



HEALTH COMMITTEE

Wednesday, September 13, 2023 – 9:30 a.m.

AGENDA

1. Call to order.
2. Land Acknowledgement.
3. Roll call.
4. Disclosure of pecuniary interest and general nature thereof.
5. Adoption of minutes of previous meeting held on August 16, 2023.
6. Delegations:
 - a) 9:30 a.m. – Director of Emergency Services, Michael Nolan regarding creation of a Mental Health, Addictions and Homelessness Hub that aligns with Strategic Directions for Community Wellness and Healthcare, and Attainable Housing and Infrastructure.

	<u>Page</u>
7. Emergency Services Department Report	3
8. Long-Term Care Report	18
9. Administration Department Report	
10. Board of Health Minutes – None at time of mailing.	
11. New Business.	
12. Closed Meeting – None at time of mailing.	
13. Date of next meeting (Wednesday, October 11, 2023) and adjournment.	

- NOTE:**
- a) **County Council: Wednesday, October 25, 2023.**
 - b) Submissions received from the public, either orally or in writing may become part of the public record.

COUNTY OF RENFREW
EMERGENCY SERVICES REPORT

TO: Health Committee

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

DATE: September 13, 2023

SUBJECT: Department Report

INFORMATION

1. Expanding Community Paramedic Programs (formerly HISH)

Attached as Appendix ES-I is an e-mail from Carl Bonura, Director, Capacity, Access & Flow, Ontario Health East stating that the Ministry of Health funding for the Expanding Community Paramedicine programs (formerly CP HISH) across the province will continue and has been converted to base. The County of Renfrew will receive \$133,00 for 2023-24 and \$231,700 for 2024-25. The province has now committed to providing base funding, meaning the commitment to this program is no longer reviewed annually, but now provides an ongoing funding commitment.

This funding, previously known as High Intensity Support at Home helps patients with high care needs to transition from a hospital back to their home or community setting with the right supports in place and with the assistance of Community Paramedics.

2. Dedicated Off-Load Nursing Funding

Attached as Appendix ES II is a letter from Deputy Premier and Minister of Health, the Honourable Sylvia Jones, stating that the Ministry of Health will provide the County of Renfrew with up to \$421,000 in one-time funding for the 2023/24 funding year to support the Dedicated Offload Nurses Program. This investment will help reduce ambulance offload time at selected hospitals, increase ambulance availability, and improve access to emergency health care across your community.

Paramedics are responsible for the care of the patient until the hospital takes over. When paramedics wait in an emergency department for a patient to be transferred to the care of a hospital, they must remain at the hospital resulting in an increased wait time exacerbated by staffing issues, which prevents them from responding to calls in the community. These calls can range from heart attacks, strokes, and major trauma, and also leaves fewer resources to respond to less critical conditions.

We will be working with our hospital partners on a memorandum of understanding with respect to defining our partnership(s), along with funding arrangements.

3. Ministry of Health – Additional Land Ambulance Services Grant (LASG) Base Funding

Attached as Appendix ES III is a letter and new Schedule B to the existing budget document, from Deputy Premier and Minister of Health, the Honourable Sylvia Jones, advising that the Ministry of Health will provide the County of Renfrew up to \$350,263 in additional base funding with respect to the 50/50 Land Ambulance Services Grant (LASG) for the 2023 calendar year. This will bring the total maximum base funding available under the Agreement for the 2023 calendar year up to \$9,666,479.

4. Primary-Public Safety Answering Point (PSAPP Renewal)

Attached as Appendix ES-IV is a letter from the Municipal Policing Bureau regarding the agreement for provision of 9-1-1 Primary PSAP Services between the Ontario Provincial Police and the County of Renfrew, outlining enhanced services available through “the Next Generation (NG) 9-1-1”. The new emergency communications system that will be officially rolled out later this year.

5. Presentation – Role of the Community Paramedic

Commander Amber Hultink and Heather Quinn, an Advanced Care Paramedic with Halton Region, will be discussing how Community Paramedics can support health care needs and community connections during a webinar hosted by Dying with Dignity Canada on Wednesday, September 20. <https://www.dyingwithdignity.ca/upcoming-events/your-healthcare-team-community-paramedics/>.

In 2018/19, Commander Hultink was seconded to the Canadian Foundation for Healthcare Improvement as a Paramedic Improvement Lead, to work on a pan-Canadian project to implement Paramedics Providing Palliative Care in seven (7) jurisdictions across Canada. She has brought this knowledge to serve residents in the County of Renfrew with optimal end of life care through the Palliative Program.

BY LAWS

6. Arnprior Regional Health/County of Renfrew Paramedic Service Agreement

Recommendation: THAT Health Committee recommends to County Council that a By-law be adopted authorizing the Warden and Clerk/CAO to sign a renewal of the Agreement between the County of Renfrew Paramedic Service and Arnprior Regional Health to deploy Paramedics in the Emergency Department.

Background

The County of Renfrew Paramedic Service and Arnprior Regional Health have been benefitting by the rotating roster of Paramedics working in the Arnprior Regional Health Emergency Department since late December 2022. The program has been well received by both Paramedics who are happy to provide support to a partner agency and emergency staff, for

assistance to relieve emergency department pressures during surge periods and amid staffing shortages.

A Service Agreement renewal between Arnprior Regional Health and the County of Renfrew Paramedic Service is attached as Appendix ES-V.

Email to Chief Michael Nolan

From: Bonura, Carl <Carl.Bonura@ontariohealth.ca>

Sent: Friday, August 25, 2023 3:41:13 PM

To: Michael Nolan <MNolan@countyofrenfrew.on.ca>; Mathieu Grenier <MGrenier@countyofrenfrew.on.ca>; Amber Hultink <AHultink@countyofrenfrew.on.ca>; ksmith@countyofrenfrew.on.ca <ksmith@countyofrenfrew.on.ca>

Cc: Hood, Katie <Katie.Hood@ontariohealth.ca>; Nabavi, Navid <navid.nabavi@ontariohealth.ca>; Caines, Paul <Paul.Caines@ontariohealth.ca>

Subject: Expanding Community Paramedicine Funding Allocations

[CAUTION -- EXTERNAL E-MAIL - Do not click links or open attachments unless you recognize the sender.]

Hello everyone,

I am pleased to inform you that Ministry of Health funding for the **Expanding Community Paramedicine programs (formerly CP HISH)** across the province will continue and has been converted to base. This ongoing funding commitment will provide the stability paramedic services have been seeking to support longer term planning, budgeting and staffing for expanded Community Paramedicine programs across East region, and the province.

We are grateful to the Paramedic Service providers that were able to continue Community Paramedicine program activities from 2022/23 into 2023/24, as requested, while we waited for confirmation of continued funding. Individual allocations for Expanding Community Paramedicine programs across our region this fiscal year have been determined based on funding utilization and program needs. The base funding allocations for Renfrew County Paramedic Services for 2023/24 (see table below) are expected to cover costs incurred to date along with all eligible program activities up to and including March 31, 2024.

Starting Fiscal Year 2024/25, Ontario Health East will flow annualized base funding to support each of our 14 Community Paramedicine programs (please see table below). Within the limits of available budget, funding amounts will be adjusted, as necessary, in consultation with providers based on spending patterns and updated funding needs, building on the utilization data provided to us by each program earlier this year (thank you for the information that was submitted; it has proven useful in developing the individual allocations recommended in the table below).

At this time we are reaching out to provide advance notice of individual funding amounts to each OH East Community Paramedicine programs for 2023/24 and 2024/25. Please review the table below and provide any input or feedback you may have to Katie Hood (Lead, Capacity, Access and Flow – Katie.Hood@ontariohealth.ca) and Navid Nabavi (Lead, Performance, Accountability and Funding Allocations – navid.nabavi@ontariohealth.ca) by September 1st. Formal funding letters and associated schedules will be distributed shortly afterwards.

Paramedic Service Provider	Associated HSP with Accountability Agreement	23/24 Expanding CP Base Funding Amount	24/25 Expanding CP Base Funding Allocation
Renfrew County Paramedic Services	Arnprior Regional Health	\$133,000	\$231,700

Please note that Ontario Health East staff will plan to meet with each Paramedic Service provider in Q3 2023/24 to review actual and projected spending and identify any surplus or deficit that could inform reallocations within the region during Q4 2023/24. Katie and Navid will be in touch to schedule these meetings.

Thank you for your continued partnership and commitment to caring for patients and families across East Region.

Carl Bonura

Director, Capacity, Access & Flow

Ontario Health East | Santé Ontario Est

www.ontariohealth.ca | <https://www.ontariohealth.ca/fr>

647-800-5310

carl.bonura@ontariohealth.ca

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
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www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

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Toronto ON M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante



eApprove - 182-2023-511

August 30, 2023

Peter R. Emon
Warden
County of Renfrew
9 International Drive
Pembroke, ON K8A 6W5

Dear Peter R. Emon:

**Re: Ministry of Health Dedicated Offload Nurses Program Agreement with the
County of Renfrew effective April 1, 2023**

I am pleased to advise you that the Ministry of Health will provide the County of Renfrew with up to \$421,000 in one-time funding for the 2023/24 funding year to support the Dedicated Offload Nurses Program. This investment will help reduce ambulance offload time at selected hospitals, increase ambulance availability, and improve access to emergency health care across your community.

