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| Alberta | 18e  | 3e  | Remarques préliminaires à l'étude des crédits | 14 avril 1977 | M. Gordon T. Miniely | Ministre des Hôpitaux et de l'Assurance maladie | PC |

**Mr. Miniely:** Mr. Chairman, on the specific the hon. Member for Little Bow raises, I can only say the matter of psychiatric services attached to hospitals is one which my colleague the Minister of Social Services and Community Health, and planners in my portfolio, are examining. We have not made decisions in this area, other than the ones currently constructed. The specific request from Lethbridge will have to be put in the context of broader and longer term decisions relative to the development of psychiatric units and psychiatric services in conjunction with general hospitals. That decision has not yet been made.

Mr. Chairman, my study of the matter and my discussions with the Minister of Social Services and Community Health are that historically and generally the philosophy of decentralization, or the philosophy of the Blair report, was supported by both the government of the day in 1971 and the opposition. The specifics and details in the Blair report are still under assessment. Considerable action has been undertaken by this government since election in 1971 and, actually, implementation of a great deal has been undertaken. We are now in the process of jointly assessing, with the Minister of Social Services and Community Health, where we are in implementing the policy. Ultimately the further construction of psychiatric units will be part of that decision, when it is made.

Mr. Chairman, I think the comment of the hon. Member for Little Bow about 10 years is rather facetious. I think more has been done in the last four to five years in the field of mental health by this government than was done in the previous 20 by the former government.

The fact [is] that at some point an assessment of where we are and the longer term direction should be jointly done by the Minister of Social Services and Community Health, who has the primary responsibility for mental health policy generally. The further extension in the general hospital system, if that decision is made, is one I've said, for the third time now, I cannot be more definitive about until we do an assessment and make decisions relative to further development within the general hospital system.

Well, Mr. Chairman, I think the hon. Member for Little Bow has expressed his own views. I've indicated the matter he specifically raises is under assessment. When a decision is made, it will be communicated. I've worked very closely with the hon. member who represents the community of Taber, and I think he's working closely with me. We will arrive at a decision with respect to the development of the nursing home at Taber. When we've made that decision, it will be communicated. So [for] both those matters: when the decisions are made and defined, they will be communicated.

Mr. Chairman, I'm just going to say once more that the hon. Member for Little Bow knows very well that by its very nature the planning process with respect to any hospital or health care facilities in a local community has to be very thorough and very carefully considered. It takes a considerable amount of time.

With respect to Lethbridge specifically, part of the factor which exists there is the fact that the two hospital authorities in Lethbridge have not been able to come to agreement as to what services should be based at which of those hospitals. Along with the MLAs for Lethbridge, I have met with the two boards and tried to indicate [they should] try to pull together, work together to decide which services each hospital would provide for the citizens of Lethbridge and the surrounding community. Part of the delay has been the failure of the two hospital authorities in Lethbridge to arrive at an agreement on long-term planning.

Again, Mr. Chairman, with respect to every plan - and I'm sure the hon. Member for Little Bow knows this very well - the degree and extent of program is something that when the province of Alberta is paying 100 per cent of the capital cost and 100 per cent of the program's annual operating cost, it's a matter of trying to arrive, in consultation with the local community, at the extent and degree of programs and services that should be provided, whether it's nursing home services, auxiliary hospital services, or general hospital services.

Alberta is growing and going through a period of rapid expansion. It's not unnatural for a community's expectations of growth to be overstated, to be overly optimistic. So in this process we have to be careful that we build facilities that will meet the needs of the community now and in the future, but that are realistic and not overbuilt, that some place down the road, by making decisions too fast, we've ended up with some overbuilt facilities in this province at a time when the challenge is to control and manage in a very careful way the public dollars that can be devoted to the construction of capital facilities and health care programs. I think that's the province wide challenge we're in right now.

