointed by the city of Vaughan to the non-profit housing corporation, which is a building that operates beside Vaughan city hall—and beside the new Vaughan city hall that's being built right now. I remained active on that board until 2004.

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In 2004, I was appointed to the strategic directions committee of the York Central Hospital. I then moved on to the governance committee of the hospital, and from there I moved on to the quality and performance management committee of the hospital. I am not a trustee of the hospital. I've always been a community member of the hospital, and that's a different category of membership. I don't actually sit on the board; I've just been involved in a single committee at a time. I've moved my way through the hospital by providing my volunteer time and whatever skills the hospital feels they can use. I've also been assisting in parent council stuff at my kids' schools as they've grown up.

Professionally, I was called to the bar in Ontario in 1980. I've practised in the city of Vaughan since that time.

In 1998, the Ontario government appointed me to the Consent and Capacity Board. I'm now a senior lawyer member of the board. It's an administrative tribunal. We provide an adjudicative function. We adjudicate cases under the Mental Health Act, the Substitute Decisions Act, the Health Care Consent Act, the Personal Health Information Protection Act, and, more recently, the government has added the Mandatory Blood Testing Act.

The jurisdiction of the CCB includes reviewing involuntary status, findings of incapacity, appointments of representatives to make decisions with respect to treatment, admission to care facilities, or personal assistance services. Those are just some of the issues that we deal with within our bailiwick.

As a senior lawyer of the board for the last few years, I'm designated by the chair to conduct single-member hearings. I also preside over panels of three or five members. A five-member panel is usually something we use for training purposes when we have new membership on the board. I'm also the CCB's training panel coordinator, with responsibility for ensuring that new members receive the appropriate training in accordance with our training protocol.

As well, I'm the co-chair of the CCB's new member training and quality assurance committee. We've set up a mentoring program and we're now working on a program to maintain and improve the level of quality that we provide to the public, to ensure that our membership maintains minimum standards. We've had a big increase over the last few years in membership, and while the number of hearings has certainly increased, it's something that our current chair—and I'll get into that in a moment—has made a priority at the board.

I have received adjudicative training through the CCB and through the Society of Ontario Adjudicators and Regulators, where I continue to participate as a volunteer presenter and trainer at SOAR adjudicative training sessions.

As far as the CCB is concerned, for much of our population, quasi-judicial administrative tribunals are the face of the judicial system and, effectively, our values. In other words, more people, as far as I'm aware, appear and have communication and contact with administrative tribunals than the court system.

I'm now in my 10th year on the board. I have worked with many members and conducted hearings throughout the province. My focus has always been on ensuring that our membership, consisting of many fine and committed appointees over the years, respects our rights as individuals to an accessible, fair and respectful adjudicative process. In particular, my observation is that over the past few years the board has become much more reflective of the society that we serve.

The issues that come before the board are extremely personal and sensitive. We deal with some very gut-wrenching issues; I feel that all the time. With some of the most disadvantaged persons in society, they deserve our respect and maintenance of their dignity as much as reasonably possible.

With Justice Ormston's appointment, and as a result of his efforts and contacts with the various interested parties, stakeholders and others, there is a renewed respect for the board with the people that we deal with—with hospitals, with community care access centres, with doctors in general, with the community at large. In particular, at a time where the issues that we deal with are becoming more and more a spotlight on society in gen-

eral—we have an aging population; more and more people are appearing before the board for the various issues that we deal with—Justice Ormston has also been extremely instrumental about including more of our membership in the development of board priorities such as education, quality assurance and training.

Our CCB, and specifically the legislation and process that you as legislators have set out for us as a public, is unique in the country. The Health Care Consent Act is, frankly, a fine piece of legislation. It sets out a hierarchy of applications before the board; a hierarchy of substitute decision-makers; a number of applications that can be made to the board for decision-making; it defines treatment; and it defines what a person's best interests include. I really don't want to get into what's going on in the rest of the country, but there have certainly been issues in other provinces that I believe are prevented from occurring in Ontario because of some of the legislation that we have in place right now.

In particular, I will mention that in Manitoba there is the recent—and I know this because of the paper. I'm also just finishing off my L.L.M. in health law at Osgoode Hall—I'll be finished by the end of the summer—and I had to do a paper recently. The Golubchuk case in Manitoba has been in the headlines recently. The College of Physicians and Surgeons of Manitoba recently had to come out with a policy statement on end-of-life decision-making, because there seems to be a lack of legislation in that particular area in that province.

We as a province have, as I say, the Health Care Consent Act, which deals with those types of issues. It certainly does not require individuals to spend the money, the time, and the energy and emotional aspect of it all to go run off to court. We have the board process, which is very efficient. A hearing has to commence within seven days of an application. We get our hearings on pretty quickly. It's a no-cost process for the public. Some people want to be represented by counsel and the issues are becoming more and more complicated to deal with. We do recognize that and we do our best to ensure that the process is fair.

I'm just giving you a little bit of the background of some of the legislation. I know I'm cutting into the government's time to ask questions.

Insofar as any questions—I've seen some of the material you've been given—relating to the budget, I can only say that the board has always met its obligations, the staff are extremely professional about their work and the work gets done. If staff say that they require an increase in their budgetary allocation, I wouldn't doubt that they need it. They are very careful in justifying our claims as members. I can tell you that lunch is not going to get paid unless they submit a bill for lunch. Dinner, breakfast—you name it; we have to submit it. They request it. They don't let us get away with it. I told them I wouldn't say they were penny-pinching, but they're very good at doing their jobs. So, if they say that they need more money for us to do our work, I have no reason to doubt that.

Concerning CTOs, I am not going to get into “if I'm an active adjudicator”—I'm not going to taint what may be my view on something. I can say this as far as CTOs are concerned: Their availability should keep and has kept some individuals in the province from being kept in hospital or incarcerated. As another tool—I'm using that word; I don't mean any disrespect for that word—it's a mechanism, where appropriate, to minimize restrictions on the liberty of those individuals challenged by mental illness, while safely protecting the public at large.

