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Standing Committee on Public Accounts

Special report, Auditor General: Ornge Air Ambulance and Related Services

Comité permanent des comptes publics

Rapport spécial, vérificateur général : Services d'ambulance aérienne et services connexes d'Ornge

Chair: Norm Miller
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ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON PUBLIC ACCOUNTS

COMITÉ PERMANENT DES COMPTES PUBLICS

Wednesday 25 September 2013

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The committee met at 0902 in room 151.

SPECIAL REPORT, AUDITOR GENERAL: ORNGE AIR AMBULANCE AND RELATED SERVICES

THUNDER AIRLINES

The Chair (Mr. Norm Miller): Okay, we'll call the committee to order. This morning, we have Mr. Bob Mackie, president of Thunder Airlines. If you'd like to come up, please, Mr. Mackie. Thank you.

Welcome. Just to confirm, you've received the letter for a person presenting to the committee?

Mr. Bob Mackie: Yes, I did.

The Chair (Mr. Norm Miller): Thank you. The Clerk will swear the oath.

The Clerk of the Committee (Mr. William Short): Mr. Mackie, did you want to swear an oath or be affirmed?

Mr. Bob Mackie: Swear an oath.

The Clerk of the Committee (Mr. William Short): The Bible is in front of you, there. If you could just put your hand on the Bible. Thank you.

Mr. Mackie, do you solemnly swear that the evidence you shall give to this committee touching the subject of the present inquiry shall be the truth, the whole truth and nothing but the truth, so help you God?

Mr. Bob Mackie: I do.

The Clerk of the Committee (Mr. William Short): Thank you.

The Chair (Mr. Norm Miller): Thank you. You may make an opening statement up to 10 minutes and then we'll go to questions. Thank you.

Mr. Bob Mackie: Thank you. First, as you are aware, I have previously made a presentation to this committee as a director of the Ontario Air Transport Association, back on April 18 of last year. Today, I am here as the president of Thunder Airlines Ltd.

As a refresher, if you will, I have been involved with the air ambulance system here in Ontario since 1978. I've had the opportunity to witness, first-hand, the development and growth of the provincial air ambulance system. I personally have in excess of 10,000 hours of flying air ambulance flights alone. I have had the privilege of sitting on aviation safety boards as well as various Ministry of Health committees that were formed as a direct result of the air ambulance review of 1993. In fact, it was while on one of these committees that I first met Dr. Chris Mazza.

Over the years, Thunder has provided extensive primary and advanced care air ambulance service. We have transported in excess of 35,000 patients. In fact, two of these patients were born on board our aircraft, in the air, over northern Ontario and were delivered by Thunder's own flight paramedics.

Thunder is a mature and stable company with a senior management team with many years of aviation experience in Ontario. Thunder Airlines itself commenced operations in 1994. We currently employ approximately 100 people at our bases in Thunder Bay and Timmins, as well as customer service agents up the James Bay coast.

In addition to providing air ambulance service to Ornge and the people of Ontario, we also operate a daily scheduled air service from Timmins north to Moosonee, Fort Albany, Kashechewan, Attawapiskat and Peawanuck.

In addition to an active charter service in support of our northern communities and businesses, we also have multi-year contracts with both the provincial and federal governments as well as private industry to supply dedicated air charter service.

I guess what I am saying here is that Thunder Airlines is a financially secure company with plenty of aviation experience in this province. We currently fly in excess of 10,000 hours per year. We wholly own our aircraft, our hangars and our equipment, and we sure don't owe anybody $270 million.

When the government announced the formation of what is now Ornge in 2005, we saw it as a positive step forward: a centralized base hospital, a mandate to train medics, operation of a dispatch centre, and a mandate to manage the actual flying contracts with the various air carriers. As Ron Sapsford said before this committee in February 2006, "Essentially the corporation," now Ornge, "is renting the aircraft, if you want to put it that way. But taking care of the patients, doing the dispatch and managing the actual process of transport is being done by the corporation." He went on to say that "the Ministry of Health isn't in the business of flying helicopters, maintaining them and so forth. It's a specialized business that others can provide on a contract basis, I would argue, more effectively and more efficiently than we could ourselves."

On August 1 of last year, Mr. Sapsford, before this committee, acknowledged that it had never been contem-

plated that Ornge would operate their own aircraft. He also acknowledged there really wasn't anything to stop them from doing so, however. The point is this: There was never any intent by the government for Ornge to operate their own aircraft, okay? This we know. It was acknowledged by the government that the air carriers could provide this service more effectively and more efficiently.

So what has changed?

The reality is that Ornge and Ornge Air operate in the same manner as any other government agency. So I would question, where are the efficiencies? It is my opinion that Ornge should put the focus back on the original mandate, a mandate that did not include being an air carrier.

I'm currently asked on occasion, "How is it dealing with Ornge now that the changes have been implemented?" And there have been changes. The answer is a complicated one. As an SA carrier, we do see some change and improvement, but as an SA carrier, communication with Ornge is fairly limited and is usually limited to when there's some sort of problem that needs to be resolved. That said, I will say that there are improvements. The communication with senior management is open and frank when it needs to be, although it does at times seem that some of the managers can be frustrated from what appear to be bureaucratic formalities that many are not used to dealing with. Some have just recently left Ornge because of this.

However, there's still work to do. From my perspective as an SA carrier, there are issues with conflicts of interest and a lack of auditing enforcement of contractual obligations.

As I mentioned, I'll keep it short because I said pretty much everything I had to say the last time I was here. I thank you for the opportunity to appear today and welcome any questions.

The Chair (Mr. Norm Miller): Very well. We'll go to the opposition first. Mr. Klees?

Mr. Frank Klees: Thank you, Chair. Mr. Mackie, thank you for being here. We want to acknowledge your expertise and your experience in the aviation business. This committee values your advice and your insight. As you know, these hearings have been going on since March 2012, in response to the Auditor General's report on Ornge and the various issues that Ornge faced.

The key findings in the report by the Auditor General were that the Ministry of Health failed in its oversight responsibilities. That in turn led to many other issues.

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The Auditor General made five key recommendations. Every one of those recommendations focused on this issue of the need for increased oversight and accountability. I'd like to, in my questions with you, focus on that, because what we need to do is get a sense of what progress we're making on that oversight issue and what still perhaps remains to be dealt with.

You're one of five aviation companies that contracts services to Ornge. Is that correct?

Mr. Bob Mackie: I believe that's correct, yes.

Mr. Frank Klees: In front of you—and all the members have a document entitled "Request for proposals," and it's RFP 00010347. You're familiar with that document, obviously. Am I correct in saying that that document was in fact the last RFP, the most recent RFP issued by Ornge?

Mr. Bob Mackie: For standing agreement services, yes.

Mr. Frank Klees: That document is a very comprehensive document setting out the obligations and standards for the operation side of the business. It sets out very specific contractual obligations that you and the other carriers have in terms of delivering their services.

Have you ever been audited by Ornge for compliance with that contract?

Mr. Bob Mackie: Not recently, no.

Mr. Frank Klees: When was the last time that you were audited by Ornge for the delivery of the services under that contract?

Mr. Bob Mackie: I would honestly have to go back a few years, perhaps as many as four or five. Don't mistake me: They do come in if there's a change. If we add a new aircraft to the system or if we add a base, they do come in and inspect on that occasion. But whereas Ornge used to, years ago—we would get visits a couple of times a year for their coming in and checking to make sure we were following our obligations. That just kind of stopped.

Mr. Frank Klees: Mr. Horwath testified last week at this hearing as well that he has not had an on-site audit by Ornge either; that when the contract was initially issued to him, there was a site visit, but he has not heard from Ornge since then. That concerned me as I heard that, because when I review the RFP, there are numerous requirements there that if you don't have an on-site inspection, whether that's of the facilities, the equipment, the instrumentation for the aircraft themselves, how is Ornge to know whether or not someone is complying with the terms of that contract? Would you agree that, given the instructions of the Auditor General or the recommendations, what is needed is more oversight? What I'm hearing from you is that there has actually been less oversight on this particular aspect of operations than in previous years.

Mr. Bob Mackie: Yes, that is. We welcome being audited in all manners. We're audited all the time, including by an Ornge contract organization, Argus, with respect to our operations. Now, "operations" means, generally speaking, adherence to the Canadian aviation regulations.

Mr. Frank Klees: I understand that Argus does this as a third party. They offer an upgraded accreditation. Mr. Horwath, who was here last week, told us that he takes great pride in the fact that he has a platinum rating from Argus. I understand that in order to get that, you actually have to pay Argus a fairly substantial fee that ranges anywhere from $8,000 a year—I think Mr. Horwath may have gotten a deal on it. But can you confirm for me that this third-party auditing firm is really a business that

seems to market itself to the very people that they're charged with auditing?

Mr. Bob Mackie: Well, back in—I actually happen to have it here—July 2012, we had an Argus audit that was forthcoming on behalf of Ornge, and I received an email from an Argus sales manager, essentially pitching: "Our guys are going to be there. If you want to spend some extra money they'll be there for an extra day and we can give you this platinum rating." There was a fee to go along with that, along with paying them $150 a month for every month that we wanted to maintain that rating. I found that a gross conflict of interest right then and there, and I took that email and forwarded it directly to Ron McKerlie. I never heard back. However, I never got another email either, so whether it got actioned or not, I'm not quite sure. I did talk with Ted Rabicki about it, and then I thought it was essentially indecent that this would even happen. I have somebody coming in to audit my organization and they say, "Slip me five grand"—or whatever the amount was—"and we'll give you a platinum rating." No, I'll stand on my own scruples, thank you very much.

Mr. Frank Klees: So I'm assuming that you don't have a platinum rating.

Mr. Bob Mackie: No, I do not.

Mr. Frank Klees: But this is the organization that Ornge relies on to do its third-party audit of the operations side.

Mr. Bob Mackie: Yes—sorry, I have an Argus audit at 9 o'clock tomorrow morning from Ornge; I hope they're not watching right now.

Actually, the people coming from Argus are professional, and the first time that they came in—it is an American company. They are people with an aviation background, obviously, but when they first came in, they were more familiar with the US regulations vis-à-vis the Canadian regulations, and there are some substantial differences. I think they're through that learning curve now. We get Argus coming in—for example, tomorrow will be my third operations audit by Argus alone just in the last 12 months, and there have been others, because we're also audited by various private clients as well.

Mr. Frank Klees: But here's the heart of what I'm trying to get to: Those audits are typically aviation operations audits. Those audits do not deal with issues such as the front-line delivery of air ambulance services in terms of the supplies that you have to have on hand, the very specific contractual obligations that you have under the terms of your agreement with Ornge for the service delivery. Is that correct?

Mr. Bob Mackie: That is correct.

Mr. Frank Klees: When Mr. Horwath was here last week we heard some very disturbing testimony about what he referred to as conflicts of interest. He referred specifically to the fact that a full-time employee of Ornge was actually assisting with the writing of an RFP for a competitor, and he made reference to other conflicts of interest. You make reference to conflicts of interest in your opening statement. I have heard that there are some concerns about that inherent conflict of interest at the dispatch centre. Could I ask you to elaborate for the committee in terms of what precisely we're talking about? Give us an example of that, and what you feel needs to be done to eliminate that conflict of interest.

Mr. Bob Mackie: First of all, there have been conflicts in the dispatch centre going back—actually, long before Ornge, to be honest with you. We have our own dispatch department, obviously, and our dispatchers work with Ornge dispatchers when planning flights in general. Last spring, my dispatchers started to question one particular dispatcher at Ornge as to the dispatch practices and his mannerisms with our people. Generally, it was, "Well, if you don't do this, I'm going to take a flight away from you," and so on.

In fact, understand that the dispatchers really hold a lot of power. They're the ones who decide whether or not your aircraft are going to fly. In other words, they make—whether you're going to be in business or not, quite frankly.

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So I advised my customer service head, the supervisor, to have her people document what they could, what was going on, and said, "Just remember, that's customer service. Ornge is a client. Deal with it, work with it the best you can."

We didn't make any complaints until a paramedic who works for me came into my office and said, "Did you know that this particular individual is also a paramedic flying for Bravo?" I wasn't too happy about that, obviously, so I picked up the phone within minutes and I spoke with Ted Rabicki, who I believe you know is no longer there, but he was our point of contact.

I said, "Ted, we've got a problem in dispatch and I think there's a conflict of interest," and his answer to me was something along the line of, "Oh, you mean Travis." He said, "You're the second carrier that has complained about this." He assured me at the time that they were going to deal with it, that they would not be allowing people to work for the competition at the same time. It's an obvious conflict, right?

Anyway, I took that at face value and didn't hear too much anymore. I became aware over the summer that Travis was still employed in the dispatch centre, and I was kind of wondering, but I had no—to this day, I don't know if he's still working at Bravo. I can't speak to that; I don't know.

In August, our flying in the first part of the month was somewhat dismal, and flying does fluctuate, but we keep statistics and we watch. We watch the competition, and knowing where we were on the competitive bid, something was amiss. So I called Ted Rabicki about it in the middle of August, say around the 15th, and Ted said he would look into it.

I didn't hear back from Ted but subsequently did talk to him about this on his last day of employment there. It was within about 48 hours of that phone call that our flying went back to normal, and when I spoke to Ted on his last day—because I only found out basically as he

was going out the door that he was leaving. I gave him a call and he said, "Oh, by the way, did your flying pick up in the middle of August?" I said, "Yes, it did." And he said, "Okay." He said, "I went downstairs and somebody was messing with the algorithm." The algorithm is used to pick the air carrier, which one is the most appropriate, and ultimately, as well, takes all the cost parameters into the situation. He said, "Yes, somebody was messing with the algorithm, and they said they weren't. We took it up to our people. We ran the algorithm to double-check it. The algorithm worked fine." And he was telling me that just in about the same tone that I'm using: "We went back down and we had a little chat with the individual." And I said, "Oh. I don't suppose that first name starts with a 'T,'" and Ted's answer to me was simply, "Bingo."

That was Ted's last day. Then, last week, the flying started dropping off again. I no longer have a good contact at Ornge at that level, so I called Rob Giguere, who was away. I spoke with his assistant, who was excellent, by the way. She took the information and probably within 30 minutes, Mr. McCallum called me himself. He was on it, very open and frank and was looking at it, and he said, "Bob, I will get back to you by the end of the day today." It was after 5 o'clock in the evening. He did call me back to say that they were still looking into it, and they wanted to do some more auditing. He had been told by his people that they didn't really think there was anything wrong. I told him I thought otherwise. You know, if it stinks, it stinks.

And what brought this last one up over this last weekend is I've got aircraft and three crews, paramedics and everything, sitting on the ground in Thunder Bay while the other company, I've been told, were first out, because we were the lowest bid. We sat on the ground, and they flew all over the province.

Mr. Frank Klees: Well, Mr. Mackie, thank you for that. I'm sure that the folks at Ornge are watching this very intently. I would expect that this issue will be addressed.

Mr. Bob Mackie: Yes. As Mr. McCallum did point out, he's not done with this yet. He's still working on it, and he was talking about getting a third party to take a look at the algorithm.

Mr. Frank Klees: How much time do I have left?

The Chair (Mr. Norm Miller): Four minutes.

Mr. Bob Mackie: Sorry for being long-winded.

Mr. Frank Klees: No, no. Look, it's important. I mean, something as significant as this, and a very gross conflict—what, quite frankly, is frustrating to me and must be to anyone observing these hearings is that something as blatant as someone who is employed by a competitor—that that individual would also be hired into a dispatch position—clearly, who has absolute control over your business—is unconscionable. This is a strong message to the management. Someone at that management level, obviously, is responsible for this, and we can't have that happen. Thank you for your forthrightness, and we would expect that it would be dealt with.

In the RFP that you have in front of you, on page 63, the last paragraph states this:

"Ornge reserves the right to inspect bases from time to time. Ornge expects to visit a minimum two (2) times per year to ensure compliance with policies and procedures for equipment, supplies and for cleanliness of the base(s)."

You've testified here that over the last number of years, you haven't heard from Ornge once. I would expect, as well, that Mr. McCallum would be focused on this.

Quite frankly, I heard of an incident just this week that disturbs me greatly, that I believe reflects again on the lack of oversight. When Mr. Horwath was here, he confirmed that in this RFP there is no reference to any requirement for a proponent to prove financial capability of delivering on the contractual obligations.

I did some research. Three RFPs ago, there was an entire schedule, schedule A, that required financial information and financial statements, that gave the authority to Ornge to do a credit check.

You are in other businesses. These are not the only contracts that you have. As a business person, when you realized that for the last two RFPs there was no requirement for a proponent to prove their financial capacity, did that strike you as somewhat odd?

Mr. Bob Mackie: Well, it struck me as odd, but to be honest with you, I thought, "Oh, wow. That will save us some time. I don't have to do that part of it," just from a selfish point of view.

We bid RFPs all the time for other government agencies and private clients, and we do need to show that we're a financially stable company. So, yes, it was quite odd, we thought, that it had been left out.

Mr. Frank Klees: It's a highly competitive bidding process, isn't it?

Mr. Bob Mackie: Yes, very.

Mr. Frank Klees: Mr. Horwath testified that after the closing of the bids, he received a call from Ornge, suggesting to him that if he wanted or expects to get the guarantees that he would need, he would have to reduce his numbers. So we can see that the grinding down of these numbers is taking place.

Do you get calls like that as well, after submitting a bid?

Mr. Bob Mackie: After we submit the bid—I guess we have to remember that this isn't a tender. This is a request for proposal.

Mr. Frank Klees: Right.

Mr. Bob Mackie: In the proposal—I mean, after that, you sit down and you negotiate. One of the points that you do negotiate—and I'm not just talking about this RFP—you negotiate price. I just finished negotiating pricing with Canada Post after my RFP went in. So that's normal.

But as a matter of fact—I think it's on page 8, or paragraph 8.2 in here—it actually says in the RFP that they reserve the right to try to negotiate pricing. It's in here.

