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**Official Report
of Debates
(Hansard)**

Wednesday 4 December 2002

**Journal
des débats
(Hansard)**

Mercredi 4 décembre 2002

**Standing committee on
government agencies**

Intended Appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

Chair: James J. Bradley
Clerk: Anne Stokes

Président : James J. Bradley
Greffière : Anne Stokes

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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Wednesday 4 December 2002

Mercredi 4 décembre 2002

The committee met at 1003 in room 151.

The Chair (Mr James J. Bradley): I'm going to call the meeting to order because we're after 10 and I think others will come in. I'll try to accommodate all necessary parties here today.

SUBCOMMITTEE REPORT

The Chair: There's a subcommittee report on committee business dated Thursday, November 28, 2002.

Mr Bob Wood (London West): I move its adoption.

The Chair: Mr Wood has moved adoption of the subcommittee report of Thursday, November 28, 2002. All in favour? Opposed? Motion carried.

We will have a situation where we have one other person who is lingering out there—"lingering" is probably the wrong word—to be considered by the committee. The person is not available for next week. We may need an extension, so I just want to alert the committee to that, and we'll talk about that at the conclusion, if we can, of our intended appointees today.

Mr Wood: As a matter of interest, that person being whom?

The Chair: James Crossland, intended appointee to Cancer Care Ontario.

Mr Wood: An extension of time?

The Chair: We're talking about an extension of time. He was just selected last week, but he's not available.

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): Is it two weeks that we extend?

Mr Wood: It all depends. When is he available? Since we're on this topic, how much time is needed?

Clerk of the Committee (Ms Anne Stokes): The 30-day deadline would be December 22.

Mr Wood: I'd ask for unanimous consent that the time for consideration be extended 30 days.

The Chair: All those in favour? Carried.

INTENDED APPOINTMENTS

FRANK SCARPINO

Review of intended appointment, selected by official opposition party: Frank Scarpino, intended appointee as member, Smart Systems for Health Agency board of directors.

The Chair: We now go to the appointments review, Mr Frank Scarpino, intended appointee as member, Smart Systems for Health Agency board of directors. Sir, you may come forward. As you probably realize, you have the opportunity to make an initial statement if you see fit. Subsequent to that, there will be questions from any members of the committee who wish to question you within the time limits that we have. Welcome, sir.

Mr Frank Scarpino: Good morning, Mr Chairman and the other distinguished committee members. First I'd like to thank you for the opportunity to meet with you and the chance to provide some opening remarks this morning. I am extremely honoured, proud and excited to be here today. Hopefully, you will truly understand why by the end of today's session.

I understand you have my resumé, so I will not go into any details of my positions in the health care information technology industry over the last 20 years or my education. I will leave it with you for questions during your period. However, I would like to highlight my varied experiences in virtually every area of IT and health care over that 20 years.

In order to best understand myself and what I would bring to the board of the Smart Systems for Health Agency, I would like to quickly note some experiences that relate and lead to my personal mission and vision.

In 1995-96, I was providing an IT leadership role in a regional consortium of hospitals known as Westcare. I became frustrated with the lack of direction and standards from larger bodies in regard to IT in health care. I realized that if people with experience like mine did not step forward, the necessary advancements would not happen.

My first approach was to become actively involved in the Ontario Hospital Management Information Systems Association, known as OHMISA. The organization was historically made up of directors of information systems in hospitals. It has since grown to include a balance of information systems people in health care organizations and people from the respective vendor community.

In April 1996, I became president of OHMISA. Many of our members were also members of the organization known as COACH, which is the Canadian Organization for the Advancement of Computers in Health, of which I am also a long-standing member. I believed the IT industry in Ontario would benefit from a larger pool of resources by becoming more actively involved with the

international organization known as Healthcare Information and Management Systems Society, for which the acronym is HIMSS. I, as president, and the OHMISA executive worked hard and actively and became the first Canadian chapter of HIMSS, to bring the international background to our group.

Near the end of 1998, I was looking for a change and decided to become an independent consultant. I was successful in my first year and saw the value that my experience and people like me could bring to the health care industry.

Also, I had been dealing with a difficult period in my personal life for several years. I began to do some significant personal reflecting. I realized that I had been wasting time and energy. I concluded that I really had very little to show for my time here on earth. We do not take material items with us when we depart, but hopefully we get a chance to leave with the comfort of knowing we've left behind achievements toward the advancement of humankind. I began to realize that the path of my career had placed me in an incredibly opportune situation. The basis of my mission became the acknowledgement that every individual can make a difference in their life. It is as simple as how you handle day-to-day interactions with individuals. I looked for the biggest impact that I could make with the little time I had left. It became very clear that I had the opportunity and the responsibility to use my experience to help an industry of caring people help even more people than I could do as an individual.

The Smart Systems for Health focus on infrastructure is a key building block needed as a base to build upon. It will be successful when this infrastructure is seen as a utility in providing trusted service similar to the phone systems of today.

