P-25

ISSN 1180-4327

Legislative Assembly
of Ontario

First Session, 39th Parliament

Assemblée législative
de l'Ontario

Première session, 39e législature

Official Report of Debates (Hansard)

Wednesday 4 November 2009

Journal des débats (Hansard)

Mercredi 4 novembre 2009

Standing Committee on Public Accounts

Special Report,
Auditor General

Comité permanent des comptes publics

Rapport spécial
Vérificateur général

Chair: Norman W. Sterling
Clerk: Katch Koch

Président : Norman W. Sterling
Greffier : Katch Koch

Hansard on the Internet

Hansard and other documents of the Legislative Assembly can be on your personal computer within hours after each sitting. The address is:

Le Journal des débats sur Internet

L'adresse pour faire paraître sur votre ordinateur personnel le Journal et d'autres documents de l'Assemblée législative en quelques heures seulement après la séance est :

http://www.ontla.on.ca/

Index inquiries

Reference to a cumulative index of previous issues may be obtained by calling the Hansard Reporting Service indexing staff at 416-325-7410 or 325-3708.

Renseignements sur l'index

Adressez vos questions portant sur des numéros précédents du Journal des débats au personnel de l'index, qui vous fourniront des références aux pages dans l'index cumulatif, en composant le 416-325-7410 ou le 325-3708.

Hansard Reporting and Interpretation Services
Room 500, West Wing, Legislative Building
111 Wellesley Street West, Queen's Park
Toronto ON M7A 1A2
Telephone 416-325-7400; fax 416-325-7430
Published by the Legislative Assembly of Ontario

Service du Journal des débats et d'interprétation
Salle 500, aile ouest, Édifice du Parlement
111, rue Wellesley ouest, Queen's Park
Toronto ON M7A 1A2
Téléphone, 416-325-7400; télécopieur, 416-325-7430
Publié par l'Assemblée législative de l'Ontario

LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON PUBLIC ACCOUNTS

Wednesday 4 November 2009

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES COMPTES PUBLICS

Mercredi 4 novembre 2009

The committee met at 1231 in committee room 1, following a closed session.

SUBCOMMITTEE REPORT

The Vice-Chair (Mr. Ted Arnott): I'm going to call the committee to order and get started.

The first item on our agenda is to deal with the subcommittee report. I would entertain a motion with respect to that. Ms. Sandals.

Mrs. Liz Sandals: I move acceptance of the subcommittee report, which reads as follows:

Your subcommittee on committee business met on Wednesday, October 28, 2009, to consider the method of proceeding on the review of the 2009 special report of the Auditor General on Ontario's Electronic Health Records Initiative, and recommends the following:

(1) That the committee meet for the purpose of holding public hearings in the afternoon on Wednesday, November 4, 2009, in Toronto.

(2) That the following persons be invited to appear before the committee:

—Ron Sapsford, Deputy Minister of Health and Long-Term Care;

—Rita Burak, interim chair of the board of directors of eHealth Ontario.

(3) That the clerk of the committee, in consultation with the Chair, be authorized prior to the adoption of the report of the subcommittee to commence making any preliminary arrangements to facilitate the committee's proceedings.

The Vice-Chair (Mr. Ted Arnott): Thank you very much, Ms. Sandals. Any discussion relating to the motion?

Ms. Sandals has moved the adoption of the subcommittee report. All those in favour of the motion, will please say "aye." Any opposed? The motion's carried.

Ms. Sandals, I understand you have a motion?

Mrs. Liz Sandals: I have a motion, and I'm just digging for my glasses here because the next one is in a smaller font.

The Vice-Chair (Mr. Ted Arnott): We could deal with it after the testimony of the witnesses or now. Which would be your preference?

Mrs. Liz Sandals: Just as long as we deal with it before we leave today. The witnesses are here, so I don't want to waste their time.

The Vice-Chair (Mr. Ted Arnott): Okay. So let's make a note to deal with it before we wind up the meeting.

SPECIAL REPORT, AUDITOR GENERAL

The Vice-Chair (Mr. Ted Arnott): Now we move to consideration of the 2009 special report of the Auditor General on Ontario's Electronic Health Records Initiative. On behalf of the committee I want to extend a welcome to all of the witnesses who are here today to answer the questions of the committee. Would you please, first of all, identify yourselves for the purposes of Hansard and then we will move into questions.

Mr. Dennis Ferenc: I'm Dennis Ferenc working with the Ministry of Health, eHealth liaison branch.

Mr. John McKinley: John McKinley, assistant deputy minister of information management and investment with the Ministry of Health and Long-Term Care.

Mr. Ron Sapsford: Ron Sapsford, Deputy Minister of Health and Long-Term Care.

Ms. Rita Burak: Rita Burak, interim chair of eHealth Ontario.

Mr. Robert Devitt: Rob Devitt, CEO, eHealth Ontario.

Mr. Doug Tessier: And I'm Doug Tessier. I'm the acting senior vice-president of strategy, development and delivery at eHealth Ontario.

The Vice-Chair (Mr. Ted Arnott): Thank you very much. As is customary with this committee, we do questions in rotation in approximately 20-minute blocks. So I'll turn first to the official opposition and recognize Ms. Elliott.

Mrs. Christine Elliott: Thank you, everyone, for joining us this afternoon. We do have a number of questions that we would like to ask you, but I was wondering if it would be okay to start with Mr. Ferenc first, if I might?

First of all, if you could just tell us your current position and the length of time that you've held that position.

Mr. Dennis Ferenc: I'm actually a consultant working with the Ministry of Health and my contract started on April 1.

Mrs. Christine Elliott: April 1 of—

Mr. Dennis Ferenc: Of this year, 2009.

Mrs. Christine Elliott: Can you tell me what your position was before that or where you were before that?

Mr. Dennis Ferenc: Yes. I was doing consulting work as well with the eHealth program in the stakeholder relations and communications area.

Mrs. Christine Elliott: And how long had you been doing that?

Mr. Dennis Ferenc: I had a number of contracts about a year in length each time.

Mrs. Christine Elliott: Dating back from when?

Mr. Dennis Ferenc: I think it was 2002-03, but not just in the eHealth liaison. I did a number of other things as well. I had a number of different contracts through that time period.

Mrs. Christine Elliott: Could you sort of take us through your beginning, I guess, as a consultant, where and when you worked and under what circumstances? Give us a bit of a history, if you could.

Mr. Dennis Ferenc: I'll try. That's going back a few years. I wasn't prepared for that question, so let me try to think.

1240

I believe I started consulting work in September 2002. Actually, I started teaching part-time at Fleming College. Then I believe I had a contract with the OCCIO's office at Management Board, the Office of the Corporate Chief Information Officer. I also did a small contract around December of that year with the Ministry of Health in Kingston to deal with some human resources issues that were happening at the time.

I think in 2003, around February, I was working with the Ministry of Health doing some very early work on e-social services and e-health. There were transformations going on in both areas, and I was sort of working on both of those projects at the time.

After that it kind of gets fuzzier. I also worked with the Ministry of Health as a consultant doing interjurisdictional alliance and communication. Canada Health Infoway was fairly new at the time, and I was working with the ministry to start establishing the relationships with Canada Health Infoway to provide one window to the province and Canada Health Infoway.

I think the following year I worked in the customer relations area as we were trying to figure out how we were going to be moving forward on our strategy for stakeholder relations. I think my last contract was stakeholder relations and communications.

That's it as I remember. There were probably some other ones in there, but I can't remember them off the top of my head right now.

Mrs. Christine Elliott: So in the last couple of years, can you sort of fill us in between—

Mr. David Zimmer: Mr. Chair, I can't hear.

Mrs. Christine Elliott: If you can just fill in the last couple of years. Preceding when you started on April 1 this year, can you tell me where you worked?

Mr. Dennis Ferenc: Yes. I think the last couple of years were in the stakeholder relations and communications area with the e-health program. In the latter contract, I was helping with the transition from the ministry's e-health program over to eHealth Ontario. My current contract is actually dealing with the final knowledge transfer and wrap-up of that.

Mrs. Christine Elliott: Can you tell us what the terms and conditions of your current contract are?

Mr. Dennis Ferenc: The terms and conditions?

Mrs. Christine Elliott: Of the length of time, the—

Mr. Dennis Ferenc: My contract ends on November 27, this month. It was from April 1 to November 27.

Mrs. Christine Elliott: Okay. Can you tell us the terms of remuneration for this contract as well?

Mr. Dennis Ferenc: I'm an employee with PSTG Consulting. PSTG Consulting actually has the contract with the Ministry of Health under their VOR arrangements. I have an employment contract with PSTG, but what the agreement is with the Ministry of Health, I don't know.

Mrs. Christine Elliott: So you're not aware of the terms and conditions of it?

Mr. Dennis Ferenc: Of that contract, no.

Mrs. Christine Elliott: Who should I ask to see if we could get a copy of that contract?

Mr. Dennis Ferenc: I believe the ministry can provide that contract, but I have not seen it.

Mrs. Christine Elliott: Mr. Sapsford, would that be appropriately addressed to you? Would you be able to provide us with that?

Mr. Ron Sapsford: Yes, we'll go through the process to bring it to committee.

Mrs. Christine Elliott: Okay. If you could provide us with that, that would be great.

Can you fill us in just a little bit more about what it is that you're actually doing right now under the terms and conditions of this contract, what your requirements are?

Mr. Dennis Ferenc: As I said, most of my work has been with the post transfer to eHealth Ontario. The e-health program has shrunk a great deal, and there are fewer staff now in the Ministry of Health's liaison program than there were, say, before the transfer. I'm the one who has probably the longest knowledge of some of the issues and that, so I've been using my background and experience to share that with the employees.

There has been a new branch restructuring just recently in October, and there are some new folks there. I'm now in the process of wrapping up my knowledge transfer. I will be done on November 27.

Mrs. Christine Elliott: In the course and scope of your work under this contract, were you in a position to approve other consultants' contracts?

Mr. Dennis Ferenc: Never.

Mrs. Christine Elliott: Did you hire any other consultants in the course of your business?

Mr. Dennis Ferenc: Never.

Mrs. Christine Elliott: In the course of what you did before April 1 in your previous contract, did you?

Mr. Dennis Ferenc: Never, no.

Mrs. Christine Elliott: When you finish on November 27 of this year, are you going to be continuing on any other contracts with eHealth or with—

Mr. Dennis Ferenc: Not with the Ontario government, no.

Mrs. Christine Elliott: So you're going to be moving away from that. Who do you report to at the ministry?

Mr. Dennis Ferenc: Today?

Mrs. Christine Elliott: Yes.

Mr. Dennis Ferenc: Marilyn Elliott, the acting director.

Mrs. Christine Elliott: And under your previous contract?

Mr. Dennis Ferenc: Over, I think, the last two years it was Gail Paech, the assistant deputy minister.

Mrs. Christine Elliott: And how often would you be reporting, first of all to Gail Paech, and now to Marilyn Elliott? Would you be meeting with them on a regular basis—

Mr. Dennis Ferenc: Yes, almost daily.

Mrs. Christine Elliott: Throughout the course and scope of your contract?

Mr. Dennis Ferenc: Yes.

Mrs. Christine Elliott: And what sorts of things would you be reviewing with them?

Mr. Dennis Ferenc: Again, under Gail, I was asked to develop a stakeholder relations framework, a process for how we would engage stakeholders; also, looking at the kinds of communication tools that we might need to support the implementation of eHealth across the province.

We had communications people in a number of the different projects, so another important thing we were trying to do was get consistency-of-messaging approaches and whatever, so we had everyone on the same page. I did a lot of the coordination work for that, and I also had a regular, ongoing relationship with Canada Health Infoway, as that one window to the province.

Mrs. Christine Elliott: So you were sort of doing some liaison work?

Mr. Dennis Ferenc: Yes.

Mrs. Christine Elliott: Did you have any involvement in any of the consulting contracts that were handed out by the eHealth program at the ministry?

Mr. Dennis Ferenc: No.

Mrs. Christine Elliott: Were you aware, either under this contract or the previous contract, that there were any concerns or objections about hiring Sarah Kramer as the CEO of eHealth Ontario?

Mr. Dennis Ferenc: No.

Mrs. Christine Elliott: No one ever said anything to you expressing any concern one way or the other?

Mr. Dennis Ferenc: No.

Mrs. Christine Elliott: Okay. According to Sarah Kramer's calendar on November 3, 2008, you were at a meeting with Sarah Kramer, Alan Hudson, Gail Paech and Mr. Tessier. Do you recall what was discussed at that meeting?

Mr. Dennis Ferenc: November 3 of last year?

Mrs. Christine Elliott: Yes. Almost exactly a year ago.

Mr. Dennis Ferenc: No, I don't.

Mrs. Christine Elliott: Would you have any notes of that that you would be able to take a look at?

Mr. Dennis Ferenc: I might. I'd have to look.

Mrs. Christine Elliott: Could you undertake to provide us with copies of any notes that you made with respect to that, or any agendas, anything that you had with respect to any meeting?

