HEALTH COMMITTEE

Tuesday, January 10, 2023

A meeting of the Health Committee was held on Tuesday, January 10, 2023, at 9:30 a.m. at the County Administration Building, Pembroke, Ontario.

Present were:	Chair Michael Donohue Warden Peter Emon Vice-Chair Neil Nicholson Councillor Debbi Grills Councillor Valerie Jahn Councillor Rob Weir Councillor Mark Willmer (attended virtually)
Regrets:	Councillor Jennifer Murphy Councillor Patricia Lafreniere (City of Pembroke) Councillor Troy Purcell (City of Pembroke)
Staff Present:	Craig Kelley, Chief Administrative Officer/Clerk Mike Blackmore, Director of Long-Term Care Michael Nolan, Director of Emergency Services Laura LePine, Director of Community Services Mathieu Grenier, Deputy Chief, Emergency Services Tina Peplinskie, Media Relations and Social Media Coordinator Rosalyn Gruntz, Deputy Clerk Wendy Hill, Administrative Assistant III

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

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

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

The Chair noted that the minutes of the previous meeting held on October 12, 2022 were approved by the Warden and Chief Administrative Officer/Clerk.

Administration Report

Mr. Craig Kelley overviewed the Administration Report which is attached as Appendix A.

RESOLUTION NO. H-C-23-01-01
Moved by Councillor Nicholson
Seconded by Councillor Weir
THAT the Administration Report attached as Appendix A be approved. CARRIED.

Long-Term Care Report

Mr. Mike Blackmore overviewed the Long-Term Care Report which is attached as Appendix B. Mr. Blackmore also provided a high-level presentation of long-term care operations and priority initiatives to be executed in the coming year.

Committee requested that staff distribute a copy of the presentation presented by Mr. Blackmore to all Health Committee members. A copy of this presentation is attached as part of the Long-Term Care Report.

Discussion occurred regarding the ongoing issue of staffing shortages.

Committee requested that additional information be provided regarding Case Mix Index funding.

The Chair encouraged Committee participation in the webinar, “Long-Term Care in Ontario: Understanding the Current Environment from a Municipal Perspective”, being held on February 15, 2023 from noon until 1:00 p.m.

RESOLUTION NO. H-C-23-01-02
Moved by Councillor Grills
Seconded by Councillor Nicholson
THAT the Health Committee approves the submission of the Community Accountability Planning Submission (CAPS) for 2023-24 to Ontario Health for the continuation of 100% funding from the Ministry of Long-Term Care for the Bonnechere Manor Senior/Adult Day Program Services; AND FURTHER THAT County Council be advised. CARRIED.

RESOLUTION NO. H-C-23-01-03
Moved by Councillor Jahn
Seconded by Councillor Weir
THAT the Long-Term Care Department Report attached as Appendix B be approved. CARRIED.

Emergency Services Report

Chief Michael Nolan overviewed the Emergency Services Department Report which is attached as Appendix C. Chief Nolan included a presentation, "Your Paramedic Service", as part of the overview.

Committee commended Commander Amber Hultink for continuing to raise the profile of the Community Paramedic – Palliative Care Program by sitting on the Ontario Palliative Care Network and Regional Palliative Care Network/Program Structure & Planning Group and Stabilization Working Group.

Committee thanked staff for volunteering their time, and Walmart for their support, in the Paramedic Service Food and Toy Drive.

Committee requested that the offload time be included in the use of vehicle assignments summary in future reporting.

RESOLUTION NO. H-C-23-01-04
Moved by Councillor Grills
Seconded by Councillor Weir
THAT the Emergency Services Department Report attached as Appendix C be approved. CARRIED.

RESOLUTION NO. H-C-23-01-05
Moved by Councillor Nicholson
Seconded by Councillor Weir
THAT the Board of Health Minutes for September 27, 2022, October 25, 2022, November 9 and 29, 2022, be noted and received. CARRIED.

RESOLUTION NO. H-C-23-01-06
Moved by Councillor Grills
Seconded by Councillor Willmer
THAT this meeting adjourn and that the next regular meeting be held on February 15, 2023. Time: 11:59 a.m. CARRIED.

COUNTY OF RENFREW

ADMINISTRATION DEPARTMENT REPORT

TO: Health Committee

FROM: Craig Kelley, Chief Administrative Officer/Clerk

DATE: January 10, 2023

SUBJECT: Department Report

INFORMATION

1. **Renfrew County and District Health Unit – Renfrew County Place Lease**

Attached as Appendix I is a letter dated December 9, 2022 from Ann Aikens, Chair, Board of Health, Renfrew County and District Health Unit (RCDHU) in response to former Warden Debbie Robinson's letter dated November 1, 2022 regarding their lease of space at Renfrew County Place. The RCDHU provided the County with notice of their intent to terminate their lease at Renfrew County Place.

The County wanted to ensure that the services provided through the Renfrew office would continue to be accessible in a location-based and effective manner within the same geography. The response from the RCDHU assures County Council of their commitment to public health service delivery in Renfrew and area and will be unaffected by the decision not to renew their lease at Renfrew County Place.

2. **Renfrew County and District Health Unit – Funding Requirement for 2023**

Attached as Appendix II is a letter dated December 16, 2022 from Ann Aikens, Chair, Board of Health, Renfrew County and District Health Unit giving notice to the County of Renfrew that pursuant to Section 72 (5) of the Health Protection and Promotion Act (H.P.P.A.) the amount that the Board of Health estimates will be required to defray its expenses under Section 72(1) for the

year 2023 is $1,767,955, which is a 2% increase from 2022. These payments are to be made in 12 equal installments due the 1st day of each month. The Board of Health has also provided the following additional information:

- 2023 Municipal Levy Considerations and Assumptions;
- Breakdown by Obligated Municipalities; and
- History of the Municipal Levy from 1987 – 2023.

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

December 9, 2022

County of Renfrew
Office of the County Warden
9 International Drive
Pembroke, ON K8A 6W5
warden@countyofrenfrew.on.ca

Dear Warden Emon,

In response to Warden Robinson's letter of November 1 2022, and my subsequent phone conversation with her, I want to assure you, once again, that Renfrew County and District Health Unit's commitment to public health service delivery in Renfrew and area will be unaffected by the decision not to renew our lease at Renfrew County Place.

Our Senior Management Team will build on the strong community partnerships and collaborations, established during our response to COVID-19. We will continue to provide public health services in a timely manner that enhances access for the residents in Renfrew and area. Regular updates will be provided during the monthly MOH(A) and RCDHU Area Mayors COVID-19 Information Update meetings, going forward.

Sincerely,

Ann Aikens

Ann Aikens
Chair, Board of Health

cc. Dr. Robert Cushman, Acting Medical Officer of Health
Heather Daly, Chief Executive Officer
Craig Kelley, Chief Administrative Officer, County of Renfrew

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

December 16, 2022

County of Renfrew
Office of the County Warden
9 International Drive
Pembroke, ON K8A 6W5
warden@countyofrenfrew.on.ca

Dear Warden Emon,

I wish to inform you that the Renfrew County and District Health Unit (RCDHU) Board of Health held a special meeting on December 16, 2022, to review the anticipated funding requirement for 2023.

On behalf of the Board of Health and pursuant to Section 72 (5) of the Health Protection and Promotion Act (HPPA), written notice is being provided to your CAO for the estimated amount that will be required to defray RCDHU's 2023 expenses under Section 72 (1).

The estimated amount required for 2023 is $1,767,955. This is a 2% increase from 2022.

To provide additional information for your review, you will find the following enclosures:

- RCDHU 2023 Municipal Levy Considerations and Assumptions
- Breakdown by Obligated Municipalities
- History of the Municipal Levy from 1987-2023.

Your ongoing support of Renfrew County and District Health Unit's programs and services particularly during these difficult times is very much appreciated.

Sincerely,

Ann Aikens

Ann Aikens
Chair, Board of Health

Enclosures

cc. Dr. R. Cushman, Acting Medical Officer of Health
Heather Daly, Chief Executive Officer
Dr. Ian Gemmill

RCDHU 2023 Levy Considerations and Assumptions

The recommendation for the Municipal Funding Requirement for 2023 is to apply a 2% increase to the 2022 levy amount of $2,005,193. This would be an increase of $40,104 bringing the new total levy to $2,045,297. There was no increase to the levy in 2022.

COVID-19:

All indicators point to COVID-19 response continuing to be a priority for Public Health Units (PHUs) in Ontario in 2023. A letter from the Ministry on September 29 confirmed provincial supports will be available for the 2023 funding year for COVID-19 extraordinary costs including vaccine program. We do not know the extent to which the extra funding will be available and if it will have a cap.

Recovery:

In 2022, no additional funding was provided by the Ministry for post-pandemic recovery efforts. This work is ongoing and health units are expected to make significant progress with recovery in 2023. We anticipate an increased demand on resources to bring programs back online and up to date. This recovery is done in conjunction with delivering COVID-19 services.

Mandatory (Base) Programs:

The Ministry of Health base mandatory program funding is anticipated to be slightly higher than 2022, by $13,322. We received a prorated 1% increase to base in 2022 and this amount represents funding for the full year in 2023. There have been no announcements from the Ministry indicating any changes to the base public health programs. Covid-19 continues to be part of mandatory programs but the Ministry has not increased base funding in recognition of this additional financial burden to health units, nor have any requirements been reduced in other program areas. Instead, additional pressures due to COVID-19 are relieved with one-time, extraordinary funding.

Mitigation Funding:

The Ministry has confirmed mitigation funding for 2023 in the letter from September 29. It is assumed the amount will continue at $908K. This funding is to mitigate the impact of the change to the funding formula announced in 2019 moving to a 70%/30% cost sharing of Mandatory Programs between the province and the municipal partners. It is important to note that mitigation funding can only be used after the obligated municipalities funding has been fully applied to mandatory programs.

School Focused Nurse Initiative:

This initiative was confirmed in the September 29 letter to continue until end of the school year, 2023. This initiative supports 6 FTE nurses for COVID 19 response in the schools.

Other Programs:

The Ministry will fund OSDCP (Seniors' Dental program) and Unorganized Territories at 100%. This program (OSDCP) saw an increase in funding in 2022 and will have the full amount of the increase applied in 2023.

Other Considerations:

Payroll and benefits accounted for 79.8% of costs in 2021. This continues to be the largest component of the RCDHU budget. The Collective agreements for both OPSEU and ONA end December 2022. Therefore, increments to the wage grids and impact to benefits are not known at this time. (Note that RCDHU is not subject to Bill 124, the 1% cap to salaries and benefits that was applied by the Province to public service entities.) However, salary increases in the recent news reports suggest this is an area of considerable potential impact.

Indications are that the provincial workforce that provides staffing assistance with COVID-19 case and contact management is ending March 31. We depend on this service and if it ends additional temporary staff will be required locally.

General overhead costs for goods, services and supplies are rising in direct response to the inflation rates in the economy. This will have an impact on costs in 2023.

In 2023 the purchased services of a .4 FTE Consulting Physician will again be obtained through an agreement with Ottawa Public Health. This will be the third year for this service and will help with the continuing COVID-19 response.

Of interest to note, nine other PHUs shared their levy increases for 2022. They ranged from a high of 10% to a low of 1%. The average levy increase applied by other PHUs was 4% in 2022.

Conclusion:

A 2% levy increase is a reasonable amount to apply in order to mitigate risks from the numerous unknown factors for 2023 including:

- unfunded program recovery work
- potential loss of provincial workforce
- unknown salary and benefit increases
- general inflation pressures on goods and services
- extent of COVID funding not known

Given that there was no levy increase in 2021, the effective rate is 1% when factored over the last 2 years. This is well below the average of the nine PHU's that were reported above. As well, when looking at the history of the levy, this is only 1% above the levy applied in 2004 and 2005, almost 20 years ago.

Renfrew County and District Health Unit:

2023 Estimated Funding Requirement
Obligated Municipalities

	2022 Proportion %	2023 Proportion %	Total 2022 Funding Requirement	Total 2023 Funding Requirement ($) (2% Increase)
Township of South Algonquin	1.15%	1.16%	23,060	23,521
City of Pembroke	12.41%	13.01%	248,844	253,821
County of Renfrew	86.44%	85.84%	1,733,289	1,767,955
	100.00%	100.00%	**$ 2,005,193**	**$ 2,045,297**

Based on population per 2022 MPAC population statistics: 87,669; These are updated with the 4 year election cycle

Total Estimated Funding Requirement: $2,045,297

Renfrew County and District Health Unit - Municipal Levy History

Year	Population	Municipal Levy $	% Increase (Decrease)	Cost Per Capita	Cost Sharing Prov.%/Mun.%
2023	87,669	2,045,297	2.00%	$ 23.33	70/30 with mitigation
2022	88,289	2,005,193	0	22.71	70/30 with mitigation
2021	88,289	2,005,193	8.46%	22.71	70/30 with mitigation
2020	88,289	1,848,733	10.00%	20.94	70/30 with mitigation
2019	88,289	1,680,666	1.83%	19.04	75%/25%
2018	90,398	1,650,516	0%	18.26	75%/25%
2017	90,398	1,650,516	0.00%	18.26	75%/25%
2016	90,398	1,650,516	-2.62%	18.26	75%/25%
2015	90,398	1,694,966	2.00%	18.75	75%/25%
2014	90,578	1,661,731	0.00%	18.35	75%/25%
2013	90,578	1,661,731	0.00%	18.35	75%/25%
2012	90,578	1,661,731	3.00%	18.35	75%/25%
2011	90,578	1,613,331	3.00%	17.81	75%/25%
2010	92,322	1,566,341	9.93%	16.97	75%/25%
2009	92,322	1,424,916	0.00%	15.43	75%/25%
2008	92,322	1,424,916	0.00%	15.43	75%/25%
2007	92,322	1,424,916	-28.12%	15.43	75%/25%
2006	93,741	1,982,275	0.00%	21.15	65%/35%
2005	93,741	1,982,275	0.00%	21.15	55%/45%
2004	93,741	1,982,275	7.39%	21.15	50%/50%
2003	93,191	1,845,925	0.00%	19.81	50%/50%
2002	93,191	1,845,925	0.00%	19.81	50%/50%
2001	93,191	1,845,926	0.00%	19.81	50%/50%
2000	93,191	1,845,926	0.00%	19.81	50%/50%
1999	93,317	1,845,926	-50.17%	19.78	50%/50%
1998	91,277	3,704,366	307.21%	40.58	0%/100%
1997	91,277	909,697	0.00%	9.97	75%/25%
1996	91,277	909,697	0.00%	9.97	75%/25%
1995	91,277	909,697	0.00%	9.97	75%/25%
1994	88,159	909,697	0.00%	10.32	75%/25%
1993	88,159	909,697	1.97%	10.32	75%/25%
1992	88,159	892,119	7.45%	10.12	75%/25%
1991	86,773	830,290	6.97%	9.57	75%/25%
1990	86,773	776,190	7.90%	8.95	75%/25%
1989	86,773	719,360	11.62%	8.29	75%/25%
1988	87,851	644,486	4.99%	7.34	75%/25%
1987	87,851	613,859		6.99	75%/25%

**Note: in 2021 an environmental scan of other Public Health Units was completed with an average Cost Per Capita of $36.59. The highest was $58.28 (Temiskaming) and the lowest was $22.00 (Hastings Prince Edward) with RCDHU at $22.71

Appendix B

COUNTY OF RENFREW
LONG-TERM CARE REPORT

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: January 10, 2023

SUBJECT: Department Report

INFORMATION

1. **COVID-19 Pandemic Update – Long-Term Care**

Home Outbreak Status:

Bonnechere Manor: On November 28, 2022, the Renfrew County and District Health Unit (RCDHU) placed Bonnechere Manor in a facility wide duel outbreak status: Respiratory Syncytial Virus (RSV) and Influenza A. The RCDHU lifted the outbreak status December 9, 2022.

On January 3, 2023, RCDHU placed Bonnechere Manor in a facility wide Influenza A outbreak with three of six Resident Home Areas (RHAs) affected.

Miramichi Lodge: On November 21, 2022, the RCDHU placed two of the six RHAs 1B and 3B in COVID-19 outbreak and unfortunately on November 26, 2022, RHA 3A and on November 27, 2022, RHA 2B also went into outbreak status. The RCDHU lifted the outbreak status December 16, 2022.

2. **Eastern Ontario Wardens' Caucus Concerns Impacting Municipal Long-Term Care Facilities and Health Care**

The January 4, 2023, letter attached as Appendix LTC-I, as authored by Eastern Ontario Wardens' Caucus (EOWC) Chair Debbie Robinson asserts a number of concerns detrimental to long-term care home operations among Eastern Ontario Municipal Long-Term Care Homes. Key areas of concern

include the opportunistic rise of staffing agency use and the deleterious effects on the ability to maintain and fund adequate staffing levels. The need for Capital program that is reflective of increased costs for new long-term care (LTC) home builds and challenges securing contractors in rural environments is emphasized. Current annual repayment limits as set by the province are identified as a significant barrier to LTC redevelopment where there is potential to have interest costs alone for new builds exceed the annual repayment limit. The reliance on Case Mix Index (CMI) as a funding model is pointed out to be a poor use of much needed frontline resources. A per bed funding model is suggested given the increased care acuity province wide.

In concluding, Chair Robinson put forth to the Minister five key recommendations as presented in the January 2021 EOWC review of Eastern Ontario Municipal LTC homes identifying:

1. Increase direct care funding to achieve the Provincial benchmark of the four hours of care model;
2. Transition to a per bed funding model to increase clarity, efficiency, and transparency of the funding process;
3. Increase Provincial capital funding predictability and provide on-going support for capital maintenance;
4. Promote and support resource sharing between long-term care homes; and
5. Improvement in LTC processes to increase efficiency and effectiveness.

EOWC has secured an in person delegation with Minister Callandra at the upcoming ROMA conference in the spirit of collaboration to address the aforementioned concerns.

3. **County of Renfrew Long-Term Care Environmental Scan Overview**

Toward facilitating the onboarding new committee members and as a review to returning councillors, Director of Long-Term Care, Mike Blackmore will present a high-level overview of long-term care operations and priority initiatives to be executed in the coming year.

4. New Nursing Registration and Reinstatement Regulations

The College of Nurses of Ontario (CNO) in collaboration with the Ministry of Health has modified regulations for Temporary Registration and Reinstatement in order to expedite registration. Streamlining efforts include:

- Revoking a Temporary Class certificate of registration after two failed exam attempts, instead of one;
- Giving CNO the flexibility to extend Temporary Registration to 24 months; and
- Expanding the requirement for recent beyond three years at the discretion of the CNO.

Applicants must have an offer of employment from an approved Ontario nursing employer. Miramichi Lodge is currently in the process of assisting a temporary registration application.

5. 2022-23 Funding Adjustment for Four Hours of Direct Care and Supporting Professional Growth Funding

The Ministry of Long-Term Care announced top-up funding for the remainder of the 2022-23 fiscal year ending March 31, 2023 for the following:

- Registered Nurses (RNs), Registered Practical Nurses (RPNs), Personal Support Workers (PSWs)
- Allied Health Professional
- Professional Support Growth Fund

The adjustment is made based on reserved funding identified from data on bed counts and ward bed occupancy that Ministry received in September 2022. The Ministry is providing the sector an additional $33.3M to be used towards homes achieving four hours of direct care and a one-time $1,316,600 for the Professional Support Growth Fund (PSGF).

Effective December 1, 2022, until the end of the fiscal year, March 31, 2023, every eligible licensee will receive the following top-up funding:

Funding Stream	Top-Up Per Bed Per Month
RNs, RPNs, PSWs	$79.86

Allied Health Professionals	$15.06
Professional Support Growth Fund	$4.35

With less number of beds in the sector due to the phasing out of ward rooms (not applicable at Bonnechere Manor or Miramichi Lodge), and other capacity changes, the Ministry has been able to reallocate and increase the four hours of care funding to existing beds.

6. **Funding – Case Mix Index for 2022-23**

The Ministry of Long-Term Care advised that the prior year Case Mix Index (CMI) will continue to apply in the 2022-23 fiscal year for the purposes of funding provided in the Nursing and Personal Care (NPC) envelope. This represents a significant budget pressure for Bonnechere Manor as care acuity reflective of what would have been this years CMI is significantly higher.

Funding Envelope	2022/2023 Ministry Base	2022 Bonnechere Manor	2022 Miramichi Lodge
CMI	1.00	.984	1.0376

7. **Fixing Long-Term Care Act, 2021 Emergency Plans Attestation Form**

The Fixing Long-Term Care Act, 2021 (FLTCA) requires all homes to have specific emergency plans in place and administrators to annually attest to the fact that these requirements are being met. These requirements are set out in Section 90 of the FLTCA and Sections 268, 269, and 270 of Ontario Regulation 246/22. Mr. Blackmore, Director of Long-Term Care, Administrator of Miramichi Lodge and Mr. Quade, Administrator of Bonnechere Manor completed the Emergency Planning Attestation forms, and submitted by the December 31, 2022 deadline.

8. **Long-Term Care Webinar for Municipal Councillors**

AdvantAge Ontario (AO), is hosting a special one-hour free webinar entitled Long-Term Care in Ontario: Understanding the Current Environment from a Municipal Perspective on February 15, 2023 from noon until 1:00 pm, to provide an overview on the current long-term care environment for new municipal councillors. AO recently shared their newly updated brief on the

history, importance and strength of the municipal role in long-term care, entitled Ontario's Municipalities: Proud Partners in Long-Term Care. Registration is required and is available until February 14, 2023 at the AO Webinar Registration portal.

9. **Accreditation Canada Survey**

Bonnechere Manor in 2019 and Miramichi Lodge in 2018 received the highest rating from Accreditation Canada during their review process: "Accredited with Exemplary Standing". The Homes application to have the next survey with Accreditation Canada as a joint review was granted and scheduled for June 2023. As part of this review process, Accreditation Canada has implemented a Governance component, and we are currently seeking clarification with Accreditation Canada regarding whether Committee or Council of Whole will constitute the Governance team. The Governance team would be required to participate in a survey taking approximately half a day. We anticipate the survey will be scheduled for February. Committee/Council will be advised of this appointment.

10. **New Nurse Practitioner Position**

The Ministry announced on October 5, 2022, the Hiring More Nurse Practitioners in Long-Term Care initiative and our Homes investigated this opportunity. We are pleased to advise that the County of Renfrew Long-Term Care Homes were successful in recruiting a full-time Nurse Practitioner (NP), Ms. Josie De Jesus-Shaw, who will be employed full-time at Bonnechere Manor, providing Ms. Amber Regier, NP the opportunity to work full-time at Miramichi Lodge. The new NP position will be funded through this new Ministry of Long-Term Care initiative with a small portion funded through the Allied Health Funding initiative.

Ms. Josie De Jesus-Shaw obtained her Primary Health Care Nurse Practitioner Diploma from the University of Ottawa in 2016 and we are pleased that she will be joining the Bonnechere Manor team on January 29, 2023.

11. **Employment Agency**

As reported to Committee in August 2022, due to ongoing recruitment challenges, Bonnechere Manor has been utilizing 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 (LOU) with the Canadian Union of Public Employees (CUPE) Local 1508. The agency staffing has expanded to Food Services Workers and of late a signed LOU with the Ontario Nurses' Association (ONA) Local 49, Bonnechere Manor is scheduling agency Registered Nurses.

Miramichi Lodge recently received a signed LOU from CUPE Local 3586 for the utilization of agency staff at Miramichi Lodge to support operational needs as a contingency measure. To date Miramichi Lodge has not utilized agency staffing.

RESOLUTIONS

12. **Community Accountability Planning Submission**

Recommendation: THAT the Health Committee approves the submission of the Community Accountability Planning Submission (CAPS) for 2023-24 to Ontario Health for the continuation of 100% funding from the Ministry of Long-Term Care for the Bonnechere Manor Senior/Adult Day Program Services; AND FURTHER THAT County Council be advised.

