



HEALTH COMMITTEE

Wednesday, March 6, 2024

A meeting of the Health Committee was held on Wednesday, March 6, 2024, 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 Jennifer Murphy
- Councillor Rob Weir
- Councillor Mark Willmer

Regrets:

- Councillor Valerie Jahn (on leave of absence)
- Councillor Troy Purcell (City of Pembroke)
- Councillor Patricia Lafreniere (City of Pembroke)

Staff Present:

- Craig Kelley, Chief Administrative Officer/Deputy Clerk
- Mike Blackmore, Director of Long-Term Care
- Michael Nolan, Director of Emergency Services
- Jason Davis, Director of Development and Property
- Andrea Patrick, Acting Director of Community Services
- Lee Perkins, Director of Public Works & Engineering (Virtual)
- Mathieu Grenier, Deputy Chief, Emergency Services
- Dave Libby, Deputy Chief, Emergency Services
- Curtis Farrell, Deputy Chief, Emergency Services
- Gwen Dombroski, Clerk
- Tina Peplinskie, Media Relations, and Social Media Coordinator
- Rhonda Chaput, Administrative Assistant III

Chair Donohue called the meeting to order at 9:31 a.m.

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

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

RESOLUTION NO. H-C-24-03-31

Moved by Councillor Murphy

Seconded by Councillor Wilmer

THAT the minutes of the February 17, 2024, and February 28, 2024, meetings be adopted.

CARRIED.

Emergency Services Department Report

The Deputy Chief of Operations overviewed the Emergency Services Department Report which is attached as Appendix A.

RESOLUTION NO. H-C-24-03-32

Moved by Councillor Weir

Seconded by Councillor Grills

THAT Health Committee recommend that County Council adopt a By-law to accept the Community Emergency Preparedness Grant - Transfer Payment Agreement that outlines the approved funding and required actions to receive \$49,600 in support of emergency preparedness in the County of Renfrew. AND THAT the Finance Committee be so advised. CARRIED.

RESOLUTION NO. H-C-24-03-33

Moved by Councillor Willmer

Seconded by Councillor Grills

THAT Health Committee recommend that County Council authorize the Warden and Clerk to sign an agreement with Ontario Health for the development of a Community Paramedicine website in consultation with industry partners. CARRIED.

RESOLUTION NO. H-C-24-03-34

Moved by Warden Emon

Seconded by Councillor Wilmer

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

Long-Term Care Department Report

The Director of Long-Term Care overviewed the Long-Term Care Department Report and Addendum that are attached as Appendix B.

RESOLUTION NO. H-C-24-03-35

Moved by Councillor Wilmer

Seconded by Councillor Grills

THAT the Health Committee recommend that County Council authorize the Warden, Chief Administrative Officer, and the Director of Long-Term Care to sign and submit the Quality Improvement Plans (QIPs) for Bonnechere Manor and Miramichi Lodge and submit to Health Quality Ontario before the March 31, 2024, deadline. CARRIED

RESOLUTION NO. H-C-24-03-36

Moved by Councillor Weir

Seconded by Councillor Murphy

THAT the Health Committee recommends to County Council that Policy G-009 Smoking Regulations for the County of Renfrew Long-Term Care Homes, Bonnechere Manor and Miramichi Lodge remain applicable, permitting residents of Bonnechere Manor and Miramichi Lodge to smoke on the properties, in a designated outdoor smoking area. CARRIED.

RESOLUTION NO. H-C-24-03-37

Moved by Councillor Wilmer

Seconded by Councillor Grills

THAT the Health Committee recommend that County Council adopt a By-law authorizing the Warden and Clerk to sign the 2023/24 Local Priorities Fund – Batch 3 Agreement for specialized equipment associated with IV and wound care in the amount of \$47,100 with Ontario Health, AND FURTHER THAT the Finance and Administration Committee be so advised. CARRIED.

RESOLUTION NO. H-C-24-03-38

Moved by Warden Emon

Seconded by Councillor Nicholson

THAT the Health Committee recommend that County Council adopt a By-law authorizing the Warden and Clerk to sign the 2024 Short-Stay Respite Care Beds Agreement with Ontario Health for the operation of two short-stay respite care beds at Miramichi Lodge, effective January 1, 2024, to December 31, 2024. CARRIED.

RESOLUTION NO. H-C-24-03-39

Moved by Warden Emon

Seconded by Councillor Murphy

THAT the Long-Term Care Report and Addendum, attached as LTC-Appendices B and C, be approved. CARRIED.

RESOLUTION NO. H-C-24-03-40

Moved by Councillor Grills

Seconded by Warden Emon

THAT the Board of Health Minutes for January 30, 2024, be noted and received. CARRIED.

RESOLUTION NO. H-C-24-03-41

Moved by Councillor Grills

Seconded by Councillor Willmer

BE IT RESOLVED THAT the Health Committee move into a closed meeting pursuant to Section 239 (2)(c) of the Municipal Act, 2001, as amended to discuss a proposed or pending acquisition or disposition of land, by the municipality or local board. Time: 10:33 a.m. CARRIED.

RESOLUTION NO. H-C-24-03-43

Moved by Councillor Murphy

Seconded by Warden Emon

THAT this meeting resume as an open meeting. Time: 11:15 a.m. CARRIED.

RESOLUTION NO. H-C-24-03-44

Moved by Councillor Willmer

Seconded by Councillor Weir

THAT this meeting adjourns and that the next regular meeting be held on April 10, 2024. Time: 11:15 a.m. CARRIED.

COUNTY OF RENFREW
EMERGENCY SERVICES REPORT

TO: Health Committee
FROM: Michael Nolan, Director of Emergency Services/Chief, Paramedic Service
DATE: March 6, 2024
SUBJECT: Department Report

INFORMATION

1. Community Programs

Advanced Care Paramedics Matt Cruchet and Stuart Theron, lead paramedics for the Renfrew County Virtual Triage and Assessment Centre (RC VTAC), showcased the RC VTAC's transformative impact on healthcare delivery for individuals without a family doctor at The Ontario Community Paramedic East Mini Expo, Enhancing Healthcare through Community Paramedicine in Kingston. They emphasized the importance of community paramedicine in filling healthcare gaps. This event provided an invaluable platform for networking and sharing insights with over 200 healthcare leaders from various sectors across eastern Ontario.

RCVTAC Desk Activity Snapshot

In the last two weeks of February there were:

- 353 encounters occurred.
- Desk Medics completed a clinical assessment 190 times.
- 209 encounters were resolved by the Desk Medic.
- 78% of activity relates to existing patients.
- Pembroke, Renfrew and Arnprior are the most active areas.
- 50% of encounters take between 5 - 20 minutes to manage, of the remaining contacts, 25% take less than 5 minutes, and 25% take more than 20 minutes.
- The primary reasons for the encounters were:
 - Care Plan Management (42%)
 - System Navigation (25%)
 - Clinical Intervention Required (21%)
 - Health Concern/Advice (12%)

Mental Health Training

Community Paramedics were invited to the Algonquins of Pikwàkanagàn First Nation for an extensive third-party mental health training session led by the Algonquins of Pikwàkanagàn First Nation Mental Health Team. This specialized training equipped practitioners with enhanced skills and knowledge to engage and align with relevant local and broader knowledge and initiatives within the Indigenous health circle.

Stakeholder Meetings and Training Sessions – mesa

Community Paramedics engaged in meetings with stakeholders at The Grind Pembroke to discuss the creation of a comprehensive plan to provide support and resources for the precariously housed and mental health population in Renfrew County. Recognizing the importance of leveraging existing programs and services in a team-based approach to address identified barriers and challenges to safety and well-being and building a communication strategy platform to align with the mesa strategy.

In addition to these meetings, Community Paramedics, in collaboration with Public Health, conducted CPR and Naloxone training sessions for volunteers working with vulnerable populations to enhance community safety and response in critical situations.

These initiatives enhance Strategic Goal #3, Community Wellness and Healthcare

2. 911 Operations Update

Ongoing benefits continue to be seen from the implementation of the additional 24 hours of paramedic coverage that began in July 2023. There is a steady decrease in operational staff end of shift overtime and a corresponding reduction in meal claim costs. Improved workload distribution across Paramedic units has resulted in increased availability for emergency response with a more consistent geographic spread of available units.

Commander in Dispatch

The presence of a Paramedic Service Commander in the Ministry of Health Renfrew Communication Centre has led to a marked increase in situational awareness for our operations. As a result, we have enhanced the deployment of 911 Paramedic Units, improved the coordination of specialty teams such as Sierra Team and Peer Support and optimized the use of Emergency Response Units and Operational Commanders. With the impending implementation of the Medical Priority Dispatch System at the Renfrew Central Ambulance Communications Centre, there have been significant planning and deployment related sessions over the past year. Public information will be available soon.

We would like to thank our partners in the Communications Centre for establishing this team-based approach to the deployment administration of all Paramedic resources. There have been many anecdotal experiences, both clinical and operational, that are being collated into a future report describing the impact of this novel approach to collaboration between municipal paramedic services and provincial communications centres.

BY LAWS

3. Emergency Management Funding

Recommendation: THAT Health Committee recommends that County Council adopt a By-law to accept the Community Emergency Preparedness Grant - Transfer Payment Agreement that outlines the approved funding and required actions to receive \$49,600 in support of emergency preparedness in the County of Renfrew. AND THAT the Finance Committee be so advised.

Background

The Attached as Appendix ES-I is a Letter of Approval, containing funding terms and conditions, from Ms. Ruby Nayar, Senior Manager, Design and Implementation Unit, Emergency Management Ontario confirming funding and providing terms of from the Community Emergency Preparedness Grant ("CEPG") Program in the amount of \$49,600 in support of emergency preparedness in the County of Renfrew. The agreement for this funding was previously circulated to Council.

This initiative supports Strategic Goal #6, Environmental Resiliency.

4. 2023/24 – 2025/26 Community Paramedic Website and Education Agreement

Recommendation: THAT Health Committee recommends that County Council adopt a By-law authorizing the Warden and Clerk to sign an agreement with Ontario Health for the development of a Community Paramedicine website in consultation with industry partners.

Background

Ontario Health will provide funding to the County of Renfrew, to develop a Community Paramedicine website in consultation with industry partners, including migrating the current Community Paramedic Secretariat domain and establishing an online knowledge translation tool for Community Paramedicine programs and partner organizations. The agreement and its corresponding schedules are attached as ES Appendices II through VII.

COUNTY OF RENFREW

BY-LAW NUMBER

A BY-LAW TO ENTER INTO AN AGREEMENT WITH THE PROVINCE OF ONTARIO TO ACCEPT THE COMMUNITY EMERGENCY PREPAREDNESS GRANT IN SUPPORT OF EMERGENCY PREPAREDNESS IN THE COUNTY OF RENFREW

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 the Province of Ontario to accept the Community Emergency Preparedness Grant - Transfer Payment Agreement that outlines the approved funding amount and required actions to receive \$49,600 in support of emergency preparedness in the County of Renfrew.

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 the Province of Ontario.
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 March 2024.

READ a second time this 27th day of March 2024.

READ a third time and finally passed this 27th day of March 2024.

PETER EMON, WARDEN

GWEN DOMBROSKI, CLERK

Treasury Board Secretariat
Emergency Management Ontario

25 Morton Shulman Avenue
Toronto ON M3M 0B1

Secrétariat du Conseil du Trésor
de la gestion des situations d'urgence Ontario

25, rue Morton Shulman Toronto
ON M3M 0B1



Craig Kelley
The County of Renfrew
9 International Drive
Pembroke
ON
K8A6W5
ckelley@countyofrenfrew.on.ca

Date: February 27, 2024

Re: Approval Letter for Community Emergency Preparedness Grant ("CEPG") Program

Dear Craig Kelley:

On behalf of the Province of Ontario (the "Province"), I am pleased to inform you through this Approval Letter that your application to the CEPG Program has been approved for a grant in the amount of **\$49,600.00** in support of your emergency preparedness project as described in section E of your application form (Case Number 2023-11-1-2336692854).

The mandate of Emergency Management Ontario ("EMO") is to ensure that Ontarians are safe, practiced and prepared before, during and after emergencies. This includes access to resources to support emergency management and preparedness. The CEPG Program supports this mandate by providing funding to help community organizations purchase emergency supplies, equipment and services.