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Mr. Frank Klees: Yes, it does say that, and here's my point: When it gets down to where, essentially, depending on the carrier, you start to buy the business—there are some fixed costs in the industry—where do you start to cut back when it gets to the point where you're actually now bidding below your capacity to be able to properly maintain? You can't cut back on fuel. You can't cut back on salaries. What's the last point at which you start to compromise and cut back?

Mr. Bob Mackie: Well, there can be a couple of different scenarios, to be honest with you. If you cut back on wages, you don't have staff—you have to be competitive to have staff. If you're paying for your airplanes with the bank or you're leasing them, they're not going to cut back. If you're going to cut back on your profit margin—that would be about the only place; otherwise, you're going to look for any little way you can squeeze a dollar.

Mr. Frank Klees: How about maintenance?

The Chair (Mr. Norm Miller): Sorry, Mr. Klees, you're out of time. We'll move on, and if there's any time left at the end, you can come back to your maintenance question.

Ms. Gélinas.

M^me^ France Gélinas: Thank you for coming back to see us, Mr. Mackie. I was there when you came last time, and you talked to us about some of the bases that had closed, mainly in northern Ontario. That was at a time when Dr. Mazza had just left. Since then, we were told that things have improved. I want to get your take as to the number of bases and the level of service for people in northern Ontario.

Mr. Bob Mackie: I'm just quickly going through, because what you're alluding to—I cannot think of any base that has been added since I was here the last time. It's not absolute, but there's still—I'll talk fixed-wing here. Since the last time—pardon me; I should have known this—I put an airplane in Timmins, to go with the other six aircraft I have based in Timmins that do other work. That would be about the only increase in bases that I can think of. Of course, Ornge has a fixed-wing base there as well.

Again, people have been driven out of business since Ornge started, period. The bases you don't have, have disappeared; they're gone. I would suggest forever is a long time, but I don't hear anybody making noises about coming back.

M^me^ France Gélinas: Could you talk to me about the types of cases you are getting now, versus what you were getting? Has it changed, has it evolved, has it stayed the same—not volume as much as type?

Mr. Bob Mackie: Well, as I mentioned in my opening statement, we used to be an advanced-care carrier as well as primary care. Today, we are strictly primary care. We got out of advanced care. We were the largest advanced-care provider in the province; we actually had dedicated aircraft—pilots, paramedics—ready to go, airborne in less than 10 minutes, that mirrored the critical-care operation out of Dryden, plus we had that in Timmins, on a smaller basis, and out of Thunder Bay. But when inter-facility transfers in advanced care were suddenly axed in 2006, we just said, "Okay, that's it," and we got out of the advanced-care business. So we're strictly primary care now.

That said and done, we still move, on occasion, advanced- and critical-care patients when suitable escorts are brought along, whether that's the sending hospital sending a nurse, a doctor or whatever, and that's not uncommon. But most of the stuff that we do now is primary care.

M^me^ France Gélinas: So it would be mainly inter-facility transfer—

Mr. Bob Mackie: That's right.

M^me^ France Gélinas: From northern to southern Ontario. Do you do it in reverse? Do you bring people back?

Mr. Bob Mackie: Yes, we do.

M^me^ France Gélinas: You do it both ways.

So in 2006—that's quite a while ago—you made that decision to go strictly primary care.

Mr. Bob Mackie: That's right.

M^me^ France Gélinas: Okay. And that decision was based on the fact that there was not enough of a volume of—

Mr. Bob Mackie: We probably had to lay off 20 paramedics with the result of that decision that was made by Ornge. That decision, by the way, was never, ever communicated to us. The phone just stopped ringing. Did we lay off pilots at the time? I believe we laid off a few, but we were able to absorb them into the rest of the organization. The medics, though, most of them work for Ornge today.

M^me^ France Gélinas: You work in the business. You see the patients on the ground. How would you say that the north is being served right now?

Mr. Bob Mackie: It has evolved. I would suggest, and I don't have statistics, from my own observations that people are going to be waiting a little bit longer to get transferred in an emergency situation because you don't have quite the same amount of coverage. Ornge has a critical-care fixed-wing base out of Sioux Lookout, and they also have fixed-wing aircraft out of Thunder Bay. Thunder Bay, I think, is probably one of the busiest, if not the busiest, hubs for ambulance work in the province. Mind you, going from Thunder Bay, if you're trying to get up to Big Trout Lake, Bearskin Lake or whatever, you really should be leaving from Sioux Lookout. Ornge has a large fixed-wing base in Thunder Bay. I question if that's the best place to be for them. But I do know that they do have and always—and the Ministry of Health had the same problems with getting people to stay in Sioux Lookout, so that may be part of their problem.

Mr. Jagmeet Singh: You mentioned that people might have to wait a little longer in emergency situations. What basis do you have to say that—

Mr. Bob Mackie: Well, just the flying time.

Mr. Jagmeet Singh: Just let me finish. What objective criteria do you have to say that? Or are you just speculating?

Mr. Bob Mackie: I'm speculating to a certain amount, but if you've got an Ornge PC-12 depart Thunder Bay to go pick up in Big Trout Lake and you have one leave at the same time that was available in Sioux Lookout, the one that left Sioux Lookout will be well on their way back with that patient before the Thunder Bay machine even gets there. It's just distances. It's huge distances. People don't understand how big northern Ontario is. That's the thing.

I did a presentation to an aviation seminar a while back and it was actually down in Texas. They think Texas is big. Well, I took Texas and I stuck it in the middle of northern Ontario and I opened up some eyes. So yes, it's just distances.

M^me^ France Gélinas: Continuing on, does a specific case come to mind, or a story come to mind?

Mr. Bob Mackie: Nothing in particular, no.

M^me^ France Gélinas: Okay. So your contract with Ornge is for primary care.

Mr. Bob Mackie: Yes.

M^me^ France Gélinas: But every now and again, you will be dispatched to a call that is advanced care. How does that happen?

Mr. Bob Mackie: Well, we're still primary care. My primary-care medic is on board to lend a hand if need be, but the people who are looking after the patient are actually coming with the patient, so my medic is more or less sitting in the back—not idly, mind you, but they will sit there because they're familiar with the aircraft, where the equipment is and so on. This is the way it has always been, going back since I've started. If the doctor needed to come along—and I've seen a few things over the years—they do what they have to do.

M^me^ France Gélinas: Okay. And then do you know what happens to this doctor or this nurse once they're in Thunder Bay but they work out of—

Mr. Bob Mackie: They're usually flown back. I mean, quite often, we'll sit there and we'll return the doctor or nurse back to the facility. There are occasions—nothing recent I might add, though; it was a few years ago—where Ornge announced we're not going to return nurses back to these nursing stations or back to these remote hospitals. The ministry tried the same thing a few years ago.

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The problem with that is that some of these hospitals in the further out regions are short-staffed. If a nurse leaves the floor to fly on an airplane to Thunder Bay, they need her back on the floor. Well, for a while, that went, "Well, take a taxi back to Marathon," or whatever. Well, I can fly her back in 30 minutes versus a three-and-a-half-hour taxi ride.

So pretty soon, "Who wants to take this air ambulance flight to Thunder Bay?" There are no volunteers to go. The pendulum has gone back and forth more than once that I've seen over the years.

M^me^ France Gélinas: So you would be called in to do those kinds of flights. How come? How come there isn't an advanced-care carrier that handles those calls so that you can leave the staff in place?

Mr. Bob Mackie: Well, as I mentioned, back in 2006, Ornge made the decision. Two years later, we found out they said it was—well, for reasons that I totally disagree with, but essentially, inter-facility transfers—advanced care—with the exception of to remote northern communities, would no longer happen. So that put the onus on the hospitals to supply the level of care. There are advanced-care carriers out there, but the amount of advanced-care flying is quite lean. It is nothing like it was before.

M^me^ France Gélinas: Because the hospitals are better equipped to do the advanced care themselves?

Mr. Bob Mackie: I would suggest to you no. There's nothing worse than taking a nurse off the floor of a hospital where she's used to working in that environment. She's not used to getting in the back of an airplane that might be in turbulence and the noise of the engines running and so on. No, she's out of her realm, so to speak. So the program was going along very well, the advanced-care program, up until it got chopped or pared back in 2006.

M^me^ France Gélinas: If you look at what we have now, how could patients be better served?

Mr. Bob Mackie: Well, I honestly think that they should—I thought Chris Mazza was on the right road for a while. I believe I said that when they cut out advanced care, the inter-facility transfer, well, why did they do that? Money, funding: Advanced-care paramedics make a lot of money. I'm told these days—and I don't have any working for me, but I do talk to the other operators on occasion, and most, if not all, of their paramedics also work for Ornge. They're advanced-care paramedics. On a part-time basis, they're commanding between $750 and $1000 a day, so it's very, very expensive. I don't know what Ornge pays them, but wow.

That said and done, build it and they will come again. If they went back to opening up the advanced-care inter-facility transfers, that is really what needs to happen. From my perspective, the reason for what happened in 2006, it was a money grab. He was running out of funding, he being Dr. Mazza, Ornge, and saw that's one way to pare back. All he did was, "Okay, Ornge isn't going to pay the carrier to supply advanced-care coverage because the paramedics are quite expensive. We'll just send a primary-care airplane and put the onus on the hospital to send the nurse." That's what happened.

M^me^ France Gélinas: Coming back to my question, given what we have now, what would need to change for the people of northern Ontario to be better served?

Mr. Bob Mackie: I think a couple of things. Let the air carriers operate the aircraft and let Ornge focus on its original mandate. I mean, their original mandate was a full mandate. You know, you're pretty busy doing everything that they were tasked with. Aviation by itself is another large chunk that needs to be done by people who know, really, what they're doing. Ornge is like, "Well, you know, we'll go out and we'll hire some people from the private industry and bring them in here." Well, they're leaving, one at a time, but they're leaving because they can't work within the bureaucracy of Ornge, from what I can see.

The other problem is training advanced-care medics. It takes a long time to train them. Right now, the Academy of Transport Medicine, which is operated by Ornge—one of their mandates was to train medics. If I call them up and say, "I want to put some advanced-care medics on course to train them up," "No, we're only training Ornge medics." "Oh, okay,"—they won't train any for me.

M^me^ France Gélinas: And this has happened recently? No, because you don't have them anymore.

Mr. Bob Mackie: Well, I'm not in advanced care anymore but we've been basically told that they can't—they're having trouble keeping up supplying their own. So there's a big shortage of advanced-care flight paramedics. It takes a lot. They're trained, and then it's continual education for them to maintain their certification. So that needs to get schooled up. They need to increase the amount of people that they can have as graduates in order to facilitate that. There was one mention—I actually forget who mentioned it to me, but it was from Ornge, though. He mentioned that they were thinking about, maybe, perhaps having a community college teach the advanced-care program, which makes sense, of course, because that's who teaches the primary. Ornge, of course, does the aero-physiology part of it, but the only thing in the back of my mind—because I didn't comment to the gentleman—I said to myself, "Well, wasn't it your mandate to train medics? Now you're saying you can't do it, and we'll just slide that over there but we'll fly airplanes?" I'm being facetious here, but their mandate was to train these medics—the advanced- and the critical-care medics.

M^me^ France Gélinas: So, to make things better for the patients of northern Ontario, do you or don't you support that that training be done outside of Ornge? What would be better for the people in northern Ontario, for the people who need the services? I should include all of the province, because there are people everywhere in Ontario who rely on air ambulance.

Mr. Bob Mackie: Personally, I don't care where they're trained as long as they get trained and there's a mandate to get them trained. It's not something that's going to get put together overnight. It was in Ornge's mandate, and I would suggest to you that Ornge does have the people there with the expertise to do this training, but they do need to ramp it up.

M^me^ France Gélinas: So if we were to do those two things—if we were to ramp up training, either through community college or through Ornge, and if Ornge was to divest itself of its air carrier mandate—things would be better for the people of Ontario?

Mr. Bob Mackie: Absolutely.

M^me^ France Gélinas: Okay, so, walk me through this. The taxpayers of Ontario have already bought airplanes and helicopters. We already own that equipment. How does a garage sale help the people of Ontario?

Mr. Bob Mackie: Well, the financial arrangements with the aircraft and the helicopters, I'm not completely privy to. But I understand, contrary to what was said earlier, what you're telling me is that the Ontario taxpayer is on the hook for those aircraft. If that's the case, then, it could be done in a couple of different ways. The operation of the aircraft could be tendered out through an RFP process in various manners, more than, perhaps, one operator to operate the aircraft. Alternatively, they could sell the aircraft and there may be operators out there willing to purchase them or just on the market. I will tell you that Thunder Airlines—I offered to buy the aircraft from Ornge once already.

M^me^ France Gélinas: Is there fixed-wing?

Mr. Bob Mackie: Yes.

M^me^ France Gélinas: All of them?

Mr. Bob Mackie: Well, if it was tied to contracts, yes.

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M^me^ France Gélinas: Walk me through. How does that help the people of Ontario?

The Chair (Mr. Norm Miller): You have a couple of minutes left.

Mr. Bob Mackie: Well, I think we can provide the service, first of all, for a lot less money than what it has been costing at the moment.

M^me^ France Gélinas: How do you know that?

Mr. Bob Mackie: How do I know that? Well, when I look at the number of people working in the aviation group in Ornge, and for the number of aircraft that they operate—and I operate more aircraft than they do with half the people—that kind of tells me something. And they can't make anything there happen quickly. I have more airplanes than Ornge does, and I'm not counting the helicopters.

M^me^ France Gélinas: When you opened up, you made it clear that your business is not solely air ambulance. You also do charter, you also do mail carrier and you also do scheduled flights. I see a huge difference in this. You always have to have oversupply when you're in the emergency business. It would be like saying, "Well, we're only going to staff the fire hall six hours a day because they are only on call six hours a day." No, you staff them 24 hours, because you don't know when those six hours will be. So I really want you to walk me through where the savings are.

Mr. Bob Mackie: The savings—we've already got the infrastructure in place. We're operating. We have a mature—

M^me^ France Gélinas: But so does Ornge. Ornge has invested into that infrastructure. You and I, in our taxes, have paid for that infrastructure. It is there now. If that was 2006, I would agree with you, but I want you to convince me. You haven't done that.

Mr. Bob Mackie: Going forward, the cost of continuing to operate Ornge versus the return that you're getting, just with the number of the employees, with some of the infrastructure, as you mentioned—the hangars that they've purchased outright, the aircraft and so on—is the government going to get their money back immediately, in the blink of an eye? No, but over time, it will.

As I mentioned, the money grab back in 2006 when they cut out advanced-care flying—that was a major decrease in service to the people of Ontario. But I would

suggest to you that they didn't cut the budget at the same time. Where did that money go?

M^me^ France Gélinas: Well, we have a pretty good idea of where it went. There's a nice boat sitting someplace that explains part of it.

Mr. Bob Mackie: No, I honestly believe that, over time, the Ontario taxpayer will be better off divesting the air carrier portion of it.

Mr. Jagmeet Singh: Mr. Mackie, you see, though, how you haven't made that case objectively. You're just kind of speculating, stating your opinion. But we need to know concrete ways that it's actually going to be better—but I guess our time is up.

The Chair (Mr. Norm Miller): You're pretty much out of time, Mr. Singh, so we'll move to the government. Mr. Mauro.

Mr. Bill Mauro: Thank you, Mr. Chair. Mr. Mackie, good morning.

Mr. Bob Mackie: Good morning.

Mr. Bill Mauro: Thank you for being here. I very much appreciated your presentation for a couple of reasons: One, it's insightful and very helpful, but two—I'll just make a bit of a statement before I ask you a handful of questions, that being: Your opening remark was that when Ornge was first rolled out, you saw it, at first blush, as a positive development in terms of the provision of air ambulance in Ontario. My point is simply this: When I was first here in 2003 and was on public accounts back then, and the auditor's report came in—we were auditing the work that was done under the previous government. I remember all of us—it was almost a bit fun, because of course you were being critical of the work of the previous group. Now we are here as the government, the auditor does his work, and we are seen to be connected to whatever errors there may have been, if people see errors—and that's fine, and I have no problem with that. That's as it should be.

My point is this: As a government member—and I would expect that my colleagues in the opposition would probably agree with this, given the opportunity to discuss it. All of us, especially those of us who have been elected into government, have a major issue and challenge related to all agencies that operate in the province of Ontario, not just Ornge. There are some 600-plus of them.

My reason for saying that to you is that the public makes no distinction between the Ministry of Health and Ornge as an agency. When something goes wrong in an agency, they will look to the government and they'll say, "What in heaven's name have you been doing?" They don't make the distinction that government is not operating on a daily basis and running it directly, as they would with a line ministry.

I find this discussion really helpful, and I'm glad that you're here, and I'm glad that Ornge is before the public accounts committee, because it speaks to a broader issue that I think, as a government—ours now, governments before and governments to come—we need to pay closer attention to, in terms of the operation of all of our agencies, because it creates a great challenge for many of us.

I just wanted to make that statement to begin with—and the fact that you saw them initially, potentially, as being something positive.

The first question I'd like to ask you is about this conflict with the dispatch piece. I believe you said—if I'm wrong, please correct me—that this issue with conflicts, when it came to dispatch, existed before Ornge.

I would assume that there was some—first of all, why don't I just ask you? Yea or nay, if you can: Is it new that there are conflicts now with dispatch, or was it something that existed previously?

Mr. Bob Mackie: It existed previously as well, on various occasions.

Mr. Bill Mauro: Okay, so—

Mr. Bob Mackie: I'll just be very quick.

Mr. Bill Mauro: Okay.

Mr. Bob Mackie: I have an aircraft with the registration RWK as its final letters. RWK stands for Rose Wyler Keller. Rose was a dispatcher for the Ministry of Health. Mr. Keller was an air carrier owner.

Mr. Bill Mauro: Yes. I'm not trying to diminish this, and it's an incredibly serious issue that you raise. I'm only trying to state that this is something that needs to be fixed as best we can, but it's not always necessarily an easy thing to do.

