

**Third Session - Fortieth Legislature**  
**of the**  
**Legislative Assembly of Manitoba**  
**Standing Committee**  
**on**  
**Public Accounts**

*Chairperson*  
*Mr. Reg Helwer*  
*Constituency of Brandon West*

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Fortieth Legislature**

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**LEGISLATIVE ASSEMBLY OF MANITOBA**  
**THE STANDING COMMITTEE ON PUBLIC ACCOUNTS**

**Wednesday, July 9, 2014**

**TIME – 2 p.m.**

**LOCATION – Winnipeg, Manitoba**

**CHAIRPERSON – Mr. Reg Helwer (Brandon West)**

**VICE-CHAIRPERSON – Mr. Matt Wiebe (Concordia)**

**ATTENDANCE – 10 QUORUM – 6**

*Members of the Committee present:*

*Hon. Mr. Struthers*

*Mr. Dewar, Mrs. Driedger, Messrs. Ewasko, Friesen, Helwer, Jha, Marcelino, Wiebe, Ms. Wight*

*Substitutions:*

*Hon. Mr. Struthers for Hon. Ms. Howard*

*Mrs. Driedger for Mr. Pedersen*

*Mr. Ewasko for Mr. Schuler*

**APPEARING:**

*Mr. Norm Ricard, Acting Auditor General*

**WITNESSES:**

*Hon. Erin Selby, Minister of Health*

*Ms. Karen Herd, Deputy Minister of Health*

**MATTERS UNDER CONSIDERATION:**

*Auditor General's Report—Annual Report to the Legislature, dated March 2014*

*Chapter 4—Helicopter Ambulance Program*

\* \* \*

**Mr. Chairperson:** Good afternoon. Will the Standing Committee on Public Accounts please come to order.

This meeting has been called to consider Chapter 4—Helicopter Ambulance Program of the Auditor General's Report—Annual Report to the Legislature, dated March 2014.

**Committee Substitutions**

**Mr. Chairperson:** Pursuant to our rule 85(2), I would like to inform that for today's meeting, Honourable Mr. Struthers will be substituting in for

Honourable Ms. Howard, Mrs. Driedger in for Mr. Pedersen and Mr. Ewasko in for Mr. Schuler.

\* \* \*

**Mr. Chairperson:** Are there any suggestions from the committee as to how long we should sit this afternoon?

**Mrs. Myrna Driedger (Charleswood):** I would recommend that we sit 'til 4 o'clock and then re-evaluate where we're at at that time.

**Mr. Chairperson:** Is it the will of the committee? *[Agreed]*

We will sit 'til 4 o'clock and evaluate at this—at that time.

At this time I'd like to invite the minister and deputy minister to the table.

And does the Auditor General wish to make an opening statement?

**Mr. Norm Ricard (Acting Auditor General):** I do.

**Mr. Chairperson:** Mr. Ricard.

**Mr. Ricard:** Thank you, Mr. Chairperson. I'm here today in my new role as acting Auditor General. It will, indeed, be my pleasure to function in this capacity for as long as the Legislative Assembly calls—may call upon me to do so.

I would first like to introduce Brian Wirth, who is sitting behind me. Brian is the assistant auditor general responsible for directly overseeing our audit of the helicopter ambulance program.

In 2009, a study was conducted by the Department of Health in consultation with industry experts to determine the feasibility of the helicopter emergency medical response program in Manitoba. The study supported further planning and consideration for such a program.

On February 22nd, 2012, the Province, represented by the Department of Health, signed a 10-year service purchase agreement for helicopter ambulance services with the Shock Trauma Air Rescue Society, STARS for short.

Of note, however, is that Manitoba's relationship with STARS began during the 2009 flood

when STARS was issued an untendered five-week contract to provide helicopter—to provide emergency helicopter medevac services. An untendered contract was also issued to STARS during the 2011 flood.

Our audit of the helicopter ambulance program had two initial objectives. The first was to assess whether the purchase of helicopter ambulance services from STARS was in compliance with provincial procurement principles, policies and legislation. The second objective was to assess whether the Department of Health had an appropriate oversight process to ensure compliance by STARS with key elements of the service purchase agreement.

During the course of our audit, however, we became aware of patient-care concerns. As a result, we also looked at how the department responded to these concerns. I would like to highlight several findings.

**Mr. Chairperson:** Mr. Ricard, could I get you to speak up a little bit towards that end of the table and we'll see—

**Mr. Ricard:** Okay. Sorry. Should I—you don't want me to start over, do you?

**Mr. Chairperson:** That's okay. You're good.

**Mr. Ricard:** In establishing the ambulance program, we found that Health did not conduct a public tender. The decision to waive the competitive bid requirement was not supported by any of the four acceptable circumstances noted in government's procurement policies. In addition, Mr. Chair, this untendered contract was not disclosed in the public access database, a requirement of The Financial Administration Act. We found that Health, when it was planning for the helicopter ambulance program, did not conduct a detailed assessment to define all its program delivery needs. The department cited a lack of internal expertise for the—for this task and timing constraints that precluded the hiring of experts. As a result, during contract negotiations Health relied on STARS as the main source to define program delivery needs. Health did use various experts during contract negotiations, but, interestingly, not in aviation or helicopter emergency medical response services. Furthermore, Health could not demonstrate that it would be procuring this service for a reasonable cost, a critical step, given that the contract had not been tendered. The department obtained budget figures from STARS during the contract negotiation process and compared estimated costs to those incurred by similar programs in other provinces and to the Manitoba Lifeflight program.

Health noted that the budgeted costs appeared high, but a more detailed analysis of the budgeted numbers provided by STARS was not done.

When Health became aware of patient-care concerns, it responded by implementing medical reviews and operational changes, including the hiring of an experienced independent medical doctor to identify any underlying systemic issues. We found, however, that Health lacked a quality assurance process for the patient care provided by STARS. A quality assurance process may have prevented or detected earlier some of the noted patient-care concerns.

Mr. Chair, we also found that Health's licensing process appropriately assessed whether the licence application requirements contained in the air emergency medical response system regulation were met. Because some key items were not submitted, Health issued provisional licences to STARS in 2012 and 2013.

And, finally, we noted that certain aspects of the service purchase agreement were not adequately overseen by Health. We found that the submission of quarterly budget reconciliations by STARS was not adequately monitored, resulting in an overpayment to STARS in 2012-13 of \$2.4 million, and that performance indicators or metrics were not developed for many of the operational requirements included in the service purchase agreement, hampering Health's ability to assess STARS performance.

Thank you.

