Health Committee

Wednesday, August 14, 2024 at 9:30 AM

Miramichi Lodge, 725 Pembroke Street W., Pembroke, Ontario

Agenda

Page

1. Call to Order

2. Land Acknowledgement

3. Roll Call

4. Disclosure of Pecuniary Interest and General Nature Thereof

5. Adoption of the Open Minutes 4 - 10

Health Committee - Jun 12 2024 - Minutes

6. Adoption of the Closed Minutes - June 12, 2024

7. Emergency Services Department Report

a. Emergency Services Report 11 - 96

Treasurer's Report - June 30, 2024

Mesa Gathering Report- Draft

Letter of Appreciation

Delegated Authority RC VTAC Agreement Approval Memo

By-law 116-24 D Funding Support for The RC VTAC

AMO/OMA Physician Shortage

AMO/OMA Joint Resolution Campaign on Physician Shortage

Recommendation: THAT the Health Committee recommends that County Council endorse the recommendation received from the Ontario Medical Association (OMA) and the Association of

Municipalities of Ontario (AMO) as follows:

WHEREAS the state of health care in Ontario is in crisis, with 2.3 million Ontarians lacking access to a family doctor, emergency room closures across the province, patients being de-rostered and 40% of family doctors considering retirement over the next five years; and

WHEREAS it has becoming increasingly challenging to attract and retain an adequate healthcare workforce throughout the health sector across Ontario; and

WHEREAS Ontario municipal governments play an integral role in the health care system through responsibilities in public health, long-term care, paramedicine, and other investments; and

WHEREAS the percentage of family physicians practicing comprehensive family medicine has declined from 77 in 2008 to 65 percent in 2022; and

WHEREAS per capita health-care spending in Ontario is the lowest of all provinces in Canada, and

WHEREAS a robust workforce developed through a provincial, sector-wide health human resources strategy would significantly improve access to health services across the province;

NOW THEREFORE BE IT RESOLVED THAT the Council of County of Renfrew urge the Province of Ontario to recognize the physician shortage in the County of Renfrew and Ontario, to fund health care appropriately and ensure every Ontarian has access to physician care.

8. Long-Term Care Report

a. Long-Term Care Report 97 - 138

Bonnechere Manor - Financial Report - June 30, 2024

Miramichi Lodge - Financial Report - June 30, 2024

Health Equity Plan

Health Equity Plan-Part 2

Bonnechere Manor - QIP

Miramichi Lodge - QIP

Miramichi Lodge - RCDHU Food Premise Report

Reallocation of Capital Budget - Bonnechere Manor

Recommendation: THAT the Health Committee recommends that County Council approve the surplus capital funds from the boiler replacement project and the solar inverter project, to be reallocated to support the replacement of concrete patio areas in the greenhouse courtyard and the Senior/Adult Day Program courtyards, and repairs to the front entrance interlocking brick patio and walkway, at a cost

of $81,773.58, inclusive of applicable taxes.

Long-Term Care Capital Budget Items

Recommendation: THAT the Health Committee recommends that County Council approve the list of unbudgeted Capital purchases funded through the 2023/24 One-Time Increase to Long-Term Care Home Funding Agreement in the amount of $2,543 per bed, ($457,740 for Bonnechere Manor and $422,138 for Miramichi Lodge) and the surplus from the previous year.

9. Board of Health Minutes

a. Renfrew County Board of Health Minutes May 28, 2024

10. New Business

11. Closed Meeting

Recommendation: THAT pursuant to Section 239 (2) of the Municipal Act, 2021, as amended, the Health Committee moves into a Closed meeting to discuss a proposed or pending acquisition or disposition of land by the municipality or local board (Paramedic Base, Treatment Centres).

12. Date of next meeting (Tuesday, September 10, 2024) and adjournment

NOTE:

- County Council: Wednesday, August 28, 2024.
- Submissions received from the public either orally or in writing, may become part of the public record.

Health Committee

Wednesday, June 12, 2024 at 9:30 AM

Council Chambers

Minutes

Present: Chair Michael Donohue, Vice-Chair Neil Nicholson, Councillor Debbi Grills, Councillor Valerie Jahn, Councillor Rob Weir, Councillor Mark Willmer

City of Pembroke Representative: Councillor Patricia Lafreniere

Absent: Warden Peter Emon, Councillor Jennifer Murphy, Councillor Troy Purcell (City of Pembroke Representative)

Also Present: Craig Kelley, CAO/Deputy Clerk, Michael Blackmore, Director of Long-Term Care, Andrea Patrick, Director of Community Services, Curtis Farrell, Deputy Chief-Operations, Mathieu Grenier, Deputy Chief-Community Programs, Dave Libby, Deputy Chief-Professional Standards, Greg Belmore, Manager of Human Resources, Daniel Burke, Manager of Finance/Treasurer, Amber Hultink, Commander, Barb Tierney, Mesa Coordinator, Tina Peplinskie, Media Relations and Social Media Coordinator, Evelyn VanStarkenburg, Administrative Assistant

1. Call to Order

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

2. Land Acknowledgement

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

3. Roll Call

The roll was called.

4. Disclosure of Pecuniary Interest and General Nature Thereof

Draft

No pecuniary interests were disclosed.

5. Adoption of the Minutes - May 15, 2024 and May 29, 2024

RESOLUTION NO. H-C-24-06-83
THAT the minutes of the May 15 and 29, 2024, meetings be approved.

Moved by: Mark Willmer
Seconded by: Debbi Grills

CARRIED.

6. Adoption of the Closed Minutes - March 6 and 27, 2024

RESOLUTION NO. H-C-24-06-84
THAT the closed minutes of the March 6 and 27, 2024, meetings be approved.

Moved by: Rob Weir
Seconded by: Neil Nicholson

CARRIED

7. Delegations

a. Sabine Mersmann, Co-chair of the Ottawa Valley Ontario Health Team, and President and CEO of Pembroke Regional Hospital and Jama Watt, Strategic Implementation Lead, provided an update on the Ottawa Valley Ontario Health Team .
2024 06 12 OVOHT Health Committee

Sabine Mersmann, Co-chair of the Ottawa Valley Ontario Health Team, and President and CEO of Pembroke Regional Hospital and Jama Watt, Strategic Implementation Lead, provided an update on the Ottawa Valley Ontario Health Team .
2024 06 12 OVOHT Health Committee

8. Administration Department Report

The CAO/Deputy Clerk overviewed the Administration Department Report.

The CAO/Deputy Clerk advised that Curtis Farrell will be departing from his

Draft

role as Deputy Chief-Operations and returning to the role of educator at Algonquin College. He noted that Deputy Chief Farrell will continue as an employee of the County of Renfrew in the capacity of a part-time Commander/ Paramedic for the County. Appreciation and well wishes were expressed to Deputy Chief Farrell for his service with the County of Renfrew.

RESOLUTION NO. H-C-24-06-85
THAT the Renfrew County and District Health Unit Financial Statement be received as information.

Moved by: Rob Weir
Seconded by: Debbi Grills

CARRIED.

9. Emergency Services Department Report

The Deputy Chief-Operations overviewed the Emergency Services Department Report.

The Deputy Chief-Operations provided an update on the impact of paramedic utilization after implementation of a Commander in the Central Ambulance Communications Centre (CACC) program and the Service Delivery Deployment changes.

Commander in CACC and Deployment Health Committee Presentation

The Deputy Chief-Professional Standards advised that ambulances are on a four-year cycle and currently there is a two-year lead time for any new purchases. He noted that staff has not investigated whether ambulances can be purchased through a program such as Canoe, as there is only one ambulance manufacturer in Canada that is approved and certified by the Province.

RESOLUTION NO. H-C-24-06-87
THAT the Emergency Services Department Report be approved.

Moved by: Rob Weir
Seconded by: Neil Nicholson

CARRIED

a. Committee recessed at 11:15 a.m. and reconvened at 11:25 a.m., with the same members present.

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10. Long-Term Care Report

The Director of Long-Term overviewed the Long-Term Care Report.

a. Accountability Agreement - Bonnechere Manor Senior/Adult Day Program

RESOLUTION NO. H-C-24-06-88

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.

Moved by: Rob Weir

Seconded by: Debbi Grills

CARRIED

b. Business Case - Resident Care Coordinator Positions

RESOLUTION NO. H-C-24-06-89

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.

Moved by: Valerie Jahn

Seconded by: Mark Willmer

CARRIED

c. Business Case - Personal Support Workers - Bonnechere Manor

RESOLUTION NO. H-C-24-06-90

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.

Draft

Moved by: Debbi Grills
Seconded by: Patricia Lafreniere

CARRIED

d. Business Case - Personal Support Workers - Miramichi Lodge

RESOLUTION NO. H-C-24-06-91
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.

Moved by: Rob Weir
Seconded by: Neil Nicholson

CARRIED

RESOLUTION NO. H-C-24-06-92
THAT the Long-Term Care Department Report be approved.

Moved by: Patricia Lafreniere
Seconded by: Mark Willmer

CARRIED

11. Board of Health Minutes - March 26, 2024

RESOLUTION NO. H-C-24-06-93
THAT the Board of Health Minutes for March 26, 2024, be noted and received.

Moved by: Valerie Jahn
Seconded by: Rob Weir

CARRIED

12. New Business

Personal Support Worker Shortage
Discussion occurred on the shortage of Personal Support Workers (PSW) and whether there is any increase in applicants to Algonquin College for the PSW program. The Director of Long-Term Care advised that he would have discussions with the College and provide this information at the

Draft

August meeting.

Committee requested the Director of Long-Term Care request a copy of the study report from the United Kingdom mentioned by the delegation regarding the shift in baby boomers having a longer life expectancy.

13. Closed Meeting

RESOLUTION NO. H-C-24-06-94
BE IT RESOLVED THAT Health Committee move into a closed meeting pursuant to Section 239 (2) (d) of the Municipal Act, 2001, as amended to discuss labour relations or employee negotiations (Paramedic Negotiations). Time: 11:52 a.m.

Moved by: Mark Willmer
Seconded by: Patricia Lafreniere

CARRIED.

