



HEALTH COMMITTEE

Wednesday, February 9, 2022

An electronic meeting of the Health Committee was held on Wednesday, February 9, 2022, at 9:30 a.m.

Present were:	Chair Michael Donohue Warden Debbie Robinson Vice-Chair Glenn Doncaster Councillor David Bennett Councillor Peter Emon Councillor Debbi Grills Councillor Kim Love Councillor Jennifer Murphy
City of Pembroke Reps:	Councillor Patricia Lafreniere
Regrets:	Mayor Michael LeMay
Staff Present:	Paul Moreau, Chief Administrative Officer/Clerk Michael Nolan, Director of Emergency Services Mike Blackmore, Director of Long-Term Care Lee Perkins, Director of Public Works & Engineering Mathieu Grenier, Deputy Chief, Emergency Services Rosalyn Gruntz, Deputy Clerk Wendy Hill, Administrative Assistant

Chair Donohue called the meeting to order at 9:30 a.m.

Chair Donohue recited the land acknowledgement, identifying that the meeting was being held on the traditional territory of the Algonquin People.

The roll was called, and no pecuniary interests were disclosed.

RESOLUTION NO. H-C-22-02-12

Moved by Councillor Love

Seconded by Councillor Doncaster

THAT the minutes of the January 12, 2022 meeting be adopted. CARRIED.

Emergency Services Report

Deputy Chief Mathieu Grenier overviewed the Emergency Services Department Report which is attached as Appendix A.

Committee requested that staff provide a breakdown by municipality of individuals using the Community Paramedicine Program.

RESOLUTION NO. H-C-22-02-13

Moved by Councillor Emon

Seconded by Councillor Lafreniere

THAT Health Committee recommends to County Council that a By-law be passed authorizing the approval of the Agreement between the County of Renfrew Paramedic Service and Arnprior Regional Health to place Paramedics in the Emergency Department. CARRIED.

Warden Robinson reported that VTAC has been allotted funding until March 31, 2023.

RESOLUTION NO. H-C-22-02-14

Moved by Councillor Love

Seconded by Councillor Bennett

THAT the Emergency Services Department Report attached as Appendix A be approved. CARRIED.

Long-Term Care Report

Mr. Mike Blackmore overviewed the Long-Term Care Report which is attached as Appendix B and the Addendum Report attached as Appendix C.

RESOLUTION NO. H-C-22-02-15

Moved by Councillor Grills

Seconded by Councillor Murphy

THAT the signing authority for Bonnechere Manor trust accounts be updated to remove Brittany Findlay and add Michael Blackmore effective February 9, 2022; AND

FURTHER that two (2) of the following four names have signing authority: Jeffrey Foss, Kimberley Saunders, Sandra Blok, Michael Blackmore. CARRIED.

RESOLUTION NO. H-C-22-02-16

Moved by Councillor Emon

Seconded by Warden Robinson

THAT the Health Committee recommend that County Council authorize the Warden and Chief Administrative Officer/Clerk to sign the annual Schedule E – Form of Compliance Declaration Issued Pursuant to the Long-Term Care Service Accountability Agreement for each of Bonnechere Manor and Miramichi Lodge. CARRIED.

RESOLUTION NO. H-C-22-02-17

Moved by Councillor Lafreniere

Seconded by Councillor Bennett

THAT the Long-Term Care Department Report attached as Appendix B and the Addendum Report attached as Appendix C be approved. CARRIED.

Administration Report

Mr. Paul Moreau overviewed the Administration Report which is attached as Appendix D.

RESOLUTION NO. H-C-22-02-18

Moved by Councillor Emon

Seconded by Councillor Grills

THAT the Administration Report attached as Appendix D be approved. CARRIED.

RESOLUTION NO. H-C-22-02-19

Moved by Councillor Lafreniere

Seconded by Councillor Love

THAT the Board of Health Minutes for December 10, 2021 and January 11, 2022 be noted and received. CARRIED.

New Business

Chair Donohue questioned if the Health Services and Community Services Provincial Modernization Ad Hoc committee meetings will resume in 2022. Warden Robinson noted that it will be reviewed in the next few weeks.

Chair Donohue noted that Committee should read the full AMO pre-budget submission as there is reference to public health and emergency services.

RESOLUTION NO. H-C-22-02-20

Moved by Councillor Love

Seconded by Councillor Lafreniere

THAT this meeting adjourn and that the next regular meeting be held on March 9, 2022. Time: 10:37 a.m. CARRIED.

COUNTY OF RENFREW
EMERGENCY SERVICES REPORT

TO: Health Committee

FROM: Michael Nolan, Director of Emergency Services/Chief, Paramedic Service

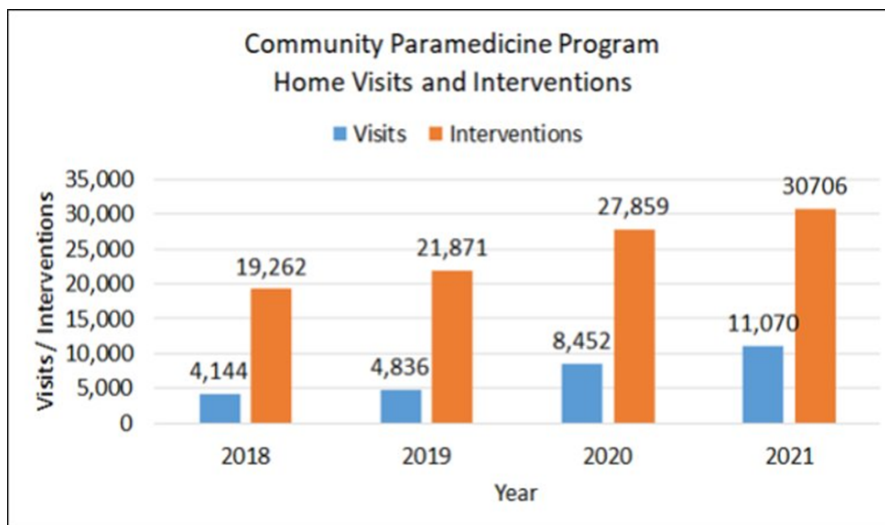
DATE: February 9, 2022

SUBJECT: Department Report

INFORMATION

1. Community Paramedic Program Update [Strategic Plan Goal #3]

Community Paramedics continue to support vulnerable populations including those remaining in their homes while COVID positive, reducing transports to hospital, emergency visits and potential admissions. The Remote Patient Monitoring program has 140 patients enrolled, including several that are COVID positive. This technology has measurement tools including weight, blood pressure, oxygen levels and glucose measurement that is remotely monitored by a Community Paramedic and used to determine where early intervention is most needed.



2. COVID-19 Testing Update [Strategic Plan Goal # 3]

Recent provincial testing guidelines have decreased public demand for COVID testing, however the Service is working in conjunction with Ontario Health to augment the VTAC offering to add expanded in-person physical assessment options by Paramedics for COVID and other primary care needs. Importantly, Paramedics and VTAC physicians will determine patient eligibility for anti-viral therapy. This change supports the priorities of Ontario Health and meets the requirements necessary to function as a Clinical Assessment Centre (CAC).

ID NOW™ Rapid Analyzer - The County of Renfrew is taking the next step in COVID 19 detection with soon-to be implemented rapid analyzers known as ID Now. The ID NOW™ COVID-19 rapid test delivers high-quality molecular positive results in as little as fifteen minutes, targeting the coronavirus, but can detect other viruses including, among others, Influenza.

The units will be used in conjunction with the current swabbing process of swab samples collected for PCR and will eventually become the primary method of testing, providing near-immediate results.

3. Vaccine Update [Strategic Plan Goal # 3]

Vaccine clinic attendance has declined resulting in the cancellation of several clinic dates. Clinics in Pembroke, Renfrew and Arnprior will be reduced to one each week in February, freeing resources to complete vaccines in homes, retirement homes, congregate care settings and schools over the next few weeks. Once these groups have been completed, pop-up clinics will be established in various municipalities.

The Service is waiting for the 12-17-year-old cohort to be announced. Demographics for this group will be analyzed and vaccine team resources deployed to best serve the population.

