

TILALITI COMMUNITILL

Wednesday, August 10, 2022 – 9:30 a.m.

AGENDA

- 1. Call to order.
- 2. Land Acknowledgement.
- 3. Roll call.
- 4. Disclosure of pecuniary interest and general nature thereof.
- 5. Adoption of minutes of previous meeting held on June 15, 2022.
- 6. Delegations: None at time of mailing.

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- 11. New Business.
- 12. Closed Meeting Pursuant to Section 239 of the Municipal Act, 2001, as amended for the purpose of the following reasons:
 - a) A proposed or pending acquisition or disposition of land;
 - b) Labour relations or employee negotiations.
- 13. Date of next meeting (Wednesday, September 13, 2022) and adjournment.
- NOTE: a) County Council: Wednesday, August 31, 2022.
 - b) Submissions received from the public, either orally or in writing may become part of the public record.

Strategic Plan

Strategic Plan Goal # 1: To inform the Federal and Provincial government on our unique needs so that Renfrew County residents get their "fair share".

Initiatives:

- a) Create a strategic communications plan
- b) Identify and advocate for issues important to the County of Renfrew.

Strategic Plan Goal # 2: Fiscal sustainability for the Corporation of the County of Renfrew and its ratepayers.

Initiatives:

- a) Commitment from Council supporting principles within the Long-Term Financial Plan
- b) Establish Contingency Plan to respond to provincial and federal financial pressures and opportunities beyond the Long-Term Financial Plan.

Strategic Plan Goal # 3: Find cost savings that demonstrate our leadership while still meeting community needs.

Initiatives:

- a) Complete community needs assessment
- b) With identified partners implement plan to optimize service delivery to the benefit of our residents.

Strategic Plan Goal # 4: Position the County of Renfrew so that residents benefit from advances in technology, to ensure that residents and staff have fair, affordable and reasonable access to technology.

Initiatives

- a) Ensure that the County of Renfrew is top of the list for Eastern Ontario Regional Network funding for mobile broadband
- b) Lobby for secure and consistent radio systems for first responders and government
- c) Put a County of Renfrew technology strategy in place.

COUNTY OF RENFREW

EMERGENCY SERVICES REPORT

TO: Health Committee

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

DATE: August 10, 2022

SUBJECT: Department Report

INFORMATION

1. County of Renfrew Paramedic Service – Service Delivery Statement [Strategic Plan Goal # 1)

The County of Renfrew Paramedic Service is responsible for the provision of paramedic services for the County of Renfrew to establish an efficient and effective deployment model that is consistent as well as responsive to the evolving emergency services needs of the community and operational requirements. Historical data and identified trends are used to determine the quantity and placement of Paramedic resources. This document, as well as the response time performance plan, provides a strategy to the Ministry of Health and the Central Ambulance Communications Centre for deployment of paramedic resources within the County of Renfrew, consistent with a mandate to deliver services that are accessible, integrated, seamless, accountable, and responsive.

This plan is reviewed on a regular basis to ensure service demands are being met. The current revisions to this document are attached for information as Appendix ES-I.

2. Clinical Assessment Centres [Strategic Plan Goal # 3]

Assessment Centre

Assessment Centre staff continue to swab, test, and provide assessments for possible COVID-19 and STREP A cases. Following an assessment, Paramedics

consult with RCVTAC to discuss the patient's eligibility for antivirals, antibiotics, or any other possible treatment plans. The Cobden site has opened and is available to the community twice each week, providing service to the surrounding communities. The Laurentian Valley and Arnprior sites run daily and the mobile assessment sites in Horton, Barry's Bay, and Deep River run on a weekly basis.

Vaccines

The Service continues the collaboration with the Renfrew County and District Health Unit to provide walk-in COVID-19 vaccine clinics in Renfrew, Arnprior, Laurentian Valley, Chalk River, and Barry's Bay. With the new expanded eligibility for second booster shots, approximately 260 people have been vaccinated at these sites over the past few weeks. In-home vaccinations continue to provide this service to individuals unable to attend walk-in clinics.

3. System Pressures Discussion with Hospitals [Strategic Plan Goal # 3]

A meeting was held on June 30, 2022, with Chief Michael Nolan, Deputy Chief Mathieu Grenier, Chiefs of Medical Staff, and Directors of Care from the five area hospitals, to discuss how to improve patient transfer flow collaboratively. Topics included challenges from increased call volumes, interfacility transfers, offload delays and transfers being upgraded in acuity for more immediate transfers. Changes/impacts to the Service Delivery Statement/Deployment plan that would affect patient flow were presented.

4. Shaw Woods Presentation

On July 24, 2022, paramedics responding to an incident in Algonquin Park had the opportunity to be reunited with the individual from the call.

The call was two years ago when a person slipped off the waterfall at High Falls and fell to the bottom of the waterfall. The County of Renfrew Sierra Team, Joint Rescue Coordination Centre (JRCC), ORNGE, OPP, and Park Warden responded to the call. The Centre Ambulance Communications was instrumental into the success of the operation.

The patient was airlifted by JRCC directly to the trauma centre where she underwent a series of surgeries and medical interventions to treat her multisystem trauma. The neurosurgeon credits her optimistic prognosis to the

incredible team effort that enabled her to receive life saving operations within eight hours of the accident. The patient wanted to come together with her family, close friends and those involved in her rescue and treatment to say thank you. It was a wonderful afternoon event coordinated by Mr. Fred Blackstein. Mr. Blackstein and Shaw Woods are instrumental in Sierra Team training, and the patient frequently attends Shaw Woods as part of her rehabilitation, so it was an appropriate site to host this event. Framed pictures of the rescue and rescuers were presented by Commander Amber Hultink. This story will also be featured in a future edition of the Eganville Leader.

5. Valley Manor Outbreak

Valley Manor in Barry's Bay experienced a significant COVID-19 outbreak in July. On Monday, July 25, 2022, Valley Manor requested the County of Renfrew Paramedic Service to assist using our rapid response team of Community Paramedics.

A Community Paramedic/Sierra Team member attended Valley Manor to provide a needs-assessment. Key issues were identified, including identification of COVID positive individuals, and infection prevention and control procedures to prevent further spread.

The Service coordinated several stakeholder meetings to identify how best to support Valley Manor. Stakeholders included the Barry's Bay Hospital, Township, Renfrew County & District Health Unit, Community Care, Ministry of Long-Term Care, and Ontario Health, among others.

Service staff assisted each day of the week of July 25 to assess, provide care, help develop care plans, assist with testing the residents, obtain blood work and antivirals, and provide support to staff. Valley Manor was also provided an ID Now testing device so that results would be immediately available. Stakeholder meetings continued the week of August 1. The focus is now on surveillance testing of residents who were not initially COVID positive and to providing any further support needed. Valley Manor has requested community volunteer support to assist with provision of basic care in the Home.

6. Treasurer's Report for Emergency Services/Paramedic Service [Strategic Plan Goal #3 (b)

The Treasurer's Report for the period ending June 30, 2022, for Emergency Services/Paramedic Service is attached as Appendix ES-II.

County of Renfrew Paramedic Service Addendum to Service Delivery Statement – June 2022

3.2.2 <u>Paramedic Responsibilities</u>

6. Change in language and increase vehicle check from 15min to 20min.

In order to facilitate the change to Operative IQ and efficient vehicle checks, crews will now be afforded 20min to complete all required tasks to maintain a state of readiness. To also assist in a thorough vehicle/equipment check, crews will now only be dispatched on code 4's during the 20min timeframe.

3.2.3 Offload Paramedic Responsibilities

New language added surrounding the role of Offload Paramedic at accepting hospitals. Offload Paramedics will be used at the discretion of the On-Duty Commander, and will follow Frontline Paramedic responsibilities if utilized for first response/coverage.

3.3 Changing Crews Availability with CACC

- 3.3.1 Guiding Principles Language
- 3.3.2 Change of Status Language
- 3.3.3 Conditional Availability and Code 7 Language

New Language to include the use of Conditional Availability (CAV) at the end of shift to reduce the amount of overtime and facilitate more effective and efficient shift hand-offs. Once a crew has reached the 12th hour, they will be placed on a CAV. Any community calls in which they are closest will need to be communicated to the On-Duty Commander who will take coverage/overtime/paramedic well-being into account before having a crew assigned. Also, crews will now be booked Code 7 when hitting the final hour of their shift.

4.2 <u>Incurring Overtime</u>

3. Assignment of relief crew language

This section works in conjunction with 3.3 Changing Crews Availability with CACC.

4.4 Non-Emergency Call Assignment

- 3. Change in call assignment times
- 4. Change in call assignment times

Optimum transfer times have been reduce by 30 min in sections 3 and 4 for non-emergency hospital responses inside and outside the county. Optimal transfer times for outside the county are now 0800-1100 and 1300-1600. Whereas optimal transfer times within the county are 0800-

1100 and 1300-2000. The On-Duty Commander may request alterations to this in consultation with CACC and crews, considering workload, overtime and coverage.

4.7 <u>Patient Relays</u>

Updated Statement

Overall patient condition, level of care required, coverage, and overtime and paramedic well-being will be taken into consideration for Patient Relays. The On-Duty Commander will be notified of all requests and take all factors into consideration in an attempt to reduce the impact on the community and paramedics to reduce any overtime/coverage concerns.

5. <u>Emergency Calls</u>

- 5. Change to crew update time
- 6. Status Update change from 20 to 30min

Language change in the five minutes of dispatch attempting to contact crew once arrived on scene. Change of status updates to CACC from 20min to 30min. While at hospital following the first 30min status update, crews will be required to update 60mins thereafter.

5.11 Code 3 Response

Closing Statement and change in length of call delay Sierra Transport unit Incident Standby Language

- 1.Increase from 60-180 min
- 4. Language updated
- 5.Increase from 180 to 360min for cade 3's outside of county

Code 3 response in the County, Rapides-des-Joachims and in areas we regularly service may now be held for up to 180min. Code 3 calls outside the county will now be delayed 360min before a county resource is assigned with exception to section 1.

6.2 Minimum Emergency Zone Coverage

2.Language change to only compromise MEZC due to code 4 calls

Minimum Emergency Zone Coverage will not only be compromised due to code 4 emergency calls. No more than one unit may be outside of the county at any one time. No more than two non-emergency calls may occur at any one time as long as it does not compromise MEZC.

6.3 Special Event Standbys

3. Updated Language of availability of Special Event Ambulances

Special event crews will be dedicated to the standby location. Upon conclusion of the event, the crew will be placed on a CAV to return to base, only utilized at the discretion of the On-Duty Commander.

COUNTY OF RENFREW TREASURER'S REPORT - GENERAL REVENUE FUND June 2022

over / (under)