The Assistant Deputy Minister of the Emergency Health Services Division will write to the County of Renfrew shortly concerning the terms and conditions governing this funding.

Thank you for your ongoing dedication to the health care needs of Ontarians. Our government will continue to build and strengthen our public health system in your community and across the province.

Sincerely,

A handwritten signature in black ink, appearing to read "Sylvia Jones".

Sylvia Jones
Deputy Premier and Minister of Health

- c: Craig Kelley, Chief Administrative Officer, County of Renfrew
Mike Nolan, Chief, County of Renfrew
Alison Blair, Associate Deputy Minister, Health Integration and Partnerships, Ministry of Health
Susan Picarello, Assistant Deputy Minister, Emergency Health Services Division, Ministry of Health
Jim Yuill, Director, Financial Management Branch, Ministry of Health
Stuart Mooney, Director, Emergency Health Program Management and Delivery Branch, Ministry of Health
Rumana Chowdhury, Director (A), Emergency Health Regulatory and Accountability Branch, Ministry of Health

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August 30, 2023

eApprove-182-2023-470

Peter Emon
Warden
The County of Renfrew
County of Renfrew Paramedic Service
9 International Drive
Pembroke ON K8A 6W5

Dear Warden Emon:

Ministry of Health Agreement with The County of Renfrew effective the 5th day of March 2014 (the “Agreement”)

I am pleased to advise that the Ministry of Health (ministry) will provide The County of Renfrew up to \$350,263 in additional base funding with respect to the 50/50 Land Ambulance Services Grant (LASG) for the 2023 calendar year. This will bring the total maximum base funding available under the Agreement for the 2023 calendar year up to \$9,666,479.

I am, therefore, pleased to provide you with a new budget that, pursuant to section 4.2 of the Agreement, shall replace the budget in Schedule “B”. All terms and conditions contained in the Agreement remain in full force and effect.

The Assistant Deputy Minister of Emergency Health Services will write to The County of Renfrew shortly concerning the terms and conditions governing the funding.

We continue to rely on your strong leadership in alignment with the plan to build a modern and sustainable public health care system and ensuring the on-going provision of front-line services that patients rely on every day.

Thank you for your dedication and commitment to improving ambulance services in Ontario as we modernize and strengthen our public health care system and for all that you and your organization are doing to protect the health and safety of the people of Ontario.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Jones', with a stylized, cursive script.

Sylvia Jones
Deputy Premier and Minister of Health

Enclosure

- c: Michael Nolan, Chief, Paramedic Service and Director, Emergency Services, The County of Renfrew
Craig Kelly, Chief Administrative Officer, The County of Renfrew
Alison Blair, Associate Deputy Minister, Health Integration and Partnerships, Ministry of Health
Susan Picarello, Assistant Deputy Minister, Emergency Health Services Division, Ministry of Health

2023 Land Ambulance Services Grant (LASG) Base Funding Adjustment Calculation Effective January 1, 2023

The County of Renfrew		
2022 Approved Land Ambulance Operating Costs per PSAB Less any one-time costs	(1)	\$19,220,090
Less: 2022 Base Funding at 100%	(2)	<u>\$82,595</u>
2022 Sharable Land Ambulance Operating Costs	(3) = (1) - (2)	\$19,137,495
Add: 2023 Incremental Increase	(4) = 0.00% of (3)	<u>\$0</u>
2023 Approved Sharable Land Ambulance Operating Costs	(5) = (3) + (4)	\$19,137,495
		<u>50.0%</u>
2023 Land Ambulance Services Grant 50:50	(6) = (5) x 50%	\$9,568,748
Less: 2022 Land Ambulance Services Grant 50:50	(7)	<u>\$9,233,621</u>
2023 Land Ambulance Services Grant 50:50 Increase / (Decrease)	(8) = (6) - (7)	\$335,127
2023 100% Per Capita First Nations Funding Increase / (Decrease)	(9)	\$30,272
2023 Inverse Effect Of Per Capita First Nations Funding on 50:50 Funding	(10) = -1 * (9) * 1/2	<u>(\$15,136)</u>
2023 Net Annualized Base Funding Increase (Decrease)	(11) = (8) + (9) + (10)	<u>\$350,263</u>
Add: 2022 Land Ambulance Services Grant 50:50	(7)	\$9,233,621
Add: 2022 Base Funding at 100%	(2)	\$82,595
2023 Land Ambulance Services Grant (50:50, and Other 100%)	(9) = (11) + (7) + (2)	<u>\$9,666,479</u>
Add One-time Funding	(10)	\$0
2023 Total Land Ambulance Services Grant (50:50, and Other 100%)	(11) = (9) + (10)	<u>\$9,666,479</u>

Ontario
Provincial
Police

Police
provinciale
de l'Ontario



Municipal Policing Bureau
Bureau des services policiers des municipalités

777 Memorial Ave.
Orillia (ON) L3V 7V3

777, ave Memorial
Orillia ON L3V 7V3

Tel: 705 329-6200
Fax: 705 330-4191

Tél.: 705 329-6200
Télec.: 705 330-4191

File number/Référence: 620

August 22, 2023

EMERGENCY SERVICES DEPT.
Corporation of the County of Renfrew
9 INTERNATIONAL DRIVE
PEMBROKE, ONTARIO
K8A 6W5

Re: **Agreement for the Provision of 9-1-1 Primary PSAP Services between the Ontario Provincial Police (OPP) and Corporation of the County of Renfrew**

Dear Sir/Madam:

The Next Generation (NG) 9-1-1 is a new emergency communications system that will improve public safety by enabling voice, text messages and data to flow seamlessly from the public to 9-1-1 communication centers when emergency assistance is required. The OPP is currently adopting this new communication system for which the official rollout is planned for later this year. Concurrently, the OPP Municipal Policing Bureau is working on the revised agreement for the provision of NG 9-1-1 Primary Public Safety Answering Point (P-PSAP) services between Corporation of the County of Renfrew and the OPP.

Until further notice, 9-1-1 answering services from the OPP for Corporation of the County of Renfrew will continue without any changes and regardless of the status of your latest OPP P-PSAP agreement. Related to any currently expired agreements, or agreements that will be expiring in 2023, Municipal Policing Bureau will be reaching out to you in the near future to initiate the renewal process.

In the meantime, please contact us to provide the preferred email address for continued communication with respect to these agreements. Should you have any questions, OPP Municipal Policing Bureau Specialist Simon Looker, is the contact for this matter and can be reached at 705-329-6226 or at Simon.Looker@opp.ca.

COUNTY OF RENFREW

BY-LAW NUMBER

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

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

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

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

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

READ a first time this 27th day of September 2023.

READ a second time this 27th day of September 2023.

READ a third time and finally passed this 27th day of September 2023.

PETER EMON, WARDEN

CRAIG KELLEY, CLERK

HOSPITAL/PARAMEDIC SERVICE PARTNERSHIP AGREEMENT

THIS AGREEMENT BETWEEN:

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

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

-and-

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

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

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

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

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

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

ARTICLE 1-TERMS OF APPOINTMENT AND DUTIES

- 1.1 The Service Provider hereby covenants to provide the services of Primary or Advanced Care Paramedics {PCP/ACP) to deliver triage services in the Emergency Department of the ARH, in accordance with the terms and conditions contained in this agreement.
- 1.2 Under this service delivery model, the PCP/ACP shall not be considered an employee of ARH for any purpose. The PCP/ACP shall remain an employee of the Service Provider and shall retain all rights and privileges of the CUPE 4698 Collective Agreement for the duration of this agreement.
- 1.3 The Service Provider will provide Primary or Advanced Care Paramedics based on a schedule, in accordance with CUPE Local 4698 Collective Agreement. which has been agreed upon by both the Service Provider and the ARH.
Hours and services are subject to modification upon mutual written consent by the ARH and the Service Provider.
- 1.4 All Paramedic hours are to be provided on-site at the ARH (Emergency Department), on an established schedule as coordinated with the Paramedic's Deputy Chief of Clinical Services and ARH Management. Deviations from the established schedule, based on the operational or patient/resident care needs of the Service Provider or ARH, are to be granted upon mutual written consent.

- 1.5 The Paramedic will be selected in accordance with the CUPE 4698 Collective Agreement, where appointment shall be made of the senior applicant able to meet the normal requirements of the position. For the purposes of this agreement, the successful applicant must successfully complete the Internal Orientation Training expectations of the Arnprior Regional Health.
- 1.6 The Paramedic shall maintain strict confidentiality regarding the individual care of patients and residents, abiding by ARH confidentiality policies. The ARH shall provide a copy of their confidentiality policy and agreement to the Paramedic at the commencement of the contract. The Paramedic will also adhere to the County of Renfrew's Confidentiality Agreement.

ARTICLE 2 - REMUNERATION AND BILLING

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

ARTICLE 3-TERM AND TERMINATION

- 3.1 This agreement is in effect from June 01, 2023 until October 07, 2024.
- 3.2 Notwithstanding Section 3.1 above and subject to Section 3.3 below, either party may terminate this agreement at any time upon ten (10) days prior written notice to the other party (the "Termination Notice").
- 3.3 The Service Provider may terminate the participation of any particular employee, at any time for any reason upon twenty-four (24) hours prior written notice to ARH.
- 3.4 If either party terminates this agreement prior to the expiry of its term, any operational or personal information related to the ARH's patients or residents in possession of the Paramedic it shall be returned to the ARH.