4. Public Access Defibrillator Program Update [Strategic Plan Goal # 3]

There are currently 368 active and registered, automatic external defibrillators within in the County of Renfrew. 29 of these units are stored in heated cabinets to remain accessible for outdoor activities and community use during the winter months.

5. Emergency Management Update

Activities taking place in Emergency Management include:

- Laying groundwork for processes and monitoring for Spring Freshet with Ministry of Natural Resources and Forestry;
- Developing a communications program to message out any hazards including road conditions and developing weather systems;
- Review of the Hazardous Identification Risk Assessment (HIRA) for the County of Renfrew; and
- Completion of the 2021 Municipal Compliance Report for the County of Renfrew.

BY-LAWS

6. Hospital/Paramedic Service Partnership [Strategic Plan Goal #3]

Recommendation: THAT Health Committee recommends to County Council that a By-law be passed authorizing the approval of the Agreement between the County of Renfrew Paramedic Service and Arnprior Regional Health to place Paramedics in the Emergency Department.

Background

As previously discussed during the January 12, 2022 session of Health Committee, Paramedics have been working in the Arnprior Regional Health Emergency Department to relieve pressures during surge periods.

COUNTY OF RENFREW

BY-LAW NUMBER - 22

**A BY-LAW AUTHORIZING THE WARDEN AND CLERK TO APPROVE AN AGREEMENT BETWEEN THE
COUNTY OF RENFREW AND ARNPRIOR REGIONAL HEALTH FOR A PARTNERSHIP TO INCLUDE
PARAMEDICS IN THE EMERGENCY DEPARTMENT**

WHEREAS Sections 8, 9 and 11 of the Municipal Act, 2001, S.O. 2001 as amended, authorizes Council to enter into agreements;

WHEREAS the County of Renfrew deems it desirable to enter into an agreement with Arnprior Regional Health for a partnership with the County of Renfrew Paramedic Service to include Paramedics in the Emergency Department.

NOW THEREFORE the Council of the Corporation of the County of Renfrew hereby enacts as follows:

1. The agreement attached to and made part of this by-law shall constitute an agreement between the Corporation of the County of Renfrew and Arnprior Regional Health.
2. That the Warden and Clerk are hereby empowered to do and execute all things, papers, and documents necessary to the execution of this by-law.
3. That this by-law shall come into force and take effect upon the passing thereof.

READ a first time this 23rd day of February 2022.

READ a second time this 23rd day of February 2022.

READ a third time and finally passed this 23rd day of February 2022.

DEBBIE ROBINSON, WARDEN

PAUL V. MOREAU, CLERK

HOSPITAL/PARAMEDIC SERVICE PARTNERSHIP AGREEMENT**THIS AGREEMENT BETWEEN:**

THE COUNTY OF RENFREW PARAMEDIC SERVICES, a public agency incorporated under the laws of the province of Ontario,

(hereinafter referred to as the "Service Provider") OF THE FIRST PART

-and-

ARNPRIOR REGIONAL HEALTH, a public Hospital incorporated under the Canada Not-for-Profit Corporations Act,

(hereinafter referred to as the "ARH") OF THE SECOND PART

WHEREAS the Service Provider operates in the County of Renfrew in the Province of Ontario,

AND WHEREAS the ARH operates a public Hospital in the City of Arnprior in the Province of Ontario,

AND WHEREAS the ARH wishes to retain the Service Provider to provide contracted Primary Care Paramedic Services in accordance with the terms and conditions set forth in this agreement,

NOW THEREFORE THIS AGREEMENT WITNESSES that in consideration of the mutual covenants herein contained and other good and valuable consideration, the parties hereto covenant and agree as follows:

ARTICLE 1 – TERMS OF APPOINTMENT AND DUTIES

- 1.1 The Service Provider hereby covenants to provide the services of Primary or Advanced Care Paramedics (PCP/ACP) to deliver triage services in the Emergency Department of the ARH, in accordance with the terms and conditions contained in this agreement.
- 1.2 Under this service delivery model, the PCP/ACP shall not be considered an employee of ARH for any purpose. The PCP/ACP shall remain an employee of the Service Provider and shall retain all rights and privileges of the CUPE 4698 Collective Agreement for the duration of this agreement.
- 1.3 The Service Provider will provide Primary or Advanced Care Paramedics based on a schedule, in accordance with CUPE Local 4698 Collective Agreement, which has been agreed upon by both the Service Provider and the ARH. Hours and services are subject to modification upon mutual written consent by the ARH and the Service Provider.

- 1.4 All Paramedic hours are to be provided on-site at the ARH (Emergency Department), on an established schedule as coordinated with the Paramedic's Deputy Chief of Clinical Services and ARH Management. Deviations from the established schedule, based on the operational or patient/resident care needs of the Service Provider or ARH, are to be granted upon mutual written consent.
- 1.5 The Paramedic will be selected in accordance with the CUPE 4698 Collective Agreement, where appointment shall be made of the senior applicant able to meet the normal requirements of the position. For the purposes of this agreement, the successful applicant must successfully complete the Internal Orientation Training expectations of the Arnprior Regional Health.
- 1.6 The Paramedic shall maintain strict confidentiality regarding the individual care of patients and residents, abiding by ARH confidentiality policies. The ARH shall provide a copy of their confidentiality policy and agreement to the Paramedic at the commencement of the contract. The Paramedic will also adhere to the County of Renfrew's Confidentiality Agreement.

ARTICLE 2 – REMUNERATION AND BILLING

- 2.1 In consideration for providing PCP/ACP services on an on-going basis in accordance with the terms of this agreement, the ARH hereby agrees to pay to the Service Provider a fee equal to the hourly wage, as established by the CUPE 4698 Collective Agreement, plus appropriate percentage benefit, PT vacation pay, and any applicable shift premium the Paramedic is entitled to under said Collective Agreement.
- 2.2 The Service Provider reserves the right to change the price at which it is prepared to provide Paramedic services at the conclusion of the Contract.
- 2.3 The Service Provider shall bill the ARH monthly and shall enclose copies of the workload tracking of all Paramedic hours provided to the ARH during the month. Payment shall be made to the County of Renfrew by the ARH within thirty (30) days of receiving such bill and statement.

ARTICLE 3-TERM AND TERMINATION

- 3.1 The term of this agreement shall be for ~~six (6)~~ ^{twelve (12)} months commencing on December 22, 2021 and ending on December 31, 2022..
- 3.2 Notwithstanding Section 3.1 above and subject to Section 3.3 below, either party may terminate this agreement at any time upon ten (10) days prior written notice to the other party (the "Termination Notice").
- 3.3 The Service Provider may terminate the participation of any particular employee, at any time for any reason upon twenty-four (24) hours prior written notice to ARH.
- 3.4 If either party terminates this agreement prior to the expiry of its term, any operational or personal information related to the ARH's patients or residents in possession of the Paramedic it shall be returned to the ARH.

ARTICLE 4 – INSURANCE

- 4.1 The Service Provider and ARH shall each arrange for and maintain in force and effect at its own cost all such insurance as would be maintained by a prudent operator of a similar organization, including but not limited to:
- a) comprehensive commercial general liability insurance (including products and completed operations, personal injury, cross liability, and contractual liability) for a limit of not less than 5 million dollars per occurrence with no applicable annual aggregate,
 - b) professional liability/medical malpractice insurance for a limit of not less than 5 million dollars per any one occurrence with no applicable annual aggregate,
 - c) directors' and officers' coverage, cyber insurance coverage, environmental impairment-liability coverage in an amount appropriate for a prudent person in the position of the organization; and
 - d) WSIB insurance applicable to all employees performing services for the organization.
 - e) Real property and business interruption coverage in an amount appropriate for a prudent operator of a similar organization; and Cross-liability provisions.
- 4.2 Proof of liability insurance shall be provided at the beginning of the contract and annually thereafter.
- 4.3 The ARH shall ensure that the Service Provider and its directors, officers, employees and agents are named as additional insureds under its insurance policies but only with respect to this agreement. Such insurance shall include thirty (30) days' prior written notice to additional insureds of material change to, cancellation of, or non-renewal of such policy. A certificate of insurance shall be provided by the ARH to the Service Provider upon request.