RESOLUTION NO. H-C-24-06-95
THAT this meeting resume as an open meeting. Time: 12:16 p.m.

Moved by: Neil Nicholson
Seconded by: Debbi Grills

CARRIED

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

RESOLUTION NO. H-C-24-06-96
THAT this meeting adjourn and the next regular meeting be held on August 14, 2024 at Miramichi Lodge, Pembroke, Ontario. Time: 12:20 p.m.

Moved by: Mark Willmer
Seconded by: Patricia Lafreniere

CARRIED

_____
Warden

Draft

County Clerk

Draft

COUNTY OF RENFREW

EMERGENCY SERVICES REPORT

TO: Health Committee

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

DATE: August 14, 2024

SUBJECT: Department Report

INFORMATION

1. **Treasurer's Report**

   Attached as information is a copy of the Treasurer's Report for the Emergency Services Department and Paramedic Service as of June 30, 2024.

2. **Mesa Gathering Report Summary**

   On May 22, 2024, the County of Renfrew, in collaboration with the Ottawa Valley Ontario Health Team and the Renfrew County and District Health Unit, hosted an event to officially launch Mesa, highlighting the collaborative approach to compassionate care and building a healthier, more resilient community. The attached draft Mesa Gathering report, combines knowledge collected on May 22, 2024, from more than 180 participants, representing 49 agencies that provide services to community members facing addictions, mental health challenges and homelessness. It summarizes contributions from presentations, lived experience, local and regional expertise, stories, discussions and input guiding nine initial recommendations. As the County of Renfrew initiative, Mesa, moves forward, this report will provide a touchstone for ongoing community collaboration and continue to inform our work. Our gathering was about sharing knowledge, fostering partnerships and cultivating collaborative opportunities that will lead to coordinated action and meaningful change.

3. **Mesa Update**

   In the less than five months since the launch of Mesa, paramedics, Community Services/ Social Service workers, and Development and Property staff have had a positive impact on the communities throughout the County of Renfrew.

Since March 2024, the Mesa Team has documented 1,149 interactions. Most of these exchanges have occurred in the Pembroke area (1,058), with others taking place in Petawawa, Arnprior and Renfrew. There are now 110 patients registered, with 770 progress notes having been charted in PreHos (the Paramedic electronic health records system).

Mesa paramedics are building relationships and trust with these residents. The actions of the paramedics are also helping reduce drug use on the street. In addition, paramedics provide clinical interventions and arrange for Assessment Centre appointments and prescriptions for antibiotics through RC VTAC physicians. Harm reduction is a priority for paramedics through education and distribution of Naloxone kits, which has resulted in at least one life saving intervention.

Mesa has placed five people in the temporary bridge housing program at Rocky Mountain House in Renfrew. These individuals are receiving full wrap-around supportive care by Community Programs staff, Addictions Treatment Services, Community Mental Health and Mesa paramedics. Rocky Mountain House is a temporary pilot project where models of care are being developed to structure the service delivery model that will be used in the Pembroke Carefor facility. Additional individuals are continuing to be on boarded into the Rocky Mountain House program as the care delivery model gets refined.

4. **Paramedics in the Community**

The role of paramedics is more than just arriving on scene during an emergency, they also play a key role in public education and building community trust. County of Renfrew paramedics are scheduled at several events this summer to provide community outreach, which is an essential task for paramedic engagement. Paramedics proactively interact with young and old, with the goal of first responder familiarization. Events include school fairs, daycare visits, Wheels in the Park in Eganville, where several pieces of equipment from the service were on display, including the all-terrain vehicle, emergency response vehicle, the drone, and an ambulance. Councillor Jennifer Murphy thanked the paramedics for their participation at this event.

5. **Research Symposium**

On June 18, 2024, the County of Renfrew Paramedic Service hosted the 2024 Research Symposium at Neat Café in Burnstown. Paramedic researchers and academics from across the world presented both contemporary and primary research related to the field of paramedicine. An event like this is an asset for the County of Renfrew as it is not only a venue for learning and collaboration, but an opportunity to showcase the work being done in paramedicine. This year pre-symposium learning opportunities were offered, with credits for Continuing Medical Education (CME). One of these presentations was by Commander Matt

Cruchet, entitled, Virtual Triage Assessment Centres and Paramedic Clinics in Renfrew County. This presentation highlighted the groundbreaking initiative of RC VTAC.

6. **Emergency Management Program**

As previously reported, the Emergency Services Department was successful in an application for an Ontario Community Emergency Preparedness Grant to help communities and organizations purchase critical supplies, equipment and deliver training and services to improve local emergency preparedness and response. The goal of the grant is to purchase a gravity-feed sandbag processing machine, supplies and equipment to be shared among all local municipalities and First Nations.

The selected machine was purchased from Creatium, the Canadian distributor of these machines and may be viewed at https://youtu.be/BlLBDK6W4pI?feature=shared.

The machine is gravity fed, has four stations for filling and has a two-yard capacity. Bags can be efficiently filled and tied on the machine's working space. This has a capacity to make 700-900 bags per hour with less effort than filling manually. This machine will be available to all municipalities to sign out and use. A training program will be available, and setup and instructions will be provided on request. A multi-purpose flat deck trailer has been purchased to transport the sandbagger.

The balance of the application focuses on services such as coordination of staff operators/volunteers from the County of Renfrew and participating local municipalities and partners for the delivery of shared public education, training, planning and coordination for flood mitigation, readiness, response, and recovery efforts across the County of Renfrew and its 17 member municipalities and the Algonquins of Pikwakanagan First Nation.

7. **Eganville Base Move**

On July 9, 2024, the Emergency Services staff, in coordination with the Development and Property and Information Technology Departments moved the base of operations from the Eganville Firehall to the new Paramedic facility, the former O'Grady Garage in Eganville. Staff reported to the new base at the beginning of the night shift on July 9, 2024 and are now settling into the new facility.

8. **Letter of Appreciation**

Attached is a letter of appreciation from Chief Travis Mellema, Lanark Paramedic Service, thanking the County of Renfrew Paramedic Service for staffing support provided in the recent passing of Lanark Paramedic David Nitschmann.

9. **Disposal of Goods – Physio-Control LP15 Monitor/Defibrillators**

The Physio-Control LP15 monitor/defibrillators that had been used by the service have been replaced with Zoll Advance Series Cardiac monitor/defibrillators. As a result, the Physio-Control equipment will be disposed of, but as medical devices, selling them requires a product specific Canadian Medical Device License. In consultation with the Finance Division, the typical method for goods disposal is being amended slightly as these units cannot be sold to the general population on a public bidding site such as GovDeals. The Emergency Services Department will be soliciting bids from licensed sellers of medical devices and award the disposal to the highest qualified bidder. This process has been initiated and Committee will be advised of the outcome.

DELEGATED AUTHORITY APPROVALS

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

BY-LAW/ RESOLUTION	DATE	DESCRIPTION	DELEGATED AUTHORITY BY-LAW REFERENCE
116-24 D H-C-24-06-97 D	July 31, 2024	Ontario Health Team – RC VTAC Centre Agreement- April 1, 2024, to March 31, 2025 (memo attached)	Section 5.2 - Agreements - Funding

RESOLUTIONS

11. **AMO/OMA Joint Resolution Campaign on Physician Shortage**

Recommendation: THAT the Health Committee recommends that County Council endorse the recommendation received from the Ontario Medical Association (OMA) and the Association of Municipalities of Ontario (AMO) as follows:

WHEREAS the state of health care in Ontario is in crisis, with 2.3 million Ontarians lacking access to a family doctor, emergency room closures across the province, patients being de-rostered and 40% of family doctors considering retirement over the next five years; and

WHEREAS it has becoming increasingly challenging to attract and retain an adequate healthcare workforce throughout the health sector across Ontario; and

WHEREAS Ontario municipal governments play an integral role in the health care system through responsibilities in public health, long-term care, paramedicine, and other investments; and

WHEREAS the percentage of family physicians practicing comprehensive family medicine has declined from 77 in 2008 to 65 percent in 2022; and

WHEREAS per capita health-care spending in Ontario is the lowest of all provinces in Canada, and

WHEREAS a robust workforce developed through a provincial, sector-wide health human resources strategy would significantly improve access to health services across the province;

NOW THEREFORE BE IT RESOLVED THAT the Council of County of Renfrew urge the Province of Ontario to recognize the physician shortage in the County of Renfrew and Ontario, to fund health care appropriately and ensure every Ontarian has access to physician care.

Background

Communities across Ontario have been facing critical health-care challenges, including long waitlists for primary care, shortages of doctors and other health care workers; and emergency room closures. These cracks in Ontario's health care system are impacting economic development, health, and well-being at the local level.

In response, the Ontario Medical Association (OMA) and the Association of Municipalities of Ontario (AMO) are working collaboratively to advocate for a better healthcare system for Ontario's residents and communities and have jointly developed a council resolution for consideration.

