Fourth Session - Thirty-Ninth Legislature

of the

Legislative Assembly of Manitoba

Standing Committee on Public Accounts

Chairperson
Mr. Leonard Derkach
Constituency of Russell

Vol. LXII No. 8 - 7 p.m., Wednesday, September 22, 2010

ISSN 0713-9462

MANITOBA LEGISLATIVE ASSEMBLY
Thirty-Ninth Legislature

Member	Constituency	Political Affiliation
ALLAN, Nancy, Hon.	St. Vital	N.D.P.
ALTEMEYER, Rob	Wolseley	N.D.P.
ASHTON, Steve, Hon.	Thompson	N.D.P.
BJORNSON, Peter, Hon.	Gimli	N.D.P.
BLADY, Sharon	Kirkfield Park	N.D.P.
BLAIKIE, Bill, Hon.	Elmwood	N.D.P.
BOROTSIK, Rick	Brandon West	P.C.
BRAUN, Erna	Rossmere	N.D.P.
BRICK, Marilyn	St. Norbert	N.D.P.
BRIESE, Stuart	Ste. Rose	P.C.
CALDWELL, Drew	Brandon East	N.D.P.
CHOMIAK, Dave, Hon.	Kildonan	N.D.P.
CULLEN, Cliff	Turtle Mountain	P.C.
DERKACH, Leonard	Russell	P.C.
DEWAR, Gregory	Selkirk	N.D.P.
DRIEDGER, Myrna	Charleswood	P.C.
DYCK, Peter	Pembina	P.C.
EICHLER, Ralph	Lakeside	P.C.
FAURSCHOU, David	Portage la Prairie	P.C.
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin	Steinbach	P.C.
GRAYDON, Cliff	Emerson	P.C.
HAWRANIK, Gerald	Lac du Bonnet	P.C.
HICKES, George, Hon.	Point Douglas	N.D.P.
HOWARD, Jennifer, Hon.	Fort Rouge	N.D.P.
IRVIN-ROSS, Kerri, Hon.	Fort Garry	N.D.P.
JENNISSEN, Gerard	Flin Flon	N.D.P.
JHA, Bidhu	Radisson	N.D.P.
KORZENIOWSKI, Bonnie	St. James	N.D.P.
LAMOUREUX, Kevin	Inkster	Lib.
LEMIEUX, Ron, Hon.	La Verendrye	N.D.P.
MACKINTOSH, Gord, Hon.	St. Johns	N.D.P.
MAGUIRE, Larry	Arthur-Virden	P.C.
MARCELINO, Flor, Hon.	Wellington	N.D.P.
MARTINDALE, Doug	Burrows	N.D.P.
McFADYEN, Hugh	Fort Whyte	P.C.
McGIFFORD, Diane, Hon.	Lord Roberts	N.D.P.
MELNICK, Christine, Hon.	Riel	N.D.P.
MITCHELSON, Bonnie	River East	P.C.
NEVAKSHONOFF, Tom	Interlake	N.D.P.
OSWALD, Theresa, Hon.	Seine River	N.D.P.
PEDERSEN, Blaine	Carman	P.C.
REID, Daryl	Transcona	N.D.P.
ROBINSON, Eric, Hon.	Rupertsland	N.D.P.
RONDEAU, Jim, Hon.	Assiniboia	N.D.P.
ROWAT, Leanne	Minnedosa	P.C.
SARAN, Mohinder	The Maples	N.D.P.
SCHULER, Ron	Springfield	P.C.
SELBY, Erin	Southdale	N.D.P.
SELINGER, Greg, Hon.	St. Boniface	N.D.P.
STEFANSON, Heather	Tuxedo	P.C.
STRUTHERS, Stan, Hon.	Dauphin-Roblin	N.D.P.
SWAN, Andrew, Hon.	Minto	N.D.P.
TAILLIEU, Mavis	Morris	P.C.
WHITEHEAD, Frank	The Pas	N.D.P.
WIEBE, Matt	Concordia	N.D.P.
WOWCHUK, Rosann, Hon.	Swan River	N.D.P.

LEGISLATIVE ASSEMBLY OF MANITOBA

THE STANDING COMMITTEE ON PUBLIC ACCOUNTS

Wednesday, September 22, 2010

TIME – 7 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. Leonard Derkach (Russell)

VICE-CHAIRPERSON – Mr. Gregory Dewar (Selkirk)

ATTENDANCE – 11 QUORUM – 6

Members of the Committee present:

Hon. Mr. Gerrard, Hon. Ms. Wowchuk

Mr. Borotsik, Ms. Braun, Messrs. Derkach, Dewar, Jha, Martindale, Pedersen, Ms. Selby, Mrs. Stefanson

APPEARING:

Hon. Theresa Oswald, Minister of Health
Ms. Carol Bellringer, Auditor General
Mr. Milton Sussman, Deputy Minister of Health

MATTERS UNDER CONSIDERATION:

Auditor General's Report–Audits of Government Operations–November 2009–Chapter 2: Personal Care Homes Program

* * *

Mr. Chairperson: Good evening, ladies and gentlemen. Will the Standing Committee on Public Accounts please come to order.

This meeting has been called to consider the Auditor General's Report–Audits of Government Operations–November 2009–Chapter 2–Personal Care Homes Program.

Before we get started, I would like to introduce some of the new legislative pages for 2010 and 2011. Tonight we have with us Samantha Ballard from Shaftesbury High School–give us a wave, Samantha–Alexandria Bonney from Collège Sturgeon Heights Collegiate; Mathieu Catellier from École Réal-Bérard; Karine Martel from École Réal-Bérard; and Samantha Squire from Collège Sturgeon Heights Collegiate. Welcome.

Are there any suggestions from the committee as to how long we should sit this evening?

An Honourable Member: Nine o'clock.

Mr. Chairperson: Nine o'clock?

Mr. Doug Martindale (Burrows): Mr. Chairperson, I think we should sit till 9 o'clock or, as someone suggested, sooner if we're finished our work.

Mr. Chairperson: Okay, is that agreed? *[Agreed]* Thank you very much.

I have one other housekeeping item. On the topic of policy regarding Manitoba delegations to the Annual Canadian Council of Public Accounts Committee conferences, it has been Manitoba practice for a number of years for the chairperson and vice-chairperson of the Standing Committee on Public Accounts to attend these conferences as the Manitoba delegation.

Recently, we have also been allocated funding for two further PAC MLAs to attend under the new PAC budget. In 2002 and 2010, however, the PAC chairperson and our vice-chairperson were not able to attend the conference, and the official opposition and government caucuses proposed alternative MLAs to attend in their place. This arrangement was informally agreed to, but, in the interests of clarity, I would like to propose for the committee's consideration a formal policy for dealing with such situations in the future.

And this is as follows: In the absence of the Public Accounts chairperson, the official opposition caucus may name one of their members as a substitute delegate for the annual CCPAC conference with that member travelling on the same budget that the chairperson would have used. And No. 2: In the absence of the Public Accounts vice-chairperson, the government caucus may name one of their members as a substitute delegate for the annual CCPAC conference with that member travelling on the same budget that the vice-chairperson would have used.

Are there any comments from the committee on this proposal?

Hearing none, does the committee agree to adopt the proposal as committee policy? *[Agreed]*

Now I would like to invite the Minister and the Deputy Minister of Health to join us at the table.

Welcome to this PAC meeting, Madam Minister, and I'll give you the first opportunity to introduce your deputy, please.

Hon. Theresa Oswald (Minister of Health): It's my privilege to introduce Milton Sussman, Deputy Minister of Health.

Mr. Chairperson: Thank you very much.

We're going to get right down to work, Mr. Deputy Minister, and I would like to know, first of all, whether the Auditor General would like to make an opening statement?

Ms. Carol Bellringer (Auditor General): Thank you, Mr. Chair, I would.

I'll first introduce the staff members from the office of the Auditor General who've joined me tonight. The Director of Value-for-Money Audits, Sandra Cohen, is sitting directly behind me, and she's joined by Grant Voakes, who's the Audit Principal, both of whom were responsible for working on this particular audit.

The audit–it was a value-for-money audit which we conducted between November 2007 and December 2008, and we examined PCH-related processes in place between April 1, 2006, and December 2008.

***** (19:10)

What we examined was the department's processes for ensuring the quality of PCH care; assessment and placement procedures for PCH admission, including management of PCH wait lists; long-term capital planning for meeting future PCH bed needs; and processes for ensuring PCH financial and operational accountability, including funding mechanisms and public performance reporting.