ARTICLE 4- INSURANCE

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

ARTICLE 5 - INDEMNITY

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

ARTICLE 6 - GENERAL CONTRACT PROVISIONS

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

pre-paid, addressed to the other party or delivered to the other party as follows:

- a) to the ARH at: Arnprior Regional Health 350 John St N, Arnprior, ON K7S 2P6
- b) to the Service Provider at: Department of Emergency Services 9 International Drive,
Pembroke ON, K8A 6W5

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

6.3 This agreement constitutes the entire agreement between the parties with respect to all matters herein and shall not be amended, altered, or qualified except by a memorandum in writing signed by both the parties hereto.

6.4 This agreement shall be construed in accordance with the laws of the Province of Ontario.

6.5 This agreement shall ensure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.

IN WITNESS WHEREOF the parties hereto have executed this agreement this **7th day of September 2023**.

SIGNED, SEALED AND DELIVERED

In the presence of:

ARNPRIOR REGIONAL HEALTH:

Per: Leah Lwesque

Per: Roeline Holmsted

COUNTY OF RENFREW PARAMEDIC SERVICE: Per: _____

Warden Peter Emon

Per: _____

Craig Kelley, Clerk/CAO

WE have Authority to bind the Corporation

Healthcare Insurance Reciprocal of Canada

Memorandum of Insurance

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

Re: *Hospital/Paramedic Service Partnership Agreement*

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

INSURED: *Arnprior Regional Health*

	Certificate Number	Date		Limit of Liability
		Effective	Expiration	
Composite Healthcare Insurance Policy, including:	107000579	Jan. 1/23	Until cancelled	\$5,000,000 Any one occurrence
Bodily Injury Personal Injury Third Party Property Damage Cross-Liability and Severability of Interests Tenant's Legal Liability Non-Owned Automobile Contractual Liability Healthcare Professional Liability Products and Completed Operations Liability Contingent Employer's Liability Errors & Omissions/Directors & Officers Liability Cyber Liability Environmental Impairment Liability	<p><i>The Additional Insured(s) shown hereon is added to this policy but only with respect to liability arising out of the actions of Arnprior Regional Health in connection with the Hospital/Paramedic Service Partnership Agreement for the provision of Primary Care Paramedic Services during the period of June 1, 2023 to October 7, 2023, and only to the extent of the insurance provided under coverage Section A - Bodily Injury and Section B - Third Party Property Damage inclusive of this policy.</i></p> <p><i>We will endeavour to provide thirty (30) days' written notice in the event of cancellation or termination of this policy to the Additional Insured(s).</i></p>			

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

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

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

June 7, 2023

Date

depts/io/mem/exl/107000579-54



Attorney

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

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: September 13, 2023

SUBJECT: Department Report

INFORMATION

1. Long-Term Care Beds in Renfrew County

At the request of Committee, the following is a list of new and redeveloped long-term care beds within the nine Renfrew County long-term care homes:

Name of Home	New LTC Beds	Redeveloped LTC Beds	Current LTC Beds	Respite Beds	Total Beds
Bonnechere Manor Renfrew, ON	--	--	178	2	180
Caressant Care Cobden, ON		46	18	--	64
The Four Seasons, Deep River Hospital Deep River, ON	86	--	10	--	96
Groves Park Lodge Renfrew, ON	--	--	96	--	96
Marianhill Inc. Pembroke, ON	29	131	--	1	161
Miramichi Lodge Pembroke, ON	--	--	164	2	166
North Renfrew Long- Term Care Services In Deep River, ON	--	--	21	1 community & 1 LTC respite bed	23
The Grove – Arnprior & District Nursing Home Arnprior, ON	36	60	--	--	96
Valley Manor Barry’s Bay, ON	6	90	--	--	96
Total	157	327	487	7	978

2. **Bonnechere Manor and Miramichi Lodge Quality Improvement and Safety Plan Progress Reports**

Attached as Appendix LTC-I are both the Bonnechere Manor and Miramichi Lodge Quality Improvement and Safety Plan Progress Reports. As reported in June 2023, the Quality Improvement Plans for both County of Renfrew Long-Term Care Homes have been expanded to include a wider collection of indicators for the purpose of enhancing continued quality improvement and safety while satisfying accreditation requirements.

3. **Renfrew County and District Health Unit – Public Health Inspection**

On August 17, 2023, Ms. Shannon Thorpe, Public Health Inspector with the Renfrew County and District Health Unit conducted a required compliance inspection of the main kitchen and serveries at Miramichi Lodge. No items of non-compliance were noted and the report is attached as Appendix LTC-II. Congratulations to Ms. Sherri Hendry, Food Services Supervisor and the food services team.

4. **AMO Conference Long-Term Care Delegation – Case Mix Index Funding**

On August 21, 2023, The Warden, Health Committee Chair, Chief Administrative Officer and Director of Long-Term Care (DLTC) attended a delegation with Ministry of Long Term Care (LTC) Parliamentary Assistant, MPP John Jordan and LTC Assistant Deputy Minister, Jeff Butler. The opportunity was utilised to present a case to replace the current case mix index (CMI) funding model with a per bed funding model. Ministry representatives indicated an interest in re-examining the CMI model. An invitation was subsequently extended to the DLTC to participate in stream two of the Technical Advisory Sub-Group (TASG) with a focus on funding to support high-acuity residents. Meeting bi-weekly, the focus will be on the following topics:

- A. Review how the LTC operating funding framework supports high-acuity residents, focusing in particular on the CMI and High-Intensity Needs Fund (HINF).
- B. Explore opportunities to streamline the funding framework to better address the needs of residents with higher-than-average acuity levels.
- C. Consider the impact of new and existing programs supporting high-acuity residents (e.g., LTC Staffing Plan, Local Priorities Fund, Behavioural Supports Ontario), examine whether:
 - Both CMI and HINF are effective components of the funding model;
- D. Develop recommendations to address identified challenges and opportunities.

RESOLUTIONS

5. **Long-Term Care Homes Smoking Policy**

Recommendation: THAT the Health Committee recommends to County Council that Policy G-009 Smoking Regulations with a review date of March 1, 2023 for the County of Renfrew Long-

Term Care Homes, Bonnechere Manor and Miramichi Lodge remain applicable for an additional six-month period.

Background

March 1, 2023, County Council supported the revision to the Long-Term Care Homes Policy G-009 Smoking Regulations, removing 'residents of Bonnechere Manor and Miramichi Lodge' from the policy, permitting residents to smoke on the property no closer than nine metres from the entrance to each Home, in compliance with the Smoke Free Ontario Act, 2017.

At the request of Committee and Council, the six month review has resulted in lessening the resident safety risk for those that were leaving the property to smoke however, it has been noted that there are now new smokers seeking to use the designated smoking area. Staff is requesting that the County of Renfrew Long-Term Care Homes Policy G-009 Smoking Regulations, remain applicable for an additional six-month period to further assess.

6. Restorative Care Business Case – Bonnechere Manor

Recommendation: THAT the Health Committee recommend to County Council that the Restorative Care staffing complement at Bonnechere Manor is increased by two (2) full-time Physiotherapy Assistant positions (2,080 hours x 2) from existing part-time hours effective October 22, 2023. AND FURTHER THAT the Finance and Administration Committee be so advised.

Background

Attached as Appendix LTC-III is a business case to support the redistribution of restorative care staffing hours by creating two full time Physiotherapy Assistant positions from the current part time staffing hours.

7. Upgrade Advance Care Nurse Call System Phase Two & Three – Miramichi Lodge

Recommendation: THAT the Health Committee recommend County Council award the Nurse Call System Upgrade Phase Two and Phase Three projects as per the County of Renfrew GA-01 Procurement of Goods and Services Policy, Section 20.7 for the quoted price of \$175,308.72 excluding HST to Cintel Inc. / Wireless RNA Technology Inc. for KPI Software, Smart Report Module, 30 Corridor Displays and cabling and integration of Mitel Head End which was approved through the Miramichi Lodge 2023 Capital Budget. AND FURTHER THAT the Finance and Administration Committee be so advised.

Background

The sum of \$200,000.00 was approved through the Miramichi Lodge 2023 Capital Budget for the Nurse Call System Upgrade Phase Two and Phase Three projects. Cintel Inc. / Wireless RNA Technology Inc. was the original installer and maintains the comprehensive contract for this equipment and provided a total project cost of

\$175,308.72 excluding HST for KPI software smart report module \$11,522.25; 30 corridor displays and cabling \$98,920.20; and integration of Mitel Head End \$64,866.27.

Procurement of Goods and Services Policy GA-01, article 22.1 c) supports that “where only one source of supply would be acceptable and/or cost effective due to compatibility, or safety and liability concerns”, the requirement for competitive bid solicitation for goods, services and construction may be waived under the joint authority of the appropriate Director and the Chief Administrative Officer.

Corporate Policy GA-01, article 20.7 “awards emanating from a Request for Proposal that exceed \$150,000 require the approval of County Council.” Staff is seeking Committee’s recommendation to County Council to award this project to Cintel Inc. / Wireless RNA Technology Inc.