**Mr. Chairperson:** Thank you.

Welcome to the honourable Ms. Selby, Minister of Health, and to the deputy minister, Ms. Herd.

Does the deputy minister wish to make an opening statement? And could you introduce any staff that you've brought with you today, please.

**Ms. Karen Herd (Deputy Minister of Health):** I would like to introduce Ms. Jean Cox. She's the assistant deputy minister of regional policy and programs and she'll be joining me at the table.

\* (14:10)

Thank you for the invitation here to speak with the Public Accounts Committee and answer your questions in relation to the helicopter emergency medical services program operated by the Shock Trauma Air Rescue Society, more commonly known as STARS.

Emergency medical services are a crucial component of Manitoba's health-care system. Over the years, this system has dramatically changed from one primarily provided by volunteers to today's EMS system, which is a professional system that integrates ground and air operations across the province. What has not changed over this time is the need for an emergency medical services system that provides patients with safe care.

Over the last year, Manitoba Health, Healthy Living and Seniors has worked with health-care experts to improve care in this area. When clinical-care issues came to light through our medical directors that act as the physician oversight of the emergency medical services system, the department contracted Dr. Stephen Wheeler from British Columbia to investigate the issues. Dr. Wheeler is an internationally recognized expert in helicopter EMS services with over 20 years of experience in the industry. As well, he acts as the medical director for the British Columbia air ambulance system. Dr. Wheeler was asked to review cases of concern and reported critical incidents to identify common root causes of failure and to develop recommendations about how we could strengthen helicopter emergency medical services in Manitoba.

At approximately the same time, the office of the Auditor General of Manitoba was concluding its review into the STARS program. Their report concentrated primarily on administrative and management issues associated with the STARS program. Both of these reviews have been extremely useful to the department in strengthening patient safety as well as the administration and management aspects of this program. The department has accepted the findings outlined in both the office of the Auditor General and in Dr. Stephen Wheeler's reports. As well, the department has actively worked to implement the recommendations of these reports.

Manitoba Health, Healthy Living and Seniors' first and foremost priority is patient safety, thus recommendations affecting patient safety have been implemented as a priority. Recommendations from Dr. Stephen Wheeler's report, titled flight path, have been actioned through the Clinical Oversight Panel, which was announced by the Minister of Health (Ms. Selby) on March 7th, 2014. The Clinical Oversight Panel, chaired by Dr. Brian Postl, has the mandate to provide patient-focused guidance and oversight for helicopter emergency medical service. This oversight includes training and accreditation for personnel, quality assurance for clinical operations and guiding

the eventual resumption of full services by STARS in Manitoba. The Clinical Oversight Panel has worked with physicians and staff at the leadership levels of Manitoba Health, Healthy Living and Seniors, with STARS and with the Winnipeg Regional Health Authority to address the issues outlined in the flight path report by Dr. Wheeler.

The office of the Auditor General report titled Helicopter ambulance program concentrated on the administration and management of the STARS program. The office of the Auditor General report had five recommendations relating to quality assurance of the STARS service, a performance framework for the contract, the tracking of times associated with primary-scene response versus interfacility missions, operational policy and improvement of internal tracking of contract requirements, specifically insurance certificates. Of the five recommendations outlined in the OAG report, three of the recommendations are completed and enacted, those being tracking of times associated with primary-scene response versus interfacility missions, operational policy and improvement of internal tracking of contract requirements, specifically insurance certificates. Two of the office of the Auditor General recommendations have work currently under way and are projected to be complete by the end of the 2014 calendar year, those being quality assurance of the STARS service and a performance framework for the contract.

The progress that has been made in implementing the recommendations of both the office of the Auditor General report and the Dr. Stephen Wheeler report is considerable, but there is still work to do.

Thank you for allowing me to have these opening remarks.

**Mr. Chairperson:** Thank you, Ms. Herd.

Now, prior to entering into questions and starting here, I'd like to inform those that are new to this committee of the process that is undertaken with regards to outstanding questions. At the end of every meeting, the research officer reviews the Hansard for any outstanding questions that the witness commits to provide an answer and will draft a questions-pending response document to send to the deputy minister. Upon receipt of the answers to those questions, the research officer then forwards the responses to every PAC member and to every other member recorded as having attended that meeting. At the next PAC meeting the Chair tables the

responses for the record. So we will document responses that will be outstanding should you have any of those.

Now, before we get into questions, I would like to remind members that questions of an administrative nature are placed to the deputy minister and that policy questions will not be entertained and are better left for another forum. However, if there is a question that borders on policy and the minister would like to answer that question or the deputy minister wants to defer it to the minister to respond to, that is something that we would consider.

The floor is now open for questions.

**Mrs. Driedger:** My first question's to the acting Auditor General. In his opening comments today he has specifically made reference to the two previous untendered contracts of STARS in the previous flood years and he has emphasized that those two contracts that were in place previous were both untendered.

I just want to ask him what he sees as their—the tie-in with this current audit and the relevance to it.

**Mr. Ricard:** Certainly. The—those two contracts were raised only because—okay, those two contracts were raised because we wanted to make it clear that the relationship with STARS did not start with the contract that was signed in 2012. It really predated, and that it might have had some impact on the negotiations and the contract leading—in 2012. That's—we didn't do any audit procedures on those two contracts to determine whether is—it was appropriate that they weren't tendered, for example, although we note that they were issued during an emergency situation which is one of the acceptable circumstances for waiving the competitive bid requirement.

**Mrs. Driedger:** I appreciate that and certainly may be coming back to this; we're going through questions and finding the relevance in that particular area.

But my first question, then, to the deputy minister would be, and it's going to—I'm going to start pretty methodically and just start on page 161 of the audit where there is some reference to a feasibility study that was conducted in 2009, and the auditor didn't include the results of that study in the—this audit, but certainly has made reference to some of the findings. It would seem to me that that feasibility study has some bearing, some significant bearing on

what we're seeing in this audit, and I wonder if the deputy could indicate why the government has refused to make that feasibility study public.

\* (14:20)

**Ms. Herd:** The 2009 feasibility study includes confidential information and advice to Cabinet. This is the reason why it was not released publicly, but, in the interests of providing full disclosure to the office of the Auditor General, we did provide that feasibility study to the Auditor General as they were conducting their review.

**Mrs. Driedger:** Certainly, there seemed to be a number of—fairly significant analysis made within that feasibility study that could certainly have ramifications on the decisions—or lack of decisions the government was involved in as they went through this untendered contract. Would there be, in order to ensure that there is absolute transparency—because this is one particular area, this whole helicopter ambulance program, where there has been sorely lacking transparency—would there be any wish by the government now or desire by the government now to clear things up more and actually consider tabling that study?