Mr. Chairman, I am sorry the hon. Member for Little Bow was not in subcommittee. If he had chatted with the Leader of the Opposition he would have found I gave a full report to the subcommittee on the extent of auxiliary hospital, nursing home, and general hospital construction. In spite of that, we have the most active actual construction we've ever had in the province in the hospital/ nursing home area, and the greatest number of annual construction dollars being devoted. But the fact it is a great amount means we have to make sure we get value for the dollars put into the construction of facilities - the capital dollars and ultimately the operating dollars.

What I would do is table the contract for the hon. leader. During the course of the estimates in subcommittee I indicated I would be prepared to table the consulting contracts I have with different individuals advising and working with me and my officials in the development of policy in the portfolio. As far as the resume is concerned, tomorrow I would table the resume of any of the consultants the hon. leader may wish me to.

Mr. Chairman, could the hon. leader repeat the question please?

Mr. Chairman, I had indicated during the course of examination of estimates in subcommittee that I was comparing the rise in construction costs with other provinces in Canada. That's a study which my officials are gathering on a province-wide basis. It won't be completed for some time yet. When it is completed, I'll be in a position to advise the House of the results of the study.

While I'm on my feet I should indicate to the hon. leader that I can have the resume of consultants which he requested within a matter of two minutes, if there are any other questions he wanted to pursue while the resume is coming down.

I've indicated I am assessing at the present time the degree of impact on hospital construction costs that arises from the generally buoyant economy in Alberta and the high level of construction going on, as well as the factors of improved building standards and regulations for building standards within the province. Basically my hope is to try to define the various factors that have given rise to the substantial increase in hospital construction costs. But until the report is finalized and provided to me, I'm not in a position to indicate the degree of impact that each factor may have on hospital construction costs.

Yes, that's over some period of time, either two or three years. The current costs are coming in at approximately $80 or slightly in excess of $80 on average. I would point out that that is on average. Some are higher, but generally speaking even the smaller or less costly facilities are now coming in at an estimated cost of $80 or upwards per square foot.

Mr. Chairman, I have to respond to the hon. leader's comments with respect to Vote 1. I have indicated that the resume of Mr. Willis, the consultant he refers to, will be down from my office in a matter of a minute or two.

I want to make this point with respect to the retention of consultants directly accountable to the minister and working directly with me and with officials in the development of policy. In the Hospitals and Medical Care portfolio, which, is approaching $700 million, I think that if I can obtain talented and quality people to work with me to develop and improve policy directions for this province, I am prepared to defend every consultant provided for in the vote of the minister's office. I would ask that if the hon. leader has any questions about the quality that's been provided to me when the resume comes to him, he should raise those questions. But to stand as the hon. leader [has] and raise questions about an individual - he'd better not leave it as a general question; he'd better be pretty specific. As I say, when the resume is here the hon. leader can check it.

Also, if he wants, he would be more on the issue if he stood as the hon. leader in this House and challenged any of the policy directions that have developed in Hospitals and Medical Care or any other portfolio in this government, or for that matter the policy directions I will bring before this Legislature in due course. But simply to sit there with two commissions, which he knows were there, which were basically created as a result of Social Credit philosophy, which I've indicated have been under organizational assessment since I've been in the portfolio. . .

…and which in due course I will be making organizational proposals on, as I indicated in the estimates subcommittee: I think the hon. Leader should be definitive on both counts. If he is not prepared to be definitive on both counts, he should address himself to the issues and forget the innuendoes.

Well, Mr. Chairman, I'll respond. I think there are about two or three points. First, I think that whether or not the hon. Leader of the Opposition wishes to accept it - and if he simply wants to be negative, that's his position - I've indicated two or three times in this Legislature that we would be going through a period of restraint, that the pattern of restraint in government expenditure would have to be successful in the field of hospitals in particular if we were to be successful in dampening the level of increase in government expenditure in any given year. I've indicated in this House two or three times that during the period of applying restraint, I would be travelling throughout the province meeting with boards and people, trying to define longer term policy, also working with my colleague the Minister of Social Services and Community Health in the development of longer term policy in the health care field.