COUNTY OF RENFREW
TREASURER'S REPORT - PARAMEDIC
JUNE 2024

			over / (under)	
	YTD ACTUAL	YTD BUDGET	VARIANCE	FULL YEAR BUDGET
PARAMEDIC - 911	**5,828,085.34**	**7,423,858.00**	**(1,595,772.66)**	**12,690,447.00**
Admin - Salaries	1,053,762.69	1,174,986.00	(121,223.31)	2,349,975.00
Admin - Employee Benefits	360,041.44	325,312.00	34,729.44	650,627.00
Paramedic - Salaries	5,545,197.43	7,164,397.00	(1,619,199.57)	14,328,785.00
Paramedic - Employee Benefits	2,047,471.68	2,806,323.00	(758,851.32)	5,612,648.00
Admin Charge	100,134.00	100,236.00	(102.00)	200,474.00
Base Station Expenses	32,758.43	40,002.00	(7,243.57)	80,000.00
Capital Under Threshold	753.00	0.00	753.00	0.00
Communication & Computer Expense	258,881.36	199,998.00	58,883.36	400,000.00
Conferences & Conventions	5,724.98	4,998.00	726.98	10,000.00
COVID	0.00	0.00	0.00	0.00
Cross Border - Other Municipalities (Recovery)	(0.43)	10,002.00	(10,002.43)	20,000.00
Depreciation	472,275.90	600,000.00	(127,724.10)	1,200,000.00
HR Charge	136,188.00	136,188.00	0.00	272,380.00
Insurance	283,108.88	213,104.00	70,004.88	213,104.00
Insurance Claims Costs	0.00	4,998.00	(4,998.00)	10,000.00
IT Charge	26,574.00	26,574.00	0.00	53,151.00
Lease - Base Station - Internal	293,136.00	293,136.00	0.00	586,277.00
Lease - Base Station Lease - External	48,201.18	32,568.00	15,633.18	65,132.00
Lease - Admin Office - Internal	68,352.00	68,352.00	0.00	136,699.00
Leased Equipment	0.00	37,500.00	(37,500.00)	75,000.00
Legal	95,020.52	10,002.00	85,018.52	20,000.00
Medication Costs	93,335.52	57,498.00	35,837.52	115,000.00
Membership Fees	11,087.51	0.00	11,087.51	0.00
Office Expenses	60,679.28	25,002.00	35,677.28	50,000.00
Professional Development	22,251.48	19,998.00	2,253.48	40,000.00
Purchased Service	152,227.80	85,002.00	67,225.80	170,000.00
Recovery - City of Pembroke share	(1,071,414.00)	(1,071,414.00)	0.00	(2,142,831.00)
Recovery - County	(15,048.00)	(15,048.00)	0.00	(30,095.00)
Revenue - Donations	0.00	(1,500.00)	1,500.00	(3,000.00)
Revenue - Interest	0.00	(37,500.00)	37,500.00	(75,000.00)
Revenue - Other	(276,489.78)	(191,034.00)	(85,455.78)	(382,062.00)
Revenue - Provincial - Other	(46,092.26)	(420,000.00)	373,907.74	(840,000.00)
Revenue- Provincial Subsidy	(4,833,251.00)	(5,513,316.00)	680,065.00	(11,026,635.00)
Revenue- Special Project	0.00	0.00	0.00	0.00
Small Equipment & Supplies	289,210.19	225,000.00	64,210.19	450,000.00
Special Project	41,142.68	0.00	41,142.68	0.00
Surplus Adjustment - Capital	560,077.10	1,717,500.00	(1,157,422.90)	3,435,000.00
Surplus Adjustment - Capital Lease Principal	0.00	124,998.00	(124,998.00)	250,000.00
Surplus Adjustment - Proceeds Capital Lease	0.00	(675,000.00)	675,000.00	(1,350,000.00)
Surplus Adjustment - Depreciation	(472,275.90)	(600,000.00)	127,724.10	(1,200,000.00)
Surplus Adjustment - TRF from Reserves	0.00	0.00	0.00	(3,144,182.00)
Surplus Adjustment - TRF to Reserves	0.00	0.00	0.00	1,200,000.00
Travel	35,540.87	19,998.00	15,542.87	40,000.00
Uniform Allowances	600.00	0.00	600.00	0.00
Uniform, Laundry	118,659.01	75,000.00	43,659.01	150,000.00
Vehicle - recovery from other paramedic program	(92,218.00)	0.00	(92,218.00)	0.00
Vehicle Operation & Maintenance	422,481.78	349,998.00	72,483.78	700,000.00
PARAMEDIC - OTHER	**0.00**	**(9.00)**	**9.00**	**0.00**
Comm Paramedic - Salaries & Benefits	0.00	0.00	0.00	0.00
Comm Paramedic - Expenses	0.00	0.00	0.00	0.00

Comm Paramedic - Provincial Subsidy	(98,201.00)	(182,502.00)	84,301.00	(365,000.00)
LTC - Salaries & Benefits	671,017.29	958,925.00	(287,907.71)	1,917,848.00
LTC - Expenses	364,533.16	223,572.00	140,961.16	447,152.00
LTC - Provincial Subsidy	(1,085,376.17)	(1,000,002.00)	(85,374.17)	(2,000,000.00)
LTC - Surplus Adjustment - Capital	0.00	0.00	0.00	0.00
Surplus Adjustment - TRF from Reserves	0.00	0.00	0.00	0.00
LTC - Surplus Adjustment - Transfer to Reserves	170,599.86	0.00	170,599.86	0.00
LTC - Surplus Adjustment - Depreciation	(22,573.14)	0.00	(22,573.14)	0.00
Vaccine - Salaries & Benefits	0.00	0.00	0.00	0.00
Vaccine - Expenses	0.00	0.00	0.00	0.00
Vaccine - Provincial Subsidy	0.00	0.00	0.00	0.00
VTAC - Salaries & Benefits	883,680.82	949,324.00	(65,643.18)	1,898,644.00
VTAC - Expenses	1,415,663.24	1,528,176.00	(112,512.76)	3,056,356.00
VTAC - Revenue - Provincial	(2,411,266.80)	(2,477,502.00)	66,235.20	(4,955,000.00)
VTAC - Surplus Adjustment - Capital	0.00	0.00	0.00	0.00
VTAC - Surplus Adjustment - Transfer to Reserves	121,078.08	0.00	121,078.08	0.00
VTAC - Surplus Adjustment - Depreciation	(9,155.34)	0.00	(9,155.34)	0.00
EMERGENCY MANAGEMENT	**88,697.51**	**105,548.00**	**(16,850.49)**	**171,095.00**
911	49,654.11	50,000.00	(345.89)	60,000.00
Admin Charge (Paramedic Service)	15,048.00	15,048.00	0.00	30,095.00
Depreciation	16,247.04	0.00	16,247.04	0.00
Emergency Management	519.37	30,000.00	(29,480.63)	60,000.00
Fire Services Charges	0.00	0.00	0.00	120,000.00
Purchased Service	4,579.20	0.00	4,579.20	0.00
Recoveries - Other	0.00	0.00	0.00	(120,000.00)
Recoveries - Municipal	0.00	0.00	0.00	0.00
Surplus Adjustment - Capital	18,896.83	10,500.00	8,396.83	21,000.00
Surplus Adjustment - Depreciation	(16,247.04)	0.00	(16,247.04)	0.00

mesa Gathering Report

County of Renfrew
Ontario . Canada

A workshop to discuss the community response to addictions, mental health challenges, and homelessness/affordable housing

Contents

Introduction

The Mesa Gathering was held on May 22, 2024 with more than 180 participants. 140 joined the gathering in person and more than 40 participated virtually. There was representation from 49 agencies that provide services to community members facing addictions, mental health challenges, and homelessness.

The County of Renfrew, in collaboration with the Ottawa Valley Ontario Health Team and the Renfrew County and District Health Unit, hosted the event to officially launch Mesa, highlighting the collaborative approach to compassionate care and building a healthier, more resilient community. A full list of participating agencies is provided in Appendix 4.

The Mesa Gathering was held at Miramichi Lodge, a long-term care facility located in the City of Pembroke, owned and operated by the County of Renfrew. This was the first event held at the facility since the Pandemic.

Mesa Gathering participants were welcomed by Elder Francis Sarazin, a member of the Algonquin of Pikwakanagan First Nation Community. Francis Sarazin opened the gathering with an open heart and mind, setting the tone for an intentional, thoughtful day of dialogue and learning from each other.

Throughout the day, participants engaged with leading experts, participated in discussions, and explored innovative approaches to enhance care and quality of life for everyone in our communities. The gathering was about sharing knowledge, fostering partnerships, and cultivating collaborative opportunities that lead to meaningful change.

Background

The County of Renfrew, like many regions across Ontario, is grappling with escalating homelessness, addictions, and mental health crises. The intertwined nature of these issues has created a complex challenge for local communities and community members. Homelessness rates have surged, partly driven by economic instability and a lack of affordable housing. Concurrently, the opioid and toxic overdose epidemic and rising rates of substance use have exacerbated the situation, leading to an increased use of emergency services and strain on local health systems. Mental health issues, often both a cause and a consequence of homelessness and addiction, are prevalent, with many residents unable to access timely and effective support.

Given these multifaceted challenges, a gathering of experts presents an invaluable opportunity to collaboratively address these pressing issues. Bringing together people with lived experience and professionals from mental health, community services, public health, and community paramedicine, the Mesa Gathering aimed to foster constructive dialogue and generate innovative solutions. This convergence of knowledge and expertise was crucial for developing integrated approaches that effectively tackle the root causes of these crises. By sharing insights and exploring new strategies, participants helped shape a comprehensive, community-based response that addresses the immediate needs of community members while also working towards long-term systemic change.

Local Issues in the County of Renfrew

The County of Renfrew is experiencing a critical situation as a result of affordable housing, homelessness, addictions, and mental health issues. The region has seen a significant increase in the number of individuals and families facing homelessness. Factors contributing to this rise include a shortage of affordable housing, economic challenges, and an increase in the cost of living. Additionally, many individuals experiencing homelessness are also struggling with substance use as well as mental health challenges. These complex challenges create a cycle that is difficult to break without comprehensive support.

1. Addiction, particularly opioid addiction, has become a severe public health crisis in our communities, with one death every ten days. The use of prescription medications and the availability of illicit drugs have led to a spike in overdose incidents and deaths. This epidemic not only impacts the individuals directly involved but also places a heavy burden on emergency services, healthcare providers, families and the larger community.

2. Mental health challenges are deeply intertwined with both homelessness and addiction. Many individuals suffering from mental health conditions lack access to adequate care and support, which exacerbates their situation. The stigma surrounding mental health also prevents many from seeking help, leading to a deterioration in their condition and quality of life. A more comprehensive review of the issues and challenges in Renfrew County and Ontario can be found in Appendix 1.

3. Homelessness in the County of Renfrew poses significant challenges, closely intertwined with issues of addictions and mental health. Many individuals experiencing homelessness and housing instability also struggle with substance use as well as mental health disorders, creating a complex cycle that hinders their ability to secure stable housing and access necessary support services. The lack of adequate resources and integrated care further exacerbates these issues, making it difficult for affected individuals to achieve long-term stability and wellness

Importance of Multi-Agency Collaboration

Addressing these complex and interrelated issues requires a coordinated effort from multiple sectors. No single agency or organization can tackle these challenges alone. Multi-agency collaboration is essential to provide comprehensive and integrated care. By pooling resources, knowledge, and expertise, agencies can develop more effective strategies and interventions. Collaborative efforts ensure that individuals receive holistic support that addresses their housing, health, and social needs.