As part of the CEPG Program, all funding recipients must comply with the terms and conditions contained within section I of the application form, for the entire duration of the agreement. In accordance with these terms and conditions, you should also be aware of and comply with the following:

A. Communications Protocol:

Applicants wishing to publicly communicate about their funding will require prior approval from the Province. Please send an email to EMOCommunityGrants@ontario.ca seeking approval of publications. Approval may take up to 30 days, please plan communications accordingly and in advance.

In addition to providing the Province with notice before communicating publicly, your organization/municipality/location may be asked to coordinate announcement timing with the Province.

B. Key Dates:

- i. Effective Date: February 27, 2024
- ii. Completion Date: August 30, 2024
- iii. Report back date: September 13, 2024
- iv. Expiry Date: October 31, 2024

C. Approved Budget:

Please see the following approved budget below. As a successful applicant, you will be required to adhere to this approved budget.

Expense Category	Approved Budget
Supplies	2,800.00
Capital Equipment	20,500.00
Operating Equipment	6,000.00
Services	0.00
Training	20,300.00
Administration Costs	0.00
Other	0.00
Total Funding	49,600.00

Approved costs for each recipient are limited to a maximum of \$50,000, as reflected in the approved budget above. Any additional costs in excess of this amount incurred to complete the Project (including in-kind contributions) are the full responsibility of your organization.

D. Report Back Requirements:

Pursuant to the terms and conditions and as described in section H of the application form, all recipients of grant funding are required to report back to the Province by the deadline set out above.

Failure to meet any of these reporting requirements may impact your organization's ability to receive holdback funding (if applicable) and eligibility for future funding in any future iterations of the CEPG Program. Please refer to Transfer Payment Ontario ("TPON") for the report back template and instructions.

E. Payment Schedule:

The following is an overview of the payment schedule for your organization:

Payments	Amount	Payment Date
Funding release	49,600.00	Up to 15 Business Days after the Business Day that all of the following have been received by the Province: <ul style="list-style-type: none"> • Copy of notification to elected official/head for awareness; and

		<ul style="list-style-type: none"> • Certificate of insurance.
Holdback funding release (if applicable)	\$0	Up to 10 Business Days after the Province's acceptance of the Report Back.
Total Project Funding	49,600.00	

Action Required – to be completed within 10 Business Days of receipt of this letter.

The release of project funds will be subject to your acknowledgement of this Approval Letter by completing the following steps and the submission of supporting documentation in the TPN portal:

1. Provide a copy of notification that the elected official or head (i.e., Chief, Regional Chair, Mayor, Warden, Head of Council, President) of your organization is aware of the approved project funding.
2. A certificate of insurance with a commercial general liability limit of not less than \$2 million (\$2,000,000) in the organization's name must be provided, which confirms the insurance coverage and indemnity required by the terms and conditions of the grant program, including any additional requirements pursuant to section 12.0 of the general terms and conditions, signed by an authorized insurance representative. The certificate of insurance must:
 - o Identify a duration of coverage for the organization up to the Expiry Date shown above.
 - o Identify the Treasury Board Secretariat as an additional insured, represented in the following language, "His Majesty the King in right of Ontario as represented by the President of the Treasury Board and the members of the Executive Council of Ontario, and their directors, officers, advisors, agents, appointees and employees".
 - o Confirm the insurance policy includes a cross-liability clause and contractual liability coverage; and
 - o Include a statement that the Certificate Holder will be notified of any cancellation or material change within 30 days.
3. If not set up, register for direct deposit at the following link: [Doing business with the Government of Ontario | ontario.ca](https://www.ontario.ca/doing-business)

Should you have any concerns or questions regarding this Approval Letter specifically, please reach out via email to EMOCommunityGrants@ontario.ca or please call 1-855-216-3090.

Looking forward to collaborating with you.



Ruby Nayyar
 Senior Manager, Design and Implementation Unit,
 Emergency Management Ontario
 Treasury Board Secretariat

COUNTY OF RENFREW

BY-LAW NUMBER

**A BY-LAW TO ENTER INTO AN AGREEMENT WITH ONTARIO HEALTH FOR THE DEVELOPMENT OF A
COMMUNITY PARAMEDICINE WEBSITE IN CONSULTATION WITH INDUSTRY PARTNERS.**

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 Ontario Health for the development of a Community Paramedicine website in consultation with industry partners.

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 Ontario 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 March 2024.

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PETER EMON, WARDEN

GWEN DOMBROSKI, CLERK



February 16, 2024

Michael Nolan
Chief Paramedic & Director, Emergency Services
Corporation of the County of Renfrew
9 International Drive
Pembroke, ON K8A 6W5

RE: 2023/24 – 2025/26 COMMUNITY PARAMEDICINE WEBSITE AND EDUCATION AGREEMENT

Dear Michael,

We are pleased to provide you with the 2023/24 – 2025/26 Community Paramedicine Website and Education Agreement (the “**Agreement**”) for your organization.

Funding provided via the Agreement is intended to develop a Community Paramedicine website, migrating the current Community Paramedic Secretariat domain and establishing an online Knowledge Translation tool for Community Paramedicine programs and partner organizations.

The Agreement and its corresponding Schedules are attached, the preparation and implementation of which are guided by, among other things, the Ontario Government's Transfer Payment Accountability Directive. Please be advised that the terms and conditions of the Agreement are mandatory and non-negotiable.

NEXT STEPS:

- Please sign the attached Agreement and return an electronic copy to HealthSystem.Agreements@ontariohealth.ca **within 1 week upon receipt of this letter.**
- If you have any questions about the Agreement, please contact Simone Walters, Manager, Performance and Accountability, Regional Programs, Ontario Health at Simone.Walters@ontariohealth.ca.
- If you have any questions about the Best Care in Primary Care program, please contact Lora VanBerlo, Director, Health Equity and Priority Populations, Ontario Health at Lora.Vanberlo@ontariohealth.ca.

We would like to take this opportunity to thank you for your leadership, support, and commitment to advancing Community Paramedicine through your participation in the Agreement.

Sincerely,



Elham Roushani
Chief Financial Officer
Ontario Health



Wilfred Cheung
Interim Chief Regional Officer, Toronto and East
Ontario Health

cc: Samatha Colwell-Castles, Director, System Strategy, Planning, Design & Implementation, Ontario Health

Encl.

2023/24 – 2025/26 COMMUNITY PARAMEDICINE WEBSITE AND EDUCATION AGREEMENT

THIS AGREEMENT is effective as of the 1st day of January, 2024 (the “**Effective Date**”) between **ONTARIO HEALTH (“OH”)** AND **CORPORATION OF THE COUNTY OF RENFREW** (the “**Recipient**”)

(Each of OH and the Recipient is a “**Party**” to this Agreement, and both are the “**Parties**”).

BACKGROUND

- A.** OH wishes to engage the Recipient to participate in one or more OH Program(s) as described in Schedule “B” (the “**Program**”) commencing on January 1, 2024 and ending on March 31, 2026. For clarity, each period commencing on April 1 and ending on the immediately following March 31 is referred to herein as a “**Fiscal Year**”.
- B.** In furtherance of the Program, and at the request of the Ministry of Health (the “**Ministry**”), OH has agreed to transfer certain funds to the Recipient to address, among other things:
 - a. Technical and content requirements gathering;
 - b. Implementation of web hosting, software and licensing, security and development and design for a website; and
 - c. Ongoing service, technical support and management including maintenance, updates, and content design and creation.
- C.** Subject to the terms and conditions of this Agreement, OH has identified that the Recipient should receive funding to address the purposes set out above.

IN CONSIDERATION of the mutual covenants and agreements contained in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. SCHEDULES

1.1 This Agreement includes and incorporates the following schedules:

- Schedule “A”: Funding
- Schedule “B”: Performance Requirements
- Schedule “C”: Reporting Requirements
- Schedule “D”: Subcontractor Requirements

2. REPRESENTATIONS, WARRANTIES AND COVENANTS

2.1 **General.** The Recipient represents, warrants and covenants that:

- (a) it is, and will continue to be for the period during which this Agreement is in effect, a validly existing legal entity or partnership, existing under applicable provincial and federal laws, with full power to fulfill its obligations under this Agreement;
- (b) it has, and will continue to have for the period during which this Agreement is in effect, the experience and expertise necessary to carry out the Program;
- (c) it is, and will continue to be for the period during which this Agreement is in effect, in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules and by-laws related to any aspect of the Program, the Funds, and this Agreement, including, without limitation O. Reg. 114/94 of the *Medicine Act, 1991* (collectively, “**Applicable Law**”);
- (d) if the Recipient is an integrated community health services centre, as such term is defined in the *Integrated Community Health Services Centres Act, 2023*, the Recipient shall deliver to OH a copy of the license as set out in Section 4(1) of the *Integrated Community Health Services Centres Act, 2023*;
- (e) if the Recipient is a long-term care home, as such term is defined in the *Fixing Long-Term Care Act, 2021*, the Recipient shall deliver to OH a copy of the license or approval as set out in Section 98(1) of the *Fixing Long-Term Care Act, 2021*;
- (f) the Recipient will, upon request, provide to OH a copy of any other license, permit, approval or certificate required in order for the Recipient to operate in compliance with Applicable Laws and to perform its obligations under this Agreement and the Program; and
- (g) unless otherwise provided for in this Agreement, any information the Recipient provided to OH in support of its request for funds (including information relating to any eligibility requirements) was true and complete at the time the Recipient provided it and will continue to be true and complete for the period during which this Agreement is in effect.

2.2 **Execution of Agreement.** The Recipient represents and warrants that it has:

- (a) the full power and authority to enter into this Agreement; and
- (b) taken all necessary actions to authorize the execution of this Agreement.

- 2.3 **Governance.** The Recipient represents, warrants and covenants that it has, and will maintain, in writing for the period during which this Agreement is in effect:
- (a) a code of conduct and ethical responsibilities for all persons at all levels of the Recipient’s organization;
 - (b) procedures to ensure the ongoing effective functioning of the Recipient;
 - (c) decision-making mechanisms for the Recipient;
 - (d) procedures to enable the Recipient to manage Funds prudently and effectively;
 - (e) procedures to enable the Recipient to complete the Program successfully;
 - (f) procedures to enable the Recipient, in a timely manner, to identify risks to the completion of the Program, and strategies to address the identified risks;
 - (g) procedures to enable the preparation and delivery of all reports required pursuant to Subsection 4.2; and
 - (h) procedures to enable the Recipient to deal with such other matters as the Recipient considers necessary to ensure that the Recipient carries out its obligations under this Agreement.
- 2.4 **Supporting Documentation.** Upon request, the Recipient will provide OH with proof of the matters referred to in this Section 2.

3. FUNDING

- 3.1 Subject to the terms and conditions set out in this Agreement, OH shall provide the Recipient with funding for the Program in the amounts and in accordance with the requirements specified in Schedule “A” (the “**Funds**”). OH is not obligated to provide any Funds beyond the maximum aggregate amounts set out in Schedule “A”.
- 3.2 All Funds specified in Schedule “A” are provided to the Recipient for: (a) Performance Requirements that must be completed by the end of the Fiscal Year and in accordance with the terms and conditions of this Agreement; and (b) Reporting Requirements that must be completed in accordance with the terms and conditions of this Agreement.
- 3.3 Notwithstanding any provision in this Agreement, the payment of any Funds to the Recipient is conditional upon OH’s receipt of funds from the Ministry designated for the purposes of the Program and in such amounts sufficient to cover the funding obligations of OH under this Agreement.

- 3.4 The Parties acknowledge that the Ministry may make additional funding allocations in connection with the Program to OH. In the event that OH transfers such additional funding to the Recipient, the terms and conditions of this Agreement shall apply.
- 3.5 Without limiting any rights of OH herein, the Recipient shall, upon expiry or early termination of this Agreement, return to OH any unspent Funds remaining in its possession or control, unless otherwise agreed to by OH in writing. Funds spent by the Recipient in breach of this Agreement are subject to immediate repayment to OH upon demand.
- 3.6 In connection with the Program, the Recipient may choose to engage a subcontractor to ensure adequate completion of the Program. Where this occurs, the Recipient shall enter into a performance agreement with such subcontractor to bind the subcontractor to the applicable obligations and requirements of the Recipient in this Agreement. The performance agreement between the Recipient and the subcontractor shall include the requirements outlined in Schedule “D”. The engagement of a subcontractor shall not relieve the Recipient of its obligations under this Agreement and the Recipient shall at all times remain jointly and severally liable for the acts or omissions of its subcontractors.
- 3.7 Upon direction from OH, the Recipient shall return all unspent Funds to OH following the end of the Fiscal Year settlement process. Notwithstanding the foregoing, OH may, in writing, permit the Recipient to retain any unspent Funds if OH determines the Recipient has successfully completed the Performance Requirements set out in Schedule “B” for one or more OH programs.