We've accomplished a lot at this board over the last few years. It's an adjudicative board, but at the same time, the chair wants public education to be somewhat of a priority. It's a tough balance when you know that most of your money has to be spent adjudicating. But we do have public education. Some of us go out and teach.

There have been partnerships implemented. We recently did a video with the Royal Ottawa Hospital with respect to applications to the board concerning admission to care facilities. I know I have to make a presentation in Hamilton in a couple weeks by reviewing the now-DVD and helping them with the process, explaining how the board process works. So we're actively working to alleviate our own work with public education, and we're encouraging people to prepare their own powers of attorney. That seems to be an area that seems to require the rest of us, as the public, to get some education.

Our current challenge before the board is the attempt to raise the standards of our newer membership because of the increase in that membership.

The chair has sought my elevation to vice-chair. As I say, I've been on the board for 10 years. He sought it because he wants to recognize my increased responsibilities, the responsibilities that he's asked me to take on. I just hope that you'll confirm that appointment.

The Chair (Mrs. Julia Munro): Thank you very much. As you might be aware, you have exhausted the time available, so I must move on. Ms. MacLeod.

Ms. Lisa MacLeod: Welcome, Mr. Newman, on behalf of all of our colleagues. It's nice to see that you've spent so much time on this board. You were first appointed in 1998.

As vice-chair, you've indicated a bit of where you would take this and some of the responsibilities the chair has asked you to take on. What changes would you like to see at the board?

Mr. Michael Newman: Changes? Just improving the communication and the acceptance of some of the communities that we deal with. I won't get into any particular communities, but some of the communities still have a somewhat strained relationship with the board—just the board process, just the fact that some of their decisions are subject to review by an independent tribunal, which I think is a good thing for all of us. But there is just bridge-building. From time to time, especially when you get out of major centres, it can be difficult to remind everyone out there that there is this process that's province-wide and that's for the best of all of us. It's in our best interests that we have a review of individual decision-making.

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These are such important issues. We're talking about individuals' rights to decide how they're going to manage their property, if they're going to manage their property, where they're going to live, if they should be let out of the hospital. So just helping to improve the level of comfort in an independent tribunal; that's our biggest challenge, I think.

Ms. Lisa MacLeod: Which communities do you have to improve communications with?

Mr. Michael Newman: I can't say there's any one particular community. There is a need out there to improve—a lot of people don't realize, for example, that we have a presumption of capacity in this province; there's no minimum age—with all health care providers the understanding that everyone starts with a presumption of capacity. I'm not trying to get into a discussion or an argument that an infant is going to be able to make a decision, but we have a presumption of capacity, and everyone has to realize that that's where you have to start. If someone believes that an individual—whether it's a child, an adolescent, a youngster—is not capable, they actually have to make a finding. They have to decide that they're not capable of making that decision—that kind of information, which is not well known, believe it or not. I've been working in this field for 10 years now; it's just not well known. Because the law actually says that there's a presumption, and so you have to go to the various college guidelines—for example, the College of Physicians and Surgeons—to be reminded that even with children, you have to assess their capacity.

Ms. Lisa MacLeod: Just one final question: Do you do any other work with the Ministry of Health?

Mr. Michael Newman: No. I've never met any—I don't think I do any; I'm a roll-up-your-sleeves, get-out-in-the-field kind of person.

Ms. Lisa MacLeod: So essentially most of your work with the Ministry of Health has been through Consent and Capacity?

Mr. Michael Newman: Well, I've never had any dealings with the Ministry of Health.

Ms. Lisa MacLeod: Oh, okay.

Mr. Michael Newman: I know we are a Ministry of Health adjudicative body, but I—I have an OHIP card.

Ms. Lisa MacLeod: You have an OHIP card?

Mr. Michael Newman: I have an OHIP card.

Ms. Lisa MacLeod: So do I, as long as my daughter didn't take it out of my wallet, which she frequently does at the age of three.

That's fine. It's just that your name appears on the public accounts for the previous year.

Mr. Michael Newman: The public accounts—

Ms. Lisa MacLeod: The public accounts for the Ministry of Health and Long-Term Care.

Mr. Michael Newman: Well, I've been on the board for 10 years, so I don't—

Ms. Lisa MacLeod: That's probably it; a logical explanation. Thank you very much. I'm not sure if my colleague has any questions.

Mr. Randy Hillier: I have one brief question just for my own knowledge. Thank you for being here today, Mr. Newman. In our briefing notes about the care and consent board, it has a little chart in here about applications and hearings, and it gives numbers of applications per year and numbers of hearings. Last year, there were 4,400 applications and 2,700 hearings, approximately. I'm just wondering if you would give me a little bit of an overview of what an application would be and why some applications would have hearings attached or not.

Mr. Michael Newman: What happens sometimes is a doctor will place somebody on a form; in other words, they'll hold them in the hospital as an involuntary patient. So they sign a form 3 or they sign a form 4. The individual then receives rights advice through the rights adviser, and it may be that over the week they get rights advice and then they decide to apply to the board for a review of that involuntary status; for example I'm just using involuntary status.

A hearing has to commence, according to the Health Care Consent Act, within seven days of an application. So they make an application, and the board ends up scheduling a hearing because of communication that takes place between the doctor and the patient or patient's counsel, or sometimes doctor's counsel now. That hearing may take place, for example, after a long weekend, and by Monday morning or Tuesday, things can change. A person may have received treatment over the weekend. They may have been either co-operating with that treatment or it may have been that they have been found incapable with respect to their treatment but not challenged it, so the doctor has proceeded with treating.

People can change; I mean, capacity can fluctuate, so things can change in a relatively short period of time. People start to become more co-operative with their treatment or with their physician, there's a therapeutic alliance that happens, and they decide, for whatever reason, not to proceed with their application to hearing. In other words, they've made an application, but they don't actually proceed to hearing.