ARTICLE 5 - INDEMNITY

- 5.1 The ARH covenants and agrees to indemnify and forever save the Service Provider and each of its directors, officers and employees harmless from and against any and all liabilities, costs, damages and expenses (including legal fees on a solicitor and its own client basis and court costs) which the Service Provider and/or any one or more of its directors, officers and employees may suffer or incur resulting from any omission, negligent act or deliberate act on the part of ARH or any of its representatives, agents, employees or independent contractors, in connection with the execution of the terms of this agreement, or as a result of a breach of or the untruth of any of the covenants, representations or warranties of the ARH set forth in this agreement, including, but not limited to any damages of resulting from Paramedic Services provided to the ARH in accordance with the terms of this agreement.

ARTICLE 6 - GENERAL CONTRACT PROVISIONS

- 6.1 Nothing in this agreement shall constitute or be construed to create a partnership, joint venture, or employment relationship as between the ARH and the Service Provider.
- 6.2 All notices, requests, demands or other communications by the terms hereof required or permitted to be given by one party to the other shall be given in writing by personal delivery or by registered mail, postage pre-paid, addressed to the other party or delivered to the other party as follows:

- a) to the ARH at:

Arnprior Regional Health
350 John St N,
Arnprior, ON K7S 2P6

- b) to the Service Provider at:

Department of Emergency Services
9 International Drive
Pembroke ON, K8A 6W5

or at such other addresses as may be given by either of them to the other in writing from time to time, and such notices, requests, demands, or other communications shall be deemed to have been received when delivered, or if mailed, on the second business day after the mailing thereof; provided that if any such notice, request, demand, or other communication shall have been mailed and if regular mail service shall be interrupted by strikes or other irregularities before the second business day after the mailing thereof, such notice, request, demand, or other communication shall be deemed not to have been received unless the same has been personally delivered and served on the party to whom the same is addressed.

- 6.3 This agreement constitutes the entire agreement between the parties with respect to all matters herein and shall not be amended, altered, or qualified except by a memorandum in writing signed by both the parties hereto.
- 6.4 This agreement shall be construed in accordance with the laws of the Province of Ontario.
- 6.5 This agreement shall ensure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have executed this agreement this **22 day of December 2021**.

SIGNED, SEALED AND DELIVERED

In the presence of:

ARNPRIOR REGIONAL HEALTH

Per: _____

Susan Leach VP Patient Care
CNE

Per: _____

COUNTY OF RENFREW PARAMEDIC SERVICE

Per: _____

[Signature]
Chief Michael Nolan

Per: _____

WE have Authority to bind the Corporation



ARN Prior Regional Health
 1000 Highway 100
 Arn Prior, ON M2B 1A5
 Tel: 416.733.2777
 800.663.7337
 Fax: 416.733.7337
 800.663.2277

ARN Regional Health
 1000 Highway 100
 Arn Prior, ON M2B 1A5
 Tel: 416.733.2777
 800.663.7337
 Fax: 416.733.7337
 800.663.2277

Healthcare Insurance Reciprocal of Canada

Memorandum of Insurance

To: The County of Renfrew Paramedic Services
 Department of Emergency Services
 9 International Drive, Pembroke, Ontario K8A 6W5

Re: Hospital/Paramedic Service Partnership Agreement

INSURANCE AS DESCRIBED HEREIN HAS BEEN ARRANGED ON BEHALF OF THE INSURED NAMED HEREIN UNDER MASTER POLICY NO. 2021/1, AND AS MORE FULLY DESCRIBED IN SAID POLICY AND CERTIFICATES ISSUED THEREUNDER AND ANY ENDORSEMENTS ATTACHED THERETO.

INSURED: Arnprior Regional Health

	Certificate Number	Date		Limit of Liability
		Effective	Expiration	
Composite Healthcare Insurance Policy, including:	107000579	Jan. 1/21	Until cancelled	\$5,000,000 Any one occurrence
Bodily Injury Personal Injury Third Party Property Damage Cross-Liability Tenant's Legal Liability Non-Owned Automobile Products and Completed Operations Liability Contractual Liability Healthcare Professional Liability Errors & Omissions/Directors & Officers Liability Cyber Liability Environmental Impairment Liability	The Additional Insured shown hereon is added to this policy but only with respect to liability arising out of the actions of Arnprior Regional Health in connection with the Hospital/Paramedic Service Partnership Agreement for the provision of Primary Care Paramedic Services, effective during the period of December 22, 2021 to December 31, 2022, and only to the extent of the insurance provided under coverage Section A - Bodily Injury and Section B - Third Party Property Damage inclusive of this policy. Thirty (30) days' written notice of material change to, cancellation or termination of this policy shall be provided to the Additional Insured.			

Additional Insured: Only with respect to the above and arising out of the Named Insured's operations is the following name added to the policy as an Additional Insured. The policy limits are not increased by the addition of such Insured beyond those stated in this Memorandum.

Additional Insured: The County of Renfrew Paramedics Services and its directors, officers, employees and agents

THIS MEMORANDUM CONSTITUTES A STATEMENT OF THE FACTS AS OF THE DATE OF ISSUANCE AND ARE SO REPRESENTED ONLY TO THE ADDRESSEE.

December 23, 2021
 Date

Attorney

dept/50/arnprior/107000579-43

**COUNTY OF RENFREW
LONG-TERM CARE REPORT**

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: February 9, 2022

SUBJECT: Department Report

INFORMATION

1. Bonnechere Manor Resident Statistics

Statistics	November 2021	December 2021	January 2022
Population at Month End	172	172	169
# of Female Residents	101	102	99
# of Male Residents	71	70	70
Vacant Beds at Month End	8	8	11
YTD LTC Occupancy Rate:	97.58%	99.76%	100.49%
Resident Deaths	2	2	5
Resident Discharges	0	1	0
Resident Admissions	1	3	2

2. Miramichi Lodge Resident Statistics

Statistics	November 2021	December 2021	January 2022
Population at Month End	161	156	154
# of Female Residents	110	109	106
# of Male Residents	51	47	48
Vacant Beds at Month End	5	10	12
YTD LTC Occupancy Rate:	96.20 %	96.46%	99.65%
Resident Deaths	2	2	3
Resident Discharges	0	3	0
Resident Admissions	3	0	1

Due to the COVID-19 Pandemic, the following is applicable:

- Suspension of occupancy target is in effect until February 1, 2022
- The Respite Program has been temporarily placed on hold, converting the respite beds into long-term care beds.
- November and December, each Home maintain six LTC beds for isolation purposes and increased to 10 LTC beds for isolation purposes mid-January.

3. **Home & Community Care Support Services Champlain Client Waitlist Information**

The following waitlist numbers indicate patients waiting for first choice as of December 31, 2021.

Renfrew County Long-Term Care Homes (LTCHs)	Patients waiting for 1 st choice from Community / Hospital	Patients waiting for 1 st choice to transfer from another LTCH	Totals
Bonnechere Manor	117	41	158
Caressant Care Cobden	36	11	47
Deep River & District Hospital – The Four Seasons Lodge	5	3	8
Grove (The) Nursing Home	112	25	137
Groves Park Lodge	30	18	48
Marianhill Inc.	55	26	81
Miramichi Lodge	181	53	234
North Renfrew LTC Services	43	19	62
Valley Manor Inc.	67	14	81
Totals	646	210	856

4. **COVID-19 Pandemic Update – Long-Term Care (Strategic Plan Goal #3)**

- The Renfrew County and District Health Unit declared Bonnechere Manor Food Services department to be in outbreak status as of January 18, 2022. This was followed by an outbreak declaration for one home area of 35 residents on January 22, 2022. Unfortunately, a facility wide outbreak was eventually declared on January 24, 2022. Enhanced infection prevention and control measures continue including:

- Enhanced PPE for care activities including fitted N-95 masks, eye protection, gown and gloves.
- Isolation precautions.
- Staff and resident cohorting
- Continued daily rapid antigen testing

Sadly, we report the passing of one resident attributed to COVID. In consideration of this unfortunate reality, it is important to note that the high degree of third vaccine uptake for both residents and staff has overall resulted in a significant reduction in symptom severity. Committee will be provided an update at the meeting.