The utilization of the Internet reminds me of a time when Canadians were leaders in the transportation field. Canada was a successful early implementer and user of transportation due to the need to travel across a vast country. We have the opportunity to utilize the new technology to bring the country together again through the health care system's utilization of the Internet. The technology is there; we need to do the legwork to utilize it for the great benefits that it has. To me, the work is in the coordination and collaboration, from understanding all stakeholders' needs to implementing usable solutions. Imagine a model achieved through working together to achieve this outcome and the potential it has to go beyond borders.

1010

I came to realize that in order to achieve my mission and my own vision, no individual, no health care organization, no software provider, no government and so on can do it alone. We must figure out how to move as quickly as possible to achieve the effectiveness and efficiencies required by the public of the health care industry. We are dealing with a complex industry, but one thing is constant that we must keep in mind: the people, the stakeholders, are most important. They must be valued, respected and utilized.

If you are interested and if it is appropriate, I have brought some flyers describing my own business and our business with the intent of emphasizing my sincerity in making that difference.

Simply being here today gives me a sense of accomplishment that the sincerity of my own mission and vision is truly being heard and seen in my work. I feel blessed to be in a position to be able to see the potential, but also realize the complexity of the health care industry. There is a great deal to do but not a lot of time to get it done.

I would like to conclude by giving my personal assurance that I will bring my commitment to making a positive difference to all stakeholders involved, beginning with the patients, their families, physicians, other health care providers and so on.

I'll conclude with that brief summary. Thank you once again for this opportunity. I welcome any questions you may have and I'll try my best to answer them.

The Chair: Thank you very much. We will begin our questioning with the third party.

Mr Tony Martin (Sault Ste Marie): Thanks for coming this morning. I'm interested in your take on the Romanow commission, the recommendations. What was the highlight for you in that report?

Mr Scarpino: One thing I'll admit right off the bat is that I haven't had a chance to review it in detail. I was away on vacation when it got released. In quickly scanning, a couple of things stuck out that I want to pursue myself. One is that it seemed to be a positive take from the public and he seems to really understand where the public is coming from and the needs of the public. But just last night, in quick-searching on the Internet, I saw some headlines about Kirby, not using the word thrashing, but my quick impression was that he was thrashing the Romanow report. I haven't had a chance to go into the detail of why there is the difference in the players. Those two things stuck out for me quickly on getting back from vacation.

Mr Martin: Kirby's critique was that Romanow didn't identify where the money would come from, and he was also critical of Romanow's stand on the issue of publicly funded, publicly delivered, that the private sector has not been proven anywhere to be any more efficient or cost-effective. What would your view on that be, in terms of private sector involvement in health care in the province?

Mr Scarpino: I've got to admit it's a very difficult question and I'm sure that's why it's been a great difficulty for quite a while. When I think about it, I really go down to the bottom line: the health care industry has many stakeholders. When you look from my experience of IT in health care, really the vendor community is part of the stakeholders. We rely on them quite a bit from the standpoint of technology and health care and working together with them, and them understanding the needs and therefore the ability for their research and development to put together the solutions for health care.

That's one perspective, but from the standpoint of the private sector, I believe there's got to be a line drawn,

and not having too much say in the health care system itself. It's a very difficult line to find and I'm sure that's what all the discussion is about: where is that line going to be drawn? I'd have a difficult time if they were too involved and if they had too much say and it took away from us as Canadians the chance to have health care provision as, virtually, a right of our country.

It's a tough discussion and I'm sure part of the board of Smart Systems will be part of that in some way, but also from the vendor community being cautious of how much and where they're involved with the system and so forth.

Mr Martin: There was also some significant emphasis in Romanow on more centralized information, on use of the computer to share information between institutions and doctors in order to create more efficiencies and to streamline the system, to make it work faster and perhaps make it more cost-effective. Would that be an important part of the work that you see needing to be done in this new agency, as it gets itself up and running?

Mr Scarpino: That's the sensitivity to the information?

Mr Martin: Just the emphasis in Romanow on governments getting serious about better technology in terms of sharing information.

Mr Scarpino: I guess that for me the easiest way to answer that is through an example. Over the last several years, I've been involved with the health care system through family members. From my perspective, especially being in the industry of information technology and knowing the benefits it can bring, I've been quite frustrated with the number of times I have had to provide the same information to the multiple organizations that I take my son to or that my dad was part of in dealing with the health care system.

Even today, that's part of my motivator, specifically in my father's situation. He was saved at a hospital through an MI in terms of a heart attack. He was found to have an allergy. But now, through regionalization, the cardiac specialty centre is no longer at that hospital which is closest to his home. It's at another hospital. Today my concern, and I believe it's very valid, is that if he had a heart attack and an ambulance picked him up, he would easily be at that regional cardiac centre without the information about his allergy, and it's a significant allergy, that could save his life.

To me, the technology is there. It's available today. It can make a difference in reducing duplication of effort, of getting information quicker. It has to be done in a way, though, that allows for security and confidentiality and dealing with that in parallel. I really believe that technology can do things in moving away from silos and moving closer to integrated health care.

