

### **Health Committee**

Wednesday, June 12, 2024 at 9:30 AM Council Chambers

### Agenda

			Page
1.	Call to Or	der	
2.	Land Ack	nowledgement	
3.	Roll Call		
4.	Disclosur	e of Pecuniary Interest and General Nature Thereof	
5.	May15-24F	of the Minutes - May 15, 2024 and May 29, 2024    dealthMinutesDRAFT.pdf @	4 - 8
	May29-24F	<u>IealthMinutesDRAFT.pdf</u>	
6.	Adoption	of the Closed Minutes - March 6 and 27, 2024	
7.	Delegation	ons	
	a.	9:30 a.m Sabine Mersmann, Co-chair of the Ottawa Valley Ontario Health Team, and President and CEO of Pembroke Regional Hospital	
8.	Administ	ration Department Report	
	a.	Financial Statements - Renfrew County and District Health Unit ❷	9 - 27

APP I - 2023 RCDHU Financial Statements.pdf @

**Emergency Services Department Report** 

9.

a.	Emergency Services Report @	28 - 34
	APP ES-I - EMCPA Compliance.pdf   Ø	
	APP ES-II - Research Symposium.pdf @	
	App ES-III - Demers Ambulance.pdf <i>Ø</i>	
Long-Ter	m Care Report	
a.	Long-Term Care Report Ø	35 - 37
	Information Items	
b.	Declaration of Compliance - Multi-Sector Service  Accountability Agreement   ARRIVES 12022 24 MSAA Selvedule 5. For Municipalities and 6.	38 - 40
	APP LTC-I 2023-24 MSAA Schedule F For Municipalities.pdf Ø	
	Recommendation: THAT the Health Committee recommends that County Council authorize the Warden and Chief Administrative Officer/Deputy Clerk to sign the Schedule F – Declaration of Compliance issued pursuant to the Multi-Sector Service Accountability Agreement for County of Renfrew Bonnechere Manor Senior/Adult Day Program.	
C.	Business Case - Residential Care Coordinator Position @	41 - 43
	APP LTC-II Business Case Staffing Report LTC-RCC.pdf   Ø	
	Recommendation: THAT the Health Committee recommends that County Council approve two new full time staffing complements, one each at Bonnechere Manor and Miramichi Lodge, designated as Resident Care Coordinators; AND THAT the Finance and Administration Committee be so advised.	
d.	Business Case - Staffing Report - Personal Support Workers - Bonnechere Manor Ø	44 - 46
	APP LTC-III Business Case Staffing Report LTC-BM PSWs.pdf @	
	Recommendation: THAT the Health Committee recommends that County Council approve of the redistribution of hoursof four full-time and three (3) part-time Personal Support Worker rotations to existing Personal Support Worker part-time rotations; AND THAT the Finance and Administration Committee be so advised.	
e.	Business Case - Personal Support Workers - Miramichi Lodge	47 - 49

10.

### APP LTC-IV Business Case Staffing Report LTC-ML PSWs.pdf @

Recommendation: THAT the Health Committee recommends that County Council approve of 14 full-time Personal Support Worker positions at Miramichi Lodge; AND THAT the Finance and Administration Committee be so advised.

### 11. Board of Health Minutes - March 26, 2024

50 - 54

RCDHU BOH Minutes March-26-2024.pdf

### 12. New Business

### 13. Closed Meeting

None at time of mailing.

### 14. Date of next meeting (Wednesday, August 14, 2024) and adjournment

### Note:

- County Council: Wednesday, June 26, 2024.
- Submissions received from the public either orally or in writing, may become part of the public record.



#### **HEALTH COMMITTEE**

### Wednesday, May 15, 2024

A meeting of the Health Committee was held on Wednesday, May 15, 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

City of Pembroke Reps: Councillor Patricia Lafreniere

**Councillor Troy Purcell** 

Regrets: Councillor Valerie Jahn

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, Director of Community Services Lee Perkins, Director of Public Works and Engineering

Daniel Burke, Manager of Finance/Treasurer
Curtis Farrell, Deputy Chief, Emergency Services

Mathieu Grenier, Deputy Chief, Emergency Services

Gwen Dombroski, Clerk

Tina Peplinskie, Media Relations and Social Media Coordinator

Evelyn VanStarkenburg, Administrative Assistant

Chair Donohue called the meeting to order at 9:30 a.m. The land acknowledgement identifying that the meeting was being held on the traditional territory of the Algonquin People was recited. The roll was called, and no pecuniary interests were disclosed.

### **RESOLUTION NO. H-C-24-05-70**

Moved by Councillor Murphy
Seconded by Councillor Purcell
THAT the minutes of the April 10, 2024 meeting be adopted. CARRIED.

### **Emergency Services Department Report**

The Director of Emergency Services overviewed the Emergency Services Department Report, which is attached as Appendix A.

Deputy Chief Grenier, provided an update on the status of the Mesa Program, which attached as Appendix B.

#### **RESOLUTION NO. H-C-24-05-71**

Moved by Councillor Purcell

Seconded by Councillor Weir

THAT the Health Committee recommends that, after a review of the current state of Emergency Services/Paramedic Service issues, staff submit delegation request(s) at the upcoming Association of Municipalities of Ontario (AMO) Conference that are consistent with the 2023-2026 County of Renfrew Strategic Plan, current initiatives that require further advocacy, and previous delegations that addressed funding shortfall(s). CARRIED.

### **RESOLUTION NO. H-C-24-05-72**

Moved by Councillor Murphy

Seconded by Councillor Grills

THAT the Health Committee recommends that County Council adopt a By-law authorizing the Warden and CAO/Deputy Clerk to sign a contract renewal with 211 Ontario to provide 211 contact centre (telephony system) access and support the Renfrew County Virtual Triage and Assessment Centre team. CARRIED.

### **RESOLUTION NO. H-C-24-05-73**

Moved by Councillor Lafreniere

Seconded by Warden Emon

THAT the Health Committee recommends that County Council adopt a By-law authorizing the Warden and CAO/Deputy Clerk to sign the Lease Agreement between the County of Renfrew and Carefor Health and Community Services. CARRIED.

### **RESOLUTION NO. H-C-24-05-74**

Moved by Councillor Lafreniere

Seconded by Councillor Grills

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

Committee recessed at 11:06 a.m. and reconvened at 11:15 a.m., with the same members present.

### **Long-Term Care Department Report**

The Director of Long-Term Care overviewed the Long-Term Care Department Report, which is attached as Appendix C.

#### **RESOLUTION NO. H-C-24-05-75**

Moved by Councillor Grills

Seconded by Councillor Weir

THAT the Health Committee recommends that, after a review of the current state of Long Term Care issues, staff submit delegation request(s) at the upcoming Association of Municipalities of Ontario (AMO) Conference that are consistent with the 2023-2026 County of Renfrew Strategic Plan, current initiatives that require further advocacy, and previous delegations that addressed funding shortfall(s). CARRIED.

### **RESOLUTION NO. H-C-24-05-76**

Moved by Councillor Purcell

Seconded by Councillor Willmer

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

### **Administration Department Report**

The Chief Administrative Officer/Deputy Clerk overviewed the Administration Department Report, which is attached as Appendix D.

The Chief Administrative Officer/Deputy Clerk advised that the Community Services Committee will also be provided with a recommendation to host the meeting at Miramichi Lodge in August.

### **RESOLUTION NO. H-C-24-05-77**

Moved by Councillor Lafreniere

Seconded by Councillor Nicholson

THAT the August 2024 meeting of the Health Committee be held at Miramichi Lodge.

#### **RESOLUTION NO. H-C-24-05-78**

Moved by Councillor Weir

Seconded by Councillor Murphy

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

#### **RESOLUTION NO. H-C-24-05-79**

Moved by Councillor Purcell

Seconded by Councillor Willmer

THAT this meeting adjourn and that the next regular meeting be held on June 12, 2024. Time: 11:40 a.m. CARRIED.