**Ms. Herd:** The department did provide that information fully to the office of the Auditor General as we would support them in doing their audit. However, we have not chosen to make the study public to ensure that confidential information and advice to Cabinet remain such.

**Mrs. Driedger:** Would there be an opportunity in that feasibility study to, for instance, if there was any sensitive information, to just black it out, and if the government was concerned about any sensitivities, just have that part removed, redacted and then table the rest of that feasibility study? That actually does have a lot of bearing on the decisions the government made to enter into a contract with STARS.

**Ms. Herd:** At this time, the department has chosen to ensure that the confidential information and advice to Cabinet is maintained confidentially.

We did provide information to the OAG, which they did include or make reference to in their review, but it would not be our normal practice to provide advice to Cabinet in a way that is being requested here.

**Mrs. Driedger:** Can the deputy minister indicate that—in that study, it said that 35 to 50 lives would be saved annually. Without us now having the ability to

look at that study, can the deputy indicate how those numbers were reached?

**Ms. Herd:** The transport volumes in that initial feasibility study were indeed higher. These estimates were based on a review of EMS calls from the area that was to be served by a helicopter emergency system. As we know, since STARS' inception in April 2011 to June 30th, 2014, there have been 168 primary-scene transports and 283 interfacility transports.

Based on data from the last three years, STARS will conduct approximately 146 transports a year. This data is in alignment with industry-based projections that estimate a helicopter program will transport approximately one patient per 1,000 residents in a service area that do not have access to tertiary care.

It is our intention, through the Clinical Oversight Panel, that we will ensure that the maximum volumes that can be attained safely will occur, but we would really defer to the work of the Clinical Oversight Panel to ensure that it's provided safely.

**Mrs. Driedger:** Can the deputy just go back and refer to the number of 146, and just repeat what she had indicated at—with that number?

**Ms. Herd:** Based on data from the last three years, STARS will conduct approximately 146 transports a year. So that's based on the three years of experience that we have had with STARS, and we recognize that it's initial start-up and, you know, could change in future. But, if we base it on those three years, it would be approximately 146 transports a year.

**Mrs. Driedger:** That is significantly less than I think what was anticipated at the beginning. Can the deputy just remind us what the anticipated number of transports per year the contract was based on?

**Ms. Herd:** I bring your attention to page 3 of the Auditor General report, or the third page in, that says that the feasibility report found that a Winnipeg-based helicopter could operate within a radius of approximately 250 kilometres, extending care to about 350,000 people. It was estimated in that report that between 600 and 800 patient transports annually, potentially saving 35 to 50 lives annually.

\* (14:30)

**Mrs. Driedger:** There is a huge disparity between what is happening right now with the number of transports annually versus what was anticipated at the time of that feasibility study, and it is certainly

not even in keeping with what is happening, for instance, in usage of the STARS helicopter in Saskatchewan.

Can the deputy indicate how these numbers could be so far apart in terms of what was determined earlier on and what has actually happened in number of transports? Like, this is a very serious, serious gap in numbers, and can she just explain, rationalize what happened and what's going on?

**Ms. Herd:** We definitely are relying on the work of the Clinical Oversight Panel to ensure that STARS is utilized as fully as it can be in its current form.

We can say that we recognize there is a significant variance from the work done in 2009 to the numbers that we have experienced in the first three years. I think I can safely say the department will learn from the audit and from the work of the Clinical Oversight Panel to ensure that it adequately projects or improves its estimating practices in future. I think that's really the benefit of having the audit and learning from the audit.

**Mrs. Driedger:** The untendered contract for STARS was set at \$10 million a year, and that amount was determined based on 600 to 800 patient transports annually. If we are only doing 146 transports a year, are—is the government still in a situation where they have to stick with that contract and pay out \$10 million a year plus all the other costs for—you know, that in total amounted to \$159 million?

**Ms. Herd:** Okay, I would like to say that there are going to be some aspects of an emergency response system, be it helicopter, be it land, that we're basically paying to have that infrastructure in place, so the contract would cover some aspects of training, some fixed costs related to having that service in place. So those costs will be incurred regardless of the volume of the service.

There are some aspects of the STARS operations which they provide in their annual budget under the service purchase agreement that are variable, and so each year we do a settlement with STARS on their actual costs. So it isn't always a fixed, set amount of \$10 million. However, I will say that there is a large proportion of that amount that is a fixed cost, and that's to have the service available for Manitobans that would need to access it.

**Mrs. Driedger:** Can the deputy indicate what the value of those fixed costs would be annually or as a

percentage of the \$10 million or as an actual number?

**Ms. Herd:** We can get that information for you. I don't have it here with me, but we will definitely get it for you.

**Mrs. Driedger:** Now, the transports a year, 146, is only a quarter of the projected volume that was determined that might be possible when the feasibility study was done, and they're just so off from reality and what is happening.

Who—was it the department that actually came up with the 600 to 800 as they wrote the feasibility study, or did that number come from someplace else?

**Ms. Herd:** Again, I'd go back to the fact that the 2009 report was developed by the department; it was the department's information. We had certainly accessed information from many sources, but, ultimately, it was the department's report and we have to stand by that.

We do, however, take the point here, and, as was pointed out in the office of the Auditor General's report, that the department has to do some improvement, some learning from the audit, and do a better job at how it predicts and projects volumes.

I think I would add that we'll continue to rely on the work of the Clinical Oversight Panel to ensure that they can bring the services back to full service as soon as possible, and access the most from that service that we have paid to bring here to the province.

**Mrs. Driedger:** Can the deputy indicate, then, were those volume projections absolutely wrong?

\* (14:40)

**Ms. Herd:** I think that the department really has to learn from this experience, from the auditor's work and from what we've learned from having STARS here for the past three years, that our work from that 2009 feasibility study probably was not what it should have been and that we need to learn from this experience and try to ensure our practices to assess and develop proposals are more rigorous. I think we have taken steps to improve our analytical capability and our performance monitoring, but, as the Auditor General has pointed out, there's much more we can do, and we commit to continue to trying to do our best to improve our practices there.

**Mrs. Driedger:** Which is all well and good, but what we have found now, based on those projections, the

government entered into a contract, untendered contract, for \$10 million, but, if we go back to—and, again, it's on page 163—that feasibility study had looked at an estimated cost of \$5 million annually, and yet the government then went ahead and paid twice the amount, in fact—[interjection] Yes, \$10 million a year for the program, and then went and signed a 10-year contract for \$100 million.