Collaboration also fosters the sharing of best practices and innovative solutions, allowing agencies to learn from each other and implement the most effective approaches. It helps to create a unified strategy, avoiding duplication of efforts, and ensuring that all aspects of the problem are addressed. Moreover, a united front sends a strong message to the community and policymakers about the seriousness, urgency and complexity of these issues and the commitment to finding solutions.

Objectives for the Multi-Agency Mesa Gathering

1. **Understanding the Current Landscape:**
   - Provide a comprehensive overview of the current state of homelessness, addiction, and mental health issues in the County of Renfrew.
   - Share data, statistics, and case studies to highlight the extent and impact of these issues on the community.
2. **Identifying Gaps and Challenges:**
   - Discuss the existing gaps in services and support for individuals facing these issues.
   - Identify the barriers that prevent effective service delivery, such as funding limitations, stigma, and lack of coordination.
3. **Fostering Collaboration and Partnership:**
   - Encourage networking and relationship-building among different agencies and stakeholders.
   - Establish a framework for ongoing collaboration and communication to ensure continuous support and development of strategies.
4. **Developing Integrated Strategies:**
   - Brainstorm and develop integrated approaches that address the root causes and interconnected nature of homelessness, addiction, and mental health issues.
   - Focus on preventative measures as well as immediate interventions.
5. **Creating an Action Plan:**
   - Outline specific, actionable steps that agencies can take individually and collectively to address these issues.
   - Set short-term and long-term goals, with clear timelines and responsibilities.
6. **Resource Allocation and Advocacy:**
   - Discuss ways to optimize resource allocation to maximize impact.
   - Develop strategies for advocacy to secure additional funding and support from local, provincial, and federal governments.
7. **Monitoring and Evaluation:**
   - Establish mechanisms for monitoring the progress of implemented strategies and evaluating their effectiveness.
   - Ensure continuous feedback and improvement of approaches based on data and outcomes.

By focusing on these objectives, the Mesa Gathering aimed to create a collaborative, strategic approach to tackling the critical issues of homelessness, affordable housing, addiction, and mental health in the County of Renfrew. This united effort will help build a stronger, more supportive community for all residents.

Presenters and Keynote Speakers

The Mesa Gathering was opened by Warden Peter Emon. Warden Emon has been a member of the County of Renfrew Council since 2006 and has served five one-year terms as Warden. During his tenure, he was an active member of the Eastern Ontario Wardens Caucus (EOWC) for five years, holding the position of Chair for two years. Warden Emon has extensive experience in social services, having worked as a child protection worker for 25 years and as a crisis support worker in community mental health.

Warden Emon's opening remarks at the Mesa Gathering were informed by his diverse background as a social worker and elected official. He addressed the escalating challenges our community faces, including homelessness, addictions, and mental health issues. He emphasized the importance of community collaboration to address the root causes of substance use disorders, improve access to treatment and support services, and implement evidence-based harm reduction strategies.

Warden Emon concluded his remarks with a poignant question:

"If not the collective 'us', then who?"

In developing the agenda, the organizing committee highlighted the fundamental importance of hearing from members of our community with lived experience. The presentations by Leonard Baskin and Corey Clouthier were invaluable. Leonard, in recovery from alcohol use disorder, spoke about the challenges he faced in his personal journey and the treatment he received at MacKay Manor. Corey shared his struggles with addiction, interactions with the criminal justice system, and the impact on his family and relationships. Corey is now a Canadian Certified Addiction Counsellor and Certified Anger Management Facilitator, working at a long-term residential treatment center for men, helping others recover from their addictions.

Leonard and Corey's presentations set the tone for the day. Their stories inspired the Mesa Gathering participants and highlighted the goals of our gathering — to improve the lives of those most in need across our communities.

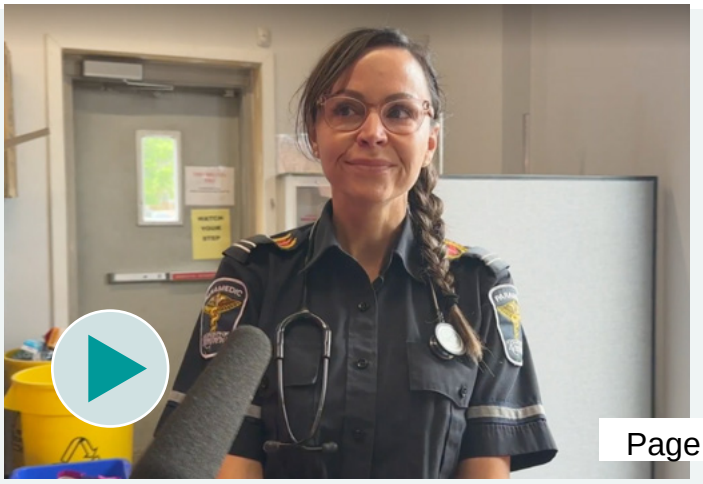
We were very fortunate to receive a presentation from our next presenter, Omar Dabaghi-Pacheco, a celebrated journalist and the host of CBC Ottawa News. Omar is renowned for his compelling documentary storytelling, and his presentation at the Mesa Gathering was no exception. During his talk, Omar chronicled his most recent series of interviews with people experiencing homelessness and struggling with mental health and addiction challenges. Through clips captured by his cameraman and producer, Ryan Garland, Omar illustrated the human side of Ottawa's fentanyl crisis, a scene that is unfolding repeatedly across the city and the country. A key takeaway from Omar's presentation was the crucial role of housing in providing a starting point for recovery for those facing mental health and addiction issues.

CBC Documentary

June 26, 2024

In small town Ontario, fighting opioid crisis requires personal touch

Watch Here



Deidre Freiheit, former President and Chief Executive Officer (CEO) of Shepherds of Good Hope in Ottawa, spoke to us about community strategies to de-stigmatize beliefs. Shepherds of Good Hope's mission is to foster hope and reduce harm in Ottawa by supporting people experiencing homelessness and vulnerable adults through specialized services, programs, and partnerships. The conversation was guided by Chief of Paramedic Services, Michael Nolan, who began with a series of questions for Deidre, leading to an open and dynamic discussion with the audience. Throughout the discussion, Deidre provided examples of community concerns she had faced over the years and how these issues were resolved through open dialogue. Many in the audience could relate to the concerns expressed, as they were similar to those occurring at The Grind in the City of Pembroke. The presentation was extremely insightful and relevant.

Our morning session concluded with a call to action by Craig Kelley, Chief Administrative Officer for the County of Renfrew. Craig addressed the challenges faced in Renfrew County, noting its uniqueness in having not just one urban area but a collection of urban centers complemented by small towns, villages, and hamlets. Each of these communities struggles with similar issues, yet they all have varied service delivery models or even a lack of efficient resourcing. Craig emphasized that we are reaching a crisis point that requires innovative thinking, integrated support systems, and aligned, strategic investments moving forward. He concluded by reaffirming the County of Renfrew's ongoing commitment to supporting the community through new and innovative delivery models, a Housing First philosophy, and increased resources to address these challenges.

CBC: All in a Day

March, 2024

County of Renfrew launches compassionate care iniative to address homelessness

Listen Here

Rapid Fire Presentations

The afternoon session started with a series of Rapid Fire Presentations from agency partners. Each agency was given 10 minutes to provide an overview of key initiatives. The following organizations were represented:

Pembroke Regional Hospital — Mental Health Services:

Melanie Henderson, Vice-President, Clinical & Support Services and Molly Fulton, Manager, Mental Health Services, Pembroke Regional Hospital.

Ontario Provincial Police:

Inspector Steph Neufeld, Detachment Commander UOV OPP

County of Renfrew (Property Division, Community Services, Paramedic Services):

Jason Davis, Director of Development and Property, Andrea Patrick, Director of Community Services and Mathieu Grenier, Deputy Chief of Paramedic Services.

Renfrew Victoria Hospital - Addiction Services and Mackay Manor:

Kim McLeod, Service Director, Addictions Treatment Service at Renfrew Victoria Hospital and Liana Sullivan, Executive Director at Mackay Manor

Renfrew County and District Health Unit (RCDHU) Program Highlights:

Brian Brohart, Coordinator, RCDHU

Renfrew County and District Drug Strategy:

Patti Smith, Director, Health Promotion & Chief Nursing Officer at Renfrew County and District Health Unit

The Rapid Fire Presentations provided important information for our participants, setting the stage for our panel discussion that followed.

Panel Discussion Review

The Mesa Gathering brought together a panel of practitioners from partner agencies to address the pressing issues of addictions, mental health, and homelessness in the County of Renfrew. The panel included Melanie Henderson, Vice-President of Clinical & Support Services, from the Mental Health Team at Pembroke Regional Hospital, who provided valuable insights into the mental health services available in the region. Inspector Steph Neufeld, Detachment Commander of the Ontario Provincial Police (UOV OPP), discussed the law enforcement perspective and the challenges faced by officers on the ground. Andrea Patrick, Director of Community Services, highlighted the County's initiatives and the need for integrated service delivery through the Mesa Program to effectively address these complex issues.

The discussion was enriched by contributions from Kim McLeod, Service Director of Addictions Treatment at Renfrew Victoria Hospital, while Patti Smith, Director of Health Promotion and Chief Nursing Officer at the Renfrew County and District Health (RCDHU), outlined the priorities of the RCDHU and the collaborative effort in the development of the Drug Strategy. Audience participants engaged actively, posing important questions to the panel members about the current situation and the ways in which these organizations are collaborating to find sustainable solutions. The exchange provided important insights into the multiagency approach required to tackle these issues, emphasizing the need for continued innovation and community involvement.

Members of the audience and the panel did not shy away from engaging in difficult but important discussions. The Ontario Provincial Police (OPP) were asked about the delicate balance between laying charges in cases of fatalities and supporting community members with addictions and mental health issues. Inspector Neufeld responded by indicating that individuals in the community who are dealing or distributing narcotics and are involved in a fatality will be thoroughly investigated, with the possibility of charges being laid.