We have findings in each of those areas in the standard visits. We found that regulated PCH standards were in place and they were consistent with other jurisdictions in Canada. Teams with appropriate skills and training visited each personal care home once every two years to assess compliance with standards. We did find that visits were always scheduled in advance and during weekdays. In addition, the department did not use potential risk factors such as trends and critical incidence reports to determine the visit frequency or the standards to be assessed. The department did follow up on required improvements. They had an internal goal of performing follow-up visits to 30 percent of the PCHs with the completed action plans, but they instead were relying on the regional health authority oversight.

The department was not summarizing the province-wide standards results to determine any action required to respond to trends and improve outcomes. We did compile those results, and that's included in the report. In the areas where the PCHs were not meeting the core standards, it reflected not only the level of compliance, but also some limitations in the assessment methodology that was being used.

In the area of licensing, we found that the department had established a licence review process for renewing PCH licences. It hadn't developed formal criteria for licensing and a review was not always conducted to ensure processes were in place to meet the standards when issuing a new licence.

For wait lists, we found that the RHAs did monitor and manage the PCH wait lists. Some did not have systems to track how long each of the seniors had been waiting for the average wait time.

In the area of the PCH facility long-term planning, we found the department gathered data for the PCH facility long-term planning, but they hadn't reassessed the capital funding requirements to reflect the current status of the Aging in Place strategy and the current PCH capital needs identified by the RHAs.

And finally, in the area of financial and operating–operational accountability, the different PCH funding formulas had evolved over the years and were no longer logically supported by current data and analysis. There was a new funding initiative being put into place that will partially address some of those issues and the service purchase agreements that were in place held the personal care homes accountable to the regional health authorities for financial and operating performance. We noted that the for-profit personal care homes were not required to provide audited financial information.

And lastly, the public reporting of PCH performance, such as the results of those standard visits and information on wait lists, was limited.

Thank you, Mr. Chair.

Mr. Chairperson: Thank you, Madam Auditor General.

Before we go any further, I failed to introduce somebody that is no stranger to our table but, for the interest of the public, we have Mr. Geoff Dubrow

from CCAF, who is from Ottawa and has acted as a consultant to our PAC committee and has helped us immeasurably over the period of time that we have undertaken to renew our rules and procedure as they relate to PAC proceedings. So welcome, Mr. Dubrow.

Now I turn my attention to the Deputy Minister of Health and ask whether or not you have an opening statement, Mr. Deputy Minister, and may I also say that if you have other staff that you would like to bring forward to the table with you, you may do so at this time and introduce them.

Mr. Milton Sussman (Deputy Minister of Health): Mr. Chairperson, this is Teresa Mrozek, who's the Executive Director of Health System Monitoring in Regional Affairs within the Department of Health. And thank you, I do have a bit of an opening statement.

Manitoba Health welcomed the Auditor's report. The standards that were put into place were put into place in 2005. They were new standards. They took a number of years to develop. They were test–and we did a lot of work with the personal care homes and with–and in reviewing standards in other jurisdictions. There was a lot of effort working with the personal care homes across the province in the implementation of the standards, and for a couple of years before they became in place, in force, we worked with personal care homes so that they could get used to the standards so that we could work on a quality and improvement process and they would learn as the development of those standards came into play.

So it's a relatively new process within Manitoba, one that we were very excited about and had, I think, very high expectations of, and so we welcomed the opportunity to review–to have an outside party review how those standards and how the processes related to those standards were implemented. And we've taken the work of the audit and the recommendations of the audit very seriously. We feel we've demonstrated, and can demonstrate, significant progress on those recommendations. Most are either implemented or there's very significant progress on those–on the recommendations from the audit, and Manitoba Health has a commitment to ensure that the people of Manitoba whose parents, whose families are living in personal care homes receive high-quality safe care and see the implementation of standards as one of the tools in ensuring that we can provide that quality safe care.

Mr. Chairperson: Thank you very much, Mr. Sussman.

The floor is now open for questions.

Mrs. Heather Stefanson (Tuxedo): Mr. Chair, my question is about the standards that you were just talking about and that they first, I guess, came into effect in 2005, I believe, and so it's been five years, I guess, since they were first implemented. And I think one of the things about this report, I think, that is quite glaring is that if you look at the results for the core–the five areas of the core standards–in four of those five areas it's less than half of them are being met and, in some cases, up to 76 percent in the case of the integrated care plan are not being met.

Can you indicate for this committee where is that–you've said you've made significant progress–what does that mean?

Mr. Sussman: When the standards were first put in place, I think there was a clear understanding that we were setting a fairly high bar and that personal care homes would have to do a lot of work to get up to the standards and to learn how to work with the standards. So I think, as the Auditor's report pointed out in the first go-around there, a large number of them didn't comply. We've seen significant progress with every set of standards visits, and in the most recent, which is the third round of the standards visits, 85 percent of the PCHs are meeting all five of the core standards. So I think that really does demonstrate a significant progress with the personal care homes, and it really is reflective of the approach that we've taken with the standards.

So we do the standards visit, but we also work with the regions and work with the personal care home so that there is learning based on the results of the standards review and that there is a follow-up plan to address those deficiencies.

Mrs. Stefanson: Over what time frame I guess–or how are those–you're saying now that in all five areas they're meeting–all the personal care homes are meeting up to 85 percent of those standards. How was that arrived–I mean, was that done over visits over the last year, or what was the time frame on the visits to come up with those results?

***** (19:20)

Mr. Sussman: Mr. Chair, it's 85 percent of the PCHs that are in the current round of standards review. That's within this past year. We do–each personal care home receives a standards review once every

two years. So there's a current set of standard reviews that are going on as we speak, and of the ones done to date, in this round, for this fiscal year, 85 percent of those PCHs are meeting all of the five core standards.

Mrs. Stefanson: So what percentage of the total is in this round?

Mr. Sussman: Twenty-two PCHs were reviewed so far in this round.

Mrs. Stefanson: Sorry, that's 22 of theirs. How many are there total? I just don't have that number–400-and-some-odd?

Mr. Sussman: Yeah, there's 124.

The intent would be that each 60 would be done–62 or 61 would be done–62 would be done each year. So half of all of the PCHs are done in–at one–in one year.

Mrs. Stefanson: So you've done 22 of the 124 personal care homes to date that you've reviewed for the standards, whether or not they're meeting the standards?

Mr. Sussman: For this year, the target would be to do 62, yes, 62 personal care homes. We do–they're only reviewed once every two years, and of those 62, we've done 22 to date.

Mrs. Stefanson: So, yeah, okay. So 22–in the 22, the 85 percent have met the standards. Okay.

So how does the department conduct their reviews? Are there any unannounced visits that take place in personal care homes in Manitoba?

Mr. Sussman: So the standard reviews, as the Auditor's report indicated, are generally scheduled because they involve a fair bit of work with the facility to review documentation, to get all of that, and to do that in way that doesn't interfere with the provision of care.

We have–if the standards review identifies a concern, we do follow-up visits, unannounced follow-up visits. In addition to those ones that we just do because of an issue that's been identified or a risk that's been identified, we have targeted that we would do 30 percent of the personal care homes that were assessed each year–that had the review–would also have a follow-up visit, and that follow-up visit would be unannounced.

Mrs. Stefanson: So how many unannounced visits have there been to personal care homes this year?

Mr. Sussman: There have been 18 this year and there are three more that are within the department's schedule to happen within the next several months, so it should be 21 out of–this year.

Mrs. Stefanson: Okay, and how many were there, say, in 2009, in total, of unannounced visits to personal care homes?

Mr. Sussman: In 2009, there were 13.

Mrs. Stefanson: So is it now–is it–has it been, you know, have you been directed to increase, I guess, the number of unannounced visits? Are you finding that–well, I'll start with that. Have you been directed to increase the number of unannounced visits?

Mr. Sussman: As part–as the Auditor General identified in the report, we had targeted 30 percent. We are still trying to–we're just doing a better job of getting to that 30 percent, frankly.

We are following up. If there's an issue, we would do an unannounced visit but we are taking very seriously the need to do those and that's been the driver of the increase.

Mrs. Stefanson: I just wanted to talk a little bit about wait times for entering into personal care homes, if I can for a minute. The report noted that the regional health authorities monitored and managed the numbers of seniors on personal care home wait lists. While they did that, they did not always have systems to track the wait times.