Background

To facilitate negotiation of the next Multi-Sector Accountability Agreement (M-SAA) between Ontario Health and the County of Renfrew, Bonnechere Manor Senior/Adult Day Program, Bonnechere Manor is required to submit a planning document known as the Community Accountability Planning Submission (CAPS) for 2023-24. The submission due date is January 31, 2023. Committee is reminded that this program is 100% funded by Ontario Health. The CAPS document encompasses the service planning, measurement and evaluation of health services as well as the organizational performance and is attached as Appendix LTC-II.

c/o County of Renfrew, 9 International Drive, Pembroke ON K8A 6W5

January 4, 2023

The Honourable Paul Calandra
Minister of Long-Term Care
6th Floor, 400 University Ave,
Toronto, ON, M5G 1S5
ltcminister@ontario.ca

Re: Eastern Ontario Wardens' Caucus Concerns Impacting Municipal Long-Term Care Facilities and Health Care

Dear Honourable Minister Calandra,

Since its inception, the Eastern Ontario Wardens' Caucus (EOWC) has worked to support and advocate on behalf of nearly 800,000 residents across rural eastern Ontario. Rural health care and long-term care have been longstanding priorities for the EOWC. The Caucus and its members are vital partners in the delivery of long-term care. EOWC's member municipalities currently own and operate 15 long-term care homes, representing 2,386 licensed beds with Northumberland County and the United Counties of Leeds and Grenville currently building more.

The EOWC appreciates your government's commitment to strengthening the long-term care sector, including the implementation of the four-hour model of care. We want to applaud your government for prioritizing long-term care during and post-pandemic. We look forward to continuing to work together to ensure a high standard of care across the region.

Given our member municipalities' involvement in long-term care, we want to bring to your attention escalating concerns facing municipal long-term care operators regarding staffing agencies, capital funding formulas including differences between rural and urban communities, the case mix index, and mitigation funding.

Staffing Agencies

The cost of staffing/nursing agencies to municipalities is of huge concern to the EOWC. Agencies are taking advantage of an arbitrary opportunity created by a lack of supply of health care workers.

Agencies pay their staff roughly the same amount as a municipality, but the agency charges the operator (municipality) a rate that includes staff wage, plus an additional fee including overhead and profit. As a result, the municipal employer is loosing staff directly

to the agency employer, and paying more to get the same level of service. Agencies are therefore making high profits on the backs of taxpayers supporting the public health care system.

Agency workers work outside the collective bargaining agreements and therefore have more opportunities to 'pick and choose' shifts at multiple facilities. This exasperates the problems of filling less desirable evening and weekend shifts, peak vacation and holidays shifts. This results in deeper staff shortages as agencies can increase rates of pay to staff and entice workers to leave full-time positions within the sector. There is no ability for municipal homes to stop this. Consequently, as a result this increases expenses and staff shortages for municipalities, and subsequently our taxpayers.

The EOWC is asking your government to help end the staffing crisis across our region by eliminating the ability for temporary agencies to operate in the health care system. Currently, what is occurring is not financially or operationally sustainable and attraction and retention of staff will become impossible if no change is made.

Capital Funding Formula

A key priority for the Caucus is a review of provincial capital funding, as the EOWC believes it is important that municipalities have support that reflects the full cost of building new long-term care facilities. This will ensure seniors have safe, modern, and comfortable homes while protecting rural taxpayers.

Six EOWC long-term care homes are pending re-development and the cost of re-development ranges from $60 million to $100 million per facility. The pandemic has seen costs continue to escalate with both staff and material cost pressures. Re-development leaves municipalities with large principle and interest payments which impedes movement towards the four-hour model of care, and adds a significant debt burden on the tax levy to support.

The EOWC is aware that the capital funding formula differs between rural and urban long-term care facilities. The EOWC believes that this methodology is in need of reform as a rural long-term care homes must compete for contractors and trades from neighbouring urban areas, and often pay increased cost for labour, travel and accommodation.

While the recent enhanced funding will certainly be of assistance, the program needs to be formalized and extended in order to allow for municipalities to plan for new beds in a predictable and stable environment.

On January 6, 2022, the EOWC released the Eastern Ontario Wardens' Caucus Long-Term Care Capital Construction report. The EOWC strives to provide ground level insight and deliver well-researched solutions. As such, the EOWC engaged KPMG to assist in

the development of a financial model to test and validate the impacts of the current provincial capital funding formula and to calculate the cost of capital for the construction of a long-term care home. Northumberland County was used as a case study, as the remodel of the Golden Plough Lodge (GPL) long-term care home started in 2016 and is anticipated to be completed in 2023. This report informs and validates EOWC's above capital construction concerns and recommendations around the sector's long-term care facilities. We encourage Minister Calandra and his cabinet colleagues to review and use it as a resource.

Annual Repayment Limits

Municipalities are limited by their borrowing capacity as per Annual Repayment Limits (ARLs) established by the Province. Large capital investments such as expansion and replacement of long-term care homes erode borrowing capacity that could be used for other priority infrastructure projects such as roads, bridges, and affordable housing. For example, Northumberland County is in the process of redeveloping its long-term care home and it is anticipated that construction costs will be approximately $91 million. Northumberland will receive approximately $37 million over 25 years and $4.5 million in up-front construction costs, totaling $41.5 million in provincial funding. However, interest costs over the full-term of the project are estimated to be approximately $43.2 million.

Interest costs for municipalities for borrowing, particularly smaller rural communities, place an extreme burden on local capital financing, limit new-bed expansion and are better reinvested back into long-term care capital and operational improvements.

Case Mix Index

The Ontario Government continues to require homes to collect data to support the Case Mix Index (CMI). While data collection is important, it diverts front line resources from bed side care, with many homes devoting one to two care staff to the exercise. In the face of the health human resources crisis, the EOWC questions the wisdom of this exercise. Additionally, the data is also only relevant at the time of collection and does not always reflect the real need of current residents. We also suggest that CMI as a meaningful funding formula has become irrelevant as care levels continue to increase.

Mitigation Funding

The EOWC members are extremely appreciative of the funding support received throughout the pandemic. At the same time, we are also still experiencing increased cost for PPE, cleaning and isolation that will need to be taken into account as we learn and grow from the pandemic experience.

EOWC's Review of Long-Term Care Facilities

In January 2021, the EOWC released a comprehensive two-part review of eastern Ontario's long-term care facilities, under the strategic priority of municipal long-term care.

- Key Takeaways of the Review
- Phase 1 Report: Review of Eastern Ontario Long-Term Care Facilities
- Phase 2 Report: Review of Eastern Ontario Long-Term Care Facilities

The Caucus had the opportunity to discuss the findings, impacts and recommendations of the review with the Honourable Merrilee Fullerton, former Minister of Long-Term Care, as part of the 2021 Rural Ontario Municipal Association (ROMA) Conference. The EOWC invites Minister Calandra to read the review as many of the details and recommendations are still, if not more, relevant today.

In order to be proactive and better positioned to inform provincial discussions, the EOWC engaged KPMG to develop an independent report that provides a current state analysis for the municipally operated long-term care sector in Eastern Ontario. The EOWC then leveraged this information to develop **five key recommendations** to improve the efficiency and effectiveness of long-term care service delivery including:

1. Increase direct care funding to achieve the Provincial benchmark of the four hours of care model;
2. Transition to a per bed funding model to increase clarity, efficiency, and transparency of the funding process;
3. Increase Provincial capital funding predictability and provide on-going support for capital maintenance;
4. Promote and support resource sharing between long-term care homes; and
5. Improvement in long-term care processes to increase efficiency and effectiveness.

As you are aware, the EOWC prides itself on bringing the region together and working effectively in partnership with government. We look forward to continuing to do so and meeting with you to discuss the above topics during our delegation meeting at the ROMA 2023 Conference.

Sincerely,

Debbie Robinson
Chair, 2022, Eastern Ontario Wardens' Caucus

Eastern Ontario Wardens' Caucus

CC:
The Honourable Sylvia Jones, Minister of Health
The Honourable Jill Dunlop, Minister of Colleges and Universities
John Jordan, Parliamentary Assistant to the Minister of Long-Term Care
Dawn Gallagher Murphy, Parliamentary Assistant to the Minister of Health
Robin Martin, Parliamentary Assistant to the Minister of Health
Colin Best, AMO President

COUNTY OF RENFREW			
Senior/Adult Day Program			
	2023/2024		
	Hrs	FTE's worked	**Budget**
SALARIES			
Administrative Worked	2,116	1.09	88,524
Direct Care Worked	5,200	2.67	146,690
Direct Care Benefit Vac/Stats/Sick	432	0.22	13,148
Total Direct Care	5,632	2.89	159,838
Administrative Worked Hours	2,116	1.09	88,524
Direct Care Total Hours	5,632	2.89	159,838
Salaries & Wages Total Hours	7,748	3.97	248,362
Administrative Benefits			32,004
Direct Care Benefits			29,090
Benefits			61,094
Total Salaries and Benefits			**309,456**
Office Supplies /Telephone/Internet			820
IT Services			2,000
Meals			35,000
Other Operating			3,173
Purchased Services			9,288
Service Supplies			15,871
Travel			766
Staff Training			500
Board/Volunteer Training			250
Transportation			96,000
Supplies & Sundry Expenses			**163,668**
Central Admin Charges			**13,728**
Administrative Bldg & Grounds Expense			6,577
Direct Bldg & Grounds Expense			37,266
Buildings and Grounds Expenses			**43,843**
Total Expenditures			**530,695**
Client Revenue			60,000
Provincial Subsidy			470,695
Total Revenues			**530,695**
Surplus / (Deficit)			**(0)**

COUNTY OF RENFREW

EMERGENCY SERVICES REPORT

TO: Health Committee

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

DATE: January 10, 2023

SUBJECT: Department Report

INFORMATION

1. County of Renfrew Community Paramedicine

Commander Amber Hultink continues to raise the profile of the Community Paramedic – Palliative Care Program by accepting an invitation to sit on the Ontario Palliative Care Network and Regional Palliative Care Network/Program Structure & Planning Group and Stabilization Working Group.

There are 14 Regional Palliative Care Networks (RPCNs) across Ontario. Their structure, role, and level of human and financial resources available to support their work varies. Health system transformation, including the consolidation of 14 Local Health Integration Networks into five Ontario Health (OH) regions has impacted the regional structures, ongoing engagements with stakeholders confirmed the importance of continuing with 14 RPCNs in the immediate future.

Considering the variability among RPCNs, the OPCN Executive Oversight has provided approval to form a Working Group to develop stabilization plan(s) for the RPCNs. The RPCN Stabilization Working Group (the Working Group) is comprised of Vice President-level leadership from OH Regions, Regional Cancer Programs, Home, and Community Care Support Services and supported by the OPCN Secretariat has been formed to meet the identified objective. The working group will develop stabilization plan(s) for the RPCNs across the province, including recommendations for a future state model for RPCNs in alignment with the health system transformation and recommendations for implementing the plan.

2. Your Paramedic Service – County of Renfrew

Chief Michael Nolan will present "Your Paramedic Service", attached as Appendix ES-I, an overview of programs and services developed by the Service in response to the needs of the community.

3. Emergency Management

The County Emergency Management Control Group was convened and reviewed the County Continuity of Operations Plan, Hazard Identification and Risk Assessment and Emergency Management Plan. A mobilization exercise was completed by all members of the County Control Group and an opportunity was provided for feedback and changes to the County Emergency Management Plan. The Emergency Notification call-in and alternate lists were reviewed and revised as a direct result of this exercise.

4. Paramedic Service Food and Toy Drive

We are pleased to report that the Paramedic Service Food and Toy Drive, held December 3 in Renfrew and December 4 in Pembroke, raised a total of $3,640.15 in cash, and collected 360 toys and 967 food items. These donations were in support of the Renfrew and District Food Bank, the Kiwanis Club of Pembroke Food and Toy Drive, St. Joseph's Food Bank, and the Petawawa Pantry Food Bank.

5. Ministry of Health Support for Expanding College of Paramedicine Seats

Attached as Appendix ES-II is a memo from Susan Picarello, Assistant Deputy Minister Emergency Health Services Division, Ministry of Health discussing the expansion of the number of paramedic program seats to address current staffing shortages in paramedicine.

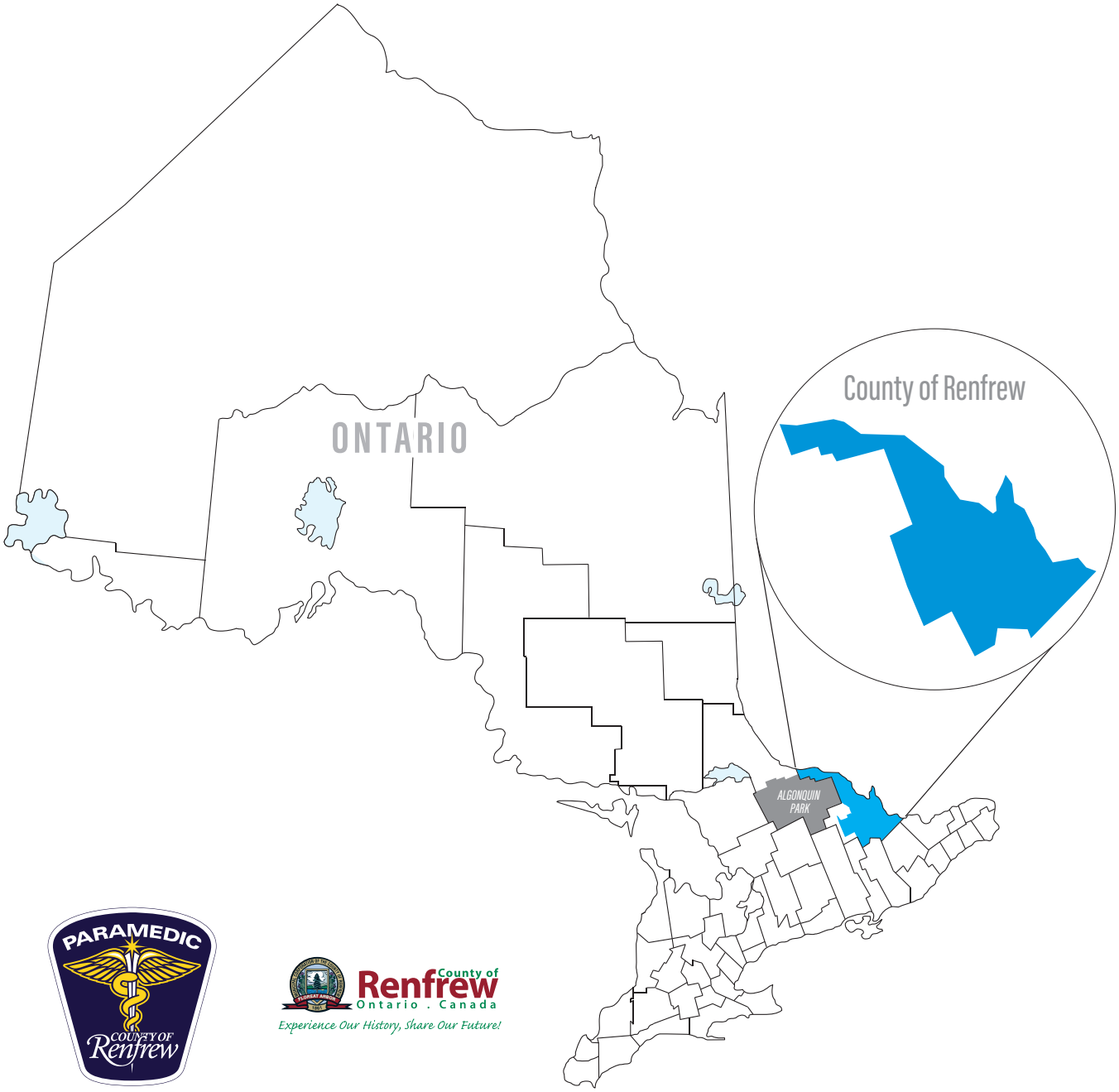
YOUR PARAMEDIC SERVICE

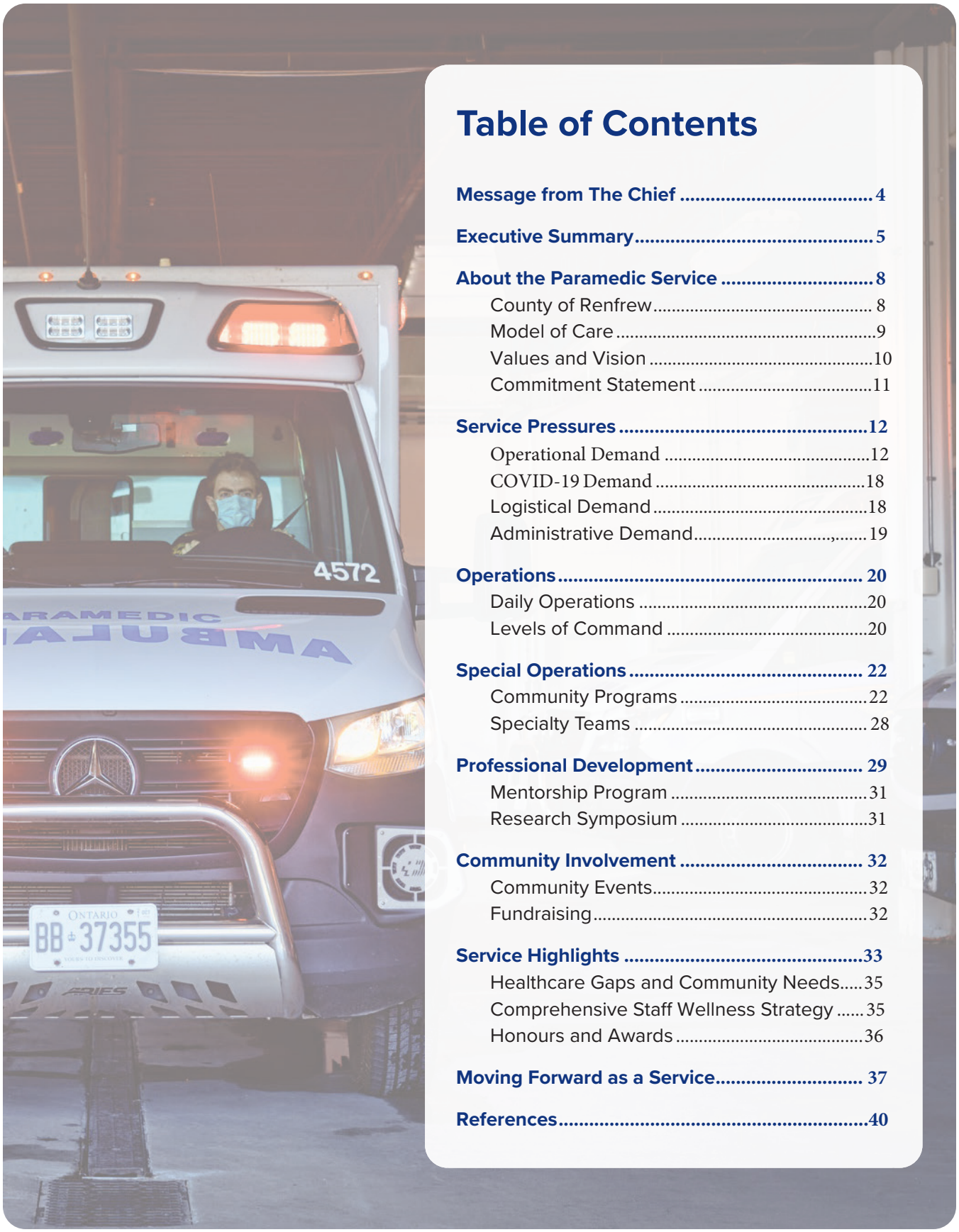
County of Renfrew

County of Renfrew
Ontario . Canada
Experience Our History, Share Our Future!

PARAMEDIC
COUNTY OF Renfrew

County of Renfrew Paramedic Service





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Message from the Chief

The County of Renfrew Paramedic Service is a model of suburban and rural paramedic care in Ontario. Programs have been developed to respond to the needs of a community facing an aging population and unprecedented unattachment rates to primary care.

Our range of clinical services include prevention programs, remote monitoring of vulnerable populations, community paramedic response units, special operations teams, and a 911 acute care response system providing just-in-time treatment of time-sensitive illnesses and injuries as well as urgent and non-urgent transportation options. This unique and fully integrated bundle of services has been developed out of two decades of local experience and needs-based assessments. This has been intentionally developed to be a scalable and transferable model of care.

9-1-1 Paramedics remain widely recognized as the only 24/7 community-based access to the health system. Paramedics provide expert assessment, diagnosis, treatment, system navigation, and care coordination day and night. Community Paramedics are valued members of an interdisciplinary health team as demonstrated through fully integrated and mature partnerships with Renfrew County Virtual Triage and Assessment Centre (RC VTAC), primary care teams, hospitals, home and community care providers, palliative care teams, rural health hubs and mental health and addictions providers and more recently as demonstrated through our joint applications to form Ontario Health Teams.

Paramedics are ideally positioned to ensure patients receive continuous access to care while transitioning between home-based care, institutional care and back again. Our integrated digital first approach to health care combines continuous monitoring of in-home patients with complex disease, video and tele-consultations, an open access patient record available to patients, caregivers and health care providers and point of care testing to improve the patient experience while significantly reducing the incidence of hallway health care.

Our Paramedic Service ensures both cost-effective and seamless care to the most vulnerable in our community. These are the same people in our community who represent 5% of Ontario's patients, and over two thirds of health spending provincially.

Paramedics are in a unique position to meet both the public health system needs of the province, achieve full health system integration across communications, operations and administration and most importantly meet the expectations of the patients that we serve. — *Mike Nolan*

Executive Summary

Paramedics are the only health professionals to sit at the centre of health care, public health, public safety, and caring for an aging population. Like no others in health care, paramedics are mobile and agile. Over the years, the role of a paramedic has evolved. Paramedics provide expert, trusted care where it is needed in every community.

Granted, as the role of a paramedic continues to expand, so does the pressure felt in ever aspect of the service. Every day, paramedics across Ontario are finding and implementing solutions that help relieve this system pressure. The way in which this is done in County of Renfrew includes:

- A best-in-class service delivery model of care that has been adopted by others to inform the creation of their system of care
- Commitment to a culture of collaborative leadership, innovation, professional learning and improvement that contributes to improving the quality of life for residents and visitors of the community by providing quality care and service that is efficient, effective, reliable and safe; 24/7 response with a combination of 911 paramedics, Community Paramedics, Paramedics working at Assessment Centres, mobile clinics, and special response Paramedics
- A model of suburban and rural Paramedic Care that allows us to lead the way as a pioneer of Community Paramedicine
- A Community Paramedic Program that maintains a 24/7 non-urgent 1-844 hotline for anyone in the public seeking health advice, remote monitoring, support, and a non-acute response to reduce the incidence of hallway medicine and 911 calls
- A Community Paramedic Program that serves vulnerable populations across remote regions of the County with over 1500 enrolled patients who receive regular home visits and assessments by Community Paramedics
- Expanding Remote Patient Monitoring for patients with acute or chronic conditions
- Advocating for and receiving funding for the Community Paramedicine for Long-Term Care Program
- Expanding the Community Paramedicine Program as a whole through innovations; and, working with partners to develop and implement the Palliative Care Program.
- Assisting with the development, and continued operation of the Renfrew County Virtual Triage and Assessment Centre (RC VTAC) during the onset of COVID-19
- Collaborating with partners to provide a rapid response for testing and vaccinations at static sites and in-home
- Investing in a Mentorship Programs to ensure that we are not only selecting the best students to precept with us, but also ensures that new hires had the opportunity to be educated on the specifics of being a paramedic with the County of Renfrew
- Operational and Administrative Commanders to support the work of Paramedics and advance paramedicine within the County

The Service is unique in its ability to offer care on scene, in the community and as extensions to primary care. Because of this, the Service has experienced an increased demand on service which has resulted in an increased call volume and transfers for 911 operations coupled with an increase in patient interventions from the Community Paramedicine Program. Some of the pressures include:

- The number of Emergency/Urgent (Code 4) calls dispatched increased by 8.15% from 2020 to 2021.
- Over the last seven years, the average trend for patient call volume has increased by 3.71%.
- Average response time has consistently increased in all areas of the County of Renfrew from 2020 to 2022.
- Since 2017, the average time on task has increased by 30.7%, from 61.13 minutes to 88.24 minutes.
- In 2022, the numbers indicate an average of 5 out of County transfers per day.
- Since 2019, the average offload time has increased by 32.5%, from an average of 20.98 minutes to 31.15 minutes in 2022.
- The number of staff recruited for 2022 was significantly higher than previous years because more staff are needed to compensate for the greater demand.
- As a result of staffing pressures and the COVID-19 pandemic, the Service saw a significant spike in the number of sick time hours of staff in 2021, up 44% from 2020.
- The UHU rate has increased to 39% and 27% for day and night coverage, respectively. As a general rule, it has been theorized that in order to maintain system reliability, utilization rates should not exceed 35%.
- As the Service expands, and demand increases, logistical pressures proportionally increase.
- The service requires increased support for the scheduler, someone who can navigate the various platforms, and personnel for data analyzation.