#### **HEALTH COMMITTEE**

### Wednesday, May 29, 2024

A meeting of the Health Committee was held on Wednesday, May 29, 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

City of Pembroke Reps: Councillor Patricia Lafreniere

**Councillor Troy Purcell** 

Regrets: Councillor Valerie Jahn

And Others: Councillor James Brose

Councillor Daniel Lynch Councillor Keith Watt

Staff Present: Craig Kelley, Chief Administrative Officer/Deputy Clerk

Mike Blackmore, Director of Long-Term Care Daniel Burke, Treasurer/Manager of Finance

Gwen Dombroski, Clerk

Tina Peplinskie, Media Relations and Social Media Coordinator

Evelyn VanStarkenburg, Administrative Assistant

Chair Donohue called the meeting to order at 9:30 a.m. The land acknowledgement identifying that the meeting was being held on the traditional territory of the Algonquin People was recited. The roll was called, and no pecuniary interests were disclosed.

### **Long-Term Care Department Report**

The Director of Long-Term Care overviewed the Long-Term Care Department Report, which is attached as Appendix A.

### **RESOLUTION NO. H-C-24-05-80**

Moved by Councillor Weir

Seconded by Councillor Lafreniere

THAT the Health Committee recommends that County Council adopt a By-law authorizing the Warden and CAO/Deputy Clerk to execute an agreement with the Ministry of Long-Term Care (MLTC) for the 2024-25 Level-of-Care funding increases to Long-Term Care Homes effective April 1, 2024. CARRIED.

### **RESOLUTION NO. H-C-24-05-81**

Moved by Councillor Murphy

Seconded by Councillor Purcell

THAT the Long-Term Care Department Report attached as Appendix A be approved. CARRIED.

### **RESOLUTION NO. H-C-24-05-82**

Moved by Councillor Nicholson

Seconded by Councillor Willmer

THAT this meeting adjourn and that the next regular meeting be held on June 12, 2024. Time: 9:37 a.m. CARRIED.

#### **COUNTY OF RENFREW**

### **ADMINISTRATION DEPARTMENT REPORT**

**TO:** Health Committee

FROM: Craig Kelley, Chief Administrative Officer/ Deputy Clerk

**DATE:** June 12, 2024

**SUBJECT:** Department Report

### **INFORMATION**

### 1. Financial Statements – Renfrew County and District Health Unit

Attached as Appendix I are the Financial Statements and Independent Auditor's Report received from the Renfrew County and District Health Unit for the year ended December 31, 2023, for Committee's information.

Financial Statements of

# RENFREW COUNTY AND DISTRICT HEALTH UNIT

Year ended December 31, 2023

May 28, 2024

#### MANAGEMENT REPORT

Management's Responsibility for the Financial Statements:

The accompanying financial statements for the Renfrew County and District Health Unit are the responsibility of management and have been prepared in compliance with legislation, and in accordance with generally accepted accounting principles established by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

A summary of the significant accounting policies are described in Note 1 to the financial statements. The preparation of the financial statements necessarily involves the use of estimates based on management's judgement, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods.

The Renfrew County and District Health Unit's management maintains a system of internal controls designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements. These systems are monitored and evaluated by management.

The Board of Health meets with management and the external auditors to review the financial statements and discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The financial statements have been audited by Scott Rosien Black & Locke, independent external auditors appointed by the Board of Health. The accompanying Auditors' Report outlines their responsibilities, the scope of their examination and their opinion on the Renfrew County and District Health Unit financial statements.

Heather G. Daly, CPA, CMA

Chief Executive Officer



T: 613-735-3981 F: 613-732-3829 E: info@srblaccountants.com 545 Pembroke Street West Pembroke ON K8A 5P2 Donald W. Rosien, CPA, CA
Karen I. Black, CPA, CA
Roger A. Locke, CPA, CA
Ryan B. McGauley, CPA, CA
David M. Scott, CPA, CA - Retired
scottrosienblacklockeaccountants.com

### INDEPENDENT AUDITORS' REPORT

To the Chair and Members of the Board of Health of the Renfrew County and District Health Unit

### Opinion

We have audited the financial statements of the Renfrew County and District Health Unit, which comprise the statement of financial position as at December 31, 2023, and the statements of operations, change in net financial assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Renfrew County and District Health Unit as at December 31, 2023, and the results of its operations, change in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### **Basis for Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Renfrew County and District Health Unit in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Renfrew County and District Health Unit's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Renfrew County and District Health Unit or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Renfrew County and District Health Unit's financial reporting process.

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

#### We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing
  an opinion on the effectiveness of the Renfrew County and District Health Unit's internal
  control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Renfrew County and District Health Unit's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Renfrew County and District Health Unit to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

Scott Rosien Black + Locke

Pembroke, Ontario May 28, 2024

Statement of Financial Position

December 31, 2023, with comparative figures for 2022

	2023	2022
Financial Assets		
Cash	\$ 2,366,034	\$ 2,470,158
Receivable from Government of Canada	142,263	179,977
Receivable from Province of Ontario (note 2)	183,629	113,311
Other receivables	4,681	1,682
Other receivables	4,001	1,002
Total financial assets	2,696,607	2,651,817
Financial Liabilities		
Accounts payable and accrued liabilities	1,510,040	1,164,342
Payable to Province of Ontario (note 2)	· -	422,029
Deferred revenue (note 3)	25,678	22,145
Total financial liabilities	1,535,718	1,608,516
Net Financial Assets	1,160,889	1,043,301
Non-Financial Assets		
Tangible capital assets-net (note 4)	2,442,492	2,815,175
Prepaid expenses	87,575	93,153
	2,530,067	2,908,328
Accumulated Surplus (note 6)	\$ 3,690,956	\$ 3,951,629

Related party transactions (note 8) Commitments and contingencies (note 9)

On behalf of the Board:	
fking	
0	Member
N. Nill	Member

The accompanying notes are an integral part of these financial statements.

Statement of Operations

Year ended December 31, 2023, with comparative figures for 2022

	2023	2023	2022
	Budget	Actual	Actual
_			
Revenue:	Ф 0 404 00E	Ф 0.07E 0.4.4	Ф O 74C 047
Grants – Province of Ontario (note 7)	\$ 9,121,285	\$ 9,075,844	\$ 9,716,817
Municipalities	2,045,297	2,045,297	2,005,193
Interest	11,166,582	11,121,141	11,722,010
Interest Interest on reserve funds	45,000	74,375 49,706	52,943 23,176
User fees – Ontario Seniors Dental	-	49,706	23,176
Care Program		9,240	6,600
Contributed Vaccine Refrigerators	_	39,691	39,662
Continuated vaccine itemgerators	11,211,582	11,294,153	11,844,391
	11,211,562	11,294,103	11,044,391
Expenditure:			
Mandatory Programs	8,348,697	7,595,878	6,296,096
Mandatory Programs – COVID-19	-	794,892	1,922,811
Ontario Seniors Dental Care Program	772,900	782,140	825,175
Ontario Seniors Dental Care Program -	•	•	,
One-time funding	100,000	107,000	-
Unorganized Territories	53,200	46,324	30,038
Unorganized Territories – COVID-19	-	6,876	23,162
Public Health Inspector Practicum Program	10,000	10,000	20,000
Smoke-Free Ontario Enforcement Tablet Upo	grade 6,000	5,091	563
School-Focused Nurses Initiative	365,789	365,789	491,301
Healthy Babies Healthy Children	781,544	731,769	930,409
COVID-19 General Program	277,545	240,800	328,109
COVID-19 Vaccine Program	401,908	412,284	560,401
Needle Exchange Program	1,409	1,409	17,591
MOH/AMOH Compensation Initiative	48,633	44,486	-
Temporary Retention Incentive for Nurses	-	<u>-</u>	216,070
New Purpose-Built Vaccine Refrigerators	13,568	1,970	-
Capital One Time Hub Relocation Renfrew	30,389	-	
Amortization of tangible capital assets	-	447,874	453,483
Loss on disposal of tangible capital assets	-	22,548	4,353
Non-fundable expenses	-	(62,304)	(12,253)
	11,211,582	11,554,826	12,107,309
Annual deficit	-	(260,673)	(262,918)
Accumulated surplus, beginning of year	3,951,629	3,951,629	4,214,547
Accumulated surplus, end of year	\$ 3,951,629	\$ 3,690,956	\$ 3,951,629

The accompanying notes are an integral part of these financial statements.