Is the department or are the RHAs now tracking the wait times for the seniors to enter a personal care home?

Mr. Sussman: Currently, the WRHA is–has the most capacity to monitor. They do have a system to monitor the wait time for all of their personal care homes.

We have initiated a project within–with the department and with Manitoba eHealth for the development of a system that would track the wait times as well as other indicators. It's very much related to the recommendation that we start to track and actually reflect to the public what those wait times and standards are.

So that is in process. It is amongst the IT projects that the department is advancing and we anticipate that that may take still another couple of years to get fully implemented.

Mrs. Stefanson: The audit found that 1,137 seniors were waiting for personal care home placement, and

I'm wondering if the deputy could indicate how many seniors are currently waiting for placement in a personal care home in Manitoba.

Mr. Sussman: As of March 31st, there were 1,328 people waiting for either placement or for their care home of choice.

Mrs. Stefanson: Sorry, I just missed that. That's as of March?

Mr. Sussman: Thirty-first.

Floor Comment: Thirteen thirty-four?

Mrs. Stefanson: Thirteen twenty-eight.

So what action is being taken right now by the department to reduce those wait times to make sure that those people are placed in personal care homes right now?

Mr. Sussman: There's a significant amount of work trying to reduce the amount of time from when a bid becomes vacant to when it's filled. The–and there are significant number of strategies that all of the regional health authorities are trying to do to provide alternatives to personal care homes because right now the–there's a fixed stock of personal care home beds and the occupancy is pretty much full, and so the real efforts of reducing the wait times are trying to minimize any delay between when a bed becomes available and when it's filled.

We are doing a lot of other kinds of work of enhancing home care programs and enhancing community supports to enable people to live longer in the community, and there are a couple of initiatives that are coming on-line to help support frail, elderly: the PRIME program that's being announced at Deer Lodge and the one that will go into Misericordia. Those are all programs that help support people in the community, and we are–we have gotten a deliverable from the Manitoba centre on Health Policy that really is looking at personal care home demand going forward so that we'll inform our planning for the development of new personal care home beds.

Mrs. Stefanson: What is the average wait time for those people, those 1,328 that have been waiting on the wait list? What is the average time that those people have been waiting?

Mr. Sussman: I don't have an average for the entire 1,328. I think, as I earlier indicated, not all–particular the regions outside of Winnipeg–don't have good tracking systems. In Winnipeg the wait time is on average 2.2 months.

***** (19:30)

Mrs. Stefanson: So what is being done to ensure that all regions are keeping track of what the average wait times are so that they can develop strategies to reduce those wait lists? I mean, if we're not sure how long we're waiting in some of these regions, then how can we go about reducing the wait times?

Mr. Sussman: To some extent, the time is always important. You never want people to be staying in environments that aren't appropriate. But the wait list is also–we have to look at what the demand and how we can try and mitigate that demand. I think we're taking significant steps to do that and we are–as I indicated, we're trying to get a clear understanding of what the demand will be and use that to guide us in the development of new personal care homes and new alternative ways of delivering care, so supported housing, as an example, or other home care programs that might allow people to stay longer in the community.

Mrs. Stefanson: Is there a strategy or is it part of the plan–you've mentioned that–well, you talked about alternatives to personal care homes. Can you expand on that a little bit, what you mean by that? You've started to a little bit, but what is the strategy about using alternatives to personal care homes as part of the strategy? Could you explain that a little bit further?

Mr. Sussman: Well, I–as I indicated, there is a limited number of personal care homes, and there is a fair bit of data that is available nationally and internationally that you can–with different programs, you can support people to live longer in the community.

We have a–probably one of–the envy of most jurisdictions as far as our home care program, just the extensive nature of it, but we can still do more. We–some of the kind of initiatives were to look at, can you provide additional nursing services so–and links to a primary care physician so–where you may be able to identify people who are at risk of presenting at–to hospital and then at risk of going into a personal care home, are there ways of getting them before they deteriorate? So using the home care program more as a sentinel for the deterioration of its clients and then linking them to other resources that could help support them, to physicians or to other health-care providers. There are–we're providing

more supports in group environments so that you can have 24-hour supports on-site so–because often, in some cases, it may be that the person can't be alone all night or can't be without somebody that can respond in an emergency. So those are the kinds of initiatives.

The PRIME is really enhanced medical services, again, to try and prevent someone from deteriorating so that they require a personal care home. Those are some of the strategies that we're trying to use to limit the number of people who need personal care home beds.

Mrs. Stefanson: Yes, and clearly there are–I mean, if we're looking at 1,328 people on a wait list, there is–and you're saying there is a limited supply of personal care home beds in the system. Is it part of the strategy to look at ways to increase that and is there a capital expansion project or a plan to increase the number of beds in the province and, if so, what is the plan and the strategy?

Mr. Sussman: Well, there is an ongoing assessment and we work with all of the regions in developing that–a capital plan and prioritizing their capital plan. And there was a long-term care strategy that was developed and it includes the development of personal care home beds and supported housing units, and so that process is ongoing. We're in the process of reviewing that whole strategy and, as I mentioned earlier, the Manitoba centre has been looking at data and trying to identify what the demands for personal care homes going forward will be. And so we're trying–we are reviewing the long-term care plan and the data that is coming forward with the intent of informing our capital plan.

Mrs. Stefanson: In the Auditor General's report, it was noted that, and I quote: The department had not reassessed personal care home facility long-term capital funding requirements to reflect the current status of the Aging in Place strategy or recently updated and prioritized personal care home capital needs identified by the RHAs.

Can the deputy minister indicate, has the department taken any steps to assess the personal care home facility long-term capital funding requirements?

Mr. Sussman: So we have been, as I mentioned, I think we have been looking at our current capital requirements in all of the RHAs in their regional health plan submit plans, capital plans for the development–for the needs within their region and a number of regions have identified PCH facilities as requirement–or as things that they've identified as needs within their RHAs. And we have been looking at that within the context of the capital plan, and, as I mentioned, we're waiting to get the results, which are, I think, due the end of this month or early next month from the Manitoba centre, and the combination of that data will inform our plan. And, as I think I indicated, I think the plan isn't just for personal care home beds, it is for supported housing for other types of options that might be able to support similar populations.

Mr. Rick Borotsik (Brandon West): Thank you, Mr. Sussman.

One of the more disturbing statistics that came out of the Auditor General's report that is in Manitoba, individuals over 75 years or older, there are 126 per 1,000 persons where the Canadian average is 101 per 1,000 persons of 75 years and older, in PCH beds. You're waiting for a plan, and you're waiting for the statistics. We see here that we're ahead of the curve right now in the numbers of people requiring service.

How long is it going to wait before the capital plan and this long-term plan is put together by your department to identify the real need for PCH beds?

We also see that there's been an increase from, I believe it was around 1,100 on the waiting list to around 1,328 on the waiting list, so that speaks to the need that's out there right now. And I do appreciate the Aging in Place and can talk about that a little later, but there is a need right now.

How long is your department going to wait before you actually look at a capital plan for additional beds and perhaps a different solution for the 1,328 people that are on the waiting list at the present time?

Mr. Sussman: So the plan has been ongoing. There has been a long-term care plan that has been announced and been worked on, and there are personal care homes–there is a personal care home in south Winnipeg that will be opening in the new year or this year, actually, and there are plans in the current capital plan for additional personal care home beds.

The aging population is of concern to everybody in health care in Canada and in the western world. I think–so we have been cognizant of trying to plan for that and trying to plan for it in a strategic way that really does look at what are–what is the right mix of

types of services and types of beds that you want to provide. And I think that–and that has evolved with advances in research, and that's part of what we're waiting for at the centre, and we're not–I–it–the centre's plan, we identified that within the last two years that we wanted that further information so that we could do this in a, I think, in a way that was based on some evidence and based on what the demands would be going forward.

***** (19:40)

Mr. Borotsik: Back to the wait times, as I understood, you said that there's 1,328 people right now on wait lists. Did I hear it correctly where you said that the average wait time is about 2.2 months?

Floor Comment: In Winnipeg.

Mr. Chairperson: Mr. Sussman.

Mr. Sussman: In Winnipeg.

Mr. Borotsik: Do you have any data as to what that wait time is in–outside of the city of Winnipeg? I won't necessarily say rural Manitoba but outside of the city of Winnipeg. Do you know what that wait time is?

Mr. Sussman: We don't have that information. It is collected. It's collected by each region manually at present, so I could get that for you.