In response to the consistent pressures within our healthcare system and the increased demand for emergency services, we are working on further developing our services, which includes:

- Integration with health teams
- Permanency for Community Paramedicine
- Diversity and Inclusion within the Service
- PTSD Prevention Programs and Peer Support
- Support Ongoing Pressures

Future projects which will help to further address the pressures we are facing include:

- Dispatch alignment
- A self-regulating college for paramedics
- Patients in the care of paramedics being triaged as a first priority at hospitals
- Treat and Release Measures

COMMUNITY PARAMEDICINE

WHAT IS IT?

WHY WOULD WE NEED COMMUNITY PARAMEDICINE?

Healthcare is ever changing and faces some serious challenges.

These challenges include

Rural areas
Structural workforce shortage, mostly doctors or GPs

Underserved populations
Access to good healthcare for vulnerable populations e.g. older people, Indigenous people, people with low SES

Use of resources
More health workers are not always possible or needed, so we need to look at how we can use current resources.

Community Paramedicine (CP)
This is an example of enhanced use of resources

WHAT IS CP?

CP is an evolving healthcare model. In CP, paramedics use their knowledge, skills, and often their well-kitted ambulance **beyond emergency health responses.**

Care focus

Prevention, rehabilitation, and hospital admission avoidance. The approach is less acute.

Goals

Improve access to care (e.g. rural, bushfires, palliative care, or indigenous communities)

Fill potential gaps in health care

HOW DID IT START?

CP started across the world in areas with health workforce issues and underserved populations. There are some innovative examples in Canada:

Rural health workforce issue
A CP service started doing clinics and house visits in a remote location with no GP. At a later stage, a nurse practitioner joined the service. Together they have been providing good care for over 20 years.

Underserved population
In another large town, a substantial group of older people frequently ended up in Emergency Department (ED). And since the ED is not a good place for elderly, the idea was born to have regular CP visits to these frequent visitors in order to monitor their health and well-being and to prevent visits to ED.

WHAT DO THEY DO?

OR

CPs generally make visits during the day to designated patients or hold regular clinics. This helps prevent build up of issues or sudden panic that may lead to an ED visit of hospitalisation. Their focus is to be a generalist rather than a specialist.

Key elements of their role

Assessment
Monitor patients' health, signaling issues, and treating at home where possible.

Referral
To other services in the community

Education
On patient's health and health management

Communication
Consult with a health care team and the patients physician.

The well equipped ambulance is an added bonus, and means they can deal with situations should they become more acute.

BENEFITS FOR PARAMEDICS

CP already operates and can be incorporated into Ambulance Services to offer an enhanced career pathway for paramedics and a wider scope of practice. It provides the opportunity to work with variety patients in the non-emergency environment.

LA TROBE UNIVERSITY

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Design: Julia van Vuuren

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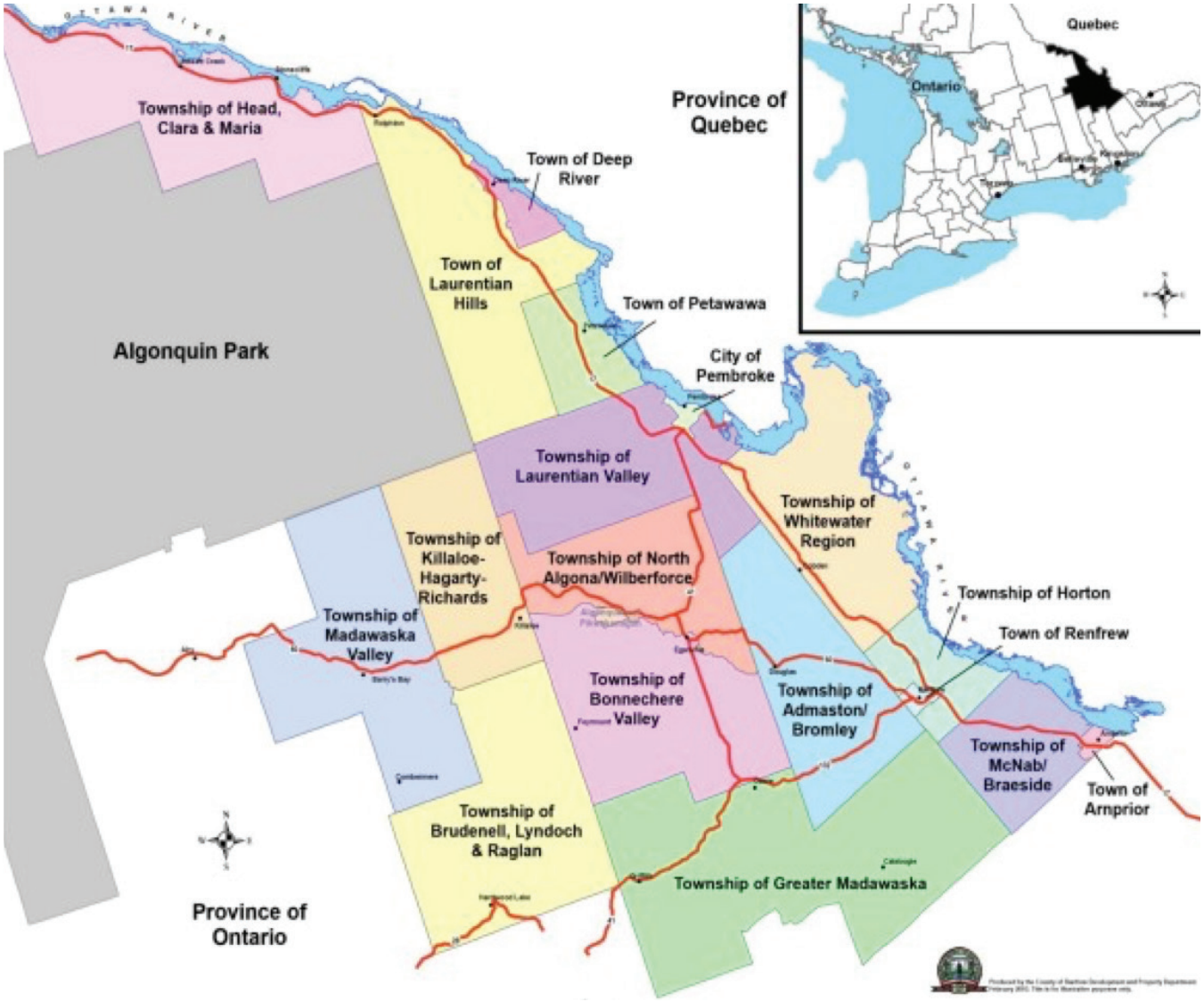
About the Paramedic Service

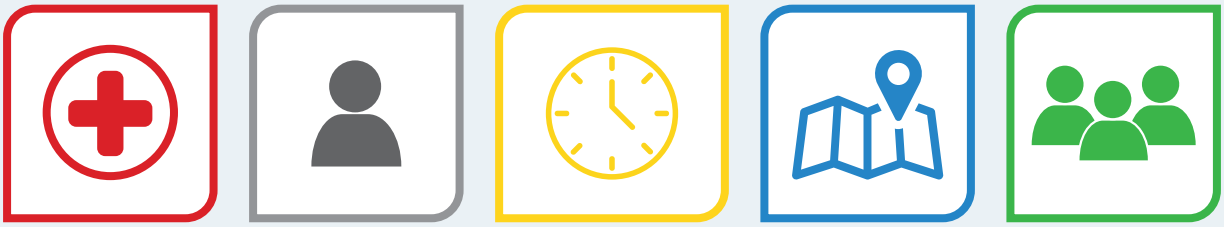
COUNTY OF RENFREW

The County of Renfrew spans from the northern tip of Algonquin Park all the way to Canada's Capital; a vast landscape that our paramedic service is proud to serve. Across the County of Renfrew, there are more than 900 lakes, four major rivers, and 17 municipalities, which help to make up the largest geographic county in the Province of Ontario.

From the beautiful rural scenery to the vibrant local neighbourhoods, the primary response area is estimated to be over 15,000 square kilometres.



Our Goal



Right Care | Right patient | Right time | Right place | The First Time

MODEL OF CARE

In 2001, the Province of Ontario amended the Ambulance Act transferring the responsibility for the provision of Ambulance Service (contemporarily known as Paramedic Service) to upper-tier municipalities. Since that time, the County of Renfrew Paramedic Service has become recognized as a best-in-class model of suburban and rural paramedic care in Ontario. This sophisticated model of care was initially developed to serve the County of Renfrew, but it has since been adopted by many provinces, states, and countries around the world. It has been fundamental to the development for systems of care in other services.

Our Paramedic Service has built this model of care through the innovative practice that focuses on improving community-based paramedic services. Accordingly, residents in our county can rely on paramedics for consistent and accessible health care 24/7. The paramedics are equipped to provide versatile services such as expert assessment, diagnosis, treatment, system navigation, and care coordination.

Additionally, this model of care is committed to evidence-based practice, extensive professional development, the promotion of employee well-being, and collaborative labour management relations. It has been informed through the collection of local data, which ranges from operational, clinical, and health system sources. One of the core principles for this model is to ensure information is dispersed at a municipal level, as well as integrated across health, social service, and public safety agencies. Moreover, the model of care is patient-centered, and patient informed.

To achieve clinical excellence means to advocate for patient safety and well-being. It also encompasses leadership in technological integration and research. Across the County of Renfrew, the Paramedic Service prioritizes community collaboration in an effort to continuously develop effective services. This is accomplished through alternate health care pathways, interdisciplinary care coordination and providing care at home. Subsequently, patients are able to access the care they need.

MISSION

The Paramedic Service provides care to the residents and visitors of the region to promote a healthy community.

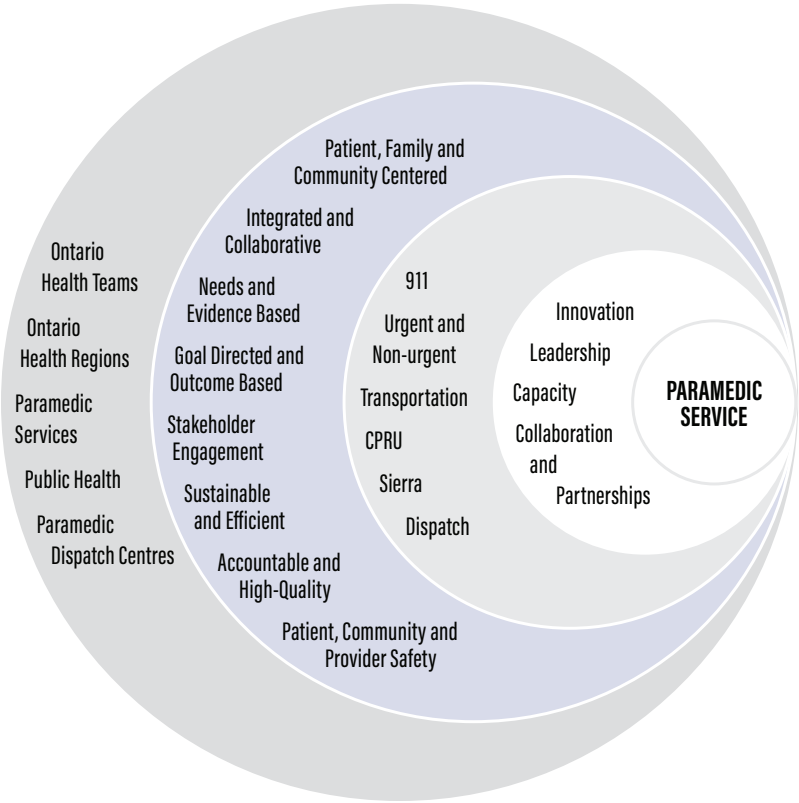
It provides integrated health services throughout the community that preserve quality of life, improve health, and promote safety. Paramedic Service staff apply best practices to the provision of effective and timely emergency response services.

VALUES AND VISION

The Service is committed to the values of **trust, quality,** and **compassion** in order to provide the community with efficient, responsive, appropriate, reliable, and safe service delivery.

Our goals and strategic objectives are built around the following principles. These principles guide every aspect of the Paramedic Service to assess community needs, plan, implement and evaluate our programs:

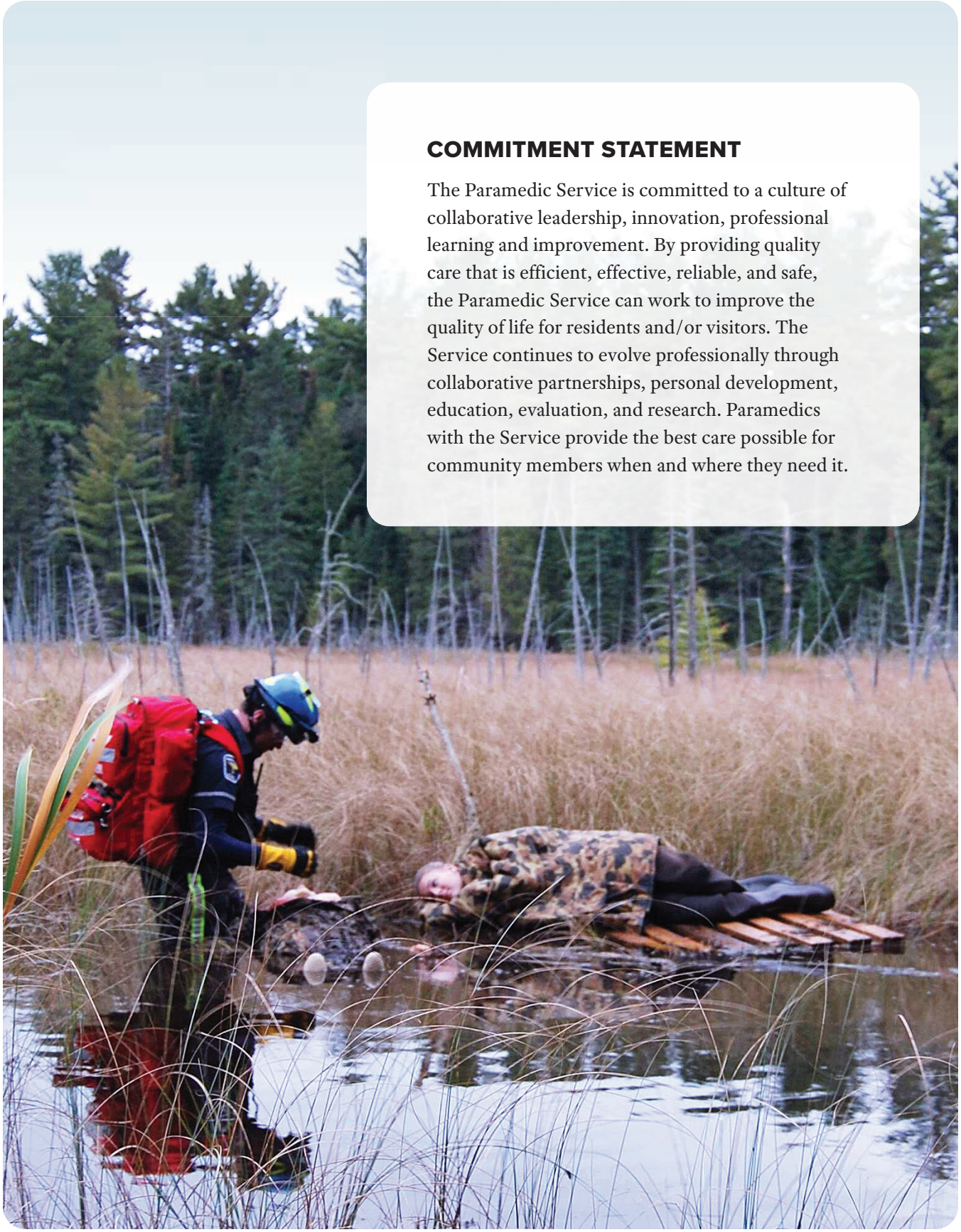
1. **Patient-, family- and community-centered** *to foster healthy, supportive communities*
2. **Integrated and collaborative partnerships** *to support positive change in our communities*
3. **Needs- and evidence-based** *community of practice*
4. **Goal-directed and outcomes-based** *operations*
5. **Stakeholder engaged** *through consistent and shared communication*
6. **Sustainable and efficient** *implementation of programs*
7. **Accountable and high-quality** *delivery of services*
8. **Patient-, community- and provider-safe**



VISION

The vision for the Paramedic Service is to improve the quality of life for residents and visitors. To achieve this vision, the Paramedic Service works collaboratively to accomplish the following goals:

1. Enhance our scope of practice through an evidence-informed change process
2. Cultivate and enable a more informed, educated, and skilled paramedic professional
3. Decrease the impact of acute and chronic conditions, increase health care efficiency, and contribute to the overall long-term health of community members and a sustainable health system
4. Build a strong culture of collaborative leadership with a team of health professionals supported by programs to stay actively and safely engaged in a rich and long career with our organization



COMMITMENT STATEMENT

The Paramedic Service is committed to a culture of collaborative leadership, innovation, professional learning and improvement. By providing quality care that is efficient, effective, reliable, and safe, the Paramedic Service can work to improve the quality of life for residents and/or visitors. The Service continues to evolve professionally through collaborative partnerships, personal development, education, evaluation, and research. Paramedics with the Service provide the best care possible for community members when and where they need it.

Service Pressures

Our Paramedic Service is unique in its ability to offer care on scene, in the community and as extensions to primary care. Despite the countless benefits of these advances, the increased demand is felt in every aspect of the Service. The Services pressures can be subdivided into Operational Demand, COVID-19 Demand, Logistical Demand, and Administrative Demand.

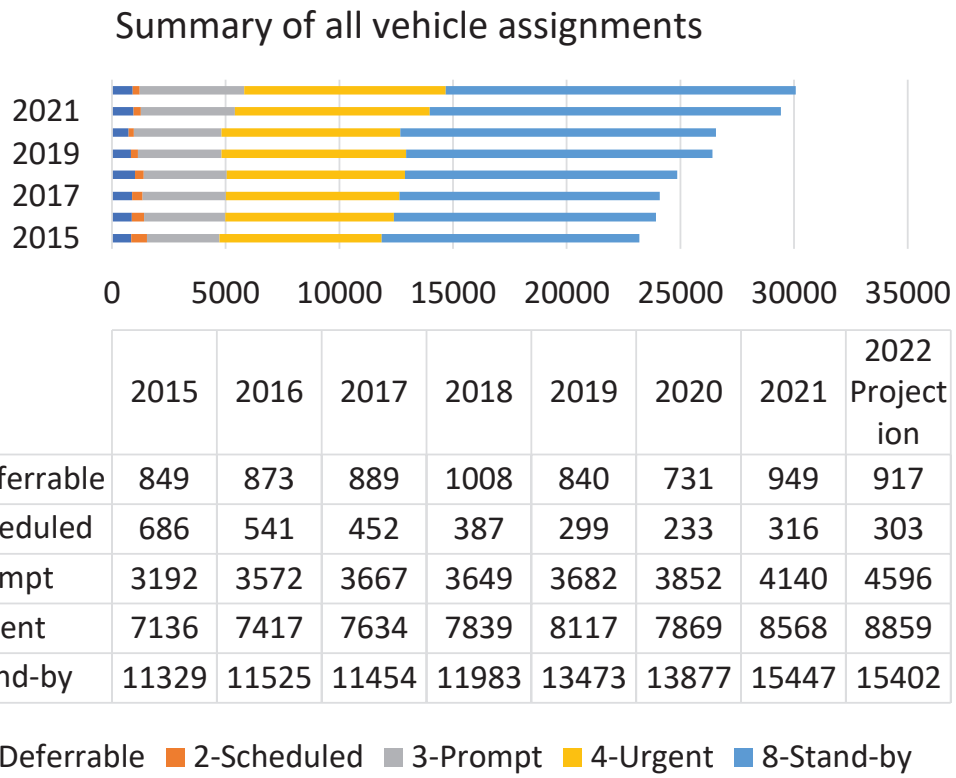
OPERATIONAL DEMAND

The number one priority of the County of Renfrew Paramedic Service is to provide the best possible clinical care to the residents, and our visitors, and to do so in the most effective and efficient method possible. To achieve this, the paramedic service performs annual analysis of paramedic service call volumes, response times and patient outcomes. The valuable result of this analysis is evidenced by the services ability to meet the response time targets while facing disproportionately higher call volume increases and with rates of service expansion and operating costs which fall below the regional average.

While remaining committed to continual response time and deployment analysis and reporting, the department has broadened the scope of its performance measurement by introducing an expanded suite of operational key performance indicators that look well beyond traditional (and legislated) response time performance. The intent of this to provide the County and public a detailed view of the paramedic service operational efficiency.

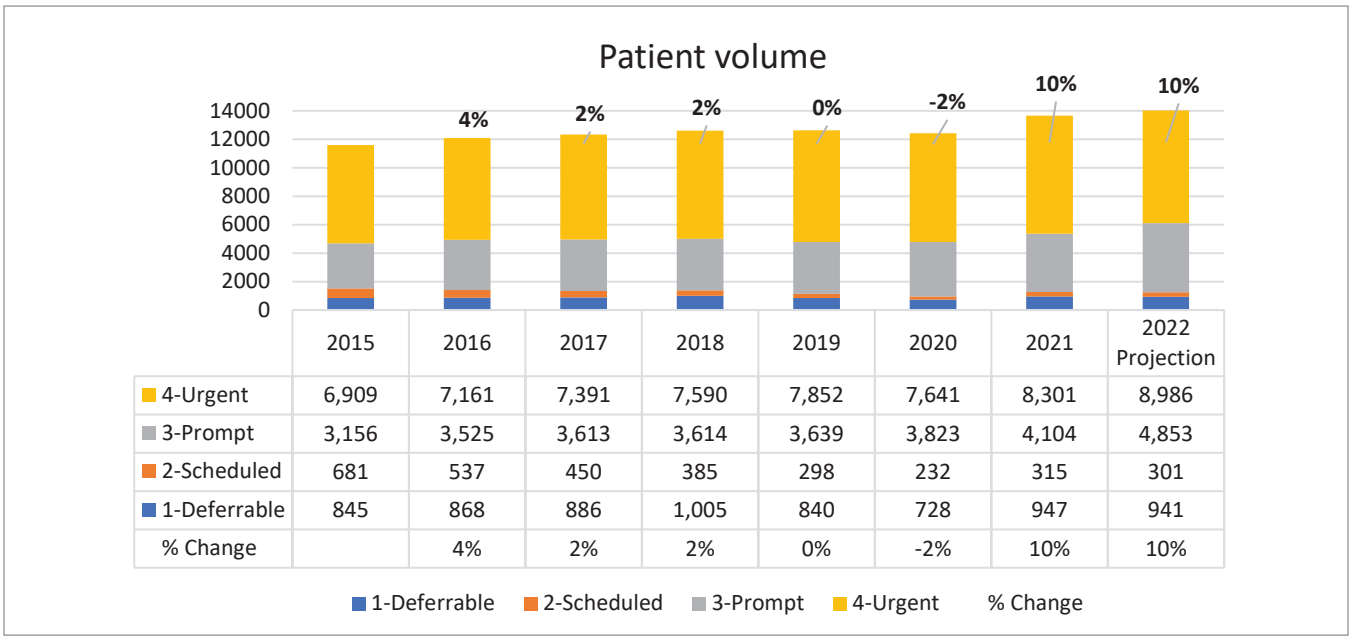
Call Volume — Vehicle Assignments

Traditionally, call volume statistics have included all vehicle assignments in response to calls for The County of Renfrew Paramedic Service. Unfortunately, the statistic is somewhat misleading when evaluating serviced demand, such that it does not account for scenarios where multiple vehicles are assigned to one response. Therefore, to demonstrate these trends more accurately, this report provides call volume relative to both vehicle assignments and individual request for service (patients).