	YTD ACTUAL	YTD BUDGET	VARIANCE
PARAMEDIC SERVICE	5,247,051	4,485,270	761,781
Admin - Admin Charge	98,325	98,328	(3)
Admin - Base Hospital Charges	51,078	33,978	17,100
Admin - Communication & Computer Expense	145,762	125,304	20,458
Admin - Conferences & Conventions	13,297	2,250	11,047
Admin - Employee Benefits	265,974	257,263	8,711
Admin - HR Charge	121,832	121,830	2
Admin - IT Charge	24,343	24,342	1
Admin - Lease - Internal	60,112	55,002	5,110
Admin - Legal	48,392	19,998	28,394
Admin - Membership Fees	4,008	0	4,008
Admin - Office Expenses	24,975	20,388	4,587
Admin - Professional Development	59,058	22,500	36,558
Admin - Purchased Service	87,885	68,598	19,287
Admin - Salaries	851,498	922,375	(70,877)
Admin - Travel	11,468	19,998	(8,530)
Admin - Uniform Allowances	4,364	0	4,364
Depreciation	557,295	560,502	(3,207)
Paramedic - Base Station - Internal	206,202	208,224	(2,022)
Paramedic - Base Station Expenses	54,706	37,002	17,704
Paramedic - Base Station Lease - External	43,821	39,234	4,587
Paramedic - COVID	194,607	0	194,607
Paramedic - Employee Benefits	1,755,613	1,470,898	284,715
Paramedic - Insurance	176,557	170,529	6,028
Paramedic - Insurance Claims Costs	10,041	4,998	5,043
Paramedic - Leased Equipment	11,869	5,934	5,935
Paramedic - Salaries	5,582,195	4,975,800	606,395
Paramedic - Small Equipment & Supplies	207,755	193,272	14,483
Paramedic - Uniform, Laundry	87,973	72,498	15,475
Paramedic - Vehicle Operation & Maintenance	367,228	252,096	115,132
Recovery - County	(14,324)	(14,322)	(2)
Recovery - Cross Border - Other Municipalities	0	0	0
Recovery - Other Agency	(4,070)	0	(4,070)
Revenue - Donations	(25)	(1,002)	977
Revenue - Interest	0	0	0
Revenue - Municipal Contribution - City of Pembroke	(626,355)	(563,761)	(62,594)
Revenue - Other	(253,072)	(62,502)	(190,570)
Revenue - Provincial - One Time COVID	(457,845)	0	(457,845)
Revenue- Provincial Subsidy	(4,525,489)	(4,656,282)	130,793
Surplus Adjustment - Capital	0	957,498	(957,498)
Surplus Adjustment - Depreciation	(557,295)	(560,502)	3,207
Surplus Adjustment - TRF from Reserves	0	(957,498)	957,498
Surplus Adjustment - TRF to Reserves	557,295	560,500	(3,205)
PARAMEDIC - OTHER	240,023	<u>0</u>	240,023
Comm Paramedic - Expenses	40,000	0	40,000
Comm Paramedic - Provincial Subsidy	(91,250)	(182,500)	91,250
Comm Paramedic - Salaries & Benefits	119,964	182,500	(62,536)
LTC - Expenses	263,868	199,998	63,870
LTC - Provincial Subsidy	(554,633)	(999,998)	445,365
LTC - Salaries & Benefits	447,363	800,000	(352,637)
LTC - Surplus Adjustment - Capital	0	0	0
LTC - Surplus Adjustment - Depreciation	(22,511)	0	(22,511)
Vaccine - Expenses	875	10,002	(9,127)
Vaccine - Salaries & Benefits	228,022	185,002	43,020
Vaccine - Provincial Subsidy	(228,896)	(195,004)	(33,892)
VTAC - Expenses	98,269	289,224	(190,955)
VTAC - Revenue - Other Agency	(684,447)	(600,002)	(84,445)
VTAC - Salaries & Benefits	571,502	310,778	260,724
VTAC - Surplus Adjustment - Capital		0	53,739
	53 730	0	00,700
	53,739	0	(1 9/1)
VTAC - Surplus Adjustment - Depreciation	(1,841)	0 373 503	(1,841)
VTAC - Surplus Adjustment - Depreciation VTAC ADMIN - Salaries & Benefits	(1,841) 334,576	372,502	(37,926)
VTAC - Surplus Adjustment - Depreciation	(1,841)		, ,
VTAC - Surplus Adjustment - Depreciation VTAC ADMIN - Salaries & Benefits VTAC ADMIN- Expenses	(1,841) 334,576 27,986	372,502 0	(37,926) 27,986
VTAC - Surplus Adjustment - Depreciation VTAC ADMIN - Salaries & Benefits VTAC ADMIN- Expenses VTAC ADMIN- Revenue - Other Agency	(1,841) 334,576 27,986 (362,562)	372,502 0 (372,502)	(37,926) 27,986 9,940
VTAC - Surplus Adjustment - Depreciation VTAC ADMIN - Salaries & Benefits VTAC ADMIN- Expenses VTAC ADMIN- Revenue - Other Agency EMERGENCY MANAGEMENT	(1,841) 334,576 27,986 (362,562) <u>111,240</u> 49,654	372,502 0 (372,502) 120,078 60,000	(37,926) 27,986 9,940 (8,838)
VTAC - Surplus Adjustment - Depreciation VTAC ADMIN - Salaries & Benefits VTAC ADMIN- Expenses VTAC ADMIN- Revenue - Other Agency EMERGENCY MANAGEMENT 911	(1,841) 334,576 27,986 (362,562) <u>111,240</u>	372,502 0 (372,502) <u>120,078</u>	(37,926) 27,986 9,940 (8,838) (10,346) 2
VTAC - Surplus Adjustment - Depreciation VTAC ADMIN - Salaries & Benefits VTAC ADMIN- Expenses VTAC ADMIN- Revenue - Other Agency EMERGENCY MANAGEMENT 911 Admin Charge (Paramedic Service) Emergency Management	(1,841) 334,576 27,986 (362,562) <u>111,240</u> 49,654 14,324	372,502 0 (372,502) 120,078 60,000 14,322	(37,926) 27,986 9,940 (8,838) (10,346)
VTAC - Surplus Adjustment - Depreciation VTAC ADMIN - Salaries & Benefits VTAC ADMIN- Expenses VTAC ADMIN- Revenue - Other Agency EMERGENCY MANAGEMENT 911 Admin Charge (Paramedic Service)	(1,841) 334,576 27,986 (362,562) 111,240 49,654 14,324 47,262	372,502 0 (372,502) 120,078 60,000 14,322 29,256	(37,926) 27,986 9,940 (8,838) (10,346) 2 18,006

Totals	5,598,314	4,605,348	992,966	

COUNTY OF RENFREW LONG-TERM CARE REPORT

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: August 10, 2022

SUBJECT: Department Report

INFORMATION

1. Bonnechere Manor Resident Statistics

Statistics	May 2022	June 2022	July 2022
Population at Month End	166	172	172
# of Female Residents	99	102	103
# of Male Residents	67	70	69
Vacant Beds at Month End	14	8	8
YTD LTC Occupancy Rate:	98.58%	98.24%	99.04%
Resident Deaths	9	3	1
Resident Discharges	0	0	0
Resident Admissions	6	9	1

2. Miramichi Lodge Resident Statistics

Statistics	May 2022	June 2022	July 2022
Population at Month End	150	153	150
# of Female Residents	102	100	100
# of Male Residents	48	53	50
Vacant Beds at Month End	16	13	16
YTD LTC Occupancy Rate:	97.82%	97.42%	96.96%
Resident Deaths	6	5	9
Resident Discharges	0	1	0
Resident Admissions	5	9	6

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

- Suspension of occupancy target is in effect until September 30, 2022.
- The Respite Program has been temporarily placed on hold, converting the respite beds into long-term care beds.
- Isolation Beds: Bonnechere Manor has reduced from 10 to 6 LTC beds since mid-May and Miramichi Lodge has maintained 6 LTC beds since mid-April.

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

The following waitlist numbers indicate patients waiting for first choice as of June 30, 2022.

Renfrew County Long-Term	Patients waiting	Patients waiting	
Care Homes (LTCHs)	for 1 st choice	for 1 st choice to	Totals
	from Community	transfer from	
	/ Hospital	another LTCH	
Bonnechere Manor	108	42	150
Caressant Care Cobden	41	10	51
Deep River & District Hospital	6	6	12
– The Four Seasons Lodge			
Grove (The) Nursing Home	112	28	140
Groves Park Lodge	29	23	52
Marianhill Inc.	60	26	86
Miramichi Lodge	179	65	244
North Renfrew LTC Services	47	16	63
Valley Manor Inc.	50	12	62
Totals	632	228	860

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

Home Outbreak Status:

Bonnechere Manor: On June 28, 2022, the Renfrew County and District Health Unit (RCDHU) declared Resident Home Areas HM1-N, HM1-S and HM2-N in suspect COVID-19 outbreak. Isolation requirements were lifted for HM1-S on July 28, 2022 and for HM1-N on July 29, 2022. The facility outbreak status was lifted on August 2, 2022.

Miramichi Lodge: On July 11, 2022, the RCDHU declared Resident Home Area 1B in a suspect COVID-19 outbreak. The outbreak was declared over on July 22, 2022.

On August 2, 2022, the RCDHU declared Resident Home Area 2A to be in a confirmed COVID-19 outbreak.

The Ministry of Long-Term Care released a memo on July 15, 2022 from the Associate Deputy Minister Erin Hannah advising of the expansion of eligibility for 4th doses of COVID-19 vaccine for individuals 18 to 59 years of age. The current recommendation for Long-Term Care Homes is to commence vaccination campaigns closer to the fall in order to improve the likelihood of alignment with the prevailing COVID-19 variant.

The Ontario Government released an update on July 21, 2022 reporting the COVID-19 paid sick days are extended to March 31, 2023. The amended Employment Standards Act, 2000 requires employers to provide employees with up to three days of paid infectious disease emergency leave because of certain reasons related to COVID-19. This entitlement is in addition to employees' rights to unpaid infectious disease emergency leave.

Paid infectious disease emergency leave is available for certain reasons related to COVID-19, including:

- going for a COVID-19 test
- staying home awaiting the results of a COVID-19 test
- being sick with COVID-19
- getting individual medical treatment for mental health reasons related to COVID-19
- going to get vaccinated
- experiencing a side effect from a COVID-19 vaccination
- having been advised to self-isolate due to COVID-19 by an employer, medical practitioner or other specified authority
- providing care or support to certain relatives for COVID-19 related reasons

5. Fixing the Long-Term Care Act (Strategic Plan Goal #3)

As of July 11, 2022, three months has passed since the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22 came into force.

The following areas required compliance by July 11, 2022:

- **Emergency Planning** Section 90 of FLTCA and Sections 268-273 of the Regulation outlines the requirements for licensees on emergency plans.
 - NOTE: Attestation on Emergency Planning as required in Section 270
 of the Regulation, licensees must prepare and submit an attestation to
 the Director on an annual basis and the Ministry will communicate
 details about the attestation form and process in the near future.
- Menu Planning Menu planning provisions set out in Ontario Regulation 246/22 Section 70 will be revoked and replaced with the new requirements in Section 390 (1).
- Continuous Quality Improvement Initiative Section 168 (5) and (6) sets out interim report requirements for the 2022-23 fiscal year. This report must be published on the home's website by July 11, 2022, and provided to the Residents' Council and Family Council, if any. At this time, there is no mandatory template for this report; however, the interim report must contain the following information, as outlined in the regulation:
 - The name and position of the designated lead for the continuous quality improvement initiative
 - A written description of the home's priority areas for quality improvement, objectives, policies, procedures and protocols for the continuous quality improvement initiative
 - A written description of the process used to identify the home's priority areas for quality improvement
 - A written description of a process to monitor and measure progress, identify and implement adjustments and communicate outcomes for the home's priority areas for quality improvement
- Police Record Checks According to Section 254 (5), a police record check is required for staff hired or volunteers accepted during a pandemic.
- Public Website Section 271 requires homes to have a public website
 with specific information, including but not limited to, disclosure of
 whether or not a home has air conditioning in resident rooms, where
 applicable.

The following are areas that require compliance by July 27, 2022:

 Care Conferences – According to Section 30 (4) of the Regulation, licensees are required to ensure that a care conference is held within three months of Ontario Regulation 95/20 ceasing to be in force (April

- 27, 2022) if none had been held since the resident was admitted or if a resident's last care conference was conducted more than one year prior to April 27, 2022.
- Annual Physical Exams According to Section 88 (5), licensees are required to ensure that the annual physical examination is held within three months of Ontario Regulation 95/20 ceasing to be in force (April 27, 2022), if an annual physical examination had not been held one year prior to that date.

6. Level-of-Care Per Diem Base Increase Funding 2022/23 (Strategic Plan Goal #2)

As per the Ministry of Long-Term Care announcement dated July 13, 2022, there will be a 1.75% increase in the Level-of-Care (LOC) base funding in the 2022-23 funding year.

Envelope	Level of Care (LOC) Per Diem	Supplementary Per Diem	Total
Nursing and Personal Care (NPC)	\$101.76	\$2.12	\$103.88
Programs and Support Services (PSS)	\$12.24		\$12.24
Raw Food (RF)	\$11.00		\$11.00
Other Accommodations (OA)	\$56.16	\$0.36	\$56.52
Total	\$181.16	\$2.48	\$183.64

	Prior Global Per Diem, March 31, 2021	LOC Increase Effective, April 1, 2021	Total
Total 2022/23 Global Increase	\$7.27	\$0.11	\$7.38
2022/23 Total LOC/Global Per Diem			\$191.02

Effective April 1, 2019, a global per diem increase to the LOC per diem funding was provided to LTCHs to enhance direct care services as well as to support other operating costs within any of the four envelopes. LTCHs may allocate up to 32% of the global per diem funding amount to the Other Accommodation envelope. The greater of the remaining balance or 68% of the global per diem funding amount must be applied against eligible expenditures in the NPC, PSS and/or Nutritional Support envelopes. This amount will not be adjusted by the Case Mix Index.

In addition to the LOC per diem funding above, top-up funding is provided for Long-Term Care Homes with 65 or more licensed receive the following annual direct care staffing supplement in accordance with the Long-Term Care Homes Level of Care Per Diem, Occupancy and Acuity Adjustment Funding Policy.

Top Up Funding	Total
Annual Staffing Supplement – NPC Direct Care	\$106,000

7. June 2022 Treasurer's Reports (Strategic Plan Goal #2)

The June 2022 Treasurer's Reports for each of Bonnechere Manor and Miramichi Lodge are attached as Appendix LTC-I.

8. Ministry of Long-Term Care Inspection at Bonnechere Manor (Strategic Plan Goal #1)

Ms. Gurpreet Gill, Inspector with the Ministry of Long-Term Care conducted a complaint inspection related to provision of care and services and in

addition, allegations were inspected related to resident abuse and the safety of a resident at Bonnechere Manor on the following dates: April 26, 27, 28, 29, May 3 and 4, 2022. The following inspection protocols were used during this inspection: Housekeeping, Laundry and Maintenance Services, Infection Prevention and Control, Medication Management, Prevention of Abuse and Neglect, Recreational and Social Activities, Resident Care and Support Services and Safe and Secure Home. Two written notifications (WN) were issued with one WN disputed as the Infection Prevention and Control Lead staff member was hired, however was completing a maternity leave of absence at the time of the inspection. The Director of Care was covering the duties associated with this position. The full report is available through the Ministry of Long-Term Care website: File.aspx (Itchomes.net).

9. Employment Agency at Bonnechere Manor (Strategic Plan Goal #3)

With the current staffing challenges, Bonnechere Manor has enlisted the services of an Employment Agency, Mapletree Employment Solutions Services Inc. from Brampton, Ontario, for Personal Support Workers and Registered Practical Nurses after consultation and acceptance through a Letter of Understanding with the Canadian Union of Public Employees (CUPE) Local 1508.

Though not ideal, operational demands and pervasive health human resources challenges necessitated this course of action. An analysis of salaries including the accommodation charges for the employment agency personnel determined costs to be comparable to CUPE Local 1508 overtime rates. All open and available shifts, including overtime, is offered to Bonnechere Manor staff prior to the scheduling of agency staff.

10. Renfrew County and District Health Unit Inspection at Miramichi Lodge (Strategic Plan Goal #1)

On June 22, 2022, Ms. Tara Hoffman, Public Health Inspector with the Renfrew County and District Health Unit (RCDHU) completed the annual infection, prevention and control (IPAC) inspection, commenting "Upon inspection, the facility was well maintained and clean. IPAC policies and procedures were implemented and followed by staff. Screening and testing for COVID-19 were completed upon arrival. All staff and visitors were

wearing medical masks properly in facility." The report is attached as Appendix LTC-II.

