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**Official Report
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Tuesday 12 May 2015

**Journal
des débats
(Hansard)**

Mardi 12 mai 2015

**Standing Committee on
Government Agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

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Hansard Reporting and Interpretation Services
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Tuesday 12 May 2015

Mardi 12 mai 2015

The committee met at 0901 in committee room 2.

SUBCOMMITTEE REPORT

The Chair (Mr. John Fraser): Good morning, everybody. Welcome back. It's another Tuesday morning. I'd just like to get started this morning.

We have one intended appointee, but first we have a subcommittee report. May I have someone move the subcommittee report? Mr. McDonell.

Mr. Jim McDonell: I move adoption of the subcommittee report on intended appointments dated Thursday, May 7, 2015.

The Chair (Mr. John Fraser): Thank you very much, Mr. McDonell. Any discussion? All those in favour? Opposed? The motion is carried.

INTENDED APPOINTMENTS

MR. WILLIAM THOMPSON

Review of intended appointment, selected by official opposition party: William Thompson, intended appointee as member, Hamilton Niagara Haldimand Brant Local Health Integration Network.

The Chair (Mr. John Fraser): Our first intended appointment this morning is William Thompson. He's nominated as a member of the Hamilton Niagara Haldimand Brant Local Health Integration Network. Mr. Thompson, can you please come forward?

Thank you very much for being here this morning, Mr. Thompson. You will have an opportunity to make a brief opening statement, which will be followed by questions from all parties. The questions will begin with the official opposition. Any time that you use in your statement will be taken from the government's time to ask questions.

Mr. Thompson, please proceed.

Mr. William Thompson: Thank you, Mr. Chairman. Thank you for this opportunity.

As noted, I'm a retired chartered accountant with the honorary title of FCA. My financial career has encompassed both large public companies such as Brights wines and Wardair, and very small family businesses such as Vineland Estates Winery and TMF Foods.

Throughout my career, I've volunteered for many community and business organizations, such as the Niagara Falls Chamber of Commerce, Niagara Falls Red Cross, St. Catharines Grape and Wine Festival, the West

Niagara association for Community Living, the Canadian Wine Institute, and many community groups in Grimsby, where I live. I also served as an alderman for three years in the late 1970s.

My experience at Hamilton Health Sciences and my volunteer experiences at McNally House Hospice I believe have prepared me for many of the issues that are relevant to the LHIN, and I would hope that my financial background would be an asset to the board if I am confirmed in this appointment.

I welcome your questions.

The Chair (Mr. John Fraser): Thank you very much, Mr. Thompson. Mr. McDonell, are you ready to go? Thank you.

Mr. Jim McDonell: Sure. Thanks for coming out today. I'm just wondering how you came to apply for the position on the LHIN.

Mr. William Thompson: I saw the position advertised on the LHIN's website, and I was called in to the LHIN for an interview by the board. I think they interviewed five candidates. As a result, I believe, it was them who forwarded my name to the government for the appointment.

Mr. Jim McDonell: Okay. I see you were a senior executive at one of the hospitals in your area.

Mr. William Thompson: Correct.

Mr. Jim McDonell: So you've had some interaction with your local LHIN. Any issues or concerns you've seen over the years with the LHIN that you think maybe you would have an impact on?

Mr. William Thompson: I didn't have any real direct contact with the LHIN in my position. I was aware of some of the issues, of course. The hospital I dealt with was primarily the cancer centre at the Juravinski hospital and the hospital beside that, which was more relevant to cancer care and to ambulatory care. So I didn't officially have too many contacts with the LHIN.

Mr. Jim McDonell: The LHIN was subject to a critical 2010 Ombudsman report regarding the lack of community engagement. Today, we see strong commitments to communications and outreach in the annual reports. Do you, as a local stakeholder, see the LHIN following through on the Ombudsman's recommendations of more open—

Mr. William Thompson: In reading through the board minutes on the LHIN for the last three or four board meetings, I found the LHIN seems to be very open,

very welcoming to the hospitals in looking for new programs.