Statement of Change in Net Financial Assets

Year ended December 31, 2023, with comparative figures for 2022

	2023	2023	2022
	Budget	Actual	Actual
Annual deficit	\$ -	\$ (260,673)	\$ (262,918)
Amortization of tangible capital assets	-	447,874	453,483
Acquisition of tangible capital assets	-	(97,739)	(159,491)
Loss on disposal of capital assets	-	22,548	4,353
Decrease in prepaid expenses	-	5,578	6,134
Increase in net financial assets	-	117,588	41,561
Net financial assets, beginning of year	-	1,043,301	1,001,740
Net financial assets, end of year	\$ -	\$ 1,160,889	\$ 1,043,301

Statement of Cash Flows

Year ended December 31, 2023, with comparative figures for 2022

	2023	2022
Operations:		
Annual deficit \$	(260,673)	\$ (262,918)
Non-cash charge to operations:	(200,073)	Ψ (202,910)
Amortization of tangible capital assets	447,874	453,483
Loss on disposal of tangible capital assets	22,548	4,353
Changes in non-cash operating working capital:		
Decrease in receivable from Government of Canada	37,714	76,042
Increase in receivable from Province of Ontario	(183,629)	· -
Decrease (increase) in other receivables	(2,999)	4,142
Decrease in prepaid expenses	`5,578 <sup>°</sup>	6,134
Increase (decrease) in accounts payable and accrued liabilities	345,698	(102,136)
Decrease in payable to Province of Ontario	(422,029)	(1,100,199)
Increase in deferred revenue	3,533	415
Decrease in cash from operations	(6,385)	(920,684)
Capital:		
Acquisition of tangible capital assets	(97,739)	(159,491)
Net investment in tangible capital assets	(97,739)	(159,491)
Decrease in cash	(104,124)	(1,080,175)
	. , ,	, , , ,
Cash, beginning of year	2,470,158	3,550,333
Cash, end of year \$	2,366,034	\$ 2,470,158

The accompanying notes are an integral part of these financial statements.

Notes to Financial Statements

Year ended December 31, 2023

The Renfrew County and District Health Unit is established under the Health Protection and Promotion Act and provides programs and services in accordance with the legislative mandate for Boards of Health in Ontario.

### 1. Accounting Policies:

The financial statements of the Renfrew County and District Health Unit are the representation of management prepared in accordance with Canadian Public Sector accounting standards as recommended by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada. Significant aspects of the accounting policies adopted are as follows:

### (a) Reporting Entity:

(i) Programs included:

These statements reflect the assets, liabilities, revenues and expenditures of the following programs:

Public Health Programs
Healthy Babies Healthy Children Program

All inter-program assets and liabilities have been eliminated.

### (b) Basis of Accounting:

(i) Accrual Basis of Accounting

Sources of revenue and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable; expenditures are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(ii) Deferred Revenue

Deferred revenue represents amounts which have been received but for which the related expenditure has yet to be incurred. This amount will be recognized as revenue in the fiscal year the expenditure is incurred.

(iii) Non-Financial Assets

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations. The change in non-financial assets during the year, together with the excess of revenues over expenditures, provides the change in net financial assets for the year.

(iv) Cash

Cash is defined as cash on hand and cash on deposit, net of outstanding cheques at the reporting date.

Notes to Financial Statements, page 2

Year ended December 31, 2023

### 1. Accounting Policies - continued:

### (b) Basis of Accounting - continued:

### (v) Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over their estimated useful lives as follows:

	Estimated useful life
Office furniture	20 мосто
Office furniture	20 years
Medical and office equipment	5 years
Information technology	5 years
Telecommunications	10 years
Leasehold improvements	term of lease

Tangible capital assets are not amortized in the year of acquisition.

The Renfrew County and District Health Unit has a capitalization threshold so that individual capital assets of lesser value are expensed, unless they are pooled because, collectively, they have significant value, or for operational reasons.

Tangible capital assets received as contributions are recorded at their fair value at the date of receipt, and that fair value is also recorded as revenue. Similarly, transfers of assets to third parties are recorded as an expense equal to the net book value of the asset as of the date of the transfer.

### (vi) Government Transfers

Government transfers are recognized in the financial statements in the period in which the events giving rise to the transfer occur, providing the transfers are authorized, any eligibility criteria have been met and reasonable estimates of the amounts can be made.

### (vii) Financial Instruments

The Renfrew County and District Health Unit has classified its cash as held for trading and is stated at fair value. Receivable from Government of Canada, Province of Ontario and other receivables are classified as loans and receivables which are measured at amortized cost. Accounts payable and accrued liabilities and payable to the Province of Ontario are classified as other liabilities, each of which is measured on an amortized cost basis.

Notes to Financial Statements, page 3

Year ended December 31, 2023

### 1. Accounting Policies - continued:

### (viii) Use of Estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes.

Due to the inherent uncertainty in making estimates, actual results could differ from those estimates. These estimates are reviewed periodically and as adjustments become necessary, they are recorded in the financial statements in the period in which they become known.

### 2. Receivable from (payable to) the Province of Ontario:

The net amount receivable from (payable to) the Province of Ontario is comprised of the following amounts:

		2023		2022
Ministry of Health:				
Universal Influenza Immunization Program	\$	18,620	\$	11,070
Mandatory Programs	•	(3)	•	-
Needle Exchange Program		-		3,337
MOH/AMOH Compensation Initiative		44,486		-
Meningococcal C Vaccine Program		7,480		8,534
Human Papilloma Virus Vaccine Program		7,064		8,866
Ontario Seniors Dental Care Program		1,355		89,569
Ontario Seniors Dental Care Program – One-time funding		56,744		,
Covid-19 Extraordinary Costs (2020)		(35)		(35)
Covid-19 Extraordinary Costs - General		(385,673)		(695,269)
Covid-19 Extraordinary Costs - Vaccine		415,029		115,745
School-Focused Nurses Initiative		· -		(65,789)
Public Health Inspector Practicum Program		2,500		5,003
Smoke-Free Ontario Enforcement Tablet Upgrades		589		1,498
New Purpose-Built Vaccine Refrigerators		2,110		(15,471)
Temporary Retention Incentive for Nurses		(950)		63,476
Ministry of Children, Community and Social Services		` ,		
Healthy Babies Healthy Children Program		14,313		47,437
	\$	183,629	\$	(422,029)

Notes to Financial Statements, page 4

Year ended December 31, 2023

### 3. Deferred revenue:

	2023	2022
Municipal levy You're The Chef grant	\$ 24,685 993	\$ 21,152 993
	\$ 25,678	\$ 22,145

Notes to Financial Statements, page 5

Year ended December 31, 2023

### 4. Tangible Capital Assets:

				Medical								
		Office	á	and Office	Ir	nformation		Tele-		Leasehold	2023	2022
		Furniture	E	quipment	T	echnology	Commu	inications	Imp	rovements	Total	Tota
COST												
Balance, beginning of year Additions during the year	\$	334,603 22,852	\$	720,717 50,024	\$	591,046 24,863	\$	62,183	\$	2,214,453	\$ 3,923,002 97,739	\$ 3,794,570 159,491
Disposals during the year		(48,783)		-		(48,372)		(1,544)		-	(98,699)	(31,059
Balance, end of year	\$	308,672	\$	770,741	\$	567,537	\$	60,639	\$	2,214,453	\$ 3,922,042	\$ 3,923,002
ACCUMULATED AMORTIZA	TION											
Balance, beginning of year	\$	89,592	\$	268,441	\$	443,606	\$	62,183	\$	244,005	\$ 1,107,827	\$ 681,050
Amortization for the year	•	14,291	•	139,976	,	47,557	•	-	,	246,050	447,874	453,483
Disposals during the year		(29,431)		-		(45,176)		(1,544)		-	(76,151)	(26,706
Balance, end of year	\$	74,452	\$	408,417	\$	445,987	\$	60,639	\$	490,055	\$ 1,479,550	\$ 1,107,827
Net Book Value of												
Tangible Capital Assets	\$	234,220	\$	362,324	\$	121,550	\$	-	\$	1,724,398	\$ 2,442,492	\$ 2,815,175

Notes to Financial Statements, page 6

Year ended December 31, 2023

### 5. Pension Agreements:

The Renfrew County and District Health Unit, on behalf of its eligible employees, is a participant in the Ontario Municipal Employees Retirement System (OMERS). OMERS is a defined benefit pension plan, fully funded by equal contributions from participating employers and employees, and by the investment earnings of the OMERS Fund. OMERS pensions are calculated using a defined benefit formula, taking into account length of service and average annual wage that is designed to integrate with the pension payable from the Canada Pension Plan. The amount contributed to OMERS for 2023 was \$688,239 (2022 - \$558,413) for current service and is included as an expenditure on the Statement of Operations. At December 31, 2023 there is no liability for past service under this agreement.