	2015	2016	2017	2018	2019	2020	2021	2022 Projection
1- Deferrable	849	873	889	1008	840	731	949	917
2-Scheduled	686	541	452	387	299	233	316	303
3-Prompt	3192	3572	3667	3649	3682	3852	4140	4596
4-Urgent	7136	7417	7634	7839	8117	7869	8568	8859
8-Stand-by	11329	11525	11454	11983	13473	13877	15447	15402

***Figure.1*—Graph summarizing vehicle assignments in The County of Renfrew Paramedic Service, from 2015 to 2022 projections, including Code-1 Deferable (dark blue), Code-2 Scheduled (orange), Code-3 Prompt (grey), Code-4 Urgent (yellow), and Code-8 Stand-by (blue).**



	2015	2016	2017	2018	2019	2020	2021	2022 Projection
4-Urgent	6,909	7,161	7,391	7,590	7,852	7,641	8,301	8,986
3-Prompt	3,156	3,525	3,613	3,614	3,639	3,823	4,104	4,853
2-Scheduled	681	537	450	385	298	232	315	301
1-Deferrable	845	868	886	1,005	840	728	947	941
% Change		4%	2%	2%	0%	-2%	10%	10%

***Figure.2*—Graph summarizing the percent change (%) in patient volume in The County of Renfrew Paramedic Service, from 2015 to 2022 projections, including Code-4 Urgent (yellow), Code-3 Prompt (grey), Code-2 Scheduled (orange), and Code-1 Deferable (blue).**

In 2021, the number of Emergency/Urgent (Code 4) calls dispatched was 8,568, compared to 7,869 calls in 2020, which indicates a growth of 8.15% throughout 2020. The number of Prompt (Code 3) calls followed a similar trend rising 6.96% from 2020 to 2021. Overall, there was a 9.81% increase for all responses, between 2020 and 2021, as captured in Figure.1.

Call Volume — Patients

Figure.2 summarizes an analysis of individual patient call volume for our Paramedic Service. This figure provides an authentic representation of the demand we are experiencing as a Service. In 2020, a decrease of 2% can be seen. Compared to previous upward trends, this data is an outlier. This decrease can be attributed to the

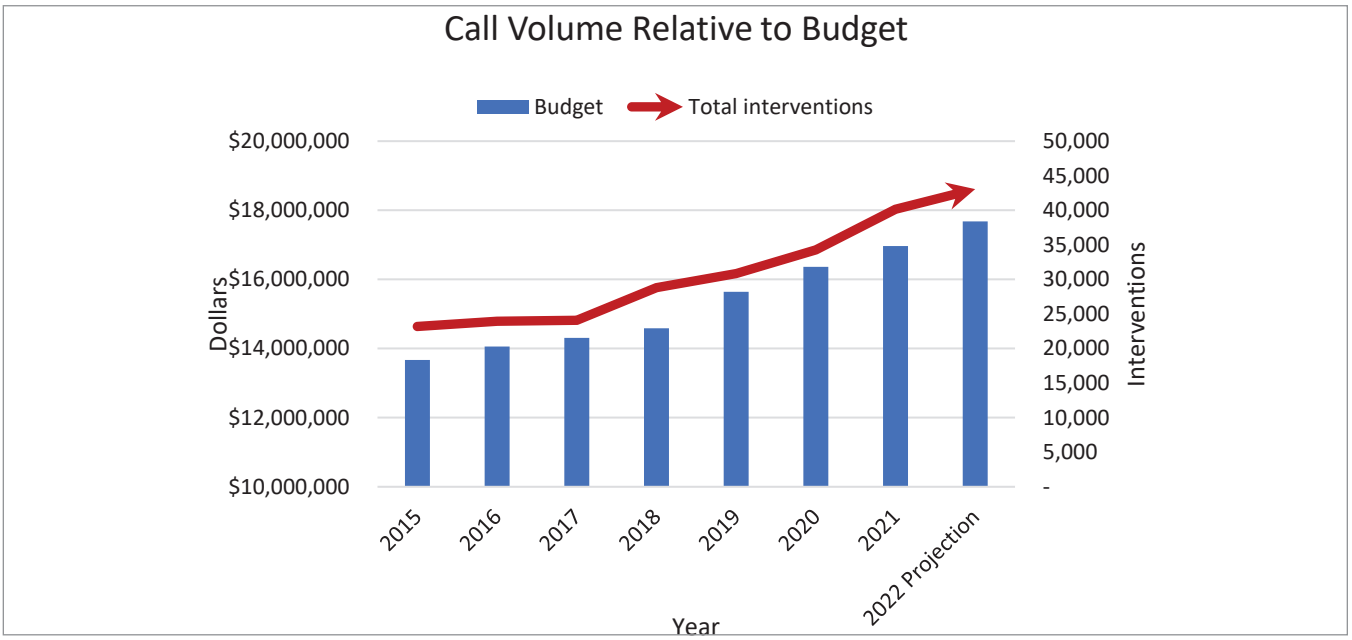


***Figure.3*—Graph depicting the dependent relationship between the total interventions or call volume (red line) relative to the Paramedic Service's budget, since 2015 (including 2022 projections).**

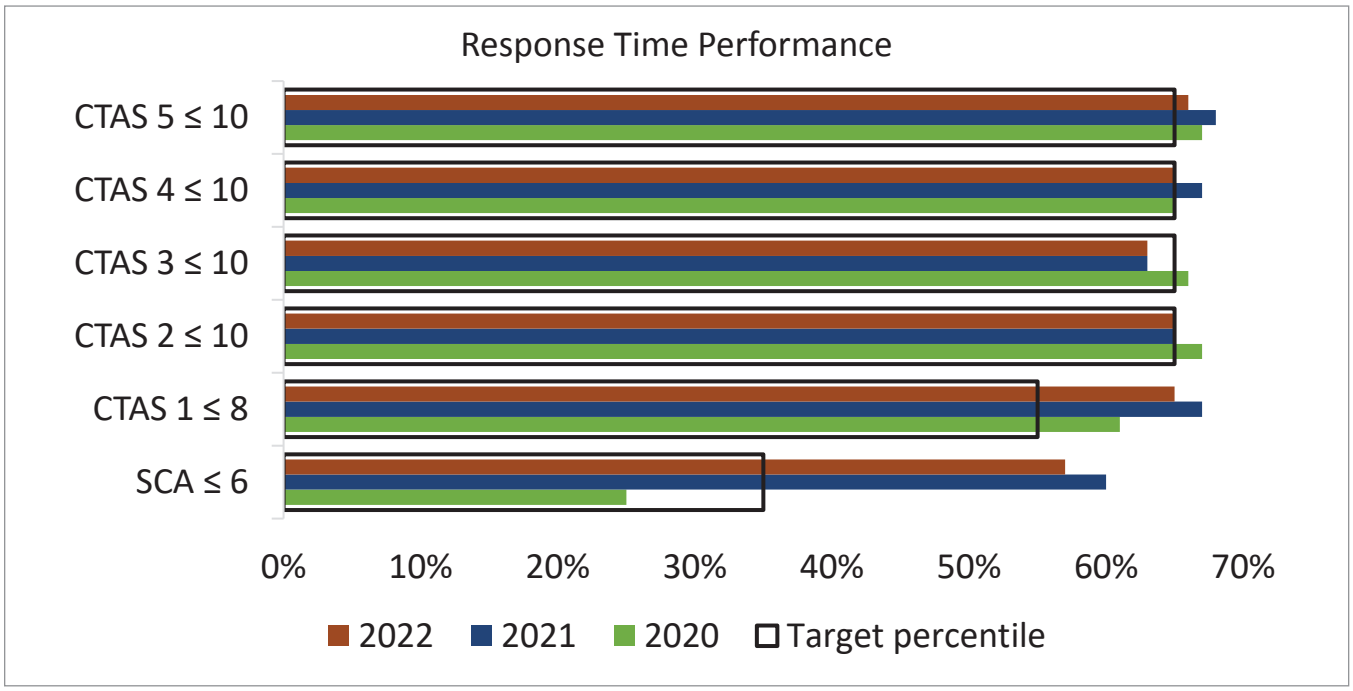


***Figure.4*—Graph of measured response time performance as a percentage (%), across 2022 (red), 2021 (blue), and 2020 (green), compared to the targeted Response Time Performance Plan (black outlined box).**

COVID-19 Pandemic and was experienced by many Hospital Emergency Departments as well. In 2021, the trend resumed with a 10% increase, which is consistent with 2022 projections. Altogether over the last seven years, the average trend for patient call volume has increased by 3.71%.

Call Volume Relative to Budget

As discussed in above, the steady increase in call volume, since 2015, can be further illustrated by the red line in Figure.3. The figure also depicts the Service's budget (i.e., blue bars) relative to the total number of interventions. Both the call volume and budget follow a similar trend, which illustrates their dependent relationship to one another. As call volume continues to increase, the strain will be placed on the Service's resources, unless the demand is met by continued intervention (i.e., the budget).

Response Time Performance

In Figure.4, a measurement of our response time performance compared to the Council approved Response Time Performance Plan is illustrated. As mandated by the Reg.257 of the Ambulance Act, this measurement is reviewed and reported annually. With our current resources, the data in Figure.4 indicates our Paramedic Service performance is continuously just meeting the targeted response times.

In Figure.5, the average response time is depicted in the rural and urban setting. It can be seen that in all areas of the County of Renfrew has consistently increased each year from 2020 to 2022. In addition, performance time in the urban setting is exceeding performance time in the rural areas. To meet the legislative requirements for response time, several significant changes have been made to service delivery and deployment, including adjusting shift starts to accommodate out-of-county transfers, and increasing the Minimum Emergency Coverage. Despite these modifications, a pattern of deterioration in performance time, from 2020 to 2022, is still being seen.

Time on Task

Figure.6 demonstrates the rise in average time on task that has been observed. Since 2017, the average time on task has increased by 30.7%, from 61.13 minutes to 88.24 minutes. This increase is mirrored in the 90th percentile time on task by an increase of 37.1% from 96 minutes to 152.7 minutes. Time on task can be affected by factors out of our paramedics control, such as the number of transfers outside of the County of Renfrew.

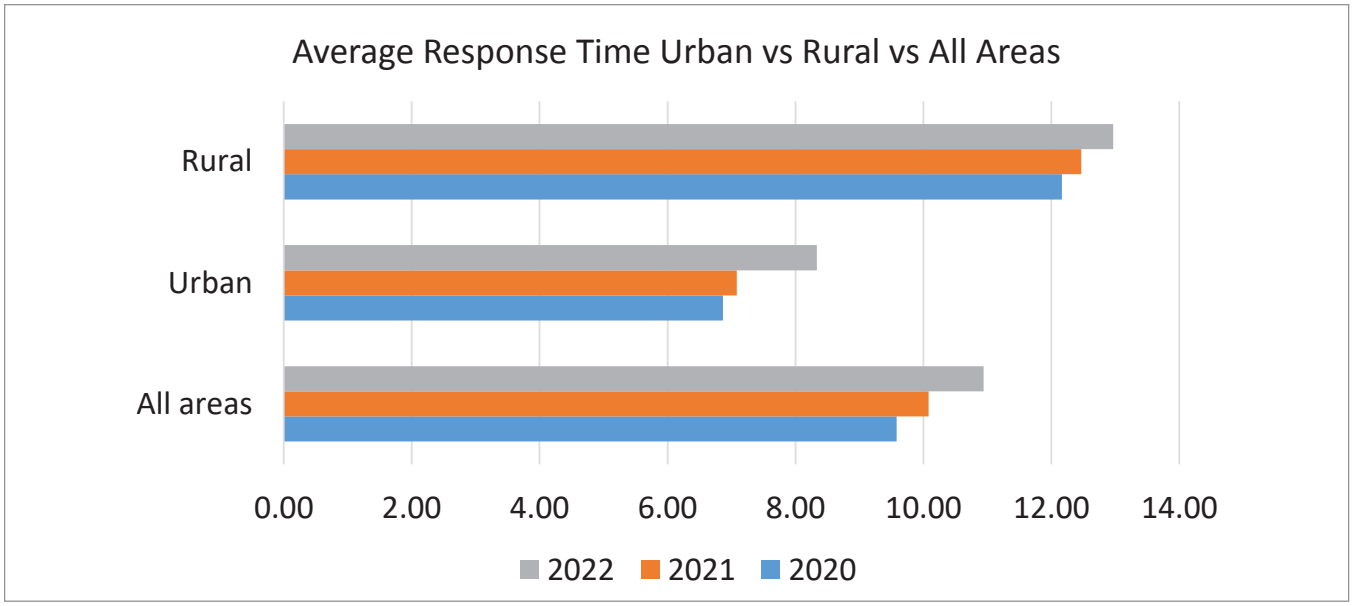


***Figure.5*—Graph illustrating average response time comparing urban and rural settings for 2020 (blue), 2021 (orange), and 2022 (grey).**

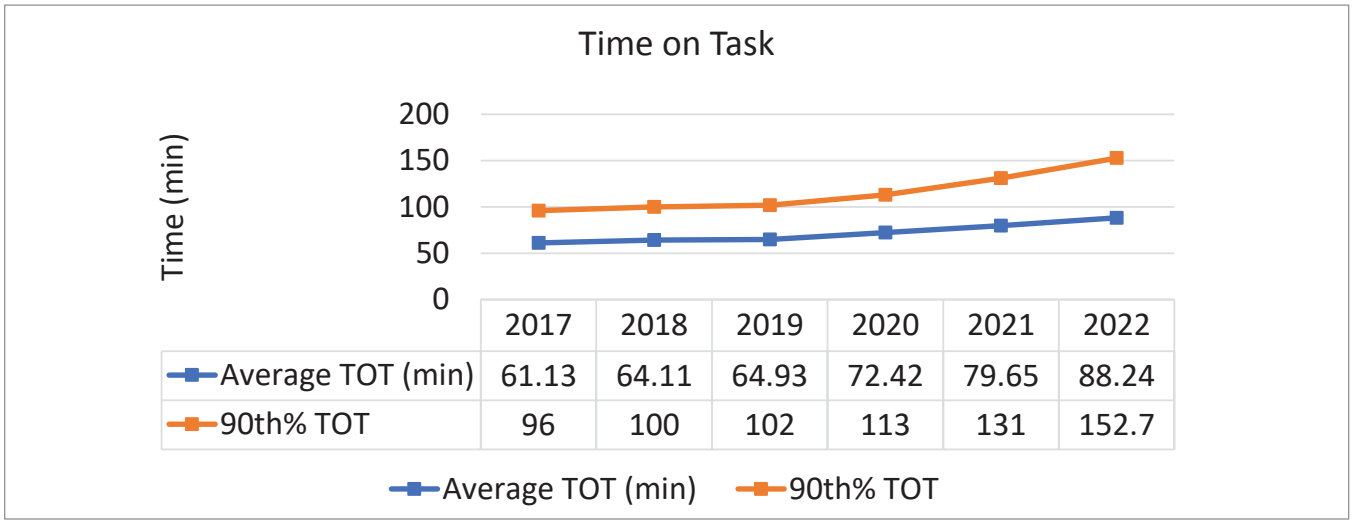


***Figure.6*—Graph of the average time on task (blue) and the 90th percentile (90th%) of time on task in minutes, from 2017–2022.**

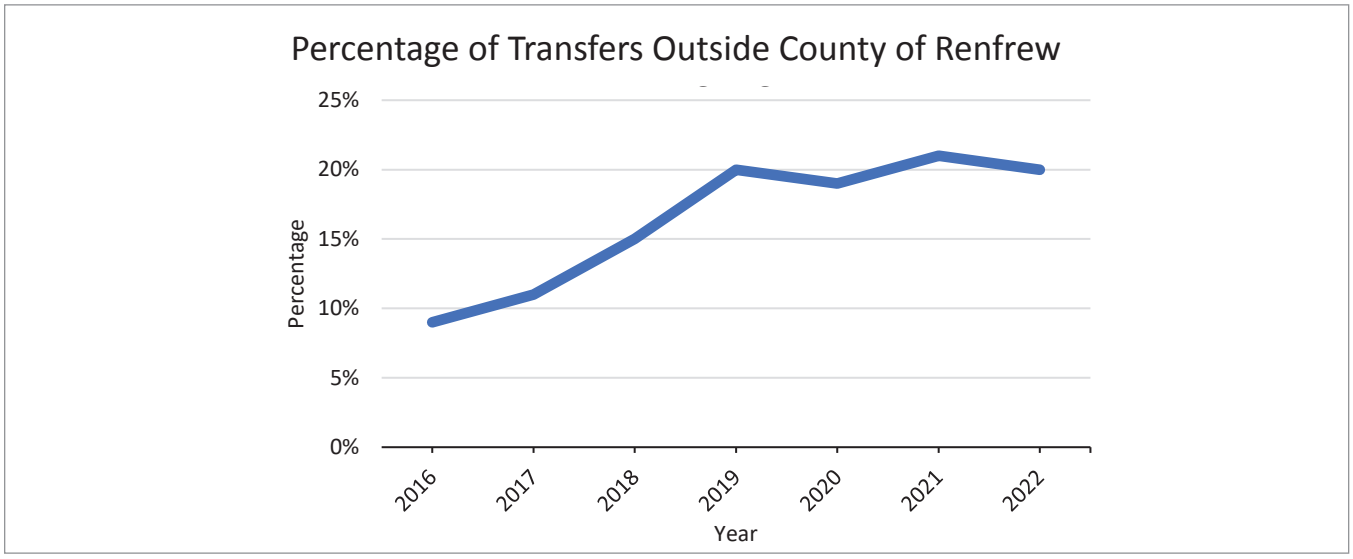


***Figure.7*—Graph of percentage (%) of transfers outside of the County of Renfrew, from 2016–2022.**

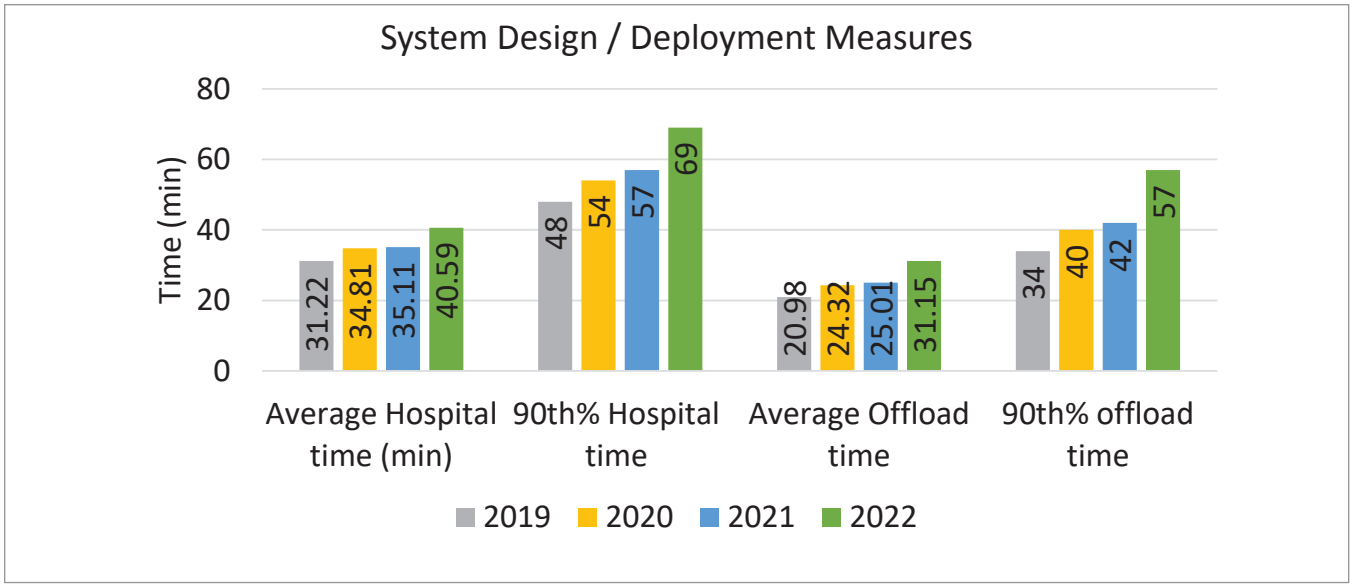


Figure.8—Graph highlighting deployment measures including average hospital time, 90th percentile hospital time, average offload time, and 90th percentile offload time, for 2019 (grey), 2020 (yellow), 2021 (blue) and 2022 (green.

Transfers Outside of the County of Renfrew

As seen in Figure.7, in 2016 only 9% of transfers were outside of the County, and in 2022, with projections for the remaining three months of the year, that number is expected to increase to 20%. In 2022, these numbers indicate an average of 5 out of County transfers per day. An out of County transfer is directly impacted by travel time (in both directions), and delays at the receiving hospital.

System Design

Overall, Figure.8 highlights the elevated pressure our paramedics are experiencing at the hospitals and for offload time. Since 2019, the average offload time has increased by 32.5%, from an average of 20.98 minutes to 31.15 minutes in 2022. Notably, elevated offload times are a direct indication of a reduction in the systems capacity to respond to emergency calls in the community.

Vehicle Mileage

Our service has also experienced an increase in mileage on our vehicles. This can be contributed to the rise in call volume and transfers out of the County. An increase in mileage is coupled with a financial impact from fuel prices and vehicle maintenance. Notably, more vehicle maintenance creates strain to the service without proper financial and personnel support.

Staff Recruitment and Retention

Another factor impacting average response time, is employee recruitment and retention. The demand for increased services within the County is echoed

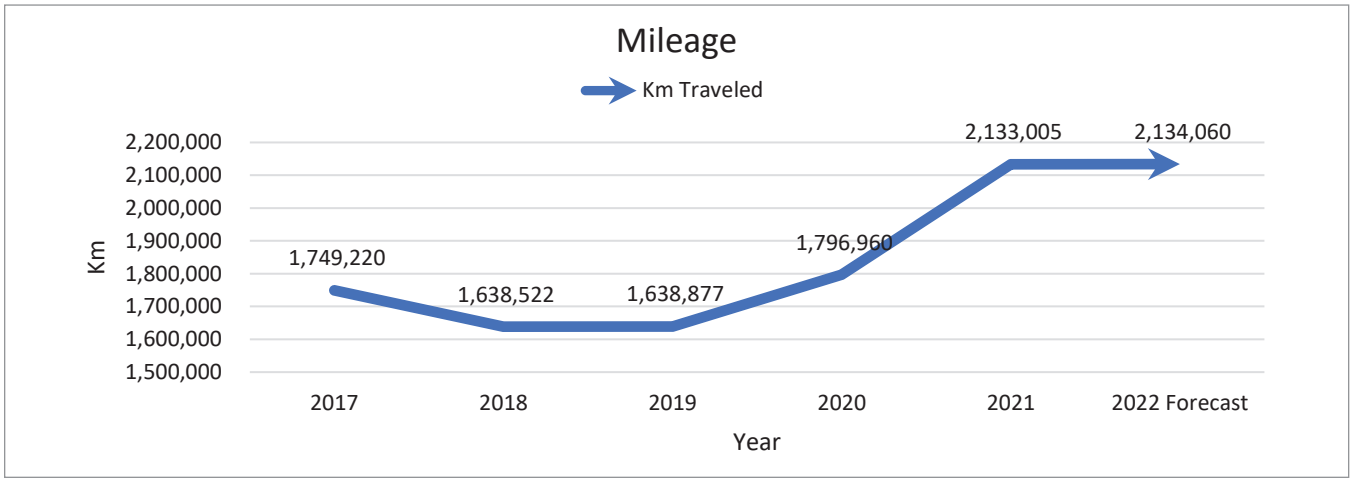


Figure.9—Graph illustrating the increase in kilometers travelled by our vehicles, since 2017.

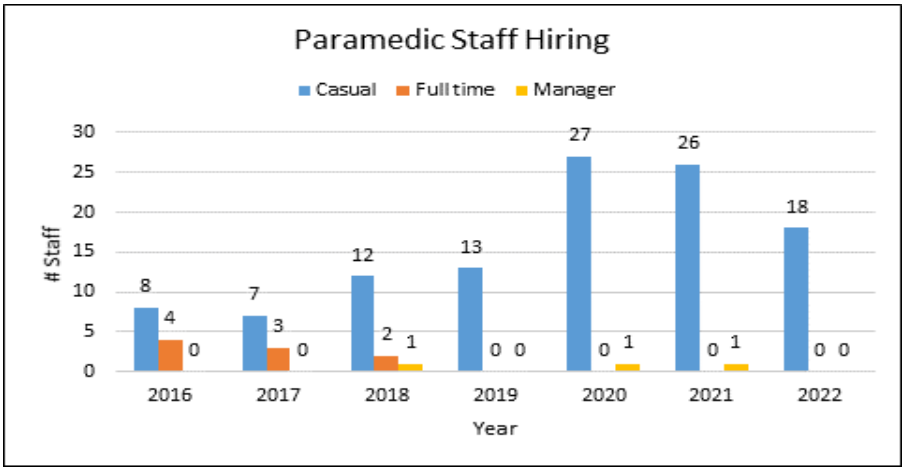


***Figure.10*—Graph of the number of paramedic staff, casual (blue), full time (orange) and management (yellow), recruited and hired since 2016.**

in other jurisdictions, such that there is an extremely high demand for paramedics across the province. Consequently, our Service has noticed substantial challenges with the recruitment and retention of Paramedics. Larger services are able to offer more enticing full-time, permanent positions, which ultimately exacerbates the situation. As shown in the Figure.10, the number of staff recruited for 2022 was significantly higher than previous years because more staff are needed to compensate for the greater demand.