I reviewed Romanow's report from this spring to have a flavour of what he was going to come out with, and I saw his discussion of the silos and the importance of technology and information management to bring the integrated delivery closer. I really believe that's a role and an area to pursue.

Mr Martin: In northern Ontario, we're concerned, and in rural Ontario too: it is the concern that we may not get all the resources we need to look after the folks who live in that part of the province. There were many announcements made over the last few years, as we struggled in the north to get doctors and specialists into various and sundry communities, that through technology we were going to be able to resolve that and connect hospitals with teaching hospitals and centres in southern Ontario where the information is.

It really hasn't done the trick. It probably has taken us a distance to having more information at hand quicker, but it hasn't reduced the waiting lists and the time it takes to get response or result. It hasn't supplied us with any more physicians and specialists in our regions.

What do you think you can bring to the smart health systems project that will help us in far-flung parts of the province without removing the hands-on, face-to-face, interaction we need with doctors and specialists in our communities? How do you think that would interface or interconnect?

Mr Scarpino: Again a very complex issue, as you know. There are different angles to it. The current movement with Telehealth and the telenorth technology and the group based partly from Sunnybrook to provide those services remotely was a very good start. They received more funding to expand that access throughout the north. I was very happy to hear that in terms of patient care getting some more attention that way. It's a start.

1020

Part of the scenario gets back to the starting of even my business and structure. It's not for the business's sake; it's really for patient care for all stakeholders, as I mentioned. It's tapping into what I believe is a new culture, a new way of living. That new way of living is, people are looking for more autonomy in their lives, from the IT specialty area of contractors and so forth, even the physicians, practitioners and clinicians. They really are very hard workers and they put in a lot of time and they're dedicated to their business.

I believe technology can help them in their lives by providing information quicker, by making it so they can, for example, physicians or radiology physicians who are on call, as opposed to having to run into a hospital to see an image, an infrastructure like Smart Systems and bringing technology, will give them more autonomy, better lives and hopefully start to open up the realization that they don't necessarily have to be located in the big city. That might be a choice, but I believe it will start to go away more and more, and they can start having more autonomy and having more options of where they can live and enjoy—I have a cottage I go to, a little bit north; it's beautiful country up there—and hopefully through technology we'll show these practitioners and physicians that there is good opportunity, and still provide direct care and be up in these areas. I believe that's coming. We need to build on things like the Smart Systems for Health infrastructure to help bring forward.

The Chair: That concludes your questions. We now move to the government caucus.

Mr Wayne Wettlaufer (Kitchener Centre): Mr Scarpino, welcome to the committee this morning. You seem to share my enthusiasm for the advances technology has made and what it can do for the benefit of the patients. I don't know if you're aware of the government's e-government committee, the study that we're doing on modernizing e-government.

Mr Scarpino: Just a little bit from the readings.

Mr Wettlaufer: I'm an advocate of biometrics. I don't how the people opposite feel about this. My concern has always been in the gathering of any information that it be absolutely 100% secure. I realize that anything can be violated, but I believe biometrics comes as close to 100% security as you can get.

I was a little bit flabbergasted, I believe it was a year ago, when the federal Privacy Commissioner, George Radwanski, came out strongly opposed to the gathering of information and accessing it by biometrics.

The Ontario Hospital Association's information and communication technology advisory committee published last year a study of IT. It was called Building the Foundation for e-Health in Ontario: A Pathway to Improved Health Outcomes. It endorsed our decision to proceed with Smart Systems for Health care. It said, "The ability of health care providers to achieve greater efficiencies system-wide is impeded by the lack of a secure health information network...."

"We strongly recommend that the government create an independent agency to implement Smart Systems for Health and that the board of directors include representation from hospitals, other health care providers, researchers, the private sector and government."

They also recommended that it "be independent from bureaucratic red tape." I can sympathize with that.

I was wondering if you have any comments on the role of the agency itself, and biometrics.

Mr Scarpino: Maybe one comment, quick off the bat. I've been quite involved with the OHA and the e-health council and really support that group and their initiative. I know the OHA and Smart Systems are at the table working together. I'm very much supportive of that document and their approach.

Biometrics as a solution, I believe, is one of the best for health care, if not the best. I answer at times with maybe too many examples, but one example: in looking at a card type solution, when you move, as an individual, you become reliant on the technology at the place you're going to be able to read that card. It especially becomes a bigger issue as you start crossing international boundaries and borders. I really have seen and pursued that and seen the inadequacies of that kind of solution. Everything seems to come pointing back to the person and that person's characteristics being utilized to provide security, and the availability to get to their information.

So I believe biometrics is, if not the, one of the most significant approaches we should be looking at to see how it can be utilized within the identification of the patient and then the access to information, the granting of that access. Obviously, it becomes very complex as you

start asking the questions further but I believe biometrics is, again, if not the, one of the most significant security technologies we should be looking at, from the hand scanning to the retina scanning and so forth.

Mr Wettlaufer: What about the new agency, the smart health agency? How do you feel about that?