Because OMERS is a multi-employee pension plan the Renfrew County and District Health Unit does not recognize any share of the last reported pension plan deficit for 2023 of \$7,571,000,000 based on the fair market value of the Plan's Assets, as this is a joint responsibility of all Ontario municipalities and their employees.

### 6. Accumulated Surplus:

	2023	2022
Invested in tangible capital assets	\$ 2,442,492	\$ 2,815,175
General revenue Reserve funds	306,095 942,369	243,791 892,663
	\$ 3,690,956	\$ 3,951,629

### (a) Continuity of reserve funds:

Reserve funds comprise funds set aside for specific purposes by the Board of Health.

	Opening Balance January 1			Dec	Closing Balance cember 31
	2023	Transfer	Interest		2023
Payroll	\$ 621,254	\$ -	\$ 34,592	\$	655,846
Operations	167,748	-	9,341		177,089
Technological upgrades	103,661	-	5,773		109,434
Total Reserve Funds	\$ 892,663	\$ -	\$ 49,706	\$	942,369

Notes to Financial Statements, page 7

Year ended December 31, 2023

### 7. Grants - Province of Ontario:

	2023	2023	2022
	Budget	Actual	Actual
			_
Mandatory Programs	\$ 5,325,000	\$ 5,364,975	\$ 5,311,800
Mitigation	908,400	908,400	908,400
Ontario Seniors Dental Care Program	772,900	772,900	818,575
Ontario Seniors Dental Care Program –			
One-time funding	100,000	107,000	-
Unorganized Territories	53,200	53,200	53,200
Covid-19 General Program	277,545	240,800	330,619
Covid-19 Vaccine Program	401,908	412,284	560,401
School-Focused Nurses Initiative	365,789	365,789	491,301
Public Health Inspector Practicum Program	10,000	10,000	20,000
SFO Enforcement Tablet Upgrades	6,000	5,091	6,000
MOH/AMOH Compensation Initiative	48,633	44,486	-
Universal Influenza Immunization Program	-	19,180	11,195
Meningococcal C Vaccine Program/ Human			
Papilloma Virus Vaccine Program	25,000	26,257	30,107
Healthy Babies Healthy Children	781,544	731,769	940,146
New Purpose-Built Vaccine Refrigerators	13,568	12,304	1,412
Temporary Retention Incentive for Nurses	-	-	216,070
Needle Exchange Program	1,409	1,409	17,591
Capital One Time Hub Relocation Renfrew	30,389	-	-
	\$ 9,121,285	\$ 9,075,844	\$ 9,716,817

### 8. Related Party Transactions:

The Renfrew County and District Health Unit recorded rent in the amount of \$22,657 (2022 - \$44,869) including non-rebateable Harmonized Sales Tax to the County of Renfrew which are included in the rent and utilities expense. This lease expired June 30, 2023 and was not renewed.

Notes to Financial Statements, page 8

Year ended December 31, 2023

### 9. Commitments and Contingencies:

Long-term lease:

The Renfrew County and District Health Unit rents office space under long-term operating leases as disclosed below:

	Baı	rry's Bay		Renfrew	Pembroke	Total
Minimum annual renta	al pay	able includir	ng Har	monized Sa	les Taxes:	
December 31, 2024		8,055		33,406	367,127	408,588
December 31, 2025		2,014		34,241	367,127	403,382
December 31, 2026		_		35,097	384,609	419,706
December 31, 2027		-		35,974	384,609	420,583
December 31, 2028		-		36,874	384,609	421,483
December 31, 2029		-		37,795	384,609	422,404
December 31, 2030		-		38,740	384,609	423,349
December 31, 2031		-		39,709	-	39,709
December 31, 2032		-		40,702	-	40,702
December 31, 2033		-		38,243	-	38,243
	\$	10,069	\$	370,781	\$ 2,657,299	\$ 3,038,149

The lease for the Pembroke location is for a ten-year term that expires December 31, 2030.

The lease for the Renfrew location is for a ten-year term that expires November 30, 2033.

The lease for the Barry's Bay dental office location is for a five-year term that expires March 30, 2025.

#### 10. Financial Instruments:

The fair value of cash, receivable from Government of Canada, receivable from the Province of Ontario, other receivables, accounts payable and accrued liabilities and payable to Province of Ontario is approximately equal to their carrying value due to their short-term nature.

It is the Health Unit's opinion that the facility is not exposed to significant interest, currency or credit risks arising from its financial instruments.

### 11. Budget Figures:

The operating budget approved by the Board of Health is reflected on the Statement of Operations. Budget figures have not been audited and are presented for information purposes only.

Notes to Financial Statements, page 9

Year ended December 31, 2023

### 12. Segmented Information:

### 2023 Segmented Information

		Fees, Honora	ria								
	Salaries &	& Purchas	ed		1	Materials &	Rent &	Office &	Telephone		2023
	Benefits	Servic	es	Travel		Supplies	Utilities	Tech	& Internet	Other	Total
Mandatory Programs \$	6,488,882	\$ 344,7	95 \$	116,793	\$	85,005	\$ 416,255	\$ 56,311	\$ 87,837	\$ _	\$ 7,595,878
Mandatory Programs - COVID-19	600,809	81,3	41	26,713		7,564	29,657	48,180	628	-	794,892
Ontario Seniors Dental Care Program	202,871	361,2	49	10,107		20,481	7,792	179,231	409	-	782,140
Ontario Seniors Dental Care Program -											
One-time funding	-	107,0	00	-		-	-	-	-	-	107,000
Unorganized Territories	32,989		-	2,186		-	-	11,149	-	-	46,324
Unorganized Territories - COVID-19	6,876		-	-		-	-	-	-	-	6,876
Public Health Inspector Practicum											
Program	8,695		-	1,305		-	-	-	-	-	10,000
Smoke-Free Ontario Enforcement											
Tablet Upgrades	-		-	-		5,091	-	-	-	-	5,091
School-Focused Nurses Initiative	365,789		-	-		-	-	-	-	-	365,789
Healthy Babies Healthy Children	687,008	2,2	36	33,770		2,851	-	941	4,913	-	731,769
COVID-19 General Program	221,679		-	335		1,623	-	14,489	2,674	-	240,800
COVID-19 Vaccine Program	367,447	5,2	61	12,884		873	11,010	9,847	4,962	-	412,284
Needle Exchange Program	-		-	-		1,409	-	-	-	-	1,409
MOH/AMOH Compensation Initiative	44,486		-	-		-	=	-	-	-	44,486
New Purpose-Built Vaccine Refrigerators	-		-	-		1,970	=	-	-	-	1,970
Amortization of tangible capital assets	-		-			-	-	-	-	447,874	447,874
Loss on disposal of tangible capital											
assets	-		-	-		-	-	-	-	22,548	22,548
Non-fundable expenses	(62,304)		-	-		-	-	-	-	-	(62,304
tal expenditures \$	8,965,227	\$ 901,9	32 \$	204,093	\$	126,867	\$ 464,714	\$ 320,148	\$ 101,423	\$ 470,422	\$ 11,554,826

Notes to Financial Statements, page 10

Year ended December 31, 2023

### 12. Segmented Information (continued):

### 2022 Segmented Information

		Fees, Honoraria										
	Salaries &	& Purchased		Materials &		Rent &	Office &	Telephone				2022
	Benefits	Services	Travel	Supplies		Utilities	Tech	& Internet	t	Other		Total
Mandatory Programs	\$ 5,176,425	\$ 444,751 \$	94,365	\$ 113,853	\$ :	385,682	\$ (17,348)	\$ 98,368	\$	-	\$ 6,2	296,096
Mandatory Programs - COVID-19	1,514,855	205,948	43,624	4,682		35,215	117,253	1,234		-	1,9	922,811
Ontario Seniors Dental Care Program	236,647	398,704	6,458	24,342		7,513	150,888	623	,	-	8	325,175
Unorganized Territories	19,985	-	1,401	-		-	8,652	-		-		30,038
Unorganized Territories - COVID-19	19,914	3,218	30	-		-	-	-		-		23,162
Public Health Inspector Practicum												
Program	17,265	-	2,735	-		-	-	-		-		20,000
Smoke-Free Ontario Enforcement												
Tablet Upgrades	-	-	-	-		-	563	-	•	-		563
School-Focused Nurses Initiative	491,301	=	=	=		-	-	-	•	-	4	191,301
Healthy Babies Healthy Children	886,387	2,511	25,609	10,764		-	722	4,416	;	-	9	930,409
COVID-19 General Program	214,305	89,857	606	3,040		-	15,741	4,560	)	-	3	328,109
COVID-19 Vaccine Program	485,032	1,548	27,114	3,828		13,517	24,513	4,849	)	-	5	560,401
Needle Exchange Program	-	=	=	17,591		-	-	-	•	-		17,591
Temporary Retention Incentive for												
Nurses	216,070	-	-	-		-	-	-	i	-	2	216,070
Amortization of tangible capital assets	-	=	-	-		-	-	=	. 4	53,483	4	153,483
Loss on disposal of tangible capital												
assets	-	-	-	-		-	-	-		4,353		4,353
Non-fundable expenses	(12,253)	-	-	-		-	-	-		-	(	(12,253
Total expenditures	\$ 9,265,933	\$ 1,146,537 \$	201,942	\$ 178,100	\$ 4	441,927	\$ 300,984	\$ 114,050	\$ 4	57,836	\$ 12,1	107,309