So is the deputy, then, indicating that Manitoba taxpayers are now stuck because we had an untendered contract, we had no transparency, we had no public ability to look at the decision that the government was taking?

Are—is the deputy now indicating that taxpayers are on the hook for \$159 million for 10 years and there is no recourse, even though—no recourse financially, even though we are only going to be using that service for a quarter of the time that it was anticipated that we would need it for?

**Ms. Herd:** I go back to the reasons why we selected STARS back when we needed them in the flood of 2009 and the flood of 2011. We felt they were an organization with a long history and a proven track record, and, while we were investigating potential helicopter-based air ambulance service providers as part of undertaking that feasibility study, we did encounter the flood in 2009. So we contracted with STARS to provide the specialized emergency medical services via helicopter. I think, during those two flood experiences, we were very satisfied with their services. We thought that they had done good work and we knew that they could—that we could continue on with the service rather than developing something that could potentially have a stoppage in service.

So I think we ensured that the service was provided, and I think we are seeing the benefits even now of having them available in a flood situation.

**Mrs. Driedger:** I guess, with all due respect to the deputy minister, that answer was something that certainly we've been hearing from the minister, and, I mean, it's been obviously determined all along that it was very much a political decision by the government to get into this contract without tendering it and the auditor did not buy the government—or accept the government's reasons for doing so. In fact, the auditor slammed the government for not tendering the contract and said there was no excuse for that, that the time frames were certainly there that could've allowed a proper

tender. The fact that it was untendered twice before, you know, also rears its head a little bit in here.

But to go back to the actual question, you know—and I would point out that even with the deputy's answers, the auditor did point out that the value for money was weak in how the government went about this. But now it's beyond weak. This is—I mean, these numbers now that are coming forward, that the service is only going to be needed for 146 transports a year for \$10 million, and we are not—we don't even have an ability to adjust what we're paying. So this has become a very, very costly service to Manitobans.

And I would ask the deputy if there is no ability, now that you've got accurate numbers, to actually adjust the amount of that contract?

**Ms. Herd:** As I said earlier, we were very satisfied with their performance in the 2009 flood, the 2011 flood. We believe this organization had a very good track record and we've seen them be available now in the flood that we're currently in in the province.

I think I can say, though, that we go back and take very seriously the learnings from this audit that the Auditor General has provided to us, and we will—we have already begun to improve our analytical processes and our processes of rigour to ensure that when proposals come forward they are reviewed as best as can be within the department. So I think there is a learning for the department from this, and we do value the work that the Auditor General has done to help us learn from this experience.

**Mrs. Driedger:** As my colleague just pointed out, expensive lesson, being satisfied with service during a flood, and I will ask some questions specifically about that, but that really doesn't, I guess, answer my question.

And the question is, are we committed, then, to this contract? There is no out for government. You know, based on this dramatic new information, is there no out for the government with an ability, then, to tender again for decreased usage?

\*(14:50)

**Ms. Herd:** We have made a 10-year commitment to STARS; the contract is for 10 years. We believed that it was important to have a helicopter as part of a modern EMS system. We also felt it was of benefit to the Province to have the ability to access an organization with operations in Saskatchewan and

Alberta that had a fleet of helicopters, so, for example, if there were mechanical issues or a service that was needed, we could access the fleet within the broader Canadian context. We knew they had a very good reputation, a very long track record, and we recognized, as I said earlier, that the volumes are not what we expected or projected. So we have requested the Clinical Oversight Panel to do all it can to ensure that their activity returns to full service and we continue to support and monitor the work of the Clinical Oversight Panel to ensure that they can resume to full service and continue to be part of that modern EMS system that we have in place. But I would confirm that, yes, it is a 10-year commitment, it is a 10-year contract.

**Mr. Chairperson:** Ms. Herd, can STARS decline a mission, and under what circumstances could they decline a mission, and has that occurred?

**Ms. Herd:** STARS is dispatched, like all EMS activity within the province outside of Winnipeg, through the Medical Transportation Co-ordination Centre. So, if STARS had some sort of issue, perhaps like a service mechanical issue, they would declare to the Medical Transportation Co-ordination Centre that they are out of service and not available for dispatch. It would not be the norm that they would be dispatched and then make a call into the MTCC that they could not take the call. We aren't aware of such a circumstance, but my staff are looking into whether that has happened. I suppose it's possible if there was some issue with weather or some staff member on the flight, so I don't want to say it's never happened, but normally their protocol would be to take themselves out of service so that MTCC would not access them for dispatch at the outset.

**Mr. Chairperson:** All right, and then following up from that, Ms. Herd, other than the times that they were grounded, have they withdrawn themselves from service for mechanical reasons or any other reason?

**Ms. Herd:** STARS has, in the past, removed themselves, taken themselves out of service due to, in the past, weather-related issues, sometimes related to a mechanical service issue or potentially even a training issue. These are not normally lengthy out-of-service provisions and they would—if something was a lengthy service-related or mechanical issue, there would be discussion related to accessing other helicopters within the STARS fleet.

**Mrs. Driedger:** A question to the acting Auditor General: Certainly, when the government signed this untendered contract for 10 years, there was a hue and cry from the aviation industry, not only for the untendered contract but the length of that contract. Do you find that—or did the auditor's office find it unusual to have such an expensive contract or any contract signed for that length of time?

**Mr. Ricard:** I don't really think I can comment specifically on the question that you're asking in terms of the unusualness of the time frame. But I would draw your attention to, in our report, on page 172, section 122, where we do talk about the SPA includes termination provisions.

So, yes, it's a 10-year commitment, but the—part of what Health did when it negotiated the contract was ensure that there was termination potential. So *[inaudible]* Health can suspend service and either party can leave the SPA with one-year notice for any reason.

**Mrs. Driedger:** Thank you. That was going to be my next question to the acting Auditor General because I was aware that that was put into the contract. So, in effect, then, back to the acting Auditor General, what the deputy minister is indicating right now, then, would not be totally accurate because there is an ability, if the government so chose, to actually revisit the contract, and that's already put in writing within the contract. Is that accurate?

**Mr. Ricard:** Yes, the contract can—the SPA includes a clause for termination.

**Mrs. Driedger:** So then back to the deputy minister on that, as that is in the contract, can the deputy indicate why her responses have not included that in her answer?

**Ms. Herd:** Like probably any standard contract, there is termination clauses in a contract. But I guess what I was trying to impart is that it is not our intent to terminate the agreement. We entered into a 10-year agreement with STARS because we felt they were a key component of a modern emergency management system, and we entered into that 10-year agreement because we believed that that was what we wanted to do and have in the province. So our—I guess I'm speaking to intent; our intent is not to terminate the agreement.