I can recall in my earlier days on the board, we used to try and stay away from having hearings on Monday or Monday morning, because invariably, over the weekend, things would change. People's presentation would change. The symptoms would subside somewhat, and they would decide that they didn't want to proceed. They were in agreement with whatever was going on. They felt safer in hospital, or—

Mr. Randy Hillier: Okay. Thank you.

M^{me} France Gélinas: Welcome to Queen's Park, Mr. Newman. The question I ask everybody that comes: Do you know how to speak French?

Mr. Michael Newman: Un peu. But it's been so long; I'm from Ottawa and should—you're right—but I don't have it as a skill at this point. But after I finish my L.L.M., it's the next thing on my list, so that's all I can tell you.

M^{me} France Gélinas: Very good.

Mr. Michael Newman: I can recall when I was younger and my parents sent me off to Bishop's College in Lennoxville for intensive French-language training. In keeping up those skills, I didn't—we spoke English at home, obviously; I'm from an English background. I went to Hebrew day school in Ottawa. High school and university were totally in English. High school wasn't bad—that's where I ended up going to Lennoxville for my French-language training, but I didn't keep it up, and that was a poor choice on my part.

M^{me} France Gélinas: Are there French-language capabilities on your board?

Mr. Michael Newman: Yes, there are. We have a number of people, some older membership and some new membership, certainly, who are very proficient in French as a first language.

M^{me} France Gélinas: How would you describe the heritage of backgrounds and cultural backgrounds on your board? Do you have a diverse board?

Mr. Michael Newman: We have a very diverse board now.

M^{me} France Gélinas: Any members from the First Nations?

Mr. Michael Newman: Yes, we do. I believe we have one right now from First Nations, and I only know of the one. I may be wrong because we don't talk about where we come from. We're all from here. I know of one in particular because I know that she lives on a reserve and she's a lawyer, but I'm not aware of any others.

When I first started, we didn't have any male lawyers in Toronto, for example. Now I would probably say more than half the lawyer membership—I may be wrong, but certainly it's now definitely balanced as far as male/female. It's very culturally diverse. There are all backgrounds, all cultures—I don't want to say "all." We all came from somewhere, and we certainly have a lot of people from a lot of different places on the board, which is a good thing.

M^{me} France Gélinas: Do you have any personal or family connections with people with severe mental illness?

Mr. Michael Newman: Actually, I have a sister who has been a resident in Rideau Regional Centre for a long time. Rideau Regional Centre is a facility in Smiths Falls, Ontario. She resided at home with us until she was about 13. I come from a family of six kids. I'm the oldest of six children. My sister has been there for a long time. She's in the last ward that is actually open in that facility, I understand, right now. She's still there because my parents are both alive, and they're not married to each other anymore, and they have not been able to agree as to where she should reside. She remains as a patient in that facility. That's the closest I can say that I have in my immediate family.

M^{me} France Gélinas: Those are all my questions.

The Chair (Mrs. Julia Munro): Thank you very much for being here. That concludes the time we have available. You may step down.

Mr. Michael Newman: Thank you.

ERICA CURTIS

Review of intended appointment, selected by official opposition party and third party: Erica Curtis, intended appointee as member, North Simcoe Muskoka Local Health Integration Network.

The Chair (Mrs. Julia Munro): Our third interview is with Erica Curtis, the intended appointee as member, North Simcoe Muskoka Local Health Integration Network.

Welcome, and thank you for coming here this morning. As you may be aware, you have an opportunity, should you wish to do so, to make some remarks to the committee. Subsequent to that, we will move around in rotation for questions from the committee. Please begin.

Ms. Erica Curtis: Thank you for the opportunity to appear before your committee today to discuss my qualifications with respect to the position on the board of the North Simcoe Muskoka LHIN.

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My interest in the LHIN began when I was asked to facilitate an initial planning meeting of the end-of-life care network for our LHIN area. At that time, the provincial government had given priority to the development of end-of-life services for all 14 LHINs in the province. Many issues were on the table for our area, not the least of which was integrating a new area, Muskoka, into the program, as well as the emphasis on engaging non-profit, charitable organizations to maximize services while avoiding overlap.

I was impressed with the positive and co-operative attitude that was demonstrated by the participants and by the positive support given by the staff of the North Simcoe Muskoka LHIN. I thought, "This process really can work for the improvement of health care," and I followed with interest our LHIN as it developed its priorities and encouraged participation of stakeholders. After sending my application to the North Simcoe Muskoka LHIN, I was interviewed by the chairman, Mr. Rosen, and the chair of finance, Ms. Stevenson. It appears that this attitude goes from the top down, which was very encouraging.

With regard to my qualifications to become a member of this board, I have worked in health care most of my adult life, first as a nursing teacher in Montreal, followed by a hiatus as I raised my young family. During these years, I volunteered doing women's groups at the YMCA and was a member of their board as well. I went back to work at the Royal Victoria Hospital in Barrie in 1980 as supervisor of nursing and psychiatry. At that time, I also helped initiate a program of quality assurance for the hospital. This, of course, has become a regular feature of ongoing hospital evaluation procedures, but it has become much more sophisticated since I was there.

In 1984, having taken further and ongoing training as an individual and group counsellor, I worked in the out-patient psychiatric department as an intake counsellor, as well as doing individual and group counselling. At this time, I also did a maternity leave for the educational

director of the hospital, which included planning and responsibility for nursing and medical educational events.

In 1992, I left the hospital, began a private practice and also did part-time work as a group therapist at the Brief Psychotherapy Centre for Women at Women's College Hospital in Toronto. At this time, I was also a member of the faculty of the Canadian Group Psychotherapy Association, which oversaw the two-year training program for group therapists. In 1996, I was honoured to be named a fellow of this organization.

In 1998, I was hired as a consultant for women's health at Royal Victoria Hospital, and during that time we developed a program to recognize and offer assistance to patients and staff who had experienced family violence. It was also at this time that the hospital began their breast screening program and regular bone density screening and rehabilitation services, and started a program for women who had heart attacks.