Also, on June 22, 2022, Ms. Shannon Thorp, Public Health Inspector, (RCDHU) completed a food safety inspection of the dining rooms and kitchen areas, with one non-compliance reported: "Ensure a sanitizing test kit is provided and used to verify the concentration of the chemical agent used in the food premise". Sanitizing kits were found to be present and used as prescribed post inspection. The report is available at Inspection Details (rcdhu.com).

RESOLUTIONS

11. Long-Term Care Homes Policies and Procedures – Vaccination Policy (Strategic Plan Goal #3)

Recommendation: THAT the Health Committee recommends to County Council that Policy G-010 Vaccination Policy for the Long-Term Care Homes remain applicable until October 19, 2022.

Background

Committee will recall the presentation of the Long-Term Care Homes Vaccination Policy at the Special Health Committee meeting held on March 28, 2022 and the updates provided at the May 11, 2022 and June 15, 2022 Health Committee meetings.

Staff is recommending that the Long-Term Care Homes Vaccination Policy, attached as Appendix LTC-III, remain valid until October 19, 2022, in consideration of the increasing prevalence of COVID -19 and the risk posed to vulnerable populations.

		over / (under)		FILL VEAD
	YTD ACTUAL	YTD BUDGET	VARIANCE	FULL YEAR BUDGET
CLIENT PROGRAMS & SERVICES	404,508	<u>560,976</u>	(156,468)	<u>1,121,944</u>
Salaries	326,518	432,938	(106,420)	865,872
Salary Allocations	15,573	31,760	(16,187)	63,520
Employee Benefits Computers Operation and Maintenance	53,720 66	83,318 2,652	(29,598) (2,586)	166,638 5,302
COVID	575	2,032	(2,380)	0
Depreciation	1,146	810	336	1,623
Equipment - Replacements	0	1,998	(1,998)	4,000
Equipment Operation/Maint.	0	336	(336)	670
Hobby Crafts	0	252	(252)	500
Office Supplies / Other	81	0	81	0
Purchased Services	2,192	2,700	(508)	5,400
Recoveries	(354)	(4,974)	4,620	(9,950)
Recreation & Entertainment	5,214	4,458	756	8,912
Special Events	923 0	5,538	(4,615)	11,080
Staff Education Surplus Adjustment - Depreciation	(1,146)	0 (810)	(336)	0 (1,623)
Sulpius Adjustinent - Depreciation	(1,140)	(610)	(336)	(1,023)
NURSING SERVICES	4,493,941	<u>5,051,610</u>	(557,669)	10,123,703
Salaries - Admin	272,858	255,509	17,349	511,021
Benefits - Admin	75,032	66,891	8,141	133,779
Salaries - Direct	3,280,753	3,850,139	(569,386)	7,700,279
Benefits - Direct	650,263	680,895	(30,632)	1,361,793
Clinical Decision Support	14 395	14.646	(363)	20.205
Computer Operation & Maintenance COVID	14,385 66,810	14,646 0	(262) 66,810	29,295 0
Depreciation	21,501	19,752	1,749	39,500
Equipment- Replacement	67	5,802	(5,735)	11,600
Equipment-Repairs & Maintenance	593	2,196	(1,603)	4,388
Fall Prevention	11,816	9,000	2,816	18,000
Fall Prevention - Provincial Subsidy	(18,212)	(9,000)	(9,212)	(18,000)
Furniture Replacements	0	0	0	0
High Intensity Needs	42,447	19,998	22,449	40,000
High Intensity Needs - Prov Subsidy	(22,241)	(19,002)	(3,239)	(38,000)
High Intensity Needs-Non Claims Based	6,803	21,414	(14,611)	42,822
Incontinent Supplies - (Funded at \$1.20 per diem)	59,786	45,000	14,786	90,000
IPAC exists a social.	14,972	0	14,972	0
IPAC minor capital Lab Fees	0 1,755	0 4,002	0 (2,247)	0 8,000
Lab Fees - Provincial Subsidy	(1,755)	(2,000)	(2,247)	(8,000)
Medical Director - Funded (0.30 / day)	9,774	9,858	(84)	19,710
Medical Supplies & Medication	32,841	48,252	(15,411)	96,493
Medication Safety Technology	0	0	0	0
Memberships	0	0	0	0
Miscellaneous	0	798	(798)	1,600
Nurse Practitioner Expenses	0	0	0	24,494
Phys-On-Call - Funded Expenses (\$100 / bed)	8,680	8,550	130	17,100
Phys-On-Call - Prov Subsidy (\$100 / bed)	(9,416)	(8,550)	(866)	(17,100)
Phys-On-Call - Un-Funded Expenses	0	0	0	0
Purchased Services	1,037	1,998	(961)	4,000
RAI / MDS - Expenses	3,811	45,214	(41,403)	90,429
RAI / MDS - Prov Subsidy Recoveries - Other	0 (8,919)	0	0 (8,919)	0
Staff Education	(8,919)	0	(8,919)	0
Surplus Adjustment - Depreciation	(21,501)	(19,752)	(1,749)	(39,500)
		•		

			over / (under)	
	YTD ACTUAL	YTD BUDGET	VARIANCE	<u>FULL YEAR</u> <u>BUDGET</u>
RAW FOOD	<u>334,983</u>	<u>313,386</u>	<u>21,597</u>	<u>626,778</u>
Bread	7,739	6,828	911	13,658
Dairy Groceries & Vegetables	43,268 190,609	45,258 180,396	(1,990) 10,213	90,521 360,788
Meat	86,597	79,164	7,433	158,331
Nutrition Supplements	13,105	12,702	403	25,405
Raw Food Recoveries	(6,335)	(10,962)	4,627	(21,925)
FOOD SERVICES	<u>850,489</u>	<u>757,331</u>	<u>93,158</u>	<u>1,514,680</u>
Salaries	678,101	627,873	50,228	1,255,742
Salary Allocations	(31,760)	(31,760)	(0)	(63,520)
Employee Benefits	145,335	137,430	7,905	274,862
Computers - Operation & Maintenance	671	1,080	(409)	2,160
COVID Depreciation	39,012 7,688	0 7,002	39,012 686	0 14,000
Dietary Supplies	20,817	33,120	(12,303)	66,250
Equipment - Operation/Maint.	2,603	3,438	(835)	6,880
Equipment - Replacements	0	2,250	(2,250)	4,500
Other Expenses	914	876	38	1,750
Purchased Services	214	300	(86)	600
Recoveries	(8,629)	(20,846)	12,217	(41,677)
Replacement - Dishes/Cutlery	4,739	4,818	(79)	9,633
Surplus Adjustment - Depreciation	(7,688)	(7,002)	(686)	(14,000)
Vending – Net Proceeds	(1,527)	(1,248)	(279)	(2,500)
HOUSEKEEPING SERVICES	469,879	477,884	(8,005)	955,771
Salaries	363,537	365,470	(1,933)	730,944
Employee Benefits COVID	76,208 4,650	73,690 0	2,518	147,379 0
Depreciation	1,108	1,110	4,650 (2)	2,223
Equipment - Operation/Maint.	1,426	1,248	178	2,500
Equipment - Replacements	0	1,050	(1,050)	2,100
Housekeeping Supplies	34,525	40,932	(6,407)	81,860
Recoveries	(10,469)	(4,506)	(5,963)	(9,012)
Surplus Adjustment - Depreciation	(1,108)	(1,110)	2	(2,223)
LAUNDRY AND LINEN SERVICES	220,623	<u>214,154</u>	6,469	<u>428,314</u>
Salaries	158,882	151,619	7,263	303,235
Employee Benefits COVID	38,548	36,855	1,693	73,712
Depreciation	0 3,715	0 3,648	0 67	7,300
Equipment Operation/Maint.	6,700	6,900	(200)	13,800
Laundry Supplies	11,101	10,968	133	21,939
Recoveries	(1,728)	(1,746)	18	(3,486)
Replacements	7,121	9,558	(2,437)	19,114
Surplus Adjustment - Depreciation	(3,715)	(3,648)	(67)	(7,300)

		, (,		FULL YEAR	
	YTD ACTUAL	YTD BUDGET	VARIANCE	BUDGET	
BUILDINGS AND PROPERTY MAINTENANCE	551,873	559,560	(7,687)	1,179,139	
Salaries	167,389	169,012	(1,623)	338,021	
Employee Benefits	41,573	43,946	(2,373)	87,892	
Computers - Operation & Maintenance	0	1,452	(1,452)	2,900	
Depreciation	288,148	274,998	13,150	550,000	
Capital Below Thereshold	2,330	0	2,330	0	
COVID	23,295	0	23,295	0	
Equipment - Operation/Maint. Equipment - Replacements	403 9,983	0 18,798	403 (8,815)	37,600	
Furniture - Replacements	1,807	20,034	(18,227)	40,064	
Natural Gas	50,154	56,000	(5,846)	105,000	
Hydro	55,946	51,000	4,946	185,000	
Insurance	69,659	62,652	7,007	62,652	
Cell/Pager	0	0	0	0	
Purchased Services	100,804	95,964	4,840	191,933	
Resident - Telephone System	14,143	16,002	(1,859)	32,000	
Resident - Telephone System Recovery	(38,026)	(32,358)	(5,668)	(64,710)	
Recoveries	(13,435)	(15,672)	2,237	(31,345)	
IPAC Minor Capital	3,053	0	3,053	0	
Repairs/Maint./Bldgs./Grounds	20,261	32,730	(12,469)	65,460	
Surplus Adjustment - Depreciation	(288,148)	(274,998)	(13,150)	(550,000)	
Travel Water / Wastewater	144	40.000	144	120.672	
vvater / vvastewater	42,391	40,000	2,391	126,672	
GENERAL AND ADMINISTRATIVE	726,580	<u>677,140</u>	49,440	<u>1,319,642</u>	
Salaries	295,857	251,037	44,820	502,077	
Salary Allocations	(13,956)	(13,955)	(1)	(27,912)	
Employee Benefits	73,562	73,814	(252)	147,625	
Accreditation	2,090	5,971	(3,881)	5,971	
Admin Charges Advertising/Awards Dinner	64,264 10,568	64,266 9,000	(2) 1,568	128,528 30,000	
Audit	4,070	4,000	70	9,346	
Computer/Internet Expenses	47,945	34,002	13,943	68,005	
Conventions	620	1,500	(880)	3,000	
COVID	29,031	0	29,031	0	
Depreciation	7,784	7,002	782	14,000	
Equipment - Operation/Maint.	4,699	4,272	427	8,549	
Equipment - Replacements	0	198	(198)	400	
Gain / Loss from the Sale of an Asset	4,528	0	4,528	0	
Health & Safety Program	0	552	(552)	1,100	
HR Charges	50,884	50,886	(2)	101,767	
Insurance	62,989	62,000	989	62,000	
IT Charges	34,220	34,218	2	68,440	
Legal & Labour Contract Costs Memberships	11,468 592	23,250	(11,782)	46,496	
Postage / Courier	2,687	8,940 2,688	(8,348) (1)	17,885 5,374	
Printing & Stationery	7,866	9,402	(1,536)	18,800	
Purchased Services	21,551	20,430	1,121	40,857	
Recoveries	(7,364)	(15,951)	8,587	(31,898)	
Staff Training	10,127	33,966	(23,839)	67,932	
Surplus Adjustment - Depreciation	(7,784)	(7,002)	(782)	(14,000)	
Surplus Adjustment - Transfer to Reserves	Ó	0	Ó	0	
Telephone	6,942	7,656	(714)	15,300	
Travel	930	4,998	(4,068)	10,000	
Uniform Allowance	410	0	410	20,000	
BONNECHERE MANOR TOTALS	<u>8,052,875</u>	<u>8,612,041</u>	<u>(559,166)</u>	<u>17,269,971</u>	

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	YTD ACTUAL	YTD BUDGET	VARIANCE	FULL YEAR BUDGET
RESIDENT DAYS	30,376	32,580	(2,204)	65,700
NON-SUBSIDIZABLE EXPENSE Temporary Loan and Interest- Solar Project Surplus Adjustment - Transfer to Reserve	<u>0</u> 0 0	0 0 0	<u>o</u> 0 0	49,024 0 49,024
SURPLUS ADJUSTMENT Surplus Adjustment - Capital Purchases	218,524 218,524	<u>193,398</u> 193,398	25,126 25,126	386,800 386,800
TOTAL EXPENDITURE	8,271,399	8,805,439	(534,040)	17,705,795