4. PERFORMANCE AND REPORTING REQUIREMENTS

4.1 Performance Requirements - General

- 4.1.1. The Recipient shall actively promote the quality standards as identified by OH and perform the requirements, deliverables, and expectations as described in Schedule “B” (collectively, the **“Performance Requirements”**).
- 4.1.2. At all times and notwithstanding the expiration of the Term (as defined below) of this Agreement, the Recipient agrees to continually support and promote the improvement of performance and quality indicators determined by OH from time to time, including the priority indicators included in the applicable performance scorecards issued by OH.

4.2 Reporting Requirements

- 4.2.1. The Recipient agrees to provide to OH the reports, updates, and performance data as specified in Schedule “C”, in accordance with the timelines and content requirements set out therein (the **“Reporting Requirements”**). The Reporting Requirements will address both short and long-term needs, and will be reviewed on a periodic basis with the Recipient at such times as determined by OH.

- 4.2.2. In addition to the Reporting Requirements specified in Schedule “C”, the Recipient agrees to submit to OH any other reports reasonably requested by OH, in the form, and in accordance with the timelines as agreed to with the Recipient.
- 4.2.3. Each Party confirms its commitment to working collaboratively to continually improve the performance and quality of the Program over time.

5. PERFORMANCE AND REPORTING MANAGEMENT

5.1 Reviews

- 5.1.1. OH will conduct periodic performance reviews to assess progress against the Performance Requirements and compliance with the Reporting Requirements at such times as determined by OH.
- 5.1.2. In the event that the Recipient fails to achieve any of the Performance Requirements, OH may take any or all of the following actions: (i) work together with the Recipient to improve performance; (ii) require the Recipient to immediately repay the proportion of the Funds that relates to the outstanding Performance Requirements; (iii) adjust or withhold future funding from OH; and (iv) take such other action as OH deems advisable in the circumstance.
- 5.1.3. Notwithstanding anything to the contrary, if OH determines, acting reasonably, that the Performance Requirements and Reporting Requirements are, in whole or in part, unable to be achieved by the Recipient due to factors beyond the Recipient’s control, OH will collaborate with the Recipient to develop and implement a mutually agreed upon joint response plan which may include an amendment to the Recipient’s obligations under this Agreement. For clarity, in such event, failure to meet an obligation under this Agreement will not be considered to be a breach of this Agreement to the extent that such failure is caused by a factor beyond the Recipient’s control, as determined by OH acting reasonably.

6. IN-YEAR RECONCILIATION, ADJUSTMENTS, & YEAR-END SETTLEMENT

6.1 In-Year Reconciliation and Adjustment

- 6.1.1. An in-year reconciliation process may be undertaken by OH in its sole discretion, and at such time as determined by OH.
- 6.1.2. As a result of the in-year reconciliation process, where OH, in consultation with the Recipient, determines that an in-year re-allocation of Allocated Volumes to another organization is required, OH will effect such adjustment by providing written notice to the Recipient. If necessary, OH may require the Recipient to return to OH that portion of the Funds already paid by OH that relates to the re-allocation. Any re-allocation will be documented in an in-year re-allocation letter from OH.

6.2 Year-End Settlement

- 6.2.1. OH will also undertake a settlement process following the end of the Fiscal Year to determine whether all Performance Requirements have been successfully performed.
- 6.2.2. Where Performance Requirements have not been successfully performed, upon written notice to the Recipient, the Recipient shall forthwith return to OH that portion of the Funds that relate to the performance shortfall.
- 6.2.3. Year-end settlement will be conducted using the settlement criteria and system as set out in Schedule "A".
- 6.2.4. OH will endeavour to complete the year-end settlement by September 30 of the Subsequent Fiscal Year, provided that OH receives all necessary data required to perform the year-end settlement within the requested time frame.

7. CHANGE IN LEGAL STATUS

- 7.1 The Recipient shall provide thirty (30) days' written notice to OH prior to any dissolution, amalgamation, legal or business name change or any other action that would change the legal status of the Recipient. The notice should outline the details of such actions, including without limitation, the Recipient's new legal name, operating name, contact information, address, and authorized signatories, as applicable. Failure to provide such notice may result in delays in or cancellation of the payment of Funds.

8. TERM & TERMINATION

- 8.1 This Agreement shall commence on the Effective Date and continue until March 31, 2026 (the Term).
- 8.2 Notwithstanding Subsection 8.1, in the event that OH pays funds to the Recipient in respect of the Program for a new term following the end of the Term: (a) the terms of this Agreement shall continue to apply to such funds with the necessary modifications until a new funding agreement ("**New Agreement**") is entered into between the Parties for the new term ("**New Term**"); and (b) OH is not obligated to provide such funds in the same amounts as set out in Schedule "A". Upon execution of the New Agreement, such funds shall be deemed to have been provided pursuant to, and shall be governed by, the provisions of the New Agreement.
- 8.3 OH reserves the right to withhold payment of any and all funds to the Recipient in respect of the Subsequent Fiscal Year in the event that the Subsequent Agreement is not executed within forty-five (45) calendar days of issuance to the Recipient by OH.
- 8.4 Acceptance by the Recipient of funds paid by OH in respect of the Program for the Subsequent Fiscal Year shall evidence the Recipient's acceptance of Subsection 8.2 and Subsection 8.3.

- 8.5 Either Party may terminate this Agreement at any time upon the provision of a minimum of ninety (90) calendar days' prior written notice to the other Party.
- 8.6 OH may immediately terminate or amend this Agreement upon written notice to the Recipient, without liability, if: (i) the funding allocated to the Recipient under this Agreement is not paid to OH by the Ministry; (ii) the funding commitment is otherwise cancelled by the Ministry; or (iii) OH deems such termination or amendment to be in the public interest or in the best interest of the healthcare system in Ontario.
- 8.7 In the event of termination, the Recipient shall be entitled only to the amount of Funds earned pursuant to this Agreement up to the effective date of such termination.

9. RECORD MAINTENANCE

- 9.1 The Recipient shall maintain: (a) all financial records (including invoices) relating to the Funds provided hereunder in a manner consistent with accounting principles generally accepted in Canada; and (b) all non-financial documents and records relating to the Recipient's performance of its obligations hereunder in accordance with the Recipient's reasonable document retention policies.

10. COMPLIANCE

- 10.1 The Recipient shall have full and direct responsibility for compliance with any federal and provincial requirements pertaining to disclosure or payment of income taxes, unemployment insurance contributions, workplace safety and insurance premiums, HST, Canada Pension Plan contributions or any other payments or contributions which may be required in respect of the fees and expenses to be paid by the Recipient to any of its employees, agents or consultants employed or retained by the Recipient in connection with this Agreement. The Recipient agrees to indemnify and hold OH harmless from any and all claims, losses or demands made against OH with respect to any such taxes, contributions, remittances, premiums, withholdings, or similar payments.

11. INDEMNITIES AND INSURANCE

- 11.1 The Recipient agrees to defend, indemnify and save OH harmless from any and all claims, losses or demands made against OH arising from any act, omission, fault, default or negligence of the Recipient, its employees, agents, subcontractors, or consultants directly related to the performance or non-performance of its obligations under this Agreement.
- 11.2 During the period in which this Agreement is in effect the Recipient shall maintain in full force and effect general liability insurance for a minimum of CAD \$2,000,000 for any one occurrence. Such insurance shall name Ontario Health as additional insured, but only with respect to this Agreement. The general liability insurance shall include at least the following:

- products and completed operations;
- personal injury;
- cross liability;
- contractual liability;
- thirty (30) days' prior written notice of material change to, cancellation, or non-renewal of the policy.

The Recipient shall provide OH with evidence of insurance upon request.

12. CONFLICTS OF INTEREST

- 12.1 The Recipient shall ensure that the performance of its obligations hereunder is carried out in all its aspects without any actual, potential, or perceived conflict of interest by any person, in whatever capacity.
- 12.2 The Recipient shall disclose to OH in writing without delay any actual, potential, or perceived situation that may be reasonably interpreted as an actual, potential, or perceived conflict of interest.
- 12.3 In the event that an actual, potential, or perceived conflict of interest is identified, OH reserves the right to suspend the payment of Funds until the actual, potential, or perceived conflict of interest is resolved to the satisfaction of OH, acting reasonably. If any conflict of interest cannot be resolved to the satisfaction of OH, acting reasonably, OH may terminate this Agreement and the Recipient will forthwith repay all Funds paid by OH, if required by OH in writing.

13. PRIVACY AND ACCESS

- 13.1 The Recipient acknowledges that the performance of the Parties' obligations under this Agreement does not involve the access, collection, use and/or disclosure of personal health information ("PHI"), as that term is defined under the Ontario Personal Health Information Protection Act, 2004 ("PHIPA"), and/or personal information ("PI"), as defined under the Ontario Freedom of Information and Protection of Privacy Act ("FIPPA"), on behalf of OH. Notwithstanding the foregoing, if the Recipient is required to access, collect, use and/or disclose PHI and/or PI in connection with this Agreement, the Recipient agrees that it will comply with all applicable privacy legislation, including PHIPA and/or FIPPA.
- 13.2 In the event that the Parties' obligations under this Agreement are subsequently amended in writing to involve the disclosure of PI and/or PHI to OH, or the collection of PI and/or PHI from OH, the Parties agree that:
- (a) the terms and conditions respecting such collection and/or disclosure of PI and/or PHI shall be governed by the terms of OH's standard form of a Master Data Sharing Agreement (the "**Master DSA**") which shall be executed between the Parties prior to such collection and/or disclosure of PI and/or PHI;

- (b) in accordance with the terms of the Master DSA, to the extent that the Recipient agrees to disclose PHI and/or PI to OH under this Agreement (or any amendments thereafter), the names and descriptions of the data elements to be disclosed by the Recipient to OH, as well as the transfer method, timing and frequency respecting such disclosure(s), shall be as set forth or otherwise referenced in Schedule "C" to this Agreement; and
- (c) for clarity, in the event this Agreement expires or terminates, the Master DSA in accordance with its own terms and conditions will continue to apply to the collection, use and disclosure of PHI and/or PI between OH and the Recipient as set out in Schedule "C".

13.3 OH is designated as an "institution" within the meaning of FIPPA and as a result, all persons may have a legal right of access to information in the custody and/or control of OH, subject to a limited set of exemptions. Notwithstanding any provision in this Agreement, the Recipient acknowledges and agrees that this Agreement and any records or information related to this Agreement, or any portion thereof, may be disclosed in accordance with the provisions of FIPPA, based on an access request to a Party, an order of the Information and Privacy Commissioner or as otherwise required under Applicable Law. In the event that the Recipient is designated as an "institution" within the meaning of FIPPA, OH acknowledges and agrees that this Agreement and any records or information related to this Agreement, or any portion thereof, may be disclosed in accordance with the provisions of FIPPA, based on an access request to a Party, an order of the Information and Privacy Commissioner or as otherwise required under Applicable Law.

14. CONFIDENTIALITY

- 14.1 All information, data, material, notes, documents, memoranda, computer programs, files and other information of any kind provided by OH to the Recipient in connection with this Agreement (collectively, "**Confidential Information**") shall remain the property of OH, and, upon the termination or expiry of this Agreement for any reason whatsoever, the Recipient shall return all Confidential Information to OH or otherwise securely destroy the Confidential Information to the satisfaction of OH.
- 14.2 The Recipient shall not disclose, or in any way use, either directly or indirectly, any Confidential Information either during the period during which this Agreement is in effect or at any time thereafter, except strictly in connection with the performance of its obligations hereunder, as permitted under this Agreement or as expressly authorized by OH. Except for PHI and PI, this restriction shall cease to apply to information ordered to be disclosed by a court of competent jurisdiction or otherwise required to be disclosed by law, or to information which becomes available to the public generally, other than by reason of a breach of this clause.