- The Ministry has announced that the third dose deadline for staff, students, volunteers, support workers and caregivers has been extended from January 28 to March 14, 2022. The requirement to receive a third dose of COVID-19 vaccine only applies to individuals once they become eligible for a third dose, which is three months after receiving the second dose. Staff, support workers, student placements, volunteers and caregivers who are not eligible for a third dose by the established deadlines can continue to enter a long-term care home and should get a third dose as soon as possible after becoming eligible. Where an essential caregiver has not received required doses by the deadlines, the visit will be restricted to the resident's room with every effort to physically distance.
- Both Bonnechere Manor and Miramichi Lodge have received HEPA Filters from the Ministry and have set them up throughout the Homes in common areas including dining rooms. Bonnechere Manor has requested an additional 8 and Miramichi Lodge has requested an additional 6 HEPA Filters.
- The Provincial Government announced a new Long-Term Care Staffing Pool Program developed by the Ministry of Health, Ministry of Long-Term Care, Ontario Health (OH) and the College of Nurses of Ontario (CNO). This is a pool of internationally educated CNO applicants that can be deployed to long-term care homes (LTCHs) in need of staffing support on a temporary, urgent basis. These internationally educated nurses (IENs) would be used to carry out the added workload for essential services and/or to temporarily replace long-term care workers who are sick or in isolation as a result of the COVID-19 pandemic. Bonnechere Manor and Miramichi Lodge have

registered for this program and to date has not had to utilize this service.

- **Deployment of Staff and Emergency Orders:**

Given the staffing shortages experienced by so many long-term care homes, the emergency order information as it relates to deployment of staff outside of their disciplines, as part of Section 3 of O. Reg. 95/20: Streamlining Requirements for Long-Term Care homes, under the Reopening Ontario Act, 2020 is as follows:

- Licensees may fill any staff position with the person who, in their reasonable opinion, has the adequate skills, training and knowledge to perform the duties required of that position.
- Licensees are not required to ensure minimum number of staffing hours are met, provided all care requirements are met.
- Licensees are not required to ensure minimum number of staffing hours are met, provided all care requirements are met.
- At-home rapid antigen testing (RAT) is not currently supported by long-term care homes, however self-swabbing for any individual entering into the Home is permitted and has been initiated at both Homes as of mid-January. COVID screeners at both Homes continue to supervise persons self-swabbing upon each daily entrance.

5. Long-Term Care Home Occupancy Targets Reinstated

The Ministry announced the reinstatement of Long-Term Care Home (LTCH) Occupancy Targets effective February 1, 2022.

- Beds set aside for isolation purposes (10 beds at each Bonnechere Manor and Miramichi Lodge) in accordance with Directive 3 will be excluded from the occupancy target requirement, and homes will receive full Level of Care (LOC) per diem funding, including global per diem for these beds.
- If homes experience outbreaks, they will continue to receive funding for eligible beds that they are unable to fill during an outbreak.
- As per the COVID-19 Funding Policy, from February 1 to March 31, 2022, LTCHs that do not achieve their target resident days will not receive less than 90% of their LOC per diem funding.

- Homes will be required to report data through the weekly LTCH Occupancy Data and Summary Report to determine resident days to be excluded from occupancy targets for isolation beds for reconciliation purposes.

6. **2021/22 Community Funding for Operating Pressures**

Ontario Health, through Ontario Health (East), confirmed that Corporation of the County of Renfrew Bonnechere Manor Senior Adult Day Program will receive base funding up to \$6,976 in 2021/2022 for Operating Pressures. A key priority is to support the continued delivery of services and to protect and prevent admissions of clients to acute settings as a result of de-stabilization in mental and/or physical health status.

7. **New Minister of Long-Term Care**

On January 14, 2022, Premier Doug Ford announced the appointment of Paul Calandra as Ontario's next Minister of Long-Term Care, replacing Rod Phillips. Minister Calandra will maintain his existing responsibilities as Minister of Legislative Affairs and Government House Leader.

8. **2022 User Fees for Long-Term Care**

Attached as Appendix LTC-I is the current user fees associated with the Homes. Committee is advised that the Homes are not proposing any changes to the user fees for 2022.

RESOLUTIONS

9. **Signing Authority – Bonnechere Manor**

Recommendation: THAT the signing authority for Bonnechere trust accounts be updated to remove Brittany Findlay and add Michael Blackmore effective February 9, 2022. FURTHER that two (2) of the following four names have signing authority: Jeffrey Foss, Kimberley Saunders, Sandra Blok, Michael Blackmore.

Background

Brittany Findlay, Administrative Assistant-Finance submitted her resignation notice effective January 27, 2022. We wish her great success in her future endeavours. Recruitment is underway for the Administrative

Assistant-Finance position. To ensure coverage, staff is recommending that Michael Blackmore be added as a signing authority for trust accounts at Bonnechere Manor.

10. Long-Term Care Service Accountability Agreement and Schedule E – Form of Compliance Declaration

Recommendation: THAT the Health Committee recommend that County Council authorize the Warden and Chief Administrative Officer/Clerk to sign the annual Schedule E – Form of Compliance Declaration Issued Pursuant to the Long-Term Care Service Accountability Agreement for each of Bonnechere Manor and Miramichi Lodge.

Background

Ontario Health advised on January 24, 2022 that due to the Pandemic the Service Accountability Agreements (SAAs) for the fiscal year 2022/23 and associated timelines and activities will be revised as follows:

- The completion of the Annual Planning Submissions for Long-Term Care Homes (LAPS) will not be required for 2022/23;
- SAAs with all HSPs will be extended for one (1) year from April 1, 2022 to March 31, 2023;
- Minor changes to the template agreement to update references from the Local Health Integration Networks (LHINs) to Ontario Health and relevant legislation from the Local Health System Integration Act, 2006 to the Connecting Care Act, 2019 will be deferred until 2023/24.

Ontario Health (formerly Champlain LHIN) requires Schedule E-Form of Compliance Declaration to be signed for declaration of compliance and returned by the March 1, 2022 deadline as attached as Appendix LTC-II.

Bonnechere Manor

Service	Fee
Guest meals	15.00 per person
<u>Day program</u>	
- full day attendance rate	20.00
- one half day attendance rate	15.00
- bath while attending day program	10.00
- bath only clients	15.00
Staff accompaniment - per hour	Current wage rate for position + HST
Personal Equipment Repairs – per hour	Current wage rate for position + HST
Classroom (2 nd Floor), Boardroom (1 st Floor), Day Program Area (1 st Floor – no charge for resident use), Family Conference Area *Additional costs for special set-up/large numbers etc.	200.00* each rental
Room Rental – Renfrew Rotary Hall Auditorium (1 st Floor) *Additional costs for special set-up/large numbers etc. ** Director of Long-Term Care has discretion on a case by case basis to reduce / waive costs if resident activity or community fundraiser.	250.00* each rental
Family Overnight Suite – Available at no cost to families of palliative residents of Bonnechere Manor. Cost for overnight accommodation for families of other residents.	85.00 per night
Chapel * Charge is applicable to external requests that are not residents of Bonnechere Manor.	225.00
Additional Items:	
- Dishes and/or Cutlery	1.00/place setting
- 100 Cup Coffee/Tea Percolator (empty)	23.00
- 55 Cup Coffee/Tea Percolator (empty)	17.00
- Tablecloth (72")	8.00
- Tablecloths (any other size)	6.00

Miramichi Lodge

Service	Fee
Guest Meals – In Home	15.00 per person
Meals on Wheels	15.00 per person
Staff Accompaniment – per hour	Current wage rate for position + HST
Personal Equipment Repairs – per hour	Current wage rate for position + HST
Room Rental – Community Centre – (Area I or II) *Additional costs for special set-up/large numbers etc. ** Director of Long-Term Care has discretion on a case by case basis to reduce / waive costs if resident activity or community fundraiser.	250.00* each rental
Room Rental – Community Centre – (Area I and II) *Additional costs for special set-up/large numbers etc.	310.00* each rental
Meeting Room (1 st Floor), Family Dining Room (charge only when used for a meeting space) *Additional costs for special set-up/large numbers etc.	200.00* each rental
Boardroom (3 rd Floor) *Additional costs for special set-up/large numbers etc.	200.00* each rental
Meeting Room - Other *Additional costs for special set-up/large numbers etc.	200.00* each rental
Family Overnight Suite - Available at no cost to families of palliative residents of Miramichi Lodge. Cost for overnight accommodation for families of other residents.	85.00 per night
Chapel * Charge is applicable to external requests that are not residents of Miramichi Lodge.	225.00
Additional Items: <ul style="list-style-type: none"> - Dishes and/or Cutlery - 100 Cup Coffee/Tea Percolator (empty) - 55 Cup Coffee/Tea Percolator (empty) - Tablecloth (72") - Tablecloths (any other size) 	1.00/place setting 23.00 17.00 8.00 6.00

Schedule E – Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Long-Term Care Service Accountability Agreement

To: **The Board of Directors** of Ontario Health Attn: Board Chair.