**Mrs. Driedger:** Appreciate the comments from the deputy, and I don't dispute the ability of STARS to do the job. I don't dispute that we need a very modern air ambulance service, and certainly in

today's day and age, helicopter ambulance support is very valuable and all provinces have it. So I don't dispute the need for that.

You know, I think where our problems have always lain—laid is with the fact that the government chose to go forward with this in an untendered way. Had they tendered the contract, STARS, you know, could very well have won that contract, you know, the way contracts and the criteria are within contracts. So, you know, certainly if STARS met all the criteria, none of this would be before us. But it was the fact that the government went down the road—and now it looks like they went down the road with erroneous information, in fact, that we're only going to have 146 transports a year, which is far below what was anticipated, I think, actually, is quite explosive information. The fact that the government is not interested in, you know, evaluating the cost on something like this is somewhat alarming.

\* (15:00)

The deputy has also indicated that they want to get the air ambulance, the helicopter air ambulance, back up and fully functioning. Can the deputy indicate if that has already happened?

There's certainly been some reports in the media that the STARS helicopter was sent for an interfacility transfer on Friday. Can the deputy then indicate, is that accurate? Is STARS fully functional now with the information in the media that there was an interfacility transfer on Friday?

**Mr. Chairperson:** Mrs. Driedger, that's a little outside of the parameter of this report, but I think there's interest in the committee if the deputy is interested in answering that.

**Ms. Herd:** The STARS has been resumed to interfacility transport which was another key aspect of their services. As you may know, in March they were allowed to resume scene calls, and, in response to the issues that we were seeing with the state of emergency and based on the information that had been provided by Dr. Postl, the next step was to include interfacility transports.

There is, however, though, still some aspects of service that need to be worked through at the Clinical Oversight Panel, and that would relate to dealing with the very challenging cases of pediatric care. So that is still an area that—pediatric interfacility transfers are not part of what STARS could do at the current time. They could respond to a pediatric scene call if that was needed. But they, at this point, are not

in a position to be allowed to deal with a pediatric interfacility transport right now. So that is still work that is being undertaken at the Clinical Oversight Panel.

**Mrs. Driedger:** How did the Clinical Oversight Panel relay that information to government?

**Ms. Herd:** As you know, the Clinical Oversight Panel has medical experts from the department, from STARS and, of course, Dr. Postl as chair. So those experts have been discussing matters, clinical and patient-care related, at the Clinical Oversight Panel.

We do have department representation that attends the Clinical Oversight Panel, and I will also say that Dr. Postl has been keeping me as deputy apprised and he has also been briefing the minister on the progress made at the Clinical Oversight Panel. I would also add that on the Clinical Oversight Panel is representation related to MTCC, so from the dispatch side as well.

So it's the work that has been done by the medical experts at the Clinical Oversight Panel that have made a determination that it's appropriate for them to return to that service of interfacility transports, not including pediatrics. But they've certainly been keeping department officials, the deputy and the minister apprised through briefings.

It is our understanding that they are working on this further and they continue to work on it, but that's the current situation of how they've been keeping us informed.

**Mrs. Driedger:** So would Dr. Postl just have picked up the phone and made a phone call to the deputy or to the minister saying, go ahead and start interfacility transfers on adults, that's okay?

**Ms. Herd:** Okay, I would like to say that the members of the Clinical Oversight Panel that are—that represent the department did sign off on the dispatch protocol related to this additional aspect of STARS service. There was recognition that with the flood coming that STARS could be an important part of that plan. There had been significant work done and achieved at the Clinical Oversight Panel. I would say, yes, certainly, Dr. Postl would phone, actually, after every Clinical Oversight Panel to report to me, but he did have a formal briefing with the minister in—very shortly before we moved them into service resumption related to interfacility transports.

**Mrs. Driedger:** Now, the deputy indicated that there is a dispatch protocol that has been developed now

by the oversight panel. Is that something that could be tabled?

**Ms. Herd:** Yes, my staff advised me that we can—that the protocol is actually MTCC's protocol, but we can certainly get that and provide that. We don't have it here today, but, yes, we can provide that, the dispatch protocol.

**Mrs. Driedger:** And can the deputy explain what has changed to improve the dispatch protocol that would now allow interfacility transport of adult patients to resume?

\* (15:10)

**Ms. Herd:** Okay, I would want to stress the fact that it's really the decisions made at the Clinical Oversight Panel that allow us to move in this direction. It's the medical experts, and there are many around that table from the department, from STARS, Dr. Postl himself, MTCC, that made this decision. Initially, the resumption for scene calls, which is for emergency dispatch, was to ensure that we have an emergency medical service that is there should we need to get to a remote location. But then, as we wanted to expand the services that they could provide, further work was done at the Clinical Oversight Panel to look at things related to training, accreditation and matters like that.

So there are the things that the Clinical Oversight Panel has been focused on, and it was through their deliberations and their discussions that they agreed to a broader dispatch criteria than we originally had at March.

**Mrs. Driedger:** Did the flood have any impact on speeding this up? The deputy made a reference to the flood coming and STARS would be an important part of that. All along the messages coming out of government has been about the importance of patient safety.

But now I do have to ask the question: Has there been some speed-up of some of this or a determination made by the oversight panel that things seem to be good enough right now to launch during the flood?

But, certainly, we're not seeing any report from them. We're not seeing them put forward written recommendations. They've been given, as an oversight panel, a significant challenge to pull things together, and yet, out of the blue, on a Friday, no government announcement, and the government's never missed an opportunity for a—you know,

a photo op here when it's come to STARS. Like, all of a sudden, this is happening very quickly.

So I'm just a bit troubled that with the oversight panel that was supposed to be doing, you know, a significant amount of work, as suggested by the auditor, that—has any of that been shortcut—'shortcutted,' if that's a word, because of the flood?

**Ms. Herd:** As I said in my opening comments, the department's first and foremost priority is patient safety, and so I will say that the Clinical Oversight Panel has met in March, April, May and June, and it was through that work and the additional work done by Dr. Postl, as he began to formulate how STARS could return to full service with the aid of those other medical experts, that he requested a briefing June 23rd with Minister Selby.

At that briefing, he talked about the progress that had been made. He said we were very close to being in a position to resume service, and then when we knew that we were moving into a state of emergency, the discussion occurred with him and the medical experts on the Clinical Oversight Panel to see whether they felt that sufficient work had been done in those meetings of the Clinical Oversight Panel in March, April, May and June. And they did come to a decision to allow interfacility transfers to begin, granted not children, not pediatrics, because they felt that it was important that that service be available during the state of emergency.