15. VERIFICATION & AUDIT

- 15.1 On reasonable notice to the Recipient, OH, the Auditor General of Ontario (the “**AG**”) and/or independent audit professionals acting on behalf of OH and/or the AG (collectively, the “**Auditors**”) shall be permitted access to relevant financial records, patient charts and other information in the custody or control of the Recipient in order to verify any information submitted by the Recipient to OH hereunder. Except for the AG, any other auditors shall first enter into confidentiality obligations reasonably acceptable to the Recipient and OH.
- 15.2 The Recipient and OH acknowledge that the Auditors, in conducting such an audit, may review records in the custody or control of the Recipient which contain PI and/or PHI, subject to the applicable obligations of the Recipient and/or the Auditors under PHIPA and/or FIPPA in respect of the collection, use and disclosure of such records for auditing purposes. In accordance with s. 39(1)(b) of PHIPA, the Recipient agrees to disclose records in the custody or control of the Recipient which contain PHI to the Auditors provided that the Auditors do not remove any records containing such PHI from the Recipient’s premises in conducting the audit.

16. DISPUTE RESOLUTION

- 16.1 Each Party agrees to utilize all reasonable efforts to resolve any dispute, whether arising during the period this Agreement is in effect or at any time after the expiration or termination of this Agreement, which touches upon the validity, construction, meaning, or performance of this Agreement or the rights and liabilities of the Parties or any matter arising out of or connected with this Agreement, promptly and in an amicable and good faith manner by negotiations between the Parties.
- 16.2 Either Party may refer any dispute to a dispute management committee, consisting of senior managers of each of the Parties who have the authority to bind such Party (the “**Dispute Management Committee**”). The Dispute Management Committee shall meet as soon as is reasonably possible after a dispute is referred to it, giving due regard to the nature and impact of the issue under consideration.

17. GENERAL

- 17.1 OH may amend this Agreement, acting reasonably, by providing written notice of the amendment to the Recipient and such amendment shall be effective ten (10) business days after such written notice has been provided.
- 17.2 This Agreement shall enure to the benefit of, and be binding upon, the Parties hereto and their respective heirs, executors and successors, but shall not be assignable by any of the Parties hereto without the prior written consent of the other Party.
- 17.3 This Agreement shall be interpreted and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

- 17.4 Subsection 3.5, Subsection 3.6, Subsection 3.7, Subsection 5.1.2, Subsection 6.2, Subsection 8.2, Subsection 8.3, Subsection 8.4, Section 9, Section 10, Subsection 11.1, Section 13, Section 14, Section 15, Section 16, Section 17 and all other provisions of this Agreement which are by their nature intended to survive the expiration or termination of this Agreement shall not be prejudiced by and shall survive such expiration or termination.
- 17.5 This Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained herein and supersedes all prior oral or written representations and agreements. In the event of any conflict between this Agreement and the Master DSA in respect of the collection, use or disclosure of PHI or PI by OH, the terms of the Master DSA prevail.
- 17.6 The invalidity or unenforceability of any provision or covenant contained in this Agreement shall not affect the validity or enforceability of any other provision or covenant herein contained and any such invalid provision or covenant shall be deemed to be severable.
- 17.7 No waiver of any provision of this Agreement shall be effective unless it is in writing and signed by the Party against which it is sought to be enforced. The delay or failure by either Party to exercise or enforce any of its rights under this Agreement shall not constitute or be deemed a waiver of that Party's right to thereafter enforce those rights, nor shall any single or partial exercise of any such right preclude any other or further exercise of these rights or any other right.
- 17.8 This Agreement may be executed in counterparts and when each Party has executed an identical counterpart and delivered a copy thereof to the other Party, then all the counterparts taken together shall be deemed to constitute a single identical agreement dated as of the Effective Date.

[Signature page follows]

IN WITNESS WHEREOF this 2023/24 – 2025/26 COMMUNITY PARAMEDICINE WEBSITE AND EDUCATION AGREEMENT has been executed by the Parties hereto.

ONTARIO HEALTH

By: 

Name: Elham Roushani
Title: Chief Financial Officer,
Ontario Health
Date: February 16, 2024

By: 

Name: Wilfred Cheung
Title: Interim Chief Regional Officer, Toronto and
East
Ontario Health
Date: February 16, 2024

CORPORATION OF THE COUNTY OF RENFREW

By: _____
Name:
Title:
Date:

I have the ability to bind the organization.

**2023/24 – 2025/26 COMMUNITY PARAMEDICINE WEBSITE AND EDUCATION
AGREEMENT**

DATE: 16-FEB-2024

SCHEDULE "A"

FUNDING

A. Introduction

The Recipient shall participate in the Program(s) for which Funds have been allocated, as specified in this Schedule "A".

B. Funding

The Recipient will receive the following Funds for the following Program(s):

Organization Name: Corporation of the County of Renfrew

Planning – Year 1 (2023/24)

Funding Item	2023/24 Allocated Funding
Technical & Content Requirements Gathering, Software and Licensing and Planning of Web Hosting and Design, In-Person Education and Engagement Event planning	\$ 37,325

Implementation – Year 2 (2024/25)

Funding Item	2024/25 Allocated Funding
Implementation of Web Hosting, Software and Licensing, Security and Development and Design for Website	\$ 28,525

Operations and Sustainability Planning – Year 3 (2025/26)

Funding Item	2025/26 Allocated Funding
Ongoing Service, Technical Support and Management including Maintenance, Updates, and Content Design and Creation	\$ 10,525

C. Allocation Approach

The Funds noted in the tables above will be used by the Recipient for the development and maintenance of the Community Paramedicine Website inclusive of the phases as outlined below.

Funding should be used to support operational costs associated with implementing the performance expectations as described in Schedule "B".

Planning – Year 1 (2023/24)

- Technical & Content Requirements Gathering
- Software and Licensing
- Planning of Web Hosting and Design
- In-Person Education and Engagement Event

Implementation – Year 2 (2024/25)

- Web Hosting
 - Domain Registration including annual renewal
 - Server Maintenance
- Software and Licensing
 - Operating System Licensing
 - Software Licenses (i.e., Firewall, cybersecurity)
- Security
 - SSL/TLS Certificates
 - SSL/TLS encryption
 - Firewall and Security Services
- Development and Design
 - Web development including plug-ins and utilities as determined through the consultation process and requirements set by OH

Operations and Sustainability Planning – Year 3 (2025/26)

- Backup and Recovery: create and store copies of data
- Support and Maintenance
 - Technical Support: technical support services or personnel
 - Maintenance and Updates: ongoing maintenance, updates, and bug fixes.
- Monthly updates and content design and creation

D. Settlement Criteria

The following settlement criteria will be used for the following Program(s).

Planning – Year 1 (2023/24)

Performance Deliverables have been specified in Schedule “B”, and each Performance Deliverable has been assigned a percentage of the total initiative’s funding (the “Funding At Risk”). In the event that the Recipient does not meet the specified Compliance Threshold for a Performance Deliverable in alignment with the Program Expectations, OH will recover the corresponding Funding At Risk for that Performance Deliverable.

Implementation – Year 2 (2024/25)

Performance Deliverables have been specified in Schedule “B”, and each Performance Deliverable has been assigned a percentage of the total initiative’s funding (the “Funding At Risk”). In the event that the Recipient does not meet the specified Compliance Threshold for a Performance Deliverable in alignment with the Program Expectations, OH will recover the corresponding Funding At Risk for that Performance Deliverable.

Operations and Sustainability Planning – Year 3 (2025/26)

Performance Deliverables have been specified in Schedule “B”, and each Performance Deliverable has been assigned a percentage of the total initiative’s funding (the “Funding At Risk”). In the event that the Recipient does not meet the specified Compliance Threshold for a Performance Deliverable in alignment with the Program Expectations, OH will recover the corresponding Funding At Risk for that Performance Deliverable.

SCHEDULE “B”**PERFORMANCE REQUIREMENTS****A. Introduction**

The Recipient shall perform the Performance Requirements as specified below, for the Program(s) for which the Funds have been allocated as specified in Schedule “A”. The Funds should be applied in support of the Goals and Funding Purpose specified below and the Recipient shall adhere to the Program Expectations specified below.

As per Subsection 5.1.2 of the Agreement, in the event that the Recipient fails to achieve any of the Performance Requirements, OH may take any or all of the following actions: (i) work together with the Recipient to improve performance; (ii) require the Recipient to immediately repay the proportion of the Funds that relates to the outstanding Performance Requirements; (iii) adjust or withhold future funding from OH; and (iv) take such other action as OH deems advisable in the circumstance.

Associated Reporting Requirements are detailed in Schedule “C”.

B. Performance Requirements**Planning – Year 1 (2023/24)**

I. Goals and Funding Purpose

The goals and purpose of the funding include:

- Consulting with OH to capture the technical and content requirements for implementation of a Community Paramedicine website.
- Delivery of a draft plan for an in-person educational and engagement event in the OH East region.

II. Program Expectations

The Recipient will:

1. Submit a quarterly report as outlined in Schedule “C” by March 22, 2024.
2. Submit a year-end report as outlined in Schedule “C” by May 1, 2024.

III. Performance Deliverables

The Recipient’s performance will be measured against the Program Expectations and the following Performance Deliverables. Should performance not meet the specified Compliance Threshold, OH may require the Recipient to submit an action plan, in addition to other actions as OH deems advisable in the

circumstance in accordance with Subsection 5.1.2 of the Agreement and Part A (Introduction) of this Schedule “B”.

#	Performance Deliverable	Compliance Threshold	Funding At Risk (%)
1	Develop draft costs for the development and maintenance plan for community paramedicine website migration, following 3 phased proposal.	To be completed by March 22, 2024, and draft included with the quarterly report.	60%
2	Initiate a needs assessment, which will: <ul style="list-style-type: none"> • Examine the current website and mirror the content to be hosted. • Determine the requirements of the website, including the content and elements for interaction. • Ensure the technical requirements and content requirements meet the needs of the Ontario Community Paramedicine Knowledge Exchange Committee (OCPKEC). 	To be completed by March 22, 2024, and draft included with the quarterly report.	15%
3	Begin the transfer of the Registrar for the domain name.	To be completed by March 22, 2024, and a status update included in the quarterly report.	15%
4	Conduct a quarterly meeting with OCPKEC to develop engagement resources (i.e. website content and other ad hoc OCPKEC needs as identified).	To be completed by March 22, 2024, and update included in the quarterly report.	5%
5	Deliver a pilot in-person educational and engagement event in the OH East region and complete a close-out report on the number and type (e.g. primary care, Home and Community Care Support Services (HCCSS), HCCSS service provider organization (SPO), paramedic services, etc.) of participants and survey feedback. When conducting the survey, the Recipient must comply with applicable privacy legislation including the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). The Recipient must not include personal information in survey feedback shared with OH.	In-person educational and engagement event completed by January 19, 2024. Close-out report to be submitted by to OH by March 22, 2024.	5%

Implementation – Year 2 (2024/25)

I. Goals and Funding Purpose

The goals and purpose of the funding include:

- Migration of the Community Paramedicine website from the current Community Paramedic Secretariat domain into an updated and refreshed domain that includes all pre-existing resources, updated resources, and newly developed practice tools for providers
- Establishment of an online knowledge translation tool for Community Paramedicine programs and partner organizations
- Implementation of web hosting, software and licensing, security, and website development and design

II. Program Expectations

The Recipient will:

1. Collaborate with Regional and Provincial partners and the OCPKEC working groups on integrating OCPKEC working group outputs, such as practice tool kits for providers, and embed these into the website.
2. Finalize the costs for the development and maintenance plan for community paramedicine website migration, needs assessment and draft plan for a pilot in-person educational and engagement event in the OH East region. Provide a year-end report outlining website activity and usage.
3. Deliver quarterly and year-end reports as outlined in Schedule “C”.

The Recipient is also required to ensure the following website requirements are met:

1. The average response time for any load or update of all or a portion of a page within the website shall be 1.5 seconds or less.
2. The response time must not exceed 2 seconds.
3. Published web assets must be available 24 hours a day, 7 days a week with target uptime of 99.9% through Recipient’s proposed web hosting services.
4. Quarterly status reports are to be provided to the OCPKEC and Ontario Community Paramedicine Provincial Advisory Committee (OCPPAC) on the Community Paramedicine Website Workstream as outlined in Schedule “C”.

III. Performance Deliverables

The Recipient’s performance will be measured against the Program Expectations and the following Performance Deliverables. Should performance not meet the specified Compliance Threshold, OH may require the Recipient to submit an action plan, in addition to other actions as OH deems advisable in the

circumstance in accordance with Subsection 5.1.2 of the Agreement and Part A (Introduction) of this Schedule “B”.