Mr. Dennis Ferenc: Yes.

Mrs. Christine Elliott: Similarly, you also had a breakfast meeting with Sarah Kramer on April 16 of this year. Can you advise us what was discussed at that meeting?

Mr. Dennis Ferenc: Yes, I remember that meeting. We talked about a lot of different things. I had known Sarah from before—I don't say we worked closely, but we had sort of touched base in different forums. One of the things we were talking about were some of the things we needed to do going forward; she was looking for my opinion on different things.

Mrs. Christine Elliott: And can you just tell us how you knew Ms. Kramer?

Mr. Dennis Ferenc: Well, the eHealth pool is a very small pool. I had known her from Cancer Care Ontario, and I think I had met her also, years ago, when she was in Nova Scotia as the CIO; but it was just from being at meetings and stuff.

Mrs. Christine Elliott: So she wanted your opinion on how to go forward?

Mr. Dennis Ferenc: Yes.

Mrs. Christine Elliott: And can you tell me what advice you gave to her?

Mr. Dennis Ferenc: I can't remember the details. It was just an informal breakfast meeting.

Mrs. Christine Elliott: So again, if you have any notes or any—

Mr. Dennis Ferenc: I can tell you, I didn't have any notes; it was just meeting for breakfast.

Mrs. Christine Elliott: Okay.

Mr. Dennis Ferenc: She was on her way to a meeting at our office, so I walked back with her. It was just an informal breakfast meeting.

Mrs. Christine Elliott: Do you recall if you had any conversation with her at that meeting about the sense that the consultants working at eHealth Ontario were sole-sourced?

1250

Mr. Dennis Ferenc: No.

Mrs. Christine Elliott: Did you ever have any conversations with her about that at any time?

Mr. Dennis Ferenc: No, nothing at all. We never talked procurement at all.

Mr. Jerry J. Ouellette: For Mr. Sapsford: We know that you've had a number of meetings with Sarah Kramer. How did you react when you found out that these were untendered contracts?

Mr. Ron Sapsford: Starting in June?

Mr. Jerry J. Ouellette: Well—

Mr. Ron Sapsford: Yes, in June. Well, with some surprise.

Mr. Jerry J. Ouellette: So you had no prior knowledge of it at all? In the eight meetings that you had, it was never discussed or anything about—

Mr. Ron Sapsford: Specific contracts? No.

Mr. Jerry J. Ouellette: About the $1.9 million in contracts that had gone out that were untendered.

Mr. Ron Sapsford: No, there was no specific discussion. I think, as I answered the question the last time, we did have a discussion about procurement and the memorandum of understanding and the policies around it and wanted some assurance that those were in place and that the agency would operate within the procurement and the conflict-of-interest provisions. Those were the discussions we had.

Mr. Jerry J. Ouellette: But as the deputy minister, wouldn't it be something that you would expect to be aware of?

Mr. Ron Sapsford: No. This was a self-sustaining agency. It had its own board and management and the expectation was that the agency would conduct its business as any other external agent. The review of individual contracts on a weekly basis would not form part of our discussion.

Mr. Jerry J. Ouellette: But then how would you explain that on Sarah Kramer's calendar notes, on November 14, you were to discuss the sign-off of Accenture? On November 14, in her calendar notes, it specifically stated that you had a meeting to discuss the sign-off at that time—2008.

Mr. Ron Sapsford: I think that related to a contract that had been approved by the government for the provider and patient registries. That had been approved and the ministry had started the implementation. That was prior to the creation of the agency and the hire of Ms. Kramer.

Mr. Jerry J. Ouellette: Right.

Mr. Ron Sapsford: So we were in the process of moving through the implementation and Ms. Kramer raised several concerns about some of the terms, which ultimately were resolved. I believe it would be this meeting where either she raised some of those issues or where we talked about the resolution. If it's referred to as sign-off through discussions with ministry staff, the concerns that she had raised were resolved and so this would be a meeting to sign off on that.

Mr. Jerry J. Ouellette: But eHealth was up and running on September 29.

Mr. Ron Sapsford: Yes.

Mr. Jerry J. Ouellette: So you feel that this November 14 note doesn't refer to the untendered contracts. It refers to an additional contract, another contract?

Mr. Ron Sapsford: It doesn't refer to any of the contracts that were sole-sourced that were identified by the Provincial Auditor.

Mr. Jerry J. Ouellette: No further questions at this time.

The Vice-Chair (Mr. Ted Arnott): Do you have another question, Ms. Elliott? You still have some time.

Mrs. Christine Elliott: If I could just go back to Mr. Ferenc, if I might. Getting to the Auditor General's investigation into the Ministry of Health: Were you responsible for arranging the space for the Auditor General's staff and for arranging access to documents?

Mr. Dennis Ferenc: I was not involved in the space at all. I was involved in the provision of the documents, yes.

Mrs. Christine Elliott: And can you tell me how that went? From when you first received the request, what steps were gone through and what problems, if any, did you encounter?

Mr. Dennis Ferenc: I think we met with the audit team very early, in September 2008, and I think at our first contact we agreed to start sharing information, so we did a number of briefings with the audit team at that time. Because we had just received approval with the government's new eHealth strategy, the work around the creation of eHealth Ontario, there were a lot of things happening at that time. We wanted to make sure that the audit team understood the context of what was going on at the time, so we spent a lot of time briefing them at the beginning. We received requests from the audit team, either verbally or in e-mail format. We preferred it in writing so things wouldn't get lost. When I received the request, I determined who should fulfil the request and the subject-matter expert that would be in the best position to fulfil those requests.

We try to fulfil all the requests within a 48-hour time period. Sometimes we could do it immediately because we had the documents right on hand. Other times, it took a bit longer because the documents were in other locations or they had to be compiled or there was a formal process to get approvals to release the documents.

Mrs. Christine Elliott: You mentioned "We had briefings." Can you tell me who was involved in those briefings besides yourself?

Mr. Dennis Ferenc: It varied because people had different responsibilities within the eHealth program. For example, Mr. Tessier provided a briefing on the overarching strategy and the subcomponents. We had the lead of our project management office talk about the project management process and how we did project reporting. We had our chief architect talk about the overarching architectural blueprint—so the interoperability and how we saw that going. So there were different people. Those are the ones I remember at the beginning.

Mrs. Christine Elliott: So things were going okay at the beginning but then seemed to have hit some kind of a snag. The Auditor General, as you know, has reported that he was not able to get complete access until February 2009 and that, without putting words in his mouth, this delay was somewhat unusual.

It has been suggested that you were one of the ministry officials that was responsible for delaying the Auditor General's staff from having complete access. What do you have to say about that suggestion?

Mr. Dennis Ferenc: The word "access" is an interesting word and can be interpreted in a number of different ways. My involvement was with information requests and providing information. There was no delay. My responsibility was to share the information and get it to them as quickly as possible, and I did that throughout the whole course of the audit—from the beginning to the end.

Mrs. Christine Elliott: Do you have any idea what the problem was, then, if it wasn't just in providing information?

Mr. Dennis Ferenc: I understood in January, when I returned from vacation, that there had been an issue with space and accommodation. That was the first time I was aware that there was an accommodation or space issue.

Mrs. Christine Elliott: Didn't it seem somewhat unusual that it would have taken months to resolve an issue if it was just a matter of space?

Mr. Dennis Ferenc: Sorry, I can't speculate on that. I don't know.

The Vice-Chair (Mr. Ted Arnott): That concludes the time for the official opposition for this round. I'll turn now to the New Democrats. Ms. Gélinas.

M^me^ France Gélinas: Last week, I had tabled a series of e-mails that had been shared through the freedom of access of information. If anybody's interested in following up, I'm starting with a document that has a big "C" at the top—if you've kept it.

Mrs. Liz Sandals: I don't think we've got that.

Interjection.

M^me^ France Gélinas: But even if you haven't kept it, you'll still be able to follow.

Mrs. Liz Sandals: This is the same document as the one last week?

M^me^ France Gélinas: Yes, same one. But I'll come to it in a second. Even if you don't have it, I'll give you the part.

My first question—I'm not too sure who to address it to, so maybe I'll start with you, Deputy. If you figure somebody else—you can give it to somebody else.

Mr. Ron Sapsford: Okay.

M^me^ France Gélinas: Who was involved in the negotiation with the Ontario Medical Association of the $236-million deal that was signed in July?

Mr. Ron Sapsford: Well, most of the discussion over the details would have been between eHealth Ontario and OntarioMD.

M^me^ France Gélinas: Between the what?

Mr. Ron Sapsford: EHealth Ontario.

M^me^ France Gélinas: EHealth Ontario and OntarioMD. And who would be the people involved? Let's start at eHealth.

Mr. Ron Sapsford: I'll let eHealth respond to that.

Ms. Rita Burak: Ms. Gélinas, I have not had a chance to look at this memo. We can take it from June 2009. I guess I'm going to turn it immediately over to Rob or Doug to speak to when eHealth picked up the ball, if you will.

1300

M^me^ France Gélinas: Sure.

Mr. Doug Tessier: Sure. Certainly, I can respond to that on behalf of eHealth Ontario. The negotiation with OntarioMD—and it was a negotiation between OntarioMD and eHealth Ontario—was led by the delivery partners area of eHealth Ontario, and that is accountable to me. I was very closely involved with those negotiations and in briefing our board on those negotiations and on keeping the ministry up to date on the status of the negotiations as well.

M^me^ France Gélinas: And were the other people who were representing eHealth working with you on this deal?

Mr. Doug Tessier: That's right. The primary people working on the deal would have been two people who are no longer with eHealth Ontario. They were both consultants. The first would have been Anne Finlay, who was acting in the role of the vice-president of delivery partners. The lead of our physician eHealth team, who is not with eHealth Ontario today, is a man named Mel Casalino. Certainly there were other staff involved but those were the two leads of that team, under my direction.

M^me^ France Gélinas: Okay. They negotiated with representatives of OntarioMD. Do you remember who represented OntarioMD?

Mr. Doug Tessier: Certainly. We dealt with Brian Forster, who is the CEO of OntarioMD, and his negotiation team, which also included people from the Ontario Medical Association and, I'm sorry, I'm not exactly sure what those names were. We certainly talked to Jonathan Guss, the CEO of the OMA, around the framework for the negotiations. He was not actively involved in the negotiations.

M^me^ France Gélinas: Why wasn't the public made aware once the deal had been signed? You signed a $256-million—this is a lot of money; isn't it? Every time I see it, it seems bigger. You signed for $256 million. Isn't this something that's worth celebrating, if nothing else? I mean, that's a big deal; isn't it?

Ms. Rita Burak: I wonder, as the chair, rather than delegating that to staff, I could begin.

M^me^ France Gélinas: Sure.

Ms. Rita Burak: If I may, Chair, to frame the discussion from the perspective of eHealth and the board, I wonder if I could ask that members be provided with a copy of the strategy document that eHealth Ontario distributed after a great deal of consultation with a lot of players in the sector and which gives a very prominent position to your point about the importance of physicians' eHealth. As these are being distributed, if you could begin on page 13—

M^me^ France Gélinas: When did that come out?

Ms. Rita Burak: This was published, I believe, in March 2009. I understand, although I was not there, that it was widely distributed, certainly within the sector and amongst many in government. But if I could turn—

M^me^ France Gélinas: Because this is a little bit of old news—I'm not taking offence that we're bringing our physicians on board. Physicians have to buy in to eHealth. They are the main providers of primary care. The strategy is there; the auditor talks about it. We all know—and certainly I encourage you to continue. What I'm interested in is specifically about the transparency and accountability with the deal. The need to make that deal is not the issue. It's the transparency and accountability of it that is my issue.

Ms. Rita Burak: Thank you, and I appreciate that clarification. I wanted, before answering your question, though, to assure you that this is an extremely important element of the strategy.

I would explain to you that we got to a point when we were prepared, based on the negotiations and our understanding of how things would be handled, to actually provide the transfer payment to the OMA. We had some discussions with the government, which, at the end of the day, has the right to determine communications in these matters, particularly with a transfer payment of this size.

For a number of reasons, the government was not ready to make an announcement. We made a judgement call about the extent to which we hold up progress, because in the strategy we commit to bringing a certain number of additional positions onto the system. We made a judgment call about moving on that prior to a formal public announcement and began to work with the OMA, informing the ministry that we were doing so to get in a get-ready position so we wouldn't lose another quarter in moving on the strategy. The events moved quickly beyond that from the OMA side, and on that sequence of events maybe I could just get Ron or Doug to speak to how the OMA had to inform their positions on what was coming down the pipe.

M^me^ France Gélinas: I think I know that part quite well. The part I'm interested in is, how insistent were you that this had to be made public, and what argument did the ministry have? I realize that the ministry decided not to make that public. How insistent were you that this had to be public, this had to be transparent, you had to show accountability, and yet the ministry wouldn't—

Ms. Rita Burak: I think it goes without saying that when you have a transfer payment of this size, you don't have to connect the dots for people about how important it is. I can tell you that we were clear with the ministry about how far along things had come and how positions were in a state of readiness and began the work, as I say, with the OMA.