My point would be this: I take very seriously the role that you play. You're a serious company, with 100 employees, and you do great work.

At the end of the day—and I don't want to get into a discussion of the details of an algorithm—but at the end of the day, you're concerned with your bottom line, as you should be, and I have no problem with that. As a group sitting around the table here, we need to be concerned that we're not negatively impacting you in that regard, but we also need to be very concerned about what that potential conflict of interest may mean to the service level. If somebody can sit there and say that through this conflict, an airplane was dispatched—a fixed-wing or a helicopter—and it took that aircraft five minutes longer to get to a patient, then this is very, very serious.

I suppose my question to you would be that, because your comments were in the context of what it meant to you as a business owner—I have no problem with that at all. But I'm asking you if you're able to say to me here that that potential dispatch conflict has led to reduced service levels for patients not just in northern Ontario—but, of course, that's an area of great interest to me—but in Ontario anywhere.

Mr. Bob Mackie: No. In this particular instance, no, I cannot speak to that. This individual is actually what we call a long-term planner—

Mr. Bill Mauro: Okay.

Mr. Bob Mackie: —who plans the next day's flights—

Mr. Bill Mauro: It's important for me—I hope you appreciate why that's important for me to get that on the record. At the end of the day, if somebody's going to leave this committee and walk into the Legislature and talk about a conflict in dispatch and service levels, and

people are dying, waiting for an aircraft, or whatever the language might be, it's very, very serious. It was important for me to get that distinction from you. Thank you for your answer.

You had also mentioned that you had called Mr. McCallum on this and that he has indicated he's looking into it or getting back to you. You have not received a final response yet in that regard?

Mr. Bob Mackie: No. This just happened a couple of days ago.

Mr. Bill Mauro: Good. Okay. Fair to say.

In terms of your bidding process, when you, through tender, RFI or RFP—you must have to be able to demonstrate some capacity in terms of your ability to respond in time constraints, just like a fire department when the bell goes off. Fair to say?

Mr. Bob Mackie: Yes. The time requirements are in the RFP.

Mr. Bill Mauro: It would have to be a key component, I would expect, not just the money side of things. Okay.

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Have there ever been examples that we know of where dispatch has made a call to a provider through an SA that we could look to and say, "How in goodness' names could you have made that call?" assuming there are no other variables for the call to have gone somewhere else when you know, through the provision in the SA, that I'm the guy—that Thunder Airlines could have been there before Air Bravo or whomever the other three providers are?

Mr. Bob Mackie: I would not be privy to that information.

Mr. Bill Mauro: Okay. I wanted to ask you a little bit about the audits because that issue was raised. How were your audits done before Ornge came into existence?

Mr. Bob Mackie: We've been audited by the Ministry of Health and we still are audited by the Ministry of Health, it's just not Ornge. As a matter of fact, when they audited us—and I know it has already been stated in here. When the Ministry of Health comes in when we have to renew our licences, it's usually the only time we'd ever see them, but that was a very extensive audit.

When they first started auditing us as a licensed air ambulance service, there was a learning curve because they were used to auditing land ambulance services, but they've come a long way. It's probably one of the most thorough audits that we ever go through.

Just as a side note, as a matter of fact, for the first time since I've been in the business, on the 28th of August, the Minister of Health walked in and did an unannounced audit. It was a quick, unannounced audit. She caught me at a bad time, but regardless—

Mr. Bill Mauro: Was the audit financial, operations, everything?

Mr. Bob Mackie: She had a check sheet; it was basically a spot check. They weren't going through documentation. They were going through the basics: Was the ambulance clean inside? Was it stocked? Was the crew available?

Mr. Bill Mauro: I appreciate that. So there were questions around the third-party audit process that's going on now, and that was interesting. I will say, more questions than answers I still have on that piece, but that's fine. But as you've just indicated, there are still Ministry of Health audits as well.

Mr. Bob Mackie: Yes. Well, they audit us every three years for the ambulance licence, and I mentioned we had this walk-in audit the other day, which was a first for me.

Mr. Bill Mauro: There's also a certification piece, correct? Every three years you're certified?

Mr. Bob Mackie: Every three years, yes.

Mr. Bill Mauro: Okay. As an operation, you've been in business for a very long time, and the previous question spoke a little bit to where I wanted to go with you as a private operator. Pre-Ornge, under Ornge and post, with the new administration of Ornge, what percentage of your overall business would have been related to air ambulance work? Is it higher, lower, about the same?

Mr. Bob Mackie: No, we're doing about half of what we used to—

Mr. Bill Mauro: Half of what you used to be. So as a percentage of your total work—I mean, if you made $100 a day before and $5 of that used to be air-ambulance related, today it's $2.50 or—

Mr. Bob Mackie: Today it's about 35% of our business.

Mr. Bill Mauro: Air ambulance today is 35%?

Mr. Bob Mackie: Thirty-five per cent of our business, and it used to be closer to 65%.

Mr. Bill Mauro: So it was always a very significant piece of your work.

Mr. Bob Mackie: It was a very significant piece of a lot of air carriers' business, and that's one of the things where we were trying to raise the flag for a number of years. It's just that some air carriers couldn't survive and diverse themselves.

Mr. Bill Mauro: Right, okay. That's good to know. Thank you.

When you tender now through Ornge, for you, there must be some guaranteed component. I haven't had a chance to read this document that's here before us today, that was on the table when we walked in this morning. I don't know how many pages this is but it's over 100. As a private carrier contracted through Ornge for the provision of air ambulance, are you guaranteed a minimum number of hours or a minimum dollar value on an annual basis just so you're there and available when required?

Mr. Bob Mackie: We are now, yes.

Mr. Bill Mauro: Is that new?

Mr. Bob Mackie: It's relatively new, depending how long you've been around. For me, it's relatively new. It was this contract and the last contract they had that.

Mr. Bill Mauro: Okay.

Mr. Bob Mackie: A minimum guarantee, but that minimum guarantee was a negotiated number.

Mr. Bill Mauro: So this contract and the previous contract—the previous contract would have taken us back to what year?

Mr. Bob Mackie: It was—

Mr. Bill Mauro: A three-year contract? How long?

Mr. Bob Mackie: Yes, it was three years. It got extended one year due to the kerfuffle about a year and a half ago, so it ended up being four years.

Mr. Bill Mauro: Back?

Mr. Bob Mackie: Yes.

Mr. Bill Mauro: So 2009?

Mr. Bob Mackie: Yes, 2009, I think. If memory serves, I think the last one was 2009.

Mr. Bill Mauro: So somewhere around 2009, it became a part of your contract that you have some guarantee. To me it makes perfect sense, obviously. I don't think that you could probably be involved in this business any other way. If you've got people on standby, obviously you've got an expense that you need to cover.

Mr. Bob Mackie: In fact, that's not to say—there are provisions in this RFP for people to have aircraft available with no guarantees, okay? In fact, that used to be the norm, under the Ministry of Health and Ornge, up until, let's say, 2009. The number of hours guaranteed would be something that would be negotiated—

Mr. Bill Mauro: Would that be based on historical service volumes?

Mr. Bob Mackie: I think you would find that it was pricing.

Mr. Bill Mauro: Okay. So did you say that some carriers still today have zero guarantee?

Mr. Bob Mackie: I cannot say that. The provision is there that it's possible. We don't tell each other how much business we have.

Mr. Bill Mauro: Well, we can just then contain it to you and Thunder Airlines. So for four years you have had a guaranteed revenue stream. To me, that makes complete sense, and it's understandable.

Mr. Bob Mackie: Yes. The first contract in 2009, we—how shall we say?—lost the bid. We were not the lowest-priced carrier, so in fact we ended up closing bases. We had a fixed-wing in Sudbury and one in Timmins, and we shut down one in Thunder Bay.

Mr. Bill Mauro: But the combination of the work that you do—I think there are five private carriers contracted.

Mr. Bob Mackie: There are now, I believe, yes.

Mr. Bill Mauro: Okay. Again, it may be a question that you're not able to answer, but the totality of what's available—I take your point about what has happened historically through Ornge, but your aircraft and the other four private carriers, fixed and/or ambulance, along with what Ornge has in its fleet—do we know if there are now more or fewer aircraft available to service the population than there were previous to the creation of Ornge?

Mr. Bob Mackie: That's difficult for me to say for certain, but I would tend to say that there are fewer. There are definitely fewer operators, and there are definitely fewer SOA bases.

Mr. Bill Mauro: As a private contractor—there was a question previously about fewer bases, and that's a serious issue. I don't know that it necessarily means reduced service. I don't know that. You're the professional; you might be able to speak to it better.

I think of the example back in the city of Thunder Bay. Right now, they're just reworking where their fire halls are located. I don't know if they're ending up with one reduced base, but they feel like, with the geographic distribution of the newer bases that they are building, the response times will actually go down for the fire trucks leaving the hall.

My question to you is that, and I think a previous question from Ms. Gélinas asked that. There are fewer bases. Does it necessarily mean—are the response times slower than they used to be?

Mr. Bob Mackie: They're basically going to be. Just to put it into perspective, you have fewer bases. You no longer have an aircraft in Hearst anymore. You don't have one in Fort Frances. You don't have one in London or Kingston. I could go on. There are a lot of places where you don't have aircraft anymore. Those aircraft, which were pre the last guarantee, were not costing the government a dime.

Mr. Bill Mauro: Okay.

Mr. Bob Mackie: They were there. People made them available.

Mr. Bill Mauro: You're talking private carriers.

Mr. Bob Mackie: Private carriers.

Mr. Bill Mauro: So you're—

Mr. Bob Mackie: They made them available. They still had to meet ministry requirements. They were licensed ambulance services, and under Ornge they just ended up closing up shop. They couldn't make it go. Now what you have is, if there's a patient in London who needs to get moved—or a team out of London or someone out of Kingston that needs to get moved—instead of the airplane being there and ready to go, you've got to fly one in. It's going to take more time; it's definitely going to cost you more money.

Mr. Bill Mauro: All right. The piece that you chatted a bit about was this advanced care piece. You focus now on the primary care part. With paramedics, it's my understanding that there are primary, advanced and also critical-care paramedics. Is that—?

Mr. Bob Mackie: That's right.

Mr. Bill Mauro: I just met a young man in Thunder Bay from Sault Ste. Marie last week who was explaining this to me. He's looking for a job right now, actually; a young guy from Sault Ste. Marie whose girlfriend is going to education school in Thunder Bay. In any event, he is a primary-care paramedic, and he was explaining to me that to be critical-care—we haven't had any discussion about that, and maybe it does not fit into the air ambulance system; I don't know, but I think it does. I think there are critical-care paramedics on air ambulances, but we haven't heard any discussion about that. He said it's—is it an extra three years of training beyond the advanced-care level?

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Mr. Bob Mackie: I can't speak to the three years—I don't know—but it's definitely—

Mr. Bill Mauro: Seriously more.

Mr. Bob Mackie: It's serious, and the critical-care paramedics in the system are excellent and do a lot.

Mr. Bill Mauro: How much time do I have?

The Chair (Mr. Norm Miller): Three minutes.

Mr. Bill Mauro: Do you have a question that you want to ask?

Ms. Helena Jaczek: You go.

Mr. Bill Mauro: From the advanced-care piece we were talking about—I think there was an example you raised, Big Trout Lake—you did say there is a base in Sioux Lookout.

Mr. Bob Mackie: Yes.

Mr. Bill Mauro: And you did talk about the money part, from Ornge's perspective, that this would have been seen as a cost saving for Ornge not to have that particularly trained paramedic on the bird that's flying up, because they were going to get support on the end when they got the patient, if I'm understanding this correctly, and it would have been a nurse and/or some other health professional who came back with the patient you went to pick up.

Mr. Bob Mackie: Well, just to be clear, that would be if they were sending out a primary-care aircraft, such as ourselves—

Mr. Bill Mauro: Right.

Mr. Bob Mackie: —which, you know, could have been advanced care. Instead, we would depart, say, Thunder Bay, pick up in Terrace Bay, Armstrong, Marathon, Geraldton—wherever—and bring them back, and then it would be up to the hospital to make sure they sent a nurse, doctor or whatever.

Mr. Bill Mauro: I guess what I'm trying to get at with this question is the care level for the patient who is being picked up. From your perspective, you were not travelling the first leg of the journey with the advanced-care paramedic on your plane. You would know what's required—what the patient's needs are—but the hospital was then responsible to staff appropriately on the flight back to the hospital.

I was just a little worried that maybe the impression was being left that from a care perspective, the patient was not being appropriately cared for. It was almost a bit of a transfer of financial responsibility, if it's fair to say that. I'm interested in your comment on that.

Mr. Bob Mackie: It was, and I'll take the business hat off and go to the one day it might be Bob-who's-the-patient hat. What it boils down to—and I knew Chris Mazza fairly well, actually. His focus, up until 2006, was that he did not want those nurses. It was about patient care—

Mr. Bill Mauro: Okay.

Mr. Bob Mackie: —and that is why he was such a proponent of inter-facility advanced care. He didn't want—probably somewhere I've even got the memos from his office saying they wanted to do all these transfers. They wanted these advanced-care people. They wanted to increase the level of care in the back of the air ambulances to that point, and then all of a sudden one day it just, like I said, stopped.

Mr. Bill Mauro: So the person on the other end who is travelling back with the patient—and the health care profession example you were using in response to the question from Ms. Gélinas was a nurse. Now, I don't know if that's just you being colloquial and saying it's always a nurse, sometimes it's a nurse or if it's a different professional.

Mr. Bob Mackie: They send who they require to deliver the amount of patient care required. You know, sometimes I've had two doctors in the back.

Mr. Bill Mauro: That's kind of my point. So, again to the service level, whether Mr. Mazza was interested in advanced-care inter-facility transfer or not, that's fine. At the end of the day, the question still remains for all of us, given that that's not work you do anymore, that the patient on the other end who is coming back in your aircraft has the appropriate health care professional with them when they're coming back.

Mr. Bob Mackie: They have a level of care, and I will agree with Dr. Chris Mazza on this: The level of care that most of them are getting with a nurse who has been brought in off the floor versus having a trained advanced-care paramedic in the back of the airplane is not the same

Mr. Bill Mauro: So an advanced-care paramedic—

Mr. Bob Mackie: There are actually two paramedics on board on those flights. There's a primary and an advanced-care; the primary assists the advanced-care. The level of what they can do for a patient is very high.

Mr. Bill Mauro: If you could leave this committee with a recommendation, this might be one thing that we can take away from this. You believe that that might be a gap in service?

Mr. Bob Mackie: Yes.

Mr. Bill Mauro: But you also said in your previous comment to the same question that sometimes there are doctors on the plane with patients who are coming back, that it's not always a nurse. The fact that there's not always an advanced-care paramedic on the aircraft doesn't mean that the patient's not necessarily receiving the level of care they need for the return flight.

Mr. Bob Mackie: No, the advanced-care can handle a bulk of the serious cases, but of course, that's why you've also got critical-care paramedics, right?

Mr. Bill Mauro: No, my question, though—

Mr. Bob Mackie: And to be honest with you, and just from my experience, with some of these transfers, especially if I was an acute patient, I'd rather have the critical-care paramedic with me than the doctor, with all due respect.

The Chair (Mr. Norm Miller): Okay, and we're a little bit over time.

We have a couple of minutes left. Mr. Klees.

Mr. Bill Mauro: Sorry, Mr. Chair, how is that the case? If we all had 20 minutes, how is there still more—

The Chair (Mr. Norm Miller): Actually, you've had 23 now.

Mr. Bill Mauro: No, I'm asking you—

The Chair (Mr. Norm Miller): I'll come back to you if you just stop talking. We'll get around, and you'll get another—

Mr. Bill Mauro: Well, I thought we each had 20, and then we were done.

Mr. Frank Klees: Mr. Mackie, on the issue of the technical requirements within the contracts, I understand that all aircraft under these contracts are required to have a traffic collision avoidance system installed.

Mr. Bob Mackie: That's right.

Mr. Frank Klees: What is the cost to have that installed?

Mr. Bob Mackie: It varies a little bit depending upon what you've already got in the airplane. It's one thing to buy a little black box and put it in the remote—you also have to install antennas—but it's also how you display it in the cockpit to the crew. To install it, it would vary—but $50,000 to $70,000 or more.

Mr. Frank Klees: To your knowledge, do all carriers comply, or have all carriers complied, with that contractual requirement?

Mr. Bob Mackie: Today, I can't speak to that. Previously I had a concern because I don't believe that was the case.

Mr. Frank Klees: Has Ornge monitored and inspected the aircraft to ensure compliance?

Mr. Bob Mackie: I think we've already said here today that they don't, but to my knowledge, my answer would be if they looked at it, they didn't know what they were looking for.

Mr. Frank Klees: Okay. What is the implication to the carriers? If one has complied and the cost is $70,000 to install that, and another carrier has not complied, obviously there are some very serious implications to your ability to carry on.

Mr. Bob Mackie: Well, there's going to be—you asked me where you might want to cut back on things. Well, I suppose that's one. If you're not being compliant with the contract, if you can save 70 grand times a few airplanes, that adds up pretty quickly.

Mr. Frank Klees: One last question, if I might—

The Chair (Mr. Norm Miller): Sorry, that's it.

Ms. Gélinas, do you have another question?

M^me^ France Gélinas: No, I'm good. Thank you.

The Chair (Mr. Norm Miller): Mr. Mauro, back to you.

Mr. Bill Mauro: I'm fine.

The Chair (Mr. Norm Miller): You're fine. Okay. Please go ahead, then.

Mr. Frank Klees: One last question: satellite telephone.

Mr. Bob Mackie: Yes.

Mr. Frank Klees: How important is that to the operation of an air ambulance?

Mr. Bob Mackie: It's extremely important. Our medics are actually, at times and as need be, literally on the phone in the air, talking to the doctor at Ornge and receiving direction as needed.

Mr. Frank Klees: If that air satellite telephone is not functional in an aircraft, what is the implication?