The hospital took on an outreach educational program to help educate women in the community so that they would be familiar with the programs and services offered by the hospital and the other agencies. This has been taken out of the hospital realm and is now done through public health and the CCAC.

I was asked to be a board member of the Royal Victoria Hospital in 1992, and I remained on the board for nine years. During that time, I was chair of the quality improvement committee, chair of the management committee and vice-chair of the board. In these positions, our board had to deal with many difficult financial and service decisions as the plans for our new hospital were being made.

I was most proud of the initiation of the educational component for the board that I helped to start. It began with the introduction module for our board and expectations for board members, followed by regular educational sessions to educate the board on issues of health care and hospital functions.

I have also been involved as a volunteer in many organizations over the years: the epilepsy association, the mental health association, a local women's Liberal group and also the local hospice association. Most of my involvement has been as a volunteer with Hospice Simcoe, where I have been leading eight-week groups for people who have lost a spouse or a child. I have also taught group facilitation skills to hospice volunteers on a number of occasions, as well as doing some facilitation for their strategic planning.

In 2007, I was thrilled to be given the June Callwood Award for service to Hospice Simcoe.

Good health care is a priority for us all. The LHIN is a way that we can make decisions appropriate to our area and also be accountable to the people we serve. I look forward to having that open relationship with the people in our area. Thank you for your time.

The Chair (Mrs. Julia Munro): Thank you very much. We'll move in our questioning to the official opposition, Ms. MacLeod.

Ms. Lisa MacLeod: Mr. Hillier will take the first questions.

The Chair (Mrs. Julia Munro): Okay.

Mr. Randy Hillier: Thank you very much for being here today. I have a couple of brief questions. Are you a member of any political party?

Ms. Erica Curtis: I believe I am. I was solicited for a membership recently and declined, so I'm not sure whether it's finished yet or not.

Mr. Randy Hillier: That would be provincial or—

Ms. Erica Curtis: The provincial Liberals.

Mr. Randy Hillier: Have you made any donations?

Ms. Erica Curtis: I made a donation to the Carroll campaign in the last election.

Mr. Randy Hillier: Have you ever worked or volunteered on any election campaigns?

Ms. Erica Curtis: I have gone door-knocking.

Mr. Randy Hillier: For?

Ms. Erica Curtis: For Aileen Carroll, Janice Laking and a number of others, including Conservative candidates.

Mr. Randy Hillier: Great. That's super. Thank you very much.

Ms. Lisa MacLeod: I've got a few questions. I'm just curious; you said that you're not a member of the Liberal Party. Are you the president of the Barrie Women's Liberal Association?

Ms. Erica Curtis: No, I'm not. I initiated it, so I was called the president for about a year, but it wasn't an official designation. The group is more or less defunct at this point.

Ms. Lisa MacLeod: Oh, it's defunct. It's interesting. I just noticed that the Barrie-Simcoe-Bradford Ontario Liberal Party Riding Association has a website which does have you included here. I guess that information is wrong.

You mentioned you worked on one of the cabinet minister's campaigns. Could you clarify that for me?

Ms. Erica Curtis: I knocked on doors about three or four times and that's about it.

Ms. Lisa MacLeod: Could you say her name?

Ms. Erica Curtis: Aileen Carroll.

Ms. Lisa MacLeod: Who is the Minister of Culture.

Ms. Erica Curtis: Yes.

Ms. Lisa MacLeod: Could you explain to this committee how you came to hear about this public appointment?

Ms. Erica Curtis: As I said, I worked as a facilitator for the end-of-life services, which includes Hospice Simcoe, and I did a strategic planning day for them. At that time, I was aware of what the LHIN was doing. After that, I followed it on my website. That's about it.

Ms. Lisa MacLeod: Were you approached by anybody in the Liberal government to put your name forward?

Ms. Erica Curtis: No. I applied myself to the public appointments committee. Then I sent a copy of that to the local LHIN and I was interviewed after that by the—

Ms. Lisa MacLeod: Okay. What would you see as the most obvious need in taking on this appointment? North Simcoe-Muskoka is one of the fastest-growing areas of the province. It has a population of approximately 417,000. It's got a growing retirement community which will require additional resources for the treatment of age-related illnesses and conditions. It's got a large aboriginal population. Your budget is \$3 million for 2007-08—and it has 20 permanent staff. How do you see the most obvious need in this LHIN?

Ms. Erica Curtis: I have read their information. It certainly is apparent to me that long-term care is a huge issue, as you were mentioning with the previous person being interviewed. We do not have enough beds for long-term care, and that will be a major effort, I'm sure.

Also, the aboriginal population is developing some very interesting programs, and I think we will need to support that and work with that. Addiction is a huge issue. Also, the general health of the population apparently is not up to that of the average Ontarian. I think diabetes is a huge issue, and just doing a lot of health-related education for people who live here or live in our area.

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Ms. Lisa MacLeod: Do you see any role for private investment in the public delivery of health care, to assist your work at the LHIN?

Ms. Erica Curtis: I don't have a lot of experience in that, but what I have seen in the end-of-life care network, it includes all the regular institutional groups such as CCACs, charitable organizations such as Hospice Simcoe and also some of the nursing care agencies that are for-profit. My experience in that is that they try to co-operate enormously and that they need at this point some of the nursing services that are available through private agencies. I think everybody works toward making it a system that works for everybody. It's a very co-operative system, and that's the one I have experience with.

Ms. Lisa MacLeod: Just finally, you did mention to my colleague—and I should have mentioned it earlier; it would have fit logically—that you made a donation to the Carroll campaign. Since that's public information, would you care to tell us how much that was?

Ms. Erica Curtis: It think it was about \$200. Is that correct? My husband and I did it together and I think he wrote the cheque.

Ms. Lisa MacLeod: That's all I have. Thank you.

The Chair (Mrs. Julia Munro): We'll move on to Mrs. Gélinas.

M^{me} France Gélinas: Welcome to Queen's Park, Mrs. Curtis.