M^me^ France Gélinas: What kinds of arguments where there for not letting you share this good news?

Ms. Rita Burak: I can only say that, as you would know, the protocol on these matters really belongs to the government, and one hates to pass the ball to a—

M^me^ France Gélinas: Everybody else does it; it's okay.

Ms. Rita Burak:—very busy Deputy Minister of Health these days, but I will.

Mr. Ron Sapsford: I think, as Ms. Burak has said, that the decision to move ahead with this particular part was well understood; it was part of the plan. The money had been allocated, the negotiation had been completed, and so there was some desire on the part of eHealth and OntarioMD do begin the preliminary parts of the implementation to keep the schedule moving forward. That included things like physicians who were lining up to apply for it and people who wanted to start that particular process. So there was an agreement that they would continue on on that early part of the implementation.

M^me^ France Gélinas: The part that interests me is that here the auditor was probably still in your office at this point.

Mr. Ron Sapsford: No, clearly not.

M^me^ France Gélinas: No? He was busy writing up his report.

Mr. Ron Sapsford: No. I think this agreement was finally concluded in July or August of this year.

Mr. Doug Tessier: July.

M^me^ France Gélinas: He says July.

Mr. Ron Sapsford: Yes, this is quite recent.

M^me^ France Gélinas: Okay, so let me rephrase this: Here we have—Ms. Kramer is gone, Dr. Hudson is gone, new people, and the headline in the paper is, "We want transparency, we want accountability at eHealth." You're doing a quarter-million-dollar transfer payment of something that is within the plan that is good, and you keep it secret? What was the thinking behind that?

Mr. Ron Sapsford: It's the prerogative of the government to make its announcements, as you well know.

M^me^ France Gélinas: What was your position on this? Did you encourage your minister to make an announcement?

Mr. Ron Sapsford: I don't remember. I was at eHealth during much of this time. So, yes, this is good news, this is the advancing of the agenda, so from my perspective, absolutely. This is a good investment. It's right in line with where we want to go. It's bringing positions—

M^me^ France Gélinas: If it had been your decision, you would have made it public and announced it as good news in July?

Mr. Ron Sapsford: Well—so if you go back in history and you look at the context that the ministry was in during those days, there was of a lot of public controversy. Shortly after, there was a new minister. How the government makes decisions is, frankly, in the government's hands, but I wouldn't characterize this as secret by any stretch. There has been a lot of work done on this. It has been well understood; it's part of the agenda. Whether the government specifically made a public announcement about it, I don't—sooner or later, I suppose that comes up, but my view is that the process was put in place to keep the implementation moving forward in terms of—where I saw the interest was keeping it moving forward.

1310

M^me^ France Gélinas: So you were keeping this—you finally had a deal with OntarioMD; the physicians were finally on board. We know that getting the physicians on board must have required a ton of work, goodwill and everything else in between, and you're finally successful and you don't tell anybody.

Mr. Ron Sapsford: The people who needed to carry the work on knew and were busy implementing that particular agenda.

M^me^ France Gélinas: Don't you think that eHealth needed a little bit of good news? Why hold back?

Mr. Ron Sapsford: You're asking me?

M^me^ France Gélinas: Yes, I'm asking you.

Mr. Ron Sapsford: All the good news they could get, and I'm sure the chair would concur, yes.

M^me^ France Gélinas: But yet nobody did it. All right.

In the Star they talk about a 15-year agreement between Nightingale and eHealth Ontario. First of all, is that true?

Mr. Doug Tessier: I can certainly answer that. Yes, it is, for the ASP vendors. Because physician adoption is something that builds slowly over time, all three of the vendors of the ASPD, alternate service provider solution, have a 15-year agreement.

M^me^ France Gélinas: Who are the other two?

Mr. Doug Tessier: The original one is xwave, which has had their deal in place for several years, and the other one is Practice Solutions.

M^me^ France Gélinas: Can we have a copy of the agreement between eHealth and OntarioMD?

Mr. Doug Tessier: I don't see why not. We can certainly provide that, as far as I know.

Ms. Rita Burak: I suppose, just to follow protocol, we should ensure that the OMA is in agreement, but I can't imagine why they would not be.

M^me^ France Gélinas: If you could table it with the committee.

Ms. Rita Burak: Certainly.

M^me^ France Gélinas: Looking at the deal from the outside, because I haven't seen it, I haven't had access to it: We talk about 5,700 physicians and we talk about a maximum amount of $30,000 per physician. It doesn't take long to do the math and realize that there is about $65 million not accounted for. Can somebody give me the highlights as to what we are buying with the $65 million and if we are getting value for money?

Mr. Doug Tessier: Certainly I can start the answer to that question, and if people would like to chime in—the amount that you talk about is for new physicians: 5,700 into the program, approximately $30,000. That, by the way, covers hardware, software and services over a three-year period, which is very consistent with other jurisdictions and almost the same as British Columbia and Alberta.

The remaining amount of money in the deal has other components. It's for the operation of a transition support program to help physicians, because they need a lot of guidance. They're not technology experts. There's a lot of training and transition as they move from paper to EMR. There is a fixed cost amount of it, which is for OntarioMD and their operation. It's not a huge organization, but it's not small either.

The other thing that's included in this as well is an incentive. There is a subsidy for the 3,300 physicians who participated in the first deal between the ministry at that time and OntarioMD. It's a smaller subsidy than the $30,000 amount that goes to the new adopters now, and how many months it covers does depend on when they got into the program. But that's to encourage people who were early adopters and have gotten into this and are using EHRs. It moves forward on that. The other amount would be for support of the portal. We actually can provide the exact details. It will be covered in the OMD agreement, if we table that. Those dollars are specific in there. It adds up to the $236 million, certainly.

M^me^ France Gélinas: In some of the—

Mr. Robert Devitt: If I could just add—

M^me^ France Gélinas: Sure.

Mr. Robert Devitt: Within that agreement, OntarioMD provides eHealth Ontario with regular reports on uptake as well, so that it's not just sort of a vague number in terms of dollars and a period of time. We get regular reports, and there are targets on not only the number of MDs who have taken in a technological solution—they've set it up—but in fact the number of their patients who are on it. So we get both the introduction of the technology in the office and, more importantly, actual use of that technology in the delivery of patient care.

M^me^ France Gélinas: Okay. With this technology that you're rolling out, are the physicians able to connect with public health unit labs?

Mr. Doug Tessier: The connectivity is actually through our Smart Systems for Health network. A physician who's connected either through our Smart Systems network or through a secure Internet connection can actually connect to any of our products and services or any of anyone else's products and services who go through our network. Public health labs would be a perfect example of that. They are using our network now with their IPHIS application.

Either through a secure Internet port or through our network they would certainly be able to connect to those services.

M^me^ France Gélinas: You were there when the negotiations were going on. I don't know if you have this little document, but even if you don't, in her e-mail she basically says that they're having a really tough time. They have $286 million on the table and the OMA and OntarioMD are not biting. What made you successful at $50 million less?

Mr. Doug Tessier: In fact, this relates back to negotiations that were part of the agreement between the Ministry of Health and the OMA last summer. Not in the summer of 2009, but in the summer of 2008 that agreement was negotiated. Gail Paech and I were actually part of those negotiations when eHealth was going to be part of the larger OMA deal. Those negotiations did

move into the fall, and for whatever reason, the Ontario Medical Association decided to take physician eHealth off the table. There was originally a potential pot of $286 million. That was removed from the original negotiations and actually delegated to eHealth Ontario to negotiate in the spring of 2009—we actually got the mandate from the ministry in May, I believe, to do that. We were able to negotiate an agreement for a smaller amount, and the smaller amount is really tied to a smaller number of physicians, 5,700.

If it was going to be $286 million, it might cover a higher number of physicians or an enhanced model, but that was part of the speculative negotiation the year before. We're quite confident in the $236 million.

M^me^ France Gélinas: So when you were at the negotiation table between the ministry and OMA and the $286 million was one of the bargaining items, who had authorized $286 million for eHealth at the time?

Mr. Doug Tessier: At that time, Gail Paech was the head of the eHealth program. To tell you the truth, I'm not sure who in the ministry decided on that $286 million. It was certainly speculative, anyway, and it did include, by the way, a full subsidy to all the earlier doctors, which meant they would have all gotten $30,000. But again, it was negotiation only. I'm not sure if the ministry has any comment on that.

M^me^ France Gélinas: Do you?

Mr. Ron Sapsford: We're talking about two different things.

M^me^ France Gélinas: Yes. I'm now talking about back at the Ministry of Health-OMA negotiation in the summer of 2008. There's $286 million on the table to get OMA to agree to bring physicians online and OMA doesn't want it. I want to know who had agreed to $286 million being brought forward in that negotiation.

Mr. Ron Sapsford: It would have been part of the negotiation of the bargaining team, and some of the approvals would have come from the mandate that the bargaining team had from the government, as well as allocations that had already been part of the overall eHealth agenda. Part of the discussion was about the dollar amount but, more importantly, part of it was whether we would include agreements around eHealth for a physician inside the OMA agreement. There was a subsequent decision not to do that, hence this $286 million fell off the table and then reappeared as part of the discussion that eHealth carried on.

This question deals more with what would be in and outside of the agreement with the Ontario Medical Association.

1320

The Vice-Chair (Mr. Ted Arnott): Thank you very much. That concludes the time that you have, Ms. Gélinas. I will now turn to the government members. I've had indications of interest from two. Which one of you wants to go first, Mr. Zimmer or Ms. Sandals? Mr. Zimmer.

Mr. David Zimmer: Yesterday the Toronto Star had a story about the funding to help the additional 5,700 doctors implement electronic medical records, a big price tag. Can you tell us in layman's language two things: What is that project all about and what is the benefit of the project to Ontarians generally?

Mr. Robert Devitt: Sure. I can start, and if I miss anything, the others can add in.

The bottom line is that this is bringing an electronic health record into a doctor's office. Doctors right now who have patient information in folders on paper are being given a grant or a subsidy to replace that paper-based system with a computerized system. That means when a patient goes to see their doctor, they may actually be able to sit down together at the screen and look at lab results or other patient information. I know this well because the family health team I'm a member of has an automated chart. When it comes time to get a prescription, the doctor just points and clicks and types something in, and out pops the prescription. All of my medication history is there, all of my previous visits, that sort of thing.

This is a crucial, crucial piece of an electronic health strategy, and it's bringing our physicians' offices into the electronic age.

In terms of the benefits, I think the benefits are obvious. Patient safety: We know that there are issues with paper-based systems. Handwriting is a major issue; we joke about how people with messy handwriting should have been physicians. This way, information is absolutely clear. It allows for proper retrieval. It's easy to lose paper; it's very hard to lose an electronic record. It gives us the foundation to transfer that information to other providers, with the patient's permission and going through all of those privacy pieces, whereas a paper-based system can only be seen by the person who's holding the piece of paper. This gives us all of those patient safety and quality-of-care advantages of an electronic record because it is the electronic record in a physician's office.

Mr. David Zimmer: I suppose in some ways, it's like a pilot project, although that's probably not the right word. If it works well with the 700 doctors, then it spreads throughout the medical community? Is that the idea?

Mr. Robert Devitt: It's a continuation of what's already started. We've already got 3,300 physicians, I believe, with EMRs. This is the next wave.

There are about 26,000 physicians in Ontario, so the question might be, why are you going only to 5,700? I guess a couple of thoughts: As I think we said last time, the way to move ahead an agenda like this is step by step, one piece at a time. To try to do a blanket initiative, rolled out across Ontario all at once, would be complex and, I think, fraught with risk.

The other thing we have to recognize is that of those 26,000 physicians, 10,000 of them work in hospitals and solely in hospitals. The bulk of their patient information is on an already-existing hospital information system. Initially, the first wave was on primary care doctors, your

family doctor. This will continue to focus on those and now start the expansion through to specialists.

Mr. David Zimmer: My last point: What kind of buy-in do you get from physicians when you approach them and ask, "Do you want to be a part of this group? Do you want to be a part of the next group on this?" Are they eager to get on board?

Mr. Robert Devitt: Like in any group of people, you have those who are enthusiastic and those who are resistant. In this case, we certainly have heard from the OMA that there is a lot of enthusiasm. I think the first wave of 3,300 has created an appetite for this sort of technology and so has sort of increased the demand. There are others, though—and this is true of any major change—who have worked one way for many years and are comfortable with that way. This is a bit of a change, and they'll be later adopters.

The Vice-Chair (Mr. Ted Arnott): Thank you very much. Ms. Sandals?

Mrs. Liz Sandals: Yes, thank you very much. I must comment that I find it kind of ironic that the Auditor General comments on needing more traffic on the electronic highway—and in particular needing to get physicians on the highway—and we have in the strategic plan and in the 2009 budget the money and the plan to do just that, and now we're having a crisis because there wasn't a media release at the right time. I think this is wonderful news, that we're getting all the docs on and actually taking advantage of the highway.