Mr Scarpino: I didn't reference it, but when I was president of OHMISA, the OHMISA organization, members of the executive included the Ontario Hospital Association and it included, at that time, the project management office of the Ministry of Health and Long-Term Care, which became the Smart Systems for Health—it evolved to that group. I've been involved and aware of it for some time. It was at that time when I was really realizing and wanting to make a difference and looking at the size of this industry.

The bottom line is, we need to be moving forward. The Smart Systems for Health is an excellent start. It's an opportunity for us to work together and deal with these issues, deal with security, deal with data access, availability. There are a lot of things we could be doing in parallel. I really believe the Smart Systems for Health Agency has good people involved, is a good infrastructure to get us moving forward, get the questions addressed, make that difference and start pursuing it.

The Chair: Thank you very much. We now move to the official opposition. Mrs Dombrowsky.

Mrs Dombrowsky: I do have a few questions, and I know that my colleague Mr Gravelle does as well. When I review your background, obviously you have some extensive experience in the field of technology. Part of the responsibility of your role on this board would be to explore and to provide recommendations around how the government might engage this technology to provide an e-health network. While I can't profess to be an expert in this field, I would only guess that it might be possible that the company of which you are now president might be interested in providing some of these services. Would that be correct?

Mr Scarpino: Good question. Not directly.

Mrs Dombrowsky: Not directly.

Mr Scarpino: No, and why I say that: the structure of the company—and again I don't know if the flyers are appropriate to give you—the form of the company, we've called it a hub organization. Really, it's an organization to coordinate amongst the players. It's bringing, what I believe, in looking at it over the years, that missing link. I believe that missing link is: bringing the players together, a group who has experience in this industry to understand all the players and be able to relate in the middle and coordinate. That's really what we do.

We have not pursued work with Smart Systems for Health; we do not work for Smart Systems for Health. We are really linking as that hub. So we have multiple customers—some of our work is actually liaising with Smart Systems for Health to implement the connectivity for those customers. But we, purposely, are not pursuing that.

Mrs Dombrowsky: So you would not see that at one point in the future, in your role as a member of the Smart Systems for Health Agency board of directors, that you would be in a position of conflict should it be in a position to consider engaging a company like yours for service?

Mr Scarpino: No, not at all.

Mrs Dombrowsky: In your background, obviously you have an interest in this field. How is it that you've come to be an intended appointee here? Is this a role that you sought out? Did someone come to you and suggest that because of your background in this area you might indeed be a very good candidate for this role? How is it that you have arrived here this morning?

Mr Scarpino: I'm glad you asked that because part of me doesn't know for sure.

Mrs Dombrowsky: Oh.

Mr Scarpino: I got a call, and it gets back to why, in my opening remarks, I referenced that I am working out there. I am pushing this mission that I have. I am talking about it a lot. I have customers and, hopefully, somehow, it got around. I got a call.

1030

Mrs Dombrowsky: You got a call from whom?

Mr Scarpino: From the group that's organizing this. I've got different people over time who I've been talking to, but I think it's—

Mrs Dombrowsky: Is it someone from the Ministry of Health?

Mr Scarpino: Yes, I believe so, from Tony Clement's office. I think that's where it was from.

Mrs Dombrowsky: I see. It's someone you knew whom you had connected with previously and had indicated a particular interest in serving in a role like this?

Mr Scarpino: No.

Mrs Dombrowsky: I see. OK.

Mr Michael Gravelle (Thunder Bay-Superior North): Good morning, Mr Scarpino. I appreciated the comments you made in your opening remarks and the sincerity you showed in how you wanted to make a contribution and reflecting on your life, as I think many of us do. Certainly this is an area where I think there probably needs that kind of sensitivity.

At least one of the goals of the Smart Systems for Health Agency is to compile in some electronic fashion patient records that can be downloaded, I guess, by a variety of people. But there's no question that one of the things that brings forward very much is the issue of privacy. One of the things that concerns me, members of the opposition, I think, and probably government members as well is that even this agency has been basically put together by regulation. We haven't seen legislation related to this and we're worried about privacy legislation.

One of the things that ties into that is the issue of a smart card. I'd love to get your thoughts on a smart card. Do you view that as being one of the goals of this

agency, to move in the direction of a smart card for Ontario residents?

Mr Scarpino: There are two parts, I guess, to your question. One is the privacy angle to things. The bottom line is, yes, it definitely is an issue that we need to resolve and clearly deal with as we progress. That shouldn't stop us, though, from moving with the component of infrastructure. Infrastructure is based on industry standards and has strong security in itself, but before patient-identifiable data is transferred over that, we need to make sure it's meeting appropriate guidelines, regulations and so forth. I believe that at some point they'll converge before that identifiable data is actually coming over the network to make sure it's being protected, private and so forth.

In terms of the smart card, I guess it gets back a little bit to the biometrics question. This smart card will be limited. It will have information on it, but in and of itself it already starts security issues: you lose your card, somebody picks it up in our area who has the technology to read it by quickly throwing it on a reader device that would be easy to start to pick up—maybe not right off the bat, if the security is strong on there, but there's the start of the security question.