MUNICIPAL SUBSIDY				over / (under)	FULL YEAR
County of Performer - 09.37% 3053.20 3053.18 2 726,039 1.475,236		YTD ACTUAL	YTD BUDGET	VARIANCE	
County of Performer - 09.37% 3053.20 3053.18 2 726,039 1.475,236					
RESIDENTS REVENUE 1,985,769 2,018,466 02,2469 4,096,813 Bard Obets 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MUNICIPAL SUBSIDY	<u>1,100,967</u>	1,100,964	<u>3</u>	2,201,935
Bad Debts	•	,			
Bad Debts	County of Renfrew - 69.37%	737,648	737,646	2	1,475,296
Basic Accommodation		·			
Estate Recoveries - Municipal 0	Basic Accommodation	1,720,965	1,774,998	(54,033)	3,550,000
Estate Recoveries - Provincial 0					
Preferend Accommodation - HIN Claims	•				
Preference Care C	Preferred Accommodation	222,348	243,408	(21,060)	486,813
Preside Care 0	Preferred Accommodation - HIN Claims	42,447	0	42,447	0
OTHER REVENUE 78,163 77,590 663 188,787 Donallors 0 0 0 0 0 0 Donallors in Kind 0 0 0 0 0 0 Interest Income 33,119 22,500 15,1519 45,000 1 0					
Donations 0	Respite Care	0	0	0	0
Donations in Kind Interest Income 38,119 22,500 15,619 45,000 Internal Transfer - From ML 0 0 0 0 0 0 0 0 0	OTHER REVENUE	<u>78,163</u>	<u>77,500</u>	<u>663</u>	<u>188,767</u>
Interest Income 38,119					
Internal Transfer - From ML					
Other Revenue - FIT 0 0 0 0 Other Revenue - FIT 40,044 55,000 (14,956) 143,767 GRANTS & SUBSIDIES 6,977,886 5,452,892 1,524,787 10,891,880 Federal - ICIP 24,692 0 24,592 0 24,592 0 24,293 0 24,292 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
Chief Revenue - FIT					
Eederal - ICIP					
Eederal - ICIP	GRANTS & SUBSIDIES	6.977.686	5.452.899	1.524.787	10.891.480
Prox Revenue - Afris care per day - Nursing Staff Suppliment 883.264 643,144 215,120 1,296,292 Prox Revenue - Colinical Decision Support 10,449 0 10,449 0 Prox Revenue - Core opperating - Global LOC Subsidy 240,619 304,518 (63,899) 609,039 Prox Revenue - Core opperating - Global LOC Subsidy 240,619 304,518 (63,899) 609,039 Prox Revenue - Core opperating - Global LOC Subsidy 240,619 304,518 (63,899) 609,039 Prox Revenue - core opperating - Nursing & Personal Care 3,265,844 3,226,605 38,779 6,438,906 Prox Revenue - core opperating - Nursing Proximal Support Services 39,117 396,174 2,943 792,242 Prox Revenue - core opperating - Rounding - Rounding - Raw Food 337,360 313,392 23,968 626,778 Prox Revenue - core opperating - Structural Compliance 61,596 73,914 (12,43 14,7828 Prox Revenue - Core opperating - Structural Compliance 61,596 73,914 (12,43 14,7828 Prox Revenue - Core opperating - Structural Compliance 61,596 73,914					
Prox Revenue - Colinical Decision Support 10,449 0 10,449 0 10,449 0 10,449 0 10,449 0 0 10,000 0 0 00,039 Prov Revenue - Core opperating - Global LOC Subsidy 240,619 304,518 (63,899) 609,039 Prov Revenue - Core opperating - HIN NPC 21,517 21,354 163 42,705 42,705 700 700 700 700 83,617 6,438,096 139,712 700 700 83,617 6,438,096 6,438,096 700 22,860 700 22,860 700 22,860 700 22,860 700 22,860 700 22,860 700 22,860 700 22,860 700 22,862 700 22,862 700 22,862 700 22,862 700 22,862 700 22,862 700 22,862 700 22,862 700 22,862 700 700 700 700 700 700 700 700 700 700 700 700 70	Prov Revenue - 4hrs care per day - Allied Health Professional	162,632	122,112	40,520	244,226
Prox Revenue - core opperating - Global LOC Subsidy 240,619 304,518 (63,899) 609,039 Prox Revenue - core opperating - HIN NPC 21,517 21,354 163 42,705 Prox Revenue - core opperating - Nursing & Personal Care 3,266,384 3,226,605 38,779 6,438,906 Prox Revenue - core opperating - Other Accomodation 65,915 68,868 (3,943) 139,712 Prox Revenue - core opperating - Pay Equity 11,430 0 22,860 Prox Revenue - core opperating - Program & Support Services 399,117 396,174 2,943 792,342 Prox Revenue - core opperating - RAI/MDS 47,466 46,974 492 33,951 Prox Revenue - core opperating - RAI/MDS 47,466 46,974 492 33,951 Prox Revenue - core opperating - RAI/MDS 47,466 46,974 492 33,951 Prox Revenue - core opperating - RAI/MDS 47,466 46,974 492 33,951 Prox Revenue - core opperating - Standard - Standa	Prov Revenue - 4hrs care per day - Nursing Staff Suppliment	863,264	648,144	215,120	1,296,292
Prov Revenue - core opperating - HIN NPC	***				
Prox Revenue - core opperating - Nursing & Personal Care 3,265.384 3,226.605 38,779 6,438.906 Prox Revenue - core opperating - Other Accomodation 65,915 69,858 (3,943) 139,712 170	· · · · · · · · · · · · · · · · · · ·			, ,	
Prox Revenue - core opperating - Other Accomodation 65,915 69,858 (3,943) 139,712 Prox Revenue - core opperating - Pay Equity 11,430 11,430 0 22,860 Prox Revenue - core opperating - Program & Support Services 399,117 396,174 2,943 792,342 Prox Revenue - core opperating - Program & Support Services 399,117 396,174 2,943 792,342 Prox Revenue - core opperating - Ray Food 337,360 313,332 23,968 626,778 Prox Revenue - core opperating - RN 53,004 52,998 6 106,000 Prox Revenue - core opperating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prox Revenue - core opperating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prox Revenue - core opperating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prox Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 Prox Revenue - COVID - PSW Return of Service 5,000 0 5,000 0 Prox Revenue - COVID - PSW Return	•				
Prov Revenue - core opperating - Pay Equity 11,430 11,430 0 22,860 Prov Revenue - core opperating - Pay Equity 399,117 396,174 2,943 792,342 Prov Revenue - core opperating - RAI/MOS 47,466 46,974 492 93,951 Prov Revenue - core opperating - RAI/MOS 47,466 46,974 492 93,951 Prov Revenue - core opperating - RAI/MOS 337,360 313,392 23,968 626,778 Prov Revenue - core opperating - RAI/MOS 61,596 73,914 (12,318) 147,628 Prov Revenue - core opperating - Structural Compliance 61,596 73,914 (12,318) 147,628 Prov Revenue - cover opperating - Structural Compliance 61,596 73,914 (12,318) 147,622 Prov Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 5,000 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 97,500 0 Prov Revenue - COVID - RSW Nape Enhancement 462,746 0 <					
Prov Revenue - core operating - RAI/MDS 47,466 46,974 492 93,951 Prov Revenue - core operating - Raw Food 337,360 313,392 23,968 626,778 Prov Revenue - core operating - RN 53,004 52,988 6 106,000 Prov Revenue - core operating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prov Revenue - core opperating - Accreditation 11,826 11,826 0 23,652 Prov Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 Prov Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 Prov Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 Prov Revenue - COVID - Incremental cost funding 547,402 0 547,402 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 5,000 0 5,000 0 Prov Revenue - COVID - RN RPN retention payment 97,500 0 97,500 0 0 150,050 0 0 0 150,050	· · · · · ·				
Prov Revenue - core operating - Raw Food 337,360 313,392 23,968 626,778 Prov Revenue - core opperating - RN 53,004 52,998 6 106,000 Prov Revenue - core opperating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prov Revenue - core opperating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prov Revenue - Core opperating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prov Revenue - CoviDe - Basic Rev Recovery (62,411) 0 (62,411) 0 (62,411) 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 547,402 0 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 5,000 0 0 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 97,500 0<	Prov Revenue - core opperating - Program & Support Services	399,117	396,174	2,943	792,342
Prov Revenue - core opperating - RN 53,004 52,998 6 106,000	Prov Revenue - core opperating - RAI/MDS			492	
Prov Revenue - core opperating - Structural Compliance 61,596 73,914 (12,318) 147,828 Prov Revenue - core opperating - Accreditation 11,826 11,826 0 23,652 Prov Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 Prov Revenue - COVID - Incremental cost funding 547,402 0 547,402 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 5,000 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 5,000 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 97,500 0 Prov Revenue - COVID - PSW Return of Service 95,000 0 97,500 0 Prov Revenue - COVID - PSW Return of Service 150,050 0 97,500 0 Prov Revenue - COVID - RN RPN retention payment 97,500 0 97,500 0 Prov Revenue - Equalization 95,262 95,268 (6) 190,530 Prov Revenue - PSW / Behavioural Support Subsidy 29,364 29,364 0 55,228 <			,		
Prov Revenue - core opperating -Accreditation 11,826 11,826 0 23,652 Prov Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 Prov Revenue - COVID - Incremental cost funding 547,402 0 547,402 0 Prov Revenue - COVID - PSW Return of Service 5,000 0 5,000 0 Prov Revenue - COVID - PSW Wage Enhancement 462,746 0 462,746 0 Prov Revenue - COVID - RN RPN retention payment 97,500 0 97,500 0 Prov Revenue - Equalization 95,262 95,268 (6) 190,530 Prov Revenue - IPAC 150,050 0 150,050 0 Prov Revenue - Medication Safety Training 55,228 0 55,228 0 Prov Revenue - PSW / Behavioural Support Subsidy 29,364 29,364 0 58,728 Prov Revenue - Support Professional Growtrh 21,274 28,968 (7,694) 57,931 SURPLUS ADJUSTMENT 0 0 0 386,800 GRAND TOTAL REVENUES 10,142,577 <td></td> <td></td> <td></td> <td></td> <td></td>					
Prov Revenue - COVID - Basic Rev Recovery (62,411) 0 (62,411) 0 0 0 0 0 0 0 0 0				, ,	
Prov Revenue - COVID - Incremental cost funding 547,402 0 547,402 0 0 1 1 1 1 1 1 1 1					
Prov Revenue - COVID - PSW Wage Enhancement 462,746 0 462,746 0 Prov Revenue - COVID - RN RPN retention payment 97,500 0 97,500 0 Prov Revenue - Equalization 95,262 95,268 (6) 190,530 Prov Revenue - IPAC 150,050 0 150,050 0 Prov Revenue - Medication Safety Training 55,228 0 55,228 0 Prov Revenue - PSW / Behavioural Support Subsidy 29,364 29,364 0 58,728 Prov Revenue - Support Professional Growtrh 21,274 28,968 (7,694) 57,931 SURPLUS ADJUSTMENT 0 0 0 0 386,800 Surplus Adjustment - TRF from Reserves 0 0 0 386,800 GRAND TOTAL REVENUES 10,142,577 8,649,769 1,492,808 17,705,795 Municipal Surplus / (Deficit) 1,871,178 (155,670) 2,026,848 0 less: Depreciation - BM (331,091) (314,322) (16,769) (628,646) add: Transfer from Reserve 0	•				
Prov Revenue - COVID - RN RPN retention payment 97,500 0 97,500 0 Prov Revenue - Equalization 95,262 95,268 (6) 190,530 Prov Revenue - IPAC 150,050 0 150,050 0 Prov Revenue - Medication Safety Training 55,228 0 55,228 0 Prov Revenue - PSW / Behavioural Support Subsidy 29,364 29,364 0 58,728 Prov Revenue - Support Professional Growtrh 21,274 28,968 (7,694) 57,931 SURPLUS ADJUSTMENT 0 0 0 0 386,800 Surplus Adjustment - TRF from Reserves 0 0 0 386,800 GRAND TOTAL REVENUES 10,142,577 8,649,769 1,492,808 17,705,795 Municipal Surplus / (Deficit) 1,871,178 (155,670) 2,026,848 0 less: Depreciation - BM (331,091) (314,322) (16,769) (628,646) add: Transfer to Reserve 0 0 0 0 386,800 add: Capital Purchases 218,524	Prov Revenue - COVID - PSW Return of Service	5,000	0	5,000	0
Prov Revenue - Equalization 95,262 95,268 (6) 190,530 Prov Revenue - IPAC 150,050 0 150,050 0 Prov Revenue - Medication Safety Training 55,228 0 55,228 0 Prov Revenue - PSW / Behavioural Support Subsidy 29,364 29,364 0 55,228 Prov Revenue - Support Professional Growtrh 21,274 28,968 (7,694) 57,931 SURPLUS ADJUSTMENT 0 0 0 0 386,800 Surplus Adjustment - TRF from Reserves 0 0 0 386,800 GRAND TOTAL REVENUES 10,142,577 8,649,769 1,492,808 17,705,795 Municipal Surplus / (Deficit) 1,871,178 (155,670) 2,026,848 0 Iess: Depreciation - BM (331,091) (314,322) (16,769) (628,646) add: Transfer to Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 386,800 add: Capital Purchases 218,524 193,398 25,126					
Prov Revenue - IPAC 150,050 0 150,050 0 Prov Revenue - Medication Safety Training 55,228 0 55,228 0 Prov Revenue - PSW / Behavioural Support Subsidy 29,364 29,364 0 58,728 Prov Revenue - Support Professional Growtrh 21,274 28,968 (7,694) 57,931 SURPLUS ADJUSTMENT 0 0 0 0 386,800 Surplus Adjustment - TRF from Reserves 0 0 0 0 386,800 GRAND TOTAL REVENUES 10,142,577 8,649,769 1,492,808 17,705,795 Municipal Surplus / (Deficit) 1,871,178 (155,670) 2,026,848 0 less: Depreciation - BM (331,091) (314,322) (16,769) (628,646) add: Transfer from Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 386,800 add: Capital Purchases 218,524 193,398 25,126 386,800	• •	,		,	
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Prov Revenue - PSW / Behavioural Support Subsidy 29,364 29,364 29,364 0 58,728 Prov Revenue - Support Professional Growtrh 21,274 28,968 (7,694) 57,931 SURPLUS ADJUSTMENT Surplus Adjustment - TRF from Reserves 0 0 0 0 386,800 GRAND TOTAL REVENUES 10,142,577 8,649,769 1,492,808 17,705,795 Municipal Surplus / (Deficit) 1,871,178 (155,670) 2,026,848 0 less: Depreciation - BM add: Transfer to Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 386,800 add: Capital Purchases 218,524 193,398 25,126 386,800					
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Surplus Adjustment - TRF from Reserves 0 0 0 386,800 GRAND TOTAL REVENUES 10,142,577 8,649,769 1,492,808 17,705,795 Municipal Surplus / (Deficit) 1,871,178 (155,670) 2,026,848 0 less: Depreciation - BM add: Transfer to Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 (386,800) add: Capital Purchases 218,524 193,398 25,126 386,800	SURPLUS ADJUSTMENT	<u>o</u>	<u>o</u>	<u>0</u>	<u>386,800</u>
Municipal Surplus / (Deficit) 1,871,178 (155,670) 2,026,848 0 less: Depreciation - BM add: Transfer to Reserve (331,091) (314,322) (16,769) (628,646) add: Transfer to Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 (386,800) add: Capital Purchases 218,524 193,398 25,126 386,800	Surplus Adjustment - TRF from Reserves				386,800
less: Depreciation - BM (331,091) (314,322) (16,769) (628,646) add: Transfer to Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 (386,800) add: Capital Purchases 218,524 193,398 25,126 386,800	GRAND TOTAL REVENUES	10,142,577	8,649,769	1,492,808	17,705,795
add: Transfer to Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 (386,800) add: Capital Purchases 218,524 193,398 25,126 386,800	Municipal Surplus / (Deficit)	1,871,178	(155,670)	2,026,848	0
add: Transfer to Reserve 0 0 0 49,024 less: Transfer from Reserve 0 0 0 (386,800) add: Capital Purchases 218,524 193,398 25,126 386,800					
less: Transfer from Reserve 0 0 0 (386,800) add: Capital Purchases 218,524 193,398 25,126 386,800		(331,091)	(314,322)	(16,769)	(628,646)
add: Capital Purchases 218,524 193,398 25,126 386,800		0	0	0	
Accounting Surplus / (Deficit) 1,758,611 (276,594) 2,035,205 (579,622)				_	
	Accounting Surplus / (Deficit)	1,758,611	(276,594)	2,035,205	(579,622)