Overtime

Although there has been an increase in overtime and sick time, this is in part due to the provincially regulated self isolation quarantine that staff are required to follow for COVID-19 symptoms. As a result of staffing pressures and the COVID-19 pandemic, the Service saw a significant spike in the number of sick time hours of staff in 2021, up 44% from 2020. This carries significant financial implications on the Service due to the collective agreement requirements driving budgetary changes.

Unit Hour Utilization (UHU)

Unit Hour utilization (UHU) is a standardized technique across services to measure the workload levels within their system. Our UHU rate has increased to 39% and 27% for day and night coverage, respectively. Unit hour utilization varies greatly among EMS systems, and there is no generally accepted consensus regarding the ideal ratio. This is due to many influencing factors such as system design, population/ call density and geographic differences. As a general rule however, it has been theorized that in order to maintain system reliability, utilization rates should not

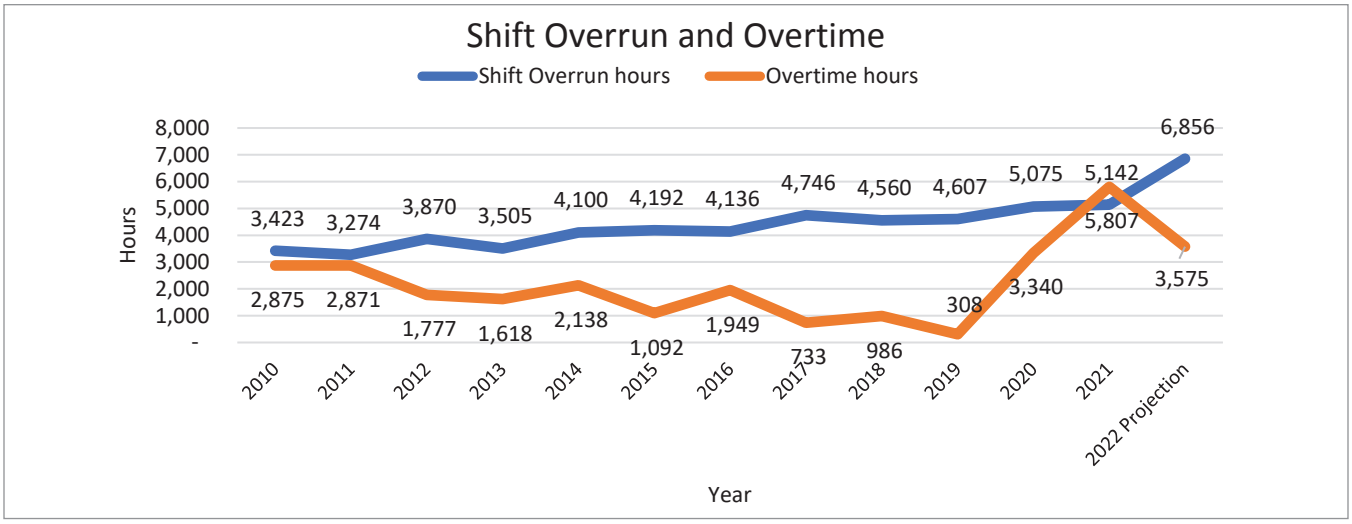


***Figure.11*—Graph showing shift overrun and overtime hours for the Paramedic Service, from 2010 to 2022.**

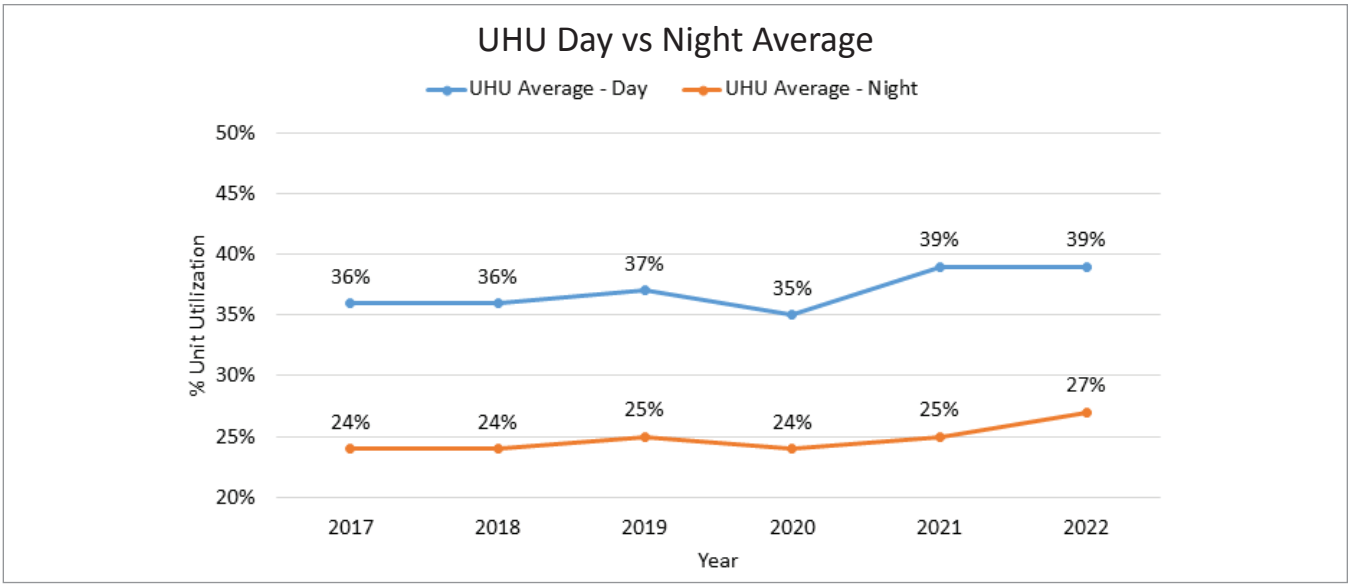


Figure.12 – Graph of average unit hour utilization (UHU) for day shift (blue) and night shift (orange) coverage, measured from 2017 to 2022.

exceed 35%. This theory appears to be demonstrated by the increasing Resource Level Zero.

This graph solely highlights a utilization measure associated with our primary service of responding to emergency calls. Consequently, any productivity outside of emergency calls is not captured here. This includes, but is not limited to, tasks such as the completion of required documentation, vehicle cleaning and maintenance, training, restocking, etc. An augmented UHU rate is indicative that our paramedics workload has increased consistently in the last few years. Higher UHU rates are also associated with employee fatigue and risk of medical error. Rising UHU rates can be alleviated by more resources and an increased capacity for our service (i.e., more vehicles on the road).

Overall, our daily operation pressures are cumulative and dependent on one another. In the last few years, our service has experienced increased call volume, more out of County transfers, higher response times, additional overtime, more sick time, recruitment and retention challenges, and augmented UHU rates. Based on these findings, the level of demand on our service needs to be matched by an increase in resources.

COVID-19 DEMAND

The Service responded by providing community testing, patient assessment and treatment, and pandemic planning to support the operational needs of local healthcare organizations. Coordinating with other health care stakeholders allowed community paramedics to determine triage needs in the event of demand surge on the system, ensuring that vulnerable populations were not overlooked.

Paramedics were able to assist with controlling outbreaks in the County by providing community swabbing and vaccination clinics in convenient, accessible locations. The Service worked collaboratively with our partners (Public Health, Family Health Teams, Community Services, hospitals, retirement homes, and Long-term Care facilities) to assess the needs of residents. Some vulnerable residents had challenges related to transportation, mobility, marginalization, and social isolation which created barriers to accessing the mass vaccination clinics. Even though our Paramedics worked tirelessly to provide additional care and services, the COVID-19 demand created lasting ramifications on the Service's daily operations.

LOGISTICAL DEMAND

Paramedics are trained and required to use a diverse range of medical devices, equipment, and supplies to care for patients. As the Service expands, and demand increases, logistical pressures proportionally increase. With the increased demand for services provided by Paramedics, there has been a corresponding increase in the usage of common items like medications, personal protective equipment, and overall Service equipment. The increase in usage, coupled with world-wide shortages, has placed additional pressure on logistical support and impacted procurement time. This means, more time is required to plan, source, purchase and

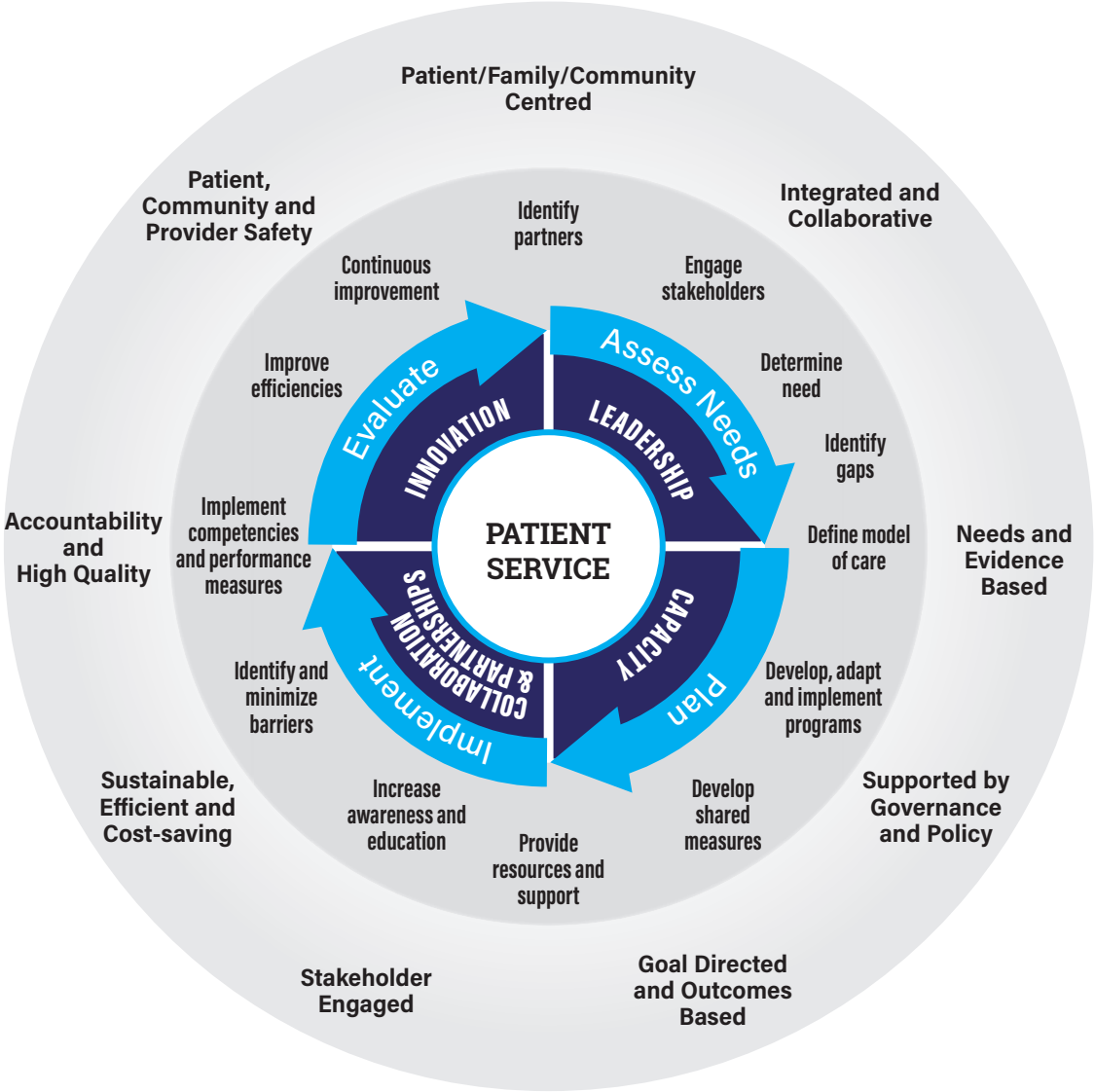
restock all of the inventory. Furthermore, the logistical demand on storage, inventory, and delivery, highlights the need for standardized logistical processes.

ADMINISTRATIVE DEMAND

With the current healthcare strain, the role of a Paramedic is in perpetual growth, and the administrative demand placed on our service parallels this expansion. As the Service grows and expands,

there is a greater need for someone who can navigate the various platforms that we use. Specifically, there has been no permanent increase in support for the scheduler. As a result of contract positions, there is a significant amount of manual work every month to ensure adequate staffing. With substantially more overtime and sick time hours, as discussed above, the scheduler is under immense pressure. Each sick call results in last minute changes and phone calls, while overtime hours alter the entire schedule.

In addition, our service is lacking personnel for data analyzation. Following data collection, data analysis is crucial to determine what changes need to be made as a Service. This work is fundamental for the growth of our Service, such that it is informative regarding program decisions, staffing, education, and logistical needs. Examining data guides the Service on a path of success for shaping the future. It is also essential for accurate reporting on achievements to stakeholders and our communities.



Operations

The fundamental business of the Paramedic Service is to respond to the evolving safety needs of our community. To meet our vision statement "to improve the quality of life of residents and visitors," our Service continually strives for excellence, which includes response reliability, clinical performance, economic efficiency and client satisfaction.

Currently, there are 242 individuals employed with the County of Renfrew Paramedic Service. This total consists of the Leadership Team, frontline paramedics, supportive staff, and administrative staff. Each and every one of these individuals are indispensable to our operations.

Over the years, the County of Renfrew Paramedic Service has identified healthcare gaps and adapted its response model to meet community needs. The Service has provided:

- 9-1-1 response;
- Active community presence;
- Accessible and mobile clinics;
- Surge response;
- In-home care with a consultative approach to care; and,
- Assessments, consultation, and treatment.

DAILY OPERATIONS

On a daily basis, seven paramedic service vehicles provide 24-hour coverage and are staffed with two paramedics; this generally consists of one Primary Care Paramedic (PCP), and one Advanced Care Paramedic (ACP). In the last 12 months alone, the Paramedic Service has responded to 14,560 calls. For peak daytime hours, there are three additional paramedic service vehicles that provide twelve-hour coverage throughout the County. Based upon ongoing community needs, the Service provides surge capacity and prevention programed with an additional three to five Community Paramedic Response Units (CPRU). These units are staffed by one Advanced Care Paramedic in the emergency response vehicle. To cover the large span of area that the County of Renfrew encompasses, there are seven bases that the paramedics work out of. The bases are located in Deep River, Petawawa, Pembroke, Barry's Bay, Eganville, Renfrew and Arnprior.

LEVELS OF COMMAND

The Paramedic Service has a Leadership Team of 21 individuals, including the Chief, two Deputy Chiefs, Operations Commanders and Administrative Commanders. This is outlined in the graphic below.

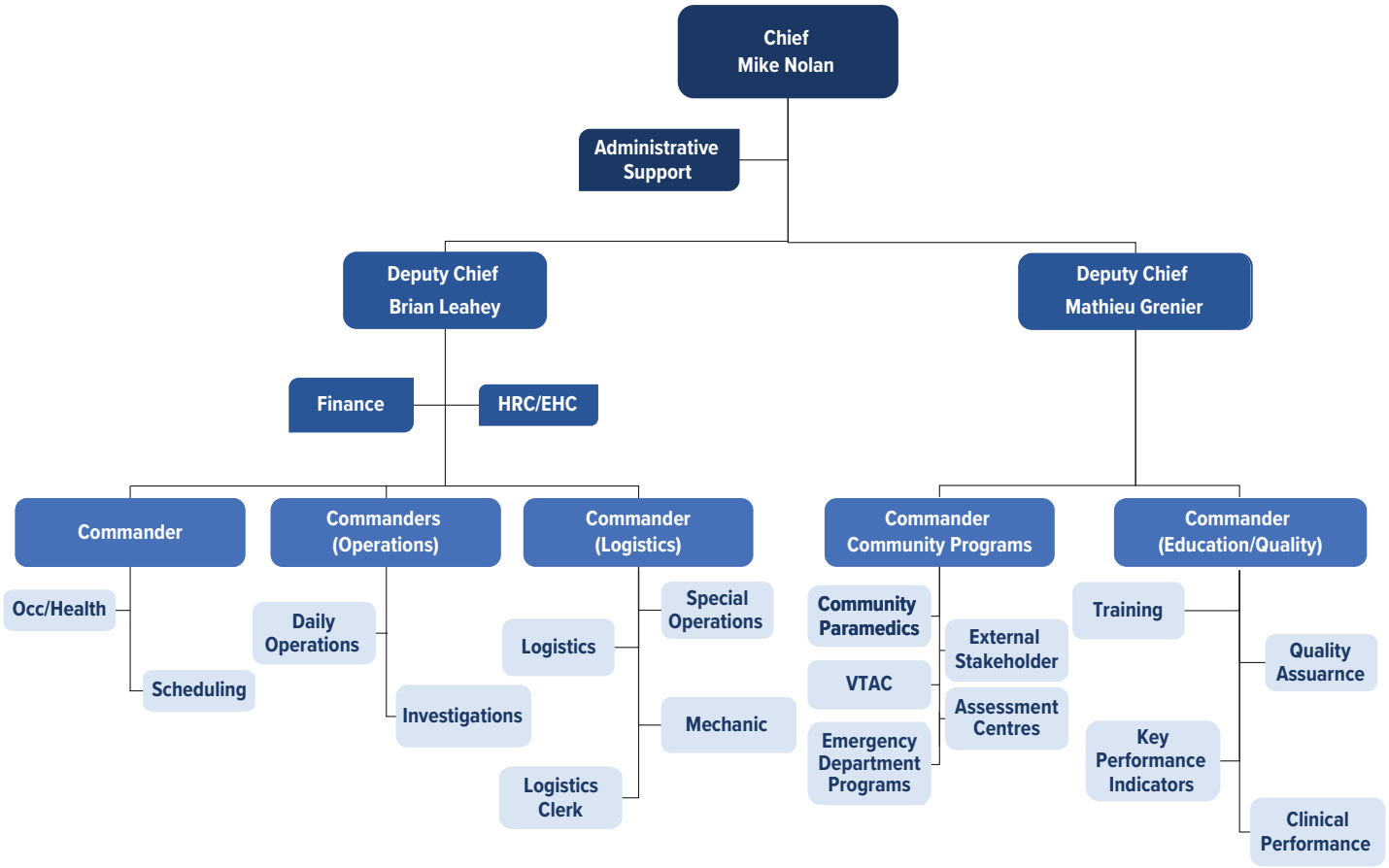
The Operations and Administrative Commanders are required to assist with large-scale changes, explore and implement efficiencies, and manage projects.

An Administrative Commander is assigned to a specific portfolio. These portfolios are designed to support the ongoing work of the service, ensure that reporting requirements are met, provide staff with the tools they need to succeed, and promote the exploration of innovation in paramedicine. Each Administrative Commander is allocated one of the following portfolios:

- Community Programs
- Education, Quality Assurance, and Improvement for the Service
- Logistics for the Service
- Scheduling, implementation of the new Collective Agreement, Liaison with Occupational Health and Safety, Human Resources, and Finance

Conversely, an Operations Commander is on the road supporting all operations within the Service; this includes 911, and Community Programs. There is one Operations Commander on duty at a time. Notably, the role of the Operations Commander has expanded to meet the evolving needs of our community and ultimately, to fill the gaps of a system under pressure.

The paramedics working with an Operations Commander can be subdivided into Primary Care Paramedics (PCP) and Advanced Care Paramedics (ACP). PCPs are individuals who provide emergency pre-hospital care to patients. These paramedics work on the frontline to treat, injuries and illnesses, while transporting patients to medical facilities where they can receive further treatment. In addition to their PCP skills, ACPs have completed additional in-depth studies regarding medication and procedures.



Special Operations

In addition to the daily operations, our Paramedic Service has enhanced its ability to provide effective need-based services through special operations. These community programs and specialty teams aim to offer expert service for the isolated regions and vulnerable populations that reside within our rural environment.

COMMUNITY PROGRAMS

Community Paramedic Program (CPRU)

Our model of sub-urban and rural Paramedic Care allows us to lead the way as a pioneer of Community Paramedicine. Our Community Paramedic Program maintains a 24/7 non-urgent 1-844 hotline for anyone in the public seeking health advice, remote monitoring, support, and a non-acute response to reduce the incidence of hallway medicine and 911 calls. Importantly, Community Paramedics provide care through the use of Clinical Practice Guidelines for assessment, treatment and point-of-care interventions such as blood testing, vaccinations, swabs, ultrasound and urinalysis. This eliminates wasted time, money, mileage and patient frustration. This highly efficient system is electronically integrated with other health service providers in our communities.

The Community Paramedic Program serves vulnerable populations across remote regions of the County with over 1500 enrolled patients who receive regular home visits and assessments by Community Paramedics. Vulnerability is determined from a variety of sources including social or geographical isolation, financial vulnerability, multiple comorbidities, and limited or no access to a primary care provider. Vulnerable persons are identified through a variety of means, including primary care providers, social agencies, wellness clinics, and identification of frequent users of 911 and Emergency Department resources.

Patient health and social service goals are tracked and measured through defined guidelines during the intake process to ensure they have been met before the patient is discharged from the program. There is a higher prevalence of vulnerability in the County of

1-844 PHONE

- Monitored 24/7
- Decrease 911 calls
- Stakeholders (physicians, hospitals, nursing homes, etc.) have a consistent number to contact Community Paramedics
- Clients have a way to speak directly to a Paramedic

Renfrew and a poor ratio of family physicians per capita compared to the rest of Ontario, making this Service ideally positioned for innovative

and efficient practices. Currently, 77 active family physicians are available for a population of about 107,000 people. Being situated throughout the community, paramedics are ideally positioned to provide high-quality, in-home monitoring of patients with complex medical issues, maximizing program efficiency.

In 2020, the Ministry of Health and Long-Term Care announced a more permanently funded integration of Community Paramedicine with regional long-term care planning[10]. The Service advocated for this program for Renfrew County due to the long-term care wait lists, overall pressure on the healthcare system, cost savings, and the desire of many residents to remain in their home longer. The County of Renfrew Paramedic Service was successful in being one of five services to pilot the program. This significant investment has brought the Service back to its roots of the Aging at Home Program. The intent is to target individuals who are on the wait list for long-term care; those who have been assessed as eligible for long-term care by a Home and Community Care Support Services Care Coordinator (but not yet on the wait list); and those who are soon to be eligible for long-term care. The overall goal of this new initiative is to provide these individuals with the supports required to help them remain safely at home.

With increased Community Paramedicine for Long-Term Care funding from the provincial government in the fall of 2020, the County of Renfrew was able to formulate a more robust Community Paramedicine Program leveraging the skills and education of paramedics for community-based care to strengthen the healthcare system and support system change.

The Ontario government announcement in October of 2021 that the Community Paramedicine for Long-term Care Program would now be available in all 55 communities (an investment of $82.5 million to expand the Program to all communities), and therefore available to all eligible seniors across Ontario. This investment demonstrates the impact that Community Paramedicine is having on the healthcare system and reiterates the fact that Community Paramedicine is part of the answer. The healthcare system is under pressure and as a result, there is an increased demand for the services Paramedics can offer.

Community Paramedics have and continue to consult with Renfrew County Virtual Triage and Assessment Centre for patients who do not have a primary care provider or cannot be supported by their current primary care provider in a timely manner. This has been a tremendous success for the Service, the County, and the community.

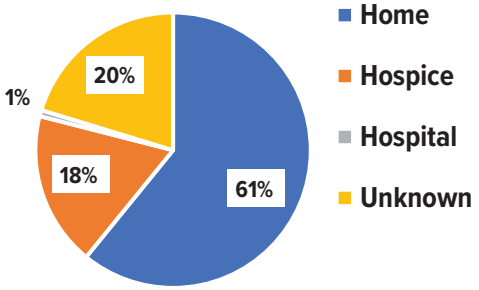
There is currently an unmet demand for primary care providers across Ontario. There are over 30,000 people in the County of Renfrew who do not have access to a primary care provider. That represents over 30% of the population being unattached from primary care, the majority of whom are vulnerable senior citizens whose only option to access medical care is to call 911 or present to an emergency department. As a result, the already overburdened health care system is under increasing pressure. The continuation and expansion of the services offered through RC VTAC is a model of care that offers an effective, timely and cost effective, alternative model of care.