From: **The Board of Directors** (the “Board”) of the County of Renfrew Council (the “HSP”)

For: Bonnechere Manor (the “Home”)

Date: February 23, 2022

Re: January 1, 2021 – December 31, 2021 (the “Applicable Period”)

The Board has authorized me, by resolution dated February 23, 2022 to declare to you as follows:

After making inquiries of the Director of Long-Term Care, Mike Blackmore and other appropriate officers of the Health Service Provider (the “HSP”) and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of:
 - a. the *Local Health System Integration Act, 2006*, for the period of January 1, 2021 to March 31, 2021;
 - b. the *Connecting Care Act, 2019*, for the period of April 1, 2021 to December 31, 2021; and
 - c. any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the Ontario Health and the HSP effective April 1, 2021.

Paul V. Moreau
Chief Administrative Officer/Clerk

Debbie Robinson
Warden County of Renfrew

Schedule E – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

Schedule E – Form of Compliance Declaration

DECLARATION OF COMPLIANCE

Issued pursuant to the Long-Term Care Service Accountability Agreement

To: The Board of Directors of Ontario Health Attn: Board Chair.
From: The Board of Directors (the “Board”) of the County of Renfrew Council (the “HSP”)
For: Miramichi Lodge (the “Home”)
Date: February 23, 2022
Re: January 1, 2021 – December 31, 2021 (the “Applicable Period”)

The Board has authorized me, by resolution dated February 23, 2022 to declare to you as follows:

After making inquiries of the Director of Long-Term Care, Mike Blackmore and other appropriate officers of the Health Service Provider (the “HSP”) and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of:
 - a. the *Local Health System Integration Act, 2006*, for the period of January 1, 2021 to March 31, 2021;
 - b. the *Connecting Care Act, 2019*, for the period of April 1, 2021 to December 31, 2021; and
 - c. any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement.

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the Ontario Health and the HSP effective April 1, 2021.

Paul V. Moreau
Chief Administrative Officer/Clerk

Debbie Robinson
Warden County of Renfrew

Schedule E – Form of Compliance Declaration Cont'd.

Appendix 1 - Exceptions

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]

COUNTY OF RENFREW
LONG-TERM CARE REPORT ADDENDUM

TO: Health Committee
FROM: Mike Blackmore, Director of Long-Term Care
DATE: February 9, 2022
SUBJECT: Department Report

INFORMATION

11. COVID-19 Pandemic Update – Long-Term Care (Strategic Plan Goal #3)

On December 28, 2021, the Ministry introduced additional temporary enhanced measures for long-term care homes (LTCHs), specifically pausing general visitors and social day absences (initial measures were put in place earlier in December including keeping the number of caregivers visiting a resident at one time to a maximum of two).

The Ministry has worked with the Office of the Chief Medical Officer of Health (OCMOH) to plan for the gradual easing of temporary enhanced measures currently in place. This plan is in the context of the broader reopening Ontario approach announced by the province in January and is also contingent on the absence of concerning trends in public health and health care indicators over the coming weeks. It is within this context of a cautious and phased approach that the Ministry plans:

On February 7, 2022:

- Increasing the maximum number of designated caregivers per resident from 2 to 4 (unless designated before December 15th). Continue with limit of 2 visitors (currently only caregivers) at a time per resident.
- Resuming social day absences for residents who have had at least three COVID-19 vaccine doses, while supporting these residents with information about the benefits of limiting contact with others, including avoiding large social gatherings, following masking and physical

distancing as much as possible, and only being in close contact with people who have had three COVID-19 vaccine doses.

Targeting February 21, 2022 to:

- Resume all general visitors 5 years and older who have had at least two COVID-19 vaccine doses.
- Children under 5 years of age would continue to be restricted from entering a long-term care home, except for infants 12 months or younger.
- Increase limits on the number of visitors (including caregivers) that may visit a resident at one time to 3.
- Caregivers must have at least one dose of a COVID-19 vaccine to enter the home and be fully vaccinated as of February 21, 2022. Proof of a third dose is required by March 14, 2022 (only if eligible on or after March 14).
- Residents who have had at least three COVID-19 vaccine doses may resume social day absences. However, homes should encourage residents to:
 - limit their contact with others, including avoiding large social gatherings, and
 - physically distance and only be in close contact with people who have had three doses of a COVID-19 vaccine, especially when eating.

With the resumption of general visitors into the homes, this will also allow for the resumption of adult day programs, entertainers and personal care services (where the person is not a staff member) in the homes. Social group activities should remain as small groups (i.e., up to 10).

Targeting March 14, 2022 to:

- Resume visits by general visitors under 5 years old. No vaccination requirement for those under the age of 5.
- Increase limit on the number of visitors (including caregivers) at a time per resident to 4.
- Allow social overnight absences for all residents regardless of vaccination status. Surveillance testing requirements per the most recent testing directive dated December 17, 2021 for all staff, caregivers and visitors continue to be in place.

Updates to the Ministry of Health's COVID-19 Guidance: Long-Term Care Homes (LTCHs) and Retirement Homes (RHs) for Public Health Units are summarized as follows:

- Updated confirmed outbreak definition
 - Two or more tested and confirmed (staff/resident/other visitor) cases in a home with reasonable evidence they were acquired within the home in a 10-day period; and
 - There is a risk of transmission to residents within the home.
- Updates to the Management of Contacts section:
 - Definition of higher risk contacts and lower risk contacts
 - Details for how to identify and manage contacts
- Additional guidance provided on cohorting during outbreaks
- Clarity on admissions and transfers, particularly for admitting/transferring residents to a home with an outbreak
- Algorithms included for admissions, transfers, and managing contacts in LTCHs and RHs.

Dr. Cushman, Acting Medical Officer of Health, Renfrew County and District Health Unit rescinded the Class Order made pursuant to Section 22 (5.0.1) of the Health Protection and Promotion Act, R.S.O. 1990, Chapter H.7 made December 22, 2021. However, Bonnechere Manor remains in outbreak status and will follow the following directives from RCDHU:

- 1) General visitors are not permitted when a home is in outbreak or to visit an isolating resident (<https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homes-ontario#section-12>)
- 2) Volunteers are permitted in the facility provided they are vaccinated x3 (if eligible), have been trained and are able to wear PPE, complete surveillance testing and screening prior to entry and are aware of the risk of entering a facility in an ongoing outbreak.
- 3) Essential Caregivers (ECGs) are limited to 2 per resident at a time, unless the resident is isolating or symptomatic. An ECG should not visit any other home after visiting a home in outbreak or a resident who is isolating.
- 4) Social outings and absences are limited to only essential absences such as medical absences and compassionate and palliative absences, while the home is in outbreak. As the outbreak comes under control and units are able to be withdrawn from outbreak, residents of those units can resume other social outings and absences. Returning as per the isolation and

testing requirements for residents returning from absences
(<https://www.ontario.ca/page/covid-19-guidance-document-long-term-care-homes-ontario#section-11>)

12. **Additional COVID-19 Prevention and Containment Funding for 2021-22**

The Ministry of Long-Term Care announced \$328.7 million in additional COVID-19 prevention and containment funding for the remainder of the 2021-22 fiscal year. The funding includes up to \$277 million to support additional costs associated with enhanced measures required to prevent and contain outbreaks in 2021-22 and up to \$51.7 million to homes with outstanding funding shortfalls incurred in 2020-21.