Community Mental Health was asked about the process for case management and whether an individual requires an official psychiatric diagnosis. The panel experts responded that the mandate has changed over the years, and an official diagnosis is no longer required. This question evolved to acknowledge the growing need for mental health services and the lack of available psychiatric services in the community. It was noted that this situation is not unique to Renfrew County, reflecting a broader challenge faced by many regions.

The audience inquired if the Mesa Program helped alleviate challenges associated with wait-lists for some individuals. The panel members responded by suggesting that these important questions will be addressed as the program develops, emphasizing the need for collaboration with Mesa partners to find solutions.

An audience member asked if Pembroke Regional Hospital would consider becoming a designated psychiatric facility (Schedule 1) under the Mental Health Act. It was noted that paramedics often have to transfer patients to Ottawa due to the absence of local facilities. Panel experts acknowledged this issue and indicated that this possibility was being explored, emphasizing that providing care closer to home is the preferred approach. They highlighted three pillars associated with this issue: the availability of healthcare human resources, the education and training of staff, and the facility design and layout.

In concluding the panel discussion, the panel members were asked how to continue moving forward and improve collaboration. All panel members noted that the day was a great start, identifying the necessity of providing multiple supports from various agencies. Organizations will need to commit to continuing the conversation. The panel acknowledged that the newly formed Ottawa Valley Health Team will have an important role to play in the future.

World Café — Facilitated Session

Our final session of the day was designed to harness the collective wisdom of the group and develop a new collaborative, co-ordinated approach to the challenges of homelessness, mental health, and addictions. To achieve this, we used the World Café model and Mentimeter interactive software to engage the Mesa Gathering participants.

The World Café model is a participatory facilitation method that enables dynamic and collaborative dialogue among participants. It is often used to foster a deeper understanding of complex issues, generate innovative ideas, and build community. The process simulates the relaxed, conversational atmosphere of a café.

Each round of questions was guided by a clear, thought-provoking question relevant to the overall theme (see Appendix 2 and 3). These questions were designed to cultivate deep reflection and dialogue, evolving over the rounds to build on previous conversations and leading to deeper levels of inquiry and understanding. The World Café model guides participants through a structured process involving four key phases:

1 Discovery:

Exploring and appreciating the aspects that are currently effective.

2 Dream:

Imagining and envisioning a desired future or outcome.

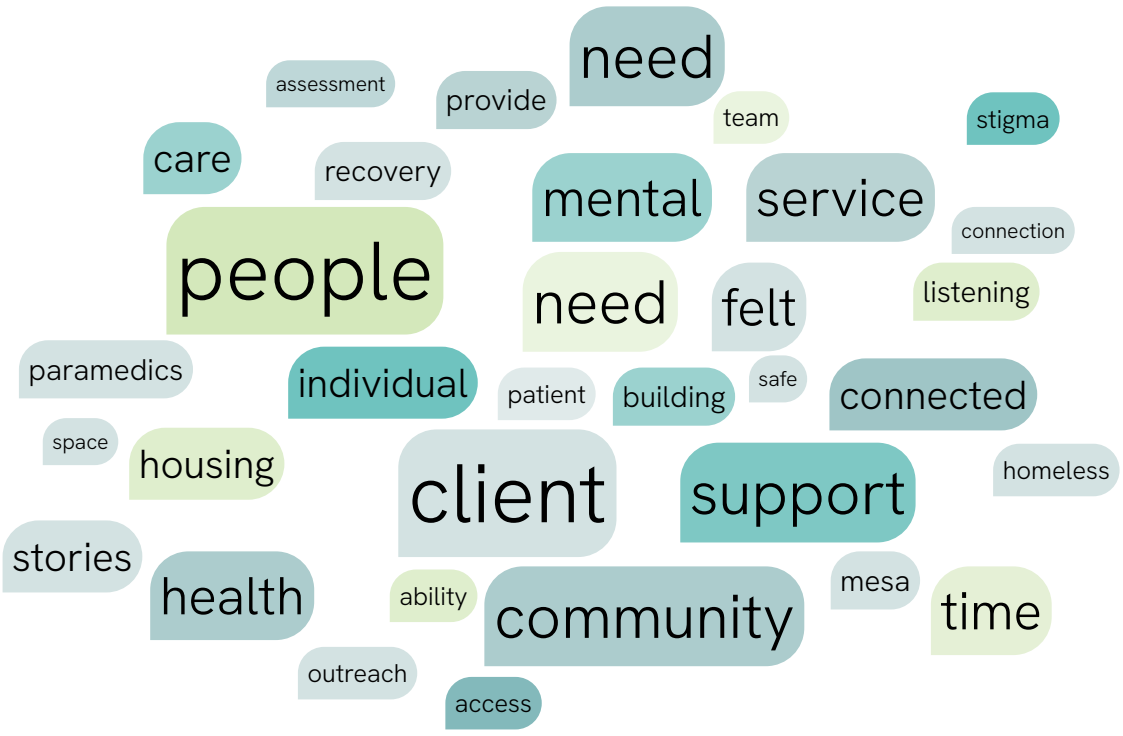
3 Design:

Planning and outlining the systems, structures, and processes necessary to achieve the envisioned future.

4 Destiny/Delivery:

Implementing the design and developing sustainable strategies for continuous improvement and realization of the envisioned goals.

To help the facilitator capture the essence of the conversations in real-time, we employed Mentimeter. Mentimeter is an interactive presentation software tool designed to make meetings, classes, workshops, and conferences engaging and interactive. It allows presenters to create presentations with real-time polls, quizzes, word clouds, Q&As, and more, enabling audience participation and feedback through their devices.



Question 1 invited participants to share stories or moments when individuals experiencing homelessness, mental health issues, or addictions felt seen, valued, and supported by their communities. This question aimed to highlight positive experiences and successful interventions, providing a foundation of hope and possibility. By focusing on real-life examples, we sought to uncover the underlying factors that contributed to these moments of support and inclusion, offering valuable insights that could be replicated as the Mesa program continues to evolve.

Question 2 asked participants to imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity, and inclusion in addressing mental health, addiction, and homelessness. This forward-looking question encouraged participants to dream big and think creatively about what an ideal supportive community would look like. By envisioning a future where no one is left behind, participants were able to articulate a collective vision that could guide future initiatives and policy-making.

Question 3 focused on identifying innovative strategies and interventions that could better support individuals experiencing homelessness, mental health challenges, and addiction. This question prompted participants to brainstorm new ideas and approaches, drawing on their diverse experiences and expertise. The goal was to generate a range of creative solutions that could address the complex and multifaceted nature of these issues.

Question 4 sought to translate the collective vision and innovative ideas into concrete actions. Participants were asked to consider what steps could be taken to ensure that the vision of inclusive communities becomes a reality. This question encouraged practical thinking and collaborative planning, emphasizing the importance of implementation and accountability in achieving long-term change.

These questions facilitated a dynamic exchange of ideas, fostering a collaborative environment where participants could learn from each other, build on each other's insights, and co-create actionable solutions for a more inclusive and supportive community. For a detailed list of responses see Appendix 2. Appendix 3 provides a summary of responses that have been grouped under common themes.

Key Outcomes and Insights

which individuals experiencing homelessness, mental health issues, or addictions feel seen, valued, and supported by their communities. Key points include:

1. Direct Support and Interaction:

- Daily interactions at community hubs like "The Grind" and through Mobile Outreach programs.
- Volunteers and professionals providing companionship and support at homeless shelters.
- Paramedics and EMS teams take time to listen to and converse with individuals without judgment.
- Healthlink Coordinators and community teams assisting with accessing recovery clinics and medical care.
- Support during interactions with probation officers, paramedics, and through EMS & Mental Health tours.
- Adopted a Centralized Platform for sharing information and coordinating care among providers.

2. Community-Based Initiatives:

- Programs like the Mesa Program and initiatives by the Ottawa Valley Health Team.
- Establishing warming centers and crisis beds for temporary housing.
- Rural communities are making efforts to address hidden issues.
- Collaborative efforts with Carefor, Community Mental Health, and other agencies to provide comprehensive care.
- Outreach efforts, including paramedics on foot conducting surveys.

3. Personalized Care and Advocacy:

- Providing mental health assessments in non-traditional settings like individuals' living rooms.
- Building trust and rapport through repeated interactions and consistent support.
- Meeting clients where they are and taking a person-first approach.
- Supporting clients' goals and empowering them through active listening and validation.
- Making efforts to connect individuals with practical support and resources.

4. Community Engagement and Education:

- Public figures, such as the Prime Minister, take time to meet with vulnerable individuals.
- Initiatives like the "Out Loud Library" creating safe spaces for sharing stories.
- Broad community engagement through events like the Coldest Night of the Year and public education campaigns.
- Media involvement, such as the Eganville Leader series, highlighting lived experiences.

5. Collaboration and Resource Provision:

- Collaborations between home care, paramedics, and other service providers to ensure continuous and comprehensive care.
- Warm hand-offs between agencies to ensure seamless support.
- Programs addressing immediate needs and providing resources without delay.
- Ensuring housing stability as a foundation for overall well-being.

These elements collectively emphasize the importance of direct support, personalized care, community engagement, and collaborative efforts in addressing the complex needs of individuals facing homelessness, mental health issues, and addictions.

List of Recommendations

The Mesa Gathering yielded numerous significant insights that hold substantial potential to positively impact individuals experiencing homelessness, addiction, and mental health challenges. The following list represents the recommendations identified as impactful, achievable, and sustainable for improving the lives of individuals experiencing homelessness, addiction, and mental health challenges.

Recommendations:

1. Continuation of the Mesa Program

RECOMMENDATION:
Provide permanent funding for the Mesa program and secure additional financial support from the provincial government.

ACTIONS:

- Allocate a dedicated budget line for the Mesa program in the county's annual budget.
- Elected officials to schedule and conduct meetings with Provincial officials to discuss ongoing financial support.
- Develop a long-term strategic plan to ensure the program's sustainability and effectiveness.
- Adopt a centralized data platform: This central database will allow for the sharing information and coordination of care amongst providers.