Mr. Chairman, I make no apology for the fact I recently met with all the metropolitan hospital boards, which represent 50 to 60 per cent of the public dollar devoted to the hospital and nursing home system in Alberta. If the hon. leader wishes to check with the hospital community and with the citizens in the community, he will find that in the last two years we have gone through probably the most outstanding period of communication and cooperation of the hospital community with government objectives, in a period that is acknowledged and that I've acknowledged has been difficult. I think the hospital community in this province during the past two years has responded in a splendid and outstanding way in co-operating with government policy.

I would say to the hon. leader, and he can check this fact if he wishes, that he should visit the province of Ontario. He will find that [in] the approach taken in this province, compared to the approach taken in the province of Ontario, we can say the pattern of restraint in increase and expenditure in the hospital system has been a success. It's been a success, we've been able to adhere to it, and the reports from the hospital community are that we've maintained the general level of quality and service in the program. Now the hon. leader doesn't have to acknowledge that as an accomplishment, but I think that's an accomplishment by the hospital community in this province working with their government. I make no bones about that.

The second fact is - and I'll check the minutes, Mr. Chairman - I believe I said I was prepared to table all information with respect to any consultants retained directly by me as the minister. I indicated not that I would either table it during the course of the estimates coming before the Legislature. The hon. leader knows very well he's free to put a motion for a return on the Order Paper; I haven't seen one. The fact is: I said I was prepared to do this. The hon. leader could have initiated the action. I initiated having it here tonight. So that's a red herring the hon. leader has thrown in, because I did not indicate when I would table it. I indicated I would be prepared to table it, and was prepared to stand behind them and the contributions every one of them has made to the development of policy, both in the short term and the long term, in the hospital and medical care field within this province.

On the third matter - for the record, Mr. Chairman, since the hon. leader has raised it - I would just like to read off some of the biographical resume of Mr. Jackson M. Willis, who I think has contributed a great deal to what we're trying to do in Alberta. First of all, he has a Bachelor of Arts Degree from United College, Manitoba, currently the University of Winnipeg; a Bachelor of Social Work Degree, University of Manitoba, 1950; a Master's Degree in psychiatric social work from McGill University, Montreal, 1951.

Employed by the Manitoba Department of Public Health and Welfare, 1951to 1953, as a case worker, as district supervisor, as consultant on professional services. Hennipen County court services, Minneapolis: probation officer, head of domestic relations division in charge of research, establishment of domestic relations service. Executive assistant to the director of child welfare in Ontario, 1957 to 1958. Temporary appointment as associate director of the research centre on crime and delinquency at the University of Minnesota, 1963. Chief of services, Family Service Association of Edmonton, 1958 to 1970. Private consulting practice, 1958 to 1970.

Teaching appointments: instructor, Department of Preventive Medicine, University of Alberta, 1959 to 1967; appointments as instructor and lecturer in social work, psychiatric nursing. Mr. Chairman, on and on and on, the contributions in the health and social service field this gentleman has made. If the hon. leader wants to question the contribution of the individual, he should stand up and do so. But I think it's outstanding.

Mr. Chairman, frequently the hospital community and, frankly, the health professional committee have commented to me that the process of consultation - we've gone through a period of six or seven seminars during the same period of applying restraint in terms of the annual expenditure increase in the hospital system. We've met with a wide group of people. I think we've sent out over 200 questionnaires raising longer term policy questions. Most of these things have been known publicly and, if he reads, I'm sure the hon. leader knows that the process I've been going through in an intensive way for the first two years in the portfolio was to address ourselves to the immediate problem being, as I indicated earlier, to work in a co-operative way with the hospital community to try to reduce the escalation of cost we had experienced for some years prior to 1975, and in particular in 1976.

As I indicated, during that period I have met with over 70 per cent of the hospital and nursing home boards in the province. I've held six or seven policy development seminars. We're in the process of gathering all this material, defining longer term policy directions, and working, as I said earlier, on a joint planning basis with the Department of Social Services and Community Health. When that process is completed, I hope to be able to provide to this House longer term policy directions in the hospital and medical care field. I'm working with my colleague in the general health care field.