Ms. Erica Curtis: Do I speak French? It's made my hands sweaty. I used to.

M^{me} France Gélinas: No need.

Ms. Erica Curtis: I grew up in Montreal and I actually worked at Expo 67 in French and felt quite comfortable, but the thought of having to speak it today makes my hands perspire. I can read French, I hear French and I understand it, but I might be unable to speak to you today.

M^{me} France Gélinas: Let's just say that the 1960s were a long time ago and a lot of people have forgotten what they did in the 1960s. So don't feel too bad.

I was interested in the program you started in the hospital setting that now is being offered in the community. In your opinion, was this a wise choice?

Ms. Erica Curtis: Well, I was very devoted to this particular program and thought it was very excellent. However, hospitals are under such a crunch; they really can't afford to be doing outreach to the community in that format. I recognize that. Their money is very essential in the hospital commitments. However, I believe it has made a difference to our community, and there is still support in the community for women's education around health. It does not exist in the hospital at this point in the same format.

M^{me} France Gélinas: Through the wealth of experience that you bring to this job, it's obvious you have worked in the hospital sector. You've also had involvement with community-based agencies through the hospice etc. Some people, looking at LHINs, feel that the hospital has a much more powerful lobby to get resources than any other agencies that are under the responsibility of the LHIN. How do you intend to address that?

Ms. Erica Curtis: I agree with you that there will be a lot of pressure on the funding. I actually assumed that there was a stated amount that the hospitals will receive, or have received up until this point, and that there is also a protected amount for other services.

M^{me} France Gélinas: I wish you were right.

Ms. Erica Curtis: I'm not right? No? Well, I will be very interested in how the community fares and to keep the balance between that and the hospitals. I think actually the Ontario government has said that it is important to facilitate community organizations that support health and wellness, and hopefully that will improve the general health of the population. We have a big issue in Simcoe county with seniors and we will need to be giving them support services and in-home support services, that sort of thing, which will probably be quite expansive.

M^{me} France Gélinas: Way cheaper than bringing them into the hospital.

Ms. Erica Curtis: Absolutely.

M^{me} France Gélinas: Talking about home care services that are managed by CCACs, there is now a moratorium on the awarding of contracts to home care services because of what happened in Hamilton. Are you aware of the competitive bidding process used to award home care contracts to CCACs?

Ms. Erica Curtis: I was aware of it in the past; I don't know the situation currently.

M^{me} France Gélinas: The situation is the same except that there's a moratorium, so no more contracts are being awarded. The existing ones just continue. With your knowledge of health care, is competition within health care agencies something you would support?

Ms. Erica Curtis: I think that that is what it's about these days because everybody's trying to make the most from the money that is given to them. What I have seen

in the end-of-life care network is that there has been a lot of co-operation, and there really needs to be some looking at overlap so that we don't overlap services. There might be some flexibility within that, but that remains to be seen, actually.

M^{me} France Gélinas: I would agree with you that the way to provide excellent care is through collaboration, and to set up a program like competitive bidding, which makes health care agencies compete within themselves, is not in the best interests of quality care. You have seen it on the ground, that when different health care providers coming from different agencies collaborate together, you get the best care. We have and you have, through your appointment to the LHIN, an opportunity right now to change this so that we don't have any more of this competition between agencies but we get the agencies to share best practices, to work together so that we have an excellent health care system. I hope you will take the opportunity, through your appointment, to make sure that we don't continue down the road of competition but go the road of collaboration between health care agencies.

Ms. Erica Curtis: That would be my hope as well.

M^{me} France Gélinas: My last point is, you have mentioned that there are some for-profit nursing services providing care for end-of-life. Do you know if there are any not-for-profit agencies left in home care in your LHIN area?

Ms. Erica Curtis: I'm sorry, I could not tell you that at this point.

M^{me} France Gélinas: Okay. Thank you.

The Chair (Mrs. Julia Munro): Thank you very much. This concludes the opportunity at this time. Thank you for appearing here.

THOMAS SARVAS

Review of intended appointment, selected by third party: Thomas Sarvas, intended appointee as member, North West Local Health Integration Network.

The Chair (Mrs. Julia Munro): Our fourth interview is with Thomas Sarvas, the intended appointee as member, North West Local Health Integration Network.

Good morning, Mr. Sarvas, and welcome to the committee. As you may be aware, you have an opportunity, should you wish to do so, to make some comments, and subsequent to that, we will have questions from members of the committee. In our rotation, we will be commencing with the third party. Each party has 10 minutes, and your remarks are in the time allotted to the government. You may wish to begin.

Mr. Thomas Sarvas: Thank you. As you stated, my name is Thomas Sarvas. I am more commonly known as Tom Sarvas. I'd like to wish the Chair and members a good morning. I am pleased to have the opportunity to appear before this committee to discuss my qualifications with respect to membership on the board of directors of the North West Local Health Integration Network.

It is my understanding that, as you note, I'm expected to provide an opening statement. I'd just like to state that,

first of all, I'm a lifelong resident of northwestern Ontario. I grew up in a very small northwestern Ontario mining town called Burchell Lake, which was close to Atikokan, Ontario. I have lived all of my adult life in Thunder Bay, Ontario, which is where I received my secondary and post-secondary education and my professional training. As such, I do believe that I have some insights and can readily relate to the health services concerns of many of the residents of northwestern Ontario.

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By trade and profession, I am a chartered accountant, and I am licensed to practise public accounting in the province of Ontario. I have more than 25 years of experience in all aspects of public practice, primarily auditing, accounting, taxation and consulting.

Since 1992, I have been self-employed as a partner in a four-partner, full-service chartered accounting firm located in Thunder Bay and servicing northwestern Ontario. Much of my practice involves the provision of audit services to a wide variety of not-for-profit social service agencies. I had also previously been the auditor for both the Thunder Bay District Health Council and the Northwestern Ontario District Health Council.