Remote Patient Monitoring provides Community Paramedics and identified healthcare providers with biometric data measurements and alerts when there are changes in their patient's health condition. In 2020, there were fewer than 50 patients enrolled in the Remote Patient Monitoring Program. With the Community Paramedicine for Long-Term Care funding, the Service has the capacity to remotely monitor up to 150 patients' biometric data. This includes blood pressure, weight, heart rate, oxygen saturation, blood glucose, and temperature. Currently, there are approximately 135 patients remotely monitored, and this number continues to increase each day. There is an average of 20 to 30 high alerts a day where a Community Paramedic has to review the file, conduct an assessment, and contact the patient. Remote Patient Monitoring has been instrumental in

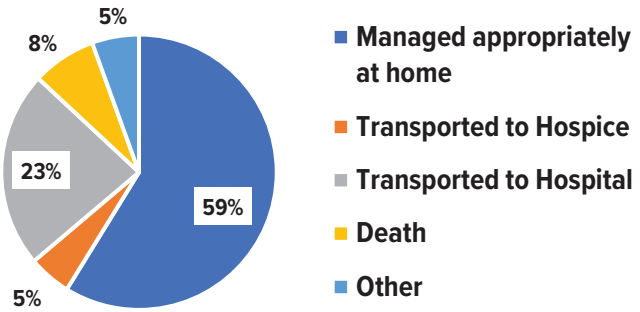
helping keep COVID positive patients at home and out of the hospital, while still being closely monitored 24/7. Once a patient's acute or chronic conditions are well managed, they are often discharged from the remote patient monitoring program but remain active with the community paramedic program, depending on their needs.

In 2018, Queen's University released an evaluation of Community Paramedicine Remote Patient Monitoring. This evaluation included benefits as well as lessons learned. The study found that there is an average return on investment of more than 500%. Every $1 spent on remote patient monitoring is a $500 return in the healthcare system. The evaluation highlighted the role of the Community Paramedic in influencing behavioural change. Patient coaching and documenting interactions are driving factors of the benefits of the program[4].

Patients Preferred Place of Death



Patient Outcomes in the Palliative Care Program



COMMUNITY PARAMEDICINE

WHAT ARE THE BENEFITS AND COSTS?

BENEFITS FOR THE PATIENT

Community Paramedicine (CP) results in improved patient health and quality of life outcomes, and identification of at risk patients.

Patients experienced improved social participation and connectedness, and felt reassured.[1-5]

Patient received new health information to better manage their disease and greater access to care.[3,6]

Patients and caregivers reported high levels of satisfaction.[3,4,7-9]

Patients experienced reduced blood pressure and reduced risk of diabetes[1-4]

Patients experienced a significant gain in Quality-Adjusted Life Year (QALYs) ranging from 0.05 - 0.15[1,2]

CP provided access to good healthcare for vulnerable and elderly populations[1-4,8,9]

IMPACT ON HEALTHCARE SYSTEM

Reduction in transport to Emergency Department (ED), ED visits, or hospitalisation.[3,5,7-9]

Up to 25% drop in emergency calls[4]

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LA TROBE UNIVERSITY

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Design: Julia van Vuuren

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Remote Patient Monitoring is an innovation in care that pays for itself and provides a significant return on investment. The number of patients enrolled continues to increase for the Service, and this means that so does the number of patient interventions Community Paramedics provide due to assessing alerts, speaking with patients, assessing the need and urgency for a Community Paramedic to visit a patient, and working with community stakeholders to provide patients with the right service, at the right time.

In March 2020, the COVID-19 response sparked a conversation about patients who require a palliative approach to care. Following County-level discussions, a Palliative Care Coordinator with Home & Community Care Support Services, a Palliative Consultant from the Regional Palliative Consultation Team, Community Paramedics, and local Primary Care physicians all came together to formulate a system to respond to the needs of the community. Thus, the Palliative Care Program was developed and launched in the fall of 2020.

The goal of this program is to educate healthcare providers and the community that there is an alternative to calling 9-1-1 if something changes in a palliative patient's condition. Once connected to the program, patients and families have 24/7 access to the 1-844 non-emergency number to contact Community Paramedics. Our paramedics work alongside other palliative care providers to help patients navigate the healthcare system, and receive the care they desire, while simultaneously maintaining their palliative care wishes.

Since implementation, we have had approximately 199 patient interactions involving patients with a palliative approach to care. As indicated in the diagram, 61% of the patients preferred place of death was at home. With the collaboration of our paramedics and other palliative care providers, 59% of patients were managed appropriately at home instead of being transported to the hospital.

RC VTAC

Renfrew County Virtual Triage and Assessment Centre is a primary care solution to reduce the demand for Emergency Departments and provide Renfrew County residents, who do not have a family physician or cannot access their family physician, with the appropriate level of care when they have any health concerns (including concerns related to COVID. From March 27, 2020, to December 31, 2021, there were 46, 022 virtual assessments with a Primary Care Physician through RC VTAC, and Community Paramedics have worked with Renfrew County Virtual Triage and Assessment Centre to complete 5, 108 in home assessments.

On March 27, 2020, in response to the COVID-19 pandemic, Renfrew County Virtual Triage and Assessment Centre was launched to strengthen access to primary care for all residents in the County. This was a collaboration between Renfrew County Primary Care teams, the County of Renfrew Paramedic Service, Renfrew County Hospitals, and the Renfrew County and District Health Unit, with the support of Ontario Health East.

Assessment Centers

Clinical Assessment Centers are the "hands-on" component of RC VTAC (Renfrew County Virtual Triage and Assessment Centre) where Clinical Paramedics and administrative staff manage the public access COVID-19 testing, as well as clinical assessments of patients who require a physical interaction with healthcare professionals. Clinical Paramedics and RC VTAC Physicians work closely together to develop appropriate care plans to treat patients who are assessed at the various sites throughout Renfrew County. The sites are distributed throughout Renfrew County in fixed locations (Pembroke, Cobden and Arnprior) and through a mobile outreach program (currently Deep River, Barry's Bay and Horton).

Clinical Assessment Centers provide access to high quality clinical care for urgent health issues which do not require going to a hospital Emergency Department. The sites are especially effective at providing access to healthcare for patients who do not have a primary care provider (Family Physician or Nurse Practitioner). The Clinical Assessment Center program is on track to have provided more than 3000 Clinical Paramedic assessments during the 2022 calendar year and is well positioned to expand access to more patients in Renfrew County.

PUBLIC ACCESS DEFIBRILLATOR PROGRAM (AED)

In 2014, the County of Renfrew Paramedic Service took over the Public Access Defibrillator (PAD) Program. The PAD Program is responsible for distributing and maintaining Automated External Defibrillators (AEDs) purchased through Government funding and located throughout the County of Renfrew. The Public Access Defibrillator Program (PAD) provides public access to defibrillators at various locations throughout the County. Over the years, the number of defibrillators has increased to 380 within the County. In addition to this, the Service has 24 defibrillators that are reserved for use at special events. To increase access to defibrillators 24/7, 365 days a year, the Service is working with townships and municipalities to have access to defibrillators in outdoor settings. In 2020 and 2021, outdoor heated defibrillator cabinetry was purchased. Grant money was applied for and received for community health and safety improvement. This initiative was spearheaded by installing the heated defibrillator cabinets in rural locations, where Paramedics response is most delayed.

SPECIALTY TEAMS

The success of the Service has been defined by innovation and strategic investments in the value of research to build an adaptive and evidence-based practice. Specialty teams place the Service in a unique position to support community needs and urgent scenarios requiring knowledge and equipment to improve access and safety. The use of drones and a unique specialty team of expertise positions the Service as a highly skilled and trained model for other remote and rural regions.

SIERRA TEAM

The Sierra Team is made up of existing County of Renfrew Paramedics who are experienced in wilderness settings in various backgrounds. Through intense training, they have become the go-to team for rural responses, increasing the professional services the County of Renfrew Paramedic Service provides. Their training gives them the ability to offer a specialized skill set, while utilizing the latest rural technology. They also have advanced communications which gives them the ability to activate other elite agencies (such as search and rescue) to assist in patient removal from hostile environments, with the ultimate goal of improving patient survival. The Sierra Team has built and strengthened relationships with partners throughout the community, and experts in this field. This has resulted in a greater awareness of when the Sierra Team should be deployed, and subsequently, will increase deployment.

REMOTELY PILOTED AIRCRAFT SYSTEM (RPAS)

The County's Remotely Piloted Aircraft System (RPAS) program focuses on enabling emergency responders with the best that this technology has to offer. We have multiple aircraft that have various mission-configurable capabilities, including the ability to:

- carry and deliver medical supplies such as defibrillators, medications, personal floatation devices, or satellite phones;
- scan the ground or buildings using sensitive infrared cameras;
- provide high-definition video of a scene or remote location to incoming responders or allied agencies; and
- fly complex grid patterns with GPS high accuracy for search and rescue.

The County has partnered with Indro Robotics, a high-tech engineering company specializing in aviation to continue developing the capability of our RPAS program to meet the needs of our region as the technology itself evolves. Our pilot program focuses on safety, with aviation developed standard operating procedures to keep our responders and the public safe during RPAS operations.

Professional Development

Highly trained, knowledgeable and wel-supported paramedics with the skills and aptitude to service our communities are a foundational part of the vision for the Paramedic Service. Training, development and online education opportunities for Paramedics have supported the development of specialty teams and innovative training opportunities for all employees.

SCOPE OF PRACTICE

The Service identifies key performance indicators for paramedics and provides educational opportunities and support to advance the scope of practice. Since 2015, the Service has had approximately 40 Paramedics return to school to become certified as Advanced Care Paramedics. Paramedics are being included in conversations regarding assessment and treatment of patients. The scope of practice is increasing given the skills and education Paramedics demonstrate. They are being looked to as healthcare experts and key members of a patient care team. The Service has evolved in scope, breadth, and complexity. Paramedics now provide a range of pre-hospital services, and are an extension of primary care, long-term care, and public health services.

CONTINUING MEDICAL EDUCATION (CME) AND KEY PERFORMANCE INDICATORS (KPI)

Assessment, treatment and direct transportation to the centre capable of providing the most appropriate care have been emphasized through the monitoring of key performance indicators for staff. Patients experiencing heart attacks, strokes and serious trauma are transported directly to the specialized care centre, which decreases mortality and morbidity. Benchmarking took place in 2017 and since this initiative, early STEMI (ST-elevation myocardial infarct, also known as a heart attack) recognition and transportation directly to the Heart Institute has improved from 70% to over 90%, serious trauma bypass and air ambulance utilization have improved over 10%, and transportation directly to a stroke centre for immediate and post-stroke care has improved from 88% to consistently greater than 95%.

Continuing Medical Education (CME) sessions enhance and support staff learning. The Service monitors essential performance indicators on key clinical skills and knowledge to ensure Paramedics improve competencies and provide the best care possible to community members. The Service builds a strong community of practice around professional development and evidence-based practice, supported by practitioner led research. To create change in the profession, it is important to be proactive and remain informed of new standards through involvement in pre-hospital research and leadership in innovation.

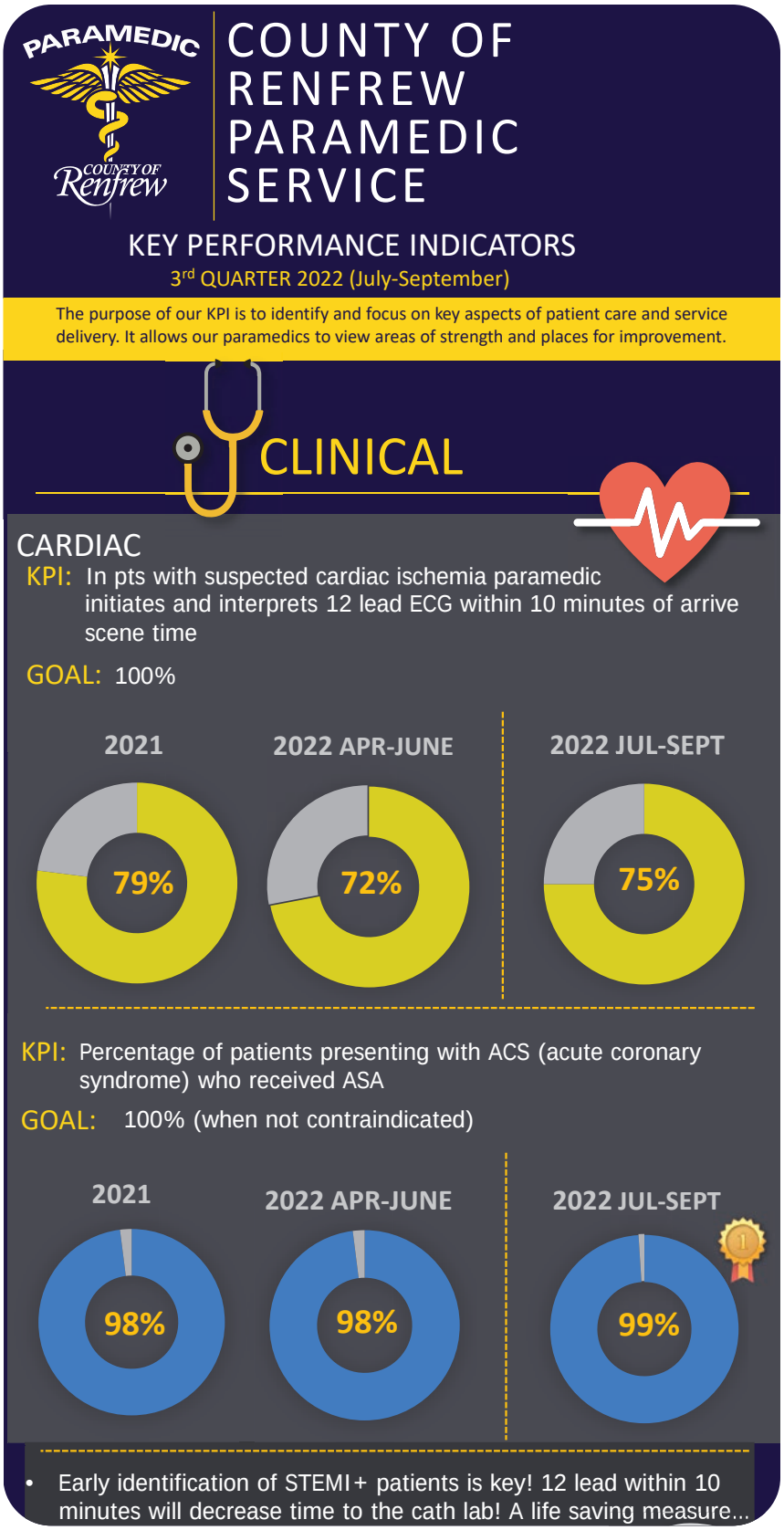
PARAMEDIC SELF-REGULATION

Paramedic self-regulation is not a new concept in Canada. Over the past 30 years, Alberta, Saskatchewan, Manitoba, New Brunswick, and Nova

Scotia have implemented regulatory colleges of paramedicine to protect their citizens. In each of these jurisdictions, self-regulation has enhanced the level of professionalism and most importantly, the protection of the public.

Paramedic self-regulation under the Regulated Health Professions Act (RHPA) is the most effective and appropriate way to protect all Ontarians. Public demands placed on health services by an aging population, the need for more definitive treatments outside the hospital environment, critical patient transport, and mounting public expectations have entrenched paramedics firmly within the healthcare system. With self-regulation, a paramedic would work and apply the same level of competency for all events or non-emergency transfer services.

Self-regulation through protection of the title "paramedic" and the standardization of clinical practice will bring increased community transparency. This will further ensure that all paramedics are competent and have a consistent scope of practice. Self-regulation will also protect the public interest by ensuring the identification of qualified, competent practitioners regardless of practice settings. It is crucial that all paramedics maintain a high level of current, relevant, medical knowledge while addressing the daily challenges of ensuring patient care and safety. Self-regulation is a key mechanism to consistently define health care professionals and the ability to continuously improve upon the foundation of professional practice.



MENTORSHIP PROGRAM

The Service is invested in a Mentorship Program. This ensures that we are not only selecting the best students to precept with us, but it also allows us to ensure that our new hires have had the opportunity to be educated on the specifics of being a paramedic with the County of Renfrew. It will also hopefully ease their transition from student to paramedic when they do begin working with us and provide a more rounded, oriented paramedic.

RESEARCH

The County of Renfrew Paramedic Service is a significant contributor to the academic body of evidence-based knowledge and the creation of novel standards to guide the principles and practice of Paramedic Service.

The following innovative National and International Standards Development programs have either been led by or contributed to by the County of Renfrew Paramedic Service in partnership with the Canadian Standards Association and the Government of Canada through the Defense Research and Development Canada Program:

1. Canadian Paramedic Service Standards Strategy, 2012
2. Gap Analysis for EMS Science and Technology Research, 2012
3. Paramedic Physical Demands Analysis, 2013
4. Paramedic Research Program Leveraging Guide, 2013
5. Economic Value of Community Paramedicine, 2014
6. Canadian Paramedic Health & Wellness Project, 2015
7. National Standard for Community Paramedicine, 2015
8. Canadian Standard for Paramedic Ground Emergency Response Vehicles and Equipment, 2016
9. Personalized Approach to Mental Health Disorders in First Responders, 2017
10. Canadian Work Disability Prevention Standard for Paramedics with Post Traumatic Stress Injury, 2017
11. Canadian First Responder Fatigue Risk Management Standard, 2018
12. Standards and Taxonomies for a Canadian Paramedic information System, 2018
13. Develop Recommendations for Canadian UAV Operator Competency Requirements for Tri-Services, 2018

Evidence-based research that has been peer reviewed and published in 2022 by the County of Renfrew Paramedic Service to inform and guide our Paramedic Service model of care includes:

1. Palliative paramedicine: Comparing clinical practice through guideline quality appraisal and qualitative content analysis
2. The development of community paramedicine; a restricted review
3. COVID-19 assessment and testing in rural communities during the pandemic: Cross-sectional analysis
4. Workplace violence against emergency health care workers: What Strategies do Workers use?
5. Providing 24/7 healthcare for all during the COVID-19 pandemic.
6. Advances in Community Paramedicine in Response to COVID-19.
7. Enhancing professional practice and professionalism among Canadian rural paramedics
8. First responder fatigue risk management system
9. Work disability management in the paramedic service organization

RESEARCH SYMPOSIUM

Paramedic researchers and academics from around the world present both contemporary and primary research related to the field of paramedicine. It is an opportunity to showcase the latest advancements within our profession that were made through dedicated research and innovation. Our paramedics are encouraged to attend these type of research events to stimulate innovative thoughts, connect with peers, and experience both personal and professional growth.

Community Involvement

Our Paramedic Service values its relationship with communities across the County. In addition to offering community based clinical programs, we are committed to being an effective, reliable, and valued member of the community. As a service, we continuously contribute to many events and initiatives throughout the County of Renfrew.

COMMUNITY EVENTS

Some of the community events the Paramedic Service supports include:

- Large music festivals
- Active transportation events — bike and running fundraisers, races, triathlons
- Fairs, carnivals, exhibitions
- Ski and snowmobile events
- Church events
- Municipal celebrations
- Holiday events around Christmas, New Years, Canada Day, Thanksgiving, Remembrance Day
- Racing events at Calabogie Motor Speedway, sc
- School engagement
- Public CPR and Automatic External Defibrillator (AED) training

FUNDRAISING

Organizing, and participating in, fundraising events provides the Service with another opportunity to give back to our community. Each year, our Service hosts a Food and Toy Drive, as well as an Emergency Services Race.

The Food and Toy Drive, initially located in Renfrew, has expanded to reach the Pembroke community as well. All of the donated food and toys are allocated back into the community where they were collected.

The Emergency Services Race is a fundraiser that is hosted in collaboration with partners from Central Ambulance Communications Centre. The event is a friendly 5 km and 10 km walk/bike/run race that promotes staying active and raises money for a local charity. It is also an event that gives first responders, dispatchers, and Emergency Department staff an opportunity to interact with one another, as well as engage with the community.

Service Highlights

HEALTH CARE GAPS AND COMMUNITY NEEDS

The Service has responded to community needs and identified health care gaps by:

- Maintaining health and safety measures
- Strengthening communication and building relationships with community partners (relationships with Care Coordinators and Community Paramedics; integration with family health teams; relationship with Renfrew County Virtual Triage and Assessment Centre).
- Managing increased call volumes on the 9-1-1 side and increased referrals and patient interactions through the Community Paramedicine Program.
- Working with community partners to provide a surge response, and identify creative solutions to address system pressures:
    a. COVID-19 response,
    b. Renfrew County Virtual Triage and Assessment Centre; and,
    c. Community Paramedicine for Long-term Care Program funding
- Supporting staff in their return to work and increasing staffing to meet increased demand for service.

MAINTAINING HEALTH AND SAFETY MEASURES

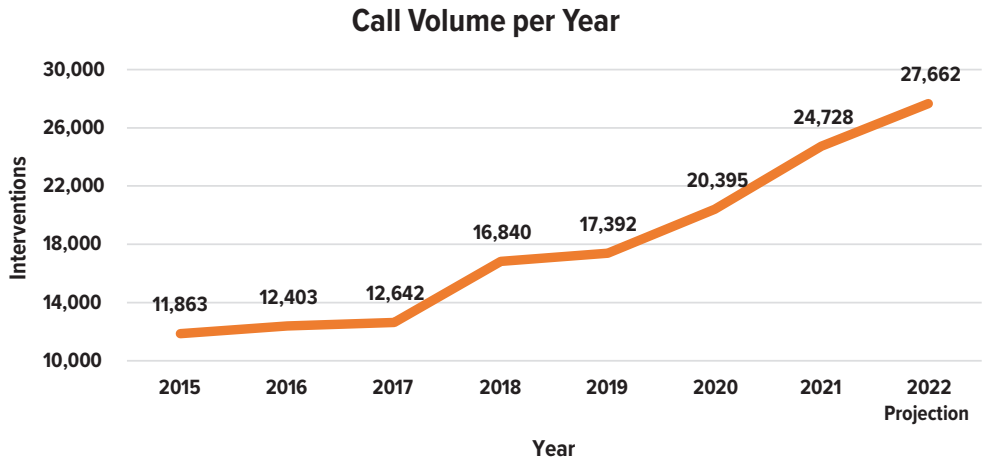
Operations of the Service can look different day-to-day, especially in the context of the COVID-19 pandemic. The Service continues to pivot and adapt to ever-changing environments and circumstances in order to provide the best possible outcomes for patients and local communities. The Service has taken necessary steps to ensure that proper protocols, assessments, and use of personal protective equipment have been followed on all calls. Further to this, with the addition of a Logistics Portfolio within the Service, there has been the ability to streamline and formalize processes with inventory control, restocking bases and purchasing inventory and equipment.

STRENGTHENING INTERNAL AND EXTERNAL COMMUNICATIONS

There have been ongoing changes with the delivery of service and Ministry of Health requirements. In order to keep staff up to date with all the current changes, new communication strategies were formulated to allow management to connect and communicate with frontline staff to ensure they are equipped with the most current and up to date information. These strategies were also used to inform the public of the programs available through the Service. Administrative staff were leveraged to increase the Service's presence on social media and other platforms. As the service expands, it is working on rebranding print materials, and education materials to increase the level of professionalism within the Service and across the County.

The Service continues to build upon existing relationships with key stakeholders and establish new partnerships, which has provided an opportunity to divert patients from Emergency Departments and help those patients navigate the health care system to ensure they are being connected with appropriate care.

Relationships with Home and Community Care Support Services and Community Paramedics have been strengthened. Care Coordinators have a better understanding of the type of referrals to make to Community Paramedics, and Community Paramedics have a better understanding of the role of a Care Coordinator. In turn, joint visits are happening when appropriate for mutual patients, and stakeholders are working better together to align service with the patient's care goals. These relationships are strengthening service delivery and leading to quality assurance and improvement initiatives. Community Paramedics are becoming more integrated in the Family Health Teams within the County, which is taking pressure off the health care system as a whole and providing patients with the appropriate services they require in their homes. These relationships lead to direct follow-up with the Physician and the Community Paramedic, and sometimes result in a patient, without a primary care provider, being taken on by a Family Health Team.



MANAGING INCREASED CALL VOLUME

With the changing demographics and demand for services, there has been an increase in call volume of more than 30% in 5 years, and a significant increase in the number of Community Paramedic interventions. Paramedics worked together through 9-1-1 Operations and the Community Paramedicine Program to respond to the increased need for service.