Mr. Borotsik: So you don't, on a monthly basis, look at what the wait times are in other areas outside of the city of Winnipeg? It's only the city of Winnipeg that you're concerned about the wait times for people that are sitting on that wait list, not outside? There are some anecdotal issues where, in fact, people have to be sent outside of their community in order to access the personal PCH. Am I to believe that you don't know what the wait times are on other PCHs outside of the WRHA?

Mr. Sussman: It's not that we're not interested in it. We are interested in–none of the regions outside of Winnipeg have a tracking–electronic tracking system that can easily send the data to us. We are–as I identified, this has been one of the areas that we have identified in the department's IT plan that we are developing.

Mr. Borotsik: And you tell me that that's at least two years down the road to develop that IT plan with respect to the electronic reporting of the wait times.

Mr. Sussman, your standards and your standard assessments, you'd indicated that you've completed some assessments of some PCHs, and of those, 85 percent have now maintained the standards. You also say, at that time, that you had originally set the standards bar fairly high. Is–am I to believe then that you've reduced the standards so that they could now achieve those standards of 85 percent? But you said you set it high. Is it still set at that level or have you reduced the standards?

Mr. Sussman: It's still set at a high level. We haven't reduced the standards. To give you an example of the kind of thing that caused problems in the first go-round of the standard reviews, one of the standards in the care plan is you can't have any whiteouts or any erasing of anything in the plan. If there was, I've mentioned, you didn't meet the standard. And so that was a learning exercise for personal care homes–the staff–that something as simple as using whiteout was not an acceptable function.

That's the kind of learning that I think the implementation has–I think the standards reviews and going through the process, I think people started to learn the importance of that in a way that they hadn't understood before. So, no, we haven't reduced the standards at all. I think we've worked with the personal care homes, we've worked with the RHAs so that they know, they understand the standards and that they can comply with the standards.

Mr. Borotsik: Based on that example, does that mean that they no longer use whiteout or that they can use whiteout and you've suggested that that not be part of the standard?

Mr. Sussman: They can't use whiteout and they don't use whiteout.

Mr. Borotsik: Thank you. So it wasn't a reduction of the standard. They just learned that they can't use whiteout on a report and that's, I think, probably fairly important.

The capital development: I want to go back to that. We know that the demographics are aging. I don't think we have to wait for any reports to identify the fact that Manitoba population is aging, the demographics are aging. We know that we now have a serious waiting list for PCHs at the present time, particularly serious in rural Manitoba, but I won't get into that argument at this time.

Does your department have any handle on how many beds, how many more beds are going to be required over the next five years, the next 10 years, in the next 15 years? That's a fairly simple question. It's a planning issue. It shows in this report that the senior population is growing–high thousand seniors

aged 75 or older as well as rising costs–it goes on and on. How many beds are going to be needed over the next five, 10 and 15 years?

Mr. Sussman: Sorry, as I indicated, I think, I don't have those numbers in front of me. I think we are working with the Manitoba centre, and that is one of the deliverables that we establish with the Manitoba Centre on Health Policy, to really get a handle on what the needs were, going forward. And we–and there are trends, and part of the complexity of addressing the demands of an aging population is the population spikes at a certain time, the demand for long-term care beds increases for awhile, then, ultimately, that demand flattens and decreases.

So we're trying to look at what the demographic trends are going to be, to really plan out what the optimal demand and where the demand will be and looking at a whole range of data to inform that plan. So we're refreshing–from my perspective, we're refreshing the long-term care plan to reflect the changes in the demographics of Manitoba.

Mr. Borotsik: And that's laudable, but again, you haven't given me any answers as to what is the requirement for the next five, 10 or 15 years.

And I do appreciate the boomers are coming into the system. Okay, you're seeing, look around the table, you can see quite a number of the boomers here. They're going to be getting into the system; we recognize, of course, that that is going to increase the demand, and then when that demand has reached its peak then it's going to drop off. I recognize that, but for a lot of us boomers here, the 15 years is probably where we're looking at your assistance, and I would really like to know what's going to be available at that time. We can wait for the Manitoba centre to bring in their health policy, but can you give me a better idea as to when these policies are going to be put on paper, when you're going to see some of the indication as to what it is you're going to require over the next 10 to 15–five to 10 to 15 years? How long are we going to have to wait for the policy?

Mr. Sussman: As I said, we're getting the data. The Manitoba centre has a defined release date for the report; it's within the next month. I would say within six months we will have done the planning necessary to project the number of beds we'll require.

Mr. Borotsik: Thank you for that answer; I appreciate it.

Aging in Place makes sense. Keep people in the community longer; keep them in their own homes longer. There are a lot of active 90-year-olds now in all of our communities. How successful has your policy been with respect to Aging in Place? We know we've got a increase in the waiting list. Can–do you have any tangibles? Do you have any way of being able to identify just how successful your Aging in Place strategy has been?

Mr. Sussman: So since we've launched the strategy in 2006, we've added supports for 3,400 seniors in group living; this is home care–additional care home in apartments or typically apartments where there are large numbers of people requiring care, and we're providing additional supports there. And we provide help with transportation and with activities. We have had–we've also developed 449 more supportive housing spaces and 328 specialized support spaces, which are more individualized contracts for–to provide supports to people.

But also to–and I don't have the report in front of me, but the Manitoba centre has looked–centre in health policy has done a review of the home care program in Manitoba and has identified that in Manitoba, actually, we can support, through our home care program, keeping people in the community longer. So they're older going into a personal care home than other jurisdictions and their stay is shorter within a personal care home. So they're going in really when all of the community resources have run out and generally, it's a–unfortunately, it's a short time before their death.

Mr. Borotsik: Yeah, thank you, and I appreciate the fact the shorter the stay means that, needless to say, you've–they no longer are in the PCH.

***** (19:50)

Licensing: when we went to the licensing, there was a question on that right now–or previously–licensing new PCHs, particularly, if I recall correctly, one of the department's responses in here about the licensing, or the lack of licensing procedure, was that there hasn't been any new licences issued, because there weren't any new PCHs.

You had just indicated, however, there is a new PCH that's going to open up in south Winnipeg, I think you said, or–can you tell me what the procedure is now with respect to new licensing of that particular PCH?

Floor Comment: So we did develop a procedure on–

Mr. Chairperson: Mr. Sussman, I'm sorry.

Mr. Sussman: Oh, sorry.

Mr. Chairperson: No it was my fault.

Mr. Sussman: We did develop a procedure for a prelicensing assessment, and that was tested on the new PCH in Neepawa and has been refined and will be used on the new personal care home coming in in south Winnipeg. So there–it has been looking, primarily, at some of the physical aspects of the standards and to make sure that they're in place, that the training procedures are in place. Those parts of the standards are reviewed before the issuing of the licence. So we have developed a process for that prelicensing assessment.

Mr. Borotsik: And I probably know the answer to this already. Have any licences ever been denied a PCH?

Mr. Sussman: No.

Mr. Borotsik: The–you're–when you go into the PCHs and you do an assessment, is it based on a risk assessment? And I guess what I'm trying to get at here is, if there's an extraordinary number of incidents reports, if there are complaints that are filed or issued against a particular PCH, if there are some certain deficiencies that are brought to the attention of the department, are those PCHs put on a priority list to have their assessment done, or do you just simply go through the 162 on an orderly basis or a numerical basis and pick the ones that you want to do for that particular year?

Answer that question and then I'll have a follow-up.

Mr. Sussman: So there is a plan to do, as I indicated, to do half of the PCHs each year, get a standards review. But to answer your specific problem or your specific question, if there are issues identified and in–well, I'll answer two ways.

If there are issues identified and it's in a personal care home that wasn't part of the standards review process for that year, the department would do an unannounced visit to that personal care home to look at and investigate those complaints.

So it isn't necessarily tied to the standards review, that if there were complaints or issues that a region identified, the department can go in at any time and do an unannounced visit and investigate. So that is done. In addition, when we are–we work with the regions and work with the department and do–of the ones that we're going to do in a year we do–we prioritize those based on the risk assessment. And that was really a result of the Auditor General's recommendation.

Mr. Borotsik: How many–well, I go back to my initial question–and I appreciate your answer. Should there be an identified issue at one of the PCHs, and, from hearing your answer, you will react to that and you will do an unannounced assessment.

How many of those unannounced assessments have been done in this past fiscal year based on those identified deficiencies?