**Mrs. Driedger:** I noticed, also, in the media last week, there was mention of a Conservation helicopter being put into Brandon for health purposes. What's the difference between, then, the government making that announcement that they're putting a Conservation helicopter there for these purposes and now—and, I guess, how does it compare to what the service is, then, that STARS is being allowed to do now and be involved in?

**An Honourable Member:** Point of order.

#### Point of Order

**Mr. Chairperson:** Point of order, Mr.—Honourable Mr. Struthers?

**Hon. Stan Struthers (Minister of Municipal Government):** Yes, I'm just looking for your guidance on this. Is—I'm not sure what the connection to that question that was just asked and the report that we're dealing with through our committee here today. Maybe I'll ask you for your guidance as to whether that's within the scope or not.

\* (15:20)

**Mr. Chairperson:** I'll leave it up to the deputy for that one, whether she wishes to answer it. I think it kind of flowed from the flood discussion. I can—if the deputy has difficulty answering it, I can tell you what I know of it from Minister Ashton, but it's not the same service as STARS, is what I've been told. It is there in a—if someone is, shall we say, marooned on their farm and can't get out, that's the intent of the helicopter, but not to replace STARS, was my understanding from the Premier (Mr. Selinger) and Minister Ashton.

**Mr. Struthers:** I think you just made my point. As Chair of PAC, you're just speculating and answering on behalf of the government on an issue that I think is totally separate from what we're dealing with here today. I'm sure the—I'm sure the Auditor General could indicate if this is any part of the report that we're dealing with today. I don't want to put him in that spot, but I do think this is outside of the scope of what we're dealing with here today. I don't mind listening to the question that's going on, but I do want it to be connected to what the purpose of this meeting is.

**Mrs. Driedger:** I might be able to connect it with the next question because we know that the STARS helicopter was used in '09 for the flood and 2011 for the flood. My next question would be, the government did track how many times STARS was used in both those situations and indicated that it was a valuable service. What has never been provided is a breakdown of what those transfers were about. Were any of those transfers in '09 and '11 for marooned people, for instance, versus for actual health calls?

**Mr. Chairperson:** Well, I'll leave it up to the deputy whether she wishes to address this question and hopefully we can move on to—back to the report.

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**Ms. Herd:** Okay. I think that what I'd like to say about the STARS helicopter is that the advice we were getting is that it could be—its base, if you will, could be Portage la Prairie so that it could service several flooded areas or several areas of the province affected by high water, whereas moving it to Brandon, I was informed—or my department had informed me that moving it to Brandon solely would not allow it to access other areas of the province where it might be needed, like the Whiteshell with high water or Interlake. This way, they could provide

service to both Whiteshell, Interlake and the western part of the province, and I think, because there was already the Conservation-related helicopter in Brandon, that provided an extra level of comfort. Granted, the helicopter in Brandon was not equipped like STARS, but I think we tried to model the same practice we had used with the previous floods, which was trying to keep it in an area that—where it would be accessible for more cases, if you will, than moving it further out west.

**Mr. Chairperson:** Mrs. Driedger.

We'll try to get back towards the report then.

**Mrs. Driedger:** Yes, and I appreciate the information from the deputy.

The oversight panel that was recommended, and the minister—or the deputy minister did indicate how often they met, are there written minutes of their meetings, and is there going to be a final report or any interim reports that are going to be public?

**Ms. Herd:** There are not minutes taken at the Clinical Oversight Panel; however, we have ensured that there is department representation and Winnipeg regional health representation at the panel so that the operational side, not just medical leadership, can continue to ensure that STARS can get fully up and running.

So there are not minutes made, but there will be a report. Dr. Postl has talked about the report, and, yes, we do intend to make it public.

**Mrs. Driedger:** Can the deputy indicate when that report is anticipated to be completed?

**Ms. Herd:** Dr. Postl has indicated to us that he will have it to us very shortly.

**Mrs. Driedger:** And will it be made public at that time?

**Ms. Herd:** Yes, we intend to make it public.

**Mrs. Driedger:** Related to the issue of no public tender and value-for-money analysis was weak, which were findings by the auditor—in fact, there are some comments made in the auditor's report quite extensively about all of this—and I would ask the deputy to indicate, you know, based on the auditor making these conclusions and indicating that there was sufficient time available to bring in aviation experts, the auditor basically disagreed with the government which said they didn't have the time.

The auditor indicated there was enough time regarding tendering and procurement of a helicopter

program. I wonder if the deputy minister could just comment on the auditor's conclusions, which basically are in disagreement with the government's own comments about why they did not tender the contract.

**Ms. Herd:** It was our view that it was most important to ensure there was uninterrupted service to Manitobans, and, when the flood hit, we ensured that STARS was here. So we definitely wanted to have STARS remain in the province in an operational way, and we realized that it wasn't sustainable for them to continue in that way that they were during the flood where the Alberta crews were cycling through. So we made the decision—or government made the decision to continue with STARS.

I would say, though, the department—and it's even noted in the office of the Auditor General's report—the department accepts the findings of the Auditor General and we have committed to act immediately to implement them.

So I don't in any way mean to imply that we disagree with the auditor's findings. We accept what they've identified and we commit to ensure that such a thing will not reoccur.

\* (15:30)

**Mrs. Driedger:** Can the deputy tell us whether or not, now, with her statement that she accepts the auditor's comments, what is happening now within the department related to public tendering?

**Ms. Herd:** The department's position is that all matters of tendering should and will follow government policies. We've been very clear about that. I know we also will ensure that we—ensure we monitor compliance of tendering and following government policies, including any changes that may occur to government policy. But the department's position, and my position that I've strongly stated to staff in the department, is that they must comply with government policies, and we support the findings of the Auditor General and we intend to comply with them and what they're recommending.

**Mrs. Driedger:** Can the deputy, then, explain that when we look at governing procurement principles—and there are seven of them—every one of them were broken when this untendered contract happened. Is the deputy now indicating that on a go-forward basis, that all of these procurement principles will now be properly followed?

**Ms. Herd:** As was stated, the audit is very clear on what occurred and what the department did not do. I think we've tried to provide, within our response to the audit and in other venues, the rationale and reason for why that did not occur, including the fact that it was felt extremely important to ensure the STARS service remained available in Manitoba. However, I stand by my comment earlier that the department has learned from this experience and from the findings of the office of the Auditor General, and our position is that all matters of tendering should and will follow government policies on a go-forward. The past is what it is and I can't change that, but we will ensure that matters of tendering should and will follow government policies on a go-forward.