#	Performance Deliverable	Compliance Threshold	Funding At Risk (%)
1	Complete the transfer of the Registrar for the domain name and transfer the existing web files to the server and install website and site files on the server.	To be completed by March 31, 2025, and update included in the year-end report.	15%
2	Launch / migrate Community Paramedicine website domain.	To be completed by March 31, 2025, and update included in the year-end report.	60%
3	Update server operating systems, web server, Hypertext Preprocessor (PHP), and the database system for security and performance on a daily basis.	To be completed by March 31, 2025, and update included in the year-end report.	15%
4	Conduct quarterly meetings with OCPKEC to develop engagement resources (i.e. website content and other ad hoc OCPKEC needs as identified).	To be completed by March 31, 2025, and update included in the year-end report.	10%

Operations and Sustainability Planning – Year 3 (2025/26)

I. Goals and Funding Purpose

The goals and purpose of the funding include:

- Provision of ongoing service and technical support, and management of the website including maintenance, updates, and content design and creation; including backup and recovery of website.

II. Program Expectations

The Recipient will:

1. Provide technical support services, ongoing maintenance updates, and bug fixes.
2. Develop a disaster recovery plan to handle unexpected outages or data loss.
 - a. The recovery plan must include the implementation of backups and a clear recovery process.
3. Deliver quarterly and year-end reports as outlined in Schedule “C”.

III. Performance Deliverables

The Recipient’s performance will be measured against the Program Expectations and the following Performance Deliverables. Should performance not meet the specified Compliance Threshold, OH may require the Recipient to submit an action plan, in addition to other actions as OH deems advisable in the circumstance in accordance with Subsection 5.1.2 of the Agreement and Part A (Introduction) of this Schedule “B”.

#	Performance Deliverable	Compliance Threshold	Funding At Risk (%)
1	Update and maintain website on an ongoing basis for the duration FY2025/26.	To be completed by March 31, 2026 and update included in the year-end report.	20%
2	Provide quarterly reports and a year-end report as part of the year-end settlement process, both outlining website activity and usage.	To be completed by March 31, 2026.	40%
3	Ensure ongoing website compliance with relevant laws and regulations.	To be completed by March 31, 2026 and update included in the year-end report.	15%
4	Develop a disaster recovery plan to handle unexpected outages or data loss including implementation of backups and a clear recovery process.	To be completed by March 31, 2026 and plan included in the year-end report.	15%

#	Performance Deliverable	Compliance Threshold	Funding At Risk (%)
5	Conduct OCPKEC quarterly meetings to develop engagement resources (i.e. website content and other ad hoc OCPKEC needs as identified).	To be completed by March 31, 2026 and update included in the year-end report.	10%

SCHEDULE “C”**REPORTING REQUIREMENTS****A. Introduction**

The Recipient shall submit reports, updates, and performance data to OH as specified below, for the Program(s) for which the Funds has been allocated as specified in Schedule “A”.

B. Reporting Requirements**Planning – Year 1 (2023/24)**

Purpose

- Assess performance against Schedule “B” requirements.

The reporting outlined below must not include any personal information (PI) or personal health information (PHI).

a. Quarterly Reporting

The Recipient will submit a quarterly status report to the OCPKEC and OCPPAC on the Community Paramedicine Website Program Expectations and Deliverables outlined in Schedule “B”. The quarterly status report is to include progress updates on the gathering of the technical and content requirements and plans for the in-person educational and engagement event in the OH East region.

The Recipient may use a format of its choosing to present the quarterly status report to OCPKEC and OCPPAC and must also submit the report by no later than March 22, 2024 to [OH West Reports@ontariohealth.ca](mailto:OHWestReports@ontariohealth.ca), Samantha Colwell-Castles at Samantha.Colwell@ontariohealth.ca and Lora VanBerlo at Lora.VanBerlo@ontariohealth.ca.

b. In-Person Educational and Engagement Event Reporting

The Recipient will submit a close-out report documenting accomplishments against the Performance Deliverables specified in Schedule “B” (OH may include additional informational requirements).

The Recipient may use a format of its choosing and must submit the close-out report to OH-WestReports@ontariohealth.ca, Samantha Colwell-Castles at Samantha.Colwell@ontariohealth.ca and Lora VanBerlo at Lora.VanBerlo@ontariohealth.ca by no later than March 31, 2024.

Implementation – Year 2 (2024/25)

Purpose

- Assess performance against Schedule “B” requirements.

The reporting outlined below must not include any PI or PHI.

a. Quarterly Reporting

The Recipient will submit quarterly status reports to the OCPKEC and OCPPAC on the Community Paramedicine Website Program Expectations and Deliverables outlined in Schedule “B”. The quarterly status reports are to include analytics on the status and usages of the website, e.g., number of websites visits and number of clicks on document access points.

The Recipient may use a format of its choosing to present the quarterly status reports to OCPKEC and OCPPAC and must also submit the reports by June 21, 2024; September 20, 2024; December 20, 2024; March 21, 2025 to [OH West-Reports@ontariohealth.ca](mailto:OH-West-Reports@ontariohealth.ca), Samantha Colwell-Castles at Samantha.Colwell@ontariohealth.ca and Lora VanBerlo at Lora.VanBerlo@ontariohealth.ca.

b. Year-End Reporting

The Recipient will submit a year-end report documenting accomplishments against each of the Program Expectations and Performance Deliverables as outlined in Schedule “B” (OH may include additional informational requirements).

The Recipient may use a format of its choosing and must submit the year-end report by no later than May 1, 2025 to OH-West-Reports@ontariohealth.ca, Samantha Colwell-Castles at Samantha.Colwell@ontariohealth.ca and Lora VanBerlo at Lora.VanBerlo@ontariohealth.ca.

Operations and Sustainability Planning – Year 3 (2025/26)

Purpose

- Assess performance against Schedule “B” requirements.

The reporting outlined below must not include any PI or PHI.

a. Quarterly Reporting

The Recipient will submit quarterly status reports to the OCPKEC and OCPPAC on the Community Paramedicine Website Program Expectations and Deliverables outlined in Schedule “B”. The quarterly status reports are to include analytics on the status and usages of the website, e.g., number of websites visits and number of clicks on document access points.

The recipient may use a format of its choosing to present the quarterly status reports to OCPKEC and OCPPAC and must also submit the reports by June 20, 2025; September 19, 2025; December 19, 2025; March 20, 2026 to [OH West Reports@ontariohealth.ca](mailto:OH-West-Reports@ontariohealth.ca), Samantha Colwell-Castles at Samantha.Colwell@ontariohealth.ca and Lora VanBerlo at Lora.VanBerlo@ontariohealth.ca.

b. Year-End Reporting

The Recipient will submit a year-end report documenting accomplishments against each of the Program Expectations and Performance Deliverables outlined in Schedule “B” and must include website activity and usage (OH may include additional informational requirements).

The Recipient may use a format of its choosing and must submit the year-end report to: OH-West-Reports@ontariohealth.ca, Samantha Colwell-Castles at Samantha.Colwell@ontariohealth.ca and Lora VanBerlo at Lora.VanBerlo@ontariohealth.ca by no later than May 1, 2026.

SCHEDULE “D”**SUBCONTRACTOR REQUIREMENTS****A. Background**

In order to develop the Community Paramedicine Website, Recipients may engage with subcontractors (each a “Subcontractor”).

B. Funding Requirements

1. Funding will be provided by OH to the Recipient and will be settled in accordance with the terms of this Agreement.
2. The terms and conditions related to all funding provided by the Recipient to the Subcontractor will be determined directly by the Recipient and the Subcontractor and outlined in agreements between the Recipient and the Subcontractor.
3. The Recipient is responsible for ensuring that deliverables performed by the Subcontractor are subject to the expectations outlined in Schedules “B” and “C” of this Agreement, as appropriate.

C. Data Reporting Requirements

1. All deliverables performed by the Subcontractor must be reported in accordance with Schedule “C” of this Agreement. It is the responsibility of the Recipient and Subcontractor to work on reporting, as needed.
2. The Recipient should work with the Subcontractor to ensure high quality data, monitor data quality errors, and update data, as needed.
3. If data cannot be submitted as per Schedule “C” or if there are known issues in data quality, OH should be notified by the Recipient immediately.

D. OH-Recipient Reporting Requirements

1. A copy of the year-end settlement between the Recipient and the Subcontractor may be requested by OH.

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

TO: Health Committee
FROM: Mike Blackmore, Director of Long-Term Care
DATE: March 6, 2024
SUBJECT: Department Report

INFORMATION

1. Ministry of Long-Term Care Inspection Report – Bonnechere Manor

Ministry of Long-Term Care Inspectors Karen Bunes and Shevon Thompson conducted a critical incident system inspection at Bonnechere Manor on January 9, 10, 11, 12, 15, 16 and 17, 2024. The following inspection protocols were used during this inspection: Medication Management, Infection Prevention and Control, Prevention of Abuse and Neglect, Responsive Behaviours, and Falls Prevention and Management. Three (3) written notifications were issued. The full report is available through the Ministry of Long-Term Care Public Reporting website: [Licensee Inspection Report](#).

2. Butterfly Approach Project – Miramichi Lodge

Meaningful Care Matters Nurse Consultant Mary Kneale conducted an audit of the Miramichi Lodge 1A Resident Home Area (RHA) on Tuesday, February 27, 2024 for the Butterfly Model of Care Accreditation certification. The management team, staff, and volunteers have completed extensive training and have embraced a cultural shift to “feelings based care” in support of meaningful engagement with residents living with dementia. Committee will be kept apprised of the accreditation results.

RESOLUTIONS

3. Quality Improvement Plans

Recommendation: THAT the Health Committee recommends that County Council authorize the Warden, Chief Administrative Officer, and the Director of Long-Term Care to sign and submit the Quality Improvement Plans (QIPs) for Bonnechere Manor and Miramichi Lodge and submit to Health Quality Ontario before the March 31, 2024 deadline.

Background

Ontario Health, Ministry of Health and the Ministry of Long-Term Care continue to align quality improvement efforts to better reflect current priorities and health system changes and requires the submission of an annual Quality Improvement Plan (QIP). A QIP is a formal, documented set of commitments that a health care organization makes to its residents, staff and community to improve quality through focused targets and actions. QIPs are used in many sectors to assist organizations in delivering quality programs and services. Ontario Health defines the priority indicators and populates the relevant data through the annual resident satisfaction survey and the Resident Assessment Instrument – Minimum Data Set (RAI-MDS). The Director of Long Term Care will overview the draft Quality Improvement Plans for 2024/25 at the meeting. The QIP plans for each Home are attached as Appendix LTC-I.

4. Long-Term Care Homes Smoking Policy

Recommendation: THAT the Health Committee recommends to County Council that Policy G-009 Smoking Regulations for the County of Renfrew Long-Term Care Homes, Bonnechere Manor and Miramichi Lodge remain applicable, permitting residents of Bonnechere Manor and Miramichi Lodge to smoke on the properties, in a designated outdoor smoking area.

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.

After reviewing the smoking practices at both Homes over the past year, each Home has noted an increase in applicants who smoke seeking placement. At times, this presents as a challenge where a resident no longer able to smoke independently in a safe manner, requires smoking cessation and is unwilling to do so. Notwithstanding, the rationale to permit resident smoking on Home grounds as a means to mitigate potential injury associated with vacating each of the Home properties remains germane. Staff is requesting that the County of Renfrew Long-Term Care Homes Policy G-009 Smoking Regulations, remain applicable until such time a reassessment maybe warranted.

BY-LAWS

5. Local Priorities Fund – Miramichi Lodge

Recommendation: THAT the Health Committee recommends County Council adopt a By-law authorizing the Warden and Clerk to sign the 2023/24 Local Priorities Fund – Batch 3 Agreement for specialized equipment associated with IV and wound care in the amount of \$47,100 with Ontario Health, AND FURTHER THAT the Finance and Administration Committee be so advised.

Background

Ontario Health, through Ontario Health East, advised the Corporation of the County of Renfrew, Miramichi Lodge will receive one-time funding in the amount of \$47,100 in the fiscal year 2023-24 to support the purchase of specialized equipment and/or associated training for IV care and wound care that commonly lead to avoidable emergency department visits. The agreement is attached as Appendix LTC-II.