But what I wanted to ask a bit about was that in this whole discussion, we seem to have gotten into the practice of assuming that if you are a consultant, this is automatically evil. I guess with my particular background, having come out of computing science and software development, I actually find having consultants around perfectly normal. I suspect that at least 50% of the students I would have taught at university either set up their own consulting firms or went to work for a consulting firm. The reason for that is that it's quite normal within computer system development that you don't keep all that expertise in-house, and this would be both in the private sector and public sector. You don't have that expertise in-house because you don't need it. Once the system has been developed, you actually want these people to go away. So that would be my experience in IT. It would also be—I think, all sorts of other things that we don't give a second thought to. Mr. McNeely was here this morning. Mr. McNeely is an engineer and I think spent most of his working life as a consultant. Architects are consultants. Lawyers are consultants. There are all sorts of services which people both publicly and privately contract for that you don't keep on payroll.

So I wonder if we could talk a little bit about—I mean, I can think of ways in which you put the whole project out to contract, or something that I would probably call contractually limited: You just hire somebody for a limited point of time to do a certain sort of work and then they go away again, because you know you only need them for a limited sort of time. I wonder if you could talk about appropriate and inappropriate use of consultants, because I'm really disturbed by this concept that consulting is bad.

Mr. Robert Devitt: I can start. Absolutely, in a business or an organization like eHealth Ontario, where we're creating new stuff, there is clearly a role for external expertise that comes in in a burst of time to develop something—and you're right: It has a shelf life, a fixed shelf life. Once something is developed and working, you no longer need all of that expertise and you move to a maintenance mode.

One of the things we've been doing at eHealth over the last few months is actually rebalancing the workforce. We will never get to zero consultants, not only on the technical side, but in terms of external legal advice—although we have internal legal expertise on very complex issues, of course you go outside—or external auditing, that sort of thing. We have an internal audit function that we've developed, but we also have external auditors. So there will always be a need.

What we've been doing is readjusting the balance. We believe that the right ratio of what I would call variable workforce, which is really the consultant, to the fixed workforce is about a 15% to 20% variable component and the rest being fixed. The bulk of that variable component is nested in the functions where we're developing new technologies or new systems. Where consultants shouldn't be found is in, as an example, some of the back-office functions—accounting, payroll, finance, human resources, and that sort of thing.

1330

We did have a greater ratio of consultants than, I think—and I think the board believes—would be the norm. In April, we had about 386 consultants out of a workforce of about 950. What is that, about 40%, plus or minus? We will be down to 160 by April 1, and that is that very transition.

I think the real key is affective use of consultants, and consultants, just like employees, need to be managed. We give employees annual performance reviews, we set goals and we set objectives. One needs to do the same with consultants when you do an RFP or an RFS.

There is also a big place for consultants—I mean, the definition can be quite broad, if we think of OntarioMD. Through OntarioMD, a doctor brings in company X's system. Arguably, those are consultants. But again, it's how you procure them that's crucial. It's got to be competitive. It's got to be with a clear scope of service and expected outcomes, and that is the process we have in place now.

Mrs. Liz Sandals: I think what you've described is a process that all sorts of people would go through—either public sector or private sector—and would be quite normal, particularly where you've got major IT products.

Something that Mr. Ferenc mentioned was VOR and I suspect that vendor of record is a particularly governmental sort of way of approaching things. Maybe, Deputy, you would be the appropriate person or you can pass it around—or Mr. McKinley, if he's the one who is

managing it. But this whole notion of vendor of record: You have a competition to do a big piece of work, but then you pull little chunks off it, is the way I would describe it. Could you explain more coherently than I just did vendor of record and how it works, because it's a legitimate procurement but it's very peculiar to government.

Mr. Ron Sapsford: I won't go into the details, but it's a prequalification process—that's the best way I understand it—where you're looking for a particular type of work and draw some dollar-in-scope definitions around it and then qualify a group of vendors. And then once you—

Mrs. Liz Sandals: Is that competitive at that stage, that you have to bid competitively in some way to get on the VOR?

Mr. Ron Sapsford: When you're setting it up at the beginning, yes. It can either be circumscribed by time and/or dollar limits. But at the beginning, when the vendor of record is set up, it works within those parameters. Then, having prequalified, you can subdivide it and parcel it out as the work requires and use that group of people as your competitive procurement—

Mrs. Liz Sandals: But again, those would be consultants, and they could be engineers or they could be meeting planners or they could be IT specialists of some sort or another. But you've got a list that has prequalified and bid, and as you need that service you don't necessarily have to have a new competition, you pull people off the list of people who have competitively prequalified. Is that fair?

Mr. Ron Sapsford: Yes.

Mrs. Liz Sandals: And I'm assuming that some of these people, at least at the Ministry of Health, because you would have been dealing with those government VOR sorts of structures, would originally have been signed on as consultants through a VOR process.

Mr. Ron Sapsford: Correct.

Mrs. Liz Sandals: Thank you.

Mr. Ron Sapsford: John, do you want to add?

Mr. John McKinley: Yes, just to clarify, it still is a competitive process. Even after you've gone through the competition to get on the VOR, the government's rules are that you ask a number of vendors whether they would want to propose to work on a particular project or not. So it still has to go through an open, transparent process to compete for that work.

Mrs. Liz Sandals: Okay. So it's almost like a double competition, then.

Mr. John McKinley: That's right.

Mrs. Liz Sandals: You have to compete once to get on the list and then you have to compete again to get hauled off the list for a particular piece of work.

Mr. John McKinley: That's correct.

Mr. Robert Devitt: What we've been doing at eHealth as we go to procure consulting works on the vendor of record is, we take the prequalified list that was secured competitively, we send what we call an RFS, request for service, out to a number of them and ask them to submit their proposal, those proposals are evaluated and analyzed against a set of criteria and points are assigned. To watch the whole process, we bring in an independent fairness commissioner to make sure that we're not in any sort of unintended way biasing the outcome or that sort of thing. We rank the proposals based on those criteria, pick the firm with the most points and then get the independent fairness commissioner to write a report confirming that the process was fair, transparent and unbiased.

Mrs. Liz Sandals: There's a lot of accountability built into that VOR process.

Mr. Robert Devitt: Absolutely.

Mrs. Liz Sandals: Thank you very much.

The Vice-Chair (Mr. Ted Arnott): The government side still has about three and a half minutes. Are there any more questions?

Mrs. Liz Sandals: We'll just pass and pick up in the next round.

The Vice-Chair (Mr. Ted Arnott): Thank you very much. I will then turn to the official opposition again. Ms. Elliott.

Mrs. Christine Elliott: I'd like to go back to Mr. Ferenc, if I might, with respect to the questions on the Auditor General's investigation.

As you may know, the Auditor General in previous evidence has indicated that he did experience a problem with respect to getting access to conduct his investigation. He did name several people, you being one of them, as people who he interacted with in terms of getting ready to conduct the audit and so on. Did you receive any instructions from anyone else—Mr. McKinley or Mr. Tessier—with respect to the conduct of the audit?

Mr. Dennis Ferenc: Conduct of the audit? Could you explain that, please?

Mrs. Christine Elliott: Any issues with respect to the audit: the timing of it, the issues around it, any problems with it, anything at all.

Mr. Dennis Ferenc: No. My first involvement with the auditor was on September 4, 2008. I was invited to a meeting with Gail Paech and a representative of the audit team. I was introduced to them. I knew them from previous audits, so I knew some of the team members.

On September 9, one of the team members contacted me and said, "We're ready to go." We started setting up the meetings and we kicked off right away.

If there were issues during the audit in terms of information requests, I had a very good working relationship with the team lead of the audit team, and we were able to work through any issues that came to our attention in terms of an information request that was late or something like that.

Mrs. Christine Elliott: This is a pretty significant issue, as you know, because the Auditor General has indicated that he felt there was some problem with him getting access, that there was some obstruction or concern there, and you're telling us that from your perspective, you didn't really see a problem. Are you

suggesting that somehow the Auditor General was mistaken or not apprehending the situation correctly?

Mr. Dennis Ferenc: No, I'm not. I'm just saying from my perspective, in terms of the information requests, we worked with the audit team. I had an open-door policy with them. If they had any issues or they wanted to come by and talk about anything, I had an open-door policy with them. So from my perspective, in terms of dealing just with the information requests, I don't recall any huge issues coming up in terms of the information.

Mrs. Christine Elliott: Do you have any idea whatsoever why the auditor might have felt that there was a problem?

Mr. Dennis Ferenc: Well, from reading the audit report and things that I've seen in the media and that, it was around the space and in terms of the scope of the audit. But I started providing the information to the audit team right away, because at the first meeting they said that they hadn't worked out the details of the audit's scope and those would be coming later. I continued to provide information as they asked, regardless of a scope issue.

Mrs. Christine Elliott: Space shouldn't have been a problem. Space, presumably, could have been worked out in a short period of time, and the scope is something that you indicated was ongoing. So there's nothing else that you know of.

Mr. Dennis Ferenc: Again, I was dealing specifically with the information requests and none of those other issues, so I can only answer from what I was dealing with, and I didn't see any big issue that was brought forward to me.

1340

Mrs. Christine Elliott: Thank you. Do you have any questions?

Mr. Jerry J. Ouellette: Absolutely. You're saying that space was a problem for the audit, for them to move in and deal with that. Is that what I heard?

Mr. Dennis Ferenc: I beg your pardon?

Mr. Jerry J. Ouellette: You're saying that space to do the audit was a difficulty or a problem that may have caused some—

Mr. Dennis Ferenc: Well, I understand it was an issue. Mr. McKinley had said that there was a meeting that was held in January or February 2009 where that had been raised as a major issue, but what I was doing with the audit team, we never talked about space.

Mr. Jerry J. Ouellette: I would ask the Auditor General: When you're doing audits, is space something that is an issue to you?

Mr. Jim McCarter: Normally when we start an audit, it takes a couple of weeks to get in and get space. I think the issue is we find it much more efficient if we can actually get space on the premises so when we want documents we can walk down the hall and ask for the documents, and we can walk in and talk to somebody. It's really an efficiency issue for us.

Like I said before, typically the Ministry of Health is very good. When we've come in to do an audit, we get in in a week or two. On this one, it took quite a bit of time to get in. It was more of an efficiency issue: It facilitates our audit if we can get in and get on the premises. I think from their perspective, their sense was until we agree on the scope and the criteria, we want to get that settled before you get in. But for us to be able to nail that down, it just helps us if we have a physical presence there.

Mr. Jerry J. Ouellette: Right. Okay. Thanks, Jim.

To follow up on Mr. Ramsay, the criteria and the boundaries are very much determined by you, and many times, as we've spoken in the past, you were the ones who set the criteria, and sometimes they come forward with some specific aspects that are very helpful. But Mr. McKinley, Gail Paech had been dealing with this issue, and you came in in January, I believe. Correct?

Mr. John McKinley: That's the first time I met the audit staff. I actually started in November.

Mr. Jerry J. Ouellette: Okay, so you started in November, I guess with the break-in period when you're moving into a new position and dealing with all those sorts of things. In January, when you first dealt with the auditor, there would seem to some to be a perceived delay. Sitting on this committee on a regular basis, we normally hear that there are some issues about that. However, to have to go to the deputy minister—who would you have reported this to when it first came forward that the auditor was actually moving forward with an audit in this area? Who would that normally go through in a chain of command?

Mr. John McKinley: I'm confused by your question. I do report to the deputy minister. In my first meeting, as I have said before at this table, the issue of space was not raised with me. The purpose of the meeting—and it was a meeting with the audit staff, the eHealth Ontario staff and the e-health program staff—was a discussion about the scope. We did not talk about space during that meeting.

Mr. Jerry J. Ouellette: That's fine. But as you just said, you report to the deputy.

Mr. John McKinley: That's correct.

Mr. Jerry J. Ouellette: So at that time, in January, would you have reported that to the deputy, that the audit was moving forward?

Mr. John McKinley: The audit had been moving forward for quite some time. We'd been providing information since September, as soon as we started meeting with them.

Mr. Jerry J. Ouellette: But it wasn't until February, when the call through to the deputy, that it actually transpired and moved into place.

Mr. John McKinley: Yes, that was a bit of a surprise to me, to be quite honest.

Mr. Jerry J. Ouellette: Why would that be surprise?

Mr. John McKinley: Because the issue of space did not come up in January.

Mr. Jerry J. Ouellette: But it's more than just space; it's the actual entire audit, I thought, moving forward with having the audit take place.

Mr. John McKinley: No, the audit was under way, and I think that Auditor General did say that the audit

was under way. There was material being shared with them and they were working with the information that we were sharing with them.