The \$277 million of the total funding will flow to eligible long-term care (LTC) homes as follows:

- \$201,982,800 will be provided to every eligible licensee of a LTC home with baseline funding of \$20,000 per month and an additional \$700 per bed per month over January to March 2022.
- \$45 million will be provided to homes with outstanding funding shortfalls for 2020-21. The allocation reflects the difference between the total prevention and containment funding provided for 2020-21 and the updated total expenditures reported in the Supplemental Reporting for 2020-21 COVID-19 Prevention and Containment Expenditures.
- The remaining funding will be provided after the Ministry receives additional financial reporting from the sector as outlined below.
- Homes are required to complete the 2021-22 Q1-Q3 COVID-19 Prevention and Containment Expenditures Report as well as review and restate their 2020-21 COVID-19 Prevention and Containment Expenditures by February 18, 2022.
- Funding allocated for the 2021-22 fiscal year is intended to support eligible prevention and containment expenses incurred from April 1, 2021, to March 31, 2022. If the funding provided during 2021-22 is not spent by March 31, 2022, it will be recovered based on interim reporting on prevention and containment expenditures and/or at the time of the 2022 annual reconciliation.

**COUNTY OF RENFREW
ADMINISTRATION REPORT**

TO: Health Committee

FROM: Paul Moreau, Chief Administrative Officer/Clerk

DATE: February 9, 2022

SUBJECT: Department Report

INFORMATION

1. ROMA Delegation – Ministry of Health [Strategic Plan Goal #3]

The County of Renfrew was successful in obtaining a delegation with the Honourable Christine Elliott, Deputy Premier – Minister of Health at the Rural Ontario Municipal Association (ROMA) Conference on Tuesday, January 25, 2022 to discuss the municipal role and funding in Public Health. Councillor Michael Donohue, Health Committee Chair; Councillor Jennifer Murphy, Finance and Administration Committee Chair and Jeffrey Foss, Director of Corporate Services participated in this delegation. Attached as Appendix I is the position paper.

Delegation members were very pleased with Minister Elliott's positive response and willingness to listen to concerns expressed regarding the impact any future increases to the provincial/municipal cost-sharing model will have on the municipal tax burden. This is particularly challenging for rural communities with aging populations and limited resources, such as the County of Renfrew.

Attached as Appendix II is a letter from Warden Robinson to the Honourable Christine Elliott thanking her for the delegation opportunity at ROMA.

2. **Renfrew County Virtual Triage and Assessment Centre (RC VTAC)**
[Strategic Plan Goal #3]

At our August 25, 2021 session of County Council, Resolution No. H-CC-21-08-72 was adopted authorizing the Warden and Clerk to sign a Memorandum of Understanding transferring the operational responsibility for the Renfrew County Virtual Triage and Assessment Centre (RC VTAC) from Arnprior Regional Health (ARH) to the County of Renfrew. This agreement commenced on August 29, 2021 and is to be in effect until March 31, 2022, unless an extension is mutually agreed upon. This agreement allows the County to invoice ARH for our costs for swabbing clinics and for medical reception activities.

As a result of this MOU, the County of Renfrew entered into new employment contracts with 25 medical receptionists on August 29th, in addition to our existing swabbing clinic staff, all with a contract end date of March 31, 2022.

The County of Renfrew is currently invoicing Arnprior Regional Health approximately \$100,000 per month for VTAC swabbing and another \$60,000 per month for VTAC medical reception activities.

Municipal Role in PUBLIC HEALTH

Background

In Ontario, local health units are responsible for the delivery of public health services. Municipalities in Ontario continue to play an important funding and oversight role in this policy area (Hancock 2002; Siegel 2009). Some health units are integrated into municipal structures, but others operate completely separate from their municipal overseers. In 2016, there were 36 public health units in Ontario. Governance structures vary, but in general, they can be divided into two categories: autonomous and integrated. Twenty-two are autonomous, meaning that they operate as distinct local governments, separate from any municipality. The remaining 14 are integrated, meaning that they operate within the administrative structure of a municipality. The boards of autonomous health units are composed of both municipal and provincial appointees, whereas single-tier or regional councils serve as the Board of Health for most integrated health units (four of them – Chatham-Kent, Huron, Lambton and Toronto – have provincial appointees on their boards as well. But the health unit staff are municipal employees, and provincial appointees cannot outnumber municipal appointees) (see Pasut 2007: 16). A medical officer of health (MOH), who is a specialist physician in public health, leads each health unit. In integrated health units, the MOH is a municipal employee and reports to the city manager regarding certain administrative functions, whereas the MOH in an autonomous health unit reports solely to the Board of Health.

Executive Summary

The current situation of public health cost escalation without remedy for the obligated municipalities is unmanageable. The Council for the County of Renfrew has established budgetary constraints for all departments at a maximum annual increase of 2.5%. The increase demanded from our local public health unit has been 400% and 340% higher than this maximum for 2020 and 2021 respectively.

We see only two possible solutions to the pending fiscal crisis.

BRIEF

Municipal Role in PUBLIC HEALTH

1. The Province must continue to fund programs under the current (pre-April 18, 2019 announcement) Public Health Funding and Accountability Agreement -100 percent of the MCCSS programs and a 75/25 split of current cost shared programs.
2. The Province of Ontario must dissolve the autonomous organization known as the Renfrew County District Health Unit and transfer this function to the Municipal Corporation of the County of Renfrew to be integrated into our governance and administrative structure.

This transfer will eliminate the need for duplicate governance and administration of public health offices by integrating the Boards of Health (BoH) governance into our municipal council. As elected municipal officials are closest to the people, there are local synergies to take on the responsibilities of the BoH. In addition, by integrating local public health functions such as administration, finance, human resources and information technology with already existing municipal corporate functions, there is a further opportunity to achieve cost savings. Modernization of public health is important, but not at the expense of local governance and oversight that has a deep understanding of the needs of our people.

Public Health Funding

The province and member municipalities share the costs of delivering public health programs. Under the Health Protection and Promotion Act (HPPA), the enabling legislation for Ontario's health units, contributing member municipalities are obligated to pay what the Board of Health deems necessary to defray the costs of delivering mandatory public health programs. These were known as the Mandatory Health Program and Service Guidelines until 2008, when they were updated as the Ontario Public Health Standards. But the provincial contribution to public health spending, which is based on what the minister considers appropriate, has varied considerably in recent years (Pasut 2007). Before 1997, the province funded 75% of the mandatory program budgets for most boards of health and municipalities funded the remaining 25%. In 1996, the Social Services Sub-Panel of the Ontario Who Does What? panel concluded that the province has the primary interest in public health and that public health services should be delivered by provincially appointed and funded boards of health (Crombie and Hopcroft 1996). However, this recommendation was never implemented. Instead, public health and many social services were downloaded to municipalities in 1997, with the province assuming more responsibility for education (see Graham and Phillips 1998). This total download of public health lasted until 1999, when the province moved

BRIEF

Municipal Role in PUBLIC HEALTH

to a 50/50 funding formula (Campbell 2004). The 50/50 formula stayed in place until 2004. In 2005, the province began to phase in a return to its previous mandatory program contribution level of 75%. This increase in provincial funding was in response to the fallout from two public health emergencies – the Escherichia coli outbreak in Walkerton in 2000 and the Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 – and was intended to increase the capacity of the public health system. The province's original plan was to reach the 75/25 funding split within three years, but it has since capped its annual increases. By 2011, for example, only 17 health units (out of 36) had reached the 75/25 funding split for mandatory programs (Lyon 2016).

Province Announces a Change

In April 2019, the Ontario Government announced that public health units would be reduced from 35 to 10 and that a new municipal cost sharing relationship would be implemented immediately. The cost sharing model in effect since 2005 would change from a 75/25 provincial/municipal split to a 70/30 provincial/municipal split. Further, some 100% provincially funded programs would no longer be fully funded, and these programs would be rolled into the cost-shared budget. In Renfrew County, there are only the two remaining 100% funded programs. The provincial government anticipates that “these measures are expected to achieve the \$200 million in savings the provincial government is hoping to realize” (Papadopoulos, 2019). However, it is important to note that these anticipated savings are an illusion. They are from the province's bottom line, and not that of the public health system or the taxpayer; as there is only one taxpayer. This plan will significantly increase the municipal tax burden and be particularly challenging in rural communities with aging populations and limited resources, such as Renfrew County.