			,	FULL YEAR
	YTD ACTUAL	YTD BUDGET	VARIANCE	BUDGET
CLIENT PROGRAMS & SERVICES	445,117	<u>490,598</u>	<u>(45,481)</u>	<u>981,208</u>
Salaries	264,347	344,410	(80,063)	688,822
Salary Allocations	38,072	38,076	(4)	76,145
Employee Benefits	53,335	71,188	(17,853)	142,380
Computer Operation and Maint	0	822	(822)	1,645
COVID	67,611	0	67,611	0
Depreciation	1,891	1,896	(5)	3,792
Equipment - Replacements	723	1,536	(813)	3,075
Equipment Operation/Maint.	635	1,230	(595)	2,460
Hobby Crafts	876	2,562	(1,686)	5,125
Purchased Services-Physio	16,572	24,402	(7,830)	48,807
Recoveries	0	0	0	0
Recreation & Entertainment	2,760	5,250	(2,490)	10,507
Revenue - Federal	0	0	Ó	0
Special Events	185	1,122	(937)	2,242
Surplus Adjustment - Depreciation	(1,891)	(1,896)	5	(3,792)
NURSING SERVICES	4,756,269	4,794,492	(38,223)	<u>9,576,853</u>
Salaries - Administration	262,396	223,314	39,082	446,627
Salaries - Direct	3,542,596	3,686,664	(144,068)	7,373,328
Salary Allocations	(8,883)	(8,880)	(3)	(17,765)
Employee Benefits - Administration	64,303	64,338	(35)	128,678
Employee Benefits - Direct	630,053	605,001	25,052	1,210,007
Computer Operation and Maint	16,777	14,238	2,539	28,476
COVID	84,637	0	84,637	0
Depreciation	18,433	20,502	(2,069)	41,000
Equipment - Repairs & Maintenance	415	1,968	(1,553)	3,940
Fall Prevention	2,806	8,298	(5,492)	16,600
Fall Prevention - Prov Subsidy	(4,788)	(8,298)	3,510	(16,600)
High Intensity Needs	8,050	15,000	(6,950)	30,000
High Intensity Needs - Non Claims Based	13,833	19,692	(5,859)	39,384
High Intensity Needs - Prov Subsidy	(11,822)	(14,250)	2,428	(28,500)
Incontinent Supplies - (Funded at \$1.20 per diem)	47,983	50,490	(2,507)	100,985
IPAC	9,686	0	9,686	0
IPAC MINOR CAPITAL	2,080	0	2,080	0
Lab Fees	2,235	4,998	(2,763)	10,000
Lab Fees - Prov Subsidy	(1,745)	(2,500)	755	(10,000)
Medical Director - (0.30 / day)	4,544	4,544	0	18,177
Medical Nursing Supplies	51,291	51,828	(537)	103,654
Medication Safety Technology	8,892	0	8,892	0
Memberships	0	498	(498)	1,000
Nurse Practitioner BM Support	0	0	0	(24,494)
Nurse Practitioner Expenses	88,434	85,918	2,516	171,841
Nurse Practitioner Provincial Subsidy	(61,422)	(61,428)	6	(122,853)
Phys-On-Call - Funded Exp (\$100 / bed)	4,297	4,129	168	16,515
Phys-On-Call - Prov Subsidy (\$100 / bed)	(8,681)	(8,256)	(425)	(16,515)
RAI / MDS Expenses	20,468	57,186	(36,718)	114,368
RAI / MDS Prov Subsidy	0	0	0	0
Recoveries	(8,546)	0	(8,546)	0
Recoveries - Wages	(3,620)	0	(3,620)	0
Surplus Adjustment - Depreciation	(18,433)	(20,502)	2,069	(41,000)

	over / (under)			EULL VEAD
	YTD ACTUAL	YTD BUDGET	VARIANCE	FULL YEAR BUDGET
RAW FOOD	<u>302,234</u>	289,008	<u>13,226</u>	578,028
Dairy	33,793	35,178	(1,385)	70,360
Groceries and Vegatables	161,987	150,552	11,435	301,107
Meat	97,147	96,780	367	193,561
Nutrition Supplements	10,209	9,000	1,209	18,000
Recoveries	(902)	(2,502)	1,600	(5,000)
FOOD SERVICES	727,858	735,033	(7,175)	1,470,031
Salaries	596,410	594,971	1,439	1,189,938
Salary Allocations	(29,190)	(29,187)	(3)	(58,379)
Employee Benefits	113,140	136,175	(23,035)	272,347
Café M	0	0	0	0
Computer Operation and Maint	0	252	(252)	500
COVID	32,201	0	32,201	0
Depreciation	8,028	6,498	1,530	13,000
Dietary Supplies	3,741	9,978	(6,237)	19,951
Equipment - Operation and Replacement	1,652	5,412	(3,760)	10,822
Food Wrap & Disposable Items	3,998	4,398	(400)	8,794
Purchased Services - BM Staff Support	8,147	10,088	(1,941)	20,174
Recoveries	(2,145)	0	(2,145)	0
Replacement - Dishes/Cutlery	2,223	4,944	(2,721)	9,884
Surplus Adjustment - Depreciation Vending - Net Proceeds	(8,028) (2,321)	(6,498) (1,998)	(1,530) (323)	(13,000) (4,000)
HOUSEKEEPING SERVICES	541,488	450,614	90,874	901,219
Salaries	405,334	347,964	57,370	695,924
Employee Benefits	73,264	73,646	(382)	147,295
COVID	39,473	0	39,473	0
Depreciation	1,264	1,500	(236)	3,000
Equipment - Operation/Maint.	148	876	(728)	1,750
Equipment - Replacements	0	2,502	(2,502)	5,000
Furniture - Replacements	323	0	323	0
Housekeeping Supplies	22,945	25,002	(2,057)	50,000
Other	(4.004)	624	(624)	1,250
Surplus Adjustment - Depreciation	(1,264)	(1,500)	236	(3,000)
LAUNDRY AND LINEN SERVICES	132,260	<u>149,851</u>	<u>(17,591)</u>	299,707
Salaries	95,705	102,433	(6,728)	204,866
Employee Benefits	16,709	22,536	(5,827)	45,071
COVID	5,006	0	5,006	0
Depreciation	2,591	750	1,841	1,500
Education	605	1 248	605	2 500
Equipment - Replacements	0 1 115	1,248	(1,248)	2,500
Equipment Operation/Maint. Laundry Supplies	1,115 7,456	1,248 11,502	(133) (4,046)	2,500 23,000
Recoveries	(934)	11,502	(934)	23,000
Replacements	6,597	10,884	(4,287)	21,770
Surplus Adjustment - Depreciation	(2,591)	(750)	(1,841)	(1,500)
	(=,501)	(. 55)	(.,,	(.,500)

			over / (under)	EUL VEAD
	VTD ACTUAL	VTD BUIDGET	VADIANCE	<u>FULL YEAR</u> BUDGET
	YTD ACTUAL	YTD BUDGET	VARIANCE	BUDGET
BUILDINGS AND PROPERTY MAINTENANCE	434,045	<u>512,467</u>	(78,422)	<u>1,069,330</u>
Salaries	112,802	124,754	(11,952)	249,506
Employee Benefits	28,651	36,055	(7,404)	72,105
Computer Operation and Maint	0	450	(450)	900
COVID	8,084	0	8,084	0
Depreciation	398,797	397,500	1,297	795,000
Equipment - Operation/Maint.	0	0	0	0
Equipment - Replacements	5,462	30,000	(24,538)	60,000
Furniture - Replacements	0	20,190	(20,190)	40,380
Hydro	51,471	50,000	1,471	185,000
Insurance	75,703	69,096	6,607	69,096
IPAC minor capital	0	0	0	0
Natural Gas	38,760	33,800	4,960	70,000
Purchased Services	94,504	107,898	(13,394)	215,790
Recoveries	(5,540)	(1,950)	(3,590)	(3,900)
Repairs/Maint./Bldgs./Grounds	28,317	43,974	(15,657)	87,953
Replacements/Capital	2,284	0	2,284	0
Resident - Cable System	11,494	10,002	1,492	20,000
Resident - Cable/Phone Recoveries	(33,057)	(25,002)	(8,055)	(50,000)
Surplus Adjustment - Depreciation	(398,797)	(397,500)	(1,297)	(795,000)
Water / Wastewater	15,112	13,200	1,912	52,500
GENERAL AND ADMINISTRATIVE	<u>768,211</u>	<u>586,063</u>	<u>182,148</u>	<u>1,153,750</u>
Salaries	358,962	198,107	160,855	396,214
Salary Allocations	0	0	0	0
Employee Benefits	76,698	65,474	11,224	130,943
Accreditation	0	5,971	(5,971)	5,971
Admin Charges	64,166	64,164	2	128,333
Advertising/Awards	4,007	4,800	(793)	20,000
Audit	4,070	4,000	70	9,346
Computer Operation and Maint	26,351	23,226	3,125	46,448
Conventions	620	1,500	(880)	3,000
COVID	7,266	0	7,266	0
Depreciation	13,121	12,000	1,121	24,000
Equipment - Maintenance	2,024	5,196	(3,172)	10,392
Health & Safety Program	15	498	(483)	1,000
HR Charges	50,312	50,814	(503)	101,623
Insurance	64,588	62,648	1,940	62,648
Insurance Claim Costs	0	0	0	0
IT Charges	34,220	34,218	2	68,440
Legal & Labour Contract Costs	45,029	14,000	31,029	50,000
Loss (gain) of disposal of assets	4,086	0	4,086	0
Memberships / Subscriptions	15,678	8,388	7,290	16,770
Postage	3,442	3,252	190	6,500
Printing & Stationery	9,834	8,454	1,380	16,908
Purchased Services - From BM	2,637	15,951	(13,314)	31,898
Recoveries - Other	(20,479)	(22,932)	2,453	(45,857)
Recruiting	0	0	0	0
Staff Training	2,824	31,716	(28,892)	63,426
Surplus Adjustment - Depreciation	(13,121)	(12,000)	(1,121)	(24,000)
Surplus Adjustment - Disposal of Assets	(13,121)	(12,000)	0	(24,000)
Telephone	9,397	6,120	3,277	12,247
Travel	2,463	498	1,965	1,000
Uniform Allowance	2,403	0	0	16,500
MIRAMICHI LODGE TOTALS	<u>8,107,481</u>	<u>8,008,126</u>	99,355	<u>16,030,126</u>

2022-07-28

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				FULL YEAR
	YTD ACTUAL	YTD BUDGET	VARIANCE	BUDGET
RESIDENT DAYS	27,744	30,046	(2,302)	60,590
NON-SUBSIDIZABLE EXPENSE	313,405	<u>313,405</u>	<u>(0)</u>	727,424
Debenture Payment - Interest Only	48,288	48,288	(0)	89,079
Surplus Adjustment - Debenture Principal	265,117	265,117	(0)	537,731
Surplus Adjustment - Transfer to Reserves	0	0	0	100,614
Transfer to Bonnechere Manor	0	0	0	0
SURPLUS ADJUSTMENT	432,081	292,878	139,203	<u>585,760</u>
Surplus Adjustment - Capital Purchases	432,081	292,878	139,203	585,760
GRAND TOTAL EXPENDITURE	8,852,967	8,614,409	238,558	17,343,310