Mr. Bob Mackie: It could be extremely serious, given what the situation was at the time. We don't use it that often, but when you need it, you sure need it—again, depending on the patient.

Mr. Frank Klees: If it's a critical patient?

Mr. Bob Mackie: You need it.

Mr. Frank Klees: You need it. And if you have a critical patient that you're about to transport, and you don't have a functional satellite telephone, what happens? Do you lift off?

Mr. Bob Mackie: You're not supposed to. That would be a call made by the medic at the time.

Mr. Frank Klees: Thank you.

The Chair (Mr. Norm Miller): Thank you very much for coming back a second time to the committee. We appreciate it.

We're recessed until 12:30.

The committee recessed from 1020 to 1232.

NORTHERN AIR SOLUTIONS

The Chair (Mr. Norm Miller): Okay, I'd like to call the committee to order and welcome Heather Vandertas, president of Northern Air Solutions, to the committee this afternoon.

I'd just like to confirm that you received the letter for a witness coming before the committee. Very well. Would you like to do an oath or an affirmation?

Ms. Heather Vandertas: Oath.

The Clerk of the Committee (Mr. William Short): Ms. Vandertas, do you solemnly swear that the evidence you shall give to this committee touching the subject of the present inquiry shall be the truth, the whole truth and nothing but the truth, so help you God?

Ms. Heather Vandertas: I do.

The Clerk of the Committee (Mr. William Short): Thank you.

The Chair (Mr. Norm Miller): Thank you. You have up to 10 minutes for an opening statement, and then we'll go to questions.

Ms. Heather Vandertas: Good afternoon, Mr. Chair and ladies and gentlemen of the committee. My name is Heather Vandertas, and I am currently the president and accountable executive of Northern Air Solutions.

I do believe that we are all here for the same reason: We want quality patient care, we want transfers that are done safely and efficiently, but most of all we want a level of standards and business practices to which we all are held accountable.

Northern Air Solutions currently operates our base out of two services and two locations: Muskoka and Thunder Bay. We offer primary and advanced patient care to the citizens of Ontario through our standing agreement with Ornge. We have been conducting our business for the past eight years, originally as directed by the Ministry of Health and now, currently, Ornge. We have seen a lot of changes in the system, many of which are the reason why we are here today.

Personally and at Northern Air Solutions, we follow a particular philosophy that it is not what happens but how we deal with it that matters in the end. I ask the question

regularly of myself and our staff: Are we a part of and focused on the problem, or are we actively working on being a part of the solution? There is always an answer, but sometimes we must dig deep to find it.

I believe that it is possible to possess incredible gifts, talents and abilities, surround ourselves with amazing people, accomplish great feats and count our many successes, but when it matters most, our name, credibility, reputation and integrity are all that people will remember. Those, once lost, are, if not impossible, extremely difficult at best to salvage.

The question now is, how will confidence in all things Ornge be restored?

May I commend each of you on the committee for your diligence, the hours that you have spent poring over testimonies, transcripts and reports that you have been given. It appears a daunting task, and we all appreciate that you have not given up in the search for the truth of what has happened, how and why.

We hope that this committee will discover that which also continues to need to be addressed, that you will draw your conclusions and reach the ever-important decision of how best to rectify the auditor's findings in his reports.

Greed, selfishness and fear should never be the driving philosophies of any organization. As history has proven yet again, these castles eventually crumble, and as the empire falls, many good people are hurt in the process.

There has been much finger pointing and blame-shifting, and several people have tried avoiding taking responsibility or ownership for their part in allowing, or continuing to allow, these things to occur.

We have seen some progress and some justice; some people have been dismissed, stripped of their positions, and rightfully so. There are conflicting reports out there regarding packages and settlements that were reached as a part of that, which seems highly inappropriate to me based on the level of damages done, if true.

Let us not forget those who have come forward and who were willing to confront the tough issues, individuals who had the courage to say that the emperor had no clothes and who were willing to do something about it, those people who lost their jobs—or worse, were forced to resign, tainting their reputation and possibly career by doing so—and were being painted as disloyal, untrustworthy and troublemakers at the time, when in fact the very opposite was true.

Success is not a measure of who we have stepped on but what we have stood for. We as a people need to realize that atrocities from the past and those in the present were and can only be changed when people choose to have a voice, come forward, speak up, lead by example and stop what is happening. Do the right thing because it is the right thing to do. May we always be mindful to create the kinds of environments where it is safe to do so, and I believe that the whistle-blower policy is a step in the right direction.

As leaders, let's own our mistakes; let's learn from them. Let's accept responsibility for our part in it and then go on from there. I believe that we have reached that point, as these hearings are drawing to a close, where it is time to lay aside our own personal agendas, business and political, as really the taxpayers deserve it.

This committee itself is proof that we can unite for a common purpose—put down our party colours, if you will, for the bigger picture—and focus on the goal of now getting it right.

We cannot change the past, but we can learn from it. What happened in the former regime, the out-of-control behaviour of individuals who governed under the principle that they were not accountable and answer to no one, is unacceptable. Therefore, policy practices and governance must be put into place so that this does not happen again. There must be measurable accountability; this needs to be the priority in all departments and every level of service that Ornge provides, and this, of course, would include the SA carriers.

It is time to move forward in a positive direction. My hope is that this committee will provide concrete solutions, that you will be heard and that the processes will be implemented to effect the positive change within this system.

I do not believe that every government official is corrupt, that all levels of management are self-serving, and I choose to hope that those currently in places of leadership will, with the information in hand, be able to finally set things right.

There are those who have survived the fallout at Ornge—good men and women, workers, managers—who care about what has gone on, and there needs to be a forum to get the input of the operation's managers, the supervisors, those who have transitioned all of the changes. Listen to them; they are a great resource.

I want to commend the dispatch centre for the hard job that they do. The multiple computer programs, data entry systems, formulas that were thrown at them, which seemed to be changing monthly, could not have been an easy task to manage. I know that through these transitions there were cutbacks to staff, and I hope that the current resources and manpower will be allotted accordingly and that they all get the tools that they need to do the job to the best of their abilities. Their position is vital and stressful. Their environment is rapidly changing and fluid. They must be flexible multi-taskers, and they need to be properly trained. Listen to them. Get their input. They understand the needs of the patients, the issues of the weather delays, ambulance delays and so much more. They understand better than any computer program ever will.

1240

We are so blessed to have an incredible group of individuals who work for Northern Air Solutions. Our management and executive staff, our outstanding aviation team, the dedicated 20-plus advanced- and critical-care paramedics, our primary medical staff and our maintenance group all work diligently and consider it a privilege to serve the citizens of Ontario. It has always been our desire for continual open dialogue with the ministry and with Ornge.

The standing agreement contract contains within it very stringent guidelines and parameters. All of the checks, balances and criteria are written into the agreement for we the carriers to follow. If adhered to and continually monitored not only at the time of signing the agreement and being awarded a contract but throughout the entire term, I believe the level of care, the level of safety and the level of services would increase as we would all be held to the same standard.

We are hopeful that the vision, mission and values that we as a company continue to adhere to can propel us into the future, resulting in strategies and co-operation that will enhance the overall air ambulance program.

In closing, when you strip away all the boards, committees, charts, notes, graphs and debate, the one thing that we must never forget, the most important thing, is that every day, men, women and children find themselves in a crisis situation, and they look to the emergency medical services programs for help. Often air ambulance is taken for granted and not even thought about until that time of need. If it were your loved one, your neighbour, your friend, you would want to trust that the very best, most excellent and safest care possible would be available to you.

I thank you for your time.

The Chair (Mr. Norm Miller): Thank you. We'll go to the NDP for questioning. Mr. Singh.

Mr. Jagmeet Singh: Thank you for coming, and thank you for your introduction. You mentioned that you have an existing relationship with Ornge. Can you just briefly elaborate on what services you provide? I understand they would mostly be inter-facility transfers, is that correct?

Ms. Heather Vandertas: Yes.

Mr. Jagmeet Singh: Okay. How often, in a given week, are you providing these services?

Ms. Heather Vandertas: Daily.

Mr. Jagmeet Singh: You were providing these services for how long? Approximately when did you start providing services for Ornge?

Ms. Heather Vandertas: Eight years ago.

Mr. Jagmeet Singh: So from your perspective as a carrier, when did you notice there was something wrong at Ornge, and what did you notice? What were the first things that you noticed?

Ms. Heather Vandertas: Well, I would say that the first situation that came to our attention was the fact that there were rumours that Ornge was going to be starting its own aviation service. I know that we were at a meeting, and I had asked our VP of aviation at the time who would be governing or accountable for that particular service. I didn't find it extremely inappropriate because there always was a dedicated level-of-service provider apart from the SA carrier. I was told, by asking some questions, that the contract had expired and that there wasn't going to be a new scenario in place. It was disheartening to learn that. We heard that the process wasn't tendered, which we believe is necessary—

Mr. Jagmeet Singh: The appropriate way to do it.

Ms. Heather Vandertas: Yes. So when I asked the aviation management team basically, who was going to govern that, because the director of aviation at the time was looking after us as an air carrier and all of the standing offer agreements, I was told that that wouldn't be an issue. I believe that it's very complicated and time consuming. It's a very important role to run an aviation program, an air charter service. The fact that one individual would technically now be responsible to look after us and themselves—I just found that a little disturbing.

Mr. Jagmeet Singh: And in terms of the actual practices going on at Ornge, did you have any indication, from some objective criteria that you saw or that you heard of that was going on at Ornge, that led you to believe that there might be something wrong, besides this perception that they were going to be entering into the aviation field?

Ms. Heather Vandertas: I think, for me personally, we had believed that once Ornge took over and had gotten into place—there were many directives and conversations that were held—there would be a partnering with stakeholders, that there would be a new level of service provided, that everything was going to be amalgamated and we would be, in effect, a part of that team, a part of that level of service—that we would be now brought into working alongside Ornge.

Apart from being dispatched and doing the job, I don't feel that the levels of performance, the scorecard that was built in or the different parameters that were built into the RFP that said that we would be working closely with Ornge—I don't believe that that really occurred.

Mr. Jagmeet Singh: So besides anything work-related in terms of your ability to get contracts or to work with Ornge, in terms of Ornge's actual performance in their delivery of care, did you notice anything that was going on from your third-person objective viewpoint, because you're not in the industry? Did you notice anything that was going on with Ornge and its operations?

Ms. Heather Vandertas: I would say no.

Mr. Jagmeet Singh: Okay.

M^me^ France Gélinas: So you still provide services daily for Ornge.

Ms. Heather Vandertas: Right.

M^me^ France Gélinas: Would you say that the types of services that you provide have changed?

Ms. Heather Vandertas: No. I would actually say that, through the last couple of years, it has increased for us as an organization because we only do air ambulance. We weren't an aviation company that does air ambulance as a side to everything else that we do. We built our organization to be able to provide air ambulance services, so our focus is to provide care, to provide equipment and to be available for them to use.

M^me^ France Gélinas: And who do you usually serve? From which hospital to which hospital is your bread and butter?

Ms. Heather Vandertas: All over Ontario. We go everywhere.

M^me^ France Gélinas: Do you service northern Ontario from Muskoka?

Ms. Heather Vandertas: Thunder Bay.

M^me^ France Gélinas: From Thunder Bay?

Ms. Heather Vandertas: Yes.

M^me^ France Gélinas: Okay. And so you would be able to provide services in any part of the province, as asked.

Ms. Heather Vandertas: Yes.

M^me^ France Gélinas: Okay. I'm sorry; I missed the beginning.

Ms. Heather Vandertas: That's okay.

M^me^ France Gélinas: Do you offer solely primary care, or do you offer advanced and critical?

Ms. Heather Vandertas: Not critical. Advanced and primary.

M^me^ France Gélinas: And would you say your services are more requested for one level or another?

Ms. Heather Vandertas: I would say currently we are doing a lot more advanced care than primary care, but we are available for both.

M^me^ France Gélinas: And do you see a change in the mix, or in the type of patient that you transport?

Ms. Heather Vandertas: No. I would say that the patient care scenario has pretty much always been the same.

M^me^ France Gélinas: It has stayed the same?

Ms. Heather Vandertas: Yes.

M^me^ France Gélinas: Okay. I don't know if you heard some of the previous speakers. You talk about a growth in the amount of calls that you service for Ornge. Others have talked about declining. Can you explain how come you have fared so much better than the other carriers?

Ms. Heather Vandertas: Well, I would hope that it's because of the level of service that we provide. I think that we try very hard to not only meet but exceed the standards that are put before us. We are available. Ornge, first and foremost, is our primary contract, so we are available to them when they need us. I think that we simply do a good job, and we are available.

The control—the dispatch centre—can count on us to always accurately give our availability, our times and our locations. We work very hard with the paramedics to move the patients quickly and effectively. I believe that as Ornge, perhaps, has gotten busier and needing to move potentially more patients, maybe as other carriers have opted to diversify a little more and not be as available to them, that would create, perhaps, holes in the system that maybe we would be filling.

1250

M^me^ France Gélinas: It's as good an answer as any.

You are a standard offer agreement. You are an aviation service. Except for not liking more competition to come into a limited pie, why are you and your predecessors so opposed to Ornge having its own aviation service? You yourself started a new aviation service. You were successful in doing this. You're making a living. You're expanding. You're creating jobs. It's all good.

Ms. Heather Vandertas: Yes.

M^me^ France Gélinas: Why is it so bad when the government or an agency of the government, in this case Ornge, does the same thing as you and starts a new aviation service? Why is it so wrong?

Ms. Heather Vandertas: I, personally, am not directly opposed to them having their own aviation service. I spoke at the beginning of my opening statement that I did not find it unusual because there was a dedicated service prior to that. There was a helicopter program. There was an additional service provided that I was not a part of.

As I said, the only thing that I found unusual in the fact that Ornge themselves did it was that we were told they were never going to do that, then we were told they were going to do that, then we were told that was why: to become only dedicated to do the critical calls, to create a better service and to amalgamate all of the issues that were out there. Again, I did not have a problem with that.

What I did wonder about was when we were told that there would never be a competition between us for patient care and for services, that the primary level of care would never be performed by Ornge. So when the fixed-wing started to appear—again, it was said to pick up the slack, to be more available alongside the helicopters. That's what we were told, but it is a small world. When people in the field who are flying for Ornge, flying for us, flying for any other carrier, are all sitting down and having coffee or lunch in an FBO in Sudbury or London and they're talking about where they're flying off to, how the weather is, having general conversation and knowing that they were moving primary patients as well, as a business person you do start to wonder how much of that will encroach upon your current livelihood, because that is all we do and what we've created our organization to do. The fact is that we were told it wouldn't happen.

I understand, from the business perspective of Ornge, that if they have all this machinery and they have the people to do the job, then obviously they're going to use their own tools to get it done prior to and over and above us. I'm not directly opposed that Ornge has an air service per se; it's just some of the manner in which it was done and how we weren't truthfully given the big picture, if you will.

M^me^ France Gélinas: All right, good answer; I appreciate your openness and your truthfulness.

We can't change the past, any of us. Believe me, it would be really different if I could, but I can't and neither can this committee or any of us. If we concentrate on the future from now on, what would make a better air ambulance service in Ontario?

Ms. Heather Vandertas: I think, as I said in my statement, the stakeholders working together, having a united panel of people who share ideas, collectively function and lay our agendas aside to do the service.

I think that it's important to me, as an arm of what Ornge does, moving patients in exactly the same manner in which they do, to be a part of some of the training and some of the offerings that they put together, because everything is done—and it is costly to run an aviation service. I'm sure, as you've read some of the things, you can see that.

As a taxpayer it was a little awkward to have to go and use all of my own money and resources to fund a pro-

gram and then, as a taxpayer, fund a program that's doing exactly the same thing in opposition to me as opposed to collectively working with and for me.

M^me^ France Gélinas: So if we take your idea of all of the providers, including Ornge's own aviation service, working together, how do you put safeguards in place? You are a for-profit company. If there is no money in there for you, you're out of there. You're out of business.

Ms. Heather Vandertas: Correct.

M^me^ France Gélinas: I'm not being mean about it; I am stating the obvious.

Ms. Heather Vandertas: No, I understand.

M^me^ France Gélinas: I don't wish any harm upon your company. I hope you will fly for a long time. But at the end of the day when you bring the players together, you are bringing players who, whether they stay in business or not, depend on getting a deal. We are human beings. How can you check that at the door? It's a pretty hard thing to do.

Ms. Heather Vandertas: It is, and I believe that the former management of Ornge created such a tangled, intricate level of services and combined them all so tightly that that is why I say that we can't change the past, and I don't think you can just immediately dismantle everything that's in place because the taxpayers and the patients of Ontario will suffer.

I'm talking more about innovative ideas. I'm not talking about us all sitting around the table as carriers collectively driving the prices. I'm talking more about the ability of CEOs and management to maybe come by and see us, get some input and see what we feel, because we're in the field, flying on a regular basis, performing the level of services. What do we need? What could be improved? Just getting our input is more what I mean.

M^me^ France Gélinas: Which would make sense. If we come back to focusing on the future, you are in charge of those innovative ideas coming forward. What would be the first thing that comes to mind?

Ms. Heather Vandertas: I would think that it would be very prudent to sit down with the new managers and people in oversight that are governing what it is that we do. I think, as we said, that this request for proposals should be followed and should be mandated, and we should be audited and checked to ensure that we're doing that on a regular basis with the people who are educated and understand what it is that they're looking for and looking at.

M^me^ France Gélinas: Thank you. You make a very good point. So you feel right now that although we have this document, the request for proposals, if nobody checks that all of the carriers are actually delivering, then it's all for naught.

Ms. Heather Vandertas: Right.

M^me^ France Gélinas: I want to take you back to patient care. You are there on the front lines. Your staff is there on the front lines. Do you see shortcomings directly related to the care that people receive that, if you tell us, we could improve?