The Province is fully aware of the impact to each obligated municipality because of this decision. In fact, the Renfrew County and District Health Unit (RCDHU) has received \$908,400 from the Province in temporary ‘mitigation funding’ in each of 2020 and 2021. The original Ministry base funding for RCDHU's programs is \$6,180,600 and is anticipated to be reduced to \$5,272,200 in 2022 when mitigation is no longer received. Therefore, the anticipated impact to the obligated municipalities is an increase of \$908,400 (Daly 2021). In Renfrew County, there are three obligated municipalities sharing the municipal cost of public health based on population; the County of Renfrew (86.44%), the City of Pembroke (12.41%) and the Township of South Algonquin (1.15%) .

BRIEF

Municipal Role in PUBLIC HEALTH

Once this mitigation funding is removed, the County of Renfrew anticipates an increase in our subsidy for public health to increase by \$785,221 (86.44% of \$908,400). This future increase is in addition to a demand from RCDHU for a 10% funding increase in 2020 (\$145,273) and an 8.5% increase in 2021 (\$135,286). The cumulative impact to the County of Renfrew since 2019 will be an increase in the property tax burden of \$1,065,780.

REFERENCES

- Campbell, A. 2004. The SARS Commission Interim Report – SARS and Public Health in Ontario. Toronto, ON: Queen's Printer.
- Crombie, D. and G. Hopcroft. 1996. Letter to the Honourable Al Leach, Minister of Municipal Affairs and Housing, RE: Social Services Sub-Panel. December 20 [released by the Government of Ontario in connection with the Who Does What? panel].
- Daly, H. email July 6 2021, CEO (A) / Director, Corporate Services, Renfrew County and District Health Unit
- Graham, K.A. and S.D. Phillips. 1998. "Who Does What in Ontario: The Process of Provincial-Municipal Disentanglement." Canadian Public Administration 41(2): 175–209. doi:10.1111/j.1754-7121.1998.tb01536.x.
- Hancock, T. 2002. "From Public Health to the Healthy City." In E.P. Fowler and D. Siegel, eds., Urban Policy Issues: Canadian Perspectives, 2nd ed. Don Mills, ON: Oxford University Press.
- Lyons, J. 2016. The Independence of Ontario's Public Health Units: Does Governing Structure Matter? <www.longwoods.com/content/24777/the-independence-of-ontario-s-public-health-units-does-governing-structure-matter>
- Papadopoulos, A. (2019). Changes to Public Health Funding in Ontario, University of Guelph
- Pasut, G. 2007. An Overview of the Public Health System in Ontario. Retrieved March 19, 2013. <www.durham.ca/departments/health/pub/hssc/publicHealthSystemOverview.pdf>.

Office of the
County Warden



January 31, 2022

Honourable Christine Elliott
Deputy Premier - Minister of Health
Ministry of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Elliott,

On behalf of the residents of the County of Renfrew, I would like to extend our sincere gratitude for the thoughtful engagement afforded our delegation at the recent ROMA conference. We very much appreciated your approach and willingness to listen to our concerns.

In April 2019, the Ontario Government announced that the number of public health units would be reduced from 35 to 10 and that a new municipal cost-sharing relationship would be implemented immediately. The cost-sharing model in effect since 2005 would change from a 75/25 provincial/municipal split to a 70/30 provincial/municipal split. Further, some 100% provincially funded programs would no longer be fully funded, and these programs would be rolled into the cost-shared budget.

The provincial government anticipates that "... these measures are expected to achieve the \$200 million in savings the provincial government is hoping to realize". However, it is important to note that these anticipated savings are an illusion. They are from the province's bottom line, and not that of the public health system or the taxpayer; as there is only one taxpayer. This plan will significantly increase the municipal tax burden and be particularly challenging in rural communities with aging populations and limited resources, such as Renfrew County.

The Province should be aware of the impact to each obligated municipality because of this decision. In fact, the Renfrew County and District Health Unit (RCDHU) has received \$908,400 from the Province in temporary 'mitigation funding' in each of 2020 and 2021. In the RCDHU catchment area there are three obligated municipalities sharing the municipal cost of public health based on population; the County of Renfrew (86.44%), the City of Pembroke (12.41%) and the Township of South Algonquin (1.15%). Should the mitigation funding be removed, the County of Renfrew anticipates an increase in our subsidy for public health to increase by \$785,221.

This future increase is in addition to a requirement from RCDHU for a 10% funding increase in 2020 (\$145,273) and an 8.5% increase in 2021 (\$135,286). The cumulative impact to the County of Renfrew since 2019 will be an increase in the property tax burden of \$1,065,780.

We were buoyed by our conversation with you and your positive response to consider municipal impacts to any future changes to the provincial/municipal cost-sharing arrangement for Public Health units.

Our Renfrew County and District Health Unit will continue to provide much needed services to the residents of the County of Renfrew post pandemic. To that end, we welcome further discussion with you and Ministry staff at your convenience.

Sincerely,



Debbie Robinson, Warden

County of Renfrew

warden@countyofrenfrew.on.ca

c: The Honourable Doug Ford, Premier of Ontario

John Yakabuski, MPP, Renfrew-Nipissing-Pembroke and Parliamentary Assistant to the Premier

Dr. Rob Cushman, Acting Medical Officer of Health, Renfrew County and District Health Unit



Board of Health

Special Board of Health Meeting, via GoToMeeting

Friday, December 10, 2021

The Special meeting of Renfrew County and District Health Unit's Board of Health was held by *GoToMeeting*. Members were present by audio and/or video.

Members:

Ann Aikens	Chair	
Peter Emon	Vice-Chair	
Michael Donohue	Member	
J. Michael du Manoir	Member	Jane Dumas Member
Joanne King	Member	
Wilmer Matthews	Member	
Jennifer Murphy	Member	
Christine Reavie	Member	
Cathy Regier	Member	
Carolyn Watt	Member	

Staff:

Heather Daly	Acting Chief Executive Officer/Director, Corporate Services
Marilyn Halko	Executive Assistant (Secretary)

01. Call to Order

Ann Aikens called the meeting to order at 1:00 p.m.

02. Agenda Approval

The agenda was approved as presented.

Resolution: #1 SBoH 2021-Dec-10

Moved by C. Reavie; seconded by J. M. du Manoir; be it resolved that the Board approve the agenda, as presented.

Carried

03. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

04. Delegations

There were no delegations.

05. Minutes of Previous Meetings (Approval)

- a. Regular Board Meeting Minutes 2021-Nov-30

The meeting minutes were approved for Tuesday, November 30, 2021, as amended.

In the first paragraph on page three, accessing was amended to assessing.

Resolution: #2 SBoH 2021-Dec-10

Moved by J. King; seconded by C. Watt; be it resolved that the Board approve the meeting minutes from the Regular Board meeting held on Tuesday, November 30, 2021, as amended.

Carried

06. Business Arising

- a. Action List—2021-Nov-30

All items from the updated [Action List—2021-Nov-30](#) Regular Board Meeting were completed or deferred to a later date.

Chair Aikens reported that she met with the Warden Robinson on December 1, 2021 and discussed ways to improve communication between the County of Renfrew and RCDHU. The discussion was positive and productive.

The Chair, also, extended congratulations, on behalf of the Board, to the ten RCDHU Staff Members receiving Long Service Awards:

- 35 years—one recipient
- 30 years—one recipient
- 20 years—one recipient
- 15 years—one recipient
- ten years—one recipient
- five years—five recipients.

Chair Aikens acknowledged that the Board is grateful for the service of the seven 2021 RCDHU retirees. They will receive a retirement plaque from the Board.

07. Correspondence

There was no correspondence.

08. Staff Reports

There were no staff reports.

09. Board Committee Reports

a. Resources

J. M. du Manoir, Resources Committee Chair, presented the following report to the Board:

- [Resources Committee Board Report](#).