This aspect of my public practice has provided me with, I feel, a useful base of core knowledge in the areas of not-for-profit financial reporting issues, financial accountability issues, corporate governance, issues surrounding government and service provider relationships, which I believe will help me in fulfilling my responsibilities as a LHIN board member.

In addition, over many years I have been fortunate to have worked extensively in the provision of audit services to many different northwestern Ontario First Nations and aboriginal organizations and agencies. This, I believe, has provided me with some appreciation and understanding of some of the health-care-related issues and concerns of those communities.

In terms of direct not-for-profit board experience, as I have indicated in my application, I have, over the past 15 years, served as a volunteer director for not-for-profit social service organizations. Most recently, and for more than 10 years, I have served as treasurer for the board of directors for the George Jeffrey Children's Centre, which is an organization providing habilitative and rehabilitative services to physically and developmentally challenged children in northwestern Ontario.

My involvement with the George Jeffrey Children's Centre has provided me with, I feel, useful experience regarding the challenges of trying to provide needed clinical services such as speech, occupational and physical therapy services in an environment with a limited budget and difficulties in finding and retaining required health professionals, while reducing the waiting list of child clients.

I just recently participated in a weekend-long retreat with this board that focused on corporate governance and strategic planning. It is obvious from my summary of qualifications that I have no direct education or training in any of the health services disciplines. My strengths lie

more in the areas of financial analysis, management and decision-making, which I hope the other board members will find useful.

I am prepared to work hard on this board: to learn from the other board members as best I can; to come to the meetings well prepared; to listen and consider all viewpoints; to use my best efforts to work together with the board to try to fulfill the stated mandates and responsibilities of the LHIN; and to always keep in mind the best interests of the clients and patients of northwestern Ontario.

I can assure this committee that I come to the table completely unbiased, with no personal agenda of any kind. I plan to work hard, learn and keep an open mind at all times.

I have noted previously that it is my understanding that applicants asked to appear before this committee can expect to be asked questions regarding political partisanship. Let me just state at the outset that I am not politically active with any party. I am not a card-carrying member of any party.

In the interests of full disclosure, I will mention that I did once, a number of years back, serve as the official agent for a candidate in a federal election who represented the Conservative Party of Canada. To the best of my knowledge and recollection, that was the only time I contributed to a party or bought a membership.

Thank you.

The Chair (Mrs. Julia Munro): Thank you very much. We'll begin with Ms. Gelinias.

M^{me} France Gélinas: I notice that in your references you mention Wendy Talbot. How do you know Wendy?

Mr. Sarvas: I know Wendy through my involvement as auditor for the community health centre.

M^{me} France Gélinas: Which other health or social agency have you been doing auditing work for?

Mr. Sarvas: As part of my application process, I provided a full disclosure of anything that I felt might be a conflict. I believe on the list there were two other clients that I am an auditor for, and I think three of those clients that they deal with that we do provide some bookkeeping services to. So I have stated that I would have to recuse myself from anything dealing with those agencies, any type of decisions regarding those agencies.

M^{me} France Gélinas: Very good. The geographical area covered by the North West LHIN is humungous. How do you intend to make sure that you represent all of the people in your LHIN catchment area?

Mr. Thomas Sarvas: It's my understanding that the staff at the LHIN are working very hard on trying to include all of the areas by having the meetings available by teleconferencing and rotating amongst the towns. I know that it's a tremendous effort on their part to try to include everybody. I've read through the newsletters and I can see evidence of the fact of the effort on that part.

M^{me} France Gélinas: Are you familiar with community care access centres?

Mr. Thomas Sarvas: I'm aware of them. I've never dealt with them.

M^{me} France Gélinas: If you were listening to some of the questions I asked before, they use a process called competitive bidding, where different health care agencies compete between themselves to be awarded a contract to provide home care services. I just wanted to know your views about that.

Mr. Thomas Sarvas: Actually, I should state that I do recall now; I think approximately seven or eight years ago, as part of my duties on the board of the George Jeffrey Children's Centre, we did have to go through the bid process through CCAC, and we actually lost services that we were providing because we were outbid by private providers. In terms of my view on that, I would reserve judgment. I wouldn't discount any process that in the end is in the best interests of the clients and patients.

M^{me} France Gélinas: Competition between health care agencies serves no one well, and the not-for-profit sector, like your children's treatment centre that you sit on, has been decimated. They are very few not-for-profits left in the home care sector, where we have mainly for-profits which basically make money on the back of our publicly funded health care system. So I'd like you to keep that in mind as you start your functions.

Mr. Thomas Sarvas: I certainly will.

M^{me} France Gélinas: I know that coming from Thunder Bay must have been no picnic, with the weather we had last night.

Mr. Thomas Sarvas: I spent a lot of time on the plane yesterday.

M^{me} France Gélinas: I have no doubt. So I thank you for coming all the way out here.

Those were my questions. Thank you.

The Chair (Mrs. Julia Munro): Thank you very much. We'll move to Mrs. Van Bommel.

Mrs. Maria Van Bommel: I want to also say thank you very much, Mr. Sarvas, for coming to this committee. I know as an accountant you're probably feeling a little bit pressed at this time of year. The very fact that you're here and that you've come from Thunder Bay certainly is an indication of how important this appointment is to you. Thank you.

The Chair (Mrs. Julia Munro): Thank you very much. We'll move on to Ms. MacLeod.

Ms. Lisa MacLeod: Thank you very much, Mr. Sarvas, for coming today. I appreciate your appearance here today.

You've got a very impressive background. It's very refreshing to see somebody come in with the qualifications that you have. I would suggest, though, that you've got limited experience dealing with health care issues. I just wanted to know if you have an understanding or sense within your own community of what the key health issues are. In particular, because it is a part of rural Ontario and my colleague and I both represent rural Ontario ridings, would you be able to share with us and this committee some of the unique challenges that you think your LHIN will be facing?