To just briefly digress, when I worked at the hospital, I was so very impressed with everybody's intent to give great patient care. That seems to follow right through to the LHIN, as far as I can tell. But I know that the people I dealt with were just completely focused on good patient care.

I hope that answers your question.

Mr. Jim McDonell: Sure.

I see, according to some stats, your LHIN seems to have the highest percentage of seniors in the province.

Mr. William Thompson: According to statistics, we have the highest level of seniors of all the LHINs. It's a very older area, and I think one of the very issues that this LHIN and all the other LHINs are going to have to deal with is the demographics of the baby boomers coming through. Because one of the statistics that I heard was that basically we spend 90% of our health care dollars in our last 10 years of our life. That's going to be one of the issues for all of the LHINs to deal with.

Mr. Jim McDonell: Certainly, I think in our area we see the same thing: a large number of seniors coming through. It will put significant demand on the system.

Mr. William Thompson: Well, I've got experience with that somewhat because I have a 90-year-old mother-in-law and a 96-year-old mother, and I'm seeing the system as we go along.

Mr. Jim McDonell: One of the issues we have in our area is that there have been no long-term-care beds built in the last decade. Is that an issue in your riding as well, with hospitals trying to place people?

Mr. William Thompson: It certainly is. I think the hospitals in Hamilton have about 14% of their beds that are held because they have patients there that are ALC, or alternate level of care, and they have no place for them to go. Getting people into the right place—and I know that some of the initiatives are now to get home care and getting people taken care of in the home. The building of hospices has helped out a lot, because you get a lot of patients who are in the hospital, with no place to go, in their last days under palliative care. Hospices have taken some of that burden as well.

Mr. Jim McDonell: Hopefully, with your time in the LHIN, you could—I know the LHINs don't provide the funding for long-term-care beds—highlight the issue, because I think it is a serious issue in our area, as I'm sure it is within your area with the percentage of seniors.

Mr. Randy Pettapiece: I'd just like to pick up on—Mr. Chair?

The Chair (Mr. John Fraser): Mr. Pettapiece.

Mr. Randy Pettapiece: Thank you. I'm in about the same spot you are. I have a 92-year-old mother-in-law in a nursing home and my parents are 88 years old, both of them. They're at home right now. My sister is helping them out. And unfortunately, I'm in the seniors' category too, so I'm a little bit worried about these situations, like you are.

Mr. William Thompson: I am in the same position.

Mr. Randy Pettapiece: Yes. We all know that they call it a tsunami, the coming of baby boomers. Unfortunately, there seems to be some lack of provision for this that's coming along, so I think we have to really address that. We've had a number of meetings in my riding on this very issue.

We have had an issue with funding for our hospitals. They've been flatlined, pretty much. Costs have gone up, energy costs went up, and whatever else. They are certainly subject to these increases in operating money.

I don't know whether you've had a chance to look into the operation of the LHIN. If you've done that, are there some ways that you feel that maybe the operation of the LHIN can be pared down a little bit to put more money directly into the health care system?

Mr. William Thompson: I haven't looked into it in that aspect, but I can tell you that, in the hospitals, they look at every measure possible to find ways of saving funds. The obvious ones that we always hear about are cutting the staff. But in other measures—one of the issues that I dealt with when I was in the hospital, I worked in the purchasing department; I was sent there on a special project to go through contracts. In the past, they had many contracts for servicing elevators or electrical or many of the service systems, where the contracts were written where the supplier got an automatic 3% increase each year in their costs. Well, we went through all of those contracts. We changed them and said, "If the hospital gets an increase, you can have one. But if we don't, you don't. We can't get a 1% increase and give you 3%, because then we'd have to cut staff because you're getting more money." That's where the issues are.

The hospitals do a lot of that, and from reading again the minutes and seeing the people I dealt with, they go to the LHIN on many occasions looking for programs to do things better. That doesn't mean with fewer people, but just doing them in a better way. There were several programs we used at the emergency department to find better ways of dealing with patients and setting up family clinics so that we could have fewer people coming in.