Ms. Heather Vandertas: I think that there is basically the ongoing issue of a lot of it you simply cannot control, like ambulance delays, so just tightening up things at the dispatch centre, the on-the-ground facilities talking with each other, having an understanding of what it is so that when we're coming in with a seriously ill patient, there isn't a miscommunication that the ambulance is there waiting, ready to transport, and not a lot of time spent sitting on the ground, waiting around with patients in the aircraft. I think that is an ongoing concern—

M^me^ France Gélinas: That actually happens? Could you tell me the last time you saw that, where you actually did your work, you went and did the pick-up, you were back at the airport and the land ambulance was not there?

Ms. Heather Vandertas: Yes, oftentimes it will occur that the land ambulances themselves get called to another call, knowing that we're coming in. I'm not sure of the intricacies of how each community functions with their CACC service in how the call is dispatched, and I know that Ornge contacts them to have them come out. Simply logistics, again, plays a huge factor that needs to be focused on because in places like Sudbury and Sault Ste. Marie there's quite a drive just to get to the airport from the community itself, and so those delays can take a while.

1300

Mr. Jagmeet Singh: You mentioned in your opening comments something about the need for protecting whistle-blowers, if someone wanted to come forward and raise concerns or raise issues. Maybe you could elaborate on that and how we could work towards creating more protection for whistle-blowers.

Ms. Heather Vandertas: I think, simply, the policy that you're looking to address will accomplish that.

As I said, people have noticed for a long time, and had noted—people, of course, privy to a lot more information than myself; you know, financial things and just conduct—that there was a fear to come forward; that you would lose your job; that perhaps you wouldn't be awarded a contract. There is that saying out there, "Don't bite the hand that feeds you," and we're all aware of that.

There are many times, I believe, that if there's not an open communication and the ability for people to feel value, to feel trusted and to feel that they are safe in bringing forward their concerns and cares, they're not going to speak up. They're going to maybe look for another job. They're maybe going to resign that position, because they feel maybe no one is listening and perhaps no one cares.

Mr. Jagmeet Singh: It's a great point, and it's very important that we allow people that forum, that ability to come forward with their concerns.

Do you know if any SA carriers—you don't have to say who or any specific details to identify them. Did SA carriers generally have any concerns that they would have liked to have brought forward about Ornge, about what was going on at Ornge, besides the aviation bit? Was there anything that you were aware of that carriers were talking about, that they said, "If there was a way for

us to let people know about what's going on at Ornge" back when things were not going well?

M^me^ France Gélinas: And just to further clarify, in your statement right now you just mentioned that people were noticing financial things; they were noticing con docs—any of this that you, as an aviation service, had noticed yourself, or your staff had noticed about Ornge?

The Chair (Mr. Norm Miller): You have one minute.

Ms. Heather Vandertas: Well, specifically, I would say that just implementing—and there's nothing necessarily wrong with that, but continually, whenever Ornge decides that there's a new piece of equipment or, you know, engraving their name on the back of their seats—when they ordered the brand new aircraft, they could do those types of things.

I would say that just a lot of money spent on programs, I think, apart from the aviation side—and it has been spoken to, the idea that that organization—but it is common amongst all of us—would be potentially looking for qualified, trained people to fill the roles of pilots and medics, and that the very aspect that they have a large budget provided by the Ministry of Health to fund that—it is difficult for a small operator, perhaps, to potentially compete with the salaries and all the benefit packages and things that are out there. It would be appealing and would be enticing for people to leave even a great organization, to go for the further package. That would be some of it. Their budget was a lot bigger, to do the same job that they were mandated—and we are as well—to do.

I would say that the aviation aspect was probably the greatest concern of the carriers. I think that we've all heard testimony of the spending habits of former management, so that in itself—as we had seen in small portions, until this committee and the auditor's report exposed the full measure of that.

Mr. Jagmeet Singh: What did you see—

The Chair (Mr. Norm Miller): I'm sorry, we're out of time, so we'll move to the government. Mr. Mauro?

Mr. Bill Mauro: Good afternoon, Ms. Vandertas. Thank you very much for being here today and taking the time to give us this presentation. It's insightful and helpful, and I appreciate you being here.

I mentioned this morning, when Mr. Mackie was here from Thunder Airlines, that I really appreciate the opportunity that, from the government side, we have an opportunity in front of the cameras to discuss agencies as distinctive from government-run ministries, because I know that the general public doesn't make the distinction. When something happens in an agency like Ornge or eHealth or the OPA—whatever it may be—they'll pick up the phone and they'll say, "Billy, what the heck is going on?" When I try and explain some of the distinction, of course, that lasts about five seconds and their eyes glaze over, as would mine. That's why I think this is a wonderful opportunity, and I always like it when agencies are called before a committee that we on the government side are on because it gives us a chance to speak a little bit about the administration and why sometimes some of these things tend to go—if I could use the word—a bit rogue. I appreciate your insights in the discussions on whistle-blowers and all of that. I very much appreciate it.

How many employees do you have right now?

Ms. Heather Vandertas: About 50.

Mr. Bill Mauro: Fifty?

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: They're split between Muskoka, Thunder Bay?

Ms. Heather Vandertas: Yes, Muskoka, Thunder Bay, management, human resources—

Mr. Bill Mauro: But the split is—

Ms. Heather Vandertas: Those are the two bases, yes.

Mr. Bill Mauro: —about the same? Is it a 50-50 split?

Ms. Heather Vandertas: No. There would be more in the Muskoka base because that was the original—

Mr. Bill Mauro: Okay.

Ms. Heather Vandertas: That is where the bulk of our—

Mr. Bill Mauro: In response to one of the earlier questions, you mentioned "eight years ago." Is that when the company started?

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: Working backwards, your company would have begun almost at the same time that Ornge came to be?

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: Did you have a pre-Ornge history as a company?

Ms. Heather Vandertas: Just for one period of time with the OAA.

Mr. Bill Mauro: Yeah, it must have been a very short—

Ms. Heather Vandertas: One year, yes.

Mr. Bill Mauro: One year. So your ability to comment on—because there's this financial piece, of course, as a private operator that we very much respect, that you're, as mentioned by the opposition, in a business to make money. We need to respect that, but also for me, I'm very interested in care levels as have been affected by the changes at Ornge. You had only one year of experience as a company prior to Ornge. It leaves you perhaps less able to provide a broad-based opinion on the changes that would have occurred post-Ornge as compared to pre-Ornge. Would that be fair for me to say? You had a very small window of—

Ms. Heather Vandertas: Yes, actively participating. I was aware, as there was another air carrier in our community prior to starting our organization, who ended up retiring, and because that left what we felt was a hole in the industry—

Mr. Bill Mauro: A void.

Ms. Heather Vandertas: —a void—we opted to then start a service to carry that on.

Mr. Bill Mauro: So when you started your service, I think you said 100% of your work then—and I'm not sure about still—was air ambulance?

Ms. Heather Vandertas: Correct.

Mr. Bill Mauro: Then and still both?

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: Okay. So you're not charters, you're not anything else—

Ms. Heather Vandertas: We've done a couple of charters for the Ministry of Natural Resources with fire-fighting, that type of thing, with our excess aircraft, but we have dedicated ourselves to doing air ambulance—

Mr. Bill Mauro: Okay. So that's what I want to drill down to a little bit. God bless private industry, but your business model—if I'm you, I'd be a little worried. If I'm invested 100% in a government contract that gets retendered every—how many years?

Ms. Heather Vandertas: There's been a variety. Currently—

Mr. Bill Mauro: Even more dangerous.

Ms. Heather Vandertas: It's gotten better actually. The current one is three plus two.

Mr. Bill Mauro: An option for the ministry to go another two, or Ornge to go a further two?

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: So the option's with them. You're guaranteed three if you win?

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: Okay.

Ms. Heather Vandertas: What do you mean by "win?"

Mr. Bill Mauro: Well, if you are successful in the bid to get the work.

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: That's what I mean.

Ms. Heather Vandertas: Okay.

Mr. Bill Mauro: If you're not successful and 100% of your business is with them, then you're out there looking for work.

Ms. Heather Vandertas: Correct.

Mr. Bill Mauro: And you've got 50 employees who have a problem.

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: So my question is, what does it mean to you then, given that you're not a diversified business in terms of the RFP and how you bid—

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: Because there's a piece I'm going to get to in a second that's very interesting, that seems to contradict a bit of what was presented to us this morning. There are two components, is it fair to say? Broadly, it's about service levels, response times, that sort of thing, and cost?

Ms. Heather Vandertas: Correct.

Mr. Bill Mauro: So tell me what it means to you who have no other business line except the government work to bid? Does it mean you need to significantly go low when you go in to ensure that you're getting work? I'm just a little bit curious about that. I did a lot of tendering in my day and—

Ms. Heather Vandertas: Well, that would be the expected answer, but in our particular case it is not.

Mr. Bill Mauro: Right. Okay.

Ms. Heather Vandertas: I don't go into business to lose money, to not be able to give a level and a standard of service which is expected. So we have put financial things into place to ensure that the style and model that we use to conduct our business can afford some leeway. I don't believe that patient care should be in the hands of the lowest bidder, personally. I don't feel that that creates a safe environment.

Mr. Bill Mauro: Absolutely.

Ms. Heather Vandertas: I don't feel that that is prudent to anything that we're trying to accomplish. I believe in fair competition. I believe that there is room, obviously, for more than one organization to be able to do this, or we wouldn't all be working.

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Mr. Bill Mauro: Okay. I agree with you and I'm glad you said that, because in my day, when I was doing tendering, oftentimes you were a little bit worried and not so happy when a particular company was low-bidding—you had to give them the work if that was the only criterion you had—because you knew it would create more problems and you knew it could ultimately be more expensive for you, even though you had this lower bid; so I agree.

But for your protection as a company, if there are five SAs currently through Ornge, when it's tendered, how many bidders are there? Are there six? Are there 16? Do you have a sense?

Ms. Heather Vandertas: Well, I think there were probably 13 to 15 last time. When we started, you have to remember that there were 15 carriers at the time, so if you quickly do the math that the number of patients likely is increasing and hasn't decreased—

Mr. Bill Mauro: So you're busier.

Ms. Heather Vandertas: —then you would be busier, so we are expanding our organization, versus depleting it, to keep up with that demand.

Mr. Bill Mauro: Does the RFP itself have an accommodation for experience?

Ms. Heather Vandertas: Regarding what?

Mr. Bill Mauro: Regarding you as a company. Many RFPs will have a point-rating system. There could be anywhere from five to 50 different variables, and each one would be assigned a point value. Sometimes it might have experience in there. Still on the same theme here in terms of your ability to continually get work as a carrier through the SA, is there a point-rating system or some points attached? Is it just money and service? Do you get some accommodation for the years of experience you have in the field?

Ms. Heather Vandertas: I would certainly hope so. As part of your management plan, you do give your historical ability to perform service. The different levels of care are required. There's a lot of information in there that—you have criteria to meet.

Mr. Bill Mauro: So Ornge can look at that and say, "Look, we've got Northern Air here. They've done a

great job"; there's some capacity or some flexibility for them to accommodate that in the decision?

Ms. Heather Vandertas: I would hope they would say that.

Mr. Bill Mauro: Okay. I've got a couple of more questions, and then I'm going to share with my colleague Ms. Jaczek.

I'm interested in your comments about advanced care. This morning's presenter from Thunder Air I believe—and I'm being very careful; I don't want to be seen as trying to put words in his mouth. But I thought, or at least I was left with the impression, that he no longer did advanced-care work. Either I'm wrong in my conclusion—because I was interested in that in terms of what it meant for patients and the care they were receiving. I was left with the impression this morning that his company was not doing advanced-care work. So (a) either I'm wrong; or (b), if I'm right, does it mean that of the five SAs, some may do advanced care and some don't?

Ms. Heather Vandertas: Correct.

Mr. Bill Mauro: Okay. If a call came in that was an advanced-care situation—you work out of Thunder Bay, Thunder Air works out of Thunder Bay—there would be no choice but to give you the call, if it's an advanced-care requirement.

Ms. Heather Vandertas: If they currently weren't offering that service, then I would expect so. Ornge is there as well.

Mr. Bill Mauro: But to be clear—I apologize for pressing you on the point—some of the SAs, when they tender, are tendering, "We will provide advanced care," and some of them are tendering, "We will not"?

Ms. Heather Vandertas: Correct.

Mr. Bill Mauro: Okay. This morning, some of us, including me, may have been left with that impression that when somebody took a flight to go pick up a patient in Big Trout Lake or someplace else, and they went up there and it was an advanced-care situation, it would be an advanced-care airline that would get the call.

Ms. Heather Vandertas: Yes. I think if you check the transcripts from the previous week, when you had other providers give their testimony, you would find that SkyCare also provides advanced care out of Sioux Lookout.

Mr. Bill Mauro: So if a carrier tells me that they only do primary care—

Ms. Heather Vandertas: That would be their choice.

Mr. Bill Mauro: —they would bid accordingly? "We only want to do primary care"?

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: Okay. That's interesting.

You only do inter-hospital transfers? You're just fixed-wing, so it's inter-hospital.

Ms. Heather Vandertas: Yes.

Mr. Bill Mauro: Before I share my time with Ms. Jaczek, I want to speak a little bit about this land ambulance piece and when you land. It is a major issue. Just last week in Thunder Bay, we had a great little announcement where, for a relatively small amount of money, we were able to create an incredible level of efficiency between the emergency management services, the hospital and the city, of course, which delivers the emergency management services as the designated delivery agent for the district of Thunder Bay. This is the model that we have now that was given to us from the previous government when the land ambulance became the purview of a DDA.

For a little bit of money, we've created quite a remarkable efficiency, the point being that those ambulances that you were talking about are going to be freed up much sooner when they're bringing patients to a hospital.

Ms. Heather Vandertas: That's good.

Mr. Bill Mauro: I appreciated your distinction in terms of the Sault Ste. Marie-Sudbury examples, where the airports are a significant distance from the municipality itself. Can you tell me a bit about your experience in Thunder Bay with the ambulance piece? When you return and you have somebody, do you find yourself waiting too long? And if you do find yourself waiting too long, what is it that might have occurred to create that?

Ms. Heather Vandertas: Well, I would think that the simple answer to that likely is the fact that there are only a certain amount of vehicles allotted to each community within their land ambulance service. Out of that, when air ambulance is coming forward to move patients, it is actually drawing different vehicles out of that system for a short period of time.

If there is a 50-car pileup on the highway and they all get dispatched there while we're sitting at the airport waiting to move a patient—however, the dispatch centre does then work diligently to try to get a land transfer service that's not an ambulance. Perhaps if—

Mr. Bill Mauro: And if it's an issue of a non-emergent situation—

Ms. Heather Vandertas: A taxi—

Mr. Bill Mauro: —a delay would leave a patient uncomfortable and perhaps not happy, but necessarily not in any danger from a health care perspective.

Ms. Heather Vandertas: Yes. I would presume that every level of care—

Mr. Bill Mauro: It's prioritized.

Ms. Heather Vandertas: —would work in priority to give the best service to the patient regardless.

Mr. Bill Mauro: Thank you.

The Chair (Mr. Norm Miller): Ms. Jaczek?

Ms. Helena Jaczek: Thank you very much, Ms. Vandertas, for your approach today. I really enjoyed hearing from you your focus on patient safety and patient care. You've obviously developed a business model that has worked for you through the years, notwithstanding, obviously, what we all acknowledge here as having been some major problems with a previous regime at Ornge.

I'd like to focus on the situation now. You do provide advanced patient care. Do you have difficulty in terms of retaining or recruiting advanced-care paramedics to staff up your fleet?

Ms. Heather Vandertas: I personally do not. I think that, as I said, hopefully we have a great reputation. Our

level of integrity and the service levels that we really strive to provide, working alongside Ornge as ably as possible to do things to the same level or exceed that, bring a lot of advanced-care paramedics into our organization.

They talk to each other. They determine whether our aircraft are clean, operational and safe. Our crew—again, do we follow proper procedures? Is there safety in our patient care? Because at the end of the day, those medics are responsible for that patient, and if we as an organization are not going to provide the tools and everything necessary for them—we're going to pay them, we're going to ensure that they have all their training and everything is met.

So I personally do not seem to have a problem recruiting advanced- or critical-care medics, even though we don't currently do the critical-care aspect because that is the dedicated Ornge part; there are critical-care medics that do work as advanced-care on my service.

Ms. Helena Jaczek: Thank you. Now, you talked a little bit about dispatch and changes and so on. We know, obviously having the Auditor General's report, that this is an area that the then Auditor General suggested that there be a focus on. There are changes, and as we've heard from Ornge themselves, they're looking to improvements.

Would you say that you are satisfied in terms of your relationship with the dispatch centre? Is it a good and seamless system that we have at the moment? And if not, what areas can you see for improvement?

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Ms. Heather Vandertas: Well, I personally believe that everyone within our organization doesn't have anything but good things to say about the current dispatch, the people answering the phones. I think sometimes there are long wait times, as I do believe that some of the staffing was downsized through some of this transition.

I do believe that—I had heard, I can't completely speak to that—formerly, prior to Ornge, when it was the Ministry of Health and then for a period of time with Ornge, pilots were hired to operate and work the dispatch side because they would understand weather, they would understand time frames, they would understand that kind of thing, and they could speak pilot to pilot, if you will, with that side of the organization. Then, medics were hired who had an understanding of the paramedical aspect, and they would answer and be the call-takers for the medical concerns and be talking directly with the medics who are onboard our aircraft, as well.

I think there were some amalgamations. I heard levels of frustration in the call-takers' voices; sometimes they were a bit stressed, as they were short-staffed, perhaps, to perform their job. It can be slow sometimes and everything can be dispatched out, and then something can occur and the phones are ringing off the hook. We have guys in the field trying to call in; maybe they're not able to answer the phone as quickly because they're on other calls, that type of thing. But I've trained all of our staff to have patience and grace, to understand what goes on behind those desks—screens coming in, ambulance calls, patients, cancelling, hospital beds not available when calls are lined up.