2. Designation of Pembroke Regional Hospital as a Schedule 1 Facility

RECOMMENDATION:
Advocate for the designation of Pembroke Regional Hospital as a Schedule 1 facility under the Mental Health Act.

ACTIONS:

- Support the designation of Pembroke Regional Hospital to become a Schedule 1 facility under the Mental Health Act.
- Form a task force to spearhead the initiative, including representatives from the hospital, local government, and mental health advocates.
- Prepare a comprehensive proposal outlining the benefits and requirements for the designation.
- Coordinate with provincial health authorities and lobby for the necessary legislative changes.

3. Support Sustainability for The Grind

RECOMMENDATION:
Establish a partnership between The Grind and similar plural sector organizations such as Shepherds of Good Hope or the Ottawa Mission to ensure sustainability.

ACTIONS:

- Initiate discussions with potential partner organizations to explore collaboration opportunities.
- Develop a memorandum of understanding (MOU) detailing the roles, responsibilities, and benefits of the partnership.
- Implement joint programs and services, sharing best practices and resources to enhance support for those with mental health issues, addictions, and homelessness.

4. Establish a Regional Addiction Treatment Facility in or near to the County of Renfrew, servicing local needs in Eastern Ontario.

RECOMMENDATION:
The Mesa Gathering underlined the urgent need for this facility. The consensus was clear that a dedicated treatment center is vital to support individuals experiencing addiction. The creation of an addiction treatment facility in the County of Renfrew is a necessary and urgent step to address the ongoing crisis to provide essential services to those in need.

ACTIONS:

- Advocate the Province of Ontario to allocate funding specifically for the establishment of a mental health, addiction, and residential drug treatment rehabilitation facility serving the County of Renfrew and Eastern Ontario.
- Create a multi-agency team that supports a facility that offers evidence-based, trauma-informed care, addressing both addiction and concurrent mental health issues.

5. Create a Supportive Bridge Housing Facility

RECOMMENDATION:
Develop a supportive bridge housing facility for individuals living with the challenges of addictions, mental health issues, and homelessness.

ACTIONS:

- Conduct a needs assessment to determine the size, scope, and requirements of the facility.
- Secure funding through grants, partnerships, and government support.
- Collaborate with local agencies, non-profits, and healthcare providers to design and operate the facility, ensuring comprehensive support services are available.

6. Address Health Care Human Resource Shortages

RECOMMENDATION:
Create a collaborative training program to address the shortage of healthcare human resources in the community.

ACTIONS:

- Partner with Algonquin College, healthcare providers, and professional organizations to develop the training curriculum.
- Standardize training programs across the community to ensure consistent quality and standards.
- Coordinate training opportunities among partner agencies leading for a consistent approach and financial efficiencies.

7. Enhance Community Education and De-stigmatization

RECOMMENDATION:
Implement a community education campaign to destigmatize mental health and substance use issues.

ACTIONS:

- Launch public awareness campaigns using various media platforms to educate the community about mental health and substance use.
- Organize workshops, seminars, and support groups to provide information and resources.
- Partner with local schools, businesses, and community organizations to promote mental health awareness and reduce stigma.

8. Implement a Renfrew County Drug Strategy

RECOMMENDATION:
Support the ongoing development and implementation of the Renfrew County Drug Strategy.

ACTIONS:

- Ensure that the Ottawa Valley Ontario Health Team and Renfrew County and District Health Unit (public health) have adequate resources to continue the development of the Drug Strategy.
- Educate and train all agencies on the implementation of the Drug Strategy.
- Launch public awareness campaigns using various media platforms to educate the community about the Renfrew County Drug Strategy
- Promote Renfrew County Drug Strategy in concert with recommendation 6 - Implement a community education campaign to destigmatize mental health and substance use issues.

9. Support increased Volunteer Capacity

RECOMMENDATION:
The Mesa Gathering underscored the critical role volunteers play in supporting agencies that deliver mental health services, addiction treatments, and homelessness support. However, a decline in volunteerism has been noted, which jeopardizes the efficacy of these essential services. To address this issue, the creation of a dedicated organization to manage and train volunteers, ensuring they are equipped to work safely and effectively in high-risk environments is critical to support program delivery.

ACTIONS:

- Develop community campaigns, launching community-wide campaigns to raise awareness about the importance of volunteerism and its impact on mental health, addiction, and homelessness support.
- Create a dedicated centralized volunteer recruitment, management, and training program to ensure a streamlined process and reduce the administrative burden on individual agencies.
- Develop comprehensive training programs. Volunteers working in mental health, addiction, and homelessness support face unique challenges and risks. It is imperative they receive thorough training in areas such as crisis intervention, de-escalation techniques, and understanding the complexities of mental health and addiction.
- Seek funding for support and supervision. Ongoing support and supervision for volunteers are crucial. This organization will provide a support system, offering guidance and addressing volunteer concerns, thereby enhancing volunteer satisfaction and performance.

By adopting these recommendations and implementing the corresponding actions, the County of Renfrew can address the key issues identified during the Mesa Gathering and work towards creating a supportive, resilient, and inclusive community.

Conclusion

The Mesa Gathering was a significant milestone in addressing the crises of homelessness, mental health issues, and addiction in the County of Renfrew. The event underscored the importance of multi-agency collaboration, co-ordination and the need for innovative, integrated approaches to these complex challenges. Throughout the day, participants engaged with local practitioners, shared valuable insights, and explored new strategies to enhance care and support for vulnerable populations.

The discussions and presentations highlighted the urgent need for coordinated efforts across various sectors, from healthcare and social services to law enforcement and community organizations. The Rapid Fire Presentations and panel discussions provided a platform for sharing best practices and identifying gaps in current service delivery. Moreover, the stories shared by individuals with lived experiences of addiction and recovery added a powerful human dimension to the issues being addressed, emphasizing the critical role of compassion and understanding in our collective efforts.

As we move forward, the insights gained from the Mesa Gathering will serve as a foundation for developing a comprehensive action plan. This plan will foster ongoing collaboration, optimize resource allocation, and advocate for necessary funding and policy support. By continuing to work together, we can build a more resilient, compassionate community that effectively addresses the root causes of homelessness, addiction, and mental health challenges.

The Mesa Gathering has laid the groundwork for meaningful change. It is now up to all of us—community leaders, service providers, policymakers, and residents—to carry this momentum forward. Through sustained collaboration and a shared commitment to innovation and compassion, we can create a brighter, healthier future for all members of the County of Renfrew.

Appendices

Appendix 1: Environmental Scan — Comprehensive review of the current state of homelessness, addiction, and mental health services in the community and available programs.

Appendix 2: World Café Questions and Responses — complete list of Mentimeter Reponses.

Appendix 3: Summary of World Café — Key Findings

Appendix 4: List of Participating Agencies

Appendix 1: Environmental Scan

May 2024

1. Current Situation

Addictions

- **Ontario:** Ontario is experiencing a significant opioid crisis, with rising rates of overdoses and opioid-related deaths. Other substance use issues, including alcohol and stimulants, are also prevalent.
- **Renfrew County:** Similar to the broader province, Renfrew County faces challenges with opioid addiction and other substance use disorders, compounded by rural access barriers.
- In just five years, from 2018 to 2023, we've seen a staggering increase from an average of 12 deaths annually to a heartbreaking 39 deaths in 2023 alone. This surge is unprecedented and deeply concerning. To put it in perspective, our per capita rate of suspect drug poisoning deaths now exceeds that of the entire province of Ontario.
- In the first quarter of 2024 the County of Renfrew recorded eight suspect drug poisoning deaths, indicating a continuation of this tragic trend. Each of these numbers represents a life lost, a family shattered, and a community in mourning.
- In 2023, our local hospitals witnessed approximately 70 such visits, a 60% increase compared to just four years prior. While the distribution of naloxone has undoubtedly saved lives, it's also indicative of the urgent need for comprehensive strategies to address substance use disorders.
- Toxicology findings from the Coroner's office reveal a troubling trend: opioid-related deaths often involve multiple substances. This underscores the complexity of the issue and the need for holistic, multifaceted approaches to harm reduction and support. That means that everyone in this room has a role to play.

Homelessness

- **Ontario:** Homelessness remains a critical issue, with a significant number of individuals experiencing chronic homelessness. Affordable housing shortages and economic disparities continue to be prevalent throughout Ontario.
- In cities like Toronto experiencing escalating housing costs that push low-income families to the outskirts or into homelessness contribute to the problem.
- **Renfrew County:** Homelessness is less visible but still a pressing issue, often intertwined with mental health and addiction problems. Rural homelessness often involves couch surfing and living in inadequate housing conditions.
- In the County of Renfrew, rural communities also grapple with limited affordable housing options, exacerbating the challenges faced by low-income families.

Mental Health

- **Ontario:** Mental health issues are widespread, with increasing demand for services outpacing supply. The COVID-19 pandemic has exacerbated mental health challenges across all demographics.
- **Renfrew County:** Access to mental health services is a significant challenge due to the rural setting, with long wait times and a shortage of healthcare professionals.

2. Existing Programs

Addictions

- **Ontario-wide Programs:**
  - **Ontario Naloxone Program:** Provides free naloxone kits to help reverse opioid overdoses.
  - **Rapid Access Addiction Medicine (RAAM) Clinics:** Offer quick access to addiction treatment services without an appointment.
  - **ConnexOntario:** A helpline and database providing information on addiction services across the province.
- **Renfrew County Programs:**
  - **Addiction Treatment Services:** Offers counselling, harm reduction services, and support for individuals struggling with addiction.
  - **Pembroke Regional Hospital:** Provides detoxification services and outpatient addiction treatment programs.
  - **Renfrew County and District Health Unit:** RDCHU has initiated a multi-organization drug strategy.