## COUNTY OF RENFREW EMERGENCY SERVICES REPORT

**TO:** Health Committee

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

**DATE:** June 12, 2024

**SUBJECT:** Department Report

#### **INFORMATION**

### 1. Mesa Gathering

On Wednesday, May 22, the Mesa initiative was launched with more than 170 people, in person and virtually in attendance, and approximately 50 organizations at Miramichi Lodge in Pembroke. The Mesa Gathering was a joint venture between the County of Renfrew, Ottawa Valley Ontario Health Team and the Renfrew County and District Health Unit. We would like to thank the Director of Long-Term Care and his team for their support in making this event possible.

The day included many powerful speakers including two men who shared their stories of recovery, keynote speaker CBC reporter and producer Omar Dabaghi-Pacheco and what he has learned reporting on the opioid crisis, Deirdre Freiheit, former President and CEO of Shepherds of Good Hope in Ottawa, and a panel of local organizations who shared what they had to offer the community.

A detailed report with recommendations stemming from the Mesa Gathering will be presented at the August Health Committee meeting.

For the full County of Renfrew news release please see the link: <u>Stakeholders gather to officially launch County of Renfrew Mesa initiative - County of Renfrew.</u>

### 2. Mesa Coordinator

We are very pleased to welcome Barb Tierney to the Mesa Coordinator position. Ms. Tierney will be working to support and align activities within the Community Services, Emergency Services, and Development and Property Departments and community partners. Since commencing her position on May 27, 2024, Ms. Tierney has been meeting with community partners, familiarizing herself with programs and services, and identifying priorities to help map out the pathway for enhanced community well-being.

### 3. Emergency Management

Attached as Appendix ES-I is a letter from Ms. Heather Levecque, Assistant Deputy Minister and Chief, Emergency Management Treasury Board Secretariat, reporting that the County of Renfrew has met the requirements of the 2023 Emergency Management and Civil Protection Act.

#### 4. Research

### County of Renfrew Paramedic Service Research Symposium

The County of Renfrew Paramedic Service will host their annual Research Symposium on June 18, 2024, in Calabogie. An Agenda with presenters and topics is attached as Appendix ES-II.

# <u>Demystifying the Role of Community Paramedics in Community Heart Failure</u> Management

Despite their pivotal contributions, community paramedics often operate in the shadows of traditional healthcare systems, with their expertise and capabilities frequently underrecognized and underutilized. By elevating awareness of their unique skill set and scope of practice, this workshop seeks to catalyze a paradigm shift in how healthcare professionals perceive and integrate community paramedics into the broader healthcare ecosystem. Through knowledge exchange, collaborative discussions, and interactive engagement, this workshop serves as a platform for healthcare professionals to communicate, collaborate, and recognize the potential impact when physicians, nurses, and paramedics work together. (Excerpt from abstract submission).

The above titled abstract was accepted by the Canadian Cardiovascular Society as a workshop at the Canadian Cardiovascular Congress being held on October 24-27, 2024. The panelists include Ms. Morgan Krauter, Chair, Presenter; ACP Matt Cruchet, Co-chair, Presenter; Chief Michael Nolan, Presenter; Dr. Aws Almufleh (Moderator); as well as planning committee members and panelists.

### 5. Advanced Medical Priority Dispatch System (AMPDS) and Deployment Update

Deputy Chief Curtis Farrell will provide an update regarding the new Advanced Medical Priority Dispatch System and the County of Renfrew Service Delivery Statement/ Deployment Plan.

### 6. Vehicle Purchasing Program

Attached as Appendix ES-III is a sole source memorandum for the purchase of Paramedic Service vehicles in accordance with County of Renfrew Corporate Policy GA-01, Procurement of Goods and Services, Section 22.0 Non-Competitive Purchase, Subsection 22.1, from Demers Ambulance Manufacturers.

#### **Treasury Board Secretariat**

Emergency Management Ontario

25 Morton Shulman Avenue Toronto ON M3M 0B1 Tel: 647-329-1200

#### Secrétariat du Conseil du Trésor

de la gestion des situations d'urgence Ontario

25 Morton Shulman Avenue Toronto ON M3M 0B1 Tél.: 647-329-1200



April 15, 2024

### County of Renfrew

Dear Michael Nolan - CEMC:

Emergency Management Ontario (EMO) is proud to support your efforts to deliver on our common mission to ensure Ontarians are safe, practiced and prepared before, during and after emergencies.

The Emergency Management and Civil Protection Act (EMCPA) requires each municipality to develop and implement an Emergency Management (EM) program that includes:

- Municipal hazard and identification risk assessment;
- Municipal critical infrastructure list;
- Municipal emergency plan;
- Program By-law;
- Annual Review;
- Annual training;
- Annual exercise;
- Public education program;
- An Emergency Operations Center;
- A Community Emergency Management Coordinator;
- An Emergency Management Program Committee;
- A Municipal Emergency Control Group (MECG) and;
- An Emergency Information Officer.

Emergency Management Ontario (EMO) assists municipalities by making available our Field Officers and other resources to provide advice and guidance, deliver training, participate in exercises, and other advisory services including annually advising municipalities on achieving their EMCPA requirements.

Thank you for sharing your EM program related information and the effort undertaken to do so. Upon review of the documentation submitted, EMO is pleased to advise that our assessment indicates that your municipality has satisfied all thirteen (13) program elements required under the EMCPA.

Congratulations on your municipality's efforts in meeting your EMCPA requirements in

### 2023.

You may also be interested in learning of the following information for further context:

- 412 of 444 municipalities sought EMO's advice on their progress to meet their EMCPA requirements in 2023, of which 405 were advised they appeared to satisfy their EMCPA requirements.
- Of the 7 municipalities who were advised they did not appear to meet all 13 program elements required under the EMCPA, the most prevalent reasons were:
  - Not designating an Emergency Information Officer;
  - CEMC did not complete training;
  - Not completing the annual MECG training; and/or
  - Not completing an annual review of their EM program.

There is nothing more important than the safety and wellbeing of our families and loved ones, and the importance of ensuring that your municipality is as prepared as possible for any potential emergency cannot be understated.

Once again, EMO is here to assist municipalities in achieving their EMCPA requirements. For further information or if you have any questions or concerns about this letter, please contact our Field Officer assigned to your Sector; their contact information is below.