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As we go through getting better communications and systems, we'll know how people are abusing the system. We found somebody in the Hamilton area who visited all of the hospitals and was in the emergency wards 385 days—in one year. They had 385 visits in one year, in the emergency ward. So if we work better, smarter, we can make some of those issues.

With the LHIN itself being more efficient—I'm not aware of that. I don't know enough of that yet.

Mr. Randy Pettapiece: Are those people who are doing that—you talked about the person who kept going back to emergency. Is there some way to identify them?

Mr. William Thompson: Well, that's what they're doing now, with more and more communications, more and more computer works, more and more identities. We were able to do that because of that. Then you can deal with them, because some of them have mental health issues. Some of them have other issues. Hamilton, again,

the lower city, has a poverty area and has a great deal of demand.

That's what they work toward. I know the hospitals themselves are doing it. They work through the LHIN to try to make these improvements. But again, your question was directed at the LHIN, and I just don't have that knowledge.

Mr. Randy Pettapiece: Okay. No, that's fine. That experience—if it comes up, to your point—certainly will help you look at that end of it.

I just know that the hospital administrators in my area don't want to lay off staff. That's really not the answer. But unfortunately, when the funding gets flatlined, what do you do? Sometimes they have no alternative.

Mr. William Thompson: Nobody wants to lose staff, because it's all about patient care.

Mr. Randy Pettapiece: For sure, for sure.

The Chair (Mr. John Fraser): Thank you very much, Mr. Pettapiece.

Mr. Gates.

Mr. Wayne Gates: Good morning, Mr. Chair. How are you, buddy?

The Chair (Mr. John Fraser): I'm very good. How are you?

Mr. Wayne Gates: Good.

Good morning. How are you?

Mr. William Thompson: I'm very good, thank you.

Mr. Wayne Gates: A couple of things: One, I see you volunteer. I heard you talk about good patient care, particularly around our seniors. And you're from Niagara.

Mr. William Thompson: I am.

Mr. Wayne Gates: Niagara, quite frankly, has been under attack by the LHINs in closing hospitals. We've closed the Fort Erie hospital. We've closed the Niagara-on-the-Lake Hospital. Something that I'm not sure everybody around this room would know: They even contracted the maternity ward out, having babies in Niagara Falls—something I've never understood. It's the honeymoon capital of the world. People go there to make babies, and we close the maternity ward so they can't deliver them. It's kind of interesting, what's gone on.

Are you aware of the—

Interjections.

Mr. Wayne Gates: Well, whatever. I'm sorry. I should have lifted my head up on that one.

But at the end of the day, you're from the area—

Mr. William Thompson: I am.

Mr. Wayne Gates: You know that they've raised their own funds in the Grimsby area for a new hospital.

Mr. William Thompson: Yes.

Mr. Wayne Gates: What's your position on where the LHIN is going? You're from Niagara. You've volunteered a lot; you've done a lot. You know the Niagara Falls area—you know the area quite well. You can't continue to provide good patient care and close hospitals. I'd just like to hear your opinion on that.

Mr. William Thompson: Well, it's a huge dilemma. I firmly believe that local hospitals are really good community support centres. Like the Grimsby hospital—

I would hope we would never lose that, because it's a very great community centre. In fact, the Grimsby hospital had over 1,000 births in that hospital last year.

I wasn't aware that Fort Erie had been closed. I knew they were talking about it.

The problem you have is that, with local, small hospitals being great community centres for the community—it's very important for the seniors, because they can't often get to a large, centralized hospital very easily. But the problem with small hospitals is, they really can't afford the expertise and the equipment that are necessary in today's medical care.

So it's a real balancing act to have a local community hospital that can serve the community and yet have a centralized hospital that can provide the kind of care that's necessary for critical care, cancer, crisis—a number of areas—radiation and so on. I was part of the group that helped put the radiation group into St. Catharines, so that people locally in the Niagara area didn't have to transfer all the way to Hamilton for that.