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 29, 2024

OVERVIEW

Bonnechere Manor, located in the town of Renfrew, is a municipal not-for-profit, long-term care home that provides a safe and caring Home to 180 residents. It is owned and operated by the County of Renfrew and the City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1958. In 1995, residents and staff moved to our new facility located at 470 Albert Street, Renfrew, Ontario. Bonnechere Manor operates under the direction of the Director of Long-Term Care in compliance with the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2021. Our Home governance is led by County Council with strategic and operational recommendations brought forth by The Director of Long-Term Care through Health Committee. Our Management Team, led by the Director of Long-Term Care sets the strategic vision for the Home with input from stakeholders. The Home has an annual budget of approximately \$22M, employs approximately 250 staff and over 150 active volunteers, all who, together with our dedicated staff, enhance the quality of life of our residents. Bonnechere Manor has remained a workplace of choice within Renfrew County. Accreditation Canada has awarded a Four Year Accreditation with Exemplary Standing Award to Bonnechere Manor. This represents the highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our continuous quality improvements. Bonnechere Manor utilizes an evidence-based best-practice approach with respect to delivery of care. Bonnechere Manor is pleased to share our 2024/25 Quality Improvement Plan (QIP) with our residents, families, staff, volunteers and community stakeholders. The annual QIP outlines the key actions we are committed to implementing to ensure continuous improvement. As in previous years, these quality improvement initiatives are

reflective of our broader organizational strategic plan, Ministry initiatives and are closely aligned with our Mission, Vision and Values.

Mission Statement: With a person-centred approach, Bonnechere Manor is a safe and caring community to live and work

Vision: Leading excellence in service delivery.

Values

- Honesty and Integrity
- Professionalism
- Client Services Orientation
- Focus on Results

It is important to note that this plan is only one of the many tools used by Bonnechere Manor to identify quality improvement priorities and monitor system performance. Our commitment to the delivery of exceptional care and enhancing the quality of life for our residents is further evidenced by our ongoing quality improvement Activities through our Continuous Quality Improvement (CQI) Committee. This QIP represents the top quality improvement priorities that have been committed to at all levels of the organization. The plan outlines new or revised performance targets and new change ideas developed through reflection and evaluation of our quality improvement work in previous years.

ACCESS AND FLOW

Bonnechere Manor has a team of dedicated physicians and a full time nurse practitioner providing care to our residents. This avoids unnecessary hospitalizations and avoids visits to emergency departments.

EQUITY AND INDIGENOUS HEALTH

Our Primary services at Bonnechere Manor are provided to residents 65 years of age or older. The residents are mainly English speaking individuals from rural living, but we also have residents who speak other dialects; however, French is predominantly noted to be the second spoken language in the organization. Some residents also come from the Algonquin's of Pikwakanagan First Nation. Our primary residents often have multiple comorbidities and may be; frail, elderly, cognitively impaired, developmentally challenged and from a diverse socio-economic background. To help meet these residents' needs, staff are provided with education from the home, education may be in; Cultural Competencies and Indigenous Cultural Safety Training, Gentle Persuasive Approach (GPA), in-services are provided through internal/external stakeholders such as Geriatric Mental Health, currently a collaborative project with the Ontario CLRI (centres for learning, Research and Innovation in Long-Term Care) and there are also numerous annual training sessions through SURGE learning. Bonnechere Manor supports a Pastoral Care Committee who identify and help facilitate resident's spiritual needs. We have also recently recruited a full-time social worker to work with residents and their families. If any sociodemographic needs are identified the social worker will help individuals navigate the system for available supports. Bonnechere Manor has a high functioning Resident Council where residents are able to speak freely and identify any issues there are experiencing and ask for support. Finally, we have Care Conferences which provide a forum for the interdisciplinary team to identify and discuss any barriers residents may be facing while offering avenues of support to overcome these barriers.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Recognizing that the annual Quality Improvement Plan drives quality initiatives, the leadership team, front-line staff and support staff at Bonnechere Manor embrace a resident-centered philosophy in the quality improvement process. Valuable feedback is received through annual resident and family satisfaction surveys along with quarterly Resident and Family Council meetings to drive both formal and informal quality improvement activities.

Bonnechere Manor enjoys productive partnership with our active and engaged Resident Council. Resident and Family Councils are represented on the Continuous Quality Improvement (CQI) Committee, as well as active participation in a variety of formal and informal working groups.

PROVIDER EXPERIENCE

The health care provider experiences in our current environment is similar to that experienced across the LTC sector. Recruiting new staff to meet new direct care hours outlined in the FLTCA has posed a challenge due to lack of human resources to fill vacant positions within the organization. The home has hired 20 international workers. These international workers began to arrive in February 2024 and the final recruits are set to arrive in June 2024. These recruitment efforts are also used to retain staff by improving the quality of care provided. These new employees will help to deliver care, share knowledge and encourage professional growth which will improve job satisfaction. The home has also revised schedules, reached out to internal and external stakeholders for input via rounding/unit meetings and encouraged collaboration with local unions. The Wellness Committee has also been very active to engage employees in improving their workplace.

SAFETY

Patient Safety is paramount at Bonnechere Manor. There is an active Joint Health and Safety Committee (JHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Monthly workplace inspections are also completed by the JHSC to identify any potential risks within the building. Hazard Identification Risk Analysis (HIRA) reports are completed by the JHSC and management levels. Safety huddles take place in the moment with staff after each incident on resident home units to ensure appropriate actions are taken. Risk Management assessments are completed and documented in Point Click Care (PCC) to ensure interventions are initiated and reviewed after an incident. Regular code exercises are completed with staff which include a debrief after the code exercise. Accreditation also drives change for health and safety plans within the home ensuring best practice guidelines are reviewed and implemented regularly. Finally, Bonnechere Manor also have regular staff meetings as a platform for resident safety concerns.

POPULATION HEALTH APPROACH

The Director of Long Term Care participates as a member of Ottawa Valley Ontario Health Team's (OVOHT) Steering Committee. As a member of the OVOHT Long Term Care Network, the DLTC collaborates with participating Long Term Care homes Leadership and various enabler groups toward improved care access for seniors. The Home Administrator/DOC are active participants of Algonquin College/University of Ottawa Health Sciences Program Advisory Committee. This provides an opportunity for curriculum content input toward health care graduates meeting our population health needs.

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	12.02	11.00	Remain below provincial average	Miramichi Lodge, Renfrew Victoria Hospital, Medical Director, Pharmacy

Change Ideas

Change Idea #1 Reduce the number of potentially avoidable ED visits thru early nursing assessment and reporting to the practitioner (NP or physician) for symptoms of treatable conditions.

Methods	Process measures	Target for process measure	Comments
1. Educate Registered staff on the completion of a head to toe (comprehensive) assessment to detect and be able to identify treatable conditions earlier. 2. Admission care conferences and goals of care are discussed early in transition to LTC.	1. Residents who have been transferred to ER should have supporting documentation that is evident of the Nursing assessment including a comprehensive head to toe assessment. 2. Resident careplan will identify goals of care, including wishes related to transfer to an acute care facility.	1. 100% of Registered staff are educated by the Resident Care Coordinators. 2. Indicator data will be reviewed at Professional Advisory Committee quarterly. Any unnecessary transfers will be flagged by NP for review with Nursing staff.	

Change Idea #2 Enhance palliative care supports within the Long Term Care home.

Methods	Process measures	Target for process measure	Comments
Continue working with the Ontario CLRI (Centres for Learning, Research and Innovation in LTC) team at Bruyere on the Collaborative Palliative Care project initiated in January.	1. Palliative care policy will be reviewed by the interdisciplinary team utilizing the expertise of the Ontario CLRI/Bruyere professional team. 2. Education to staff on a Palliative Care approach includes multidisciplinary team members. 3. Palliative Care Team Committee team members will receive another more in-depth education session on being a Champion for a palliative approach to care. 4. Registered staff will receive education on the Health Care Consent Act (HCCA) and Testing for Capacity for Treatment decisions in the HCCA.	1. Edit the Palliative Care policy as needed after review of policy and program. 2. 75% of interested staff will have an opportunity to attend the Palliative Approach to Care education sessions. 3 live sessions will take place with 2 more opportunities to attend a recorded session. 3. 90 % of the Palliative Care team Committee members will attend the additional education session. 4. 80% of Registered staff members will receive the Health Care Consent Act (HCCA) training.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	Will begin with education for managers and supervisors in 2024.	Miramichi Lodge, OVOHT

Change Ideas

Change Idea #1 Staff will receive education relevant to equity, diversity, inclusion, and anti-racism training.

Methods	Process measures	Target for process measure	Comments
In-person and through Surge Learning.	Monitored through Surge Learning.	100% of managers and supervisors to be completed in 2024.	

Change Idea #2 Nurse Practitioner (NP) will collaborate with NP from Miramichi Lodge to develop a 2SLGBTQI+ health equity program for the home.

Methods	Process measures	Target for process measure	Comments
Based on RNAO Best Practice Guidelines.	Education will presented to staff based on program, both in-person and through online Surge Learning Platform.	100 % of staff will complete training.	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	17.51	16.50	Meet provincial average or better	Miramichi Lodge, Pharmacy

Change Ideas

Change Idea #1 The Resident Care coordinator (RCC) or designate (Lead falls champion) will educate families, residents and staff on fall reduction strategies.

Methods	Process measures	Target for process measure	Comments
1. The Resident Care Coordinator (Lead for Falls) or designate will educate all registered staff regarding the process for management of falls, importance of safety huddles, medication reviews for frequent falls, review of interventions and their effectiveness, and individualized care plans. 2. RCC will continue to provide quarterly "Falls" newsletters to resident council, staff and POAs (via email list). 3. RCC will provide residents with falls education during residents council meetings as permitted. 4. RCC will provide family education sessions quarterly. RCC will setup a survey to identify topics of interest to families and tailor sessions to meet needs of the families as well as the home.	Percentage of completed education sessions	1. 100 % of current Registered staff and PSWs will receive falls education. 2. Quarterly newsletter sent out. 3. Resident receive 1-2 education sessions related to falls throughout the year. 4. Families receive the opportunity for quarterly education sessions.	

Change Idea #2 Bonnechere Manor will monitor resident fall statistics through Point Click Care Documentation.

Methods	Process measures	Target for process measure	Comments
Review data at High Risk Rounds, quarterly at the Professional Advisory and Continuous Quality Improvement Committee Meetings.	Nursing staff will review Resident care plans at high risk rounds to ensure that all required interventions are in place to prevent resident falls.	Will see evidence of decrease resident falls.	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	22.94	21.20	Meet provincial average or better.	Miramichi Lodge, Pharmacy, Geriatric Mental Health (GMH)

Change Ideas

Change Idea #1 BSO Champion RPN 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 (ie.DOS mapping, GMH consultations) and follow up with the residents physicians.

Methods	Process measures	Target for process measure	Comments
BSO 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.	100 % of residents receiving antipsychotics will have an antipsychotic medication review completed in each quarter.	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
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	C	% / LTC home residents	CIHI CCRS / Quarterly	5.10	2.40	Meet provincial average	Miramichi Lodge, Wound Care Consultant

Change Ideas

Change Idea #1 A reduction in pressure wounds will be evidenced quarterly.

Methods	Process measures	Target for process measure	Comments
1. Registered staff will photograph any wounds and utilize the measuring tool when taking the photo. The photo will be uploaded to the residents chart and assessed regularly. 2. Education will be provided to Registered staff on wound staging, and appropriate wound dressings for each type of wound. 3. Education will be provided to PSWs related to using appropriate products and preventative skin care to avoid skin integrity issues.	1. Registered staff will be able to assess and provide treatment to all wounds. 2. PSW staff will utilize the proper product for preventative skin care measures.	1. 90 % of registered staff will receive education to assess wounds. 2. 75 % of PSWs will receive education on preventative skin care measures.	

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

February 29, 2024

OVERVIEW

Miramichi Lodge, located in the City of Pembroke, is a municipal (not-for-profit) long-term care home and home to 166 residents. It is owned and operated by the County of Renfrew and City of Pembroke and has earned a reputation of providing high quality care to the frail and elderly since 1969. In January 2005, residents and staff moved to our brand new, state-of-the-art facility located at 725 Pembroke Street West. Miramichi Lodge operates under the direction of the Director of Long Term Care in compliance with and the Ministry of Long-Term Care and the Fixing Long Term Care Act, 2019. Our Home governance is led by County Council with strategic and operational recommendations brought forth by the Director of Long Term Care through Health Committee. Our Management Team, led by the Director of Long Term Care provides guidance and sets the strategic vision for the Home with input from stakeholders. The Lodge is a non-smoking facility. Miramichi Lodge has an annual budget of approximately \$19M, employs approximately 255 staff and relies on over 150 active volunteers who, together with our dedicated staff, enhance the quality of life of our residents. Miramichi Lodge has remained a workplace of choice within Renfrew County.