8. Emergency ERV #4 Heat Exchanger Recommendation – Miramichi Lodge

Recommendation: THAT the Health Committee recommend that County Council approve the reallocation of \$11,404 for the emergency repair to the energy recovery ventilation unit #4, from the \$25,000 previously approved in the 2023 Miramichi Lodge Budget for a study of the energy recovery ventilation rooftop system. AND FURTHER THAT the Finance and Administration Committee be so advised.

Background

Miramichi Lodge has four Energy Recovery Ventilation (ERV) Rooftop units, each one providing tempered 100% fresh air to each resident home area for three stories of resident rooms. The ERV #4 has a cracked exchanger that heats the air when outside air temperatures are lower than the room setting and this requires replacement before the season’s temperatures change.

As per Corporate Policy GA-01, Procurement of Goods and Services 17.0, purchases not exceeding \$15,000, shall include evidence that a minimum of two quotes were obtained with the Director having the decision authority. Quotes were received from Irvcon Ltd. \$11,404 and Valley Refrigeration Ltd. \$11,613.

The Director is seeking Committee’s approval to recommend County Council approve the reallocation of \$11,404 from the \$25,000 previously approved in the 2023 Miramichi Lodge Budget for a study on the ERV units to cover the unexpected emergency repair cost to ERV #4.

2023/2024 Bonnechere Manor Quality Improvement Plan – PROGRESS REPORT

X indicates attendance

Attendance	Meeting Dates:				
	Jan 25/23	June 1/23	July 20/23	DATE	DATE
Trisha Michaelis, DOC – Chair	X	X	X		
Dean Quade, Administrator	X	X	X		
Josie De Jesus-Shaw, Nurse Practitioner		X	X		
Bounsavanh Phanthathirath, RN RAI Coordinator					
Chantel Bulmer, RPN BSO	X	X			
Erin Wilson, Client Programs Supervisor	X		X		
Dave Norton, Environmental Services Supervisor					
TBD, Family Member					
Kim Malleau, Pharmacist	X	X	X		
Melissa Verch, Dietitian	X		X		
Melissa Rosien, PSW		X	X		
Dr. Andrea Di Paolo, Medical Director	X	X	X		
Michelle Christie, RCC	X	X			
Quin Leury, RCC		X	X		
TBD, PT (Ad Hoc)					
Lindsay Shepherd, FSS (Ad Hoc)		X			
TBD, AA-II	X				
Joanne O’Gorman-Resident	X	X			
Mike Blackmore, DLTC					

Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg from Apr 1/22-Mar 31/23	1 st Quarter Ends Jun 30/23 Avg from July 1/22-Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg from Oct 1/22-Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg from Jan 1/22-Dec 31/23	4 th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	Target Justifications
INDICATOR #1								
Number of ED visits for modified list	15.27	12.00	n/a	13.8				Yearly report 13.8, well below provincial average

of ambulatory care—sensitive conditions* per 100 long-term care residents.							
Change Ideas # 1 Reduce the number of potentially avoidable ED visits thru early Nursing assessment and reporting to practitioner for symptoms of treatable conditions.							
Methods	Process Measures		Target for Process Measure			Comments	
1. Director of Care (DOC) to resume Monthly tracking of ED transfers via ED tracking tool. 2. Registered staff to report changes in condition in a timely manner to Nurse Practitioner (NP) or physician. 3. NP will continue to respond to acute change in condition to support early diagnosis and treatment efforts. 4. Improved documentation in progress notes ensuring nursing assessments and nursing process is evidenced.	Residents who have been transferred to ER should have supporting documentation that is evident of the nursing process and supporting appropriate assessments.		1. ED tracking tool will be analysed 4 x/year 2. In-services for documentation and assessments will be provided to Registered staff by our Resident Care Coordinators. 3. Chart Audits will be completed for any resident sent to the ED.			Unable to use PCC to gather numbers for this Indicator. CIHI reports 5.1 (9 visits) . Champlain 19.9 average.	
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.							
Progress Report June 1, 2023: DOC reviewing different ER tracking tools, need to implement one for RNs to complete going forward. Staff and physicians continue to work with NP for acute assessment and tx of medical issues for residents. RCCs have been attending education to review current practices on RNAO Clinical Pathways for Long-Term Care Homes on PCC.							
Progress Report July 20, 2023: DOC has drafted a tracking tools and is in the process of reviewing resident records to complete information so far this year. Once completed to date, will educate the RNs to complete the tracking tool each shift if anyone goes to hospital Emergency room during their shifts.							
Progress Report DATE:							
Progress Report DATE:							
Change Ideas # 2 Improved Advanced Care planning with resident/POA/SDM							
Methods	Process Measures		Target for Process Measure			Comments	
1. Social Worker and NP will ensure goals of care discussions take place at scheduled care conferences. 2. Provide Education to resident/POA/SDM related to advanced directives.	Registered staff will audit admission and care conference notes to ensure discussions are occurring. Audit advanced directives in charts.		100% documented discussions by SW, NP, Registered Nurse or MRP following admission.				

3. Create information related to advanced care planning that would be available to residents/POA/SDM's prior to admission for discussion to be prepared for day of admission discussion.								
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.								
Progress Report June 1, 2023: Social Worker is working on brochure to give families during tours to educate and generate discussion with residents/POAs/SDMs prior to admission to home. Education session will be taking place in both homes in open house walk about information sessions - September 2023. NP and SW have organic conversations as moments arise in the organization and are very comfortable having advanced care planning discussions. MDs still mainly lead conversations during care conferences.								
Progress Report July 20, 2023: Brochure has been completed and is with the Administrator to follow up (approval).								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg from Apr 1/22-Mar 31/23	1 st Quarter Ends Jun 30/23 Avg from July 1/22-Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg from Oct 1/22-Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg from Jan 1/22-Dec 31/23	4 th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	Target Justifications
INDICATOR #2								
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	25.6	19.00	25.8	20.4				
Change Ideas # 1 Optimization of medication through targeted de-prescribing using a planned and supervised process of dose reduction or stopping of medication that might have adverse side effects, or no longer be of benefit to individual residents on a case by case basis.								
Methods		Process Measures			Target for Process Measure		Comments	
Bonnechere Manor's de-prescribing initiative for the 2023/2024 year will start as a small scale change initiative starting with 2 resident home areas based on drug utilization rates, in addition to a continued focus on		Quarterly Drug Utilization reports (DURs)-Average # of medications per unit.			Goal is to reduce overall antipsychotic use to 19%.		New admissions have a higher rate of both antipsychotic use and overall # of medications as a result of efforts to manage care in the community. Many medications must be tapered.	

antipsychotic usage rates on our Butterfly home area.			
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.			
Progress Report June 1, 2023: Chantel, BSO RPN has been working with NP and physicians to decrease the use of antipsychotics where able to. She has also provided education through email to the RPNs for properly coding the MDS assessments to ensure accuracy. We should see a significant improvement in the 2 nd Quarter stats.			
Progress Report July 20, 2023: Continuing to work on this with collaboration with Geriatric Mental Health (GMH), MDs and NP. Internal stats trending in the right direction.			
Progress Report DATE:			
Progress Report DATE:			
Change Ideas # 2 BSO Champion and NP will work together to ensure that an antipsychotic medication review is conducted for all residents who are prescribed antipsychotics. Further interventions as needed to decrease use of antipsychotics will be initiated (i.e., DOS mapping, GMH consultations) and follow up with residents physicians.			
Methods	Process Measures	Target for Process Measure	Comments
BSO Champion and NP will audit residents charts to ensure that an antipsychotic medication review has been completed in each quarter.	Number of antipsychotic medication reviews completed by the BSO champion and NP.	80% of residents receiving antipsychotics will have antipsychotic medication review completed within the first 6 months.	The percentage of potential inappropriate use of antipsychotics is higher than previous years is related to COVID. Mental health was greatly affected by most people (including our geriatric population) throughout this time period. Physicians were ordering medications to treat BPSD that we could have managed otherwise through non-pharmacological interventions targeted at enhancing psycho-social well-being. Resources were very limited and recreation activities, as well as, being able to leave the facility were their families and support systems were almost nil. Unfortunately, this resulted in having to use medications to treat BPSD.
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.			
Progress Report June 1, 2023: Chantel, BSO RPN has been working with NP and physicians to decrease the use of antipsychotics where able to. Extra BSO hours were provided to allow for the medication reviews to be completed.			

Progress Report July 20, 2023: Status quo								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg from Apr 1/22-Mar 31/23	1 st Quarter Ends Jun 30/23 Avg from July 1/22-Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg from Oct 1/22-Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg from Jan 1/22-Dec 31/23	4 th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	Target Justifications
INDICATOR #3								
Falls: This indicator measures the percentage of long-term care (LTC) home residents who fell during the 30 days preceding their resident assessment. The indicator is calculated as a rolling four quarter average. This indicator was jointly developed by interRAI and the Canadian Institute for Health Information (CIHI).	16.6	14.00	20.0	20.7				
Change Ideas # 1 1.Complete a new GAP analysis of the Falls Prevention Program. 2. Identify and define roles of the Champion/Lead Registered staff member to lead the Falls Prevention Program and to deliver educational sessions as required.								
Methods		Process Measures			Target for Process Measure		Comments	
Resident Care Coordinator lead for falls or designate (Falls Champion) will educate all registered staff regarding the process for management of falls importance of safety huddles, medication reviews for frequent falls, effectiveness of interventions and individualized care plans.		Percentage of completed education sessions			100% of Registered staff			
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.								