The other component is the identifier of the patient themselves in terms of making that a unique patient, person or client, however it ends up being finalized and called. That identifier is really the key to opening up where the information therefore is, and so forth.

Another part of it is, yes, in pursuing a smart card, chip-based-type technology—I pursued it several years back and it became limiting in where it could be used. We could develop a provincial system where you could use it, but if the other provinces, from a Canadian standpoint, don't necessarily use the same technology, it virtually becomes useless if they don't have the same readers and so forth, or the same standards. We could pursue it through the Canada Health Infoway Inc group, for example, which is another excellent initiative. Maybe through coordination with those groups, which also the OHA e-Health group is very much talking to, we can achieve it, even federally. But then you're going to hit that border limit again, and we've got a lot of Canadians who enjoy the south over the winter. If they've got that card with them, how are we going to assure them that the international standards bodies are following it? Even just thinking of that smart card itself, it has its limitations. It needs to be looked at. I really don't think it's going to be the solution, but I'm open to listening and seeing the options and where it goes.

Mr Gravelle: Certainly the privacy issue is one that I think all of us have good reason to focus on to some degree. You are an expert. Clearly your resumé is most impressive in terms of your knowledge. I am by no means remotely close to that myself, but I would think that you would be in a position to be able to help us ensure some of that privacy.

You spoke about moving down the infrastructure road, almost suggesting that we shouldn't be as concerned with

the privacy issue at the beginning. That concerns me, I suppose. It seems to me that we need to be dealing with that issue up front, which is another reason why I think the government's inability to bring forward legislation—or reluctance is probably more accurate, because we were expecting legislation relating to privacy in terms of our health records I think a couple of years ago and it hasn't come forward. I guess it concerns you somewhat because you suggest, "Let's move down the road and then we'll get to the privacy issues."

Is it fair to ask you, because of your great knowledge of how information technology works and your references to the Internet and all the stuff that goes with this, could you find ways to ensure that privacy becomes an issue you deal with before you go down that road? Can it be done that way? One, do you think it should be done—I do—and, two, can it be a priority? I just don't know how this can go forward unless we're able to resolve that issue.

Mr Scarpino: Definitely it is a priority. There is a point where you cannot move with technology any further for the user's needs until it gets dealt with.

Mr Gravelle: Are we there now, though?

Mr Scarpino: In terms of the province?

Mr Gravelle: Yes.

Mr Scarpino: No, I believe there is more that can be done while the legislation is being reviewed and so forth to get us moving with an infrastructure. The design of infrastructures and networking technologies, emphasizing their openness in terms of standards that they follow, all of that can get moving and be put in place without virtually, in one way, any patient-identifiable data at all going over that. The province is large. There are a lot of complexities in doing those installs. There are complexities in achieving support for those installs. There's a whole infrastructure—no pun intended—there's a whole environment that needs to be put in place, massaged. I'd rather have that ready and in place so that when the legislation for security, privacy, confidentiality and so forth is there, that infrastructure will be able to adapt to it. There's no doubt.

Mr Gravelle: But don't you think it would be helpful to have that legislation in place in advance, to understand what the limitations, the restrictions, the guidelines would be? Would it not be useful from your perspective as well to know where you're working from in terms of where you're trying to go? Obviously, you're trying to set up a system that I would hope would protect people in terms of their privacy, but wouldn't it be useful to have it in advance?

Mr Scarpino: At this point in time, given how much of the infrastructure still needs to get going to catch up in terms of being ready, I believe we have a lot of information from the privacy and confidentiality arena that helps us already, that gives us enough to get going and an infrastructure that will be able to be adapted to wherever the final legislation heads.

Privacy and confidentiality have been in discussion for several years now. There are the HIPAA legislations in

the US that provide excellent even further information and knowledge about what are the standards to develop and how to protect privacy and confidentiality. So there is a lot of excellent information out there already, the draft legislation that has been brought forward and the current version. It's not going to deviate a lot, I believe, from what has already been discussed and said, to the point that it will really put to the Smart Systems for Health Agency or the infrastructure they're putting in place to really deteriorate that or say to stop or so forth. Again, I believe both can move very much in parallel, because the infrastructure is based on industry standards and those same standards are in place in hospitals today. They use the same type of standards at a certain level of infrastructure. Even hospitals wouldn't then start to utilize that infrastructure until they had policies in place for security and confidentiality, which they do. So there was a convergence at a time, to say, "OK, there's a lot of work to do," a couple of years of getting even hospital infrastructure ready. Before we start using patient data on it, they run parallel to put their policies and procedures in place to deal with that and then they converge.

The Chair: Just when you were getting all wound up—

Mr Gravelle: I was getting warm.

The Chair: —time is up. Thank you very much for being with us. You may step down, and we'll move to our next intended appointee.

1040

CRAIG DELLANDREA

Review of intended appointment, selected by the official opposition: Craig Dellandrea, intended appointee as member, Board of Management for the District of Nipissing East.