Mr. Sussman: So in this year it has been based on the risk assessment and it was the 18 visits. Is your question how many did we do because of the issues that were identified outside of the assessment process?

An Honourable Member: Yes.

Mr. Chairperson: Mr. Borotsik–Mr. Sussman.

Mr. Sussman: I can review–I don't have that information in front of me, but I can–I'll review it and get that information to you.

Mr. Borotsik: I guess the question is: Does it happen on occasion? Is it something that happens on a frequent basis or an infrequent basis? I guess I'm trying to get to the point here. There are people who complain about care in certain personal care homes. There are issues with standards and care in those care homes. If that's brought to your attention, from what I hear, you do, in fact, follow up on that.

My question simply is, how many of those would you normally get? Are they frequent or infrequent?

Mr. Sussman: It would be based on an assessment of the complaint. We would be working with the RHAs on looking at that review, and there are other–if it's a question of abuse, typically it would be the Protection for Persons in Care Office that does the review, and they would go in more frequently than we would on these other complaints.

It hasn't been a real frequent occurrence. There have been–when I–as you may know, I was with the Winnipeg Regional Health Authority for part of my career and during that time there were unannounced visits that we did with–I was with the authority, but that we involved the department and did an unannounced visit. But it was before these standards were in place.

Mr. Borotsik: I promise I'm going to be finished very soon.

That's a very good point, by the way. The RHA–the complaints, if there are any, would certainly go to the RHA at the first level. Do most of the RHAs then deal with those assessments themselves prior to bringing in the department?

Mr. Sussman: I think they would make an assessment. If it's, I think, it's within their oversight, I think they would deal with it and they may not always involve the department. I think if they felt it was of a serious nature, they would–we have really close working relationships with the RHAs and I think they would involve us.

Mr. Borotsik: Okay, my last question. I'm going to head off to the financial and operational accountability.

The Auditor General made a recommendation that there should be audit requirements done on the for-profit PCHs. Can you tell me what your position is on that and whether you've attempted to write that into your agreements with the for-profits?

Mr. Sussman: My understanding is that the WRHA now has in their agreements with the proprietary personal care homes the clause that does say that they will provide audited financial information.

Mr. Borotsik: Has this been extended beyond the WRHA?

Mr. Sussman: The WRHA deals with all of the proprietary personal care homes in the province on behalf of the other RHAs.

Mr. Borotsik: That's interesting to know. I didn't realize that the WRHA was certainly looking after the city of Brandon's proprietary, as you call them, personal care homes.

Mr. Sussman: Sorry, the financial agreements with them is–the monitoring and the work on the panelling and placement process is handled by the region, but the financial contract or agreements are done with–through the WRHA.

Mr. Borotsik: Why would the department not handle those themselves? Why would that be relegated to the WRHA?

Mr. Sussman: We had–the department doesn't deal with individual personal care homes. These were all part of devolved or–the function of working with personal care homes was with the regional health authorities. It was the regional health authorities that approached the WRHA and asked them to manage the financial contracting with the proprietary personal care homes.

Mr. Blaine Pedersen (Carman): Mr. Sussman, levels 1 and 2 are generally lighter care versus levels 3 and 4 tend to be heavier care in terms–whether it's aging in place or whether it's personal care. Am I correct on that?

Mr. Sussman: Yes, generally. In–that was a way of–that the department and the regional health authorities used to assess care. It is being slowly replaced by other methods–the RAI standards? *[interjection]* So there are now newer assessment tools that are being used, the MDS tools that are used to assess levels of care. But most people still know those levels.

***** (20:00)

Mr. Pedersen: So, and again, you–I don't know what RIA was, the acronym, obviously, for something–but it would determine different funding levels, different staffing levels, different needs of people requiring care, seniors requiring care.

So would you not use that–whether it's level 1, 2, levels 3 or 4, or your new standard, that would still determine what level of care and obviously, then, staffing levels and programs would be required for those seniors?

Mr. Sussman: So the department has moved away from that differential kind of funding. We–the–we are now have moved to 3.6 hours of care for every resident.

Mr. Pedersen: But irregardless of whether, you know, 3.6 hours or whatever, you are assessing seniors whether–to decide whether they can–they are safe to stay in their own home, whether it's in group living, assisted living or, indeed, a higher level of care which needs to in a personal care home.

You must have those–you must be monitoring your–the seniors that you have within the system, and how often do you upgrade those assessments, or is there a set period of every assessment?

Mr. Sussman: So within a personal care home the care plan is reassessed every three months. So the–that's in a personal care home. Within Home Care there is a reassessment every year or if there's anything that would indicate the need for an assessment. In–an assessment can be triggered–reassessment can be triggered based on somebody

deteriorating, an illness or a whole range of things, but as a routine, there is a reassessment every year.

Mr. Pedersen: And those, based on those seniors living–aging in place so they're not within the personal care home, that would be based on the Home Care reports or whatever program that they're in that that would determine a change in status.

So given that, don't–you know, within your personal care home, you're reassessing every three months, within your Aging in Place strategy, whether it's yearly, but you're still having reports coming back from your Home Care. Doesn't that give you a good idea of where your needs are going to be, at least within the next year or so? Like, never mind five years down the road, but you must have a good idea of where your placement needs are going to be and where your staffing needs are going to be on a routine basis.

Mr. Sussman: Well, I think the regions do have a good sense of where the needs within their region are on a yearly or on an ongoing basis. They would know where the demands for care are, and I can speak from direct experience in Winnipeg. If there was an ongoing requirement for additional hours of personal care that could be supported, that was provided.

Mr. Pedersen: So based on those–and I realize it's trends and people don't necessarily carry through with the same health regime, but wouldn't that give the–our local RHAs, outside of the WRHA, because the WRHA is monitoring aging and has a better plan for–or a more accurate plan. Would that–would not the local RHAs have some semblance of planning based on–because they're dealing with the same people all the time and–

Mr. Sussman: I should probably clarify. RHAs do regional health plans and they submit those to the department. They identify the requirements within their regions. They do that on an ongoing basis, and they will identify the need for personal care home beds based on just increasing numbers of seniors in their community or based on aging. Their infrastructure's getting time-expired; they need to replace it. That goes on on a regular basis and is part of the department's capital planning.

Mr. Pedersen: Well, I'm just–I'm a little unsure why there isn't then–why you're taking so long to develop a plan for future needs of RH–of personal care homes, in particular, because you have your Aging in Place strategies–various strategies, but based on what the RHA is putting out here, you have a pretty good idea where your needs will be in the next five years based on the amount of information that the RHAs are getting. And, yet, you're telling us that it's going to be six months before you have the strategy in place and–or a strategy to put out, and I'm assuming to the public, or is this just within the department?

Mr. Sussman: So we have had a long-term care strategy and the Aging in Place strategy was part of that, and there has been the development of different types of beds that have been ongoing. So that planning has continued. What we're trying to do at present is refresh that going forward, and when you build a personal care home, you're not building it for five years. You're building–so we want to be sure that we're building in the right places, the right types of beds and to meet the right–the needs that are going to be–that we think will be there for that period of time.

Mr. Pedersen: This in the Auditor General's report, she's talking about demographics, Manitoba population growing 91 percent between 2006-2036.

Do you agree with the Auditor General's projections here?

Mr. Sussman: Sorry, could you repeat that?

Mr. Pedersen: In the Auditor General's report, there was–there's a bar graph in here that says demographics: Manitoba population of seniors 75-plus growing 91 percent between 2006-2036. So, in other words, in the next 30 years, the number of seniors 75 and over will grow 91 percent.

Do you have any comments on that? Are you agreeing with that or is it–

Mr. Sussman: Our data doesn't–is consistent with other jurisdictions across Canada, and I can't say that those numbers surprise me at all.

Mr. Pedersen: Just a little different question, and I'm more familiar with the Central RHA. It says in the Auditor General's report here that waiting in the community is 52 persons, waiting in hospitals 64 persons.

Under the waiting in hospital at 64 persons, do you have a percentage of the total bed capacity of Central RHA?

Mr. Chairperson: Mr. Sussman, I'm sorry.

Mr. Sussman: So I think there is an important context that these numbers are numbers that are several years old now–the numbers of people in a

hospital. So that when the report was done–so it may be not reflective of what the actual number is now, but we can certainly get the number of people that are awaiting personal care home in Central right now and at what percentage of the acute care beds that is for you.

***** (20:10)

Ms. Bellringer: I just wanted to mention to the member that if you go to page–sorry, 53 of the report, we did have a chart in there of the total number of beds by region. Just if you're looking for that reference information.