Resolution: #3 SBoH 2021-Dec-10

Moved by J. M. du Manoir; seconded by C. Watt; be it resolved that the Resources Committee Resolutions Item #2. "2022 Obligated Municipal Levy Report—Report on Municipal Funding Requirement" be severed from the Committee Report and be considered separately

Carried

Chair du Manoir presented all other items on the Report.

The Board Chair reviewed each report item and called for questions.

A Board Member asked for clarification of FP03 item 3.

Resolution: #4 SBoH 2021-Dec-10

Moved by J. M. du Manoir; seconded by W. Matthews; be it resolved that Board accept the Resources Committee Board Report, with the exception of the severed resolution.

Carried

The Board discussed the [2022 Obligated Municipal Levy Report](#) in detail.

The following small amendments were agreed to by consensus: the addition of (Algonquin Park) after Unorganized Territories; *Municipal Levy History* that included the years from 1987 to 2022; the names of the health units referred to in the environmental scan, be included if permitted.

Resolution: #5 SBoH 2021-Dec-10

Moved by J. M. du Manoir; seconded by C. Reavie; be it resolved that Board approve the 2022 Obligated Municipal Levy Report, as amended.

Carried

10. By-Laws

There were no by-laws.

11. New Business

There was no new business.

12. Notice of Motion

There was no notice of motion.

13. Closed

There was no closed meeting.

14. Date of Next Meetings

The dates of the next meetings are as follows:

- Inaugural Meeting—Tuesday, January 11, 2022, at 1:00 p.m.
- Regular Board of Health Meeting—Tuesday, January 25, 2022, 10:00 a.m.
- or at the call of the Chair.

Chair Aikens wished everyone a happy, safe and peaceful holiday, acknowledging that it has been a very trying year because of COVID-19, yet 2021 included the successful completion and move to the new RCDHU building location.

The Chair expressed gratitude to RCDHU Staff, Dr. Cushman and H. Daly for their resilience during the pandemic. Through a collaborative effort, RCDHU completed more vaccine delivery and immunization, than at any time in its history.

15. Adjournment

Resolution: #6 SBoH 2021-Dec-10

Moved by J. Dumas; seconded by J. King; be it resolved that the Special Board of Health meeting be adjourned at 1:36 p.m.

Carried

The Special Board of Health meeting, held by *GoToMeeting*, adjourned at 1:36 p.m.

Chair

The original meeting minutes were approved by the Board at the Regular Board meeting held on Tuesday, January 25, 2022.

Renfrew County and District Health Unit
"Optimal Health for All in Renfrew County and District"



Board of Health

Inaugural Board of Health Meeting, via GoToMeeting

Tuesday, January 11, 2022

The inaugural meeting of Renfrew County and District Health Unit's Board of Health was held on the virtual software platform, *GoToMeeting*, due to Ontario's COVID-19 pandemic. Members attended by audio and/or video.

Present:

Ann Aikens	Member
James Brose	Member
Michael Donohue	Member
J. Michael du Manoir	Member
Jane Dumas	Member
Peter Emon	Member
Joanne King	Member
Wilmer Matthews	Member
Jennifer Murphy	Member
Christine Reavie	Member
Carolyn Watt	Member

Staff:

Heather Daly	Acting Chief Executive Officer/Director, Corporate Services
Marilyn Halko	Executive Assistant (Secretary)

01. Call to Order

H. Daly called the meeting to order at 1:03 p.m., and pursuant to the Renfrew County and District Health Unit—Board of Health—Procedural By-Law 2018-02, Sections 52 and 53, declared the officer positions vacant.

H. Daly welcomed the newly appointed Board Member, James Brose.

The formal notice of the listing of Renfrew County Councillor appointments to the Board of Health for 2022, was received from the County of Renfrew, on

December 15, 2021. The three documents received from the County of Renfrew will be included under correspondence in the meeting materials at the upcoming Regular Board meeting scheduled for Tuesday, January 25, 2022.

02. Agenda Approval

The agenda was approved as presented.

Resolution: #1 IBoH 2022-Jan-11

Moved by C. Reavie; seconded by J. Dumas; be it resolved that the agenda for the Inaugural Board of Health be approved, as presented.

Carried

03. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

04. Board Elections

a. Elect Chair

Pursuant to Section 52 and 53 of the Procedural By-law, H. Daly presided over the election of the Chair of the Board of Health for 2022.

H. Daly called for nominations for Chair.

W. Matthews nominated A. Aikens for election to the position of the Chair of the Board of Health. J. Dumas seconded the nomination.

H. Daly asked A. Aikens if she was willing to be nominated.

A. Aikens confirmed interest in being nominated.

1. H. Daly called for further nominations.
2. H. Daly called for further nominations.
3. H. Daly called for further nominations.

There were no further nominations.

H. Daly declared that Ann Aikens was acclaimed as the Chair of the Board of Health.

Chair Aikens presided over the remainder of the Inaugural Board of Health meeting.

b. Elect Vice-Chair

A. Aikens called for nominations for the position of the Vice-Chair of the Board of Health.

C. Watt nominated C. Reavie for election to the position of Vice-Chair of the Board of Health. J. King seconded the nomination.

A. Aikens asked C. Reavie if she was willing to be nominated.

C. Reavie confirmed interest in being nominated.

1. A. Aikens called for further nominations.
2. A. Aikens called for further nominations.

M. Donohue nominated P. Emon for election to the position of Vice-Chair of the Board of Health. J. Murphy seconded the nomination.

A. Aikens asked P. Emon if he was willing to be nominated.

P. Emon confirmed interest in being nominated.

1. A. Aikens called for further nominations.
2. A. Aikens called for further nominations.
3. A. Aikens called for further nominations.

There were no further nominations.

After receiving the names of the two nominees for the Board of Health Vice-Chair, the Secretary prepared a secret voting ballot on the virtual platform—*Survey Monkey*. Due to technical issues, the transmission was unsuccessful.

Resolution: #2 IBoH 2022-Jan-11

Moved by P. Emon; seconded by C. Reavie; be it resolved that the Board email their vote for Vice-Chair to the Secretary, due to technical issues with *Survey Monkey*.

Carried

All Board Members emailed their vote, for the Vice-Chair, to the Secretary. The Secretary tallied and announced the results: C. Reavie—six votes, P. Emon—five votes.

A. Aikens declared C. Reavie elected as the Vice-Chair of the Board of Health.

05. Striking Committee

a. Appointment of Striking Committee

Chair Aikens appointed the following Board Members to the Striking Committee: C. Reavie, and C. Watt. The Chair also joined the appointees as a member of the Committee.

As Vice-Chair, C. Reavie assumed the role of Chair for the Striking Committee.

At 1:30 p.m., the IBoH meeting recessed for half an hour.

The meeting resumed at 2:00 p.m.

b. Report of the Striking Committee

C. Reavie presented the [Striking Committee Board Report](#).

Resolution: #3 IBoH 2022-Jan-11

Moved by P. Emon; seconded by J. King; be it resolved that the Board approve the Striking Committee Board Report, as presented.

C. Watt called for a recorded vote.

Recorded Vote

Yes	Name of Board Member	No
✓	Aikens, Ann	
✓	Brose, James	
	Donohue, Michael	✓
✓	du Manoir, J. Michael	
✓	Dumas, Jane	
	Emon, Peter	✓
✓	King, Joanne	
✓	Matthews, Wilmer	
	Murphy, Jennifer	✓
✓	Reavie, Christine	
✓	Watt, Carolyn	
8	Totals	3

Carried by: 8-3

Defeated by:

06. New Business

The Chair reported to the Board that she had called former Board of Health Member, Cathy Regier, to thank her for her contribution to the Board of Health, during her terms, since January 2020.

Chair Aikens also took the opportunity to welcome newly appointed County of Renfrew representative, James Brose, to the Board of Health.

06. Next Meeting

The next Regular Board of Health meeting is scheduled for Tuesday, January 25, 2022, at 10:00 a.m., via *GoToMeeting*.

07. Adjournment

Resolution: #4 IBoH 2022-Jan-11

Moved by M. Donohue; seconded by C. Watt; be it resolved that the meeting be adjourned at 2:10 p.m.

The Inaugural Board of Health meeting adjourned at 2:10 p.m.

Chair

These meeting minutes were approved by the Board at the Regular Board meeting held on Tuesday, January 25, 2022.