Homelessness

- **Ontario-wide Programs:**
  - **Ontario Housing First Program:** Focuses on providing permanent housing with wraparound support services.
  - **Investing in Affordable Housing (IAH):** Joint federal-provincial program to create affordable housing units.
  - **Ontario Renovates Program:** The Ontario Renovates program provide financial assistance for home repairs and adaptations, benefiting low-income families and seniors.(offered by the County of Renfrew)
  - **Canada-Ontario Housing Benefit (COHB):** The Canada-Ontario Housing Benefit offers financial support to eligible low-income individuals and families to help with rental costs, addressing affordability concerns. (offered by the County of Renfrew)
- **Renfrew County Programs:**
  - **Renfrew County Housing Corporation (RCHC):** Manages affordable housing units and provides support services.
  - **Emergency Minor Home Repairs Program:** A program for low-income homeowners who require minor home repairs that will allow for continued safe occupancy of their home.
  - **Affordable Homeownership Program:** A program to assist low-to-moderate income renter households in Renfrew County to purchase affordable homes by providing down payment assistance in the form of a forgivable loan.
  - **The Grind Pembroke:** A drop-in center offering shelter, meals, and support services to homeless individuals.

Mental Health

- **Ontario-wide Programs:**
  - **Ontario Mental Health Helpline:** Provides information and referrals to mental health services.
  - **Telehealth Ontario:** Offers free access to a registered nurse for health advice, including mental health concerns.
- **Renfrew County Programs:**
  - **Mental Health Services of Renfrew County (MHSRC):** Offers a range of mental health services including crisis intervention, counseling, and case management.
  - **Phoenix Centre for Children and Families:** Provides mental health services tailored to children, youth, and their families.

3. Recent Developments

Mesa — a County of Renfrew initiative

- **Mesa:** Recently announced, this initiative aims to address the intertwined issues of mental health, addictions, and homelessness in Renfrew County. Mesa focuses on creating a collaborative framework that brings together healthcare providers, social services, and community organizations to deliver integrated care and support to vulnerable populations. This project is expected to enhance service coordination, improve access to care, and provide targeted support to individuals in need.

4. Gaps and Recommendations

Gaps:

- **Service Accessibility:** Despite numerous programs, rural areas like Renfrew County face accessibility issues due to geographic spread and transportation barriers.
- **Integrated Care:** There is a need for more integrated care models that address mental health, addiction, and homelessness concurrently.
- **Resource Constraints:** Chronic underfunding and resource shortages limit the effectiveness of existing programs.

Recommendations:

- **Enhanced Funding:** Increase funding for mental health and addiction services, particularly in rural areas.
- **Mobile Services:** Develop mobile health and addiction units to reach remote communities.
- **Community Collaboration:** Strengthen collaborations among healthcare providers, social services, and community organizations to create a seamless support network.

Conclusion

Ontario and Renfrew County have a range of programs addressing addictions, homelessness, and mental health, but challenges remain, especially in rural accessibility and integrated care. The recent Mesa initiative in Renfrew County is a promising development aimed at improving coordination and support for the most vulnerable. Continued focus on enhancing accessibility, funding, and collaboration will be key to addressing these critical issues effectively.

Appendix 2: World Café Questions and Responses

Share stories or moments when individuals experiencing homelessness, mental health issues or addictions felt seen, valued and supported by their communities.

Responses:

Daily at The Grind

Mobile Outreach

Time to witness and hear stories without judgement

In a homeless shelter, volunteers play a crucial role in providing support and companionship to those in need.

Chatting with someone sleeping rough

EMS & MH tours

At the probation office

Pt with anxiety concerned about significant medical history and talked to paramedics for 2 hours which helped

Client impact/gratitude

Meeting clients where they are at

Rural communities often make these issues hidden and not as visible

Conversing with someone in need

Supportive friends when you have no where to go

Working as a Health link Coordinator, helped a young woman get into a recovery clinic in Sudbury — she was successful

When (MESA) paramedics were on foot conducting surveys

Be open with prejudice

Post-disaster

Access to warming centres.

Prime Minister made time against his itinerary to meet with vulnerable individuals.

Open without judgement

Interaction w mcrt

Trans identifying client, opened up because felt service provider was a non-judgemental space, identified that community needs more LGBTQ friendly services...felt seen and cared for

Connection with families

Brought care directly to the individual, practical support ($)

Moment when I could provide a mental health assessment in an individuals living room instead of transporting to hospital

RCVTAC

Mesa Team chatting with someone in the community, building trust, connected with OATC, provided resources for short stay, pt felt comfortable and thankful

Approaching those in need

Individuals being able to tell their stories

Collaboration between home care and paramedics to move a patient to safe housing. Pt felt like needs were met. Went on to live a healthier life supported within the community.

Making eye contact and acknowledging the person

Empowerment

When professionals take a human approach to listening — rather than problem solving.

Not transporting a patient to hospital just because they were “high”

Meeting clients where they are at

Built relationship and continually sought out individual — they felt cared for

All the agencies

Working collaboratively with service providers to mitigate repetition for clients

COVID caused homeless population to congregate

Partnership with Carefor and CMH — many have mental health challenges, couch surfing, crisi bed with community mental health. CMH supports them for a short time. Could be a weekend or two weeks

Warming centre

Actively listening to individuals and demonstrating an interest in their stories and the person

Feel seen when time with counsellor is not limited...that the counsellor is there and committed to help, validate their pain, you see them as a whole person....people can feel so moved around and shuffled

Pt frequently presenting to. ER with panic attack, came in week after previous symptoms. Initiated chest pain protocol. Pt dx with an MI. Pt reached out later expressing appreciation for treating the

CMH, Older Adults, and Carefor working collaboratively

Time and listening

Supporting the client's support team

Collaborative teams collectively helping people for full resourcing

Warming centre by community to make it happen

Mesa outreach, displaced due to memory problems, got medical assessment, Blood work, placed onto Crisis list, and connection with ODSP. Pt felt seen and feel grateful

Collaborations with partners to prevent relapse and accelerate care

Learn about peoples stories

Advocating for, caring for an individual — going the extra mile for someone... this was recognized

Community agency referral and warm hand off

All hands on deck

Individuals felt seen with support from their communities

The Eganville Leader series on lived experience — allowing people to share their stories and lived/living experience.

Professionals are recognizing the value of the family voice

Difficulty connecting with pt using fentanyl. Listened to pt and pt was so thankful the time was taken to understand her situation

Coldest Night of the Year

Be receptive to what patients' goals are

Few people in community responded to need to make a big difference. And then corporation was pivotal

Support for caregivers

Person with mental health issues. Could not live alone or manage medication. CMH reached out to Carefor. Now who goes to the gym, bingo, volunteers in own recreation program.

Housing is crucial.

Majority of clients deal with mental health and addiction..allowing support workers to come into a facility so that the client doesn't have to travel to the service (best to travel to the client)

Housing as a foundation to wellbeing

Learning from PWLE

Implemented an initiative to phone people on their wait list to check in and see how they are doing, assessing needs that can be immediately assisted with

Having immediate resources

Clients returning after successful recovery months later

Professionals are starting to listen to what families are bringing to the table — this helps reduce stigma

Empowering PWLE

Person-first, meeting people where they are at — taking time to listen to them, as a person and working on goals with them together.

Seeing with people who have stigma with racial stigma, and just taking the time to sit and chat and provide friendship

A meal can make a huge difference

Homeless Count

Harm reduction staff supporting people where they are at — where it be to provide supplies, get them connected to services, or listen to their story.

Continuance of care after securing housing

building relationship with people and stopping, talking and building rapport

Consistent support, not giving up — being there for them.

People returning to only place they felt supported

When clients feel heard as a person and not an "issue/problem"

Ways to have basic needs met immediately

Ability to work "off guideline" to provide care

"Out loud library" — Creating safe spaces to share stories with those that have been through similar experiences, and having the ability to ask questions.

Pt experiencing homelessness supported and connected to services at a local library. Client appreciated the help

Broad community engagement

Free access to counselling and care

Decriminalization

Looks like people with power and privilege stretching to be uncomfortable

Expanded community mental health services with expanded eligibility criteria — transitional housing and affordable housing

Everyone has a home; without isolation; has good mental health, primary care; small children to come into treatment with moms.

Ongoing public education to learn and understand

What does the Future Look Like? Imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity and inclusion in addressing mental health, addiction and homelessness.

Responses:

Youth wellness hub expansion and for adults

Wrap around support

Reduction in wait times

Positive

Bright Idealist future

A homeless shelter in Renfrew County

Collaboration between services

Safety (physically, mentally, spiritually safe and supported)

Anti Stigma movements

ER avoidance

Appropriate and accessible care.

Community - inclusive

Rapid access everything

Wait times reduced

Food insecurities addressed

Prevention vs. Action

Less paperwork to access care — no hoops to jump through

Having enough

Coordinated access and care so people can easily access the services and tell their story once

Medical needs addressed

Barrier free

Everyone has adequate housing

Therapists available for a walk in hub.

Addiction services available as needed, with no stigma

Streamlined services that re available

EDI

Navigation centre to appropriately place individuals efficiently

Basic income to lift out of poverty

All inclusive databases, where information can be shared between all services

Harm reduction — tiered approach. Not signing up to be absence based — moving people through

Cooking classes. Food bank inclusion. Healthy meals on a budget

No stigma

Free counselling (abundance)

No wait lists

Self directed care — led by client choice

Prevention to avoid need for most intensive services

Promote active living

Full suite of the housing continuum

Mobile health care

Low barrier approach to help people stabilize

Reduced barriers

education

Everyone attached to primary care

Different tools and responses to choose from for respond to individual's need

Safe Communities

Everyone would have access to what they need — no wait times — no going out of County

Allow pets to fit into the picture of shelters

Support for enabling people with their ADLs

Equitable services. Geographically.

Seeing people for people — no stigma no judgement. Inclusive and acceptance

True community based education for everybody

More people with lived and living experience working with individuals to relate on a different level

A reduction in stigma.

Anti-stigma

Access for children for psychiatric interventions

Able to stay local — close to family

Prioritize mental health—just as important as acute care

Everyone is welcome. Diversity is celebrated

Transportation

Fixed address vs. Home

No fear of judgement

Timely access

Holistic approach that takes into account the full person, exercise, diet, housing etc

Laundry. Donated clothes for "free shopping"

Baseline education in this sector for all people

No wrong door, no wrong number. Every door leads to the right door.