It's a real dilemma. There's a real balance to try and keep the local community there and to yet be able to provide the kind of high-quality care you need in today's world. It's a real dilemma.

Mr. Wayne Gates: Well, I think some of the problems that the LHINs have, quite frankly, which hopefully, if you get this job, you can address, is that they contract out a lot of the work. We're going through a tough situation—it's actually in Jim Bradley's riding in St. Catharines, but certainly I've supported it—with a company called CarePartners, which has forced the nurses out on strike. What it is is that the LHIN gets a pot of gold—or money. They then give it to the CCAC, which takes their cut, and then they give it to CarePartners. By the time it gets to the actual workers who do the work, they're saying they have no money left. Well, if you continue to take all that money out of the system and put it into some form of profit—the owner of CarePartners last year made \$700,000. With \$700,000 in anybody's thing, you can understand that could provide a lot of nurses that are desperately needed for our seniors.

So we have lots of issues in Niagara. The one that you're probably aware of that really happened because of contracting out before they ended up closing the St. Catharines hospital with the new one: the C. difficile, where we had 39 people die because they had contracted out the cleaning service. Again—and people will hear this from me as long as I'm here—it's how you prioritize how you're going to spend the dollars. It's a publicly funded system. If we can continue to keep it public instead of spreading the pie out, we can put it to the front line. I think that's where we're at.

I'll give you an example. Maybe you know about this, because you said that you're familiar with the St. Catharines hospital.

Mr. William Thompson: Briefly, yes.

Mr. Wayne Gates: No, but you understood what happened there. Lots of things happened there with location and how it should have been done. But the big

thing that I'd like you to at least speak to or expand on: The Auditor General said that we spent \$8.2 billion in P3s. Well, the St. Catharines hospital was a P3—and he'll know about this. You can look at me like that, but there's actually a place where I'm going—

The Chair (Mr. John Fraser): I didn't say; I just looked at you. I didn't say anything. I'm just watching where you're going.

Mr. Wayne Gates: The reason why I'm going there is because we're closing hospitals in Niagara at a time when we have one of the highest seniors areas in the world. The population is all seniors, and you continue to close hospitals. Well, the St. Catharines hospital was built for a billion dollars as a P3—almost the exact same size as the Peterborough hospital, which was built for \$357 million. That's 600 million dollars' difference. You could have taken that \$600 million from the LHINs and put it right back into our community, because we are struggling.

Grimsby area, where you're at, that hospital? People rallied around the hospital, I believe. They raised \$11 million or \$12 million, I believe, whatever the number was. They've had that money for 10 years. Actually, it's in Mr. Hudak's riding that he represents.

Those types of decisions are hurting health care in Niagara. Niagara is at a crisis when it comes to health care. You can agree or disagree; it's how we spend our money down there.

I'd just like you to say, what do you think of the fact that we're contracting out work, and we could be giving it to the front lines? Because that's what we need in Niagara.

Mr. William Thompson: I really don't have enough details on it. I think the idea of P3s is to get a fixed price so that you don't have overruns. That's my understanding. I don't know more about it than that.

Mr. Wayne Gates: Well, I'm not going to get into a cross-debate because I don't think that's fair to you. That's why I'm asking you—

Mr. William Thompson: And I'm not familiar with that side of it.

Mr. Wayne Gates: But I can tell you that I'm not—listen, I'm not an expert. I'm an MPP who came out of Niagara; I'm not an expert in it, either. But people who are a lot smarter than me—like the Auditor General, who took a look at all that, is saying that we could have saved \$8.2 billion. Whether that's right or wrong, I have to take her word on it. That's why she's an expert. I'm not, just like you're not an expert in the LHINs.

But we do have a lot of problems in Niagara. If you get on the board, think of one thing: Think of your grandparents, your parents. They're 92 and 96, whatever the ages were, and we've got some over here, the same thing. We have to provide them with the best possible care so that they can at least live in dignity and, in some cases, die with dignity. In Niagara, we're struggling with that, and some of that is because of decisions that were made in closing hospitals.