Mr. Pedersen: All right, thank you Madam Auditor General. I'll do my own–out of 831.

Mr. Chairperson: Mr. Pedersen, go ahead.

Mr. Pedersen: According to this, 831, and you call those acute care beds?

Floor Comment: Personal care homes.

Mr. Pedersen: No, that's personal care homes. I'm interested in hospital bed numbers in Central region. I think you understood my question, right? And you'll get me those numbers of total acute care hospital number of beds in Central region, and then if you can provide me with an update of how many of those are waiting placement for personal care homes.

And, just as an observation, I think the number that tends to roll around fairly frequently in rural areas is at least a third of the beds in our hospitals are awaiting placement. So I would be interested to see what your numbers are.

Mr. Sussman: I'll provide those.

Mr. Pedersen: Just one further question then.

Do you–and perhaps you can forward this information if you don't have it on the tip of your fingers there right now. We know that there's people waiting in hospital, waiting placement for personal care homes. And within the Auditor General's report it says, somewhere in here, it costs $54,750, that's for level one and two, I'm–in a personal care home. On a patient cost–I should say a resident cost–in a personal care home, I don't know if it's that $54,000, what does it cost to–for a resident in a personal care home, level three or four, whatever, a higher degree of care versus the cost of a person in a hospital waiting placement? And they would be acute care too. Taking a similar level of care, is the cost similar? Does it cost more to keep them in a hospital versus a personal care home? That's what the kind of numbers I'm looking for.

Mr. Sussman: I can get to you–I don't have those numbers at the tip of my fingers so I can get you them. But it's very clear that it does cost more for–to care for someone in an acute care facility than it does in a personal care home.

Mr. Pedersen: Just one last–maybe it's more of an observation then, so shouldn't–you know, if that number isn't, you'll confirm those numbers with me. And I was under the impression it was more expensive to keep them in acute care versus personal care home.

Never mind the quality of life is much better for those seniors in a personal care home, at least that's what my observation versus waiting placement, but would that not factor into your–what some of us see as an urgent need for personal care home spaces in Manitoba?

Mr. Sussman: I think it does all factor into that planning. I think–I would certainly acknowledge that the range of services that are provided in a personal care home are–they're more significant than those provided awaiting placement.

I don't think that anybody in the health system would say that they want people to be waiting in hospital for placement in a personal care home. So we do try and factor it into that and there–as I've mentioned, I think there are plans for the development of new personal care homes. There is one opening. We are assessing a number of other personal care home requests as we speak and they will be–we will be moving forward on.

Mr. Chairperson: Mr. Jha. Oh, I'm sorry. Mr. Pedersen, you have one more?

Mr. Pedersen: Pardon me, Mr. Chairman. Just one more question then.

In my community, there has been talk about building a–for a–

Floor Comment: Proprietary.

Mr. Pedersen: –I'll use that word–proprietary personal care home. Is there–how does our community go about–or how do the people that want to do this go about doing it? Is there a set criteria? Do they deal with your department? Is there–where do they start? Do you have a personnel that they can deal with or where do we start in here? We have an acute need out in our area and we're looking to the

future. We feel that we can make this work, but we need to know where to start.

Mr. Sussman: We base our plans on the regional health plan, so my first advice would be for them to connect with the regional health authority, with Central Regional Health Authority, and work with them on the development of their proposal. And, typically, any new personal care home, whether it's proprietary or non-proprietary, would come through the regional health planning process.

Mr. Bidhu Jha (Radisson): Yes, question is on the Quality of Care report, which is dated December 31st, 2008. Any new updates on–of that report, any new studies have been done or inspections? This report I'm talking about is 2008, December, and it says more than half of the personal care homes did not meet with the standards. Now any new study or any new report on that? What's the latest on that?

Mr. Sussman: Well, I think if you look at the compliance with the standards and the number of personal care homes that are now able to meet the standards, I think we've seen a dramatic increase in the number of personal care homes that can–that have fully met the standards. And now, as I think I mentioned, 85 percent of the personal care homes in this last round of standards visits have met all five standard–core standards.

Mr. Jha: Yes, on this report it says–which made me happy to look at the safety and security–only 0.8 percent did not meet the standard, which is very good from my perspective. But this also said the staff education was–62.4 percent did not meet the standard. I was just curious to know if that meant, in any shape or form, about the communication, if deficiencies of staff, linguistic limitations or people who ask questions and what kind of answer they expect, was there any fault in that or is any improvement in that?

Mr. Sussman: Not to my understanding, and in looking at the most recent round of standards visits, a hundred percent of the personal care homes, 22 out of the 22, met the standards for staff education.

An Honourable Member: Very good. Now last question which is related to–

Mr. Chairperson: Mr. Jha.

Mr. Jha: Oh, I'm sorry. Yes, last question just to clarify on the financial which Mr. Borotsik had asked. Now, so I understand that now both for-profit and not-for-profit, the reporting, the financial reporting, is a standard for both organizations who are for-profit and not-for-profit. Am I correct to think that the same system followed by both?

Mr. Sussman: Both are required to provide audited financial information. The personal care–the non-proprietary personal care homes provide, I think, comprehensive audited financial statements; with the proprietary personal care homes because many of them are–or a number of them are multinational or national corporations where much of their activity isn't in Manitoba and isn't relevant to Manitoba Health, they provide audited financial information on the personal care home, not on the rest of their business.

Mr. Jha: So how do we compare, from a Manitoba perspective, a non-for-profit and for-profit units in terms of their efficiencies or their reporting to be fair?

***** (20:20)

Mr. Sussman: The reporting requirements as far as care plans and the standards visits are the same irrespective of whether they're proprietary or non-proprietary. So the standards issues wouldn't differ; it wouldn't–there wouldn't be distinguished.

Hon. Jon Gerrard (River Heights): Let me start with the standards. As of December 31st, 2008, there were more than half which didn't meet the standards in terms of restraints, and what I would like to know is a little bit more detail.

Is that because people were not restrained enough or because in general people were being restrained too much?

Mr. Sussman: My–I think our understanding is it was more that the documentation on when restraints were used wasn't fully implemented–or wasn't fully documented. So it wasn't the case that there is either too much or too little, it was there was insufficient documentation to speak to that.

Mr. Gerrard: But one of the concerns that I hear in terms of the quality of care at personal care homes is that there's too little or too much, often too much restraint of people. So are you telling me that this wasn't even looked at?

Mr. Sussman: So the assessment–or the use of restraint–the standards don't speak to too much or too little, they talk about too–the appropriate use of restraints and the–if you're using restraints, what are the limitations on them, that you use the least amount of restraints that–and that you document when and

why you needed to use them. And interestingly, in this most recent standards review, again, the use of restraints, that standard was met by a hundred percent of the personal care homes that were reviewed in–of the 22 that have been reviewed today.

So there has been, I think, a significant increase in the understanding of the documentation and the standard around restraints. I think the–there's a trend, I think, everywhere in health care that you want to try and limit the use of restraints. You want to use it only when necessary and only the least amount of restraint possible, and usually that's done in consultation with the family, with the care team, so it's not a decision that's made in isolation of the general care plan.

Mr. Gerrard: So just to–the standard here is to have the least amount of restraint possible and the fact that they weren't meeting the standard, you think was due to the documentation, it was not due to the fact that some personal care homes were using too much restraint.

Mr. Sussman: Yeah, I–well, yeah, I think it does–it's our measure–and, clearly, I think we've improved that. I think our measure was that they didn't document enough of why the restraint was used, and so our–it really did hamper our ability to determine whether too much or too little was used.

Mr. Gerrard: Okay, now, one of the other areas was pharmacy. And as of the end of December 2008, more than half of the homes didn't meet the standards. And so I would ask one of the major issues of people who are seniors is concerns of overuse of medications.

Now, were–in this case, was the standard not being met because too little or too much medication was being used?

Mr. Sussman: I don't have the specific information. I–we can get that for you. Again, I think in this last round over–close to 87 percent of the personal care homes did meet the standards, and I am aware that there are significant initiatives in place in most of the regions to look at how they can improve the pharmacy programs within personal care homes. I know that there are programs now with nurse practitioners involved in personal care homes looking at prescribing, and so there is a lot of work going on, on the whole issue of prescribing within personal care homes.

Mr. Gerrard: Now, in terms of whether a lot of the problem, in terms of meeting standards, was whether the medication was inappropriate or whether the charting and the recording was not done well enough. Can you help me?