Accreditation Canada awarded a Four Year Accreditation with Exemplary Standing Award to Miramichi Lodge in 2023. This represents the highest award granted by Accreditation Canada. The Accreditation process provides the Home with the opportunity to benchmark our programs and services to national standards and assists in our continuous quality improvements.

Miramichi Lodge utilizes an evidence-based best-practice approach with respect to service delivery. Miramichi Lodge is pleased to share our 2024/2025 Quality

Improvement Plan (QIP) with our residents, families, staff, volunteers, and community stakeholders. The annual QIP outlines the key actions we are committed to implementing to ensure continuous improvement of the care and services we deliver. As in previous years, these quality improvement initiatives are reflective of our broader organizational strategic plan, and are closely aligned with our Mission, Vision, and Values.

Mission Statement:

- With a person-centered approach, Miramichi Lodge is a safe and caring community to live and work.

Vision:

- Leading excellence in service delivery

Values:

- Honesty and Integrity
- Professionalism
- Client Service Orientation
- Focus on Results

It is important to note that this plan is only one of the many tools used by Miramichi Lodge to identify quality improvement priorities, and monitor system performance. Our commitment to the delivery of exceptional care, and enhancing quality of life for our residents is further evidenced by our ongoing quality improvement activities through our Continuous Quality Improvement (CQI) Committee. This QIP represents the top quality improvement priorities that have been committed to at all levels of the organization. The plan outlines new or revised performance targets, and new change ideas informed through reflection and evaluation of our quality improvement work in previous years.

ACCESS AND FLOW

Miramichi Lodge has a full team of professionals who collaborate to ensure best possible resident outcomes, as identified through Goals-of-Care meetings on admissions, annually, and as needed. Our team consists of medical doctors, a FT Nurse Practitioner, a FT Physiotherapist, FT Registered Dietician, and FT Social Worker. We work closely with other health care agencies to ensure the best care possible.

EQUITY AND INDIGENOUS HEALTH

Our Primary services at Miramichi Lodge are provided to residents 65 years of age or older. The residents are mainly English speaking individuals from rural living, but we also have residents who speak other dialects. Some residents also come from the Algonquin's of Pikwaknagan First Nation. Our primary residents often have multiple comorbidities and are frail, elderly, cognitively impaired, developmentally challenged from a diverse socio-economic background. To help meet these resident's needs most staff are provided with education from the home. Education may be in: Cultural Competencies and Indigenous Cultural Safety Training, Gentle Persuasive Approach (GPA), Mental Health Disorders. Inservices are provided through internal/external stakeholders such as Regional Geriatric Mental Health Team. There are also numerous mandatory annual training sessions through SURGE learning. When sociodemographic needs are identified, the Home's social worker will help individuals navigate the system for available supports. Miramichi Lodge has a high functioning Resident Council where residents are able to speak freely and identify any issues there are experiencing and ask for support. Finally, we have resident care conferences which provide a forum for the interdisciplinary team to identify and discuss any barriers residents may be facing while offering avenues of support to overcome these barriers.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Recognizing that the annual Quality Improvement Plan drives quality initiatives, the leadership team, front-line staff and support staff at Miramichi Lodge embrace a person-centered philosophy in the quality improvement process. Valuable feedback received through annual resident and family satisfaction surveys along with quarterly Resident and Family Council meetings drives both formal and informal quality improvement activities. Miramichi Lodge enjoys a productive partnership with our active and engaged Resident Council and less formally, Residents enjoy the ability to connect directly with frontline staff or managers with concerns in the moment, allowing for timely resolution and improved CQI initiatives. Resident and Family Councils are represented on the Continuous Quality Improvement (CQI) Committee, as well as active participation in a variety of formal and informal working groups.

PROVIDER EXPERIENCE

The health care provider experiences across the sector have been relatively stable at Miramichi Lodge. Recruiting new staff to meet increased direct care hours outlined in the FLTCA has posed a challenge. However, a variety of Ministry funding has been utilized to support the recruitment of a full-time social worker, a full-time physiotherapist and full-time a nurse practitioner. These recruitment efforts are also used to retain staff by improving the quality of care provided. These new employees will help to deliver care, share knowledge and encourage professional growth which will improve job satisfaction. The home has also revised schedules, reached out to internal and external stakeholders for input via rounding/unit meetings and encouraged collaboration with local unions. The Wellness Committee has also been re-established to engage employees in improving their workplace.

SAFETY

Patient Safety is paramount at Miramichi Lodge. There is an active Joint Health and Safety Committee (JOHSC) consisting of employees and management who review employee incident reports monthly and ensure corrective actions are taken to mitigate risks to residents and employees. Safety huddles take place in the moment with staff after each incident on resident home areas to ensure appropriate actions are taken. Risk Management assessments are completed and documented in Point Click Care (PCC) to ensure interventions are initiated and reviewed after an incident. Regular emergency code exercises are completed with staff which include a debrief after the code exercise. Miramichi Lodge maintained regular resident care conferences throughout the pandemic and this has been an extremely effective method of obtaining critical feedback on safety concerns as well. Miramichi Lodge conducts regular High Risk Resident Rounds with all professional staff in attendance; review of all high risk areas(e.g. Falls, Wound Management, IPAC, Responsive Behaviors)is completed at each meeting and changes made the each Resident plan of care as required. Accreditation also drives change for health and safety plans within the home ensuring best practice guidelines are reviewed an implement regularly.

POPULATION HEALTH APPROACH

Director of Long Term participates as member of Ottawa Valley Ontario Health Team (OVOHT) Steering Committee. As member of the OVOHT Long Term Care Network DLTC collaborates with participating Long Term Care Homes Leadership and various enabler group toward improved care access for seniors. Home Administrator / DOC is an active participant of Algonquin College / University of Ottawa Health Sciences Program Advisory Committee. This provides an opportunity for curriculum content input toward health care graduates meeting population health needs.

CONTACT INFORMATION/DESIGNATED LEAD

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SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on

Board Chair / Licensee or delegate

Administrator /Executive Director

Quality Committee Chair or delegate

Other leadership as appropriate

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of emergency room visits for a modified list of ambulatory care-sensitive conditions per 100 long term care Residents	C	% / LTC home residents	CIHI CHRP public reporting website / Quarterly	11.11	8.00	Remain below the provincial average.	Bonnechere Manor, Pembroke Regional Hospital Inc., Medical Directors, Pharmacy

Change Ideas

Change Idea #1 Reduce the number of potentially avoidable ED visits

Methods	Process measures	Target for process measure	Comments
Admission care conferences and goals of care discussed early in transition to LTC Professional assessments completed onsite prior to considering transfer to ED	Resident Careplan will identify goals-of-care, including wishes related to transfer to acute care facility	Indicator data reviewed at Professional Advisory Committee quarterly Any unnecessary transfers will be flagged by NP for review with Nursing staff	

Change Idea #2 Palliative Care Program updated in 2023; continue to utilize initiatives.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary team meets quarterly to review program.	Education will continue to be offered to staff related to Home's policy and best practice.	Assessment of palliative care program will be reviewed via palliative care surveys returned and family feedback.	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period		100.00	Will begin with education for managers/supervisors in 2024.	Ottawa Valley Ontario Health Team (OVOHT)

Change Ideas

Change Idea #1 100 % Of staff will receive education

Methods	Process measures	Target for process measure	Comments
In person and through Surge Learning	Monitored through Surge Learning	100% completion	

Change Idea #2 NP will be developing 2SLGBTQI+ health equity program for Home.

Methods	Process measures	Target for process measure	Comments
Based on RNAO Best Practice Guidelines	Education will be presented to staff based on program, both in-person and through online Surge Learning platform.	100% Completion	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	16.98	16.50	Meet provincial average or better	Bonnechere Manor, Pharmacy, Medical Staff

Change Ideas

Change Idea #1 Home will monitor resident fall statistics through Point Click Care

Methods	Process measures	Target for process measure	Comments
Review data at High Risk Rounds and quarterly Professional Advisory and Continuous Quality Improvement meetings.	Nurses will review Resident careplans at High Risk Rounds to ensure that all required interventions are in place to prevent Resident falls.	Decreased Resident falls	

Change Idea #2 Physiotherapist will reestablish Interdisciplinary Falls Risk Committee and revise Home's current Falls Program.

Methods	Process measures	Target for process measure	Comments
PT will implement a falls tracking tool to look at possible trends and gaps in fall prevention.	Falls will be reviewed by Falls Committee.	Decreased Resident falls	

Change Idea #3 Falls Prevention education will be developed for families, residents, and all staff.

Methods	Process measures	Target for process measure	Comments
Interdisciplinary falls committee to edit current program and develop education tools	Percentage of completed education will be measured.	All Registered staff to receive education in 2024. Resident and family education will be delivered during care conferences.	

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	16.73	15.00	Provincial Benchmark is 19%; higher than Home's current performance as per HQO.	Bonnechere Manor, Medical Staff, Pharmacy

Change Ideas

Change Idea #1 Percentage of LTC Residents without psychosis who were given antipsychotic medications

Methods	Process measures	Target for process measure	Comments
Home's de-prescribing initiatives are well underway through focused three month medication reviews completed by Medical Doctors and Nurse Practitioner	Quarterly Drug Utilization reports and Point Click Care stats	Decrease in antipsychotic use	

COUNTY OF RENFREW

BY-LAW NUMBER

A BY-LAW AUTHORIZING THE WARDEN AND CLERK TO EXECUTE AN AGREEMENT BETWEEN THE COUNTY OF RENFREW AND ONTARIO HEALTH FOR IV AND WOUND CARE SPECIALIZED EQUIPMENT.

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 Ontario Health for the 2023/24 Local Priorities Fund – Batch 3 Agreement for specialized equipment associated with IV and wound care in the amount of \$47,100.

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 Ontario 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 March 2024.

READ a second time this 27th day of March 2024.

READ a third time and finally passed this 27th day of March 2024.

PETER EMON, WARDEN

GWEN DOMBROSKI, CLERK



SENT ELECTRONICALLY

ONTARIO HEALTH EAST REFERENCE# AL_178-2023-451_C

February 9, 2024

Mr. Mike Blackmore
Director of Long-Term Care
Corporation of the County of Renfrew, in respect of the Miramichi Lodge
470 Albert Street
Renfrew, ON K7V 4L5
Email: MBlackmore@countyofrenfrew.on.ca

Dear Mr. Blackmore,

Re: 2023/24 Local Priorities Fund – Batch 3

Ontario Health, through Ontario Health East, is pleased to advise that Corporation of the County of Renfrew, in respect of the Miramichi Lodge will receive one-time funding for 2023/24 in the amount of **\$47,100** to support the Local Priorities Fund (the “Initiative”).

Details of the funding and the terms and conditions on which it will be provided are set out in the attached **Appendix A and the Schedules**, if any.

In accordance with Section 22 of the *Connecting Care Act, 2019*, Ontario Health hereby gives notice that, subject to your organization’s agreement, it proposes to amend the Long-Term Service Accountability Agreement (LSAA) between Corporation of the County of Renfrew, in respect of the Miramichi Lodge and Ontario Health with effect as of the date this letter is signed back by your organization. To the extent that there are any conflicts between the LSAA and this letter, the terms and conditions in this letter, including **Appendix A and the Schedules**, if any, will govern. All other terms and conditions in the LSAA will remain the same.

Financial records of this allocation are to be maintained for year-end evaluation and settlement in accordance with the LSAA and/or Ministry policy.

Please indicate your organization’s acceptance of the LSAA amendment set out in this letter, including Appendix A and the Schedules, if any, by signing below and returning the signed version of this entire letter (pages 1-5) via email to OH-East_Submissions@ontariohealth.ca **on or before February 16, 2024**.

If you have any questions or concerns, please contact Rachelle Williams, Lead, Performance, Accountability and Funding Allocation at Rachelle.Williams@ontariohealth.ca or at 437.290.5945.

I would like to take this opportunity to express my sincere appreciation for your continued contribution to the provision of high-quality services in our community and look forward to maintaining a strong working relationship with you.