Mr. Jerry J. Ouellette: So you're saying that when you read the audit, it talks about the delay that's in place there—that's what we're trying to determine here. It's tough because Gail was in the ADM position at the start. It's tough to try to assess exactly what took place to have the Auditor General contact the deputy and say, "We're coming in. Get out of the way," that sort of thing. What I'm trying to find out here is there appears to be some delay, and I'm trying to determine why and how that delay took place.

You have to realize from our perspective. From the public perspective, this committee deals with the Auditor General's comments. I don't often, nor have I often seen or recall seeing anywhere in them, see mention made of a delay that took place. Yet this particular time there appears to be some delay until the deputy was contacted. What I'm trying to find out here is—you started in November. Normally, when you move into a position you've got a learning curve, you want to make sure that you're doing everything right etc. in the various aspects. But to go to January, from what I understand, and not until February when the Auditor General contacted the deputy to have it move forward—I'm just trying to determine exactly what, where, why and and how the delay took place.

Mr. John McKinley: Maybe I can put this in context for you. The eHealth program—the creation of the new agency had been announced. There was a need to create a transition plan so that we could move the resources from the Ministry of Health and the planning and all of the other resources that go along with that over to eHealth Ontario.

In context, to begin with, previously they had consolidated a lot of the people who were working on eHealth projects in the eHealth program. A number of project teams came from across the ministry and were located on the second floor at 1075 Bay, and now there was the issue of how to transition that over to eHealth Ontario. A lot of my focus during that time was meeting with eHealth Ontario staff and their consultants and all of the rest of it to work on how to transition the work over to them, how to get to a memorandum of understanding with the new agency, what their procurement rules would be, what their gating rules would be and what their transfer payment agreement would be as they're going forward to set up the accountability for the new agency as it went forward.

So that was a huge amount of work that was putting information requests into the eHealth program as well. There were questions coming from the auditor, there were questions coming from the transition team, and it was quite clear that the staff were nervous because they had no idea as to what their future was. I just wanted to put it in context that there was an awful lot more going on than just the audit, besides which they were still being expected to deliver on the eHealth agenda. So a number of things were going on at the same time. That's why I wasn't surprised, in retrospect, that I didn't hear about the space issues until quite a bit later on. There were a lot of other things, high-priority items as well, that were brought to my attention. That was not escalated until later, and as soon as it was escalated it was dealt with. The amount of information that we shared with the auditor was huge in advance of February.

Beyond that, a lot of that information was shared electronically, so it really didn't matter where the auditors were, in addition to which there were a number of requests that had to go to other parts of the ministry where those people had been working before that held onto the reports and the papers and the information that was being asked of the auditor. So I think we did our darndest to get the information to the auditor that he was asking for. We were not obstructing him at all.

Mr. Jerry J. Ouellette: Okay. With the auditor was the space issue, you feel, the key reason for having to make the call to the deputy to initiate and move forward?

Mr. Jim McCarter: Yes. When we start an audit, it's unusual to have to wait more than two or three weeks to basically get space and go in. This went on for two or three months. The issue was, we haven't finalized the criteria objectives, and we did finalize them but it did take us longer, not being on the premises. It is more efficient if we're actually on the premises. We can walk down the hall and we can talk to people. So the fact that this went on—basically I picked up the phone, I went over and met with Ron, and a day later we got a phone call, saying, "We've got your space."

We were notified late December, early January that there was space available. We have a boardroom and it's a good size, with Internet connections and telephones. But then we got the feedback that, "Well, we can't come in right now because we want to get these objectives and the criteria finalized." That was basically the issue, and so what I talked to Ron about was, I basically said, "We have to get in, Ron."

Mr. Jerry J. Ouellette: So was it Mr. McKinley that you were talking to about the objectives and the criteria?

Mr. Jim McCarter: It would have been Mr. McKinley, Mr. Tessier, but not Mr. Sapsford.

Mr. Jerry J. Ouellette: Okay. But when the auditor comes in, normally he establishes what he's looking at and where he's going and he has that right, as he clearly pointed out on several occasions, to step in as he sees fit. Why would it be that you would think that establishing or working on the criteria and taking, according to what I'm just hearing, longer than two or three weeks to make this happen, would take place?

1350

Mr. John McKinley: So let me reiterate. We were providing information to the Auditor General to help him decide on the scope, because his team came in trying to establish the scope. We were trying to be helpful, and trying to get value for the money spent on the audit, and to make sure that he got a good value-for-money audit done. That's all we were trying to do. It is the Auditor

General's purview to decide on the audit in the end, which in this case he did, and we're quite pleased with that.

I think the other thing to note is that the scope of this audit changed halfway through as well, when items came up in the House and this discussion changed to a larger discussion about procurement. That was not part of the first part of the audit. That was added as time went along. Our minister asked the auditor to do so.

So I think these things change, and the process that we went through—well, I would admit wholeheartedly to the committee that we did not do a good job in getting space for the auditor. That was a mistake and will not be repeated. From my perspective, we were not stopping the auditor from doing his job because of the space or the scope issue. The scope issue was entirely in his ballpark. We know that, we understand that and we agree with it.

Mr. Jerry J. Ouellette: Some of my closing questions: We've been tiptoeing around talking about Gail Paech, Sarah Kramer and Alan Hudson quite a bit and trying to find out through you what took place there. Would you feel it appropriate that this committee sit before us so we have the opportunity to talk to those individuals, Deputy?

Mr. Ron Sapsford: Well, the auditor laid out in his report the results of his view. It's not my place in front of this committee to advise you on what parts of it you want to look at in detail.

Mr. Jerry J. Ouellette: That's a good political answer. It's like a hot potato everybody's trying to find out here. So what we effectively have to do is read the e-mails, read the notes on the calendar and then ask you questions about them, because we don't have a clear, direct route to those individuals to find out exactly what they meant or the opportunity there. Quite frankly, as has been occurring, we'll end up asking similar questions in different manners to find out what else may be happening, as was just the case on the delay issue, whether it's space or whether it's the scope of the audit. I'm just trying to get an opinion on how we can proceed in the best way.

Mr. Ron Sapsford: I guess there are certain questions that the ministry can answer and there are certain questions that the ministry cannot answer simply because we don't know.

Mr. Jerry J. Ouellette: It's outside your purview.

Mr. Ron Sapsford: Not only purview but lack of information. In this kind of review of an auditor's report, the ministry clearly is involved, but it's very difficult for ministry staff to speculate on other parts of the report that, frankly, we have no knowledge of.

Mr. Jerry J. Ouellette: It's just difficult and then we keep trying, as I said, questioning the information we have and trying to find out where we are.

Mr. Ron Sapsford: I understand.

Mr. Jerry J. Ouellette: I think those are all my questions for now. I don't know if Ms. Elliott has any further ones.

Mrs. Christine Elliott: Thank you. I'd like to continue with just a few questions for Mr. McKinley, although on a different topic, and that has to do with some of the contracts.

After you became the ADM in November 2008, can you tell me when you became aware that the multi-million dollars with Courtyard Group was being broken down into about 20 separate contracts?

Mr. John McKinley: Those contracts were already let by the time I was there, so I was not aware of them until much later, that they were broken down at that point in time.

Mrs. Christine Elliott: Do you recall approximately when you became aware?

Mr. John McKinley: No, I don't.

Mrs. Christine Elliott: What did you do with that when you found out that they were being let that way? First of all, did you consider that appropriate?

Mr. John McKinley: At the time, we were working within the rules that the government had. They were all competitively procured through an RFS, generally speaking, to fit them into the proposed direction, but the policies and procedures of government have changed and those things will not happen again. It was a procurement strategy that was being used. I wasn't part of the development of that, but it was within the formal rules of the procurement process.

Mrs. Christine Elliott: You say it was within the formal rules of the procurement process—the process that was being followed there?

Mr. John McKinley: When they were issuing RFSs and hiring and breaking it down so they could fit inside the vendor-of-record process, yes.

Mrs. Christine Elliott: So in December 2008, I believe under your watch, Courtyard was given four separate contracts totalling $2.7 million as opposed to one contract. Was that done under the same rules?

Mr. John McKinley: Yes, that was done—and I believe that others can speak more clearly on that because they were part of the negotiations of those contracts. I wasn't individually in those negotiations, but they were done through RFSs, from my understanding.

Mrs. Christine Elliott: And that was generally accepted across the ministry to be an acceptable practice?

Mr. John McKinley: Yes.

Mrs. Christine Elliott: How did you come to let the contract in that way, into four separate pieces?

Mr. John McKinley: I'd have to defer to Mr. Tessier, actually, on that.

Mrs. Christine Elliott: Mr. Tessier, could you—

Mr. Doug Tessier: I can certainly respond to that. Those would have been four contracts for four different aspects of eHealth; certainly for the drug team and for the diabetes registry and probably the third one I know of would be identity and access. So they're actually three different business deliverables for three different projects. Each would have gone through separate approval and, in fact, I think, on the identity and access side, it was

not just Courtyard; there were other vendors involved on that team as well.

That was technically within the procurement process, to treat those different initiatives as different procurements—potentially not within the spirit and not within the way that it's being applied now within government.

Mrs. Christine Elliott: And that has only recently been changed.

Mr. Doug Tessier: That is recently, yes.

Mrs. Christine Elliott: Okay. At the time when those contracts were being let in those amounts, clearly to either not have to be tendered or to come under the rules with respect to RFPs, was that done deliberately so as to not have to do that? Or wouldn't it otherwise be just too convenient?

Mr. Doug Tessier: That was the procurement strategy that was in place at that time. It was to use the vendor of record, which I think we've established is a good tool if used properly. That was certainly the strategy at that time, to address the projects individually and use that limit and use the VOR for those.

I think, as I've said, today that would probably be looked at differently and they would be lumped together. That certainly was the practice of the day and would have gone through an approval process to let those contracts and award those contracts.

Mrs. Christine Elliott: Was this a formal practice? How did this practice develop?

Mr. Doug Tessier: There is a formal practice of going up and getting authority from the appropriate signing level. For those contracts, it would have been at the ADMs' level. Probably when the contracts were first initiated, that would have been Gail Paech; when they awarded, it would have been ADM McKinley. That certainly would have gone through the appropriate signing authority. I'm not trying to bounce this back to John either, but there is a proper approval around that strategy.

It would probably not be done today, but it was through the proper signing authorities to both issue the procurements under the vendor of records and then to award the successful proponent. Certainly Courtyard was the winner of four of those. There were other firms that got contracts from the eHealth program through that same vendor-of-record approach.

The Vice-Chair (Mr. Ted Arnott): That concludes the time for this round.

Mrs. Christine Elliott: Thank you.

The Vice-Chair (Mr. Ted Arnott): Thank you very much. I'll return again to the New Democrats.

M^me^ France Gélinas: Before I continue with my line of questions, Mr. McKinley, you mentioned that the scope of the auditor's work had changed halfway through, focusing on procurement, because of what had happened in the House, and the minister.

Mr. Auditor, I don't know if you were listening when Mr. McKinley talked about the change of the scope of your audit that would have come in June, after some of the questioning in the House—

Mr. Jim McCarter: Yes, I did catch that comment.

1400

M^me^ France Gélinas: Did the scope of your audit really change?

Mr. Jim McCarter: What I would say is, as we said in the report, the focus of our audit wasn't on procurement; it was on: Did the government get value for money for the $1 billion that was spent? Having said that, one of our criteria did deal with procurement, and we were doing some procurement work. Having said that, once some of these issues got raised, quite frankly, in the newspaper, especially with respect to eHealth Ontario, we did expand some of the work that we were doing in the procurement area from the work that we had originally anticipated doing. So, we did do a bit of extra work as a result of my discussions with the minister.

M^me^ France Gélinas: So, that needed agreement of a change of scope with, or you just went—

Mr. Jim McCarter: No. Something like that—very often, too, when we're doing an audit, as I said before, we keep our eyes open, and if we see something that we want to follow up on, generally we would follow up on it. Typically, we might make the ministry aware of it, especially if it was a new avenue that we hadn't discussed at all. Anything that we want to follow up on once we're in there, we can follow up. But I think this was something that, with respect to procurement—we increased our sample size, and we'd already done the work with respect to the Smart Systems procurement, but with respect to eHealth Ontario we did do a bit more work than we had originally anticipated.

M^me^ France Gélinas: Mr. McKinley, I tried really hard to listen to the line of questioning from my colleagues here on why there was a delay. What I tried to understand was, it was a heavy agenda, it was a short period of time, you had nervous staff, lots to do and lots of requests. Although this was an important one, it didn't percolate up because there were so many other important ones that were being raised. Am I close to what you were trying to say?

Mr. John McKinley: Pretty close, yes.

M^me^ France Gélinas: Pretty close. Looking back, had you taken more time to do the transition, do it in 18 months, could this have changed everything?

Mr. John McKinley: Could it have changed everything? Yes, it definitely would have changed everything. Whether it would have had a positive impact on the staff's ability to answer questions and things like that, I don't know. I think we did a fairly decent job on that front. I think the space issue is an entirely separate issue.