Name: Andre Proteau

Email: andre.proteau@ontario.ca

Phone: 647-328-1186

Sincerely,

Heather Levecque Assistant Deputy Minister and Chief, Emergency Management Treasury Board Secretariat

cc: Warden Peter Emon



Appendix ES-II

### **RESEARCH SYMPOSIUM 2024 AGENDA**

Tuesday, June 18<sup>th</sup> 2024 The Neat Café, Burnstown, Ontario

		The Neat Café, Burnstown, Ontario	
TIME	ТОРІС	CONTENT	PRESENTED BY
0800:08:45	REGISTRATION		
0845-0900	WELCOME	Land Acknowledgement and Welcome	
0900-0945	Opening Keynote	"Evidence from early adopter studies of Independent Prescribing in Paramedic Practice in the United Kingdom."	Andy Collen Consultant Paramedic, South East Coast Ambulance Service NHS
0950-1020		"Scene First Buprenorphine-Naloxone (Bup-Nal) Treatment by EMS."	Seamus Murphy Deputy Chief, Cochrane Paramedic Service
1025-1055		" Advancing Prehospital Trauma Resuscitation with the use of blood."	lan Drennan ACP PhD Sunnybrook Hospital
1055-1125	BREAK		
1130-1200		"Inter-Rater Agreement of Paramedic Documentation of CTAS Compared to an Electronic CTAS Tool- A Retrospective Evaluation of Paramedic Call Reports across Eastern Ontario"	Mike Slatter Hastings County Paramedic Service
1205-1240		"Primary and Palliative Care in the Community—a Paramedic Partnership."	Dr. Katie Forfar Family Physician, County of Renfrew
1240-1340	LUNCH	Expertismed Presentation (sponsor)	
1345-1415		"Analyzing Community Paramedic Follow-ups in the Safe Patient Transport Cancellation Program"	Shannon Leduc ACP MSc Commander, Clinical Programs, Ottawa Paramedic Service
1420-1450		"Virtual Triage Assessment Centres and Paramedic Clinics in Renfrew County."	Matt Cruchet ACP County of Renfrew Paramedic Service
1455-1530		"Trends in Pediatric Cardiac Arrest."	Jonathan Lee CPP, Ornge
1530-1555	BREAK		
1600-1630		"Closing the Loop: The Value of Outcome Letters for Prehospital Pediatric Care."	Zach Cantor PCP Regional Paramedic Program for Eastern Ontario
1630-1700		"Contribution of paramedics to promote the appropriate selection of the prehospital resource and the alternative care pathway."	Jessica Harrison Ministère de la Santé et des Services Sociaux

Department of Emergency Services

Paramedic Service



Appendix ES-III

9 INTERNATIONAL DRIVE
PEMBROKE, ON, CANADA
K8A 6W5
613-735-3675 Ext 500
FAX: 613-735-7815
www.countyofrenfrew.on.ca

#### MEMORANDUM

TO: Craig Kelly

FROM: Dave Libby

**DATE:** May 31, 2024

**SUBJECT:** 2024 Vehicle Purchase – Non-Competitive Purchase

The County of Renfrew Paramedic Service will be purchasing four 2024 Mercedes Sprinter Ambulances from Demers. These vehicles will come equipped with the MX152 options as identified in the 2024 ambulance option selector guides supplied by the vendor.

Demers Ambulance complies with all Ministry of Health and Long-Term Care vehicle specifications and testing, as outlined in the Ontario Provincial Land Ambulance and Emergency Response Vehicle Standards (Version 6.0). These vehicles are specific to the Paramedic Service and will conform with existing vehicles within the fleet. As such, this purchase is within the guidelines for the County of Renfrew, Corporate Policy, and Procedures GA-01:

Section 22.0 Non-Competitive Purchase, Section 22.1:

- a) where competition is precluded due to the application of any Act or legislation or because of the existence of patent rights, copyrights, technical secrets, or controls of raw material, and
- b) where due to abnormal market conditions, the goods and/or services required are in short supply; and
- c) where purchases are being made from a vendor of record that is available to the Corporation.

Some changes I want to bring to your attention for this purchase:

The practice of buying Powerload and Powercot equipped vehicles through Demers will
discontinue for vehicles being delivered post December 1., 2024. Styker Canada (Powerload and
Powercot manufacturer) will no longer be supplying Demers Ambulance with these items and
the Service will source them directly from Stryker Canada. As a result, we will be evaluating the
2023 and 2024 vehicle order and will be working with the Finance Department to purchase the
required items directly from Stryker.

• The amount budgeted for the 2024 purchase was \$400,000 (deposits of \$100,000 per vehicle) with an overall forecast of the vehicles costing \$285,000. The impact on 2024's budget should be negligible (downpayment roughly 30% of purchase price). The quote received for 2024 was \$301,077 (excluding the Powerload which was costing \$35,903 from Demers) The actual costs for these vehicles, Powerload ready, will be approximately \$336,980 which is \$51,980 over what has been projected in our asset management and long-term financial plan. The budget for 2025 or possibly 2026, will need to capture this increase, depending on when the vehicles are received.

# COUNTY OF RENFREW LONG-TERM CARE REPORT

**TO:** Health Committee

**FROM:** Mike Blackmore, Director of Long-Term Care

**DATE:** June 12, 2024

**SUBJECT:** Department Report

#### **INFORMATION**

### 1. End-of-Life Care Study

Two Bonnechere Manor Personal Support Workers have been recruited to participate in a research project examining compassionate, relational end-of-life care. The joint study facilitated by the University of Waterloo and the KITE Research Institute will culminate with a research-based documentary film to inspire others to have end-of-life conversations with their family, friends, and healthcare team members and to inform healthcare practices to better support compassionate relational care.

### 2. Automated Medication Dispensing Cabinets

In support of safe medication management, automated dispensing cabinets (ADC) have been purchased and installed at both Bonnechere Manor and Miramichi Lodge. The ADCs will replace the existing emergency medication supply box with a system that enhances timely access, security, dispensing accuracy, and accountability. The new system was implemented at Miramichi Lodge on May 24, 2024. Bonnechere Manor will go live with the new system on June 13, 2024. The cost of the cabinets is covered through a successful application for the Ministry of Long-Term Care Medication Safety Technology Funds.

### **DELEGATED AUTHORITY APPROVALS**

### 3. BM-2024-01 Emergency Generator Replacement

The following item was approved under By-law 98-24, Delegated Authority:

Request for Proposal BM-2024-01 Emergency Generator Replacement Project to Yemen Electric, from Renfrew, Ontario for the total price of \$388,274.95, inclusive of applicable taxes as budgeted through the 2024 Bonnechere Manor Capital Budget.

# **Background**

Through the 2024 budget process, County Council approved \$500,000 in the Capital Budget for the Emergency Generator Replacement Project.

Seven tenders were submitted for the RFP BM-202-01 Emergency Generator Replacement Project. EVB Engineering was contracted to evaluate the submissions based on the criteria and weighting identified within the RFP. The detailed evaluation and rating of each tender is listed below:

	Company Name	Tender Amount	Ranking
1.	Yemen Electric Renfrew, Ontario	\$388,274.95	75%
2.	Greenstar Power Apple Hill, Ontario	\$394,461.33	72%
3.	JTS Mechanical System INC Guelph, Ontario	\$497,470.07	65%
4.	JWK Utilities & Site Services LTD Carp, Ontario	\$697,000.00	56%
5.	Black & McDonald Ottawa, Ontario	\$857,161.50	49%
6.	FinCap Electrical & Mechanical New Market, Ontario	\$710,467.82	48%
7.	Welk Electric Limited,	\$563,757.00	43%
	Barry's Bay, Ontario		

EVB Engineering rated the tender submitted by Yemen Electric as the highest ranked submission based on the evaluation criteria, which included overall cost, previous experience, over quality of submission, service and location.

#### LONG-TERM CARE REPORT

**TO:** Health Committee

**FROM:** Mike Blackmore, Director of Long-Term Care

**DATE:** June 12, 2024

**SUBJECT:** Department Report

## **RESOLUTIONS**

 Multi-Sector Service Accountability Agreement and Schedule F – Form of Compliance Declaration

**Recommendation:** THAT the Health Committee recommends that County Council authorize the Warden and Chief Administrative Officer/Deputy Clerk to sign Schedule F – Declaration of Compliance issued pursuant to the Multi-Sector Service Accountability Agreement for County of Renfrew Bonnechere Manor Senior/Adult Day Program.

# **Background**

Bonnechere Manor has been operating a Senior/Adult Day Program in Renfrew since February 1997. The program is available to residents in and around the communities, Monday to Friday from 8:00 a.m. to 4:00 p.m. Access into the Day Program is through the Home and Community Care Support Services.

For the continuation of funding for the Bonnechere Manor Senior/Adult Day Program, Ontario Health is requesting a signed Schedule F – Declaration of Compliance for the period of April 1, 2023 to March 31, 2024, which is attached as Appendix LTC-I.

# **Multi-Sector Service Accountability Agreements**

Ontario Health

# 2023-2024 - Schedule F: Declaration of Compliance

# **DECLARATION OF COMPLIANCE**

To: The Board of Directors of Ontario Health

Attn: Board Chair.