Sincerely,



Signature

Eric Partington
Vice President, Performance, Accountability and Funding Allocation
Ontario Health East

Attachments: Appendix A: Funding Details and Sign-Back Form
Schedule A: Terms and Conditions

c: Wilfred Cheung, Interim Chief Regional Officer, Toronto and East
Peter Emon, Warden, County of Renfrew, Corporation of the County of Renfrew
Tunde Igli, Director, Performance, Accountability and Funding Allocation, Ontario Health East
Rachelle Williams, Lead, Performance, Accountability and Funding Allocation, Ontario Health East

Appendix A Funding Details and Sign-Back Form

1.1 Funding Deliverables and Purpose

Licence Holder/Health Service Provider (HSP): Corporation of the County of Renfrew, in respect of the Miramichi Lodge

HSP Integrated Financial Information System (IFIS) Number: 25

Project/Program Name: 2023/24 Local Priorities Fund – Batch 3

Transfer Payment Business Entity (TPBE)	Fiscal Year	A	B	C=A+B	D	Project/Program Description/Purpose
		One Time Funding	Pro-Rated Base Funding	Total Cash Flow	Annualized Base Funding	
Nursing Home Not For Profit (NH-NFP)	2023/24	\$47,100	N/A	\$47,100	N/A	Local Priorities Fund – Batch 3
Total Allocation		\$47,100	N/A	\$47,100	N/A	

PROPOSAL DESCRIPTION			PROPOSAL FINANCIALS	RECOMMENDATIONS			
One Time or Multi Year	Specialized Needs Addressed By Proposal (e.g. Dementia, Wound, Bariatric etc.)	LPF Eligible Category (e.g. Specialized Staffing, Service or Equipment, minor capital)	Item Description	Quantity	Unit Cost	Recommended Pro-Rated FY 23/24 Budget	Total FY 23/24 Funding per LTCH
One-time	IV Care	Specialized Equipment	IV Supplies-Cleo Sets	50	\$128	\$ 6,400	\$47,100
One-time	Wound Care	Specialized Equipment	Wound closure supplies-Specialty Mattresses	3	\$7,000	\$ 21,000	
One-time	Wound Care	Specialized Equipment	Wound closure supplies-Wound Vacuum draining system	1	\$19,000	\$ 19,000	
One-time	Wound Care	Specialized Equipment	Wound closure supplies-Lidocaine injectable	2	\$150	\$ 300	
One-time	Wound Care	Specialized Equipment	Wound closure supplies-incision glue	10	\$40	\$ 400	

1.2 Reporting Requirements

Please reference Schedule A for details.

1.3 Terms and Conditions:

Corporation of the County of Renfrew, in respect of the Miramichi Lodge acknowledges and agrees that:

- (i) Funding will be provided via Electronic Funds Transfer (EFT).
- (ii) Funding will be used for the specified activities only and cannot be allocated for any other purpose without written approval from Ontario Health and/or the Ministry.
- (iii) Funding will be spent by March 31 of the fiscal year. No carry-forward of unspent funds is permissible.
- (iv) Unspent funding or funding used for purposes not authorized by these terms and conditions is subject to recovery by Ontario Health and/or the Ministry in accordance with the LSAA and/or Ministry policy.
- (v) Reporting will be submitted as outlined in the LSAA unless otherwise set out in the **Appendix A and attached Schedule(s), if any**.
- (vi) It will provide additional information and documentation related to this funding at the request of Ontario Health and/or the Ministry.
- (vii) This funding will not increase risk to the organization's multi-year expense limits and annual balanced budget requirements.
- (viii) Funding under this Agreement is conditional upon an appropriation of moneys by the Legislature of Ontario to the Ministry and funding of the Funder by the Ministry pursuant to the Enabling Legislation.

Your signature below confirms acceptance of the funding and performance accountabilities set out in this funding letter. Please sign below according to the requirements of your organization (e.g., by-laws, delegation of authority etc.).

AGREED TO AND ACCEPTED BY:

Corporation of the County of Renfrew, in respect of the Miramichi Lodge

By:

Name of Binding Authority (Please Print)	Signature	Date
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I have the authority to bind the organization.

****Please provide Delegation of Authority documentation if signing on behalf of Head of Organization.**

Please scan and email back the signed version of this entire letter (pages 1-5) **on or before February 16, 2024** to OH-East_Submissions@ontariohealth.ca.



Board of Health
Regular Board Meeting
MINUTES

Date: Tuesday, January 30, 2024
Time: 10:00 a.m. to 1:00 p.m.

The Regular meeting of the Renfrew County and District Health Unit's Board of Health was held virtually on Zoom and was live-streamed.

Members:

Joanne King	Chair
Neil Nicholson	Vice-Chair
James Brose	Member
J. Michael du Manoir	Member
Peter Emon	Member
Jim Manion	Member
Jennifer Murphy	Member
Heather Saar	Member
Troy Purcell	Member
Carolyn Watt	Member

Staff:

Vicki Benoit	Director, Health Protection
Sophie Brule	Registered Dietitian
Heather Daly	Chief Executive Officer
Janet Jones	Director, Corporate Services
Dr. Jason Morgenstern	Medical Officer of Health
Patti Smith	Director, Health Promotion
Melissa Ziebarth	Executive Assistant (Secretary)

Regrets:

Ethel LaValley	Member
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1. Call to Order

Chair Joanne King called the meeting to order at 10:01 a.m.

2. Land Acknowledgement

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

We honour the land and peoples of the Algonquin Anishinaabe, whose ancestors have lived on this territory since time immemorial, and whose culture and presence have nurtured and continue to nurture this land.

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

Migwech.

3. Agenda Approval

The agenda was approved as presented.

Resolution: #1 BoH 2024-Jan-30

Moved by T. Purcell;
Seconded by J. Brose;

Be it resolved that the Board approve the agenda.

Carried

4. Declarations of Conflict of Interest

There were no declarations of conflict of interest.

5. Delegations

There were no delegations.

6. Approval of Minutes of Previous Meetings

a. The meeting minutes for the Board meeting on Tuesday, November 28, 2023, were approved.

Resolution: #2 BoH 2024-Jan-30

Moved by N. Nicholson;
Seconded by C. Watt;

Be it resolved that the Board of Health approve the meeting minutes from the Board meeting held on Tuesday, November 28, 2024, as presented.

Carried

b. The meeting minutes for the Special Board meeting on Thursday, December 7, 2023 were approved.

Resolution: #3 BoH 2024-Jan-30

Moved by T. Purcell;
Seconded by J. Brose;

Be it resolved that the Special Board of Health approve the meeting minutes from the Board meeting held on Thursday, December 7, 2023, as presented.

Carried

c. The meeting minutes for the Inaugural board meeting on Tuesday, January 9, 2024 were amended.

Resolution: #4 BoH 2024-Jan-30

Moved by J. Murphy
Seconded by C. Watt;

Be it resolved that the Board of Health approve the meeting minutes from the Inaugural Board meeting held on Tuesday, January 9, 2024 as amended. N. Nicholson name was spelled incorrectly on the bottom of page 3.

Carried

7. Business Arising

There was no new business.

8. Staff Reports

a. Medical Officer of Health Report to the Board – Dr. Jason Morgenstern:

- [MOH Report to the Board](#)

Chair called for questions and comments from the Board.

Chair King, and Board Members, thanked Dr. Morgenstern for his report.

I. Monitoring Food Affordability in Renfrew County and District
Sophie Brule, Registered Dietitian, presented the following:

- [Food Affordability Report](#)

The chair called for questions and comments on the Reports from the Board.

Staff to send the Food Affordability Report to Area Mayors prior to the next meeting on February 8, 2024.

Chair King and Board Members thanked Dr. Morgenstern and S. Brule for their Reports.

Resolution: #5 BoH 2024-Jan-30

Moved by T. Purcell;
Seconded by J. Michael du Manior;

Be it resolved that the Board accept the Report to the Board from Dr. Jason Morgenstern, Medical Officer of Health.

Carried

S. Brule left the meeting at 10:40 a.m.

b. CEO Report to the Board – Heather G. Daly, Chief Executive Officer:

- [CEO Report to the Board](#)

H. Daly encouraged board members to share any memories that they may have that we can include in the 60th Anniversary celebration.

The Chair called for questions and comments from the Board.

Chair King thanked Heather G. Daly for her Report.

Resolution: #6 BoH 2024-Jan-30

Moved by T. Purcell;
Seconded by C. Watt;

Be it resolved that the Board accept the Report to the Board from Heather G. Daly, Chief Executive Officer.

Carried

9. Board Committee Reports

There were no Committee Reports.

10. Correspondence

The Board reviewed the correspondence.

Subject	From:	Action:
COR Councillors appointed to BoH for 2024	County of Renfrew	Received as information.
Thank you note from W. Matthews	Wilmer Matthews	Received as information.
alPHa December 2023 InfoBreak	alPHa	Received as information.
Public Strengthening	Peterborough PH	Received as information.
Inclusion of Monitoring Food Affordability in the Updated Ontario Public Health Standards	Peterborough PH	Received as information.
Income-based policy interventions to effectively reduce household food insecurity (HFI)	Peterborough PH	Received as information.
Bill 93, Joshua's Law (Lifejackets for Life), 2023	Peterborough PH	Received as information.
Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023	Peterborough PH	Received as information.
Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023	Simcoe Muskoka PH	Received as information.

11. Bylaws

a. [Approval 2024 Appointment of Signing Officers](#)

Chair King read the motion a first, second and third time on this 30th day of January 2024.

Resolution: #7 BoH 2024-Jan-30

Moved by J. Brose;
Seconded by T. Purcell;

Be it resolved that the Board approve the Bylaw 2024-02 Appointment of Signing Officers for 2024 and further, that the Chair and Vice-Chair be authorized to sign Bylaw 2024-02.

Carried

b. [Bylaw Number 2024-01](#) Bylaw to Appoint Auditors-2024-Jan-30

Chair King read the motion a first, second and third time on this 30th day of January 2024.

Resolution: #8 BoH 2024-Jan-30

Moved by C. Watt;
Seconded by T. Purcell;

Be it resolved that the Board approve Bylaw 2024-01 to Appoint Auditors: and further, that the Chair and Vice-Chair be authorized to sign Bylaw 2024-01.

Carried

Dr. Gemmill joined the meeting at 11:00 a.m.

12. New Business

Registration – [alPHa Winter Symposium](#).

Chair King asked members if they were interested in attending the Symposium. C. Watt, M. du Manoir, J. Brose showed interest in attending. Staff will register them including herself for the workshop on February 16, 2024.

Resolution: #9 BoH 2024-Jan-30

Moved by T. Purcell;
Seconded by N. Nicholson;

Be it resolved that the Board of Health approve all Board Members be invited to attend the virtual alPHa Winter Symposium, on February 16, 2024.

Carried

13. Action List Review

The board reviewed the [Action List](#) from – 2023-Dec-7

14. Notice of Motion

There was no notice of Motion.

15. Closed

Resolution: #10 BoH 2024-Jan-30

Moved by J. Brose;
Seconded by N. Nicholson;

Be it resolved that the Board move into a closed meeting at 11:20 a.m. to discuss: (b) personal matters about an identifiable individual, including municipal or local board employees, per *Municipal Act 2001, c. 25, s. 239 (2)(b)*. and to discuss: xi. a

position, plan procedure, criteria or instruction to be applied to any negotiations, carried on or to be carried on by or on behalf of the municipality or local board.

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

The Board of Health meeting resumed at 12:27 p.m.

The Chair rose to report that the Board met in a closed meeting to discuss (b) personal matters about an identifiable individual, including municipal or local board employees, per *Municipal Act 2001, c. 25, s. 239 (2)(b)*. and to discuss: xi. a position, plan procedure, criteria or instruction to be applied to any negotiations, carried on or to be carried on by or on behalf of the municipality or local board.

Staff has been directed to work with the Communications Team to do a press release on the merger feasibility project and to update the Mayors at their monthly Information Meeting.

16. Date of Next Meeting

The date of the next meeting is Tuesday, February 27, 2024, at 10:00 a.m. or at the call of the Chair.

The next meeting will be held virtually and will be live-streamed.

17. Adjournment

Resolution: #11 BoH 2024-Jan-30

Moved by J. Murphy;
Seconded by T. Purcell;

Be it resolved that the Regular Board meeting be adjourned at 12:39 p.m.

Carried

Committee Chair

These minutes were approved by the Board at the Regular Board of Health meeting held on Tuesday, February 27, 2024.