Now, Mr. Chairman, I would also like to indicate and I believe the hon. leader and every member of this Legislature knows - that the field of health care is both a complex and very challenging area. I don't underrate the complexity. In the first speech I made when I assumed this portfolio, I indicated I felt the health care field was a very complex area, that the involvement of Albertans on a wide basis would be necessary to try to develop consensus on the directions in which we should be going in the longer term. That's the process I've been trying to carry out. Mr. Chairman, I want to repeat again that I have kept very close contact with the health professions, the Alberta Hospital Association, and the nursing home groups. They have indicated to me that they appreciate the consultation process during the past two years. They have all made contributions to the development of longer term policy to try to arrive at consensus on future directions. It won't work unless we work and pull together.

I'm convinced that communication with health care leaders throughout this province, working with our government, is what will be necessary to achieve the application of the dollars we can apply to quality care in the longer term within citizen priorities. When this is defined, and I hope we will be in a position to do so before long, the hon. leader as well as all members of this Legislature will have more defined longer term policy directions. In taking the time to do it well and properly, Mr. Chairman - I think it's been said frequently that history and development of something sound in the longer term is more important than the immediate short-term decision that may prejudice what's desirable in the longer term. That's the approach I've been trying to take.

Mr. Chairman, when the decision is made there will be a definite announcement on it. That decision is not made yet. It's no different than I indicated in subcommittee. As with anything else raised in the House during question period or otherwise, when the decision is made it will be communicated.

As far as the comment the hon. leader makes with respect to the hospital boards not knowing, I think that during this process the hospital community has been well aware of the assessment period I've been going through, both organizationally, administratively and, in broad terms, in the hospital and nursing home system throughout Alberta. I've kept in close contact with the Alberta Hospital Association on everything we're doing. They're well aware of the areas we're assessing.

As far as the relationships are concerned, whether it's a commission or whether the decision is made to departmentalize, the hon. leader knows very well, or it would be my intention as minister to relate directly with hospital boards as well as having my senior officials, under either structure, work and relate directly with hospital boards and with administration. That's not an issue, Mr. Chairman, as far as I'm concerned.

Mr. Chairman, I have been assessing a lot of broad policy questions with the hospital community, with the different health professions, and with consultants, as we've been talking about earlier tonight. One of those questions has been: in the longer term, what will be the most sound overall administrative and organizational structure to ensure the very large allocation of public dollars in the largest expenditure area - if the hon. Member for Little Bow looks at the estimates, he'll find that Hospitals and Medical Care has the single largest devotion of public dollars of any department or portfolio in the government.

I think it's incumbent upon me and upon us in the Legislature to assess the questions in the longer term. With that substantial allocation of public dollars, what is the most sound administrative and organizational pattern for the portfolio of Hospitals and Medical Care? There are alternatives. I indicated the commission structure was started by the former government. But as I said earlier, I've indicated to the hospital community, and it's been no secret, that I have had a variety of administrative and organizational patterns under assessment, as well as some other major policy questions. As yet we have not made a decision. I hope it will not be long before a decision is made. When the decision is made as to whether it will go to line departmental structure or whether the commissions will be retained, that decision will be communicated. I can't communicate a decision that has not yet been made, Mr. Chairman. I hope to be in a position to before long.

Mr. Chairman, I would hope the hon. Member for Little Bow is not suggesting that in my role as Minister of Hospitals and Medical Care it isn't important for me to exercise leadership in communicating and working directly with hospital boards throughout this province. If that's what he's suggesting, I think that would not be leadership at all. As a matter of fact, when the challenges are as great as they are today, and in the longer term, to ensure that public dollars are allocated to citizen priorities in such a large area, I think it's critical that elected government relate directly with people who have public responsibility for the operation of hospitals and nursing homes in this province.

That may not have been the kind of philosophy which existed seven or eight years ago. But if the import of the question of the hon. Member for Little Bow is: do I believe that an area of close to $700 million in public expenditure should be accountable to a minister and to this Legislature, and through this Legislature to the citizens of Alberta, you bet I do, Mr. Chairman. You bet I do.