From 2018 to 2022, the number of patient home visits within the Community Paramedicine Program has more than doubled. In 2018, there were 3, 957 home visits and 5, 882 interventions, and in 2021, there were 10, 755 home visits and 19,982 interventions. It is projected that there will be 12, 987 home visits, and 23, 195 interventions for 2022.

In 2020, the number of referrals increased significantly with 3,508 referrals being received. The Service recognized the pressure put on the healthcare system due to COVID-19, and Community Paramedics were positioned to respond to the needs of the community.

Between 2018 and 2021, this number increased to 14, 100 interventions. This demonstrates the increased demand and need for the Community Paramedic Program. Although referrals increased by 358% between 2018 and 2020, this was due in part to COVID-19 and Community Paramedics worked to respond to these referrals in a timely manner. Community Paramedics managed to respond to the significant surge in referrals, and put in place additional system resources (i.e., swabbing teams/vaccination teams, and remote patient monitoring) to support the Community Paramedic work. Community Paramedics are now receiving regular referrals and can action appropriately and in a timely manner with an increased staffing complement.

SUPPORTING INTERDISCIPLINARY CARE

Working successfully across the Paramedic Service scope of practice requires effective partnerships and collaboration with community members, organizations, and allied health professionals. The Service works collaboratively with community partners to coordinate resources for an efficient and cost-effective response to the needs of the community. These partnerships provide opportunities to effectively develop new programs and build upon the success of existing programs to meet community needs.

Some of the recent work with community partners includes:

- Coordinated with local health care stakeholders to provide a surge response to COVID-19, which included paramedics leading the planning, logistical management, and implementation of drive thru, pop-up clinics, and in home testing and vaccination programs

Examples

Local Partnerships

- Public Health
- University of Ottawa Heart Institute
- Chronic Disease Self-Management
- Diabetes Education
- Algonquins of Pikwakanagan
- Algonquin College
- Local Hospitals
- Champlain Reginal Stroke Network
- Home and Community Support

Provincial and National Partnerships

- Champlain Emergency Services Network
- Reginal Stroke Network
- Palliative Care Community of Practice Regional Trauma Network
- International Roundtable on Community Paramedicine
- CORE Health
- Global Paramedic Education Council
- CSA Standards Advisory Committee
- Provincial Base Hospital Advisory Group
- Regional CACC Advisory Group
- OAPC Executive

- Collaboration with Renfrew County Primary Care teams, Renfrew County Hospitals, and the Renfrew County and District Health Unit, with the support of Ontario Health East, to launch the RC VTAC
- Developed and Implemented the Palliative Care Program
- Provided support to alleviate ongoing pressures in local hospitals (including paramedics working within the ER, as well as on off-load delay)
- Globally integrated care to fill system level gaps and support community partners

COMPREHENSIVE STAFF WELLNESS STRATEGY

One of the key elements to successful management of a Paramedic Service is a comprehensive staff wellness strategy. This includes a robust, and informative Peer Support Program developed with the guidance of trained mental health practitioners. A Peer Support Program allows trained Paramedics to provide mental health support to their co-workers. With similar backgrounds and experiences, these trained paramedics can offer emotional, social, and/or practical support to their fellow paramedics. Peer support can exist in several forms including mentoring, listening, advocating, and/or assisting when seeking professional help.

Ongoing Peer Support training includes quarterly workshops to promote ongoing self-care and provide opportunities to attain new skills. These enhancements to our current program include:

- **Pre-employment evaluation:** A cost-efficient investment to reduce costs associated with lost productivity and employee turnover, this process reduces workplace issues that can be both time consuming and costly.
- **Collaborative care and navigation:** A peer support team can play an important role in peer advocacy and help navigate interdisciplinary treatments.
- **Incident identification and notification:** Peer support provides early identification of concerns and subsequently, allows for earlier guidance towards the proper health care specialist. Early intervention is key to a successful return to work.
- **Early intervention process:** This process will establish an incident identification and notification policy. On average, first responders who receive a timely, high quality, and early intervention, do not require long-term absences or further mental health care. An employee's experience can be dependent on early interventions.
- **Re-exposure program in place:** Currently, employees away from the workplace tend to remain absent. If they return modified, and gradually, through a re-exposure process, they are more likely to return to full capacity employment.
- **Clear clinician outcomes:** Clear clinician outcomes will bridge the gap that exists between employee and employer. There will be a team committed to the employee's return to wellness.

HONOURS AND AWARDS

EXEMPLARY SERVICE AWARDS

Each year our Paramedics that have met the requirements set out by the Canadian Honours Programme are nominated to receive the Governor General's Emergency Medical Service Exemplary Service Awards at the Ontario Association of Paramedic Chiefs (OAPC). The award was created in 1994 and is available to eligible members of pre-hospital emergency medical services who have served for at least twenty years in a meritorious manner. These members have performed their duties in an exemplary manner, characterized by the highest standards of good conduct, industry, and efficiency. To qualify, at least ten of these years of service must have been street-level duty involving potential risk to the individual. ACP Gerry Slobodzian and PCP Jan Farrell were the recipients of the 2022 Exemplary Service Medal.

Moving Forward as a Service

In response to the consistent pressures within our healthcare system and the increased demand for emergency services, we are continuously looking for opportunities to further develop our services. This means supporting our ongoing projects, as well as seeking areas within paramedicine that we want to support and develop.

ONGOING PROJECTS

Integration with Health Teams

In addition to the potential alignment and consolidation of service opportunities with the Renfrew Central Ambulance Communications Centre and Public Health, the County of Renfrew Paramedic Service has been a fully integrated partner in multiple Health Teams providing Coordinated Care Planning and Community Paramedicine. As mentioned above, we continue to support the development of Ontario Health Teams as one of the few, if not only, community based 24/7 health service providers that does not require pre-assessment / registration to access care. We have done considerable work to engage with stakeholders and fully integrate with multiple family health teams and community health centers.

Permanency for Community Paramedicine

The evidence is clear. Community Paramedicine (CP) programs are working. They allow communities to take advantage of the needed health care skills of paramedics to solve local challenges. They should be embedded, with permanent funding, as part of the delivery of paramedic services.

- Implementing CP across the province will result in:
- Reduced health system costs
- Patients diverted from emergency rooms
- Individuals staying at home longer, reducing pressure on long-term care
- Increased access to the needed primary community or home health care
- Health equity issues addressed
- Critical gaps filled related to seasonal surges and influenza

Diversity and Inclusivity within the Service

There is an opportunity to continue the town halls/information sessions that started up again in October 2022. The sessions in 2022 were focused on engaging staff in the new scheduling changes and decisions needed to be made resulting from the ratification of a new Collective Agreement. The Service recognizes the importance of continuing information sessions with staff as a way to hear from frontline staff about how changes are impacting the work they are doing, their current needs, and provides opportunities to continue to support staff.

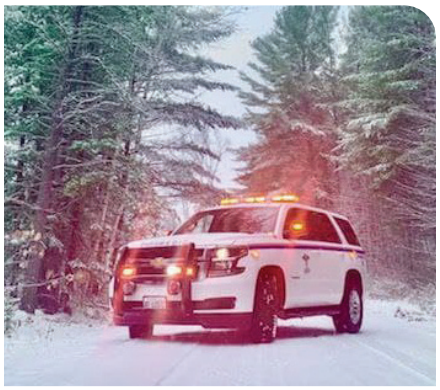
In addition to this, the Service is committed to creating an environment that is built on respect, free of racism and oppressive behaviours, so that Black, Indigenous, racialized, and marginalized staff and patients can feel safe and continue to thrive.

PTSD Prevention Programs and Peer Support

Continue to require psychiatric assessments as part of the screening process for Commanders. These assessments are used to determine the support that might be needed to maintain/increase resiliency. Continue to promote Peer Support Services to all staff, and further educate Commanders as to when they should to initiate a request for Peer Support.

Support Ongoing Pressures

There is ongoing discussion with rural hospitals to support adequate staffing levels and surge capacity. Paramedics have played an integral role in the influenza season with diversions from hospital and integration with the discharge process to support early discharge home as part of the patient's health care team, and assist to bridge the gap in service until appropriate supports can be established.



The evidence clearly demonstrates that there is a primary role for Paramedics in innovative and integrated population-based health improvements and system efficiencies. Ongoing collaboration with the Province of Ontario to support provincial priorities, local health teams and partnerships will continue to improve our opportunities to effectively impact urgent issues such as hallway medicine and the incidence of chronic disease and respond effectively to emergent and ongoing health and social needs of community members. The Paramedic Service represents an invaluable opportunity to model innovative, high quality and cost savings practice across all rural Services in Ontario.

FUTURE PROJECTS

Dispatch Alignment

Dispatch reform must be a priority. It brings the system together and is the coordination point. It should be a system navigator, improving patient care by putting the right resources in the right place at the right time considering local needs.

- Fast track the rollout of Medical Priority Dispatch System (MPDS) and all its components
- Create stronger integration with local paramedic services
- Create a third-party accreditation model for dispatch to ensure consistency and unbiased assessment
- Allow municipal oversight at the communications centre to ensure the efficient use of resources

Regulated Health Professionals Act.

A self-regulating college for paramedics is long overdue. Paramedics should have the same self-regulation as other health professionals such as nurses, midwives, and massage therapists. Ontario can follow the lead of other provinces and reduce bureaucratic layers within the Ministry of Health.

A college would:

- Increase public trust, safety, and patient care
- Increase paramedic standards, accountability, and transparency that would achieve higher levels of performance, proficiency, and care
- Drive consistent service
- Relieve pressures from base hospitals that oversee local paramedic services
- Allow portability of credentials across the province

Patient Flow

Patients in the care of paramedics must be triaged as a first priority at all hospitals, every time.

- Recognize paramedic delay in hospitals as a risk to public safety
- Encourage hospital leadership to take a 'whole hospital' approach to address offload delays
- Mandate Fit2Sit program that allow patients arriving by ambulance to sit in the waiting room if their condition allows
- Create incentives for hospitals to meet the 30-minute off-load target through a Pay for performance model
- Encourage Community Paramedic referrals from hospital and home and community care to reduce the burden of Alternate Level of Care and ensure patient flow

Treat and Release Measures

Currently when a patient refuses to go the hospital, they are coded as Code 72 — Patient Refused. Patients recognize the need for assistance, but do not want to leave their home. The Paramedic is on scene — the optimal outcome would be to provide the necessary care in the home at the time it is needed. A Code 72 does not result in follow-up unless the patient agrees with a referral to the Community Paramedic Program.

Code 77s have recently been introduced for palliative and other patients. This involves a paramedic calling our RC VTAC physician to say that the patient wants to remain home and then getting their approval to do so. The gap is that no information is provided to the healthcare team, and there is no integration of care.

There is an opportunity to create a more robust system where paramedics on the 911 side are better integrated with the healthcare system. This would involve developing a pathway through discussions with other care providers to get patients the care they need at home rather than putting extra pressure on overburdened Emergency Departments. Paramedics could help patients navigate the healthcare system from home. This would involve engaging with primary care providers, Renfrew County Virtual Triage and Assessment Centre (RC VTAC), and others required services.

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YOUR PARAMEDIC SERVICE

County of Renfrew

Ontario

Ministry of Health
Assistant Deputy Minister
Emergency Health Services Division

5700 Yonge Street
6th Floor
Toronto ON M2M 4K5
Tel.: 647-919-6921
www.Ontario.ca/health

Ministère de la Santé
Sous-ministre Adjoint
Division des services de santé d'urgence

5700 Yonge Street
6è étage
Toronto ON M2M 4K5
Tel.: 647-919-6921
www.ontario.ca/sante

MEMORANDUM TO: Presidents, Colleges of Applied Arts and Technology offering the Primary Care Paramedic Diploma program

FROM: **Susan Picarello**

Assistant Deputy Minister
Emergency Health Services Division
Ministry of Health

DATE: November 15, 2022

SUBJECT: **Paramedicine college seat expansion commitments**

To begin, I would like to acknowledge the ongoing efforts from Ontario colleges in collaborating with the Ministry of Health to address the health human resources staffing crisis in Ontario, specifically by identifying barriers and opportunities to increase enrollment and improve retention of paramedic students.

The Ministry of Health and Ministry of Colleges and Universities are partnering to work with the colleges to expand the number of paramedic program seats. We are prepared to provide the support that colleges require, so that paramedic programs can move forward with assessing and confirming additional enrollment capacity.

The Ministry of Health attended the Ontario Association of Paramedic Chiefs Fall Symposium on October 5, 2022, to discuss the need for paramedic services in providing sufficient placement opportunities for paramedic students. The paramedic Chiefs understood the colleges' concerns, and they are committed to taking on as many students as they can for placement opportunities given the urgency in addressing current staffing shortages in paramedicine.

The Chiefs also expressed commitment towards addressing attrition rates of paramedic students by working with students to provide a realistic overview of the profession. The Ministry is also committed to continuously collaborating with paramedic services to facilitate placement opportunities and ongoing discussions with colleges to address specific issues relating to student placements.

My team is committed to facilitating discussions between other health system partners and the colleges to ensure a streamlined system of access for student placements.

We hope that these commitments will ease any concerns regarding colleges committing to and confirming additional paramedic program seats.

We look forward to engaging with Ontario colleges in the upcoming weeks to confirm the additional number of paramedic program seats that can be made available for the September 2023 school year to help address the need for more paramedics in the health system.

If you have any questions or concerns, please do not hesitate to reach out to Rumana Chowdhury, Acting Director for the Emergency Health Regulatory and Accountability Branch at Rumana.Chowdhury@ontario.ca.

Sincerely,

_____
Susan Picarello
Assistant Deputy Minister, Emergency Health Services Division

cc: **Michael Sanderson**, President of the Ontario Association of Paramedic Chiefs
Vice-Presidents, Academic, Colleges of Applied Arts and Technology offering the Primary Care Paramedic Diploma program
Janet Hope, Vice President, Policy and Innovation, Colleges Ontario
Kathryn Sullivan, Senior Research and Policy Advisor, Colleges Ontario
Kelly Shields, Assistant Deputy Minister, Postsecondary Education Division
Ivonne Mellozzi, Director, Postsecondary Accountability Branch
Adrienne Swanson, Manager, Colleges Unit
Jason Powell, Provincial Paramedic Liaison, Heads of Health Sciences, Colleges Ontario
Rumana Chowdhury, Director (A), Emergency Health Regulatory and Accountability Branch
Bridget Au, Senior Manager (A), Regulatory & Standards Oversight Unit
Carrie Hassberger, Manager, Certification & Patient Care Standards Unit

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Board of Health

Regular Board Meeting

Tuesday, September 27, 2022

The Regular meeting of Renfrew County and District Health Unit's Board of Health was held in the Classroom at 141 Lake Street, Pembroke, ON, and on the virtual software platform—*Microsoft Teams*. Members were present in-person or by audio and/or video.

Members:

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
Carolyn Watt	Member

Staff:

Vicki Benoit	Director, Health Protection
Dr. Robert Cushman	Acting Medical Officer of Health
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

Regrets:

Wilmer Matthews	Member
Jennifer Murphy	Member

01. Call to Order

Chair Aikens called the meeting to order at 10:00 a.m.

02. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 BoH 2022-Sep-27

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

Carried

03. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

04. Delegations

There were no delegations.

05. Minutes of Previous Meetings (Approval)

a. Special Meeting Minutes 2022-Aug-30

The special meeting minutes were approved for Tuesday, August 30, 2022.

Resolution: #2 BoH 2022-Sep-27

Moved by C. Watt; seconded by J. Dumas; be it resolved that the Board approve the meeting minutes from the Special Board meeting held on Tuesday, August 30, 2022, as presented.

Carried

06. Business Arising

a. Action List—Regular Board Meeting—2022-Jun-28

All items from *Action List* were completed or deferred to a later date.

07. Staff Reports

Report to the Board—Dr. Robert Cushman, Acting Medical Officer of Health

Dr. Robert Cushman provided the Board with the following written report:

- *Report to the Board*.

Dr. Cushman gave an update to the Board on current COVID-19 activity in Renfrew County and District, as outlined in the link below:

- *COVID-19 Case Summary—2022-Sep-22*.

As part of the *Report to the Board*, Lindsey Cameron-Dermann, Coordinator, Epidemiology and Health Analytics gave the following presentation:

- *COVID-19 RCDHU Epidemiology Update*.

The Chair called for questions and comments from the Board.

L. Cameron-Dermann left the meeting at 10:30 a.m.

a. Kids Come First

The Collaborative Decision Making Arrangement would formalize RCDHU's relationship with the Children's Hospital of Eastern Ontario (CHEO):

- *Participation Confirmation from the Members of the Kids Come First Health Team*
- *Collaborative Decision Making Arrangement Kids Come First Health Team*

The Chair called for questions and comments from the Board.

Resolution: #3 BoH 2022-Sep-27

Moved by J. Brose; seconded by C. Reavie; be it resolved that the Board direct the Chair to sign the Participation Confirmation for Kids Come First, as a Collaborative Partner.

Carried

b. Joint Statement on Physical Punishment

Dr. Cushman received a request from Ron Ensom, Coalition on Physical Punishment of Children and Youth, for Renfrew County and District Health Unit to endorse the Joint Statement on Physical Punishment of Youth and Children.

The following was provided as background information:

- *Joint Statement on Physical Punishment of Children and Youth BoH Endorsement—Renfrew County and District Health Unit*
- *Joint Statement on Physical Punishment of Children and Youth—Canadian organizations that have endorsed the Joint Statement*
- *Physical Punishment—Children's Hospital of Eastern Ontario—website*
  - CHEO poster—*Joint Statement on Physical Punishment of Children and Youth*

The Chair called for questions and comments from the Board.

Resolution: #4 BoH 2022-Sep-27

Moved by J. Dumas; seconded by J. King; be it resolved that the Board direct Dr. Cushman to send a letter of endorsement for the Joint Statement on Physical Punishment of Children and Youth.

Carried

c. School Focused Nurses Initiative

P. Smith, Director, Health Promotion reported on the following:

- *Highlights of the School-Focused Nurses Initiative Evaluation Report*.

The Chair called for questions and comments from the Board.

Resolution: #5 BoH 2022-Sep-27

Moved by J. M. du Manoir; seconded by C. Reavie; be it resolved that the Board accept the Report to the Board from Dr. Robert Cushman, Acting Medical Officer of Health.

Carried

Chair Aikens thanked Dr. Cushman, V. Benoit, and P. Smith, for the *Report to the Board*.

Dr. Cushman thanked Staff Members for their reports.

d. Q2 2022 Corporate Operational Plan and Risk Mitigation Strategies

Tom Regan, Coordinator, Foundational Standards, presented the following:

- *Q2 2022 Corporate Operational Plan and Risk Mitigation Strategies*.

Chair Aikens called for questions and comments from the Board.

Resolution: #6 BoH 2022-Sep-27

Moved by C. Watt; seconded by J. Dumas; be it resolved that the Board accept the Q2 2022 Corporate Operational Plan and Risk Mitigation Strategies.

Carried

Dr. Cushman and T. Regan left the meeting at 11:02 a.m.

At 11:02 a.m., the Chair recessed the meeting until 11:08 a.m.

08. Board Committee Reports

a. Executive

Committee Chair Christine Reavie presented the following:

- *Executive Committee Board Report—2022-Aug-04*.

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

Resolution: #7 BoH 2022-Sep-27

Moved by J. Brose; seconded by J. King; be it resolved that the Board accept the *Executive Committee Board Reports*—2022-Aug-04, as presented.

Carried

- *Executive Committee Board Report—2022-Sep-16*.

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

Resolution: #8 BoH 2022-Sep-27
Moved by J. Brose; seconded by J. Dumas; be it resolved that the Board accept the *Executive Committee Board Reports*—2022-Sep-16, as presented.

Carried

Chair Aikens thanked the Committee for their hard work to develop the position descriptions for the *Medical Officer of Health (MOH)* and the *Chief Executive Officer (CEO)*. The Chair acknowledged, with thanks, the help and information received from Northwestern Health Unit, Southwestern Public Health, Windsor-Essex County Health Unit, and alPHa.

b. Governance
Committee Chair Joanne King presented the following:

- *Governance Committee Board Report—2022-Sep-08*.

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

Resolution: #9 BoH 2022-Sep-27
Moved by C. Watt; seconded by C. Reavie; be it resolved that the Board accept the *Governance Committee Board Report*—2022-Sep-08, as presented.

Carried

c. Resources
Committee Chair J. Michael du Manoir presented the following:

- *Resources Committee Board Report—2022-Sep-15*.

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

A Board Member requested that Resolution *#4 RC 2022-Sep-15—Renfrew Office—Lease Renewal*—be severed from the *Report*.

Resolution: #10 BoH 2022-Sep-27

Moved by P. Emon; seconded by M. Donohue; be it resolved that the Board sever Resolution #4 RC 2022-Sep-15 from the *Resources Committee Board Report*—2022-Sep-15 and vote on it separately.

Carried

The Board discussed Resolution #4 RC 2022-Sep-15—*Renfrew Office—Lease Renewal*. Some Board Members raised concerns about program and service delivery in the Renfrew area. Clarification was given that this motion was to provide timely notice to the County of Renfrew regarding our intention to vacate the building. Ongoing plans for service and program delivery in the Renfrew area to increase accessibility for clients and to encourage partnerships and collaboration with other healthcare partners will be addressed in the coming months by the Senior Management Team.

After further discussion, Chair Aikens called for a recorded vote.

Resolution: #11 BoH 2022-Sep-27

Moved by J. M. du Manoir; seconded by J. Dumas; be it resolved that written notice be given to the County of Renfrew, of Renfrew County and District Health Unit's intent to vacate the premises leased at 450 O'Brien Road, Renfrew, ON, at the end of the current lease term.

Recorded Vote

Yes	Name of Board Member	No
✓	Aikens, M. Ann	
✓	Brose, James	
	Donohue, Michael	✓
✓	du Manoir, J. Michael	
✓	Dumas, Jane	
	Emon, Peter	✓
✓	King, Joanne	
	~~Matthews, Wilmer~~ (absent)	
	~~Murphy, Jennifer~~ (absent)	
✓	Reavie, Christine	
✓	Watt, Carolyn	
7	**Totals**	**2**

Carried by:	**7 - 2**
Defeated by:	

Resolution: #12 BoH 2022-Sep-27

Moved by J. M. du Manoir; seconded by J. King; be it resolved that the Board accept the *Resources Committee Board Report*—2022-Sep-15.

Carried

09. Correspondence

The Board received the following correspondence:

Subject:		From:	Action:
a.	*Support for Resolution A22-4*—2022-Jun-28	• Chatham-Kent Public Health	• Received as information.
b.	*Improving Air Quality to Sustainably Prevent COVID-19*—2022-Jul-05	• Niagara Region Public Health	• Received as information.
c.	*Message from the 2022-2023 Chair for the Boards of Health Section of the Association of Local Public Health Agencies (alPHa)*—2022-Jul-06	• alPHa	• Received as information.
d.	*Letter of Support - Addressing Substance Use Harms*—2022-Jul-15	• Timiskaming Health Unit	• Received as information.
e.	*Decriminalization of Personal Possession of Illicit Drugs*—2022-Jul-15	• Timiskaming Health Unit	• Received as information.
f.	*A Renewed Call for Sick Leave Pay in Ontario*—2022-Jul-19	• Niagara Region Health Unit	• Received as information.
g.	*Addressing Public Health Funding Shortfalls in Niagara*—2022-Jul-29	• Niagara Region Health Unit	• Received as information.
h.	*Public Health Funding Shortfall Impacts—Correspondence for Review and Consideration*—2022-Aug-03	• Niagara Region Health Unit	• Received as information.
i.	*Ontario Speech from the Throne & Reintroduction of Budget*—*2022-Aug-09*	• alPHa and Ontario Newsroom	• Received as information.
j.	*Indirect Impacts Surveillance Dashboard*—2022-Aug-11	• Simcoe Muskoka District Health Unit	• Received as information.

k.	*Letter to Warden Robinson re presentation to RCDHU Board of Health*—*response from Laura LePine*—2022-Aug-11	• County of Renfrew—Community Services	• Referred to Stakeholder Relations Committee
l.	*August 2022 InfoBreak*—2022-Aug-22	• alPHa	• Received as information.
m.	*Strengthening Public Health in Ontario Now and for the Future*—2022-Aug-26	• Association of Municipalities Ontario (AMO)	• Received as information.
n.	*Addressing Public Health Funding Shortfalls in Niagara*—2022-Sep-14	• Grey Bruce Public Health	• Received as information.
o.	*Employer-Paid Sick Days in Ontario*—2022-Sep-14	• Grey Bruce Public Health	• Received as information.
p.	*September 2022 InfoBreak*—2022-Sep-16	• alPHa	• Received as information

The Stakeholder Relations Committee will confirm a date with the Renfrew County Community Services Department, for a presentation to the Board in the first quarter of 2023.