M^me^ France Gélinas: What I get is, the auditor was trying to get in that nobody flagged it to you because they were coming to you with 100 other flags because things were really hectic. That leads me to wonder how many other important flags didn't get to you because of what was going on. The auditor wanting to come into an agency and getting frustrated, in most other situations would have come to you pretty quickly. This time, it didn't, and now we have this. We have lines in a report,

we have lines of questioning. It was, I would say, the intense environment of transition that led to this flag not being picked up.

Mr. John McKinley: I'm sure it was part of it, yes, but it doesn't necessarily mean—20/20 hindsight, once again—

M^me^ France Gélinas: It makes things easier, eh?

Mr. John McKinley: Yeah.

M^me^ France Gélinas: Sorry. Go ahead.

Mr. John McKinley: I wasn't aware of this problem. I was actually under the misassumption that the audit staff were on-site already.

M^me^ France Gélinas: All right. Coming back to my line of questioning, which had to do with the $236 million, I've got a pretty good idea as to what happened in the communication chain of events. I now want to have a better idea as to what happened to the approval chain of events for the $236 million. Who approved this—as in, was it cabinet, Management Board, the minister's office, you, Mr. Sapsford? This is a big chunk of change here we're talking about. This is a project that would have required extreme time, energy, effort and everything else that you can throw in. To me, this was huge. OMA is actually on board for the next phase of eHealth, $236 million: What's the chain of command to approve that amount?

Mr. Ron Sapsford: It would have been approved with ministry estimates last year—two things: it would have had the discrete approval of treasury board. I think I talked before about taking to the government the overall strategic plan for eHealth. That would have included these elements in it as part of that decision-making process. With that discrete approval on the overall strategy and implementation, it would have been incorporated into ministry expenditures as part of the budgeting process.

M^me^ France Gélinas: Did you sign off on that deal?

Mr. Ron Sapsford: No. The approval of the government to make the expenditure for that purpose was part of the arrangement and the flow of funds that would then transpire between the ministry and eHealth Ontario. EHealth Ontario, as the agency board, was responsible for the negotiation of specific details with OntarioMD according to that agreement. So the ministry's responsibility was to flow the funds to our agent, who was then responsible for the implementation of the program. But the overall expenditure and the application of the fund was part of the government's approval of (a) the strategy, and then (b) the annual budget.

M^me^ France Gélinas: There are a couple of e-mails there from Ms. Kramer and Dr. Hudson. It has a big "A" on the top. Basically, it's called "First Few Days," and it's an exchange of e-mails between Ms. Kramer and Dr. Hudson about her first few days. In some of the comments she makes on it, she says, "There is a nod to getting my 'blessing' on certain large items (like the IBM contract and the MB20 going forward to Management Board …)" What does MB20 mean?

Mr. Ron Sapsford: It's a Management Board—I'm not sure what the 20 means. It's a process of approval that ministries use, or a documentation to go forward to Management Board, treasury board and/or cabinet.

M^me^ France Gélinas: Then she continues in her e-mail: "But there are other items that need attention." From this, it's two, actually; the e-mail starts two days and then by the time of the exchange it's three days after. She talks about the IBM deal. That means that this deal had already been in negotiation before she was there because she talks about it already. Who led the charge for the IBM contract before she was there?

Mr. Ron Sapsford: It would have been the eHealth program at that time.

Mr. Doug Tessier: It was certainly the eHealth program. It was actually an MB20 that went in August, which actually approved the IBM deal. In August 2008 it went forward, and approved that deal in August 2008. That was when Gail Paech was leading the eHealth program, and she certainly did make that submission to Management Board. It was approved. But because in the transition this contract would be inherited and transferred to eHealth Ontario, before it was actually signed with IBM there was a process to make sure that eHealth Ontario and Sarah Kramer in particular were aware of the terms of the master services agreement of that deal, and there were certainly meetings and discussions and shared information. In fact, eHealth Ontario did have both their legal counsel and an independent legal counsel review that as well at that time.

M^me^ France Gélinas: And that was during the time that Ms. Kramer was there.

Mr. Doug Tessier: She was at eHealth Ontario at that time, yes.

M^me^ France Gélinas: In the e-mail—it goes back and forth between her and Dr. Hudson—she's talking about her speech, she's preparing her speech at OHA and then she says, "Make sure that the minister and the Premier, etc. have it"—a copy of the speech. She responds, "We'll send to the MO and the PO. Sacha was there and I think loved it." Who is Sacha?

1410

Mr. Ron Sapsford: I can speculate on who that might be. It would be Sacha Bhatia in the Premier's office.

M^me^ France Gélinas: Okay. Then she goes on and she says—

Mr. Ron Sapsford: I'm sorry; I don't know where you're reading from.

M^me^ France Gélinas: It says three of five right at the beginning of the one that has an A. You'll see "My address at the OHA was well-attended, and I think"—

Mr. Ron Sapsford: Yes, thank you. I have it.

M^me^ France Gélinas: You've got it? All right.

She also talks about having meetings lined up with Dermot Muir and Tony Day of Infrastructure Ontario. What was the dealing between Infrastructure Ontario and eHealth?

Mr. Doug Tessier: I can certainly answer that as well. In the governance model for eHealth and the single-

accountability model, Infrastructure Ontario is a partner with eHealth Ontario because of their procurement expertise and their alternate funding model.

That has gone forward so far. In fact, we're partnered with them on the diabetes registry, and I believe that those two individuals were in opening discussions with Sarah and other people from eHealth Ontario on how that relationship would develop and what the roles and responsibilities would be, as well as what procurements were coming that were of a sufficient size and complexity that Infrastructure Ontario would want to get involved.

M^me^ France Gélinas: Okay, so for now, it was for their procurement expertise. What did Infrastructure Ontario have to do with the diabetes registry?

Mr. Doug Tessier: Infrastructure Ontario, because they do very large procurements for nuclear plants, hospital capital—$100-million deals that are very complex and happen over a long period of time—they have specific expertise in the negotiation and management of those deals.

In the governance model, Infrastructure Ontario was identified as a potential partner in the eHealth area because the contracts are getting larger and larger and more complex. This is not a small deal like a six-month project; it's something large like the diabetes registry, from an integrated perspective, and certainly like a provincial drug system, so things that are in the $150-million range. We are partnered with Infrastructure Ontario to get their expertise on that.

In fact, they not only run the procurements on our behalf with our partnership, but they also implement their alternative funding model. Basically, to explain that simply, it holds the vendors accountable to deliver the product completely and to have it working before they get paid, as opposed to paying them upfront and then finding out later that things aren't going to work.

M^me^ France Gélinas: And they have done this for eHealth?

Mr. Doug Tessier: They're doing it right now.

M^me^ France Gélinas: They're doing it right now.

Mr. Doug Tessier: And the diabetes registry is the first project. It's not quite as big as $150 million; it's significantly smaller, but it is a large integration play that does involve the alternate funding model and the vendor operating the system for a period of time and getting paid upon substantive completion and evidence that the system actually works.

M^me^ France Gélinas: Very good. I'm now on the thing that has a big B at the top. We're now on e-mail that goes from November 14 to November 25. Ms. Kramer asked Dr. Hudson if Dr. Hudson is "at health results today," as she wants to send him a couple of points on eHealth. What does she mean by being "at health results today"? What's that?

Mr. Ron Sapsford: Health results would be a meeting where we would monitor progress on a number of files—priorities of the government.

M^me^ France Gélinas: It's the one right at the bottom. She says, "Are you at health results today"?

Mr. Ron Sapsford: Yes.

M^me^ France Gélinas: You know where I am? Who would attend a health results meeting? What are those? Who attended that one?

Mr. Ron Sapsford: That one I'm not sure. It was set up for meeting between ministry staff, the minister, the minister's staff and the Premier as well as some of the external leads to very specific projects.

M^me^ France Gélinas: Okay. Dr. Hudson replies, "Went well. Premier totally on our side." So it would appear that there was a conversation between Dr. Hudson and the Premier on eHealth and that the Premier was unequivocally in support of Kramer and Hudson. Were any of you at that meeting?

Mr. Ron Sapsford: I think I've been at almost all health results meetings, yes.

M^me^ France Gélinas: Do you remember the Premier being, as Dr. Hudson says, "totally on our side"?

Mr. Ron Sapsford: That his characterization. I don't remember if eHealth was specifically on the agenda or whether this refers to something in the meeting or off to the side. I really, honestly don't know what the reference is for. If I look at that time, November 24, this would be shortly after the initiation of the agency. The agency was moving forward with the adoption of the strategic plan, which my colleagues brought with you today. At that particular point in time, there was strong support for the creation of the agency and moving the agenda forward. That's as much as I could add, because I don't really understand what the specific reference is about.

M^me^ France Gélinas: Okay, so you don't remember if eHealth was on the agenda, if it was discussed, if Mrs. Kramer's position or—

Mr. Ron Sapsford: Certainly, not, no. There would have been no discussion whatsoever of that.

M^me^ France Gélinas: Are there agendas for those meetings?

Mr. Ron Sapsford: Yes, often, yes.

M^me^ France Gélinas: Can you share the agenda with us?

Mr. Ron Sapsford: For that day?

M^me^ France Gélinas: For that day.

Mr. Ron Sapsford: I'll check to see, yes.

M^me^ France Gélinas: Okay. You'll check to see if there's an agenda or check to see if you can share?

Mr. Ron Sapsford: Both.

M^me^ France Gélinas: All right. If it's yes for both, then you'll send it on?

Mr. Ron Sapsford: Yes.

M^me^ France Gélinas: And if it's no for any one of the above, let us know which one it is.

Mr. Ron Sapsford: Yes.

M^me^ France Gélinas: Okay, thank you. The other question has to do with freedom-of-information requests and a whole bunch of lobbyists in meetings in the Premier's office. From May 5 to August 25 of this year, 2009, David MacNaughton, a lobbyist with Accenture,

had a meeting with Jamison Steeve, the principal secretary in the Premier's office. Did anyone here speak to Mr. Steeve or anyone in the Premier's office with regard to those meetings? I get a whole bunch of movements of the head all in the same direction. I take it that means no.

Ms. Rita Burak: We have no knowledge of the meetings that you're speaking about. There's no reference to this in the Auditor General's report. I have no idea.

M^me^ France Gélinas: So nobody knows. There have been many, many lobbyists going to the Premier's office and people who work in eHealth going to the Premier's office. Have any of those lobbyists come to eHealth this summer or since?

Ms. Rita Burak: I have never met with a lobbyist since I've been appointed. I think, Rob, you can say the same thing.

Mr. Robert Devitt: I've never met or even talked on the phone with a lobbyist.

M^me^ France Gélinas: Okay, very good. Well, you're one of the few.

Mr. Robert Devitt: I've got too much work to do, to be quite honest.

The Vice-Chair (Mr. Ted Arnott): Thank you very much. That concludes the time that you have for this round and I'll turn to the government members. I have an indication from two members. Who would like to go first? Mrs. Van Bommel.

1420

Mrs. Maria Van Bommel: It won't take me as long. My question is more for the Auditor General. We've been hearing a lot about the space that's required, that you were doing some of this off-site and then on. From my experience in business—I've been subject to occasional random audits myself, and for us it meant either finding room on the dining room table or an office maybe at our accountant's, and it entailed having one person come. We were told what years we were going to be dealing with. We pulled out the boxes and records, and the auditor went to work.

When you do an audit—and we talk about space being available—how many people are there and what kinds of things are expected? When you talk about scope, what do you mean by scope of the audit?

Mr. Jim McCarter: The number of people in an audit would vary. It could vary from one person on a small financial job to, on some of our bigger jobs, five or six people in the field.

When we talk about scope, typically it would be the extent of how much work we do on a particular program. We probably spend as much or more time doing what I call the criteria: What are we going to use to benchmark the agency against? Again, it's just more efficient for us if we can get in and we can, as I said, walk down the hall and talk to people.

Often, when we ask for records, we don't know the name of the record, so we need to—if we send an e-mail and we don't know the name of the record, they might say, "We don't have that," but if we can go in and say, "What kind of business plans do you have?" it's just more efficient for us to basically get in and do the work on-site.

Mrs. Maria Van Bommel: How many people go in at a time, then?

Mr. Jim McCarter: It depends on the size of the audit. It would be anywhere from one person on a small agency; at the Ontario Racing Commission, we might have one or two people. On a big value-for-money audit on a big program, we could have five or six people, especially initially, before we start to go out to the regions. Then we might have two people going to one region, two people going to another region. It would definitely vary depending on the audit.

I think on this one we probably had, toward the end of the audit, one or two people. At the beginning of the audit, we could have had four or five people. It does take some space. Typically, we often get a meeting room or we'll get two or three cubicles where we can put our staff.

Mrs. Maria Van Bommel: Do you let them know in advance? You started initially off-site. Did you let them know what kinds of records you wanted initially to start the audit with, or—

Mr. Jim McCarter: Yes, we would basically say, "These are some of the things that we would like," and then as we get more records or as we—especially as we talk to people. People will say, "We prepare this" or "We do that" or "We have this type of report." Often, when we talk to people, we'll say, "Could we get a copy of that?" or "How do you track this?" And they'll say, "Come on over to the filing cabinet; we'll show you where we keep this sort of stuff." That would be generally how we would do it.