Mr. Chairman, I have Dr. Bradley, Dr. MacLeod, Mr. George Beck, Mr. Brandell, and one of our persons who is on a consulting contract, working with us in a team way to try to address ourselves to the challenges I've delineated this evening and at other times in this Legislature.

The hon. Member for Little Bow chose to use the word "subservience". That's nonsense. We work in a team way to try to come up with policy decisions that are going to be in the best interests of the citizens of this province. To say that elected level of government doesn't have responsibility for policy development. and that somehow this Legislature, through a minister and government caucus, shouldn't take primary responsibility for the development of policy, and places very loyal and hard-working senior administrative civil servants in a subservient role, is his statement, not mine.

Mr. Chairman, I'll take the last point first. It 'has been historical that until the salary settlements - nursing home settlements in particular were known, an adjustment in the provincial contribution on a per patient day basis has not been included in the estimates. As I indicated to the Legislature last year, the historical adjustment in the nursing home system would be something we would have to finance by special warrant when we know the level of salary settlements.

I've been working on the nursing home finance policy for some time. My main concern has been that in Alberta we've developed an historical difficulty with the blanket rate to every operator, particularly because of the fact that the capital cost per patient of building a nursing home today is substantially higher than it was 10, 11, and 12 years ago, yet [for] the nursing home operator who is operating a much higher cost facility in 1977, the historical system would provide the same per patient day rate as a nursing home built 8 and 10 years ago. So I've been looking at a more flexible nursing home rate. Of late, I've had the tremendous assistance of the MLA for Sedgewick-Coronation, who has been sitting on the Hospital Services Commission for the past two years. We developed a proposal and sat down with the Alberta Hospital Association nursing home committee. They had some concerns about the proposal at that time, so we agreed we would work with them to see if we could come up with a mutual and more flexible and equitable nursing home finance plan that would be satisfactory to the Alberta Hospital Association nursing home committee and the province. Because of the complexity, it has taken more time than I would have hoped.

I indicated in subcommittee, and I want to say in the House, Mr. Chairman, that there's no question in my mind that high priority must be placed on the construction of nursing home beds and auxiliary hospital beds. The construction of a greater number of longer term care beds will ultimately allow us to reduce our acute care beds to the national standard of four beds per thousand. We in Alberta, along with Saskatchewan, now [have] the highest number of acute care beds of any province.

The hon. Member for Sedgewick-Coronation and I will be meeting very shortly and we will have a final meeting with the Alberta Hospital Association nursing home committee. I hope to have a new nursing home finance policy then, that I will propose to my cabinet colleagues and be in a position to communicate to this Legislature and to the citizens of Alberta.

I've indicated in subcommittee, Mr. Chairman - the hon. leader was there - that we would look at each deficit on an individual basis. If the deficit was a result of approved cost, or basically uncontrollable, it would be part of the new nursing home finance policy. That's a question I want to communicate as part of the new nursing home finance policy, and bring the immediate problem into the broader context of the longer term financing of nursing homes in the province.

But basically, if any hospital or nursing home operation in Alberta has gone into a deficit position as a result of sheer inefficiency or an unapproved level of spending, I don't think anyone in this Legislature would endorse a policy which would encourage picking up that kind of deficit. Then, Mr. Chairman, that question has to be related to the reassessment of local requisition or local picking up of the deficit, certainly where the overspending is simply a result of inefficiency or that kind of factor.

Mr. Chairman, the hon. leader didn't express any alternative I didn't give in my answer. I don't know what more I can say. I indicated the fact that the deficits are being looked at on an individual basis, that the whole question of deficits with respect to nursing homes is being considered as part of the development of a new nursing home finance policy, and part of the decision will be related to picking up deficits where those are justifiable. I indicated that for deficits as a result of overspending or inefficiency or wastage that could not be justified, we would have to consider the alternative of reassessing and possibly legislating for nursing home boards, or for that matter any other boards that operate on deficit as a result of sheer inefficiency. In that event the board should be clearly accountable to its local taxpayers.