As I said, it's very fluid and transitional. They need to be multi-tasking and flexible, but they do need to be trained and there needs to be enough of them to fully be able to do the job that they're required to do. Again, in the training that we do, be direct, be concise, don't fool around on the phone, but be personable; they're people on the other side, they're not a bunch of people telephone soliciting. They're actually there doing a very critical, very important job. From my experience and that of our organization, they do it well. They just need more tools.

The Chair (Mr. Norm Miller): You have two minutes.

Ms. Helena Jaczek: Okay, thank you.

Perhaps maybe we'll just switch a little bit in terms of your availability. When the call comes in, what percentage of time are you able to actually dispatch your own aircraft?

Ms. Heather Vandertas: You mean what time frame, how long from the call?

Ms. Helena Jaczek: Yes, and are there times when you are absolutely not able to, or does it work pretty much—

Ms. Heather Vandertas: I would say the only time you're really not able to perform a level of service—because we give our availability a few times throughout the day—perhaps if we were finishing up some maintenance on an aircraft. For example, if we weren't going to be available till 9 a.m. because we're finishing up from the previous evening, coming back from a flight and something needed to be performed on the aircraft or that type of thing. But in our availability, we are ready and prepared to take the flight, take the call and do it.

Ms. Helena Jaczek: So basically, there's good communication but from both sides, in essence?

Ms. Heather Vandertas: Correct, yes.

Ms. Helena Jaczek: Just one last question about oversight. In terms of the ministry coming in, auditing, inspections and so on, what have you seen, say, over the last couple of years?

Ms. Heather Vandertas: The Ministry of Health itself, the certification and investigation that actually gives us our approval and does the audit in which we are checked and balanced as to providing everything, they come regularly to do that. When certain things started to go awry, as you've heard in previous testimony, myself, like others, talked to the auditors, inquiring if there was anything they could do.

I was invited to participate in a scenario a few years back when things were going on just to ensure that the audit tools the ministry was using at the time—there were representatives from Ornge, there were some business people from Toronto and myself. We met collectively with them at that time to create an audit tool that they would use. I think a lot of those things were originally based from the land ambulance model, and some of them

are not applicable to an aircraft. They wanted to ensure that things were done well and that things were taken out that didn't pertain, that type of thing, and they got our input. From that perspective, the tools that are used, I believe, are well written, well done and will capture anything that isn't meeting the criteria.

However, that kind of seems to be where their role and responsibility stops: coming in, auditing us, ensuring our licence is continual. There isn't really any other interaction with them, apart from bringing on a new aircraft, setting up a new base. They will come at that point, re-evaluate your program, re-evaluate where you're at, look at your aircraft. But that only happens at those points.

Ms. Helena Jaczek: And does Ornge—

The Chair (Mr. Norm Miller): I'm sorry; we're out of time. So we'll move to the opposition. Mr. Klees.

Mr. Frank Klees: Ms. Vandertas, thank you for being here. We appreciate your information.

I'll just pick up where Ms. Jaczek left off and let you finish that thought. Just to clarify, the Ministry of Health provides your certification?

Ms. Heather Vandertas: Correct.

Mr. Frank Klees: And that happens at the point of the initial approval of your contract. Is that correct?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: Or if you bring on a new aircraft, the Ministry of Health provides an audit and provides their certification to you. Is that right?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: In addition to that, how many other audits would the Ministry of Health do of your base, of your aircraft, over the course of a year?

Ms. Heather Vandertas: They do not.

Mr. Frank Klees: They do not?

Ms. Heather Vandertas: No.

Mr. Frank Klees: So the only time that you really have interaction with the Ministry of Health from an audit or an inspection standpoint is at the time when you first make your application for the contract?

Ms. Heather Vandertas: And then every three years.

Mr. Frank Klees: And then every three years after that?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: I wanted to clarify that because my question to you is whether, in your opinion, it may be prudent for the Ministry of Health to do those audits perhaps more often, perhaps on an unannounced basis, because how you start is not necessarily how you end up.

Ms. Heather Vandertas: Correct.

Mr. Frank Klees: So, particularly with regard to one of the witnesses who was here, who actually admitted that his organization was having some financial challenges—in a circumstance like that where, not because of want but because of circumstances, they may not be able to maintain those standards, they may have lost employees, and as a result, the organization that was audited by the Ministry of Health two years ago may not be the same organization—

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: I'd like your comments and your advice on that.

Ms. Heather Vandertas: Well, I think that, as any organization, if you are working to provide the very best care and service that you can offer, I don't feel that you should be threatened by people coming in. We've always invited people to come, to be available.

I personally learn a lot from the audits, that whether it is with Transport Canada or the Ministry of Health, you actually grow and you learn, and you can figure out where in the day-to-day perhaps things might be missed.

You're speaking to a much larger problem, but even on the smaller aspects, you know, familiarity can—you can get comfortable. You can possibly neglect some things that you see on a daily basis and aren't aware of. So I think it would absolutely be relevant and prudent to be audited on a much more regular basis, to keep us all compliant, to keep us all accountable and to prove yet again that we are doing the job that we said we would do, that we aren't simply trying to get a contract for the sake of it, but that we want to serve, we want to do a great job and we welcome scrutiny. So I would agree.

Mr. Frank Klees: So we've established that the Ministry of Health does no audits other than once every three years.

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: I think we've also established, and I'd like your comments on this, that the RFP makes it very clear that Ornge intends to audit a minimum of twice a year. That's on page 62 of this RFP.

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: Can I ask you, since your initial approval of the contract, how often has Ornge visited your facilities, your bases, to conduct those audits?

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Ms. Heather Vandertas: Simply at the time of an initial base set-up, an initial aircraft set-up, an initial additional service. That would be all.

Mr. Frank Klees: So Ornge also has not conducted any additional audits other than at the time of the initial installation. Is that correct?

Ms. Heather Vandertas: Correct. And that was where I was answering this gentleman's question on the fact that it was disappointing, not that Ornge was setting themselves up to be an organization of business, but the fact that the statements made, the vision statements that were released by Dr. Mazza and all of those things, seemed to imply that we would all now be brought into a higher level of care and governance and that type of thing. As I said, if you're open to that, then that can only make you a better service. The fact that that wasn't done was very disappointing to me, actually.

Mr. Frank Klees: And I can tell you that it's equally as disappointing to us that that hasn't happened, because when we received the Auditor General's report, his five recommendations were all focused on the need for additional oversight and additional accountability and regular reporting. When we hear now from people like yourselves on the front lines that that is still not

happening, it gives us cause for concern, because while we hear a lot about a change of personnel and a new executive and a new beginning, at the very core of what should be happening we're still not seeing the necessary change. I'd like to just ask about some of the implications of that.

In your RFP there are some very specific requirements in terms of how your equipment should be outfitted. Maybe you can help me with the terminology; I should know it by now. It is the collision avoidance—

Ms. Heather Vandertas: The TCAS and TAWS.

Mr. Frank Klees: That's right. I believe there's also a requirement now for an autopilot. Is that correct?

Ms. Heather Vandertas: Yes, there has always been a requirement that you have a functioning autopilot, that it works and it has gone through your radiation system so that it's in there. For several years the TCAS and TAWS have been a requirement that the ministry put in. It's a Transport Canada responsibility as well with some of the changing regulatory things that have come down. So yes, those have been implemented. We were given a time frame in which to put them in and to have all of that audited and checked to ensure that it was done.

Mr. Frank Klees: When you put your price into the RFP process, you and the others would have considered that as an ongoing cost to you or as a capital cost to you and your bids would have been submitted accordingly.

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: You're in compliance with all of those requirements?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: Has Ornge done any audits to ensure that SA carriers are in full compliance with those requirements since the issuing of the RFP, to your knowledge?

Ms. Heather Vandertas: This one?

Mr. Frank Klees: Yes.

Ms. Heather Vandertas: No.

Mr. Frank Klees: They have not. It's a small world, the aviation business, and you see each other's aircraft from time to time, and I'm assuming there's some movement of employees and pilots and so on. I'm not asking you to blow the whistle on any of your competitors, but can you tell me, to the best of your knowledge, would there be any SA carriers who are not in full compliance with that requirement?

Ms. Heather Vandertas: As hearsay, I would say yes. As pilot movements, employee movements and discussions, as talked about around the lunch table, I would say that is a fair statement to make.

Mr. Frank Klees: That's a pretty serious set of circumstances.

Ms. Heather Vandertas: Right, considering that it's four-plus years ago that that mandatory requirement was put in place and has remained in every RFP since. So even if it didn't get done in the previous two leaderships, it should certainly have been in place by this one.

Mr. Frank Klees: There's no question that the Ministry of Health and Ornge are monitoring these hearings, and I'm confident that Dr. McCallum will take note of this, because certainly we're not going to rest until Ornge and the Ministry of Health take this issue of oversight and accountability and doing the appropriate inspections—until they really fully understand that this is not an option. This is fundamental, not to economics, but to patient care and to the safety of the front-line people who are flying those aircraft and the paramedics who are providing the service.

Ms. Heather Vandertas: Yes, that's correct.

Mr. Frank Klees: I asked a question this morning, in the House, of the minister. My question had to do with an incident that took place in the early hours of August 29, where, apparently, Thunder Air was dispatched to a scene. When they arrived, an Air Bravo aircraft was already there with two paramedics from Kenora. They were attending to a patient. They were not able to fly that patient to Thunder Bay—

Ms. Heather Vandertas: Thunder or Air Bravo?

Mr. Frank Klees: It was Air Bravo who had initially been dispatched there. They were on-scene. Thunder Air was subsequently dispatched to the same scene. The reason for that, allegedly, is that the satellite telephone was not functional, and because of the critical condition of the patient, they were not able—that is, Air Bravo—to transport that patient to the hospital in Thunder Bay.

When you consider the time delay of getting another aircraft to that location because of that kind of functional failure, one might be able to draw a conclusion that the outcome for the patient may well have had something to do with how that whole issue was handled. In this particular case, unfortunately, the patient died.

Here's my point and the reason I put the question to the minister: Air Bravo was here and, under testimony, admitted that his organization—this is Mr. Horwath who was testifying—is having serious financial challenges. When I asked him the question of if a credit check was done on his company at the time of application, he said no. When I asked him, if a credit check was done today, would his organization qualify or would Ornge actually approve him as a carrier, his response was that he wasn't sure; he didn't know.

Here's my point: Whether it's true that the reason that that satellite phone wasn't functioning was because the bill wasn't paid, the issue is, is it not a responsibility of Ornge and of the Ministry of Health to ensure that the carriers, who have the responsibility to have their equipment in functioning order, are in fact compliant with all of the issues, all of the contractual obligations—that those companies are fiscally strong enough to actually deliver the service? Would that not be a fundamental first step for both Ornge and the ministry to take?

Ms. Heather Vandertas: Absolutely.

Mr. Frank Klees: Why is that not happening?

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Ms. Heather Vandertas: You would have to ask the oversight, the leadership, why. It doesn't make a lot of sense. We used to have to provide that. I'm not sure why

we don't anymore. I can't speak to why they don't because I don't know.

Mr. Frank Klees: Two RFPs ago, there was a schedule A?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: That required financial statements?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: That required proof of fiscal stability?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: For the last two RFPs, that entire schedule hasn't been included in the RFP; is that correct?

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: When you saw that that requirement was no longer part of the RFP process, did it bring any questions to your mind?

Ms. Heather Vandertas: I guess the question it brought to my mind was if I had missed something in reading it, because it's a big document that they put out and perhaps it was in another area. In part of your management plan or in part of your references, there's a reference section that you can put, so we just opted to just at least put our bank and bank manager information in there for something. I'm not clear on how these proposals are written, how they're formatted, who does that. I didn't think a lot of it at the time other than perhaps I had missed an area of putting that in. I did not see it in there.

Mr. Frank Klees: I think it's a major oversight and a huge mistake on the part of Ornge.

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: And I know that Mr. Mauro, who indicated that he has done a lot of work in the bidding and procurement area, would probably agree that there would be no circumstances that any of us would know of where that fundamental piece of information would be missing.

Ms. Heather Vandertas: Well, I think it's really important that the type of work that we do—that we very much should be vetted before we are given the opportunity to serve, for the very reasons that you just spoke of.

Mr. Frank Klees: You made reference earlier in your comments that all should be held to the same standards; that is, all of the people who are bidding into these RFPs. Do you believe that that's happening today?

Ms. Heather Vandertas: Based on the comments that you just made, I would say no.

Mr. Frank Klees: Okay. I'd like to just deal very briefly with this issue because it has become a philosophical debate, I think, to some degree, as to whether Ornge should be in the aviation business or not.

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: The question, of course—the natural question that people would have—is, well, you're making a profit. Whatever you're charging, you're making a profit. Ornge is not-for-profit. So, obviously, they don't have to build that cushion into it. What we've seen, though, from evidence, is that not only is Ornge not-for-profit, they're a huge money-loser and a huge waster of money. Now, with all credit to the current executive, I won't paint them with that brush.

Ms. Heather Vandertas: Right.

Mr. Frank Klees: But just because an organization is not-for-profit doesn't mean that it's efficient, and doesn't mean that it can't compete, and doesn't mean that a for-profit company can't deliver a product for less money than that not-for-profit organization.

Ms. Heather Vandertas: Yes.

Mr. Frank Klees: I'd like to give you an opportunity to tell us why you feel that Ornge may be able to be more efficient at what they do, and if Ornge was asked to bid into the same RFP as you and your private sector proponents, how competitive would they be if they didn't have the cross-subsidization of the additional funds that they get indirectly from the Ministry of Health?

The Chair (Mr. Norm Miller): And you have about a minute and a half for this response.

Mr. Frank Klees: She'll need more time than that, Chair.

Ms. Heather Vandertas: Well, all playing fields being level, I would say that the structure and the largeness of the organization they have created right from the ground up to every level, the layers of management, the layers of people who were brought in to do particular jobs—it's a little difficult to speak to the full fundamental program of Ornge. If we remove the aspect of amalgamating and taking over and running the medical side, the medical governance, that type of thing, and they simply had to start at ground zero, go to the bank, get the loans, get the aircraft, set the stuff up, go through a credit check and have everything done, who actually would be funding that, who would actually be doing that? And how quickly and credibly, perhaps with no experience, would they be able to grow to the level they have as quickly as they have without—I myself have, perhaps inappropriately, commented sometimes that if I had your budget, I could do those things too.

I don't know that they would be able to compete freely with having to get the investments, sit before the banks, give credit, get audited and do those things without, as you said, discretionary funds at their disposal. I presume they put a budget together. I'm not sure what that was based on or how that came to be originally. As we've heard in previous testimony, we had to submit all of our information to them at the very beginning for them to review. Perhaps they were able to establish out of that what the cost and role and function of every department would be and what it would look like from the leasing of aircraft.

I believe they've done things on a much grander level and scope than any of us ever could have or would have, to bring that to the forefront. It was Dr. Mazza's dream and idea to have the most amazing airline in the world, and I think he spent money as if it was already profitable and was at that point. But I don't know that I would say categorically that they would be able to compete fairly with us if all things were equal.

Mr. Frank Klees: Thank you.

The Chair (Mr. Norm Miller): Thank you very much for coming before the committee today.

Our next witness is Derek Wharrie, EMS, from Wabusk Air. Mr. Paul Cox, the president, was invited, but he's unable to be here because of an emergency apparently.

Mr. Frank Klees: Can I ask for a five-minute recess?

The Chair (Mr. Norm Miller): You can ask for a five-minute recess.

Mr. Frank Klees: I'd like to ask for a five-minute recess.

The Chair (Mr. Norm Miller): A five-minute recess, then. We'll be back in five minutes.

The committee recessed from 1348 to 1351.

WABUSK AIR

The Chair (Mr. Norm Miller): Okay, we'll get going again. We have Derek Wharrie from Wabusk Air. Just to confirm, you've received the letter for a witness coming before the committee?

Mr. Derek Wharrie: Yes, I have.

The Chair (Mr. Norm Miller): Very well. Would you like—

The Clerk of the Committee (Mr. William Short): Did you want to swear an oath or did you want to be affirmed? The Bible is in front of you there. Thank you.

Mr. Wharrie, do you solemnly swear that the evidence you shall give to this committee touching the subject of the present inquiry shall be the truth, the whole truth and nothing but the truth, so help you God?

Mr. Derek Wharrie: I do.

The Clerk of the Committee (Mr. William Short): Thank you.

The Chair (Mr. Norm Miller): You have up to 10 minutes for an opening statement and then we'll go to questions.

Mr. Derek Wharrie: Good afternoon. My name is Derek Wharrie. I'm Wabusk Air's EMS manager. Wabusk Air is a standing agreement carrier and has been providing outstanding PCP service for the province and Ornge since 2007. Paul Cox, the president of Wabusk Air, has been called out of the country on business and apologizes for his inability to be present.

That's all I have right now.

The Chair (Mr. Norm Miller): Okay, very well. We'll go to the government. Mr. Mauro.

Mr. Bill Mauro: Thank you, Mr. Chair. Just confirming the first thing that you said—and I'm looking for the sheet that's going to tell me your name. I apologize.

Mr. Derek Wharrie: Derek Wharrie.

Mr. Bill Mauro: Derek, thank you. There it is. Derek Wharrie. Thank you, Derek. Did you say since 2007?

Mr. Derek Wharrie: Wabusk Air? Yes.

Mr. Bill Mauro: Okay. You've been with them since the beginning?

Mr. Derek Wharrie: No, since 2008.

Mr. Bill Mauro: Where's that sheet with the names? So Mr. Cox has been the president since the inception of the organization?

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: So clearly, Wabusk Air has a history only under the regime of Ornge and no experience as an air ambulance carrier prior to?

Mr. Derek Wharrie: Correct.

Mr. Bill Mauro: Mr. Cox was not in the air ambulance business under some other incorporation or name, or this is 2007 he started and—

Mr. Derek Wharrie: Correct.

Mr. Bill Mauro: Where do you operate out of?