Mr. Thomas Sarvas: Certainly the key issues that we're facing are access to care for all segments of the

population. Even for people in Thunder Bay, as throughout Ontario, I guess, there's definitely a shortage of services. People have difficulty finding family doctors, and I'm well aware of that. There are long waiting times to get treatment. People in the outlying areas have difficulty accessing the system. It's costly. So I think that that is probably the number one issue, accessibility to health care.

I know long-term care is an issue. We do have an aging population in Thunder Bay, and certainly in my research leading into this, I know that this is becoming a larger issue.

Involvement of the growing aboriginal community is a major issue. In particular, it's difficult to deal with accessibility for them, for very remote communities. There's a lot of work, I know, being done with e-medicine or teleconferencing and those types of things and trying to encourage more involvement with them. I know that is a major issue.

1050

Ms. Lisa MacLeod: So you support innovation in the health care field for better access.

Mr. Thomas Sarvas: Absolutely.

Ms. Lisa MacLeod: Would that include private investment in the public delivery of health care?

Mr. Thomas Sarvas: I'm a big believer in public funding for health. I wouldn't discount any options that I think, as I said previously, would in the end serve the community best.

Ms. Lisa MacLeod: Okay. So you're not—

Mr. Thomas Sarvas: I'm not advocating for it, no.

Ms. Lisa MacLeod: But you would be open to it if it worked?

Mr. Thomas Sarvas: As I said, I would listen to any and all arguments and make my decision at that time. But I'm a believer in public funding for health.

Ms. Lisa MacLeod: All right. Thank you very much.

The Chair (Mrs. Julia Munro): That concludes the questions from the committee. Thank you very much for being here today. You may step down.

Mr. Thomas Sarvas: Thank you for listening.

PATRICIA HARRISON

Review of intended appointment, selected by third party: Patricia Harrison, intended appointee as member, board of management for Homes for the Aged and Rest Homes—Nipissing East.

The Chair (Mrs. Julia Munro): Our final interview today is with Patricia Harrison, who is an intended appointee as member of the board of management for Homes for the Aged and Rest Homes—Nipissing East. Ms. Harrison, please come forward.

Good morning, and welcome to the committee. I would just inform you, as you may already be aware, that you have an opportunity to make an opening statement. That will be followed by questions from the members. We will commence questioning this time with the gov-

ernment party. Each party has 10 minutes. You may begin.

Ms. Patricia Harrison: Madam Chair and members of the standing committee, good morning. Thank you for the opportunity to speak with you regarding the confirmation of my appointment as member of the board of management for Nipissing East homes for the aged.

I have acquired experience in supervision and management over the years but none of my skills or talents are health-related. My reasons for applying to the board as a member are of a personal nature. My father was a resident of Cassellholme and I know the anxiety and frustration he had as a patient and the difficulties we encountered as a family. Having someone admitted to a nursing home is a very traumatic experience for all concerned.

I would be a compassionate and strong board member and do my very best for the interests of all residents, including the families of the residents. There are many problem areas in the geriatric health care field and they will only get bigger and more costly with the aging of the baby boomers. We will need board members who have the time and the desire to help sort out these challenges for our seniors.

Over the years, my community has been very good to me and I now have the time to give back, and I've chosen the elderly to help.

The Chair (Mrs. Julia Munro): Thank you, and we'll begin. Any comments from the government?

Mr. David Ramsay: As a fellow northerner, I'd like to welcome you here today and to thank you for giving your valuable time and your experience and expertise to the public good. We very much appreciate that. I know Monique Smith, your MPP, has high regard for you and thinks that you'll make a very good appointment. We very much appreciate that. I think it's good that people of all political persuasions can roll up their sleeves and want to do the public good in this province. We welcome you to do your work.

The Chair (Mrs. Julia Munro): Thank you. Ms. MacLeod?

Ms. Lisa MacLeod: Welcome, Ms. Harrison. I have a quick question. My colleague opposite mentioned that you are affiliated with the MPP for the area, Monique Smith. Have you ever been approached by Ms. Smith to apply for the membership of this board?

Ms. Patricia Harrison: No.

Ms. Lisa MacLeod: Were you approached by anyone in the Liberal Party to put your name forward?

Ms. Patricia Harrison: No.

Ms. Lisa MacLeod: And were you a campaign member of Monique Smith's campaign?

Ms. Patricia Harrison: No. I'm not affiliated with Ms. Smith at all.

Ms. Lisa MacLeod: Okay. We, the official opposition, notice on your application form that you have two different addresses on your resumé; one is scratched out. Could you explain that for us?

Ms. Patricia Harrison: Because I lived with my parents part-time while my dad was sick.

Ms. Lisa MacLeod: Pardon me?

Ms. Patricia Harrison: I lived with my parents part-time when my dad was sick.

Ms. Lisa MacLeod: I see. Why is this particular appointment for you—your speech was very brief. We're interested in what interest you have in this ABC and what background you have that would help you do this work effectively. Your resume, to be honest, suggests you have very little knowledge with respect to the medical field.

Ms. Patricia Harrison: No, I don't. I have none, really. I would work hard and try and learn. I just feel that I could help, knowing what I do about the nursing home that my dad was in. We had a wait of approximately a year.

Ms. Lisa MacLeod: How long?

Ms. Patricia Harrison: A year.

Ms. Lisa MacLeod: Could you speak closer to the microphone? I can't hear you.

Ms. Patricia Harrison: We had a wait of about a year while he was in a regular hospital.

Ms. Lisa MacLeod: So it's your previous experience that has drawn you to this. How did you come about learning about this appointment?

Ms. Patricia Harrison: I was on the Internet and I found it under the government site. I was just kind of fooling around and I got on the health site and was looking through it and ended up there.

Ms. Lisa MacLeod: In your opinion, what are the needs of your own community with respect to the aged and rest homes? Are they being addressed presently by this government and are there some major challenges out there that you think you can assist them in overcoming?

Ms. Patricia Harrison: Apparently, I was reading, we have one of the largest populations heading toward nursing homes. I think we're going to need more of them up there.

Ms. Lisa MacLeod: So you're a personal advocate of more long-term-care spaces and more beds?