			over / (under)	FULL YEAR
	YTD ACTUAL	YTD BUDGET	<u>VARIANCE</u>	BUDGET
MUNICIPAL SUBSIDY	<u>921,606</u>	<u>921,606</u>	<u>0</u>	<u>1,843,213</u>
City of Pembroke -30.63%	304,130	304,128	2	608,260
County of Renfrew - 69.37%	617,477	617,478	(2)	1,234,953
RESIDENTS REVENUE	1,900,793	2,030,838	<u>(130,045)</u>	4,061,689
Bad Debt (Expense) / Recovery	0	0	0	0
Basic Accommodation Bed retention	1,536,336 0	1,633,986 0	(97,650) 0	3,267,976 0
Estate Recoveries - Municipal	0	0	0	0
Estate Recoveries - Provincial	0	0	0	0
Preferred Accommodation	356,406	394,998	(38,592)	790,000
Preferred Accommodation - HIN Claims	8,050	0	8,050	0
Preferred Accommodation - Prov COVID Reimbursement	0	0	0	0
Respite Care	0	1,854	(1,854)	3,713
OTHER REVENUE	<u>24,128</u>	<u>15,000</u>	<u>9,128</u>	30,000
Donations	0	0	0	0
Donations In Kind	0	0	0	0
Interest Income	24,128	15,000	9,128	30,000
Other Revenue	0	0	0	0
GRANTS & SUBSIDIES	7,141,694	<u>5,427,391</u>	<u>1,714,303</u>	10,822,648
Prov Revenue - 4hrs care - Nursing Staff Suppliment	796,120	597,732	198,388	1,195,469
Prov Revenue - 4hrs care - Staff Supp Allied Health	149,984	112,614	37,370	225,230
Prov Revenue - Clinical Decision Making	15,000	0	15,000	0
Prov Revenue - COVID - Incremental costs	635,081	0	635,081	0
Prov Revenue - COVID - Lost Rev Advance	(10,020)	0	(10,020)	0
Prov Revenue - COVID - PSW Wage Enhancement	395,379	0	395,379	0
Prov Revenue - COVID - RN RPN retention payment Prov Revenue - Debenture Subsidy	140,000 313,548	313,554	140,000 (6)	627,107
Prov Revenue - ICIP	13,045	0	13,045	0
Prov Revenue - Medication Safety	44,209	0	44,209	0
Prov Revenue - Operating Subsidy - Accreditation	10,908	10,908	0	21,812
Prov Revenue - Operating Subsidy - Equalization	87,246	87,858	(612)	175,711
Prov Revenue - Operating Subsidy - Global LOC	221,907	280,836	(58,929)	561,669
Prov Revenue - Operating Subsidy - HIN NPC	19,742	19,692	50	39,384
Prov Revenue - Operating Subsidy - Nursing & Personal Care Prov Revenue - Operating Subsidy - Other Accomodation	3,174,542 74,170	3,123,870 69,625	50,672 4,545	6,220,094 134,759
Prov Revenue - Operating Subsidy - Pay Equity	11,280	11,280	0	22,560
Prov Revenue - Operating Subsidy - Program & Support Services	368,077	365,358	2,719	730,715
Prov Revenue - Operating Subsidy - PSW / Behavioural Support	22,020	22,020	0	44,040
Prov Revenue - Operating Subsidy - RAI/MDS	43,774	43,320	454	86,644
Prov Revenue - Operating Subsidy - Raw Food	311,123	289,014	22,109	578,029
Prov Revenue - Operating Subsidy - RN	53,104	52,998	106	106,000
Prov Revenue - Support Prof Growth	20,814	26,712	(5,898)	53,425
Provincial Revenue - IPAC	230,641	0	230,641	0
SURPLUS ADJUSTMENT	<u>0</u>	<u>0</u>	<u>o</u>	<u>585,760</u>
Surplus Adjustment - Trf from Reserves	0	0	0	585,760
GRAND TOTAL REVENUES	9,988,222	8,394,835	1,593,387	17,343,310
Municipal Surplus / (Deficit)	1,135,254	(219,574)	1,354,828	0
local Depresiation	(444.405)	(440.040)	(2.470)	(004.000)
less: Depreciation add: Transfer to Reserves	(444,125) 0	(440,646) 0	(3,479) 0	(881,292) 100,614
less: Transfer from Reserves	0	0	0	(585,760)
less: Disposal of Assets	Ö	0	0	0
add: Capital Purchases	432,081	292,878	139,203	585,760
add: Debenture Principal	265,117	265,117	(0)	552,938
ADJ Surplus / (Deficit)	1,388,328	(102,225)	1,490,553	(227,740)

Renfrew County and District Health Unit

Phone Number: (613) 432-5853 Fax Number: (613) 432-3382

INFECTION CONTROL INSPECTION REPORT

000-000036

Facility Inspected:
Miramichi Lodge

Site Phone:

Primary owner: Jennifer White

Site Address: 725 Pembroke St W.

Pembroke ON K8A 8S6

(613) 735-0175

Inspection #: -10773
Inspection Date: 22-Jun-2022

Inspected By: Tara Hoffman Facility Type: Nursing Home

Inspection Type: Required

Inspection Reasons: Compliance Inspection

Risk Rating:

Facility #:

Violations: 0

Opening Comments and Observations:

Annual infection prevention and control (IPAC) inspection completed for best practice compliance purposes. Assessment of entire facility with emphasis on hallway, common areas, activity room, garbage room, nursing station, laundry area, staff room, housekeeping/ chemical supply room, staff areas and isolation room with affiliated personal protective equipment carts.

Miramichi Lodge representatives present for inspection include Valarie Nash RN, acting RCC and Darryl Burger, Environmental Services Supervisor. Renfrew County and District Health Unit representatives include Shannon Thorpe Public Health Inspector and Tara Hoffman Infection Control Practitioner

ICP from RCDHU spoke with Valerie Nash regarding IPAC policies and procedures followed by a walk through of facility. ICP spoke with Darryl Burger regarding Environmental Services and Darryl provided a walk through of some areas of the facility as well.

Dining room and kitchen area inspected while within facility, see Food Safety Inspection completed by Public Health Inspector.

N/O = NOT OBSERVED AT TIME OF INSPECTION NO = NOT IN COMPLIANCE N/S = NOT SELECTED N/A = NOT APPLICABLE CDI = CORRECTED DURING INSPECTION YES = IN COMPLIANCE

Nursing Home

General Sanitation

Facility uses appropriate cleaning and disinfection products for infection control
 Facility uses Oxivir Plus disinfectant (5 minute contact time) dispensed in an automated dispensing machine
 which is calibrated routinely by supplier. Test strips are utilized by maintenance department monthly (as
 recommended by manufacturer) and as required to ensure proper effectiveness of disinfectant.

RCDHU recommends test strips are utilized at least biweekly and as required in order to ensure proper effectiveness of disinfectant.

General facility operation, maintenance, and housekeeping is satisfactory
 Facility is well maintained and a clean environment observed at time of inspection.

YES

YES

3. Storage areas are kept clean and organized to prevent cross-contamination.

Storage areas are well organized on shelves and no dirty items placed near clean.

YES

 Frequency of garbage and waste removal is adequate to maintain the facility in a sanitary condition.

YES

Facility stores garbage in a cooled garbage room which is very clean and organized. Garbage is removed from facility 3 times weekly.

Food Safety

Inspection # -10773 Page 1 of 3

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Miramichi Lodge [000-000036]

INFECTION CONTROL INSPECTION REPORT

Facility Contact: Jennifer White

Facility Address: 725 Pembroke St W., Pembroke ON K8A 8S6

5. Food contact surfaces and multi-service utensils washed, rinsed, and sanitized as often as N/O necessary to maintain in a sanitary condition Food safety inspection completed by PHI Shannon Thorp at time of IPAC inspection. See Food Safety report. **Residents' Areas** Residents' rooms are kept in a clean and sanitary manner YES One residents room observed with private bath. Resident room and bathroom was clean and well kept. Bathroom well stocked with toiletries and uncluttered. Hot and cold running water in bathroom. Residents' sanitary facilities are kept clean and in good repair YES 7. Tub room and shower room observed and kept clean and in good repair with personal items stored away in cabinets. YES Personal items provided, maintained and stored to prevent the spread of infection Chemicals Toxic and poisonous substances required for maintenance of sanitary conditions are labelled YES and stored safely No containers observed with missing labels and were properly stored in locked room. Laundry 10. Employees and residents are following best practices to prevent cross-contamination of soiled YES items to clean items Clean and dirty laundry rooms are separate and doors and indicate clean laundry room and dirty laundry room. Appropriate flow observed from dirty area to clean area. Staff observed wearing appropriate PPE for the task at 11. Clean laundry and linens handled in a sanitary manner YES Clean clothes are transported on a trolley directly from laundry area to resident unit, each unit has a separate trolley for clean clothes. Clean linen is transported on a closed laundry cart and remains covered on unit when not in use. YES 12. Soiled laundry handled appropriately Soiled laundry observed to be in tightly closed laundry bag for transport to laundry area Infection Prevention and Control YES 13. Hand hygiene products supplied and used appropriately ABHR available throughout facility at point of care, outside ding rooms, activity rooms, common areas, nursing stations, staff locker rooms and break rooms. Staff observed to be utilizing ABHR appropriately. 14. Personal protective equipment supplied and used appropriately YES Facility implements proper isolation carts stocked with PPE, laundry bag for doffing PPE inside residents room on isolation and ABHR available. Appropriate signage posted at residents door when isolating stating precautions in place and donning/doffing PPE instructions. No clean or dirty Laundry/PPE on floor. 15. Medical/mobility equipment cleaned and disinfected after use YES Lifts, walkers and wheelchairs are cleaned and disinfected by night shift staff monthly on a scheduled cleaning schedule, mobility aides that are shared or used for emergency use are cleaned and disinfected after each use. Multiple lifts, walkers and wheelchairs were observed at time of inspection and were very clean and in good condition. **YES** 16. Ensure written IPAC policies and procedures are in place and implemented IPAC policies and procedures are available to all staff on Surge Learning. Annual education also completed on Surge learning. Screening completed at front entrance by staff. Appropriate signage at front entrance regarding donning and doffing medical mask. Masks provided in separate paper bags for staff/visitors to don a new mask upon entry. Covid testing completed by staff. Visitors wait for a negative test result prior to entering facility and staff continue to report on unit and wait for a negative test result prior to resident care. **Health Hazard** YES 17. The premises is operated and maintained free from potential/immediate health hazards No issues at time of inspection Action(s) Taken

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Actions Taken: Satisfactory - No Action Required, Report Reviewed - Action Required

Miramichi Lodge [000-000036]

INFECTION CONTROL INSPECTION REPORT

Facility Contact: Jennifer White

Facility Address: 725 Pembroke St W., Pembroke ON K8A 8S6

Closing Comments:

Upon inspection facility was well maintained and clean. IPAC policies and procedures were implemented and followed by staff. Screening and testing for covid-19 were completed upon arrival. All staff and visitors were wearing medical masks properly in facility.

I have read and understood this report:

	J Hostr
<u> </u>	Tara Hoffman

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BACKGROUND

The County of Renfrew Department of Long-Term Care wishes to establish a policy that accurately reflects its duty to protect the health and safety of both our vulnerable Long-Term Care residents and the workforce without sacrificing its duty to comply with laws related to Human Rights and Privacy.

We continue to strive to achieve a balance between protecting residents from the evolving level of COVID-19 risk, and supporting overall quality of life and health and wellbeing of residents and their valued team members. We also remain conscious of the need to mitigate staffing pressures to ensure that we continue to provide high quality of care, while seeking to enhance staff satisfaction and experience.

In accordance with Ministry of Health (MOH) guidance, the *County of Renfrew Long-Term Care Home COVID-19 Vaccination Policy* is developed based on science, current best practices, regulatory review, and public health expertise in the context of the evolving global COVID-19 pandemic.

Vaccination remains the best defense against COVID-19, and, combined with other preventative measures, high vaccination rates help limit and prevent the spread of this virus in Long-Term Care homes. Vaccination against COVID-19 helps reduce the number of new cases, and, most importantly, reduces severe outcomes including hospitalizations and death due to COVID-19 in both residents and others who may be present in the long-term care environment.

Frontline healthcare workers can be at risk for occupational exposure and can potentially transmit infection to vulnerable populations. Healthcare workers are essential to the provision of healthcare, and their absence due to illness could compromise health system capacity.

Optimizing the protection of healthcare workers can help to balance any disproportionate burden of those taking on additional risks to protect the public, thereby upholding the ethical principle of reciprocity. Maintaining health system capacity is crucial to minimize serious illness and overall deaths while minimizing societal disruption as a result of the COVID-19 pandemic.

While the primary 2-dose COVID-19 vaccine series provided heroic efficacy against COVID-19, emerging evidence has now demonstrated a considerable decrease in COVID-19 vaccine protection against COVID-19 infection over time, and reduced efficacy against the variants of concern (VoC's) including the now predominant Delta and Omicron variants and sub-variants.

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"Booster Doses" are COVID-19 vaccines administered after the primary 2-dose series. The intent of a booster dose is to restore the protection that may have decreased to a level that is no longer sufficient for prevention or protection against COVID-19 and/or VoC's. Studies have evidenced improved vaccine efficacy with the booster dose against both the Delta and Omicron variants.

In high-risk settings like long-term care homes, vaccines have proven to be very effective against severe illness and outcomes, especially with a third or fourth dose. Evidence shows that boosters are highly effective against severe outcomes, including hospitalizations and death, with a third dose restoring protection from hospitalization to 95%.

This means people who received a third dose are less likely to become infected and then pass the virus to others.

With less people infected within long-term care homes, residents can enjoy the freedoms that support theirs and their family's overall health and wellbeing. Additionally, with less COVID-19 infections, there is a decreased risk for workers and lessened impact on the workforce as a whole, resulting in reduced staffing challenges and an overall improved experience for workers.

POLICY STATEMENT

This policy is intended to proactively protect those who are at greatest risk of both exposure and serious harms due to COVID-19, prior to severe outcomes being observed.

The County of Renfrew will take every reasonable precaution in the circumstances for the protection of both vulnerable long-term Care residents in accordance with the Long-Term Care Homes Act, 2007, and workers from the hazards of COVID-19 per *Occupational* Health *and Safety Act, 1990 ("OHSA")*, O. Reg. 79/10, and any other applicable legislation or Directives. The County endeavors to encourage, support and maximize COVID-19 vaccination in its workplaces, and recognizes it as a critical preventative and control measure.

Towards this effort, a transparent and evidenced based risk analysis framework will be applied to guide the determination of appropriate infection prevention and control and health and safety measures.