Mr. Sussman: So, the measures that we use in looking at the pharmacy standards are–is that there is a current contract with a licensed pharmacist that defines the scope of the service and makes sure that they can provide emergency and after-hours services, that the pharmacist conducts medication and treatment reviews on a quarterly basis with an interdisciplinary team of pharmacists–a nurse, a physician and other members that are as required–and that this is documented in the–in their patient record.

Mr. Chairperson: Mr. Dewar? Oh, have you got another question mister–Dr. Gerrard?

Mr. Gerrard: Yes. Okay. Now, one of the sort of bad outcomes of–for people, patients or people who are living in personal care homes, are falls. Have–is there any evidence that, you know, putting in place the standards has decreased the number of falls?

Mr. Chairperson: Mr. Sussman, go ahead.

Mr. Sussman: Oh, I–sorry. I don't think we have the data that would–could make that link yet, or we haven't–I don't think the evidence exists at present.

Mr. Gerrard: Now, is–I mean, is one of the objectives to be able to decrease outcomes like decreasing falls?

Mr. Sussman: Yes, and there are initiatives within every region to look at fall prevention programs within personal care homes.

Mr. Gerrard: Now, there was a lot of concern in the report about the funding model and it not being fair or equivalent across. It was quite variable and it wasn't based on the existing sort of knowledge of what's happening. Has that funding model been updated now?

Mr. Sussman: So the auditor in the report identified that our now funding to 3.6 hours has addressed some of that. It's still not all the way. We are still working with regional health authorities on trying to address some of those issues.

Our funding to regional health authorities is generally on a global basis and then we work with them on how they would allocate their funding to prove–to part of their funding to personal care homes. And so we are working with them on that

funding model and–but we–it's still a work in progress.

Mr. Gerrard: Yes, so, the funding model is still a work in progress in how you're going to apply it around the province?

Mr. Sussman: The 3.6 hours is a standard across the province of how we are funding regional health authorities on that basis. It–primarily, the issue, it's an issue of–there's a–still a historical diversity, certainly within Winnipeg, that the regional health authority is trying to address and we're working with them on trying to do that.

***** (20:30)

Mr. Gerrard: Yes, now, in the report it refers to the fact that there were 9,832 personal care home beds in March of 2008.

Have there been new beds put in place since then, you know, or is the number still the same?

Mr. Sussman: The Neepawa Personal Care Home would have come on since then.

Mr. Gerrard: How many beds would have–

Mr. Sussman: We'll get back to you with the net new.

Mr. Gerrard: Can you tell me, in terms of the planning, one of the things that you would need to know is the average length of the time that somebody stays in a personal care home? Do you have a figure for that?

Mr. Sussman: I don't have that in front. We do have those numbers, though, so I can get you those of what the length of–the average length of stay in a personal care home is. We can get you that.

Mr. Gerrard: The Aging in Place strategy is to have people age in place either in their home or in nearbys as they advance. Is that correct?

Floor Comment: Yes.

Mr. Chairperson: Mr. Sussman.

Mr. Sussman: Yes. It's sometimes misunderstood that we want people to stay in their home or their original home when, in fact, it may also mean that they move into assisted living or other kinds of environments that are still what they would consider their home but aren't really an institution base.

Mr. Gerrard: You know, I mean, one–as I travel around the province–one of the most frequent complaints I hear is that people are having to move away from their home community.

Can you tell me what's being done to address that?

Mr. Sussman: Sorry. I think it's a range of options that we're trying to do. We are trying to enhance, as I mentioned earlier, the supports to people so that they can stay in their community and stay in their home, and it is looking at the demand for other kinds of beds–supported housing, those supports to group living, those kind of initiatives. It's trying to provide a range of supports. It may not be possible to have a personal care home in every community, but that is something we're going to have to assess as our strategy evolves.

Mr. Gerrard: Just to be clear, if you have a community which doesn't have a personal care home, what do you tell them that they should be doing?

Mr. Sussman: Well, I think we try and look at what are the supports that the person needs and what are the requirements and are there things that we can put in place that would support them remaining in their community. And if it's not possible, is there a facility that's as close as we can find.

Mr. Gerrard: You know, I think you answered this, but let me ask it and make sure that I've got the understanding. The–there was a concern about an updated comprehensive capital plan. I think you said that there is not now or yet an updated comprehensive capital plan which identifies all the place–you know, all– what the needs are and sets priorities. Is that right?

Mr. Sussman: So let me clarify my original comment. It's–we–and I think I did indicate this: Regional health authorities do include capital plans related to personal care homes relating to the needs of different types of beds for seniors, and so there's been an ongoing plan, you know, since. We've added 430 new PCH beds in the last 10 or 11 years. So there has been–it hasn't been that this hasn't–that we've stopped planning.

What I was alluding to was we've taken the information from regional health plans that come in on a regular basis, we're taking the information that the Manitoba centre is providing us and looking forward as a longer term strategy on what kinds of beds and where should we have–what kind of personal care home beds, what kind of alternative beds should we have longer term, and where should they be located within Manitoba?

Mr. Gerrard: In–certain of the communities without personal care homes are First Nations communities, and what is the process, right, for planning for seniors in First Nations communities, and what's the role of provincial government, the RHA, the federal government, the community itself?

Mr. Sussman: We have done a lot of work with Aboriginal communities and with many First Nations. We now have licensed six personal care homes on reserve within Manitoba and are in discussions on others, and we have worked with the First Nation community. The new personal care home in south Winnipeg is actually an Aboriginal personal care home. So that is in development.

There is still an awful lot of work, and we have initiated discussions between the federal government, First Nations, and Manitoba on looking at the needs of seniors on reserve and off reserve.

Mr. Gerrard: What's the long-run approach going to be in terms of personal care homes in First Nations communities, whether they will fall under these same standards or have separate standards?

Mr. Sussman: They would be–the ones that we would license would have the same standards.

Mr. Chairperson: Mr. Dewar. *[interjection]* Oh, I'm sorry. Have you got another question, Dr. Gerrard? Please indicate that to me. Yes, go ahead. Do you have another question?

Mr. Gerrard: No. No, I'm finished. Thank you.

Mr. Chairperson: Okay, thank you very much.

Mr. Gregory Dewar (Selkirk): Mr. Chair, I have a question that relates to the individuals waiting for beds and where they live. If you look at the chart provided by the auditor, it seems if you live in northern Manitoba–Burntwood, two people are waiting; Churchill, one; other areas, Assiniboine, 200; Interlake, where I live, 113. Is there any reason why some of the waiting lists are so long in some areas and so short in others?

Mr. Sussman: I think it will depend on different population needs in the community. And I know–and in some cases, though, it–there are situations where people on our wait list, they may be offered a personal care home, it may not be the personal care home of their choice so they will remain on the wait list waiting for the personal care home of their choice.

Mr. Dewar: I think you would agree that it is the–when you look at the numbers that there–the vast majority of individuals who are waiting for placement live in rural Manitoba. I guess my question to the minister–or to the deputy minister would be, is it a priority of the department to address this urgent need in rural Manitoba?

***** (20:40)

Mr. Sussman: Yes, very much so, and as I said I think the regional health authorities have been identifying needs in rural Manitoba and those are under active consideration.

Mr. Borotsik: Just two very quick follow-up questions and I have to–and my colleague from Carman has asked that I ask the question.

So, just what is the Manitoba centre? We keep talking about the Manitoba centre and it's going to give you all of this data and all of this planning for the future. What is the Manitoba centre?

Mr. Sussman: The Manitoba Centre for Health Policy is a research entity within the University of Manitoba. They–we–the centre has a contract with Manitoba Health for five deliverables that–for five studies that they would do each year based on, I guess, requirements from the department. Then we'd develop those requests or those–in consultation with the regional health authorities, with the university and with the Manitoba centre, looking at what–their expertise. Their speciality is really in analyzing the administrative data that Manitoba has.

Manitoba is one of the few provinces that has a longitudinal amount of administrative information that is actually the envy of most of Canada, the kind of information that we can glean. The centre has access to all of that information and it's based on the information of what we pay physicians, what we pay hospitals. There was a lot of foresight in actually collecting all of that information, probably 30, 40 years ago, and it's served us in very good stead.

Mr. Borotsik: You said they have five specific studies that they perform on an annual basis. One of them obviously is going to identify the need for personal care homes. Do you have any–just out of my own curiousity, what would the other four studies that have been identified this year?