The Chair: Our next intended appointee is Craig Dellandrea, intended appointee as member, Board of Management for the District of Nipissing East. Welcome to the committee, sir. I think you are aware that you have an opportunity to make an initial statement if you choose to do so. Subsequent to that, there will be questions from any members of the committee who choose to ask questions within the time limits set by the rules of the committee.

Mr Craig Dellandrea: Good morning, Mr Chairman and members of the committee. Thank you for the opportunity to appear before you today. I'd like to tell you a little about myself and why I might be suitable to serve on the board of management for homes for the aged and rest homes in Nipissing East, better known as Cassellholme.

I was born and raised in North Bay and I've lived there all my life except for four years of university in Waterloo, where I obtained a degree in business administration in 1992. Since then I have been employed for more than nine years in the foodservice industry in the private sector. Currently, I am a marketing specialist

for Internet business for SYSCO SERCA Foodservices. This is my fourth position with that company.

Since my return to North Bay after university, I have been involved with various volunteer organizations. I have served as a board member, and now as treasurer, of Camp Aush-Bik-Koong, a children's summer camp, for six years. I have served as the community representative on the Widdifield Secondary School parent council. As well, I am very active politically and in the church in which I grew up.

I initially was not seeking to add to my commitments. However, with a new position at work and a re-configuration of some of my extracurricular activities, I find myself able to take on some added responsibilities. When the invitation came to serve on the board of Cassellholme, I agreed.

I believe I have some sensitivity for the situation of those who aren't in the prime of life or can't take care of themselves. My mother and father are 75 and 80, respectively, and my sister suffers from a severe developmental handicap.

I believe those who are well and wealthy have an obligation to care for those who are neither, and this represents one way that I can serve this constituency.

Having spoken with two current members of the board of management, they both indicated that Cassellholme is a solid institution with no major issues facing it, where the tone of the board is collegial and co-operative and where people of many different backgrounds work together to ensure that the best possible care and concern is shown for the residents. I believe I could work with and be an asset to such a board and, with your consent, I hope to serve the clients at Cassellholme with both a sense of compassion and managerial common sense.

Thank you for your patience and I'll do my best to answer your questions.

The Chair: We begin our questioning with members of the government caucus.

Mr Wood: We'll waive our time.

The Chair: The government caucus has waived its time so we move to the official opposition.

Mrs Dombrowsky: Thank you very much for coming this morning and for your opening remarks. There were a couple of things that you referenced in your remarks that I would like to pursue.

You indicated that you had received an invitation to serve on the Board of Management for the District of Nipissing East. Maybe you could explain that invitation, please.

Mr Dellandrea: Sure. I don't have to go out and find work; work usually finds me. I received a call from my local member of provincial Parliament's office.

Mrs Dombrowsky: That would be?

Mr Dellandrea: AL McDonald. He asked if I would agree to serve on this board. I investigated a little bit and spoke with another board member about the board and indicated to Mr McDonald that, yes, I'd be willing to serve.

Mrs Dombrowsky: Also in your opening remarks you indicated that you had been active and involved politically. Would you like to explain that for us, please?

Mr Dellandrea: Sure. I am the current president of the constituency association for the Canadian Alliance federally and I am a member of the provincial PC party.

Mrs Dombrowsky: OK, I appreciate that as well.

Perhaps I could just ask you a few questions with regard to the role to which you are intended to be appointed as a member of a board that oversees the management of Cassellholme. In the background material you probably had an opportunity to review some of the features that can and may exist in a home for the aged. There was an explanation about a residents' council. Do you know if a residents' council is in place at Cassellholme?

Mr Dellandrea: No, I don't.

Mrs Dombrowsky: But you are familiar with the role of a residents' council?

Mr Dellandrea: Yes.

Mrs Dombrowsky: I'm sure you, again, have had the opportunity to review the background. You are familiar with the report from PricewaterhouseCoopers and its findings with respect to care facilities in the province of Ontario, the fact that in Ontario's long-term-care facilities, typically residents receive fewer nursing and therapy services than similar residents in similar jurisdictions. Ontario's long-term-care facilities offered the lowest level of nursing services of any of the jurisdictions surveyed, at 2.04 hours of nursing care per day. Do you have a comment about that?

Mr Dellandrea: Just that I don't know what the level is in terms of hours at Cassellholme specifically. I understand that there used to be a regulation requiring a set number of hours and that this was removed. As to whether there should be a level regulated or legislated, I would just say that I think the nurses are the best judge of the care that the person's needing.

Mrs Dombrowsky: I would never question that. Do you think there should be a regulated standard of care for residents in nursing homes and homes for the aged?

Mr Dellandrea: In terms of the specific issue of hours of nursing care—

Mrs Dombrowsky: Nursing care.

Mr Dellandrea: —I think the obligation of the board of management in the various homes is to ensure that the residents get the care they need. Other devices, such as the residents' council, serve as a check to make sure the residents are getting the care they need—

Mrs Dombrowsky: Do you think the board would benefit from a provincially regulated standard of care?

Mr Dellandrea: I guess it would make the board members' job easier in that instead of us having to determine if sufficient care was being achieved at a particular home, we could simply point to a regulation.