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The National Advisory Committee on Immunization (NACI) has outlined key considerations in determining risk, inclusive of immunization status and requirements for booster dose(s) of the COVID-19 vaccine. This risk analysis will guide decision-making, and support re-evaluation at appropriate intervals. **This policy will be re-evaluated October 19, 2022.**

	Assessment of:	Considerations:
Jurisdictional	Local epidemiology	Circulation of virus, including VoC Evidence of decreasing protection against severe disease, infection, transmission
	Health system capacity and access	Limited health system capacity to withstand a surge in cases Reduced access to health care
	Vaccine coverage of primary series in the population	Lower vaccine coverage at a regional population level leads to lower indirect protection and higher risk of breakthrough infection
Individual	Risk of increased waning of protection and/or less protection	Shorter interval between doses in the primary series Longer time since completion of primary series Moderately to severely immunocompromised individuals Vaccination with only viral vector vaccines
	Risk of severe illness from COVID-19	Older age Underlying medical condition (including those who are immunocompromised and who received a three-dose primary series) Racialized and marginalized populations who have been disproportionately affected due to a number of intersecting equity factors
	Risk of transmission to individuals at increased risk of severe illness from COVID-19	Close contact with those at risk for severe disease (e.g., healthcare provider, primary caregiver) Decreased ability to physically distance (e.g., congregate living settings) Decreased access to infection prevention and control measures

(Source: Public Health Agency of Canada (December 2021). An Advisory Statement (ACS) National Advisory Committee on Immunization (NACI) Guidance on booster COVID-19 vaccine doses in Canada – Update December 3, 2021. Retrieved electronically March 10, 2022.)

Based on risk analysis, the precautionary principle supports mandatory vaccination of all County of Renfrew Long-Term Care employees, students, volunteers, support workers, essential caregivers, and general visitors against COVID-19 in accordance with the https://example.com/highest-bevel of protection medically recommended for the Long-Term Care Sector.

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Vaccination Requirements for all County of Renfrew Long-Term Care employees, students, volunteers, support workers, and essential caregivers include:

- a) all required doses of a COVID-19 vaccine to be fully vaccinated against COVID-19
- b) booster dose(s) of a COVID-19 vaccine authorized by Health Canada in accordance with the highest level protection medically recommended for the long-term care sector.
- c) with 14 days passing after receiving last vaccine (*This 14 days will need to be considered in the context of staffing, and onboarding for new employees*)

General visitors, contract workers and children aged 5-11 are required to provide proof of vaccination including a <u>minimum</u> of the primary 2-doses of a COVID-19 vaccine approved by Health Canada with 14-days passing after receiving their last vaccine.

Visitors of any kind who are not fully vaccinated as outlined above are restricted to outdoor visits, based on the ability of the home to reasonably accommodate.

Exceptions:

- A General Visitor or caregiver attending the home to visit or attend to a resident receiving palliative end-of-life care
- Children/Infants under the age of five (5) provided no vaccine has been approved for this demographic.
- A support worker who is attending the home for emergency or palliative situations, to provide timely medical care, or for the sole purpose of making a delivery

Booster doses following COVID-19 infection confirmed via Rapid Antigen Test (RAT), and/or PCR:

 Individuals who have tested positive for COVID-19 <u>after</u> their primary 2-dose vaccine series, but before receiving the booster dose may be recommended to wait to receive their booster dose until 90 days after testing positive, however, they may receive their booster once they are asymptomatic and isolation completed (with informed consent).

In this event, the individual is required to provide the home with the date of positive RAT/PCR test, and must provide proof of receiving their booster dose no more than 90 days from date of positive test.

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This policy applies to all County of Renfrew Department of Long-Term Care employees, students, volunteers, support workers, essential caregivers, and general visitors. This policy covers the following content:

- Proof of vaccination
- Non-vaccinated parties
- Accommodations
- Encouraging vaccination
- Enforcement
- Roles and responsibilities
- Privacy and confidentiality
- Amendments

Consult the appropriate Collective Agreement for any deviations to this policy.

POLICY DEFINITIONS

Covered individuals includes any staff member, student/trainee, volunteer, or other designated essential caregiver currently working in-person in a health care organization, including workers and general visitors that are not providing direct patient care and are frequently in the patient environment (i.e. cleaning staff, research staff, or other administrative staff).

COVID-19 is the infectious disease caused by SARS-CoV-2, a highly contagious virus.

Vaccine(s) refers to a vaccine approved by Health Canada for use in Canada in relation to COVID-19.

Vaccination refers to the administration of a vaccine to protect individuals from COVID-19. It may include the administration of one or more doses of a vaccine.

Vaccinated refers to an individual who has received all recommended doses of a vaccine that is recommended or required with 14 days passing after receiving last vaccine.

POLICY CONTENT

1. Proof of Vaccination

Covered individuals who receive COVID-19 vaccinations are required to submit proof of vaccination using the Ontario Ministry of Health receipt or equivalent with 14 days passing after receiving last vaccine to be permitted access to the Home. **Any covered individuals that**³⁵

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begins to work at the County of Renfrew Department of Long-Term Care are required to submit proof of vaccination as a condition of employment.

Vaccination status information, including vaccine type and the date, time, and location for each vaccine dosage, will be collected, used and disclosed pursuant to The County's Privacy policy, the terms of this policy, and all applicable privacy legislation. Vaccination status information will only be collected, used and disclosed as required for the reasonable purpose of:

- Health and safety planning and as a reasonable precaution to ensure the health and safety of the workforce amidst a pandemic;
- Limited disclosure to County clients as required by the terms of the service relationship or when determined to be necessary and lawful by the County; and
- Administering this policy.
- A receipt of vaccination can be obtained by logging into the Ontario COVID-19 portal at https://covid19.ontariohealth.ca/. An acceptable Ontario receipt will look like this:



2. Non-vaccinated Parties

Covered individuals who do not submit proof of vaccination will be deemed non-vaccinated and will be denied access to the home. Staff will remain on or be placed on an unpaid leave of absence.

3. Accommodation

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The County is committed to a workplace free from discrimination and harassment in accordance with the *Ontario Human Rights Code*, 1990. The County will provide reasonable accommodation for covered individuals belonging to a prohibited ground under the *Code*, short of undue hardship. Covered individuals who refuse vaccination due to personal preference do not qualify for accommodation under the *Code*.

Covered individuals seeking accommodation must identify the specific prohibited ground they believe exempts them from vaccination. Those who request accommodation must reasonably participate in the accommodation process by providing information related to the relevant prohibited ground, any limitations or restrictions that exist, and any remedies that may enable accommodation. To discuss possible exemptions related to a prohibited ground, covered individuals should contact their immediate Supervisor and Human Resources. If an exemption is medical in nature, covered individuals should contact an Employee Health Coordinator directly.

Medical Exemptions:

Individuals must provide proof of a valid medical exemption in the form of an enhanced vaccination certificate that:

- a) confirms that the individual cannot be vaccinated against COVID-19 or cannot receive a subsequent dose of a COVID-19 vaccine for a medical reason
- b) is issued in accordance with <u>Ministry of Health's guidance on Medical Exemptions to</u> COVID-19 vaccination (as amended)
- c) specifies the effective time-period for the medical exemption

If the medical exemption is time-limited, the covered individual is required to provide proof of vaccination within 30 days of the medical exemption expiring.

4. Encouraging Vaccination

To maximize vaccination rates for its workforce, the County will, to the extent possible:

- Assist covered individuals by providing information on COVID-19 vaccination and locations where COVID-19 vaccinations may be administered; and
- Approve reasonable time off requests for covered individuals to access vaccination during work hours with no loss of wages, wherever possible.
- Endeavor to provide on-site access to COVID-19 Vaccination during working hours to facilitate accessibility to the vaccine.

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<u>Education</u>: County of Renfrew Long-Term Care Homes shall make available to staff, support workers, student placements, volunteers and caregivers education and/or resources that includes the following information:

- a) how COVID-19 vaccines work
- b) vaccine safety related to the development of the COVID-19 vaccines
- c) the benefits of vaccination against COVID-19
- d) risks of not being vaccinated against COVID-19
- e) possible side effects of COVID-19 vaccination

5. Enforcement

Employees placed on a general non-statutory unpaid leave of absence are subject to Policy E-08 General and Unpaid Leaves of Absences, which outlines the impacts to employee benefit entitlements.

If misleading or false information has been provided with respect to vaccination status, test results or accommodation the County of Renfrew may issue discipline in accordance with Policy H-02 Discipline and Dismissal where necessary.

Vaccination reduces the chance that you will get sick or infected if you are exposed to COVID-19. A layered approach to workplace infection prevention and control measures reduce the chance of being exposed to the virus. COVID-19 vaccines do not replace the need for strict adherence to established COVID-19 public health measures.

<u>Communication</u>: The County of Renfrew shall ensure that information on the proof of vaccination requirements, is communicated to all covered individuals and to residents and their substitute decision makers.

Communication will include the consequences for individuals who do not provide proof of vaccination, (or approved accommodation) including that they cannot attend the home for the purpose of working, undertaking a student placement, volunteering, or visiting or attending to a resident within the Long-Term Care Home.

Any additional consequences shall be in accordance with the licensees applicable human resource policies, collective agreements, and any applicable legislation, directives and policies. (Source: Ministers Directive: Long-Term care Home COVID-19 Immunization Policy)

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6. Roles and Responsibilities

The County of Renfrew recognizes that we all play a role in upholding this policy. The following outlines the various roles and responsibilities placed on all parties in the workplace.

The Employer is responsible for the following:

- Compliance with this policy, and all applicable legal obligations with respect to occupational health and safety, human rights, privacy and other relevant legislation;
- Ensure protection of all covered individuals and take all reasonable precautions to this end;
- Establish, and review as required, all personal protective equipment requirements and preventive measures needed to reasonably protect its workforce from COVID-19;
- Maintain the dignity, privacy and respect of all covered individuals on matters related to this policy; and

Supervisors are responsible for the following:

- Comply with this policy and fulfil all responsibilities assigned to Supervisors;
- Ensure protection of all covered individuals and take all reasonable precautions to this end;
- Ensure covered individuals are using personal protective equipment and following preventive and control measures set by the County;
- Work with management to collectively administer this policy.

Covered individuals are responsible for the following:

- Comply with all aspects of this policy;
- Use all personal protective equipment required under this policy; and
- Follow all preventive and control measures set by the County with respect to COVID-19.

7. Privacy and Confidentiality

 Information pertaining to medical contraindication, and/or confirmation with respect to any other exemption granted will be collected and stored by the Occupational Health Department.

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- Supporting documentation related to any non-medical request for an exemption will be collected and maintained by Human Resources.
- This information will be used internally by the County for the purpose of administration of the policy, outbreak planning and management, workforce management, scheduling and as otherwise permitted or required by law. It will be held in confidence, securely stored and shared only as required to achieve these purposes.
- Staff should note that the County may be required to collect and maintain statistical information and, on request of the Office of the Chief Medical Officer of Health, may need to disclose the statistical information to the Ministry of Health.
- Any other disclosure in accordance with this policy will be de-identified and/or aggregated, unless permitted or required by law (e.g., occupational health or public health reporting etc.).
- Any questions about the collection, use or disclosure of this information should be directed to Human Resources.

8. Amendments

The County will review this policy and update it reasonably as required to mirror the evolving evidence, and nature of the pandemic.

Reference Documents:

- Government of Canada. *COVID-19 vaccine: Canadian Immunization Guide*. Retrieved electronically March 11, 2022)
- Government of Ontario. (February 10, 2022) Ministers Directive: Long-term care home COVID-19 immunization policy. Retrieved electronically March 11, 2022)
- Occupational Health and Safety Act, R.S.O. 1990, c. O.1. Retrieved electronically March 10, 2022.
- Ontario Human Rights Commission. (September 2021) Policy Statement on COVID-19
 vaccine mandates and proof of vaccine certificates. Retrieved electronically March
 10, 2022.
- Ontario Ministry of Health (February 2022). COVID-19 Vaccine Third Dose
 Recommendations. Retrieved electronically March 10, 2022.

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- Ontario Ministry of Health (February 2022). RESOURCE GUIDE: MINISTERS DIRECTIVE LONG-TERM CARE HOME COVID-19 IMMUNIZATION POLICY. Retrieved electronically March 22, 2022.
- Long-Term Care Homes Act, 2007, S.O. 2007, c. 8. Retrieved electronically March 11, 2022.
- O. Reg. 79/10: GENERAL under *Long-Term Care Homes Act, 2007, S.O. 2007, c. 8.*Retrieved electronically March 11, 2022.
- Public Health Agency of Canada (December 2021). An Advisory Statement (ACS)
 National Advisory Committee on Immunization (NACI) Guidance on booster COVID-19
 vaccine doses in Canada Update December 3, 2021. Retrieved electronically March 10, 2022.

COUNTY OF RENFREW

ADMINISTRATION DEPARTMENT REPORT

TO: Health Committee

FROM: Paul Moreau, CAO/Clerk

DATE: August 10, 2022

SUBJECT: Department Report

INFORMATION

1. Physician Shortages in Ontario

Attached as Appendix I is a letter dated July 22, 2022 from the Town of South Bruce Peninsula entitled "Physician Shortages in Ontario" requesting the Provincial and Federal governments to take steps to provide support and subsidy to students entering medical school with the intention of becoming practicing physicians in the Province of Ontario and particularly in underserviced rural and northern municipalities. The request also asks that both governments work with Canadian universities to increase the number of students accepted into medical school and residency programs, and further that the Province expedites the accreditation process for foreign medical practitioners.

July 22, 2022

Premier Doug Ford Legislative Building Queen's Park Toronto ON M7A 1A1

Dear Premier Ford:

Re: Physician Shortages in Ontario

Ontario has one of the most revered health care systems in the world. The residents of Ontario have been fortunate to have access to medical professionals from all branches of the medical field.

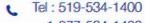
Our Province continually monitors the needs of its citizens and strives to make progressive changes to continue to meet the needs of Ontarians. Evidence of this progressive action on the part of the government was the identification of the shortage of Personal Support Workers. Recognizing the vital role that they play in health care, the Province supported Ontario colleges in providing free tuition for students who agreed to study for and become Personal Support Workers. We applaud the Province for this progressive action.