Mr. Sussman: I can get you the other four. I don't have them off the top of my head. And this current round were established before I came back to the–so I can get you the list.

Mr. Borotsik: I would appreciate that. Last question. Last question, I promise.

Somewhere in this report I saw that there was a standard of 3.6 hours of staffing per resident. Is that the current number?

Mr. Sussman: Yes.

Mr. Borotsik: Okay. Well, no, I just–to follow up to that.

One of the complaints that I hear on a fairly regular basis, is–Mr. Gerrard had indicated he's received complaints. Some of the complaints I receive is that there just isn't sufficient staffing in the personal–in the PCHs. They have the ability to have that number, the 3.6 hours. They just don't have–in reality, they just can't access the bodies in order to provide that service.

If you have 3.6 identified per resident, yet you can't have 3.6 in actual fact, does that mean you're not meeting the standards then?

Mr. Sussman: No, I think there are challenges that the health-care system has in recruiting and staffing. I think we've done–I think the fact that we enhanced those number of staff hours–and I think have done an excellent job at trying to bring in more health-care professionals to work in Manitoba. I think there are still challenges. There are challenges in every jurisdiction in the country as far as staffing of–in health care. It's one that we continue to work on but I think we've made significant progress on.

Mrs. Stefanson: How many interim personal health–personal care home beds are there in Manitoba?

Mr. Sussman: Hundred and fifty at the Misericordia Health Centre.

Mrs. Stefanson: So all of the interim care beds are–personal care home beds are at the Misericordia hospital? There's no other ones in the city?

Mr. Sussman: No, there were some at Deer Lodge Centre and they've been converted for the PRIME program.

Mrs. Stefanson: So if there's 150, why would only 124 be there and why are there still some people in the hospital? Like, why would it–why would they not be moved from hospital beds over?

Mr. Sussman: Where–the 124?

An Honourable Member: Oh, there's–it's in the, excuse me, sorry. It's in the Auditor's report, that there were 124 people. Now, maybe that number is out of date. So is it now 150 people? Is it full?

Mr. Sussman: Yeah, the interim beds are pretty much at capacity. There's always a turnover in interim beds as people can now–can move to their home of choice or to another personal care home. So there may be a discrepancy in a few, but the occupancy is generally completely full.

Mrs. Stefanson: Okay. Because–have there been more beds put in then, in the interim personal care facility?

Mr. Sussman: I think there were some that were closed for a period of time and upgraded, in Misericordia, as some physical upgrades took place, but we didn't open–I don't think we opened any new interim beds.

Mrs. Stefanson: So is it the policy of the department to ensure that people are moved from hospital beds over to personal care–the interim care facility if there's availability there?

Mr. Sussman: Yes, the goal is to try and move people out of hospital and into a personal care home bed, and it would be–if there's an interim care bed, it would be to that. If there were beds in any personal care home, we try and offer any available bed and then people can move to their home of choice once a bed in that home becomes available.

Mrs. Stefanson: What sort of standards do the interim personal care home facility run under? Is it the personal care home standards and the five standards that they have to fall under or is it hospital standards?

Mr. Sussman: Currently, it's still hospital standards, but we have taken the recommendation at–of the Auditor General and are working with WRHA and Misericordia to look at how we can implement the standards within the personal–within the interim beds at Misericordia. And our goal is that we would have that as–in the next round of standard visits within Winnipeg. We would have it in place for that.

Mrs. Stefanson: So it is the intention of the department to move over to the standards of the personal care home standards within the interim personal care home facilities then. Is that correct?

Mr. Sussman: Yes.

Mr. Chairperson: Mr. Sussman, I have a question.

Currently, there are over 700 people on waiting lists in rural Manitoba out of 1,300. In my own

community, the Assiniboine health region, my doctor told me, just last week, that there are over 37 people waiting in a small community for personal care placement. Can you tell me why there is such an imbalance in the number of personal care homes or beds available for rural residents as compared to urban residents?

***** (20:50)

Mr. Sussman: So, I think we work with the RHAs and they develop their plans for personal care homes and for other types of beds, and I think it–ultimately, there are more options that can be developed in an urban environment–in a larger urban environment, but, clearly, we have recognized that we need to address the needs outside of Winnipeg, particularly that there are growing needs and we have to take those needs seriously and plan for it–to address them.

Mr. Chairperson: Mr. Sussman, you indicated that in the city of Winnipeg, WRHA, the wait list to get into a personal care home is two and a half months. And I hate to personalize this, but I can tell you that my own mother waited a year and two months and died in hospital waiting for placement in a personal care home. I can also tell you that that's probably true in many of the circumstances that I run into on an annual basis in the Assiniboine health region.

Has the Assiniboine health region made it a priority to establish personal care homes so that the wait lists can be more acceptable and closer to the norm that we see in the WRHA, for example?

Go ahead, Mr. Sussman.

Mr. Sussman: So I–yes, I think the quick answer is that it is a priority for them. I think Assiniboine is a unique region in compared to other regions in that they have significantly more acute care facilities than any–than other regions, and that we are working with them on what the appropriate capital plan is. But they've clearly identified the need for more personal care home beds and we are working with them on developing that plan.

Mr. Chairperson: Thank you, very much.

Before we conclude this evening–oh, I'm sorry, Madam Minister.

Ms. Oswald: I just wanted to take an opportunity, with your indulgence, to thank the Auditor, as the deputy did. We really do welcome this assessment, particularly because the implementation of these standards is relatively new. Nobody likes to get a report saying you're not there yet, but it is the way that you get better and so we really do welcome that.

I also want to thank the committee. I think this has been a very, very good discussion just about the complexion of needs for the kind of care that we have in personal care home standards or personal care homes and the standards.

You know, I just returned last week from the provincial-territorial Health ministers meeting and among other things, of course, this was on the agenda formally and informally–long-term care. And there's still, in my view, is a movement afoot across the nation to talk about the debedding of our systems.

You know, people–analysts–no offence to bureaucrats–analysts in our own province and across the nation have said that we need to work to decrease the number of long-term care beds that we have. People in our own Legislature have called for the debedding of our system. But what I hear around this table tonight is quite the contrary and that we want to have options for our moms and our dads and our grandparents. And that while in a perfect world in maybe some metric somewhere, there is a great way to save a lot of money in the health-care system by not having so many personal care home beds, that's not what our families need. And I think that the discussion at this table has been abundantly clear that there is a time for an evolution of care, but the time to debed a system is not now and slap a label of innovation on it and save some money. The time is to make sure that we have the right bed for the right people at the right time.

And, you know, I felt like a bit of a lone voice at that FPT table, if I may, but there would have been a choir if all of you had been here. And so I quite sincerely thank this committee, because I think it's a really important discussion to have for the people we love the most.

Thank you, Mr. Chair.

Mr. Chairperson: Well, I'd like to thank the minister and the deputy minister for a very good discussion this evening. However, there were a number of questions that were asked that answers could not be provided for or the information was not at hand for those questions. And I would, as Chair of this committee, I would ask the department to perhaps review the *Hansard* of this evening and to come back to this committee through a written response, if you like, to those questions that were

asked of the department where perhaps you didn't have the information at hand to be able to provide it this evening. That'll help our committee to be able to, you know, put closure to the report so that then we could move on.

And although the report may be passed this evening, it still means that that information is outstanding and we may still desire it. Now, it's up to the committee whether or not the report will be passed, but I would ask the deputy minister if he would engage his staff within the next period of time–I don't want to put a finite date on this, but I think, you know, we do want it in a reasonable amount of time–to provide those answers that perhaps were not available this evening.

Mr. Sussman: I will commit to provide it to you within a timely fashion. I'll commit the department to providing you that information.

Mr. Chairperson: And I thank you so much for that.

Is the committee agreed that we have completed consideration of Chapter 2: Personal Care Home Program of the Auditor General's Report–Audits of Government Operations–November 2009?

Some Honourable Members: Agreed.

Some Honourable Members: No.

Mr. Chairperson: No?

An Honourable Member: No.

Mr. Chairperson: What is the will of the committee?

An Honourable Member: Committee rise.

Mr. Chairperson: There's no will to pass this report at this time, so the hour being 9 o'clock, what is the will of the committee?

An Honourable Member: Committee rise.

Mr. Chairperson: Committee rise. Thank you very much.

COMMITTEE ROSE AT: *9 p.m.*

The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

http://www.gov.mb.ca/legislature/hansard/index.html