The Chair: Mr Gravelle?

Mr Gravelle: Mr Dellandrea, I want to ask you something which may not actually be relevant, but I just

thought about it when I saw your resumé. You work for SERCA Foodservices.

Mr Dellandrea: Yes.

Mr Gravelle: Do they provide food to Cassellholme?

Mr Dellandrea: Yes, we do. You're asking if that's a potential conflict of interest.

Mr Gravelle: Yes.

Mr Dellandrea: Yes, and that could be a conflict of interest.

Mr Gravelle: It seems like kind of a direct conflict of interest to me.

Mr Dellandrea: Certainly on some issues. So I would have to obviously—

Mr Gravelle: I'm sorry?

Mr Dellandrea: I would obviously have to remove myself from those decisions or from those meetings concerning—

Mr Gravelle: It just strikes me as peculiar, Mr Chair, that somebody who was being appointed to a board of management for a home for the aged who works for a company that provides that service—it really does seem like something we should actually be talking about more seriously. It seems like an odd position. You say you would exempt yourself. I mean, the long and the short is, you've got a business relationship through your work with the home for the aged for which you're now supposed to be advocating on their behalf. It just seems to me to be an odd situation to be getting in. I quite frankly expected you to say, "No, we don't do that," because it strikes me as really a very direct conflict.

Mr Dellandrea: Yes. Well, I mean—

Mr Gravelle: And you've acknowledged that it may be, which is pretty close to saying it is.

Mr Dellandrea: Yes, well, it is. I wouldn't say it's tenuous. My position at work doesn't benefit from us doing business with Cassellholme. We do business with Cassellholme sometimes, and sometimes we don't. We hadn't really been doing any business up until about September of this year. So I think perhaps one of the reasons I was recommended for this position was because the person was aware of my food service experience and they realized this is a component of the budget at Cassellholme.

Mr Gravelle: There are many other questions I want to ask you, but I think I need to stay on this. Even you acknowledge that you have a business relationship, that you provide the food. It just seems like an odd appointment to make, quite simply, to have you in a position where somebody who has that kind of influence is a member of the board.

1050

Obviously we would hope you would be on the board to advocate for greater care for those people who are residing in a home for the aged. I have some concerns about your commitment to that as well, because I think there are so many things we should be talking about in terms of particularly this government's approach and your invitation by Mr McDonald. Some of your comments so far don't suggest that's a real priority. I'm

not sure how much more we can stay on this particular issue but it just seems to me that it's worth exploring. Is it a conflict? If it is a conflict, it seems to me, in terms of your work for—I'm sorry, I forgot the name of the company.

Mr Dellandrea: SERCA.

Mr Gravelle: If that is a conflict, perhaps your appointment shouldn't be going forward. I don't know how we get a ruling on that. Mr Wood, I don't know whether you want to comment on that. It seems to me to be a problem, and you acknowledge that it may be.

Mr Dellandrea: I wouldn't be involved in decisions with regard to purchasing food. I couldn't be. I admit that. I indicated that whenever somebody asked me about—

Mr Gravelle: We always acknowledge, though, that perception is extremely important. Again, a board of management of a home for the aged, it's just vital—and I don't think anybody would argue with this—that you have the ability to comment, including residents. I'm sure SERCA is fabulous, but you might have residents sometimes complain about the quality of food, and justifiably so at times. I just think, there we are, in a difficult position.

Mrs Dombrowsky: If I could just pick up on that as well—not only on contracts that would involve your particular company, but you would potentially be considering contracts or engaging services with other businesses in your community that SERCA also provides services for. The connections that you have in the community are significant. Some of your customers or clients might expect, because they are customers of yours, that you would want to speak on their behalf favourably at this board of management. I think Mr Gravelle is raising a very valid point.

We have serious concerns about appointing folks who may be viewed within the community as having not only direct conflicts but indirect conflicts as well.

The Chair: Your time is up, unless you have a response, sir.

Mr Dellandrea: No.

The Chair: OK. I move then to the third party.

Mr Martin: I just want to follow up on that. This is a very serious concern that has been raised: the fact that you do provide food services to Cassellholme. As you suggested yourself, perhaps the thinking behind your appointment was so that you could provide advice in terms of how food services might be provided. You could not participate in that kind of discussion and not be in conflict.

In my view, you've got conflict all over the place here. I think that in itself should indicate both to you and the members of the government on this panel that this is not an appropriate appointment. You've indicated in your conversation with us that you don't go looking for work; work comes looking for you. There have to be other opportunities for you to serve in your community in a capacity where there isn't such an obvious conflict of interest.

Mr Dellandrea: This is where I was asked to serve. I just don't want this conflict issue to be overlapped. SERCA is a big company, especially in terms of where it's located, which is Sturgeon Falls. There are about 110 employees. In my role, I don't benefit. I'm not a commissioned sales rep, so I don't benefit from whether or not Cassellholme buys their food from SERCA. However, like I said, I recognize that some people have an issue with it, so when those purchasing decisions have to be made, obviously, I would have to remove myself from them.