Like many municipalities, we have noticed that as each year goes by, we begin to see fewer physicians. The shortage is becoming alarming as we hear daily that many people are without a physician and do not have access to a primary medical care giver. The shortage of physicians is reaching our hospital emergency rooms as many in our rural communities are forced to close periodically as there are no physicians to staff them.

Another issue which is exacerbating the physician shortage is the limited spaces available in Canadian Universities for medical school and in residency programs. Increases to the number of students who are accepted could go a long way to ensure that more students graduate and become contributing physicians in our communities.

A third issue that causes concern is the seemingly onerous process for foreign and international physicians to become accredited to practice in Ontario. We have had interactions with individuals who have come to our community and are accomplished physicians but are not able to practice in Ontario as they at times cannot afford the cost for accreditation and in other instances, the process is quite lengthy meaning that they must take other positions, outside of their field, thus wasting their talent.

1-877-534-1400









The Town of South Bruce Peninsula has seriously contemplated all of these issues and has taken steps to address the shortage experienced in our community. Council has monetarily supported a local Physician Recruitment Committee and has held money in reserves to assist with the hiring of a recruiter and to be used to assist new physicians requiring funds to set up an office and find housing.

We are reaching out to you to ask for your assistance in addressing the physician shortage. We would like to see subsidy opportunities for students who commit to becoming practicing physicians and would expect that the Province would put protective measures in place to ensure that students receiving funding commit to practicing in Ontario. We would support an expedited accreditation process for foreign physicians. We would encourage the increase of additional student spaces in medical school and residency programs.

The Town of South Bruce Peninsula is not alone in its convictions to address the physician shortages. We welcome you to contact us directly to have conversations about how all levels of government can work together to end this shortage.

Yours very truly,

Mayor Janice Jackson

ianice.iackson@southbrucepeninsula.com

519-534-1400 ext 200

Enclosure (1)

cc: Hon. Sylvia Jones, Minister of Health and Long-Term Care sylvia.jones@pc.ola.org Rick Byers, MPP, Bruce Grey Owen Sound rick.byers@pc.ola.org Hon. Stephen Lecce, Minister of Education stephen.lecce@pc.ola.org

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www.southbrucepeninsula.com

Prime Minister Justin Trudeau justin.trudeau@parl.gc.ca

Hon. Jean-Yves Duclos, Minister of Health jean-yves.cuclos@parl.gc.ca

Alex Ruff, MP, Bruce Grey Owen Sound alex.ruff@parl.gc.ca

All Municipalities in Ontario

College of Physicians and Surgeons of Ontario feedback@cpso.on.ca



Excerpt from Council Meeting Minutes – July 19, 2022

23. Notice of Motion – Mayor Jackson – Physician Subsidy

Mayor Jackson explained the meeting with the Physician Recruitment Committee and how a retired recruiter is willing to help the Committee but that we need to support medical students. The motion would be forwarded to the Minister, the Premier, the Prime Minister and all Ontario municipalities.

Discussion included the closing of hospital ERs, people without family doctors, the difficulty for professionals to obtain accreditation to work in our Province, having levels of accreditation to relieve pressure, community health models including nurse practitioners, ideas that the recruiter has and how she recruited 77 doctors.

R-266-2022

It was Moved by J. Jackson, Seconded by K. Durst and Carried

Whereas the Province of Ontario and particularly rural areas such as South Bruce Peninsula, are experiencing a severe shortage of physicians, leaving many people without access to medical care;

And whereas when the Province of Ontario realized the shortage of Personal Support Workers, they took progressive action to support Ontario colleges to provide free tuition for students who agreed to enter into this field of study and work;

And whereas it is recognized that the education costs for a physician can be a deterrent for students contemplating entering the medical field;

And whereas the Town of South Bruce Peninsula has taken steps to support the recruitment of physicians by earmarking money to hire a recruiter, by monetarily supporting a recruitment Committee and by providing money for new physicians to use to set up office space and for housing;

Now therefore be it resolved that the Town of South Bruce Peninsula respectfully requests that the Province of Ontario and Government of Canada recognizes that the shortage in health care workers is not unique to Personal Support Workers but is also relevant to physicians including specialists and general practitioners;

And that in order to support Ontario municipalities and their residents, the Provincial and Federal Governments take steps to provide support and subsidy to students entering

medical school with the intention of becoming practicing physicians in the Province of Ontario and particularly in underserviced rural and northern municipalities;

And that the Provincial and Federal Governments work with Canadian universities to increase the number of students accepted into medical school and residency programs;

And that the Province expedites the accreditation process for foreign medical practitioners;

And further that the Town of South Bruce Peninsula supports whatever protective measures the Provincial and Federal Governments place on the subsidy given to ensure that the students receiving the funding become practicing physicians in the Province of Ontario.

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"



Board of Health

Regular Board Meeting, via Microsoft Teams

Tuesday, May 31, 2022

The Regular meeting of Renfrew County and District Health Unit's Board of Health was held on the virtual software platform—*Microsoft Teams*. Members were present by audio and/or video.

Members:

Wilmer Matthews

Ann Aikens Chair Christine Reavie Vice-Chair James Brose Member Michael Donohue Member J. Michael du Manoir Member Jane Dumas Member Peter Emon Member Joanne King Member

Jennifer Murphy Member Carolyn Watt Member

Staff:

Vicki Benoit Director, Health Protection

Dr. Robert Cushman Acting Medical Officer of Health

Member

Heather Daly Acting Chief Executive Officer/Director, Corporate

Services Dr. Michelle Foote Public Health Physician

Marilyn Halko Executive Assistant (Secretary)
Patti Smith Director, Health Promotion

Lindsey Cameron-Dermann Tom Regan Michelle Street

Guest:

Karen Black Scott Rosien Black & Locke

01. Call to Order

Chair Aikens called the meeting to order at 10:03 a.m.

02. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 BoH 2022-May-31

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

Carried

03. Declarations of Conflict ofInterest

There were no declarations of conflict of interest.

04. Delegations

Draft Financial Statements of Renfrew County and District Health Unit—Year ended December 31, 2021

Karen Black, Scott Rosien Black & Locke, reviewed the *Draft Financial* Statements of Renfrew County and District Health Unit—Year ended December 31, 2021, page by page, with the Board. These documents were a reference for Board Members, during the discussion of the *Statements*:

- a. <u>Draft Financial Statements of Renfrew County and District Health Unit—</u> Year ended December 31, 2021
- b. <u>2021 Audit Findings Letter</u>
- c. 2021 Independence Letter.

The Chair called for questions and comments from the Board.

A Board Member requested more details on the operating surplus. K. Black will forward the information. The surplus worksheet will be added to the Regular Board meeting agenda—Tuesday, June 28, 2022—under item 06. Business Arising.

The Board Chair thanked K. Black, and commended the Acting Chief Executive Officer/Director, Corporate Services and her Team for another clean audit.

Resolution: #2 BoH 2022-May-31

Moved by J. King; seconded by C. Reavie; be it resolved that the Board accept the Financial Statements for the year ended December 31, 2021, and further that the Chair and Vice-Chair sign the Statements.

Carried

K. Black left the meeting at 10:58 a.m.

05. Minutes of Previous Meetings (Approval)

Regular Meeting Minutes 2022-Apr-26
 The meeting minutes were approved for Tuesday, April 26, 2022.

Resolution: #3 BoH 2022-May-31

Moved by J. Brose; seconded by W. Matthews; be it resolved that the Board approve the meeting minutes from the Regular Board meeting held on Tuesday, April 26, 2022, as presented.

Carried

06. Business Arising

Action List—Regular Board Meeting—2022-Apr-26
 All items from Action List were completed or deferred to a later date.

07. Staff Reports

- a. Report to the Board—Dr. Robert Cushman, Acting Medical Officer of Health Dr. Robert Cushman gave a verbal update to the Board on current COVID-19 activity in Renfrew County and District, which included the COVID-19 Case Summary—May 26, 2022 and the Renfrew County and District (RCD) COVID-19 Vaccine Rollout at a Glance.
 - L. Cameron-Dermann, Coordinator, Epidemiology and Health Analytics, updated the Board on the <u>Weekly COVID-19 incidence rate in RCDHU and Ontario—November 28, 2021 to May 21, 2022, Confirmed COVID-19 Outbreaks in RCD—November 1, 2021 to May25, 2022, and COVID-19-Related Deaths in RCD.</u>

Chair Aikens called for questions and comments.

Food Premises Risk Categorization Process
 The Board discussed the <u>Food Premises Risk Categorization Process</u>
 presentation by Michelle Street, Coordinator, Healthy Environments.

The Chair called for questions and comments from the Board.

A Board Member asked about the procedure related to inspections for food trucks.

Resolution: #4 BoH 2022-May-31

Moved by C. Watt; seconded by P. Emon; be it resolved that the Board accept the verbal Report to the Board from Dr. Robert Cushman, Acting Medical Officer of Health.

Carried

Chair Aikens thanked Dr. Cushman, L. Cameron-Dermann and M. Street for their reports to the Board.

Dr. Cushman thanked L. Cameron-Dermann, and M. Street for their presentations.

- M. Street vacated the meeting at 11:28 a.m.
- c. 2022 Q1 Corporate Operational Plan with Risk Mitigation Strategies The Board discussed the following report presented by Tom Regan, Coordinator, Foundational Standards:
 - 2022 Q1 Corporate Operational Plan with Risk Mitigation Strategies.

The Chair called for questions and comments from the Board.

Resolution: #5 BoH 2022-May-31

Moved by J. Murphy; seconded by W. Matthews; be it resolved that the Board accept the 2022 Q1 Corporate Operational Corporate Plan with Risk Mitigation Strategies.

Carried

Chair Aikens thanked T. Regan for the report to the Board.

Dr. Cushman, Dr. Foote, L. Cameron-Dermann, and T. Regan, left the meeting at 12:00 p.m.

At 12:00 p.m., the Chair recessed the meeting until 12:20 p.m.

08. Board Committee Reports

- Executive
 Committee Chair Christine Reavie presented the following:
 - <u>Executive Committee Board Report.</u>

Chair Aikens reviewed the items on the *Report* and called for questions and comments from the Board.

A Board Member requested that BoH Members be included in the SWOT analysis interviews conducted by the consultant for the RCDHU Strategic Plan.

Resolution: #6 BoH 2022-May-31

Moved by J. King; seconded by M. Donohue; be it resolved that the Board accept the *Executive Committee Board Report*.

Carried

b. Governance

Committee Chair Joanne King presented the following:

Governance Committee Board Report.

Chair Aikens reviewed the items on the *Report* and called for questions and comments from the Board.

Resolution: #7 BoH 2022-May-31

Moved by J. Murphy; seconded by W. Matthews; be it resolved that the Board accept the *Governance Committee Board Report*.

Carried

M. Donohue left the meeting at 12:26 p.m.

c. Resources

Committee Chair J. Michael du Manoir presented the following:

Resources Committee Board Report.

Chair Aikens reviewed the items on the *Report* and called for questions and comments from the Board.

Resolution: #8 BoH 2022-May-31

Moved by J. M. du Manoir; seconded by C. Reavie; be it resolved that the Board accept the *Resources Committee Board Report*.

Carried

d. Stakeholder Relations

Committee Chair Carolyn Watt presented the following:

Stakeholder Relations Committee Board Report.

Chair Aikens reviewed the items on the *Report* and called for questions and comments from the Board.

The Chair will send a letter of invitation to the County of Renfrew Warden, requesting the Director of Community Services present at a September, October or November Board meeting.

Resolution: #9 BoH 2022-May-31

Moved by J. Murphy; seconded by W. Matthews; be it resolved that the Board accept the *Stakeholder Relations Committee Board Report*.

Carried

09. Correspondence

The Board received the following correspondence:

Su	ıbject:	From:	Action:
a.	Invitation to board engagement and education session	 Ottawa West Four Rivers Ontario Health Team 	Received as information.
b.	Mental Health and Opioid Crisis	Grey Bruce Public Health	Received as information.
C.	Provincial Opioid Crisis Response	Peterborough Public Health	Received as information.
d.	Letter of Support—Response to Opioid Crisis in Simcoe Muskoka and province-wide	Windsor-Essex County Health Unit	Received as information.
e.	 i. <u>Bulletin—Refugee Healthline:</u> Request for Health Care Providers to Provide Transitional Care for Refugees ii. <u>Fact Sheet—Refugee HealthLine EN</u> iii. <u>Fact Sheet—Refugee HealthLine FR</u> 	Ontario Ministry of Health	Received as information.
f.	alPHa Releases Public Health Matters Video	 Association of Local Public Health Agencies (aIPHa) 	Received as information.
g.	<u>Information Break – May 2022</u>	• alPHa	Received as information.

10. By-Laws

There were no By-Laws.

11. New Business

a. 2022 alPHa Resolutions for Consideration Chair Aikens verified that RCDHU has four votes at the 2022 alPHa Conference and Annual General Meeting, on June 14, 2022. Each of the <u>2022 alPHa Resolutions for Consideration</u> were reviewed and discussed. There was consensus that the four Board Members attending the virtual Conference should vote in support of each of the resolutions.

12. Notice of Motions

There was no notice of motion.

13. Closed

There was no closed meeting.

14. Date of Next Meetings

The date of the next Regular Board meeting is Tuesday, June 28, 2022, at 10:00 a.m., or at the call of the Chair.

15. Adjournment

Resolution: #10 BoH 2022-May-31

Moved by C. Reavie; seconded by J. Dumas; be it resolved that the Regular Board of Health meeting be adjourned at 12:48 p.m.

Carried

The Regular Board meeting, held by <i>Microsoft Teams</i> , adjourned at 12:48 p.m.
Chair

These meeting minutes were approved by the Board at the Regular Board meeting held on Tuesday, June 28, 2022.