Mr. Derek Wharrie: Moosonee, Ontario.

Mr. Bill Mauro: Moosonee, okay. How many aircraft?

Mr. Derek Wharrie: Presently we have one air ambulance aircraft. We're just in the process of getting a couple of others.

Mr. Bill Mauro: So one fixed-wing?

Mr. Derek Wharrie: One fixed-wing, yes; one King Air.

Mr. Bill Mauro: Okay. Now, the previous presenter, Ms. Vandertas, was responding to a couple of questions from Mr. Klees. Of course, our rotation with Ms. Vandertas had been completed. There are just a couple of pieces that I want to use you as my conduit—I apologize—to get on the record. Not that there's any contradiction, but people following the proceedings might be left with an impression that we don't think was an accurate impression, and I don't know what your experience has been. You've been there since 2008. Mr. Cox's company started in 2007. Have you had, since 2009 or 2010, any visits from the Ministry of Health?

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: How many?

Mr. Derek Wharrie: We just recently had one this summer and then there was one in, I believe, 2010.

Mr. Bill Mauro: Announced or unannounced?

Mr. Derek Wharrie: We had two announced and one unannounced.

Mr. Bill Mauro: Okay. Since 2010—so in three or four years—you've had three visits from the Ministry of Health.

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: And one of those certainly was an unannounced visit.

Mr. Derek Wharrie: Correct.

Mr. Bill Mauro: Okay. The company this morning, Thunder Airlines, based out of Thunder Bay, as well indicated to us that they had at least one unannounced visit from the Ministry of Health.

You started in 2008, so you were there for all three of these visits. Can you speak a little bit for us as to what it is that the ministry does when they visit your operation?

Mr. Derek Wharrie: I personally was only present for two of them; the unannounced visit I was not present for.

Mr. Bill Mauro: Okay.

Mr. Derek Wharrie: But for the two that I did, where the annual or the regular—every three years they come in and audit us to renew our air ambulance licence. They

come in and they take a look at our aircraft and the equipment we have on to make sure it abides by the ministry's minimum equipment list. They go through our paperwork, our HR documentation, checking accreditation, that sort of thing, of all of our medics. They go through our supplies, our ACRs, which are the patient care records. They do various audits. They check our policies and procedures manual. They do their own ACR audits as well to make sure that they're up to par with ministry standards.

Mr. Bill Mauro: So it's a pretty exhaustive—

Mr. Derek Wharrie: Oh, yes. There are about four or so individuals who come up at a time and it's spread over two days, at least.

Mr. Bill Mauro: So four people show up at your operation. They're there for as long as two days on an unannounced visit.

Mr. Derek Wharrie: On the unannounced visit, from my understanding, it was only a few hours.

Mr. Bill Mauro: Okay.

Mr. Derek Wharrie: Those were the announced visits, for two days.

Mr. Bill Mauro: And you said you weren't there for the unannounced.

Mr. Derek Wharrie: No.

Mr. Bill Mauro: Do you have any sense of what they do differently? If one is two days long and one is three hours—

Mr. Derek Wharrie: The unannounced one, from what I understood, was just a quick check, just making sure our paramedics are carrying the proper credentials, like our OASIS cards; checking to see that our ambulance licence certificate is present; and just a quick overview of our base, making sure that our hangar is up to par with the requirements of the ministry etc. I believe they're only there for maybe an hour or so.

Mr. Bill Mauro: Okay. Are you involved in the actual RFP process on behalf of the company at all?

Mr. Derek Wharrie: Part of it, yes, on the EMS side.

Mr. Bill Mauro: Can you tell me a bit about what—

Mr. Derek Wharrie: I do participate in the drawing up of the RFP response. So anything to do with the paramedics, the EMS equipment, that sort of thing, comes under my domain.

Mr. Bill Mauro: So you would be providing assistance to your president, Mr. Cox, in terms of his ability to fill out the RFP, to submit a bid to get work through Ornge.

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: The reason I'm asking you that is that Mr. Klees asked a question to the previous presenter, and I think it's a fair question. I'm not sure it's something you can help us with, because it was about the most recent RFP that was put out, or the last two—I don't recall if it was the last two—about the financial data that was no longer contained within the RFP that would speak to the ability of a proponent to be able to carry on—as an ongoing concern—as a business operation, and make sure they could fulfill the obligations they were bidding for.

I don't know if you can speak to this. The chances are, you can't. Yet from the Auditor General's recommendations, after the audit of Ornge air ambulance and related services—he provided us with five recommendations. He's the Auditor General. He's an independent officer of the Legislature. He does not work for the government; he works for the Legislature. His recommendations don't speak to that.

I'm just curious, as someone who—and it's a bit unfair—if you can't tell me, you can't tell me, because you're on the EMS side, more on the services side. But I'm just curious if you have any sense of why—and given the recent history of your company, perhaps you don't go back far enough, but do you have any thoughts on that?

1400

Mr. Derek Wharrie: I am familiar with the schedule A that you're referring to. I know that Paul and I—Mr. Cox—had discussed it, because it had been there previously, and I'd seen it in the response and so on. We had discussed how it's not there anymore, and we chalked it up to maybe because of our experience with Ornge. We're not sure. We weren't sure.

Mr. Bill Mauro: It's kind of where I was going—if that's a possibility. I have no way of knowing if that's the case or not or how relevant it is, but I do think there is some relevance to the fact that an auditor, the Auditor General, working independently for the Legislature, didn't speak to that piece in his recommendations. It used to be there and it's not there anymore.

Anyway, we'll see. I'm sure Mr. Klees may have a question or two about that as well as we go forward, but I think there's some relevance to that, and I'm interested if there may be some explanation as to why that is no longer contained.

Mr. Derek Wharrie: There was never an explanation given to us.

Mr. Bill Mauro: No, understood. I'm just hoping that at some point, maybe we as a committee will be able to understand why they felt that was no longer necessary.

Do you receive, in Moosonee—and that's your only base?

Mr. Derek Wharrie: At this time.

Mr. Bill Mauro: Do you receive a guaranteed number of hours of work, or a minimum revenue stream?

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: Okay. When did that begin for your company? You started in 2008?

Mr. Derek Wharrie: Yes. That happened in the last contract.

Mr. Bill Mauro: The last contract came out in—

Mr. Derek Wharrie: It's kind of confusing, because there were a lot of delays and whatnot. I would say maybe 2010, around there.

Mr. Bill Mauro: So it was a new piece in 2010, where they began to supply carriers with a guaranteed base income. To me, that makes complete sense and

would be entirely necessary to get people to be interested in being part of this process. Would you have been able to participate in this tender without this guarantee?

Mr. Derek Wharrie: The financial aspect of it isn't really under my realm.

Mr. Bill Mauro: Well, maybe if I go at it in a little bit of a different way. Does Wabusk Air—in its business model, what percentage of your work is air ambulance?

Mr. Derek Wharrie: I can't give you a definitive answer on that. I know that we have one aircraft that is working pretty much every day for Ornge. I'd say that one aircraft is running probably 80% to 90% for Ornge, and then our other aircraft are completely other revenue streams.

Mr. Bill Mauro: So you have more than one aircraft.

Mr. Derek Wharrie: Absolutely.

Mr. Bill Mauro: I see. And one is dedicated to Ornge.

Mr. Derek Wharrie: One is dedicated to Ornge. We're looking at bringing on a second.

Mr. Bill Mauro: So you're a pretty diverse company, then.

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: Okay. That's kind of what I'm going at. So with or without the guaranteed income, it's quite possible that you, as a company, would have been able to bid on this work, and it's perhaps less important to your company than it might be to others.

Mr. Derek Wharrie: I suppose. Again, that's not really under my—

Mr. Bill Mauro: Fair enough.

Tell me a bit about the geography you serve.

Mr. Derek Wharrie: Generally speaking, we cover eastern Ontario, the northern coast of James Bay. From time to time, we'll go as far west as Hamilton, London. We've been across the province, but our general area that we cover is probably from Sudbury down to Kingston, Toronto, and north up to Peawanuck.

Mr. Bill Mauro: It's interesting that based in Moosonee, you would provide flights as far away as Hamilton.

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: So that would obviously be a situation where a patient from Moosonee needed to go to Hamilton?

Mr. Derek Wharrie: Generally, in that aspect, it's something—we've gone from Moosonee to, let's say, Kingston. There is an agreement with the two hospitals there, so most of the Moosonee patients, when they need to go south, go to Kingston. Then once we're down south, through—

Mr. Bill Mauro: Just to make the circle, you might do some work in—

Mr. Derek Wharrie: That's right. You know, go to Toronto, pick up, go to Hamilton or London or Pembroke, Ottawa area, something like that.

Mr. Bill Mauro: Gotcha. While you're there, why fly empty?

Mr. Derek Wharrie: Exactly.

Mr. Bill Mauro: Maybe there's a way to utilize you and be more efficient with your—

Mr. Derek Wharrie: That's right. They try to keep us full as much as possible.

Mr. Bill Mauro: That makes complete sense.

Mr. Derek Wharrie: Yes.

Mr. Bill Mauro: Because people listening to this might wonder, "Well, what's this guy from Moosonee doing in Hamilton picking up somebody?" So it's important that we want to make that part of the record.

From a care perspective—and you're the paramedic, so this is more in your area of expertise—what can you tell us? What's your opinion on how Ornge is doing in terms of providing a good level of care for the people that we are responsible for serving?

Mr. Derek Wharrie: Well, Ornge's medics up to the level of critical care are second to none, really. I think right now they're struggling with staffing and having enough people at that level of care, so education and whatnot I think is struggling a little bit. The underlying reasons for that, whether it be budgeting or resources or something, I can't comment on. I don't know the reasons for that.

Mr. Bill Mauro: Is your operation that I hear—you said very little at the beginning—but are you advanced care?

Mr. Derek Wharrie: We're primary care and we've just actually, in this contract, been awarded the ability to go advanced care.

Mr. Bill Mauro: Okay, because it's important for me to know, and I asked this question of the previous presenter, as well, because this morning's presenter—I took away from that presentation that people would be serviced who might need an advanced-care paramedic and they weren't getting it. But it doesn't sound like that's the case. It sounds like individual providers, through the SA agreements, have bid as to what level of service they would provide, and when you got a call for service, they would tell you if they needed primary care only or advanced care. Have I got that right?

Mr. Derek Wharrie: Sort of. How it goes is that the OCC knows each carrier's level of care, so they know which level of care is on every aircraft, whether it be Ornge, Wabusk, Thunder, any of the SAs. So we would only be dispatched to the level of care on that aircraft.

Mr. Bill Mauro: Correct. Exactly. But that's making my point, I think. If the level of care required is advanced care, they're going to dispense or dispatch an advanced-care aircraft.

Mr. Derek Wharrie: Yes, if available.

Mr. Bill Mauro: If available.

Mr. Derek Wharrie: If not available, then they'll look at whether or not they can get a nurse or a doctor to go, depending on the triage of that patient.

Mr. Bill Mauro: Sure. Absolutely. Okay.

We'll keep a bit of time in reserve, Mr. Chair.

The Chair (Mr. Norm Miller): Very well. We'll move on to the opposition. Mr. Klees.

Mr. Frank Klees: I just want to follow up on the clarification and clarify the clarification with regard to these ministry inspections. I believe you said the last ministry inspection you had was this year. Can you tell me the date?

Mr. Derek Wharrie: It was this summer, I believe in July.

Mr. Frank Klees: And that would have been the inspection that the ministry does following the approval of a contract, which was your most recent one, which closed March 13; in other words, it was effective March 13, so that Ministry of Health inspection would have been part of that inspection that they do once a contract has been approved.

Mr. Derek Wharrie: I don't believe the two are joined.

Mr. Frank Klees: When was the previous one?

Mr. Derek Wharrie: Three years prior, in 2010. Every three years: Once a service applies for an ambulance licence, every three years it's automatic there's a contract or not.

Mr. Frank Klees: That's my point. The last contract that you got, the RFP was dated September 13, 2011.

Mr. Derek Wharrie: Right.

Mr. Frank Klees: The effective date of that was January 2012.

Mr. Derek Wharrie: Right.

Mr. Frank Klees: Okay?

Mr. Derek Wharrie: Okay.

Mr. Frank Klees: The last RFP was dated December 4, 2012, and was effective March 13.

Mr. Derek Wharrie: Okay.

Mr. Frank Klees: For clarification of the clarification, the Ministry of Health does an inspection once every three years.

Mr. Derek Wharrie: Correct.

Mr. Frank Klees: You have not had an inspection more than that.

Mr. Derek Wharrie: Correct—well, other than—

Mr. Frank Klees: Other than the one hour—

Mr. Derek Wharrie: That's right.

Mr. Frank Klees: —when they came along and asked for your—well, no, he said three hours initially, and then he clarified it to say it was an hour.

Mr. Bill Mauro: He wasn't there. He wasn't sure.

Mr. Frank Klees: The point was that I think we've established the fact that once every three years is not nearly enough for the Ministry of Health to do its due diligence and to do what should be done to ensure that these carriers are in compliance.

1410

I asked the other witnesses about their compliance with one of the contractual obligations of the RFP, and that is with regard to the collision avoidance system that was required to be in your aircraft since 2008. Did you comply with that requirement? Does your King Air have the collision avoidance system as prescribed in the RFP?

Mr. Derek Wharrie: I can't comment 100% on that, as I just deal with the EMS side of things, but as far as I understand, I've been told that our aircraft are up to par.

Mr. Frank Klees: The information that I have is that your aircraft has a PCAS system, which is totally different, and here's the difference: The TAWS system has a cost of about $70,000 per aircraft. The PCAS system, as I understand it, can be bought for $1,000.

Mr. Derek Wharrie: Okay.

Mr. Frank Klees: You say that's okay?

Mr. Derek Wharrie: Okay, as in I understand what you're saying. I don't know if that's the case. As I said, I don't have anything to do with the aircraft physically. I know that one of our aircraft is going down for a refit. The details of that, I don't know. That would be something that Paul would have to comment on.

Mr. Frank Klees: I also understand that the PCAS does not work in the north.

Mr. Derek Wharrie: I can't comment on that.

Mr. Frank Klees: It certainly wouldn't be very helpful—

Mr. Derek Wharrie: I'm sorry.

Mr. Frank Klees: It's not helpful that the owner of this business is not here. This is not a regular occasion for this committee. I don't know what his business is down in the United States, but this is pretty important business for us here.

Mr. Derek Wharrie: Absolutely.

Mr. Frank Klees: I just want to send a message through you that I am most disappointed, because we're dealing with very important issues here. There are only five of you who are providing this essential service to the province of Ontario, and I would have thought that this would be a priority for him.

I have no further questions, because I don't believe, quite frankly, that this witness can answer the questions that I have. I would ask that we issue another request, with the co-operation of the committee, to the owner of this operation to appear before us.

The Chair (Mr. Norm Miller): Very well. We'll move on to the NDP. Who would like to go? Ms. Gélinas.

M^me^ France Gélinas: Welcome to Queen's Park, and thank you for coming all the way down. I know that it's not easy to go from—I take it you're based out of Moosonee?

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: Moosonee to Queen's Park—there's no direct flight, no subway, no GO, nothing. I know the work involved to come down here, and I thank you for your efforts.

I take it that you are on the front line of providing emergency medical services, and I would like to gain from your expertise on a number of issues.

The first one I would like to talk to you about has to do with the past. You have been in the north for a number of years, and I'd like your impression as to how you would rate our air ambulance service right now. Are we doing a good job? Are we not meeting your expectations or the expectations of the patients? How would you rate us?

Mr. Derek Wharrie: From an aspect of Wabusk Air, we've gotten busier over the years. Whenever the need for the higher level of care, the aircraft come across the province to meet the needs of the patient. From the aspect that we can tell, the patients are getting met and are being transported as required. Under what timelines, I can't comment on that. There are always rumours of aircraft not being fully staffed and so on. Again, these are things that I don't have proof of. But for the most part I would say that, from what I've heard and what our experience is, the patients do get the service they need. Sometimes it's just a question of timing, but there's a lot of things that come into play, whether it be weather, resources etc.

M^me^ France Gélinas: I live in the north; so do you. Do you have confidence that if you or one of your loved ones needed ambulance services, we would deliver?

Mr. Derek Wharrie: Yes, I'd say so.

M^me^ France Gélinas: You're confident?

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: Me too.

The other questions I wanted to ask you have to do with the type of patients you are transporting and if you have seen any trends or changes in the type of calls that you get, the type of patients you're asked to work with. Have there been significant changes, either in the recent past or distant past, or do you see trends for the future?

Mr. Derek Wharrie: I'd say that generally the majority of the patients we receive, as we're primary care primarily, are low acuity, patients returning from different procedures, various appointments from the north, things of that nature. In the last probably few years, we've been getting dispatched more and more higher-acuity calls, up the coast mostly, so a little sicker patients. Whether that's just due to resources etc., I'm not sure. They seem to be utilizing our service more, more effectively and more frequently.

Then, in the future, as I mentioned before, we've been finally approved to provide advanced care as well. We are hoping in the future to provide not only primary-care but also advanced-care service to the north, so that would increase the level of care available to the people of the north.

Mr. Jagmeet Singh: Just one quick point about advanced care: How do you find the accessibility of training? Like, how easy is it to actually get trained up from whatever level—critical care to advanced care?

Mr. Derek Wharrie: It's extremely difficult, actually, unfortunately. There are two parts to becoming an advanced-care flight paramedic. The first part of it, becoming advanced-care land, is very easy. You know, colleges generally anywhere in the province can offer that, or there's a number of colleges. The difficulty comes in bridging to advanced-care flight, and that unfortunately is only through Ornge. We've asked for details on upcoming courses and availability to train some of our staff to be able to provide that advanced care. Unfortunately, to this date, they haven't been able to provide any dates.

Mr. Jagmeet Singh: And just a quick comment: Do you think that allowing or making an accommodation for advanced-care and also critical-care training in colleges might be a solution to providing more ways for people to get trained? Just in your personal opinion.