From: The Municipal Council (the "Board") of the County of Renfrew, Bonnechere Manor

Senior/Adult Day Program (the "HSP")

**Date:** June 26, 2024

Re: April 1, 2023 – March 31, 2024 (the "Applicable Period")

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the MSAA between Ontario Health and the HSP effective April 1, 2023.

The Board has authorized me, by resolution dated June 26, 2024 to declare to you as follows:

After making inquiries of the Director of Long-Term Care, Mike Blackmore, and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board's knowledge and belief, the HSP has fulfilled, its obligations under the service accountability agreement (the "MSAA") in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP has complied with:

(1	) Article 4.8 of the MS	AA concerning applicable	procurement	practices; and	,
----	-------------------------	--------------------------	-------------	----------------	---

(ii)	the	Connecting	Care A	Act, 2019.
------	-----	------------	--------	------------

Peter Emon, Mayor	_
Craig Kelly, Chief Administrative O	_ fficer/Deputy Clerk

# **Appendix 1 - Exceptions**

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

# **LONG-TERM CARE REPORT**

**TO:** Health Committee

**FROM:** Mike Blackmore, Director of Long-Term Care

**DATE:** June 12, 2024

**SUBJECT:** Department Report

# **RESOLUTIONS**

1. Business Case – Staffing Report for Additional Resident Care Coordinator Position per Home

**Recommendation:** THAT the Health Committee recommends that County Council approve two new full time staffing complements, one each at Bonnechere Manor and Miramichi Lodge, designated as Resident Care Coordinators; AND THAT the Finance and Administration Committee be so advised.

# **Background**

Attached as Appendix LTC-II is the Business Case – Staffing Report requesting Committee's support for the addition of a new Resident Care Coordinator in each of the County of Renfrew's Long-Term Care Homes.



# **BUSINESS CASE - STAFFING REPORT**

Date: June 12, 2024

Department: Long Term Care

Report Prepared by: Mike Blackmore, DLTC

PROPOSAL	The addition of a new Resident Care Coordinator (RCC) in each of the County of Renfrew's Long-Term Care Homes is proposed in support of enhanced quality of care programs and ongoing compliance with applicable regulation such as the Fixing Long-Term Care Act, 2021.
POSITIONS Union Non-Union X	RCC positions (Bonnechere Manor, Miramichi Lodge) are non union classified under group 10.
SUMMARY  • Background • Discussion	Background: The Resident Coordinator (RCC) functions as the first echelon of management contact for all care matters involving residents and families. Each RCC is responsible in this regard for engaging 90 and 83 residents and their family for each of Bonnechere Manor (BM) and Miramichi Lodge (ML) respectively. In addition, each RCC functions as supervisors for as many as 80 nursing staff, managing wide-ranging performance and administrative matters.  This expansive span of control, coupled with evolving care standards, clinical program delivery and increased regulatory scrutiny under the Fixing Long-Term Care Act, 2021, negatively impacts the RCC's ability to lead our care teams in the delivery of the high caliber care we have come to expect. Moreover, current workload and wage compression relative to the Registered Nurse position potentiates a deleterious effect on job satisfaction and subsequent retention for the RCC position.  Discussion: Hiring a third RCC for each Home will enhance the capacity to ensure staff are supported in the delivery of the highest standard of care anchored by best practice clinical programs. A more manageable span enhances the ability of the RCC to provide staff mentoring and oversight in support of increasingly complex resident care needs. It is anticipated that the resultant improvement in the ability meaningfully engage
	residents and staff will enhance job satisfaction and retention, enduring our mission for both County homes as a safe and caring place to live and work.

RECOMMENDATION	THAT the Health Committee recommends County Council approve of two new full time staffing complements (one each at Bonnechere Manor and Miramichi Lodge) designated as Resident Care Coordinator AND THAT the Finance and Administration Committee be so advised.						
FINANCIAL CONSIDERATIONS	The RCC position is a non union, classified under group 10 position. The two new additional RCC position be supported through Allied Health and Level of Care funding.						
		Hours	Salary	Benefits			
	Bonnechere Manor	1,820	\$120,625	\$33,577			
	Miramichi Lodge	1,820	\$120,625	\$33,577			
	Total	3,640	\$241,250	67,154			
	Total cost per year of \$308,404	,		•	•		

# **LONG-TERM CARE REPORT**

**TO:** Health Committee

**FROM:** Mike Blackmore, Director of Long-Term Care

**DATE:** June 12, 2024

**SUBJECT:** Department Report

# **RESOLUTIONS**

1. Business Case – Staffing Report for Personal Support Workers – Bonnechere Manor

**Recommendation:** THAT the Health Committee recommends that County Council approve of the redistribution of hours of four full-time and three part-time Personal Support Worker rotations to existing Personal Support Worker part-time rotations; AND THAT the Finance and Administration Committee be so advised.

# Background

Attached as Appendix LTC-III is the Business Case – Staffing Report requesting Committee's support for the reduction of full-time and part-time rotations designated as Personal Support Worker for redistribution at Bonnechere Manor.



# **BUSINESS CASE - STAFFING REPORT**

Date: June 12, 2024

**Department:** LTC – Bonnechere Manor

Report Prepared by: Mike Blackmore, DLTC

PROPOSAL	The reduction of four (4) full-time budgeted/vacant complement with a reduction of three (3) part-time budgeted/vacant personal support workers with the strategy to increase the average bi-weekly hours assigned to part-time employees from 30 to 40 hours is proposed for Bonnechere Manor in support of enhanced resident care aligned with applicable regulation such as the Fixing Long-Term Care Act, 2021. Positions and hours support direct hours of care towards provincial average of four (4) hours of direct care per resident.
POSITIONS Union X Non-Union	Personal Support Worker position is a unionized position under CUPE Local 1508.
Background     Discussion	Background: This initiative is in support of successful recruitment toward achieving the desired provincial average target of four (4) hours of direct care per resident per day.  Miramichi Lodge's staffing ratio is 3 part-time to 1 full-time PSW with part-time scheduled on an average of 42.60 hours bi-weekly. Bonnechere Manor's staffing ratio is 1 to 1 with part-time scheduled on an average of 30.2 hours bi-weekly. With resident needs and collective agreements being very similar, Bonnechere Manor is moving in the direction of increasing the part-time average weekly hours to 40 with enhanced recruitment strategies offering a more comparable schedule. Currently all full-time complement positions are filled and there are two waves of part-time recruitment (12 + 13) to fill a total 25 vacant part-time positions achievably. In the future new positions will be targeted towards part-time hours.  In March 2023, Bonnechere Manor achieved 3.15 hrs of direct care per resident per day. After the first wave of new part-time PSW it is anticipated to be 3.69 and further to 3.90 direct care per resident per day when hiring is completed.  Discussion: The addition of these PT hours will also allow the Home to schedule coverage for full-time vacation and additional PSW care on night shifts; currently have six (6) PSWs scheduled for nights and would like to increase this to nine (9) PSWs. As is typical in long-term care, night shifts have reduced staffing levels, however current levels of care have become more challenging. Residents require more care 24/7, and with additional hours, we will be able to improve resident care outcomes and safety.

RECOMMENDATION	three part-tim	e Personal Supp		ons to existing Perso		of hours of four full-tim rt-time rotations; AND
INANCIAL CONSIDERATIONS	Supplement. T	-	for Bonnechere N		r Long-Term Care - Leve sed costs meaning no a	el of Care and Nursing S additional funding is
	BUDGET	Status	Positions	Hours	Salary	Benefits
		Full-time	68	142,061	\$4,461,367	\$ 896,735
		Part-time	61	90,358	\$3,071,144	\$ 617,300
		TOTAL	129	232,419	\$7,532,511	\$1,514,035
	Total cost per	year of \$9,046,5	45 Positions	Hours	Salary	Benefits
	<u> </u>			Hours 162,240	Salary \$4,608,015	Benefits \$ 926,211
	<u> </u>	Status	Positions		'	

# **LONG-TERM CARE REPORT**

**TO:** Health Committee

**FROM:** Mike Blackmore, Director of Long-Term Care

**DATE:** June 12, 2024

**SUBJECT:** Department Report

# **RESOLUTIONS**

1. Business Case – Staffing Report for Personal Support Workers – Miramichi Lodge

**Recommendation:** THAT the Health Committee recommends that County Council approve 14 full-time Personal Support Worker positions at Miramichi Lodge; AND THAT the Finance and Administration Committee be so advised.