Progress Report June 1, 2023: Falls Champion has sent registered staff education emails regarding the process for managing a fall. Will be including falls education in registered staff meetings and working on a formal session for staff. Frequent faller assessments initiated, policy created and implemented with falls team lead.									
Progress Report July 20, 2023: Fall education now created, arranging date and time of in-servicing for staff. Falls education also reviewed at unit meetings. Case studies occurring for high risk fallers each quarter at falls team meetings. We have seen a decrease in fall frequency for all those reviewed at the previous quarters falls meeting. RNAO has directed us further with falls monitoring systems. In the process of ordering more TABs like alarms at this time. Improved auditing program with restorative care logos to ensure consistent education with falls interventions. Frequent fallers assessment is improving outcomes.									
Progress Report DATE:									
Progress Report DATE:									
Change Ideas # 2 Reinitiate the interdisciplinary Fall Risk Committee.									
Methods		Process Measures		Target for Process Measure			Comments		
Membership will include an interdisciplinary team that supports collaborative discussions to attain reduced falls in the home to meet clinical indicators.		Planned monthly meetings-will review falls and identify those residents that fell despite interventions in place. Collaborative discussions to identify if other interventions would be appropriate.		Monthly meetings to be completed at 100%.					
Progress Report January 25, 2023: QIP plan reviewed with committee, to go to council for approval.									
Progress Report June 1, 2023: Interdisciplinary Fall Risk Committee re-initiated and 2 meetings have been held to date.									
Progress Report July 20, 2023: Quarterly meetings continue. Positive outcomes thus far. Q1 we have seen a further decrease in falls in the facility.									
Progress Report DATE:									
Progress Report DATE:									
Measure / Indicator		QIP %	Target	4th Quarter Ends Mar 31/23 Avg from Apr 1/22-Mar 31/23	1st Quarter Ends Jun 30/23 Avg from July 1/22-Jun 30/23	2nd Quarter Ends Sep 30/23 Avg from Oct 1/22-Sept 30/23	3rd Quarter Ends Dec 31/23 Avg from Jan 1/22-Dec 31/23	4th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	Target Justifications
INDICATOR # 4									
Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment.		n/a	n/a	1.5	1.9				

Change Ideas # 1								
Methods		Process Measures			Target for Process Measure		Comments	
Progress Report January 25, 2023: This is not an indicator included in our QIP this year. Currently two (2) residents with a restraint.								
Progress Report June 1, 2023: Currently have three (3) residents whom require a restraint. One is a new admission for which we were not aware of the need for a restraint.								
Progress Report July 20, 2023: Michelle, Resident Care Coordinator is working towards independent audits of the existing restraints with the support of the restraint team lead, not yet completed.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg from Apr 1/22-Mar 31/23	1 st Quarter Ends Jun 30/23 Avg from July 1/22-Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg from Oct 1/22-Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg from Jan 1/22-Dec 31/23	4 th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	Target Justifications
INDICATOR # 5								
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4	2.7	2.00	3.0	4.3				There has been an upward trend this year therefore an improvement of 1% is reasonable.
Change Ideas # 1 A reduction in pressure wounds will be evidenced quarterly.								
Methods		Process Measures			Target for Process Measure		Comments	
Revise the present policy and program to include an interdisciplinary model of care that focuses on prevention strategies and treatments according to best practices. Review current best practices for wound care and skin integrity. Develop education for registered staff and PSWs with respect to the wound care program and their roles. Meet with Medline to streamline product selection and usage-Essentially		Registered staff will be able to assess and provide treatment to stage 1 and 2 wounds. Referral to Nurse Practitioner is utilized for stage 3 and 4 wounds.			90% of registered staff will complete education on the Wound and Skin Integrity Program. 100% of residents with a stage 3 or 4 wound will be assessed by the Nurse Practitioner.			

standardizing treatment and interventions for wounds. Implementation to incorporate using pictures for wounds on the residents PCC charts for monitoring and comparison between dressing changes.								
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.								
Progress Report June 1, 2023: RCC lead has returned and work is starting on this indicator. Wound and skin team has been assembled and meeting set up with Medline. Policy has been updated, PUSH tool to PCC. Skin and Wound tracking system created. Guidelines for existing and worsening wounds included. Skin and wound pamphlet created. Program communicated to staff. Moving forward – focus on usage of tracking tool, work towards skin and wound education.								
Progress Report July 20, 2023: Accreditation complete – Skin and Wound Care Integrity Program reviewed and found to be sound in process. Skin and wound tracking tool being utilized and will be saved on monthly state for reference. Main focus is ongoing education. Meeting with Medline on July 13 th . Resources provided and email sent out to wound care team. Will work towards transitioning to utilizing 70% of Medline products. RNAO wisdom in wound care course made available to all staff.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP	Target	4th Quarter Ends Mar 31/23	1st Quarter Ends Jun 30/23	2nd Quarter Ends Sep 30/23	3rd Quarter Ends Dec 31/23	4th Quarter Ends Mar 31/24	Target Justifications
INDICATOR # 6								
Percentage of residents responding positively to: “What number would you use to rate how well the staff listen to you?”	Avg. 8/10	10/10	n/a	n/a	n/a	n/a		
Change Ideas # 1								
Methods	Process Measures				Target for Process Measure		Comments	
Resident/Family Satisfaction survey recently completed with 21% response rate; 37 surveys completed.								
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.								
Progress Report June 1, 2023: Not an indicator that we are working on at this time. Good results of Resident/Family satisfaction survey.								
Progress Report July 20, 2023: Not an indicator that we are working on at this time.								

Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP	Target	4 th Quarter Ends Mar 31/23	1 st Quarter Ends Jun 30/23	2 nd Quarter Ends Sep 30/23	3 rd Quarter Ends Dec 31/23	4 th Quarter Ends Mar 31/24	Target Justifications
INDICATOR # 7								
Percentage of residents who responded positively to the statement: “I can express my opinion without fear of consequences”.	Avg. 9/10	10/10	n/a	n/a	n/a	n/a		
Change Ideas # 1								
Methods	Process Measures				Target for Process Measure		Comments	
Resident/Family Satisfaction survey recently completed with 21% response rate; 37 surveys completed.								
Progress Report January 25, 2023: QIP plan reviewed with Committee, and forward to Council for approval.								
Progress Report June 1, 2023: Not an indicator that we are working on at this time. Good results of Resident/Family satisfaction survey.								
Progress Report July 20, 2023: Not an indicator that we are working on at this time.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP	Target	4 th Quarter Oct, Nov, December 2022	1 st Quarter Jan, Feb, Mar	2 nd Quarter Apr, May, June	3 rd Quarter July, Aug, Sept	4 th Quarter Oct, Nov, Dec 2023	Target Justifications
Calendar year (not fiscal)								
INDICATOR # 8								
Critical Incidents: Resident Abuse / Neglect Report	n/a	Zero	RESIDENT: RESIDENT 2 STAFF: RESIDENT 0 VISITOR: RESIDENT 0	RESIDENT: RESIDENT 3 STAFF: RESIDENT 0 VISITOR: RESIDENT 0	RESIDENT: RESIDENT – STAFF: RESIDENT –1 VISITOR: RESIDENT –	RESIDENT: RESIDENT – STAFF: RESIDENT – VISITOR: RESIDENT –	RESIDENT: RESIDENT – STAFF: RESIDENT – VISITOR: RESIDENT –	

Change Ideas # 1								
Methods			Process Measures		Target for Process Measure		Comments	
Progress Report January 25, 2023: Reviewed CIS incidents with committee.								
Progress Report June 1, 2023: Annual Review completed.								
Progress Report July 20, 2023: Reviewed Q2 stats.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP	Target	4 th Quarter Oct, Nov, December 2022	1 st Quarter Jan, Feb, Mar	2 nd Quarter Apr, May, June	3 rd Quarter July, Aug, Sept	4 th Quarter Oct, Nov, Dec 2023	Target Justifications
Calendar year (not fiscal)								
INDICATOR # 9								
Resident/Family Complaint Summary Report	n/a		0	1	0			
Change Ideas # 1								
Methods			Process Measures		Target for Process Measure		Comments	
Progress Report January 25, 2023: Reviewed with committee, no complaints to report.								
Progress Report June 1, 2023: Ministry inquiry following complaint filed by family directly to them regarding a medication error.								
Progress Report July 20, 2023: No complaints received.								
Progress Report DATE:								
Progress Report DATE:								

INDICATOR # 8								
Critical Incidents: Alleged Resident Abuse / Neglect Report	N/A	ZERO cases of Abuse	RESIDENT: RESIDENT 0 STAFF: RESIDENT 2 VISITOR: RESIDENT 0	RESIDENT: RESIDENT 3 STAFF: RESIDENT 2 VISITOR: RESIDENT 0	RESIDENT: RESIDENT 2 STAFF: RESIDENT 2 VISITOR:RESIDENT 0			
Change Ideas # 1 Strive for Zero instances of resident abuse.								
Methods			Process Measures			Target for Process Measure		Comments
Educate / reinforce with all staff definitions of abuse/abuse prevention and reporting requirements.			Percentage of staff completed mandatory Abuse prevention training			100% Staff		
Progress Report February 27, 2023: Zero cases of actual resident abuse reported.								
Progress Report May 25, 2023: Annual Review completed.								
Progress Report August 31, 2023: Zero cases of actual resident abuse reported.								
Measure / Indicator	QIP	Target	4 th Quarter Oct, Nov, Dec/22	1 st Quarter Jan, Feb, Mar 2023	2 nd Quarter Apr, May, Jun 2023	3 rd Quarter Jul, Aug, Sep 2023	4 th Quarter Oct, Nov, Dec 2023	Target Justifications
INDICATOR # 9								
Resident / Family Complaint Summary Report	n/a	0	2 written complaints were submitted to MLTC critical incident system	0	0			
Change Ideas # 1 Home will respond to concerns in a proactive manner in a supportive and timely manner.								
Methods		Process Measures				Target for Process Measure		Comments
Promote open communications with Resident and Family Councils as a measure to address any concerns as they may arise.		Number of delegation appearances per year to resident and family council.						