Ms. Patricia Harrison: Mm-hmm.

Ms. Lisa MacLeod: Do you know, in your area for example, how many beds you are short? For example, in the city of Ottawa, anywhere between 250 to 800—

Ms. Patricia Harrison: No, I'm sorry. I don't know how many we're short; to be honest, I don't.

Ms. Lisa MacLeod: Long-term-care facilities have been in the news recently with respect to services and the quality of care being delivered at them. It is stated that current funding levels are unacceptable to provide front-line care. Do you agree?

Ms. Patricia Harrison: When anything is funded, there's always a limit. So I would like to see more. Can they give it? I don't know.

Ms. Lisa MacLeod: Are you a personal advocate of innovation in the health care field, so that we can move forward in terms of more private investment into the public delivery of health care?

Ms. Patricia Harrison: I kind of agree with a bit of both; I think more public and a bit of private.

Ms. Lisa MacLeod: Okay. All right, that's the end of our questioning. Thank you very much. I guess my colleague—

The Chair (Mrs. Julia Munro): Mr. Hillier?

Mr. Randy Hillier: Just for the record, I wanted to clarify, you're not a member of any political party?

Ms. Patricia Harrison: I'm a member of the Conservative Party of Ontario; and federally. Also, I'd like to state that Mike Harris was my brother-in-law. Don't hold it against me.

Ms. Lisa MacLeod: This is the first time we've been able to do that.

Interjection.

The Chair (Mrs. Julia Munro): Order.

Mr. Randy Hillier: You keep good company, then.

Ms. Patricia Harrison: I do.

Mr. Randy Hillier: Those are all my questions. Thanks.

The Chair (Mrs. Julia Munro): Ms. Gélinas, can we move on, then?

M^{me} France Gélinas: Thanks for coming down. I usually start my questioning with—you live in an area with lots of French-speaking people. Are you able to speak French?

Ms. Patricia Harrison: No, I'm not. I understand a fair amount of it, but I don't speak it.

M^{me} France Gélinas: I couldn't be sure from your resumé; have you ever been on a board of directors for a not-for-profit agency?

Ms. Patricia Harrison: No, I haven't.

M^{me} France Gélinas: Okay. What is your understanding of governance?

Ms. Patricia Harrison: Governance of?

M^{me} France Gélinas: That's what boards of directors do. They're the governance for the agency.

Ms. Patricia Harrison: Well, from my understanding, they look after several homes in the Nipissing district, Nipissing East. They look after hiring the administrators, I believe a doctor for each facility; looking after the furnishing and the running of the homes.

1100

M^{me} France Gélinas: Have you ever participated in an exercise of strategic planning for an agency of any other task related to governance?

Ms. Patricia Harrison: No, just my own business; that's it.

M^{me} France Gélinas: Okay. Do you know if Cassellholme is a not-for-profit home?

Ms. Patricia Harrison: You know, I'm not 100% sure. I know that we paid for my dad ourselves and I believe others get help, but I really don't know.

M^{me} France Gélinas: Are you satisfied with the level of care your dad is getting?

Ms. Patricia Harrison: Was getting; yes.

M^{me} France Gélinas: Sorry, was getting?

Ms. Patricia Harrison: Yes, yes. I thought they were very good. I really did.

M^{me} France Gélinas: Those were my questions. Thank you.

The Chair (Mrs. Julia Munro): Thank you very much. That concludes the questioning from the members of the committee. You may step down. We will now move on to concurrences. Our first considered appointment is that of Michael Lemay, the intended appointee as vice-chair, Champlain Local Health Integration Network.

Mrs. Maria Van Bommel: I move concurrence in the appointment of Michael Lemay.

The Chair (Mrs. Julia Munro): Any discussion? If not, all in favour? Thank you. The motion is carried.

We will now consider the intended appointment of Michael Newman, intended appointee as member and vice-chair, Consent and Capacity Board.

Mrs. Maria Van Bommel: I move concurrence in the appointment of Michael Newman.

The Chair (Mrs. Julia Munro): Any discussion? If not, all in favour? The motion is carried.

We will now consider the intended appointment of Erica Curtis, intended appointee as member, North Simcoe Muskoka Local Health Integration Network.

Mrs. Maria Van Bommel: I move concurrence in the appointment of Erica Curtis.

The Chair (Mrs. Julia Munro): Any discussion?

Ms. Lisa MacLeod: Recorded vote, please.

Ayes

Brown, Flynn, Gélinas, Ramsay, Sandals, Van Bommel.

Nays

Hillier, MacLeod.

The Chair (Mrs. Julia Munro): The motion is carried.

We will now consider the intended appointment of Thomas Sarvas, intended appointee as member, North West Local Health Integration Network.

Mrs. Maria Van Bommel: I move concurrence in the appointment of Thomas Sarvas.

The Chair (Mrs. Julia Munro): Any discussion? If not, all in favour? The motion is carried.

We will now consider the intended appointment of Patricia Harrison, intended appointee as member, board of management for the Homes for the Aged and Rest Homes–Nipissing East.

M^{me} France Gélinas: Recorded vote, please.

Mrs. Maria Van Bommel: I move concurrence in the appointment of Patricia Harrison.

The Chair (Mrs. Julia Munro): Any discussion? If not, all in favour?

Ayes

Brown, Flynn, Ramsay, Sandals, Van Bommel.

Nays

Gélinas.

The Chair (Mrs. Julia Munro): The motion is carried.

That concludes our business on intended appointments. I'd certainly like to congratulate those people who were here today.

Before we adjourn, committee members, I would just like to have a brief discussion here in terms of suggesting that we have a subcommittee meeting for the purpose of bringing forward a list of agencies. I'm recommending that the subcommittee consider doing this prior to our meeting date next week. Any discussion on that?

Ms. Lisa MacLeod: At your leisure.

The Chair (Mrs. Julia Munro): So at the call of the Chair. All right, this committee stands adjourned.

The committee adjourned at 1105.

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