Mrs. Maria Van Bommel: There was a discussion about a disagreement—maybe; I don't know—about the scope. What would be the scope? What do you mean by "scope"?

Mr. Jim McCarter: On this particular audit, we wanted to specifically focus on more of the electronic health records as opposed to the whole eHealth agenda. The ministry was saying, from their perspective, we'd maybe get more value for the money if we focused on the whole eHealth agenda.

We also look at how many resources we have available to put in a particular job, given that we have to get our stuff done in time for the annual report. So we would take all that into consideration in deciding the scope of the audit.

Sometimes, they might say, "Internal audit has done some work; can you rely on internal audit?" So we have to look at the internal audit work papers. It would be normal for us to have those sorts of discussions on the scope and criteria, but as I said a couple of weeks ago, at the end of the day, it's our decision. But we're reasonable; we listen to what they have to say.

Mrs. Maria Van Bommel: Thank you. I just keep hearing about it and I'm trying to envision what all of that entails.

The Vice-Chair (Mr. Ted Arnott): Thank you. Mr. Delaney.

Mr. Bob Delaney: Thank you. Going back to a comment you made, I think, in the last round—I think it was this gentleman here who talked about "creating new stuff." I'm interested in looking at a software development project in which you would have good work that would, over time, morph into a set of principles that would then be called best practices. When their adoption approaches universality, they become standards. Looking at that continuum, can you tell me some of the hurdles that you're trying to climb in creating new stuff in which the process of working to a standard is itself a bit of an elusive goal?

Mr. Robert Devitt: Sure. I can start and Doug may be able to add more.

I think one of the key challenges, in terms of trying to pursue to a standard, is that across the health care system, individual provider practice varies so that, in fact, there is not a standard. Part of the whole process of moving some of these initiatives forward is getting the field to agree on what the standard is.

If I use a lab as an example, one can't just create a lab system, run a bunch of tests through it and turn it on because what one hospital or what one group of providers will see as a normal range versus an abnormal range on a test will be different from what a group in another community sees. There's minor variation, nuances in definition. So from the very beginning, one of the key challenges is getting a very diverse set of health care providers—and it's not just physicians; it could be physicians; it could be nurses; it could be respiratory techs, depending on the applications; pharmacists—to agree on commonality of standards, so when we talk about something we all mean the same thing. That is a real dilemma and a challenge. The way we usually do this stuff is we start with proof of concept in one place, show that it can work—and we actually have processes and people who try to engage clinicians to get them to define what the standard is. If a guy like me—I don't have a clinical background—came out and said that the new standard for an abnormal sodium test is X, eHealth Ontario says so, you can imagine the reaction from the field in terms of what do I know etc. There really is a complex process to get to that standard.

I don't know, Doug, if—

Mr. Doug Tessier: What I would add to that is that part of the challenge is that there are numerous hospitals—take the Toronto Central LHIN, which we're sitting in right now. I think there are approximately 26 hospital corporations. They have made an enormous investment in eHealth and hospital systems already, and they have both different systems and technology, but they also have different businesses processes.

One of the examples that has been provided to me by health care providers is how some of the hospitals use a pain scale that goes from 1 to 5; some of them use a pain scale that goes from 1 to 10. If you're a number five, it really matters which scale you're being measured on to know how serious you think your problem is.

There are issues of technology, there are issues of data and, as well, business processes that make this quite challenging. Part of that challenge is people are out the gate, they're doing things, and I think the other challenge I would describe is that we have very different models from large, urban settings, like we're in now, to rural places in northern Ontario where I'm from, where it's an hour-and-a-half drive to the radiologist, for example. So there are different business models, different technologies and a lot of things on the ground right now, but we are working, and one of the advantages now is that in our strategy that's been approved, there is the ability to just set a standard and get out of the way.

One of the areas that would be really important which family physicians have been after for many years is hospital discharge summary. When my patient comes out of the hospital, I want to know what happened to them, what their status is and what action I need to take. We're actually not delivering a system for that, but eHealth Ontario has worked with the broader health sector to identify a standard for that messaging and information, and then everyone is running with it. There are now about 10 examples of projects in the province that are running with that standard, and we don't have much to do with the project at all—we're not funding it. But they are using the standard, and that's a big part of the future.

Mr. Bob Delaney: To take your example, then, if you're looking at a pain range either on a base-5 or a base-10, would a 4 out of 5 be a 7, 8 or a 9 if based on 10? Looking at that type of challenge, when you're assembling the specs for a project, presumably prior to the analysts doing the design and certainly before the programmers write the actual code, what kind of up-front work have you typically been doing? Perhaps you could give me an example.

1430

Mr. Doug Tessier: So eHealth Ontario's activity—and not just our activity but across Canada—is architecture-based. We've worked really closely with groups like Canada Health Infoway, first, to establish a blueprint and architecture for eHealth in Ontario and Canada. Our blueprint, by the way, is not exactly the same as Canada Health Infoway's, but it's consistent. We talked to them about the changes and differences. We drive that from an architecture perspective, then we work with stakeholders to determine the requirements. A perfect example of that would be on the diabetes registry, where there is a diabetes expert panel which has, I think, up to 60 clinicians of various types—physicians, nurse practitioners, specialists, dietitians—who actually say what is it we want to do with this system, because it's not about the technology; it's about what you do from a health care perspective to look at that system. So that expert panel actually advises our system's architects and designers as they look at the type of product that we're

going to primarily purchase, because we actually buy most of our products and customize them for Ontario. We don't start from scratch.

Those are the kinds of things we do with both clinical and the broader health sector, and of course from a standards perspective we do have to fit into the pan-Canadian perspective and some Ontario government standards. So it's quite an extensive process as we take these products forward.

Mr. Bob Delaney: If I were to ask you a question that made the assumption that I had some knowledge of systems design and ask you to give me a quick encapsulation of the architecture and the platform on which eHealth will run, how would you answer that?

Mr. Doug Tessier: That would be a long discussion, but I think in a nutshell it's based on foundation elements and integration. So we're not selling one system or purchasing one system for an electronic health record. It's built on a foundation of centralized systems for key elements, like labs and drugs and diagnostic imaging, where there's a value in having them centrally, and then an integration of systems and information that already exist out there. For example, physician office systems have to be done in a standard perspective and meet a specification. The reason they have to do that is so that we can integrate them as we go forward.

That's really the basis for our architecture. It's the basis for the architecture in Denmark, Great Britain, the United States or anywhere else. It would be nice if we could tell everyone to stop and use the same tool. We can't do that, so it is about integrating systems and information.

Mr. Bob Delaney: I think the expression I remember being taught goes, "The perfect is the enemy of the good."

To look at one of the reports here, I have a couple of questions on some very specific things. I want to ask you a little question about the data centre. Could you describe for me, please, with regard to the data centre, which it says here "consists of space leased from Hewlett Packard. The lease expires in fiscal year 2011-2012"—is there just the one data centre at the moment?

Mr. Doug Tessier: In fact, there are two centres eHealth Ontario operates. One is in Markham and one is in Mississauga. They're on a complete failover. I think it's described as a tier 3 data centre situation. So from a power and an application perspective, every application that we host—again, for example, the diabetes registry, when completed, will be in one of those data centres, and we'll have a complete failover to the other data centre. A very similar model to the banks or any other industry that's running real time—certainly, in a clinical application, you're talking about high performance and high availability.

So there are two data centres in place, and in our data centres there is actually an eHealth location where we manage all the applications and services in there. They are co-located with Hewlett Packard's space and, in some cases, applications are actually hosted in the Hewlett Packard space under a managed service agreement, and that's simply a space and staffing perspective as we move forward. But they're all operated to the same technical delivery standards regardless of the space.

Mr. Bob Delaney: Is there, in fact, redundancy in each of the two data centres?

Mr. Doug Tessier: In fact, there's redundancy between the two data centres, is the model that it works on.

Mr. Bob Delaney: Between but not within?

Mr. Doug Tessier: Not within, no. The failover is to the other data centre. I have to apologize. I used to be a techie. I've been out of that game for a while, so we haven't actually got the operations experts from eHealth Ontario here.

Mr. Robert Devitt: I can also say, because we've just done this in the last 10 days, we actually test the redundancy. We let one go down so we can make sure the other actually kicks in, just like a hospital tests its backup power generator.

Mr. Bob Delaney: Okay. How am I doing on time, Chair? What have I got?

The Vice-Chair (Mr. Ted Arnott): You have a few more minutes; about five.

Mr. Bob Delaney: Okay. I think we can cover a few topics in that time.

Looking at deployment of the applications, if, as and when they're deployed—I've looked at the various Gantt charts, and I'd like to ask you about both the alpha and beta testing process. How are you doing your in-house tests and how are you doing your tests among specific beta groups?

Mr. Doug Tessier: We have a series of tests that goes on for all of our applications, and, by the way, we have numerous applications in place now. I don't have the process that we go through exactly for those; I think we could provide that to you. But it certainly involves testing by the developer; if that's us, then we do the development testing. It may be an external vendor. Then there is user-acceptance testing, which involves—in the case of diabetes, the diabetes clinician is actually sitting down and looking at that and testing from a user perspective, both for performance and usability, and we do compensate the clinicians for doing that.

Then, as we move into production, we have, I believe, a 20-day period where things must operate in a pre-production state, in a flawless mode, and we deal with either the vendor or our development team before it actually gets into our secure production environment. My best offer would be that we could certainly submit that material to the committee if it's needed.

Mr. Bob Delaney: Okay. A closely allied question would be on training and documentation. To what degree, as the development process comes together, is documentation developed? How does this translate through to end-user training? Would you describe for me how broad the scope is of the testing—the beta testing, particularly—that you've just described?

Mr. Doug Tessier: Certainly, from an adoption perspective, we have two approaches to that. One of those is done within each initiative. For example, if we're doing diabetes, there's adoption training that's done, working with the clinicians. It's actually driven out of the expert panel identifying and working with both our and the ministry teams around the adoption of that particular project. We also have a specific area called implementation and adoption, which looks at the fact that people don't just use the diabetes registry; they use some of our other products and services. So they look at that implementation and adoption and training from a specific integration level across our initiatives. Where we've got someone like OntarioMD, which is one of our delivery partners, they have a large role to play and operate implementation and adoption programs in conjunction with our team, but they actually deal directly with the physicians. The physicians like that arrangement of an OMA subsidy as opposed to the agency on some fronts, so we certainly do that.

From a beta testing perspective, as Mr. Devitt identified, we do like to take the small-step approach and do our demonstration projects. For example, on drugs we've gone through the testing of that, including acceptance testing, and then put them into demonstration mode, which some people would call beta. They're in a limited number of sites with a limited number of providers. It does have to be a critical mass. In the case of drugs, that was 70 providers who were prescribing information and approximately 50 pharmacists—so, not small, but those two demonstration sites I would categorize as betas as we look at what we're going to do as we move forward. It certainly involves an extensive evaluation component. We're now looking at the drugs, for example, and looking at the evaluation results of that to determine how it fits our provincial model.

Mr. Bob Delaney: As a particular application—let's focus on the one you were just talking about—moves through the development process, describe to me the data conversion process: what formats you may be using, what legacy data you are inheriting, to what degree you are either re-keying or having to scan image or text, and the conversion from what type of formats you would be dealing with.

Mr. Doug Tessier: Currently, in many of our applications there's not a conversion process. For example, when a physician implements an EMR system, they have a personal business decision to make as to whether they want to go back and incorporate all their electronic records from the past, and that certainly could involve scanning that information in or re-keying it. That's a local business decision.

As we're implementing most of our larger solutions, they actually start from an integration perspective and pull information together. It does not often involve a huge data conversion. In the future, as we start to integrate things like hospital lab systems, there will have to be a decision made, either locally or in conjunction with us, about how there is going to be some conversion. It certainly doesn't apply to all lab tests. Some of them aren't relevant from the past; you're going to have to do them again anyway. But there are certainly cases where you'll want to do those and maintain a history and a trend.

1440

There will be a data conversion process. It is standards-driven, so for example, from the lab perspective, we mostly use the LOINC coding system as we go forward, and will use it in the future. And that may mean some conversion process.

Part of what our implementation and adoption team will do is look at some of those data conversion issues, because we may have to get either more of our team involved or some external clinical expertise to help us with that. An example of clinical expertise to help us may be a hospital records group from one place. We may have to put a team together to help with some coding around some of that conversion.

The pain scale is a simple example. At some point, if we decide it's going to be a one-to-10 scale, we may want to go back and say, "How do we calibrate that across the two areas?" You can often do that with an automated tool, but there are also some cases where someone actually has to look at the data and make a decision and a judgment on that conversion.

As we integrate things, we are getting into that business model.