# **Background**

Attached as Appendix LTC-IV is the Business Case – Staffing Report requesting Committee's support for 14 full-time Personal Support Worker positions at Miramichi Lodge.



# **BUSINESS CASE - STAFFING REPORT**

Date: June 12, 2024

Department: <u>LTC – Miramichi Lodge</u>

Report Prepared by: Mike Blackmore, DLTC

PROPOSAL	The addition of fourteen (14) full-time (FT) complement with a reduction of twenty-nine (29) budgeted/vacant part-time (PT) personal support workers (PSWs) is proposed for Miramichi Lodge. Positions and hours support direct hours of care towards provincial average of four (4) hours of direct care per resident.
POSITIONS Union X Non-Union	Personal Support Worker position is a unionized position under CUPE Local 3586.
SUMMARY  • Background  • Discussion	<b>Background:</b> This initiative is in support of two key desired outcomes. Firstly, to promote successful recruitment toward achieving the provincial average target of four hours of direct care per resident per day. Secondly, to align full-time to part-time ratios with that of Bonnechere Manor in support of enhanced care consistency.
	Miramichi Lodge's staffing ratio is 3 part-time to 1 full-time PSW with part-time scheduled on an average of 42.6 hours bi-weekly. Bonnechere Manor's staffing ratio is 1 to 1 with part-time scheduled on an average of 30.2 hours bi-weekly (revising to 40.0 hrs). With resident needs and collective agreements being very similar, Miramichi Lodge is moving in the direction of increasing full-time complement by reducing part-time hours. Currently, 78 are part-time positions and 36 full-time positions are filled. Recruitment will focus firstly on two full-time complement followed by part-time in waves of 8, ending with a total 36 part-time positions achievably. In the future new positions will be monitored and adjusted towards full-time hours with part-time reduced pending labour market availability.
	In March 2023, Miramichi Lodge achieved 3.59 hrs of direct care per resident per day. After the two new full-time PSWs are hired, direct care hours are expected to be 3.64 hours with an addition 8 part-time move toward 3.83 ending at 4 plus hours of direct care per resident per day when hiring is completed.
	Equally as important, an increase to the FT PSW staffing reduces the number of PSWs assigned to each resident. This measure is considered best practice per Health Quality Ontario, in support of care consistency, promotion of therapeutic relationships and resident sense of comfort and security.
	<b>Discussion:</b> The addition of these FT hours will also allow the Home to schedule additional PSW care on night shifts; currently have six (6) PSWs scheduled for nights and would like to increase this to eight (8) PSWs. As is typical in long-term care, night shifts have reduced staffing levels, however current levels of care have become more challenging. Residents require more care 24/7, and with additional hours, we will be able to improve resident care outcomes and safety.

RECOMMENDATION					e of fourteen (14) full- stration Committee b	
FINANCIAL CONSIDERATIONS	Staff Supplen	•	oudget for Miramic	•	inder Long-Term Care proposed costs mear	
	BUDGET	Status	Positions	Hours	Salary	Benefits
		Full-time	24	49,920	\$1,402,752	\$ 244,079
		Part-time	143	173,811	\$5,944,127	\$1,034,278
		TOTAL	167	223,731	\$7,346,879	\$1,278,357
	Total cost pe	r year of \$8,625, Status	Positions	Hours	Salary	Benefits
		Full-time	38	83,408	\$2,842,461	\$494,588
		Part-time	114	145,948	\$4,504,418	\$783,769
		. a. c ciiiic				

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



# **Board of Health**

# **Regular Board Meeting**

# **MINUTES**

Date: Tuesday, March 26, 2024 Time: 10:00 a.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

James Brose

J. Michael du Manoir

Jim Manion

Ethel LaValley

Heather Saar

Carolyn Watt

Vice-Chair

Member

Member

Member

Member

Member

## Staff:

Vicki Benoit Director, Health Protection
Heather G. Daly Chief Executive Officer

Janet Jones Director, Corporate Services
Dr. Jason Morgenstern Medical Officer of Health

Tom Regan Coordinator, Foundational Standards

Patti Smith Director, Health Promotion

Melissa Ziebarth Executive Assistant (Recording Secretary)

# **Regrets:**

Peter Emon Member
Jennifer Murphy Member
Troy Purcell Member

# 1. Call to Order

Chair Joanne King called the meeting to order at 10:02 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-Mar-26

Moved by J. M du Manoir; Seconded by C. Watt;

Be it resolved that the Board approve the agenda as presented.

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

The meeting minutes for the Special Board meeting on March 18, 2024, were approved.

Resolution: #2 BoH 2024-Mar-26

Moved by J. Brose; Seconded by E. LaValley;

Be it resolved that the Board of Health approve the meeting minutes from the Special Board meeting held on March 18, 2024, as presented.

Carried

#### 7. Business Arising

There was no business arising.

# 8. Staff Reports

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

Dr. Morgenstern is looking for board thoughts on the best way to engage and seek interest from the municipalities to be part of a steering committee to develop a community drug strategy group. This group would include prevention, treatment, harm reduction and enforcement for preventing and reducing substance use harms in Renfrew County and District. This item will be discussed at the next Mayors meeting.

Chair called for questions and comments from the Board.

Chair King and Board Members thanked Dr. Morgenstern for his Report.

Resolution: #3 BoH 2024-Mar-26

Moved by H. Saar; Seconded by J. Brose;

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

Carried

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

The Chair called for questions and comments from the Board.

Chair King thanked Heather G. Daly for her Report.

Tom Regan joined the meeting at 10:31a.m.

Resolution: #4 BoH 2024-Mar-26

Moved by C. Watt; Seconded by J. Manion;

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

Carried

i. 2024 Corporate Operational Plan with Risk Mitigation Strategies

Tom Regan, Coordinator, Foundational Standards presented the following:

• 2024 Corporate Operational Plan with Risk Mitigation Strategies

The Chair called for questions and comments from the Board.

Resolution: #5 BoH 2024-Mar-26

Moved by H. Saar;

Seconded by J. M du Manoir;

Be it resolved that the Board of Health approve the 2024 Corporate Operational Plan with Risk Mitigation Strategies, as presented by Tom Regan.

Carried

Chair King thanked T. Regan for his Report.

The identified 2024 Governance Risks will be sent to the Governance Committee for review, at their next meeting.

T. Regan left the meeting at 10:52 a.m.

# 9. Board Committee Reports

Resources Committee

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

Resources Committee Board Report

The Chair called for questions and comments from the Board.

Chair King thanked J. M. du Manoir for his Report.

Resolution: #6 BoH 2024-Mar-26

Moved by C. Watt;

Seconded by J. M. du Manoir;

Be it resolved that the Board approve the Resources Committee Report from March 19, 2024.

Carried

# 10. Correspondence

The Board reviewed the correspondence.

Subject	From:	Action:
Certificate of Congratulations	John Yakabuski	Received as
	MPP	information
Opposes lab closure in	KFL&A Public	Received as
<u>Kingston</u>	Health	information
March Info break	alPHa	Received as
		information
Gender-based and	Public Health	This item to
<u>intimate Partner violence</u>	Sudbury & Districts	be added to
		the Action
		List

# 11. Procedural Bylaws

There were no bylaws reviewed.

## 12. New Business

alPHa's 2024 Annual General Meeting (AGM) and Conference, June 5-7, 2024.

Resolution: #7 BoH 2024-Mar-26

Moved by N. Nicholson;

Seconded by J. M. du Manoir;

Be it resolved that the Board of Health approve the Board Chair and Medical Officer of Health attend to the alPHa 2024 Annual General Meeting and Conference-June 5-7, 2024.

Carried

# 13. Action List Review

The Board reviewed and updated the <u>Action List</u> from – February 27, 2024.

# 14. Notice of Motion

There was no notice of motion.

# 15. Closed

There was no closed session.

# 16. Date of Next Meeting

As there are no items for the April Board meeting the Chair deferred the regular Board of Health meeting to Tuesday, May 28, 2024, at 10:00 a.m.

17.	Adjournment Resolution: #8 BoH 2024-Mar-26 Moved by E. LaValley; Seconded by J. Brose;	
	Be it resolved that the Regular Board meeting be adjourned at 11:18 a.m.	Carried
	Committee Chair	

These minutes were approved by the Board at a Regular Board of Health meeting held on Tuesday, May 28, 2024.