**Mrs. Driedger:** And can the deputy just indicate, too, that the reporting aspects of that will also be followed as expected through all the rules in legislation?

**Ms. Herd:** We do recognize that the office of the Auditor General had identified challenges with the department reporting. So, since then, in response to the audit, I would like to advise that controls regarding contracts have been reviewed based on the STARS audit and the department has implemented the following changes to its processes for untendered contracts: There's a use of a standard reporting document, including implementing a schedule for reporting to ensure reports are completed every two weeks, including nil reports if no untendered contracts are entered into; we've implemented a review process where the senior finance officer ensures the general manual of administration policies are adhered to; and we've implemented further review and sign-off processes which now include the chief financial officer and assistant deputy minister, in addition to the deputy minister, prior to the contracts being posted in the Legislative Library.

**Mrs. Driedger:** I'd like to ask the acting Auditor General if he's satisfied with the direction the government is taking, knowing that these—you know, there is a procurement administrative manual, there are rules for waiving of competitive bids, there are governing procurement principles. Like, these things were all in place long before, and the department chose to basically break or ignore.

Are you satisfied with what you're hearing from the deputy right now that—you know, it's like a mea culpa. We're learning, we're going forward; is that good enough?

**Mr. Ricard:** I would—to answer that I would refer the member to—or chapter 10 where we do talk about the waiving of competitive bids. So we did do a government-wide audit on the waiving of competitive bids and found a number of problems across several departments and SOAs.

And so, in terms of, you know, the application of policy, the strict adherence to policy, there are many factors that need to come into play to make sure that everyone within the department is acting in a manner that's expected. Things will go off the rails; we understand and acknowledge that. That's why we have processes like the auditor going in and checking to see that things are being complied with.

So, you know, what I heard the deputy say was acknowledge that there was a problem and that they are looking at ways to ensure government-wide—within Health itself—that the policy—that they have better processes for ensuring the approved policies are complied with. So it seemed like a reasonable comment.

**Mrs. Driedger:** Certainly, and, in looking at chapter 10 as well, in the audit report it certainly, I think, was also a scathing indictment of where government was dropping the ball in a number of areas. And this, as we can see, is probably just one area of how the government is getting a little bit sloppy in terms of how they're doing business, and hopefully some of this is a wake-up call, certainly, for lots of areas of government to tighten up controls and follow the rules a little bit better.

Mr. Chair, can I ask the deputy minister what criteria the department uses to determine when a value-for-money needs assessment is required?

**Ms. Herd:** The criteria would be specific for each contract based on their deliverables, but the general principles that we would look at in terms of a value-for-money assessment are the following: meeting of targeted deliverables, audited financial statements or any audit opinions that report items of concern, a recurring deficit, a recurring surplus, variance analysis of expenditures to budget, concerns brought forward from other sources, and any environmental scan identifying gaps or differences from activities in other jurisdictions or things that may flag extreme differences here. So those are the criteria that we have talked about in terms of determining when a value-for-money needs assessment is required.

**Mr. Wayne Ewasko (Lac du Bonnet):** To the deputy minister, I'm just reading a passage here in the Auditor General's report on page 165. It says that: "The Minister went on to say, about signing of the MOU with STARS in June 2011, that 'there had been no other organizations expressing any interest before this date.'"

How would they—how would the minister possibly know that, if there was no tender put out or any information put out, that they were looking for any type of service provider with this contract?

\* (15:40)

**Ms. Herd:** The minister received that information from the department. My staff tell me that Manitoba Health had preliminary conversations with Ornge and Helijet, other providers of helicopter EMS services, but neither was able to immediately provide service for rural patients in Manitoba. So the department had provided that information to the minister, which is presumably the way in which she provided it.

**Mr. Ewasko:** Thank you, deputy, Ms. Herd, for that answer.

Now, then, if you—bearing that answer, if you turn to page 168, it says that there are four key exemptions—exceptions when waiving competitive bids. And one is—you mentioned about immediate need, and for Ornge and Helijet—but it states here also that the SPA—the government at the time announced in 2010 that it wanted a permanent HEMS system in Manitoba. However, the SPA was not signed until February 22nd, 2012.

So to me that's not showing that there was an immediate need. It showed that there was time for the contracts or the tendering to—tendering process to be put out there. And I do know, in fact, that we do have air ambulance or helicopter providers within the province that I'm sure, given that time frame, the two years, that they would have been able to provide that service if they were given the chance.

**Ms. Herd:** As I said, staff did identify those major players, Ornge and Helijet, as not being able to provide that service to Manitobans, but we take the point as we've accepted the audit. There is further point made in the audit that there is no documented evidence to conclude that only one supplier could meet operational technical and performance requirements.

So we know that there is a possibility, or the auditor has pointed out to us their view that had we gone into the marketplace there possibly could have been other suppliers. However, we were going with the ones that had a proven track record in providing service of this scope and magnitude.

**Mr. Ewasko:** Now, looking at the policy document with the seven governing procurement principles, the seven—and in order—say the principles are open, and then the Auditor General found that the government failed to be open on the government procurement principle. Fair: Suppliers were not treated fairly as there was no opportunity for potential suppliers to bid. That's what the auditor brought forward. Transparent: The Auditor General said the procurement process was not transparent as there was no public tender. Possible vendors did not have access to information or knowledge of Health's procurement intent. Number 4 is ethical: The Auditor General found that we—that they had found no specific ethical breaches, but failing to tender did not help necessitate confidence, trust and good faith with potential suppliers. Number 5 is qualified: The Auditor General found that certain senior individuals at Health were not knowledgeable of some procurement policies, guidelines and best practices. There was a general lack of awareness and understanding of exemptions—exceptions to tender requirements. Integrity was not maintained in the procurement process. Number 6, responsive and supportive: By not conducting a public tender there was no contribution to potential supplier development and growth or to fostering respectful and effective relationships with suppliers. And, No. 7, value for money: Without the benefit of a tendering process, Health could not demonstrate that they are achieving a value for money, balancing price with economy, efficiency and effectiveness of the goods and services acquired.

Now, I know the deputy has mentioned on more than one occasion that they thank the Auditor General for—or that she thanks the Auditor General for the information and that they're going to try harder and work harder and put things into place so that they are going to be following government policies. But I'm pretty sure—and I don't know, maybe the deputy does know, when the government's procurement administration manual was published.

**Ms. Herd:** I would like to advise that the procurement manual, the general manual of administration and many other aspects of government policy are available to all government employees that have

access to the government Internet site. So, even if the policies get updated, they are fully available in their most current form on the Internet.