Mr. Bob Delaney: Are you advocating—

The Vice-Chair (Mr. Ted Arnott): Thank you.

Mr. Bob Delaney: Am I out of time?

The Vice-Chair (Mr. Ted Arnott): That concludes the time.

What I would like to do is give each caucus an additional three minutes to ask perhaps one or two last quick questions if we could, but we have to reserve time to deal with Ms. Sandals's motion at the end of the meeting.

I'll turn now to the official opposition. Again, about three minutes for your questions and answers.

Mrs. Christine Elliott: Given the time left, I would like to just ask Ms. Burak a question or two, if I might. On page 12 of the Auditor General's report, he describes a situation where, despite the appearance of competitive tendering, senior management already knew who they wanted the contract to go to. He describes how the consultant submitted a bid of $3.1 million, well above the project's budget of $700,000. The same consultant was asked to resubmit their bid, which they did, at $737,000. Not surprisingly, their bid won. Doesn't this essentially amount to bid-rigging, in your view?

Ms. Rita Burak: Sorry?

Mrs. Christine Elliott: Bid-rigging.

Ms. Rita Burak: I suppose that, strictly speaking, the technical definition of bid-rigging would be a number of suppliers rigging a price. The totally unacceptable practice laid out on page 12 is absolutely wrong. I don't know that I would characterize it as bid-rigging, but certainly it's a very inappropriate procurement practice.

Mrs. Christine Elliott: Have you reported this as a concern to the OPP, or do you intend to?

Ms. Rita Burak: In fact, we did seek external legal advice regarding a number of elements contained in the auditor's report to determine whether that step, or any other further step, should be taken. I can tell you that the legal advice that we received indicated that while inappropriate practices took place, in terms of absolute legal or criminal activity or activity that should be turned over to the OPP, no, there was not a sufficient case to do so.

Mrs. Christine Elliott: Are you in a position to be able to provide us with a copy of that opinion?

Ms. Rita Burak: I would undertake to provide a copy of that, yes.

Mrs. Christine Elliott: All right. Thank you very much.

The Vice-Chair (Mr. Ted Arnott): I'll turn now to the New Democrats. Ms. Gélinas.

M^me^ France Gélinas: I'm back with the good-news contract with the OMA and OntarioMD. I'm reading from this little "C" thing. We're now on November 17, 2008, at 5:29 p.m. They're basically making a summary of how poorly it went at OMA negotiations. It goes:

"OMA board is split in terms of support for OntarioMD.... OMA took the position ... that e-health was a burden on physicians and a downloading of costs to keep it going.

"The government was prepared during negotiations to give over the whole $286 million to OntarioMD ... with criteria which included: the $286 million be included as part of the ... agreement funding.... ; that there be a more independent board of OntarioMD with independent appointees, thus ensuring an independent relationship from OMA; that they submit to regular audits.... ; that there be a requirement for open procurement in partnership with the ministry...." But then, "OMA was so negative about the whole thing that Hugh took it all off the table."

July 2009 rolls around and we now sign a deal for the exact same work for $236 million. Can you reassure me that some of the accountability, the reporting that was initially on the table are going to be in there?

Mr. Doug Tessier: I can't comment too much on the material here because I think some of it's speculation, but in the new agreement with the Ontario Medical Association, all of the controls that were identified here and many more are in place. For example, all of the funds don't flow to the OMA; it is performance-driven. That's one element of this: the fact that the physicians have to actually use the systems and not just get the money for them, and that we count the number of patients. Certainly, I can guarantee that this is a very good deal for the Ministry of Health; it's actually a very good deal for the people of Ontario and for the Ontario Medical Association as well.

M^me^ France Gélinas: But now we all know that Ontarians don't need any good news on eHealth so we keep them secret, but I already asked my question on that part.

The Vice-Chair (Mr. Ted Arnott): I'll now turn to the government side again.

Mr. David Zimmer: We'd like to pass.

Mr. Robert Devitt: Just to be clear, eHealth Ontario has issued a backgrounder on this; eHealth Ontario and the OMA have talked to the doctors; we have talked to the vendors. So I think the characterization that it's a secret is not certainly what we've been doing at eHealth Ontario. The decision on when announcements of funding are done and whether you announce the big bundle, the $2.2 billion, that started eHealth, or each and every single tranche within that would be a ministry decision. Certainly on this one, we have been transparent with the field and the vendors and have released material as well.

M^me^ France Gélinas: I agree that it was the ministry's decision; I just think that it was a bad one.

The Vice-Chair (Mr. Ted Arnott): Now I'll turn to the government side. Ms. Sandals?

Mrs. Liz Sandals: We will pass and move on with the motion, if I may.

I move that the Standing Committee on Public Accounts recognizes that in conducting the audit requested by the committee on October 21, 2009, the Auditor General has the discretion to determine the approach and timing of conducting such audits and, in particular, may, at his discretion, report the results of his audit in his annual report.

Let me give you a little bit of background on this, if I may. When the public accounts committee or a minister or the Premier asks for an audit, it is by definition a special audit, and I think there is some implication that when any of those three bodies request a special audit, it takes priority over other work.

The Vice-Chair (Mr. Ted Arnott): Ms. Sandals, can I interrupt?

I just want to thank the staff of the public service who have been here today to provide testimony. You don't have to stay any longer today.

Mrs. Liz Sandals: We're going to talk amongst ourselves.

The Vice-Chair (Mr. Ted Arnott): Mr. Ouellette?

Mr. Jerry J. Ouellette: There were a number of questions on the follow-up questions from the stuff that came forward that I would have from some of the individuals there afterwards—at a later date, obviously.

The Vice-Chair (Mr. Ted Arnott): Thank you, Mr. Ouellette. I appreciate that.

I return to Ms. Sandals.

Mrs. Liz Sandals: There's an implication that because it's a special audit, it should take priority, and I understand from some of the auditor's comments that in this case it's a fairly large piece of work. It probably is displacing other chapters from the annual report, potentially—other work that he would do. But the fact that a special audit tends to come to the front of the line and that this special audit, by definition, because we asked for it, is going to involve the Ministry of Health,

it's going to involve hospitals all around the province, it's going to involve LHINs all around the province, and coincidentally, we have going on at the same time an H1N1 epidemic, pandemic—I don't know what the legal label is on this—but clearly we have a significant health problem.

I think we've heard in the testimony this afternoon that having the auditor move in can be, at best, somewhat distracting. It just seems to us that while we're not saying, "Don't do the work, Auditor," and in fact we recognize it's the auditor who ultimately will choose, we would like to make it clear to the auditor that it is not necessary to rush out and do this at the same time that the health system is dealing with H1N1. The Ministry of Health needs to be thinking about how they respond as opposed to sitting here. The hospitals need to be thinking about how they respond—and citing the hospitals is not a moot point. I know that the data in my hospital is that emergency room visits have gone up 50% in the last week, and I take it that that's not unusual around the province. We also don't know when this is going to level out. This is probably still on the upswing in terms of the number of people who are ill—not necessarily fatally or critically ill, but sufficiently ill that they will require medical attention.

It seems to me that to make it clear that the auditor doesn't necessarily have to go in, but could do this work in a little bit less urgent manner, it would be useful for the committee to put that on the record. Because quite frankly, listening to people's questions in the House about, "Are you on this? Are you taking care of this? Are all hands on deck? Is everybody paying attention to H1N1?" we can't then turn around and say, "Oh, go think about something the public accounts committee thinks you should do."

This is simply noting for the auditor who will ultimately make up his own mind, hence the note of discretion, that it would be acceptable to include the work in the annual report.

The Vice-Chair (Mr. Ted Arnott): Thank you. Madame Gélinas.

M^me^ France Gélinas: I just want to check with you, Mr. Auditor: Whether we pass this motion or not, do you feel that you have the discretion to determine the approach and the timing of conducting that audit?

Mr. Jim McCarter: I regard a motion by the public accounts committee as probably top of the list as far as something that I have to do. I still feel that I do have the discretion with respect to the timing and how many hospitals I visit, but having said that, it would be considered a priority by our office, if I could answer it that way.

M^me^ France Gélinas: Okay. The second one is, whether we pass this motion or not, do you feel that you have the discretion to report on that particular piece we have asked you—I thought we had made it clear that you would report as soon as the work was done. That could include how if the work wasn't done any sooner than any other audit, it could be included in your next report, but it may very well have included a special report. Whether we pass this motion or not, does that change anything?

Mr. Jim McCarter: My interpretation of the original motion would be that we regard this as—it's significant enough to pass a motion; "We'd like you to get it done as quickly possible." Historically, I think we have always tabled that as a special report, which means we've tabled on completion in the Legislature.

I think my interpretation of this motion, if this motion was passed, would probably be that the committee is still saying, "Auditor, we still want you to do the work, but if it turns out because of the other factors out there that you don't get it done quite as quickly as possible and it ends up going in your annual report next December, that would be acceptable to the committee, but it's your call." Does that answer your—

M^me^ France Gélinas: That does. Then, having listened to you, Liz, with both my ears, would it be okay if we said, "the Standing Committee on Public Accounts recognizes that in conducting the audit requested by the committee on October 21, 2009"—I don't know where to add it, but I want to add, "if you come across resistance because they're too busy with H1N1, we recognize that the pandemic takes precedence over the wish of the committee"—which is basically what you said in your verbal, but this is not what it says here.

What we're telling you, Mr. Auditor, is that if you go out there and people plead a good case that they've had it up to here with H1N1, that they would really want to help you but they can't because all hands are on deck because three quarters of their staff are sick and the hospital is full, we understand that and we want you to take that into account. If this is what we mean to say, then I have no problem. But it is not written to say this right now.

The Vice-Chair (Mr. Ted Arnott): Any further discussion? Mr. Ouellette.

Mr. Jerry J. Ouellette: When we dealt with listeria, was that not the time when those actions were occurring?

Mr. Jim McCarter: Back when we were doing the C. difficile audit? That audit?

Mr. Jerry J. Ouellette: Yes.

Mr. Jim McCarter: I'd have to say that it was probably—there was some C. difficile being reported in the press, but I don't think it was as widespread as what I'm hearing the H1N1 is.

With that phrase in there, certainly when we start phoning up the hospitals, if they—because to be honest, and don't take this the wrong way, it's not unusual for us to get a bit of pushback all the time. But having said that, we'd typically say, especially if we get a request from the committee, "Listen"—probably what I'd be doing is sending a letter out to the OHA and then sending a letter to the hospitals that we select, basically saying, "Listen, this is a committee request. We're coming in." If the committee was to do this, say this, we might back off a bit if we really got a lot of pushback on the H1N1. So I guess that's how I would interpret such a motion, should the committee pass it.

M^me^ France Gélinas: Yes, but I would say that it would have to be specific. We are in the second phase of the pandemic, the second wave, as we call it, of the pandemic. We don't know what the uptake of vaccine within the health care providers is going to be. If half of a hospital's staff are sick and the hospital and ER are full, they may have a good reason to say, "Mr. Auditor, it's maybe not the best time to come." But I wouldn't want this to be—it has to be specific to the H1N1 pandemic, and then I have no problem respecting this. If this is what you want to do, Liz, I have no problem supporting that, if we add H1N1 in there.

Mrs. Liz Sandals: We've got a bell ringing here and I know some of the folks need to be upstairs right at 3.

Mr. David Zimmer: Let's move, then.

Mrs. Liz Sandals: Yes. I think we have it clearly in Hansard what the rationale for this is. I can't imagine that the auditor is going to say, "Gee, I think I'll slow down just for the sake of slowing down." There needs to be a reason. He has the discretion. He knows the—

Mr. Jim McCarter: I think I've got the message.

Mrs. Liz Sandals: He's got the message.

Mr. Jim McCarter: It's in Hansard that there's been a discussion. I think if I interpret the will of the committee, it is, "Use your common sense, Auditor." That's what I'm hearing: "Auditor, use your common sense."

Mrs. Liz Sandals: So if we could have a recorded vote, please?

Interjections.

The Vice-Chair (Mr. Ted Arnott): All those in favour of—

M^me^ France Gélinas: Has the motion been amended to say H1N1 in it?

Mr. David Zimmer: No amendments—

The Vice-Chair (Mr. Ted Arnott): All those in favour of the motion will please say "aye."

The Clerk of the Committee (Mr. Katch Koch): It's a recorded vote.

The Vice-Chair (Mr. Ted Arnott): Recorded vote, sorry.

Ayes

Delaney, Ramsay, Sandals, Van Bommel, Zimmer.

Nays

Gélinas.

The Vice-Chair (Mr. Ted Arnott): The motion is carried.

M^me^ France Gélinas: But the discussion stands—and it also stands that it applies to H1N1 too.

Interjections.

The Vice-Chair (Mr. Ted Arnott): Thank you. I just wish to inform the committee members that the subcommittee will have a discussion next week by conference call after the permanent Chair returns.

The committee stands adjourned.

The committee adjourned at 1455.

CONTENTS

Wednesday 4 November 2009