The Board discussed the items highlighted by P. Emon in the Association of Municipalities of Ontario (AMO) document—*Strengthening Public Health in Ontario Now and for the Future—2022-Aug-26*.

The AMO Report, included in the Renfrew County Council meeting, will be circulated by P. Emon, as information to the Board, on a monthly basis.

10. By-Laws

a. By-Law 2022-01—Procedural By-Law

The Board discussed approval of *By-Law Number 2022-01*.

Chair Aikens called for comments and questions from the Board.

A Board Member requested that item #10. *Governance Committee—Terms of Reference—Responsibilities,* be amended to read *"Lead the recruitment" of a MOH and CEO when a vacancy arises.*

After discussion, it was decided that this could be addressed with a friendly amendment, as it did not constitute a substantial change to the document.

Resolution: #13 BoH 2022-Sep-27

Moved by C. Reavie; seconded by J. King; be it resolved that the Procedural By-Law be now numbered, read three times and passed.

Carried

Governance Committee Chair J. King thanked Chair Aikens and the Committee for their hard work and dedication in completing the task.

11. New Business

a. Letter from Dr. Cushman

This *letter* was received from Dr. Robert Cushman, Acting Medical Officer of Health.

Chair Aikens called for comments and questions from the Board.

Resolution: #14 BoH 2022-Sep-27

Moved by C. Watt; seconded by J. M. du Manoir; Be it resolved that the Board extend the existing contract with Dr. Robert Cushman, appointing him Acting Medical Officer of Health for Renfrew County and District Health Unit, to December 31, 2022, effective October 25, 2022.

Carried

12. Notice of Motions

There was no notice of motion.

13. Closed

Resolution: #15 BoH 2022-Sep-27

Moved by J. Brose; seconded by J. King; be it resolved that the Board move into a closed meeting at 12:02 p.m. to discuss: xi. a position, plan procedure, criteria or instruction to applied to any negotiations, carried on or to be carried on by or on behalf of the municipality or local board.

Carried

Chair Aikens verified that all Members were alone and in a secure location before the meeting moved into the closed session.

Chair Aikens rose to report at 12:35 p.m. that the Board met in a closed meeting to discuss: xi. a position, plan procedure, criteria or instruction to applied to any negotiations, carried on or to be carried on by or on behalf of the municipality or local board;

Staff was directed to issue the RFP for a recruitment company to facilitate the process to recruit a Medical Officer of Health.

The Chair with assistance from the Communication Team, was directed to prepare a press release acknowledging our incredible appreciation for Dr. Cushman's contributions and years' of service to Renfrew County and District, especially through the COVID-19 pandemic response.

14. Date of Next Meetings

The date of the next Regular Board meeting is Tuesday, October 25, 2022, at 10:00 a.m., or at the call of the Chair.

15. Adjournment

Resolution: #12 BoH 2022-Sep-27

Moved by C. Reavie; seconded by C. Watt; be it resolved that the Regular Board of Health meeting be adjourned at 12:37 p.m.

Carried

The Regular Board meeting, held at 141 Lake Street and on *Microsoft Teams*, adjourned at 12:37 p.m.

_____

Chair

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

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Board of Health

Regular Board Meeting

Tuesday, October 25, 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:

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
Wilmer Matthews	Member
Carolyn Watt	Member

Staff:

Vicki Benoit	Director, Health Protection
Dr. Robert Cushman	Acting Medical Officer of Health
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

Regrets:

Jennifer Murphy	Member

01. Call to Order

Chair Aikens called the meeting to order at 10:00 a.m.

02. Land Acknowledgment

RCDHU is located on the unceded territory of the Algonquin Anishinaabe People.

We would like to honour the land and peoples of the Algonquin Anishinaabe, whose ancestors have lived on this territory for millennia, and whose culture and presence have nurtured and continue to nurture this land.

We would like to honour all First Nations, Inuit and Métis peoples, their elders, their ancestors and their valuable past and present contributions to this land.

Mìgwech

03. Presentation of Staff Recognition Gift

Chair Aikens made the following remarks:

On behalf of the Board we want to take this opportunity to thank all the Staff of Renfrew County and District Health Unit for their ongoing hard work, resilience, and commitment to excellence in the face of these unprecedented public health challenges caused by the COVID-19 pandemic.

You are a small group who moved quickly and creatively with our health and social service partners to ensure the health and safety of our residents.

We want to acknowledge that for many of you this required long hours, pivoting to new skills, and the stress of navigating our community through very uncertain times. Often this affected not just you but your families as well and we are grateful for their support.

We hope you will accept these RCDHU jackets as a token of our ongoing appreciation and wear them proudly as valued members of the Renfrew County and District Health Unit Team.

Today and always the Board is so grateful for everything you do to keep the residents of Renfrew County and District safe and healthy.

04. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 BoH 2022-Oct-25

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

Carried

05. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

06. Approval of Minutes of Previous Meeting

a. Regular Meeting Minutes 2022-Sep-27

The meeting minutes were approved for Tuesday, September 27, 2022.

Resolution: #2 BoH 2022-Oct-25

Moved by W. Matthews; seconded by J. Dumas; be it resolved that the Board approve the meeting minutes from the Regular Board of Health meeting held on Tuesday, September 27, 2022, as presented.

Carried

P. Emon joined the meeting at 10:08 a.m.

07. Staff Reports

a. Report to the Board—Dr. Robert Cushman, Acting Medical Officer of Health

Dr. Robert Cushman and Dr. Michelle Foote provided the Board with the following written report:

- *Report to the Board*.

As part of the *Report to the Board*, Kayla Schutt, Temporary Manager, COVID-19 Vaccine Program, and Erin Vereyken, Manager of Clinical Services, updated the Board on current immunization activity for COVID-19 vaccine and non-COVID-19 vaccine clinics. Staff worked hard to hold catch-up school immunization clinics throughout the summer and into the fall.

Lindsey Cameron-Dermann, Coordinator, Epidemiology and Health Analytics, updated the Board with the following graphs and information:

- *Number or weekly COVID-19 doses administered to RCD residents by age groups , last four weeks—2022-Oct-24*
- *Percentage of RCDHU residents with doses of COVID-19 vaccine, by age groups (as of Oct 8, 3022 via PHO)*
- *COVID-19 Wastewater Surveillance Initiative in Renfrew County and District—2022-Oct-19*.

Dr. Cushman and Dr. Foote gave an update to the Board on current COVID-19 activity in Renfrew County and District, as outlined in the link below:

- *COVID-19 Case Summary—2022-Oct-20*.

The Chair called for questions and comments from the Board.

Resolution: #3 BoH 2022-Oct-25

Moved by C. Reavie; seconded by J. Brose; be it resolved that the Board accept the *Report to the Board* from Dr. Robert Cushman, Acting Medical Officer of Health.

Carried

Chair Aikens thanked Dr. Cushman and Dr. Foote for their *Report to the Board*.

Dr. Cushman thanked Staff Members for their reports.

08. Board Committee Reports

a. Executive

Committee Chair Christine Reavie presented the following:

- *Executive Committee Board Report—2022-Oct-17*.

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

Resolution: #4 BoH 2022-Oct-25

Moved by W. Matthews; seconded by C. Reavie; be it resolved that the Board accept the *Executive Committee Board Report*—2022-Oct-17, as presented.

Carried

Chair Aikens commended all the Staff on their excellent team work in preparing *Our Journey Forward—Strategic Plan 2022-2026*. This foundational document will chart a path forward for the organization.

H. Daly, Dr. Cushman, and Dr. Foote thanked all those involved, including our community partners, in the preparation of the *Strategic Plan*.

b. Governance

Committee Chair Joanne King presented the following:

- i. *Governance Committee Board Report—2022-Oct-04*.

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

Resolution: #5 BoH 2022-Oct-25
Moved by W. Matthews; seconded by C. Watt; be it resolved that the Board accept the *Governance Committee Board Report*—2022-Oct-04, as presented.

Carried

Committee Chair Joanne King presented the following:

- ii. *Governance Committee Board Report—2022-Oct-20*.

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

A Board Member commended Staff for the clear milestones included in the RFP for the MOH recruitment.

Chair Aikens highlighted all the work that H. Daly, Dr. R. Cushman, and the Committee had done to secure the agreement with Dr. Gemmill for his appointment as Acting MOH from January 1, 2023 to April 30, 2023.

Resolution: #6 BoH 2022-Oct-25
Moved by W. Matthews; seconded by C. Reavie; be it resolved that the Board accept the *Governance Committee Board Report—2022-Oct-20*.

Carried

A Board Member asked if the Board could revisit one of the items on the *Governance Committee Board Report—2022-Oct-04*.

It was suggested was that information item #6 in the 2022-Oct-04 Report should be presented as a resolution.

Resolution: #7 BoH 2022-Oct-25
Moved by M. Donohue; seconded by J. Brose; be it resolved that the Governance Committee Report 2022-Oct-04 be revised to change information item #6 to Resolution #1 GC 2022-Oct-04 . . . that the Committee recommends to the Board that meetings remain virtual until the end of 2022.

And further, that this recommendation be reviewed before the end of December 2022.

Carried

09. Correspondence

The Board received the following correspondence:

Subject:		From:	Action:
a.	*Employer-Paid Sick Days in Ontario—2022-Jul-19*	• Chair, Board of Health, Niagara Region	• Received as information.
b.	*Re: Participation Confirmation from the Members of the Kids Come First Health Team—2022-Sep-27*	• Chair Aikens, RCDHU BoH	• Received as information.
c.	*Re: 2022 Joint Statement Endorsement from RCDHU—2022-Sep-28*	• Ron Ensom, Coalition on Physical Punishment of Children and Youth	• Received as information.
d.	*Provincial Supports for COVID-19 Response and Recovery—2022-Sep-29*	• Ministry of Health	• Received as information.
e.	*Re: Niagara Region Public Health—Paid Sick Leave—2022-Oct-04*	• Peterborough Public Health	• Received as information.
f.	*Re: AMO Submission—Strengthening Public Health: Now and For the Future—2022-Oct-04*	• Peterborough Public Health	• Received as information.
g.	*Letter Healthy Babies Healthy Children Program Funding—2022-Oct-07*	• Timiskaming Health Unit	• Referred to SMT.

10. Action List Review

a. Action List—Regular Board Meeting—2022-Sep-27

All items from *Action List* were completed or deferred to a later date.

11. Notice of Motion

There was no notice of motion.

12. Closed Meeting

There was no closed meeting.

13. Date of Next Meeting

The date of the next Regular Board meeting is Tuesday, November 29, 2022, at 10:00 a.m., or at the call of the Chair.

Chair Aikens congratulated Board Members; J. Brose, M. Donohue, and J. Murphy on their re-election in yesterday's municipal elections, and P. Emon who was acclaimed as reeve.

Chair Aikens thanked J. Dumas for her contributions to Renfrew County and District as a Member of Renfrew County and District Health Unit's Board of Health.

14. Adjournment

Resolution: #8 BoH 2022-Oct-25

Moved by M. Donohue; seconded by J. Dumas; be it resolved that the Regular Board of Health meeting be adjourned at 11:47 a.m.

Carried

The Regular Board meeting, held on *Microsoft Teams*, adjourned at 11:47 a.m.

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Chair

These meeting minutes were approved by the Board at the Regular Board meeting held on Tuesday, November 29, 2022.

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Board of Health

Special Board Meeting, via *Microsoft Teams*

Wednesday, November 9, 2022

The Special 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:

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
Wilmer Matthews	Member
Jennifer Murphy	Member
Carolyn Watt	Member

Staff:

Dr. Robert Cushman	Acting Medical Officer of Health
Marilyn Halko	Executive Assistant (Secretary)

01. Call to Order

Chair Aikens called the meeting to order at 2:00 p.m.

02. Land Acknowledgment

RCDHU is located on the unceded territory of the Algonquin Anishinaabe People.

We would like to honour the land and peoples of the Algonquin Anishinaabe, whose ancestors have lived on this territory for millennia, and whose culture and presence have nurtured and continue to nurture this land.

We would like to honour all First Nations, Inuit and Métis peoples, their elders, their ancestors and their valuable past and present contributions to this land.

Mìgwech

03. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 BoH 2022-Nov-09

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

Carried

04. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

05. Closed

Resolution: #2 BoH 2022-Nov-09

Moved by C. Watt; seconded by J. King; be it resolved that the Board move into a closed meeting at 2:05 p.m. to discuss: ii. personal matters about an identifiable individual, including Board Members.

Carried

Chair Aikens verified that all Members were alone and in a secure location before the meeting moved into the closed session.

The Secretary returned to the meeting. The open meeting resumed at 3:09 p.m.

Chair Aikens reported that the Board met in a closed meeting to discuss: ii. personal matters about an identifiable individual, including Board Members, and that the Board has appointed H. Daly, Chief Executive Officer (CEO) for Renfrew County and District Health Unit, effective November 10, 2022.

06. Adjournment

Resolution: #3 BoH 2022-Nov-09

Moved by W. Matthews; seconded by M. Donohue; be it resolved that the Special Board meeting be adjourned at 3:11 p.m.

Carried

The Special Board meeting, held by *Microsoft Teams*, adjourned at 3:11 p.m.

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Chair

These meeting minutes were approved by the Board at the Regular Board meeting held on Tuesday, November 29, 2022.

Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

Board of Health Regular Board Meeting

Tuesday, November 29, 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:

Ann Aikens	Chair
Christine Reavie	Vice-Chair
James Brose	Member
J. Michael du Manoir	Member
Peter Emon	Member
Joanne King	Member
Ethel LaValley	Member
Wilmer Matthews	Member
Jennifer Murphy	Member
Neil Nicholson	Member
Carolyn Watt	Member

Staff:

Vicki Benoit	Director, Health Protection
Dr. Robert Cushman	Acting Medical Officer of Health
Heather Daly	Chief Executive Officer
Dr. Michelle Foote	Public Health Physician
Marilyn Halko	Executive Assistant (Secretary)
Patti Smith	Director, Health Promotion

Guest:

Dr. Ian Gemmill

01. Call to Order

Chair Aikens called the meeting to order at 10:00 a.m.

Chair Aikens welcomed two new members to the Board: Ethel LaValley, Mayor of the Township of South Algonquin, and Renfrew County Councillor, Neil Nicholson.

Chair Aikens led a round of introductions for the new Board Members.

02. Land Acknowledgment

RCDHU is located on the unceded territory of the Algonquin Anishinaabe People.

We would like to honour the land and peoples of the Algonquin Anishinaabe, whose ancestors have lived on this territory for millennia, and whose culture and presence have nurtured and continue to nurture this land.

We would like to honour all First Nations, Inuit and Métis peoples, their elders, their ancestors and their valuable past and present contributions to this land.

Mìgwech

03. Agenda Approval

The agenda was approved, as presented.

Resolution: #1 BoH 2022-Nov-29

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

Carried

04. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

05. Approval of Minutes of Previous Meetings

a. Regular Meeting Minutes 2022-Oct-25

The meeting minutes were approved for Tuesday, October 25, 2022.

Resolution: #2 BoH 2022-Nov-29

Moved by C. Reavie; seconded by J. Murphy; be it resolved that the Board approve the meeting minutes from the Regular Board of Health meeting held on Tuesday, October 25, 2022, as presented.

Carried

b. Special Board of Health Meeting Minutes 2022-Nov-09

The special BoH meeting minutes were approved for Wednesday, November 9, 2022.

Resolution: #3 BoH 2022-Nov-29

Moved by W. Matthews; seconded by C. Watt; be it resolved that the Board approve the meeting minutes from the Special Board of Health meeting held on Wednesday, November 9, 2022, as presented.

Carried

06. Staff Reports

a. Report to the Board—Dr. Robert Cushman, Acting Medical Officer of Health and Dr. Michelle Foote, Public Health Physician

Dr. Robert Cushman and Dr. Michelle Foote provided the Board with the following written report:

- *MOH(A) Report to the Board*.

Dr. Foote gave an update to the Board on current COVID-19 activity in Renfrew County and District, as outlined in the link below:

- *COVID-19 Case Summary—2022-Nov-24*.

Lindsey Cameron-Dermann, Coordinator, Epidemiology and Health Analytics, and Erin Vereyken, Manager, Clinical Services, updated the Board on COVID-19 and Influenza vaccination uptake rates in Renfrew County and District.

The Chair called for questions and comments from the Board.

i. Food Affordability in Renfrew County and District 2022 Sophie Brulé, Registered Dietitian, presented the:

- *Food Affordability Slideshow*.

This was an overview of RCDHU's newest report—Food Affordability in Renfrew County and District 2022.

The Chair called for questions and comments from the Board. There was a fulsome discussion and question period that followed.

The report will be sent to RCDHU Area Mayors prior to the MOH(A) and RCDHU Area Mayors COVID-19 Information Update Meeting on Thursday, December 1, 2022 at 1:30 p.m.

Resolution: #4 BoH 2022-Nov-29

Moved by J. King; seconded by J. M. du Manoir; be it resolved that the Board accept the *Report to the Board* from Dr. Robert Cushman, Acting Medical Officer of Health.

Carried

Chair Aikens thanked Dr. Cushman and Dr. Foote for their *Report to the Board*.

Dr. Cushman thanked Staff Members for their reports.

c. CEO Report to the Board—Heather Daly, Chief Executive Officer
Heather Daly, Chief Executive Officer (CEO), presented:

- *CEO Report to Board—November 2022*.

In her first report to the Board, RCDHU's new CEO, H. Daly included the Annual Report 2021, MOH Recruitment, Renfrew Area Service Delivery Planning, and the Ministry Report: 2021 Annual Report and Attestation Template.

The Chair called for questions and comments from the Board. Chair Aikens thanked H. Daly for the CEO *Report*.

Resolution: #5 BoH 2022-Nov-29

Moved by C. Reavie; seconded by W. Matthews; be it resolved that the Board accept the CEO *Report to the Board* from Heather Daly, Chief Executive Officer.

Carried

d. Annual Report 2021
H. Daly gave an overview of the *Annual Report 2021*.

The Chair called for questions and comments from the Board.

A Board Member suggested that the same map used in RCDHU's *Strategic Plan 2022 – 2026, replace the map in the Annual Report 2021*. The suggested graphic includes the Township of South Algonquin and most of Algonquin Provincial Park.

The electronic version of the report will be sent to RCDHU Area Mayors prior to the MOH(A) and RCDHU Area Mayors COVID-19 Information Update Meeting on Thursday, December 1, 2022 at 1:30 p.m.

The *Report* will be printed, and the hard copies distributed to Renfrew County and District libraries.

Chair Aikens thanked H. Daly and Staff for the *Annual Report 2021*.

H. Daly thanked the Team for their hard work in preparing the *Report*.

Resolution: #6 BoH 2022-Nov-29

Moved by W. Matthews; seconded by E. LaValley; be it resolved that the Board accept the Annual Report 2021 and direct that it be published.

Carried

e. Q3 2022 Corporate Operational Plan and Risk Mitigation Strategies Report Tom Regan, Coordinator, Foundational Standards, presented the following:

- *Q3 2022 Corporate Operational Plan and Risk Mitigation Strategies*.

The Chair called for questions and comments from the Board.

Resolution: #7 BoH 2022-Nov-29

Moved by W. Matthews; seconded by J. M. du Manoir; be it resolved that the Board accept the Q3 2022 Corporate Operational Plan and Risk Mitigation Strategies Report, as presented.

Carried

Dr. Cushman, J. Murphy, C. Watt, and T. Regan left the meeting at 11:55 a.m.

At 11:55 a.m., the Chair recessed the meeting until 12:05 p.m.

07. Report Board Committee Reports

a. Executive

Committee Chair C. Reavie presented the following:

- *Executive Committee Board Report—2022-Nov-01*.

Chair Aikens reviewed the items on the *Report* that included the Organizational Chart, and the MOH and CEO position descriptions.

Chair Aikens called for questions and comments from the Board.

Resolution: #8 BoH 2022-Nov-29

Moved by J. King; seconded by J. Brose; be it resolved that the Board accept the *Executive Committee Board Report*—2022-Nov-01, as presented.

Carried

b. Resources

Committee Chair J. M. du Manoir presented the following:

- *Resources Committee Board Report—2022-Nov-21*.

Chair Aikens reviewed the items on the *Report* that included: *Legal: appointment of same auditor as municipal funder, Q3 Unaudited Financial Report, Insurance Quotes,* and *Extension of Hiring Authority.*

The Chair called for questions and comments from the Board.

Resolution: #9 BoH 2022-Nov-29

Moved by C. Reavie; seconded by W. Mathews; be it resolved that the Board accept the *Resources Committee Board Report*—2022-Nov-21, as presented.

Carried

08. Correspondence

The Board received the following correspondence:

Subject:		From:	Action:
a.	*2021 Annual Report for Public Health Sudbury & District*—2022-Oct-20	• Public Health Sudbury & Districts	• Received as information.
b.	*Letter re RCDHU Renfrew Office*—2022-Oct-21	• Mayor Donohue, Township of Admaston/ Bromley	• Chair to respond, as directed by the Board.
c.	*Association of Municipalities of Ontario (AMO) Report to Renfrew County Council*—2022-Oct-26	• P. Emon	• Received as information.
d.	*Rural Ontario Municipal Association (ROMA) Report to County Council*—2022-Oct-26	• P. Emon	• Received as information.
e.	*THANK YOU!*—2022-Oct-26	• RCDHU Staff	• Received as information.
f.	*Letter to Ontario Minister of Health—HSO Fee Guide Recommendation*—2022-Oct-28	• Windsor-Essex County Public Health	• Send to SMT.

g.	Letter re Renfrew County Place—2022-Nov-01	• Warden Robinson, County of Renfrew	• Chair to respond, as directed by the Board.

N. Nicholson left the meeting at 12:19 p.m.

09. New Business

a. Appointment of Dr. Etches

After discussion, in order to ensure clarity of MOH coverage, consistent with our service agreement with Ottawa Public Health the Board passed the following resolution:

Resolution: #9 BoH 2022-Nov-29

Moved by W. Matthews; seconded by J. Brose; be it resolved that the Board appoint Dr. Vera Etches or designate, as Acting Medical Officer of Health for Renfrew County and District Health Unit for any period up to and including December 31, 2023, when Dr. Ian Gemmill, Acting Medical Officer of Health, or his successor, may on occasion, be temporarily unavailable to act in this role.

Carried

b. Selection Committee Membership

Chair Aikens recommended that another member should be added to the MOH Selection Committee and also, to include the MOH(A) as a participant in the interview process.

Resolution: #10 BoH 2022-Nov-29

Move by J. King; seconded by C. Reavie; be it resolved that Carolyn Watt be added to the Selection Committee;
And further, that Dr. Ian Gemmill be asked to participate in the interview phase.

Carried

c. 60th Anniversary RCDHU

After discussing the information that C. Reavie provided about the upcoming anniversary of RCDHU, H. Daly will gather more historical information about the health unit. The Board set a tentative date of Friday, August 4, 2023, for a celebration to mark the 60th anniversary.

10. Action List Review

a. Action List—Regular Board Meeting—2022-Oct-25

All items from *Action List* were completed or deferred to a later date.

After discussion the following items were added to the new Action List:

- Board decision on meeting virtually.
- New Board Member Orientation meeting—referred to Chair Aikens and H. Daly.
- Thank you letter to retiring Board Members: Michael Donohue, Jane Dumas, and Christine Reavie—referred to Chair Aikens.
- HSO Fee Guide Recommendation referred to SMT.
- HBHC Program Funding referred to SMT.

11. Notice of Motion

There was no notice of motion.

12. Closed Meeting

There was no closed meeting.

13. Date of Next Meeting

The dates of the next meetings:

- Special BoH—Levy Friday, December 16, 2022, at 10:00 a.m.
- Inaugural Board meeting January 10, 2023, at 10:00 a.m.
- Regular Board meeting January 31, 2023, at 10:00 a.m.

14. Adjournment

Resolution: #11 BoH 2022-Nov-29

Moved by C. Reavie; seconded by W. Matthews; be it resolved that the Regular Board of Health meeting be adjourned at 12:40 p.m.

Carried

The Regular Board meeting, held on *Microsoft Teams*, adjourned at 12:40 p.m.

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Chair

These meeting minutes were approved by the Board at the Special Board meeting held on Friday, December 16, 2022.