2023/2024 Miramichi Lodge Quality Improvement Plan – PROGRESS REPORT

DL = Designated Lead / X indicates attendance

Attendance	Feb 27/23	May 25/23	Aug 31/23	DATE	DATE
Nancy Lemire, DOC, Chair (DL)	X	X	X		
Mike Blackmore, DLTC	X	X	X		
Amber Regier, Nurse Practitioner	X	X			
Trisha Levair, RN			X		
Sarah Dagenais ,Client Programs Supervisor (DL)	X	X	X		
Robert Lamothe, PSW	X	X			
Kim Malleau, Pharmacist	X	X	X		
Dr. Lane, Medical Director					
Valerie Nash, RCC	X				
Joshua Brazeau, RCC	X	X	X		
Darhl Burger, ESS		X			
Micheline Fraser, IPAC Lead					
Elizabeth Perreault, Resident	X	X			
Betty Ross, Resident			X		
Penny Vaillancourt, Family Member	X	X	X		
Shelley Bulmer, Dietitian (DL)	X	X	X		

Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	1 st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/23 – Mar 31/24	Target Justifications
INDICATOR # 1								
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	8.9	18.10	n/a	12.5				currently well below provincial average of 19.4.
Change Ideas # 1 Reduce the number of potentially avoidable ED visits through early nursing assessment and reporting to NP/MD for in-house treatment where possible.								

Methods			Process Measures			Target for Process Measure		Comments
1. RN/RPN to report resident change in condition in a timely manner to NP/MD. 2. Nurse Practitioner (NP) will provide assessment of acute changes and treat in a timely manner. 3. NP will complete all new admission physicals and develop baseline; review			Residents who are transferred to ER should have supporting documentation that is evident of the nursing process and supporting appropriate assessments.			NP will provide education to RN/RPN group to enhance nursing assessment & documentation skills. Chart audits will be completed for any resident sent to ED.		Collaborative efforts between physician / NP and registered staff in support of potentiating registered staff scope of practice has long been supported.
Progress Report February 27, 2023: Though trending well below provincial average there was an overall increase in percentage from last report.								
Progress Report May 25, 2023: Though trending well below provincial average there was an overall increase in percentage from last report.								
Progress Report Aug 31, 2023: Though trending well below the provincial average there was an overall increase in percentage from last report.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/22- Mar 31/23	1 st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/23 – Mar 31/24	Target Justifications
INDICATOR # 2								
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	23.6 (CIHI)	19.00	16.2 (PCC)	22.2 (PCC)				Miramichi Lodge has adjusted indicator data collection based on new definitions in FLTCA.
Change Ideas # 1 Optimization of medication through targeted de-prescribing using a planned and supervised process of dose reduction or stopping of medication that might have adverse side effects, or no longer be of benefit to individual residents on a case by case basis.								
Methods			Process Measures		Target for Process Measure		Comments	
Miramichi Lodge's de-prescribing initiatives are well underway for 2023/2024 through focused three month medication reviews completed by NP/MD.			Quarterly Drug Utilization reports provided quarterly by Pharmacy provider and reviewed at Professional Advisory Committee.		Goal is to reduce overall antipsychotic usage to 19% or lower.		New admissions tend to have higher rate of both antipsychotic use and overall # of medications as a result of efforts to manage care in the community.	
Progress Report February 27, 2023: Upon review of revised CIHI definition excluding palliative order set – expect to see a definitive decline in usage.								
Progress Report May 25, 2023: Internal data collection showing decrease in anti-psychotic usage; continue to address.								

Progress Report August 31, 2023: Internal data showing increase, need to revisit with Professional Advisory Committee.
Progress Report DATE:
Progress Report DATE:

Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	1 st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/23 – Mar 31/24	Target Justifications
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INDICATOR # 3

Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4.	2.2 new (CIHI)	1.9 (prov. Avg.)	6.8 (PCC)	10.6 (PCC)				There has been an upward trend this year therefore an improvement of 1% is reasonable.
	3.1 worsened (CIHI)	2.3 (prov. Avg.)	6.4 (PCC)	8.1 (PCC)				

Change Ideas # 1 A reduction in Worsening pressure ulcers will be evidenced quarterly

Methods	Process Measures	Target for Process Measure	Comments
Review and revise current skin and wound care program. Focus on prevention strategies and treatments according to BPGs. Plan education refresher for RNs/RPNs/PSWs with respect to their roles in preventing skin breakdown. Meet with Medline to streamline product usage and utilize their wound care champions to standardize treatments and interventions for wounds.	Registered staff will assess wounds at stage 1 and 2 and provide appropriate treatment. NP will be utilized for Stage 3 and 4 wounds with regular interdisciplinary review and Resident High Risk Rounds.	90% of Registered staff will complete education on the wound and skin care program 100% of new residents will have admission physicals completed by NP 100% of Residents with Stage 3 or 4 wound will be assessed and followed by NP.	RCC will research how to add POC Alert to PSW documentation to easily identify residents with impaired skin integrity.

Progress Report February 27, 2023: Skin and Wound Program reviewed and education slated for 2023.

Progress Report May 25, 2023: Skin and Wound Program education planned for 2023. Consideration to notifying NP when wound status is stage 2.

Progress Report August 31, 2023: Fall education being planned for all registered staff around wound care; RN participating in RNAO wound care course and sharing new information with team. Resident Care Coordinator has drafted Continence Care Program this quarter which will result in education to frontline staff on how to prevent skin breakdown. Verify accuracy of wound staging / MDs recording via wound expert assessment audit for each of stage 2, 3 & 4.

Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	1 st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/23 – Mar 31/24	Target Justifications
INDICATOR # 4								
Percentage of Residents who fell the 30 days preceding their assessment.	12.8 (CIHI)	16.5 (prov. Avg.)	16.8 (PCC)	19.7 (PCC)				
Change Ideas # 1 Within an environment where the dignity of risk is respected the goal will remain to maintain level below the provincial average.								
Methods		Process Measures			Target for Process Measure		Comments	
Resident Care Coordinator leader for falls risk reduction to reinforce timely completion of falls /injury risk assessment with front line staff. To ensure that frequent falls/injury are analyzed by the care team at High Risk Rounds for mitigation strategies.		Percentage of frequent faller / falls with injury assessments reviewed at high risk rounds.			100% of frequent faller / high risk for injury assessments to proceed to High Risk Rounds for interdisciplinary team review.		Currently reviewing all falls at High Risk Rounds and in falls huddles.	
Progress Report February 27, 2023: Observation that falls frequency continues to trend below provincial average. Frequent falls assessment completed for review at regularly scheduled High Risk Resident Rounds.								
Progress Report May 25, 2023: Falls prevention/management program reviewed 2023. Continue to monitor falls bi-weekly and observe for trends.								
Progress Report August 31, 2023: All resident falls are reviewed at High Risk Resident Rounds for discussion and updates to resident care plans in a timely manner. Physiotherapist assessments completed with focus on all residents care plan completion and follow-up for all residents assessed as at risk for falls. Residents being admitted are increasingly frail.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP %	Target	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	1 st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2 nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3 rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4 th Quarter Ends Mar 31/23 Avg. from Apr 1/23 – Mar 31/24	Target Justifications

INDICATOR # 5								
Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment.	0.6 (CIHI)	0 (Prov avg = 2.3)	0 (PCC)	0 (PCC)				
Change Ideas # 1 Ensuring all staff in Home are knowledgeable of least restraint policy and adhere to same.								
Methods		Process Measures			Target for Process Measure		Comments	
Reinforcement / education to staff that use of physical restraints is meant as a last resort and that all reasonable alternatives must first be attempted.		Percentage of Staff having received least restraint /restraint as a last resort training.			100% of staff educated on least restraint / restraint as a last alternative.		Discuss least restraint policy at High Risk Resident Rounds in attempt to find alternative solutions.	
Progress Report February 27, 2023: Miramichi Lodge continues to maintain zero physical restraint use.								
Progress Report May 25, 2023: Miramichi Lodge continues to maintain zero physical restraint use.								
Progress Report August 31, 2023: Miramichi Lodge continues to maintain zero physical restraint use.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP N/A	Target	4 th Quarter Ends Mar 31/23	1 st Quarter Ends Jun 30/23	2 nd Quarter Ends Sep 30/23	3 rd Quarter Ends Dec 31/23	4 th Quarter Ends Mar 31/23	Target Justifications
INDICATOR # 6								
Percentage of residents responding positively to: “What number would you use to rate how well the staff listen to you?”	Avg. 8/10	10/10	n/a	n/a	n/a	n/a		Resident/Family Satisfaction survey recently completed with 41% response rate; 76 surveys completed.
Change Ideas # 1 – Demonstrate an increase in positive response to an average 9/10								
Methods		Process Measures			Target for Process Measure		Comments	
Promote staff engagement via Butterfly Model of care engagement philosophy (Trial 1A)		Percentage of staff completed Butterfly model of care training (1A)			90% 1A staff			
Reinforce Resident Rights awareness among staff.		Percentage of staff completed mandatory Resident Bill of Rights Training			100% staff			