I don't have the exact date that the government's procurement manual was introduced, but I certainly am aware that the current manual, in its most current form, is available on the Internet for all government civil service employees to access and would be available to anybody who wished to.

**Mr. Ewasko:** Thank you, Ms. Herd, for that comment.

I guess this is more so a comment as opposed to a question—I'm going to turn it over to my colleagues. But, that being said, the deputy minister just reaffirms the fact that the steps to—for government to follow procurement principles are—have been, whether it's been online or accessible to civil servants, government officials, absolutely all of the above for quite some time. So I find it inexcusable to ignore those seven principles. And, even with that, they even give you a—give the government a—four key exemptions, sort of get-out-of-jail-free card if you want to exempt bids, and the Auditor General basically says that the four points for waiving a competitive bid were not satisfied as well.

So I truly do hope that the government, in their next, you know, maybe year and a half tries a little bit harder on their tendering processes.

**Mr. Cameron Friesen (Morden-Winkler):** My question for the deputy minister has to do with the Clinical Oversight Panel. I don't believe that in the context of this committee this afternoon we have actually heard listed a list of the individuals who comprise that committee. I wonder if the deputy minister would indicate the names of the individuals who are on the Clinical Oversight Panel and what their role is there.

**Ms. Herd:** I'm reading off the terms of reference of the Clinical Oversight Panel. The membership is: lead physician, Dr. Brian Postl; Manitoba air ambulance associate medical director, Dr. Renate Singh; MTCC associate medical director representative, Dr. Kobus Du Preez; STARS Winnipeg base associate medical director, Dr. Doug Martin; STARS senior medical leadership, Dr. J.N. Armstrong; Manitoba ground ambulance associate medical director, Dr. Tony Herd; non-voting WRHA CEO and/or designate is Arlene Wilgosh.

\* (15:50)

**Mr. Friesen:** I had another question for the deputy minister. The deputy minister indicated earlier that the department has representation on this committee as well. Did the minister indicate—deputy minister indicate which of those members are representatives of the Department of Health on that committee?

**Ms. Herd:** That would be Dr. Renate Singh and Dr. Tony Herd. As well, we have a presence at the committee. It's not in a voting way, but Ms. Jean Cox, who's sitting beside me here, attends the Clinical Oversight Panel meetings as an observer.

**Mr. Friesen:** I thank the deputy minister for that response.

We understand that the Auditor General's office, you know, undertook this study, to a great degree, because they were asking the question if Manitoba Health had the appropriate oversight process to—with respect to STARS and the original service purchase agreement.

I wonder if the deputy minister would provide an opinion of why it is that—the—that Health decided to proceed in the manner they originally did. Certainly there is a template out there where we have groups and agencies who deliver services to Manitoba Health and then who are—who receive oversight; I think about DSM. And there is a formal qualitative—a quality-assurance process. It is arm length, it is funded by government, but it proceeds independent of government to provide the highest quality of standard in that sector.

I wonder, in this case, why was it—who—why was it that the department chose to proceed with a model that was far more in-house, informal and ad hoc, and who would have undertaken to make that decision?

**Ms. Herd:** The decision regarding STARS and where the oversight would be sited at the time—again, from what I understand, because STARS would serve many parts of the province, not just one regional health authority—there was a view that similar to Lifeflight, which is also housed within the department, or Selkirk Mental Health Centre or Cadham Provincial Lab, that STARS would be overseen directly by the department—we'll say entities that are within the department but still providing direct service, like Selkirk Mental Health Centre. They operate under very appropriate circumstances. They're accredited by Accreditation Canada. In no means are their services lesser than what would be offered in a regional health authority.

So that—it was that thinking that—similar to Lifeflight, that STARS would be run under the auspices of the department, and that was the decision made at that time. But, certainly, just as I said, as Selkirk Mental Health Centre or Cadham Provincial Lab, that follows CAR accreditation—or CAP accreditation, which is the Association of Pathologists. We certainly in no way feel that those areas provide an inferior level of service or anything like that. It was really a decision made similar to those types of services that run through the department.

**Mr. Friesen:** So, Mr. Chair, obviously, now the recommendation of the Auditor General has been for the—you know, the department to provide a more formal process of oversight. And I—the deputy minister has indicated today that they are in support of the findings of the office of the Auditor General.

I wonder if the deputy minister would just indicate succinctly for us here, so we understand, what is the main change, then, from the initial way in which a quality assurance would have been maintained, to the new model that will be undertaken by the Clinical Oversight Panel. What, in the simplest forms, are the changes? What is the additional oversight that the new panel will provide and what difference will it make for the operation of STARS safely in Manitoba?

**Ms. Herd:** In terms of the quality assurance program, as part of the EMS review of 2013, the need for a quality assurance program across the entire EMS system was identified. The department prioritized this recommendation for implementation, and early in 2014, the office of medical direction was established. The office of medical direction's role is to ensure consistency of medical training and practice across the EMS system in Manitoba. To ensure this consistency, monitoring and evaluation of the system's medical performance will be essential, and this is accomplished through a quality assurance program.

The quality assurance program will be led by an assistant medical director specifically tasked

to doing quality assurance. Quality assurance program reviews will be conducted based on reported concerns, requests to investigate, as well as randomly, and they will utilize dispatch records and electronic medical and patient-care records. Findings from these reviews will be provided to medical professionals involved and will be used, if necessary, to develop remedial actions, alter treatment practices and create and enhance educational programs.

Over the 2014 fiscal year—'14-15 fiscal year—the quality assurance program will be implemented within the office of medical direction.

**Mr. Chairperson:** Given that we are approaching 4 o'clock and that was the agreed time to which we would sit, what is the will of the committee?

**Mrs. Driedger:** Mr. Chair, there is still several hours' worth of questions that will be forthcoming. I don't see us having any ability to get it all done today, so I would recommend that we probably rise for today and come back at another date.

**Mr. Chairperson:** Well, does the committee agree? *[Agreed]*

All right, prior to rising, it would be appreciated if members would leave behind any unused copies of the report so it may be collected and reused at the next meeting.

Thank you to the minister and her deputy minister and staff for appearing with us today, to the deputy Auditor General and staff, and, of course, to our page, our clerks—we had two today—and research officer and the Hansard staff, who apparently I neglected to thank last time and they noticed. So thank you to everyone. And, of course, to the PAC members for being with us today.

So it being—the hour being 4 o'clock, what is the will of committee?

**Some Honourable Members:** Committee rise.

**Mr. Chairperson:** Committee rise.

**COMMITTEE ROSE AT: 4:00 p.m.**

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