I just want to say that. Listen, you're volunteering. You've been around for a long time. I recognize you. I don't know you personally, but I certainly recognize your face in the work that you've done volunteering in our community throughout Niagara. Take a serious look at raising those issues, because we have lots of dollars in health care, we're spending lots of money in health care. It's how we're spending it, I believe—I'm not saying I'm right—is what the concern is. It's not like we don't have the money for health care. It's how we're spending it.

Mr. William Thompson: I can't speak to some of the issues you have because I don't have the details, but I think that one of the things that I will bring to this position, if appointed, is that I will be the one person on the board with a financial background. There is a mix of backgrounds on the board, and that's how it should be, but at the present time, there's no one with a financial background on the board, and I think I bring that as an asset.

Mr. Wayne Gates: I appreciate it. I know I talked a little bit—because we have a lot of poverty down in our area; a lot of mental health issues, and if you continue to close, those people who live in poverty, those people who have mental health issues can't get to St. Catharines. They don't have the resources to get to St. Catharines. So what they do is, they end up on the street. They end up in crime. There are lots of things that happen when you don't have mental health and close hospitals.

I appreciate you taking the time to come and volunteer. It's always nice to volunteer and give back to the community. But really, if you get there—you're from Niagara, you know what we've been going through—really take a serious look at trying to help out there.

Mr. William Thompson: That's what I do. Thank you.

Mr. Wayne Gates: I appreciate that. Thank you.

The Chair (Mr. John Fraser): Thank you very much, Mr. Gates.

Mr. Wayne Gates: My pleasure.

The Chair (Mr. John Fraser): Madame Lalonde?

Mrs. Marie-France Lalonde: Mr. Thompson, first and foremost, I want to say thank you for being here today. From what I've reviewed, and I think I speak on behalf of my colleagues, we feel very strongly that your experience will actually be a true asset to the LHIN. Like you said, the accounting portion of finance that you'll be able to bring, I think that is also why you're being considered for this position.

So thank you for joining us this morning. We will not have questions for you.

Mr. William Thompson: Thank you very much.

The Chair (Mr. John Fraser): Thank you very much, Mr. Thompson, for being here this morning to present to us. The interview is concluded, so you may step down. If you wish, you can remain in the room and we'll be considering the concurrence. So you can remain if you like. Thank you again.

Mr. William Thompson: Thank you very much, Mr. Chairman.

The Chair (Mr. John Fraser): We will now consider the concurrence for William Thompson, nominated as member, Hamilton Niagara Haldimand Brant Local Health Integration Network. Can I have someone move the concurrence? Mr. Rinaldi?

Mr. Lou Rinaldi: Chair, I move concurrence in the intended appointment of William Thompson, nominated as a member of the Hamilton Niagara Haldimand Brant Local Health Integration Network.

The Chair (Mr. John Fraser): Thank you very much, Mr. Rinaldi. Any discussion? Mr. Gates?

Mr. Wayne Gates: Recorded vote, please.

The Chair (Mr. John Fraser): Recorded vote. Thank you very much. Any further discussion?

Ayes

Crack, Gates, Lalonde, Malhi, Martins, McDonell, Pettapiece, Rinaldi.

The Chair (Mr. John Fraser): Thank you very much. It's carried. Congratulations, Mr. Thompson. Thank you very much again for being here this morning.

Before we adjourn—members of the subcommittee are going to stay behind afterwards because we have a subcommittee meeting, as we talked about last week—I would like to advise the committee that the nominations of two intended appointees from the April 24, 2015, certificate who were selected to appear before this committee have been withdrawn. The two intended appointees are Karen Farbridge, nominated as member of the Ontario Clean Water Agency, and Mary Anne Chambers, nominated as a member of the Ontario Heritage Trust. Their nominations will therefore not be considered by this committee.

The meeting is adjourned. Thank you very much, everybody.

The committee adjourned at 0923.

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