Encourage resident engagement at regular Resident Council meetings.	Active open feedback from residents.	Majority of residents engaged during Resident Council meetings						
Progress Report February 27, 2023: Results are favourable; will continue to encourage open dialogue and listening with residents.								
Progress Report May 25, 2023: Results are favourable; will continue to encourage open dialogue and listening with residents.								
Progress Report August 31, 2023: Continue to promote resident engagement and opportunity to express concerns, support active Resident Council and engagement of departmental / leadership to hear resident concerns at will of Council.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP N/A	Target	4 th Quarter Ends Mar 31/23	1 st Quarter Ends Jun 30/23	2 nd Quarter Ends Sep 30/23	3 rd Quarter Ends Dec 31/23	4 th Quarter Ends Mar 31/23	Target Justifications
INDICATOR # 7								
Percentage of residents who responded positively to the statement: “I can express my opinion without fear of consequences”.	Avg. 9/10	10/10	n/a	n/a	n/a	n/a	n/a	Resident/Family Satisfaction survey recently completed with 41% response rate; 76 surveys completed.
Change Ideas # 1 Demonstrate an increase in positive response to 10/10.								
Methods		Process Measures			Target for Process Measure		Comments	
Continue education / staff awareness re whistle blower protection / obligation to protect / no tolerance for retaliation.		Percentage of staff completed mandatory Whistle Blower Protection			100% staff			
Overview with Resident Council Whistle Blower protection obligations		Ensure Resident Handbook is provided to all new admissions outlining whistleblower protection as well as Home’s contact for appropriate staff to speak with.			All new admissions will be empowered to bring concerns forward as required.			
Progress Report February 27, 2023: Results are favourable; will continue to encourage open dialogue and listening with residents.								
Progress Report May 25, 2023: Results are favourable; will continue to encourage open dialogue and listening with residents.								
Progress Report August 31, 2023: Continue to promote resident engagement and opportunity to express concerns, support active Resident Council and engagement of departmental / leadership to hear resident concerns at will of Council.								
Progress Report DATE:								
Progress Report DATE:								
Measure / Indicator	QIP N/A	Target	4 th Quarter Oct, Nov, Dec/22	1 st Quarter Jan, Feb, Mar 2023	2 nd Quarter Apr, May, Jun 2023	3 rd Quarter Jul, Aug, Sep 2023	4 th Quarter Oct, Nov, Dec 2023	Target Justifications

INDICATOR # 8								
Critical Incidents: Alleged Resident Abuse / Neglect Report	N/A	ZERO cases of Abuse	RESIDENT: RESIDENT 0 STAFF: RESIDENT 2 VISITOR: RESIDENT 0	RESIDENT: RESIDENT 3 STAFF: RESIDENT 2 VISITOR: RESIDENT 0	RESIDENT: RESIDENT 2 STAFF: RESIDENT 2 VISITOR:RESIDENT 0			
Change Ideas # 1 Strive for Zero instances of resident abuse.								
Methods			Process Measures			Target for Process Measure		Comments
Educate / reinforce with all staff definitions of abuse/abuse prevention and reporting requirements.			Percentage of staff completed mandatory Abuse prevention training			100% Staff		
Progress Report February 27, 2023: Zero cases of actual resident abuse reported.								
Progress Report May 25, 2023: Annual Review completed.								
Progress Report August 31, 2023: Zero cases of actual resident abuse reported.								
Measure / Indicator	QIP	Target	4 th Quarter Oct, Nov, Dec/22	1 st Quarter Jan, Feb, Mar 2023	2 nd Quarter Apr, May, Jun 2023	3 rd Quarter Jul, Aug, Sep 2023	4 th Quarter Oct, Nov, Dec 2023	Target Justifications
INDICATOR # 9								
Resident / Family Complaint Summary Report	n/a	0	2 written complaints were submitted to MLTC critical incident system	0	0			
Change Ideas # 1 Home will respond to concerns in a proactive manner in a supportive and timely manner.								
Methods		Process Measures				Target for Process Measure		Comments
Promote open communications with Resident and Family Councils as a measure to address any concerns as they may arise.		Number of delegation appearances per year to resident and family council.						

Family education offered to help support loved ones in understanding resident diagnosis and care needs.	Home's staff will be responsive to feedback from Family Council and through care conferences and look for ways to support our families through education. Residents and families are provided with contact info for Home's personnel should questions/concerns arise.	Concerns will be addressed in a timely manner with resolution.	
Progress Report February 27, 2023: Stats reviewed; Family Council active again and management will attend meetings as requested to support questions/concerns proactively.			
Progress Report May 25, 2023: Family Education Day planned for September 2023.			
Progress Report August 31, 2023: Coordinated Family Education Day Sept 7, 2023.			

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Renfrew County and District Health Unit

141 Lake, Street Pembroke ON K8A 5L8

FOOD SAFETY INSPECTION REPORT

Facility Inspected: Miramichi Lodge - Main Kitchen	Inspection #: -12961
Primary owner: Mike Blackmore	Inspection Date: 17-Aug-2023
Site Address: 725 Pembroke St. W. Pembroke ON K8A 8S6	Inspected By: Shannon Thorpe
Site Phone: (613) 735-0175	Facility Type: Long Term Care Facility
Site Fax: (613) 735-8061	Inspection Type: Required
	Inspection Reasons: Compliance Inspection
	Violations: 0

Opening Comments and Observations:
Food safety compliance inspection conducted on today's date with Food Service Supervisor Sherri Hendry and Dr. Jason Morgenstern present.

Inspection was conducted between breakfast and lunch services at facility.

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

Long Term Care Facility

FOOD HANDLING

- Potentially hazardous foods are distributed, maintained, stored, transported, displayed, sold and offered for sale in which the internal temperature is at 4°C (40°F) or lower YES
All cold holding units in compliance at time of inspection.

One unit in Servery 1 was slightly elevated at beginning of inspection - checked again at end of inspection and unit was in compliance. Temperature elevation likely a result of high use of unit during breakfast service and clean up.
Readings Taken: 17-Aug-2023 10:00 - Milk in Servery 2 - Haier 1 : 0.3°C
17-Aug-2023 10:00 - Yogurt in Servery 3 - Haier 2 : 3.1°C
17-Aug-2023 10:00 - Prunes in Servery 1 - True Unit : 1.9°C
17-Aug-2023 10:00 - Jam in Servery 1 - Haier 2 : 3.9°C
17-Aug-2023 10:00 - Egg Salad in Servery 2 - Haier 2 : 4.0°C
17-Aug-2023 10:00 - Juice in Servery 3 - True Unit : 1.8°C
17-Aug-2023 10:00 - Yogurt (re checked item) in Servery 1 - Haier 1 : 2.4°C
17-Aug-2023 10:00 - Ensure in Servery 3 - Haier 1 : 3.6°C
17-Aug-2023 10:00 - Prunes in Servery 2 - True Unit : 3.9°C
17-Aug-2023 10:00 - Mayo in Walk In Cooler 1 : 1.9°C
17-Aug-2023 10:00 - Berries in Walk In Cooler 2 : 1.5°C
17-Aug-2023 10:00 - Cut Veg in Walk In Cooler 2 : 3.9°C
- Foods intended to be in a frozen state are distributed, maintained, stored, transported, displayed, sold or offered for sale in a frozen state until sold or prepared for use YES
All freezer units observed to be maintaining food in a frozen solid state.
- Potentially hazardous foods are distributed, maintained, stored, transported, displayed, sold and offered for sale in which the internal temperature is at 60°C (140°F) or higher YES
Hot holding in compliance at time of inspection.

Food items being held in central hot hold unit before being put into serving carts.
Readings Taken: 17-Aug-2023 10:00 - Beef Mix in Central Hot Hold Unit : 79.3°C
- Equipment used for refrigeration or hot holding of potentially hazardous foods contains accurate and easily readable indicating thermometers YES
All cold holding units had thermometers.

Facility Contact: Mike Blackmore

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

Blue Rover monitoring system in place for main kitchen walk in cooler units.