Mr. Derek Wharrie: I guess, ideally, it would alleviate just having one person provide it, that monopoly. Unfortunately, the business case for that—because it's such a minute number, once the mass amount of people, whether they work for Ornge or an SA carrier, get trained up, there would be very few people in the future, right?

Mr. Jagmeet Singh: I see.

Mr. Derek Wharrie: So it would be a great solution to the problem right now, but going forward I'm not sure that from a business case for the colleges it would make sense.

M^me^ France Gélinas: Okay. Just one more on this one. Right now, the college in North Bay does aviation training. The medical part of the advanced paramedic is given in our college. Would it make it easier if it was available at Northern College or if it was available at Cambrian or—

Mr. Derek Wharrie: That's not the issue. The issue is bridging over to the—

Interjection.

M^me^ France Gélinas: The federation, sure.

Mr. Derek Wharrie: Yes, bridging over to the flight side of things.

M^me^ France Gélinas: But I mean if those colleges that already teach flight, that already have those kinds of courses, not for paramedics, would offer the flight part of the advanced.

1420

Mr. Derek Wharrie: Aviation, as in pilot training? Is that what you mean?

M^me^ France Gélinas: Yes.

Mr. Derek Wharrie: The two are totally different, so I don't see the connection. The connection there I don't think would be there. You would have to look at the colleges that provide primary care and advanced care, like Fanshawe, Niagara, Durham, that sort of thing, different colleges like that, and whether or not they would be willing to take on the air component. But right now, the air component is only provided by Ornge.

M^me^ France Gélinas: All right. You've talked about some of the services that existed in the past. I don't know if you'll be able to answer this, but I'll ask it anyway. The fact that telemedicine has been rolled out to most of the nursing stations and to most of the fly-in-only First Nations communities: Does that help, in a sense, bring the level of acuity up? Because now, in theory, the follow-up to surgery should be done through our telemedicine system, which means that they don't have to fly anymore. Have we had an effect through this way? Or am I putting two and two together that don't belong?

Mr. Derek Wharrie: In theory, it would. I've seen and I've heard cases where, as a service, we have asked ourselves why we are transporting this patient when

theoretically we know that there's a Telehealth system set up in that community. I can't comment on why we're still doing that transfer, if the diagnostics needed aren't available there or whatnot. I would say that I'd imagine it helps sometimes and other times it still requires transport out. I wouldn't say it's eliminating all transfers for follow-up.

M^me^ France Gélinas: Okay. I'm bringing you back into the past again. You knew of Ornge. Did you know Dr. Mazza?

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: Did you know that there was something wrong going on at Ornge before it hit the front page of the papers?

Mr. Derek Wharrie: Just through rumours. I didn't personally know Dr. Mazza. Just the rumour mill, really. We saw the kind of money and how quickly it was being spent and the drastic changes in the industry, so obviously that was a little concerning. That sort of thing we saw. I guess that is cause for concern, absolutely.

M^me^ France Gélinas: So when you talked about "through the rumour mill," what were you hearing at the time?

Mr. Derek Wharrie: We were hearing these conceptual ideas of going international, of potentially taking over all advanced care from all SA carriers and that Ornge was eventually, allegedly, even going to push out all primary care. They wanted the whole pie, if you will. These are the rumours we heard.

M^me^ France Gélinas: All right. Enough for the past. We're into the future now.

If you could have your own way, how would you improve the air ambulance services in Ontario?

Mr. Derek Wharrie: Well, I would say that the SA carriers are an essential part of it. When the province needs the transport of patients, we're there to provide it. When we're not flying, we're not getting paid, so we're not sitting around doing nothing and getting paid for that. I'm not saying that the dedicated carriers of Ornge aren't required—by all means. You need a level of care where there's somebody at the drop of a hat. You absolutely need that. Then you need the SA carriers for the overflow of that.

I would say the best way to go forward would be to allow the SA carriers to increase their level of care where needed so that they're able to provide primary and advanced, and to ideally allow the training up of those individuals to be a little more easy.

M^me^ France Gélinas: All right. So your view of a better system is—I don't want to put words in your mouth, but I want to make sure I understood—a system quite similar to what we have now, except that the SA carriers not only do primary care but do advanced. Do you see them doing critical as well?

Mr. Derek Wharrie: Critical has never really been in the scope of an SA carrier; that hasn't been dedicated to the system. You have issues on getting the experience to keep those skills up because they are quite diverse. So I can't really comment on that.

There's been talk and rumours of maybe getting rid of the advanced-care flight portion because the gap between advanced care and critical care is very narrow and every day it gets narrower, whereas the jump from primary care to advanced is huge.

So it could be a restructuring of the whole system where you get rid of the advanced care completely and only have critical care in the air and then some kind of portion of just regular transfers for primary or advanced care—just regular advanced care and not flight.

M^me^ France Gélinas: Rather interesting. So the system sort of stays the same. Ornge continues to operate mainly on the critical-care side. The SA contract does the primary care, which gets merged more or less with more advanced, and then you make sure that there is enough training so that people who want to recruit have a pool of qualified people to select from?

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: And you feel that this would improve our system and this would bring us to a very good system?

Mr. Derek Wharrie: Yes, essentially. Basically you need dedicated carriers, whether it be Ornge or somebody running it elsewhere—like that used to be—where you have somebody on call, ready to go at the drop of a hat. You need that aspect of it, hands down, and then you need the ability for the overflow.

Then you just have to sort out the level-of-care issues, because you have BLS transfers that are going to always have to be made. Do you need critical care for those? Not necessarily. We've got to figure out what the ideal situation is: whether it is getting rid of advanced care and just having critical care and primary care or some kind of derivative. I'm not sure.

M^me^ France Gélinas: All right. My next question has nothing to do with what we've talked about. It brings you to the present. The ministry has made significant changes. You probably know that there's a new board, a new CEO, new directors. There are lots of changes that have happened at Ornge. But let's say something was to go bad. Let's say the rumour mill that fed you that information that something was drastically wrong at Ornge started again—"There's something drastically wrong happening at Ornge." Who would you tell and how would you go about telling that person?

Mr. Derek Wharrie: It's hard to say because, right now, with Ornge sort of having the full control of our contract, you don't want to really disturb those waters, if you will.

In the past, with the Ministry of Health on inspections, we've asked questions—I know I've asked questions on why certain things are happening differently for Ornge and whatnot—

M^me^ France Gélinas: That's when government EMS comes and does—

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: Okay.

Mr. Derek Wharrie: There's been a history of certain things that we've had to do and Ornge hasn't done it with

respect to, like, ACR audits and whatnot, things like that, but we've never had any answers, and I'm not sure that the front-line staff would have those types of answers.

M^me^ France Gélinas: No, me neither.

Mr. Derek Wharrie: And I don't blame them for that. But at this time I honestly don't know where the avenue would be or what it would look like.

M^me^ France Gélinas: Let me throw something at you. Have you ever heard about the Ombudsman?

Mr. Derek Wharrie: Sorry?

M^me^ France Gélinas: The Ombudsman of Ontario.

Mr. Derek Wharrie: I've heard of them.

M^me^ France Gélinas: Okay. And would you know how to reach the Ombudsman if you needed to?

Mr. Derek Wharrie: No. Not personally, no. It's something I could look up.

M^me^ France Gélinas: The Internet works in Moosonee—most of the time.

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: When I asked you what would make our system better, you did not talk about the oversight, where some of the oversight in the contract right now is not being done. You really focused on two things: the training and the dispatching of the level of care. I'll leave it out there. It's not critical to improve, in your view?

Mr. Derek Wharrie: I guess from my perspective, I'm more front-line. But looking back, I would say absolutely, the oversight definitely is needed. Ornge needs to be overseen just as much as all of us SA carriers and should be held at the same standards. It would be important to have a process, because we have penalties that we can get if we don't react in certain amounts of time or we don't tell them where our aircraft are, effectively, or something like that. We have penalties, but Ornge unfortunately doesn't have any penalties like they used to—not Ornge, but the air ambulance system used to have checks and balances. From my understanding, it doesn't any longer.

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M^me^ France Gélinas: So right now, does Ornge actually carry through on those penalties? Do you ever remember a time where you were charged a penalty because your aircraft was down, because you didn't report?

Mr. Derek Wharrie: No.

M^me^ France Gélinas: So they are there. They bark, but they don't bite?

Mr. Derek Wharrie: Well, I'd like to say that we've never been put in that position.

M^me^ France Gélinas: Better answer. Way better answer.

Mr. Derek Wharrie: Yes. But they are there. I don't know of any instances where any of the carriers had to have been held up to those. It would be between Ornge and those carriers. But we've never been in that position, nor have we needed to be—or should have been, I should say.

M^me^ France Gélinas: Okay. We'll let it go around.

The Chair (Mr. Norm Miller): Very well. We'll go to the government. Ms. Jaczek.

Ms. Helena Jaczek: Thank you. Mr. Wharrie, you explained to us that you joined Wabusk Air in 2008. Where were you working before that?

Mr. Derek Wharrie: I was working in confined-space rescue. I changed careers. I went back to school, got my paramedic qualifications and started right into it with Wabusk as the EMS manager and then as a flight paramedic as well.

Ms. Helena Jaczek: So you're trained to the level of a flight paramedic with basic primary care.

Mr. Derek Wharrie: I'm also employed by Ornge and I have just completed my advanced-care didactic. Right now I'm working through my preceptorship for advanced-care flight, so I'm a resident.

Ms. Helena Jaczek: Okay. You've explained that Wabusk Air is looking to dedicate another aircraft to air ambulance work and staffing up to the advanced-care level. Is this something that you're going to be taking on, or will you be hiring additional paramedic coverage?

Mr. Derek Wharrie: Well, it wouldn't be something that just myself could do. The plan is to hire other advanced-care paramedics and to train some of our primary cares up to advanced care and sort of keep funnelling up from within.

Ms. Helena Jaczek: So in essence, your business is expanding.

Mr. Derek Wharrie: Yes.

Ms. Helena Jaczek: In response to my colleague Ms. Gélinas, you said that in your view, overall, it would be preferable to increase the scope or the capacity on the standing offer side, in essence keeping the Ornge capacity for the critical care, the on-scene-emergency type response.

Mr. Derek Wharrie: Some kind of organization to do that, absolutely.

Ms. Helena Jaczek: Okay. You also said that because of the issue that your contract is with Ornge, perhaps you don't want to necessarily rock the boat, or if there's something going wrong, that there's an issue there, because who would you complain to? You might get into trouble. If you see that you get more of the private sector involved in the basic inter-facility transport type of situation, how would you envisage and what would you see as a model—when things might go wrong, who would you think you could appeal to or what would you like to see as some sort of protection?

Mr. Derek Wharrie: I guess it would have to be an anonymous ability to come forth to a governing or oversight committee of Ornge to fulfill or to look at any issues that we might come up with when we don't feel comfortable going directly to Ornge, and them having the ability to fix it or the willingness to talk.

Ms. Helena Jaczek: Are you aware that Bill 11, which is in front of the House, our government bill, actually provides exactly that kind of whistle-blower protection? It is to go, in fact, to a legal firm if there is a

complaint, and it's investigated, and that is independent of Ornge.

Mr. Derek Wharrie: I've heard of it, yes.

Ms. Helena Jaczek: Yes. So you would agree that that would be a potentially good solution?

Mr. Derek Wharrie: I would say so, yes.

Ms. Helena Jaczek: Okay. On a day-to-day basis you're communicating with Ornge—you did before, from 2008. Can you just explain to us how you feel the relationship with dispatch, with anyone you might need to talk to at Ornge—is there any difference pre the new management? Can you explain to us—

Mr. Derek Wharrie: From the front-line aspect of it, talking with the OCC on a daily basis, no, there hasn't been much of a change at all, I would say, from our side of things. From a managerial point of view, the time frames for looking for clarification or any information, I would say are the same, if not maybe a little longer at this time, just with all the changes and who do we talk to and that sort of thing. But for the most part, I would say, from an SA carrier point, there isn't that much of a difference.

Ms. Helena Jaczek: So, in essence, patients are being looked after. You don't see any deterioration in service or anything of that type?

Mr. Derek Wharrie: In our neck of the woods, in our little box—because we don't know the big picture; right?—you get the patients or the facilities that say, "What took you so long?" but then you get the other ones, like, "Wow, that was quick."

It's hard to say from a global aspect, because we just get told what to do specifically in wherever the area we are at the time. We don't know how long this call has come in, how long they've been sitting on it or anything like that. From our aspect, I would say the patients are getting where they need to be. Do you hear about things? Absolutely. But nothing in our world do I see any immediate shortcomings.

The Chair (Mr. Norm Miller): You've used your time up. Are you satisfied?

Ms. Helena Jaczek: Yes.

The Chair (Mr. Norm Miller): Okay.

Ms. Gélinas.

M^me^ France Gélinas: You've caught me at a really bad time.

Thank you for coming. I just want to make the most out of the time that you will spend with us. You have on-the-ground experience. I've asked you, how do we improve the system globally? If you look at the work that you do day to day, what would make your work better for the patient and better for you?

Mr. Derek Wharrie: That's a tough one. As a front-line medic with an SA carrier, it would probably be some increase in communication. We have a lot of off-load delays at various hospitals. Whether or not that's because of local EMS etc., we don't have that big picture. There's often some—you know, we have to chase OCC rather than them providing us proactively, so maybe I would say—

M^me^ France Gélinas: Do some of the cities or hospitals come to mind when you talk about off-load delays?

Mr. Derek Wharrie: Absolutely.

M^me^ France Gélinas: Which ones?

Mr. Derek Wharrie: Kingston, Sudbury, Thunder Bay.

M^me^ France Gélinas: Is one worse than the other?

Mr. Derek Wharrie: I would say Kingston and Sudbury are probably pretty close to being the worst that we endure on a weekly, sometimes daily, basis.

M^me^ France Gélinas: On a daily basis. So it's not a one-off? There was a huge accident on the—

Mr. Derek Wharrie: No.

M^me^ France Gélinas: It's more of a systemic problem?

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: Anything else you can think of that would make your work and the quality of patient care better?

Mr. Derek Wharrie: The ability, as I said, to make things easier to go advanced care and to be able to provide that care. There are times up the coast that patients could use advanced care, and sometimes, with us being right there in Moosonee, there are delays waiting for aircraft coming in from Thunder Bay, let's say, or whatnot. Being able to go advanced care and having the staff and the training would definitely assist the communities.

M^me^ France Gélinas: In making it better and safer for all?

Mr. Derek Wharrie: Absolutely.

M^me^ France Gélinas: This issue of getting the training for advanced care is something that comes up over and over when we're looking at improving the quality of the service.

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What can we put into place that would make it safe for you to report something if you saw that something was wrong?

Mr. Derek Wharrie: I guess the ability to report anonymously, for one, and then having the committee, or whoever we report to, have the power to invoke action.

M^me^ France Gélinas: Otherwise, if you're reporting to somebody who cannot act, then it's—

Mr. Derek Wharrie: Yes. If it falls on deaf ears, it does nobody good, right?

M^me^ France Gélinas: So if you were able to report anonymously, you feel that that would be a good way, and if you knew that when reports were done, they were actually followed up.

Mr. Derek Wharrie: Yes. We'd have to have two-way communication required. Previously, concerns have been brought to our contacts on sort of a mid-managerial level, but the question is whether or not it goes up to the top, or wherever it needs to go, to invoke the action. Nothing appears to happen, so you have to feel that it didn't go where it should be, or it fell on deaf ears, and they don't care what we have to say.

M^me^ France Gélinas: Neither one of those are really good.

Mr. Derek Wharrie: Exactly.

M^me^ France Gélinas: So we're looking at what could be improved. If you look at the different bases that you service, as in, that you get patients from—not repatriation, but really pick up patients from—is there a community, or a nursing station, or a hospital that you service where you get more complaints than others, as in, they are not as well serviced as another one or things are not working out?

Mr. Derek Wharrie: Historically, Kashechewan and Fort Albany have had smaller communities, but recently James Bay Ambulance has been able to expand into those communities, so I think that has alleviated a lot of the problems. They've got the nursing stations there. Overall I wouldn't say anybody really sticks out in my mind as always, "Why aren't we getting the service?" or anything like that.

M^me^ France Gélinas: Do you ever end up bringing a nurse back with you because the level of care is past primary care?

Mr. Derek Wharrie: Yes.

M^me^ France Gélinas: And how does that work out?

Mr. Derek Wharrie: It's difficult, because, at the same time, the nurse technically has control and care of that patient. I don't think there's a complete understanding of what their responsibilities are on the flight. So a lot of times, our primary-care paramedics are monitoring the patient more than what they should, and then if, heaven forbid anything happens, whether or not—it's not an ideal situation. That nurse is out of their element. If something happens, they can't do very much without a doctor's order. Obviously, our paramedics can provide life-saving measures—CPR, defibrillation, that sort of thing—but if certain medications are required, we don't have that ability. It's not like you can just pull over in the sky and get that assistance. Is it an ideal situation? No. But is it effective when it's used? It's one way to get the patient moved, and, at this time, it's the only way.

M^me^ France Gélinas: Okay.

The Chair (Mr. Norm Miller): And are you almost done?

M^me^ France Gélinas: A one-off question: Do you have a large amount of time where your aircraft radios—you broadcast to traffic where there's nobody to talk to?

Mr. Derek Wharrie: With the ATC, you mean, air traffic control? We can always contact them, wherever we are, all the way up the coast. We don't have contact with the land CACCs, the dispatch centre in Timmins, once we go north of Moosonee, but we have the satellite phones for dealing with calling with Ornge or the ability to communicate through—I don't know how they do it—the ATC to get messages to Ornge or a local dispatch centre if we need to.

M^me^ France Gélinas: Thank you.

The Chair (Mr. Norm Miller): Thank you for coming before the committee today. It's appreciated.

At this point we're going to go into closed session to discuss documents and a couple of other issues.

The committee continued in closed session at 1445.

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