SERCA is where I work and this is the board on which I was invited to serve. I guess it will be up to the judgment of the members if they feel I can serve honourably or not. That's the best I can answer to that, I'm sorry.

Mr Martin: Yes, and you're absolutely right. SERCA is a big company and to suggest that because you're not a commissioned salesman you're somehow separate from that just doesn't cut it. In any public service, not only do we need to be clear of any direct conflict of interest, we need to be clear of the perception of conflict of interest as well. I think that it's not just perception, it's actually direct.

I certainly will be not wanting to support—I think, as you suggested, there's lots of work out there for a talented, very energetic young man like yourself to serve the community. This one, in my view, is going to create all kinds of difficulties for you in terms of conflict. If it was me, I certainly wouldn't want to do it. I suggest that the community wouldn't be well served by having you on that board given that very clear conflict. That's all I have to say.

The Chair: That concludes your questions. Thank you very much, sir. You may step down.

We now come to the part of the meeting that is devoted to the consideration of the appointments. We've had the process of presentation and questions. I will entertain any motions.

Mr Wood: I move concurrence regarding Mr Scarpino.

The Chair: Mr Wood has moved concurrence regarding Frank Scarpino, intended appointee as member, Smart Systems for Health Agency board of directors. Any discussion? If not, I'll call the vote. All in favour? Opposed? The motion is carried.

Mr Wood: With respect to Mr Dellandrea, I would ask that consideration be put over one week.

The Chair: A motion has been put forward with respect to consideration. Mr Gravelle, do you wish to speak on the motion?

Mr Gravelle: May I ask why we want to put it over for one week? It seems to me we are in a clear position where this should be withdrawn. Mr Dellandrea is a fine young man, but it seems to me the conflict is acknowledged by him and it just might be easier to do that.

Mr Wood: I'm always a believer in careful deliberation and that's why I—I don't think it's a motion. Any party has the right to require something to be put over one week. And to answer Mr Gravelle's question,

because I'm a believer in careful deliberation in all matters.

The Chair: On this general discussion, then, since it isn't a motion, Mrs Dombrowsky?

Mrs Dombrowsky: Does that mean we will be meeting next week?

Mr Wood: I hope so. Certainly, I will support meeting next week. And to give you a serious answer, I presume we are going to meet next week regardless of whether or not we have any people to interview. I would expect us to be meeting next week in view of what I have just said.

The Chair: Yes, in view of what you have said we would schedule a meeting next week, if our rules allow that to happen. And our rules indeed allow that to happen. So we would have a meeting scheduled next week.

May I ask a question for clarification? Would a further motion be put at that time?

Mr Wood: I think we'll have the meeting and at that time we'll find out what motions come forward. No motion has been made at the moment.

The Chair: Could there be an opportunity next week for members of committee to have input—in other words, to have a discussion—before we proceed? If that is fine, I think all members of the committee should feel easy then. It's not as though it's going to be without any further discussion and so on. Thank you for your suggestion.

Mr Wood: No motion has been made at the moment. There's nothing to discuss at the moment in terms of a motion.

The Chair: Exactly. According to our rules, and I'm sure Mr Wood knows the rules because he's well versed in these things, a subcommittee member may choose to defer the consideration of one or more of the intended appointees that the member has chosen until a future meeting of the committee at which attended appointees are to be reviewed, so long as consideration of the intended appointee has not previously been deferred. So we have that before us.

Thank you. That does conclude our business, unless there is any further discussion of any other issue.

Mr Gravelle: If I may, Mr Chair, and perhaps we can't discuss it now, but if I understood you earlier, there was an appointee who will not be able to be here necessarily next week.

The Chair: That's correct.

Mr Gravelle: Presuming the Legislature rises next week, that means we'll be into a different situation after that. Can we talk about the fact of whether or not we would actually meet the following week? That would be the week of December 16. Can we talk about whether or not we would have the ability to do that, or do we have to wait until we see what determination is made after the House rises?

Mr Wood: I should defer to the Chair, who is very knowledgeable about the rules, but my understanding is when we reach the point of intersession we are entitled to

meet a maximum of three times per month during the intersession.

Mr Gravelle: Three times per month?

Mr Wood: Yes. The extension of time for consideration, I think, gets us to something around January 21.

Mr Gravelle: Is that correct?

Mr Wood: Provided we have a meeting prior to January 21, that person is eligible for review.

Mr Gravelle: I asked the question because I thought the extension only brought us to a month from now.

Mr Wood: No.

Mr Gravelle: I wasn't clear on that. Thank you.

The Chair: Any other comments for committee, issues you wish to raise before we have adjournment? If not, I'll ask for a motion for adjournment.

Mr Wood: So moved.

The Chair: All in favour? Opposed? Motion carried. Thank you very much.

The committee adjourned at 1101.

CONTENTS

Wednesday 4 December 2002

Subcommittee report	A-165
Intended appointments	A-165
Mr Frank Scarpino	A-165
Mr Craig Dellandrea	A-170

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