- | | | |
|-----|--|-----|
| 5. | Food is processed in a manner that makes the food safe to eat | YES |
| 6. | All food shall be protected from contamination and adulteration
All food observed to be stored in a sanitary manner and protected from contamination or adulteration. | YES |
| 7. | Food in a food premise that is liable under law to inspection must be obtained from a source that is subject to inspection
Food obtained from Sysco Food Supplier, Brum's Dairy and Canada Bread. | YES |
| 8. | Racks, shelves or pallets used for food storage must be designed to protect the food from contamination and must be readily cleanable | YES |
| 9. | Food handlers in the food premise practice good personal hygiene
All food handlers wearing clean uniforms with hair contained. | YES |
| 10. | Food handlers in the food premise wash their hands as often as necessary to prevent the contamination of food or food areas
Observed food handlers performing hand hygiene between tasks. | YES |
| 11. | At least one certified food handler or supervisor is on the premise at all times during normal operation
Sherri Hendry is Certified Food Handler | YES |

RCDHU Certificate. Exp. Sept 24, 2023.

OPERATION AND MAINTENANCE

- | | | |
|-----|---|-----|
| 12. | The food premise is operated and maintained such that it is not a health hazard, adversely affecting the sanitary operation or the wholesomeness of food
Facility maintained in a clean and sanitary manner. | YES |
| 13. | Every food premise shall be operated and maintained such that no room is used for sleeping purposes | YES |
| 14. | Floor or floor coverings are tight, smooth and non-absorbent and kept clean and in good repair | YES |
| 15. | Walls and ceilings of rooms and passageways are readily cleanable, maintained in a sanitary condition, and kept in good repair | YES |
| 16. | General maintenance and sanitation is satisfactory where food is processed, prepared, packaged, served, transported, manufactured, handled, sold, or offered for sale.
All food handling areas clean and well maintained. | YES |
| 17. | Every food premise shall be provided with hot and cold potable running water under pressure | YES |
| 18. | Adequate number of handwashing stations, situated for convenient access by food handlers with required supplies
All hand wash stations observed to be stocked with supplies necessary for hand hygiene. | YES |
| 19. | Handwashing stations used only for the washing of employee hands | YES |
| 20. | Single-service containers and single-service articles are kept in such a manner and place as to prevent contamination of containers or articles | YES |
| 21. | Equipment, utensils and multi-service articles are of sound and tight construction, in good repair, can be readily cleaned and sanitized, and suitable for their intended purpose | YES |
| 22. | Equipment and utensils that come into direct contact with food are corrosion-resistant, non-toxic and free from cracks, crevices and open seams
Three utensils (2 spatulas and 1 large spoon) discarded at time of inspection due to wear and damage.
Please ensure utensils are checked regularly and any worn or damaged items are discarded to prevent potential food contamination.
<i>- Ensure equipment and utensils are free from cracks, crevices and open seams.</i> | CDI |
| 23. | Vending machine that automatically mixes water to create a product is provided with potable water supply under pressure | YES |

Facility Contact: Mike Blackmore

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

24. Furniture, equipment and appliances in any room or place where food is prepared, processed, packaged, served, transported, manufactured, handled, displayed, sold or offered for sale is constructed and arranged to maintain it in a clean and sanitary condition YES
25. Table covers, napkins or serviettes used in the service of food are clean and in good repair YES
26. Proper levels of illumination required are maintained in the food premise during all hours of operation YES
27. Ventilation system is maintained to ensure the elimination of odours, fumes, vapours, smoke and excessive heat YES
Ventilation system observed to be clean with no build up of grease or food debris observed.
28. Garbage and wastes, including liquid wastes, are collected and removed from the food premise as often as is necessary to maintain the premise in a sanitary condition YES
29. Food premise is protected against the entry of pests and kept free of conditions that lead to the harbouring or breeding of pests YES
No evidence of pests or pest activity observed at time of inspection.

Premises uses Orkin Pest Control Services

Date of last service: July 27, 2023

No issues noted in report.

30. Every room in the food premise is kept free from live birds or animals YES

CLEANING AND SANITIZING

31. Equipment for either manual or mechanical dishwashing is available on site YES
Main kitchen; 3 compartment sink and mechanical dishwasher
All Serveries have a mechanical dishwasher

All mechanical dishwashers are High Temperature Sanitizer
32. Multi-service articles shall be cleaned and sanitized after each use YES
33. Utensils other than multi-service articles shall be cleaned and sanitized as often as necessary to maintain them in a clean and sanitary condition YES
34. Mechanical dishwashers are maintained to provide clean wash water at the proper temperature, and a sanitizing rinse YES
All dishwashers in compliance at time of inspection.
Readings Taken: 17-Aug-2023 10:00 - Rinse in Servedy 3 : 183°F
17-Aug-2023 10:00 - Wash in Servedy 3 : 160°F
17-Aug-2023 10:00 - Wash in Main Kitchen : 154°F
17-Aug-2023 10:00 - Rinse in Main Kitchen : 186°F
17-Aug-2023 10:00 - Wash in Servedy 1 : 165°F
17-Aug-2023 10:00 - Rinse in Servedy 1 : 185°F
17-Aug-2023 10:00 - Wash in Servedy 2 : 167°F
17-Aug-2023 10:00 - Rinse in Servedy 2 : 187°F
35. Manual dishwashing provides clean wash water, proper rinse, and sanitizing solution YES
Manual Dishwashing in compliance at time of inspection.
Readings Taken: 17-Aug-2023 10:00 - Sanitizer in Quat Compound : 200mg/L
36. Sanitize test kit is readily available for verifying concentration of other sanitizing agents approved for use by Health Canada/CFIA YES
Quat test strips available on site.
37. Food contact surfaces washed, rinsed, and sanitized as often as necessary to maintain surfaces in a sanitary condition YES
All quat sanitizer tested in all food service areas - 200ppm
38. Cloths and towels used for cleaning, drying or polishing utensils or cleaning food contact surfaces are in good repair, clean and used for no other purpose YES

Facility Contact: Mike Blackmore

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

39. Toxic and poisonous substances are kept separate from food, in containers bearing a label and used in a manner that does not contaminate food

YES

SANITARY FACILITIES

40. Sanitary facilities kept in good repair and equipped with necessary supplies

N/A

Contacts Present During Inspection

Sherri Hendry

Action(s) Taken

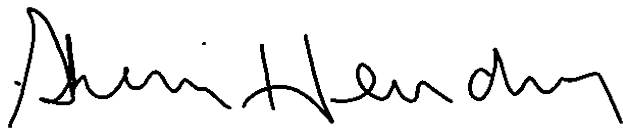
Actions Taken: Satisfactory - No Action Required, Food Handler Education on Site

Closing Comments:

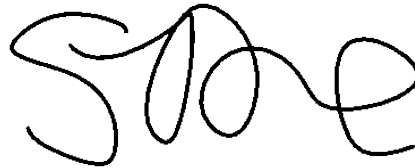
Inspection results reviewed with operator at time of site visit.

Report to be emailed to; shendry@countyofrenfrew.on.ca


I have read and understood this report:



Sherri Hendry



Shannon Thorpe

	<p style="text-align: center;">Business Case – Staffing Report</p> <p style="text-align: right;">Date: September 13, 2023 Department: LTC - Bonnechere Manor Prepared by: Mike Blackmore, DLTC</p>
<p>Proposal</p>	<p>To create two full-time Physiotherapy Assistant (PTA) positions from current vacant part-time (PTA and Rehabilitation Assistant [RA]) hours to enhance resident care consistency.</p>
<p>Position</p> <p><input checked="" type="checkbox"/> Union</p> <p><input type="checkbox"/> Non-Union</p>	<p>Increase to two (2) full-time PTA positions (2,080 hours x 2 = 4,160) by decreasing 3,664 part-time PTA and RA hours.</p>
<p>Summary</p> <ul style="list-style-type: none"> • Background • Discussion 	<p>Background:</p> <p>The Physiotherapy Assistant (PTA) and Rehabilitation Assistant (RA) positions play critical roles in ensuring residents remain active and mobile as part of the Home’s interdisciplinary team. They deliver a variety of one-to-one physiotherapy treatments and small group exercise programs. They help to enhance the residents’ quality of life by maintaining the equipment inventory to ensure residents have the proper mobility equipment to ambulate and the equipment needed to prevent falls. They are also responsible for the falls prevention documentation, Resident Assessment Instrument Minimum Data Set (RAI-MDS) and attend resident care conferences.</p> <p>Currently, the staffing complement is three (3) part-time PTA positions and three (3) part-time RA positions. There are currently two vacant part-time positions that remain unfilled. This presents an opportune time to create full-time positions consistent with the Provincial Long-Term Care Staffing Plan as well the Commissioner’s recommendation for 70% full-time positions. By converting the part-time hours into two full-time PTA positions, the residents would benefit with consistent treatments, programming and overall service. Staff will also be better positioned to build stronger person-centred relationships aligning with the Butterfly Approach.</p>



Business Case – Staffing Report

Date: September 13, 2023
Department: LTC - Bonnechere Manor
Prepared by: Mike Blackmore, DLTC

Recommendation

THAT the Health Committee recommend to County Council that the Restorative Care staffing complement at Bonnechere Manor is increased by two (2) full-time Physiotherapy Assistant (PTA) positions (2,080 hours x 2) from existing part-time hours effective October 22, 2023. AND FURTHER THAT the Finance and Administration Committee be so advised.

Financial Considerations

Expense:

Increase of two (2) full-time PTA (2,080 hours x 2 = 4,160) by decreasing 3,664 part-time PTA hours and RA hours (including benefits/vacation/stats).

FINANCIAL SAVINGS \$7,747*

*This includes the financial liability consistent with the budget: sick days, vacation days and statutory holidays