Supports for children earlier — this would help support before it gets to us

Coordinated access

Earlier intervention — prevention rather than reactive

Meet peoples needs

Allowing for individualism. allowing for personal interpretation

Navigation streamlined

More access to doctors

An amended MH act to better serve people who in a moment were not criminal but needed support

Access to services when and where they need it

Less deaths

Housing resources that meet the right level of need for people. They have choice

Increased public education about harm reduction.

Peer support role and graduate through program. Pay them what they're worth

Mental health is not criminalized

Less trauma for all involved

Primary care doctors

Living wage

Access to addictions treatment services immediately

Empowering individuals to be their best self

Open, non-judgemental communication with all people, clients and services

Vacant housing, affordable. Community resources, hubs access to care, primary care providers to meet all needs

Decriminalization of MH

More psychiatrists

Equal distribution of resources

Safer communities

People have choice

Focus on SDOH

Inform our answers from lived experiences

Continuum of care

System navigation to include pets while treatment is being obtained.

Help now — into facility right away — can't be on a waitlist

Jails are not MH facilities

Increased access to psychiatry.

A society that has a good base of core family and moral values

Taking away the stigma

Strong push on Harm Reduction and Harm Prevention, early education and evidence based practise.

Working upstream

OHIP coverage of mental health resources.

Catching people in the moment and wrapping care around them now

Enough service providers—ready when people need help

Fostering culture of understanding and why EDI is important

No waitlists

Access to primary care

Possibility to go for help without the stimulation barrier

TED program here in Renfrew County.

Better understanding and education for all on addiction and mental health

Reward and invest in health

More in patient care in the Pembroke area. More residential treatment options in our area.

No one is lonely or disconnected

Eliminate diversity barriers to allow full and safe participation in life.

24/7 service accessibility

Access to educational opportunities: high school, post secondary education

Less compassion fatigue in community services

Not fighting government for funding

Connected to community and family

Having a system that works

Wrap around seamless care

Hold space

$$$

Safe usage sites

More human resources

Holistic approach to care

Services available when people are ready

No false hope— need an honest conversation about services available

More accessible in-patient treatment for female specifically (live in) Mom's have to leave the area.

Continued education

Establishing safety and security within the community

Less nimbyism

Public education and awareness

Free holistic care that is not just westernized medicine

People feel that they can share stories and it's ok to be in different points in the journey

Social issues education

Social workers and additional supports in elementary schools and high schools for earlier identification and intervention

No nimbyism

Universal, trauma informed care. Preventative measures

Community mental health — patients need to be able to set goals — long term goals of care. When someone is in an acute episode, they cannot see the future goals. Expand eligibility to meet people whe

People in need do not need to be in crisis to get support

Less stigma and more acceptance

Integrated care

Everyone getting the help they need

Housing is the first step; which leads to other activities that decrease isolation.

Meet people where they are at

Culturally based supports in all communities

Services based on client need rather than what is available

Ceremonies

Provide care right away.

Early recognition and intervention Aggressive policies.

Everyone has a place and belongs

Early intervention, detection, prevention. Start in schools early on. Address stigma ongoing.

Nothing about us without us.

Incorporate consent for shared approach to care. Consent to speak to various partners. Opens up care options.

School systems — more social work access

Capacity for psychiatric services meets need

In patient and out patient services

People understand the medicines

Make lived experience examples louder

No need for food banks or emergency help

Verbal consent

Services 24 /7 for as long as an individual needs it.

Easy service navigation — time to get it right with tech and communication

Building resiliency

Retention

More trauma resources. Long wait lists currently.

Land based programs

Early identification and prevention

Transitional housing — bridge housing

Public transportation, accessible services, alternative delivery options.

Enough funding

Healing

More trauma informed free services

People are supported to care for own mental health

Shared repository for notes

Increased access to covered rehab facilities (alleviating financial barriers and increasing equitable care)

Equitable care.

One overriding organization

More physicians

Shared access to data

Service providers are supported with all the information and supports they need to help their clients

Having diversity in our leadership and governance

Courageous leaders to focus on community wellness!

Lean on faith based and community based services to increase supports — provide funding and support, communication

Accessible Resources, Diverse and Culturally Competent Care, Holistic Approach, Community Involvement and Peer Support, Equitable Access to Treatment

Build a homeless shelter and transitional housing

Prioritize lived experience for management positions

24 hour shelter in the community.

Eliminating some assessments (Gain Q3)

What innovative strategies and interventions can we design to better support individuals experiencing homelessness, mental health challenges and addiction?

Responses:

Safe injection sites.

Focussing on prevention

Get people housed

A Shelter 24/7 access

Centralized access to service 24/7

Changing system

Networking social programs and hospitals

One stop shop for detox, rehab, transitional housing, where all of providers are under one roof

Work more collaboratively

Everyone has family doctor

Reduce privacy barriers

Upstream and preventative approaches

Networking

Supports for families and loved ones so they have a tool box

Community kiosks or AI intuitive local tech to connect people to resources

Rest and Recovery site open 24/7

Housing Shared services — providing matching services

Repurpose buildings; include isolation avoidance strategies

Live integrated network of available resources

Streamlined process that allows workers to connect with someone else that can support needs of the individual

Tiny Homes, All professional Services onsite within a tiny home subdivision.

Sharing data

Appropriate transitional housing

Sparrow Organization

Overdose Prevention Sites

Lives experience input is more important than scientific evidence

Need more people— more psychiatrists etc— need mobile

Coordinated access

Safe consumption sites, testing for substances

Centralized data base

Youth Mental health — supports to families and. Caregivers and that are inclusive and family—based approach

Holistic care

Active transportation

Elimination of duplication of forms

Bouncing off ideas and getting information that can be modified to fit into our context

AI strategies for education for kids; increase education for kids about mental health;

Collaborative approach, stepped care. Care pathways to provide continual care for people the spectrum

No wait lists for services. People get what they need when they need. It

Virtual doesn't always work — need to be mobile

Like what universities have...a place to go like a phone booth where people can go and get connected live for help

Wages meet inflation

In addition to supportive housing, including wrap around services to include mental and physical health services — addiction services

Consider tiny home solutions in communities

TED Program like programs for short term recovery in the community (versus ED)

Substitute drug therapy for long term treatment of addiction

Shelters

"Living wages"

School partnerships and school as a hub for parents and caregivers to learn about services and how to access

Tele-psychiatry

More housing

Engaging lived/living experience in strategies

Moving individuals from incarceration direct to treatment

Virtual paediatric for one assessments with a psychiatrist. So we could do something like this. Keeps care close to home.

Recruitment and retention for workers — stability in HHR, education, support for care-givers

Tiny homes concept — creating communities.

Mentorship

Use a dashboard with common indicators using Artificial Intelligence — AI, wait list mapping, track success; (or lack thereof);

Arrest and Jail more drug dealers that are the source and cause of deaths.

Technology made available to everyone who needs it and no matter what

Housing centre with social service, medical, mental health and addictions support on site

Lived experience

Community education, communication specialists

Expand services so can keep patients and clients here. Utilize technology to keep people where they are

Bringing primary care to people where they are — especially when unhoused

Mobile service with 2 counsellors across RC that is walk in. Talk to — like the Toy Bus

Have collaborative services that pool staff and are logged into queue and readily available to deploy to crisis

Service bus

Drug identification services

Adequate income supports that actually meet costs

Dental program expansion, leveraged

More community conversations so community can understand the issues in the way we do

Lived experience of workers can reduce stigma

Don't reinvent the wheel; use what is working elsewhere and apply it with tweaks

More community hubs ....interconnected model

Food strategy — everyone should have access to food

Increased mental health services all under one "roof".

Funding to pay people properly.

Educate community so people feel supported. End stigma.

Transportation — need a plan to get people to services and services to people

Step wedged program within community partnerships. Ability for all partners to access one platform to follow someone in their journey..

Mobile — equipped with satellite to link in with specialist or other things. Expand the CWMS van and build on this.

Providing appropriate individual needs assessments

Knowing what is in the supply

Treatment facility locally with a supportive environment afterwards. Individuals after treatment return to what they left, perhaps no job, no housing, no supportive environment.

A way for community members/ civilians to call service providers to provider outreach

Collocation opportunities to improve services

Residential treatment within the County for women and men, respectively

Flexible points of entry

Coordinate an approach — bring multiple entities together, referral process, quarterbacking Oversight.

Access to primary care

Stigma — more stories of positive impact and the successes. Build on Recovery Day and the. Work of The Grind and the stories

Carbon foot print of what we are doing now, so we can communicate going forward

Mesa Mobil hub

Coordinated Care

More shelters

Education

More subsidized housing — transition house — don't lose sense of community because you moved into housing

Involve PWLLE in the decisions or strategies

People fear for their safety. So need to discuss issues and educate people so they are informed.

Transition to treatment

Meeting people where they are at. Information is available.

Open forum conversations

Communication and talk about the stories to change the narrative. Highlight stories and organizations

We have a lot of empty buildings — Reno and use them

More collaborative outreach in ALL communities within the County.

A guide or mentor who helps guide client through all of their need for supports — not "drop them off" at next service — but continue in a mentorship role ongoing

Centralized hub or website for access to information and care

Culturally appropriate services to ensure people feel heard and supported

Stigma is still too bad

Reduce stigma social messaging campaign

Agree to disagree. Bold enough to do what needs to be done but be respectful of the community around

Wellness hubs for adults

Less stigma at methadone clinics/ pharmacies

Community information sessions. Not community consultations.

More education for the public

Access to transportation

Anti stigma directed to school age children and youth to go into schools. Prevention and health promotion approach

Living experience included in education for youth

Education and anti-stigma for community members

Safe supply

Document successes

Central platform for information on MESA patients — so that people don't need to tell their stories over and over again.

Share information so we can talk about how to support each other.

Education of primary care and health professionals

More day programs....things for people to do

Direction — strategic plan to direct and focus attention, include boards of directors for NPOs and other executives. This leads all in the same direction with the same goals

Mobile showers and laundry facilities

Educate and share stories — stories are powerful

Public transportation

don't be afraid to fail; this is how we improve

Coordinated access

Intergenerational approach for building community

Mentorship program, boosting community support, having a peer mentor

Using language helps support. Use the right language. Saying someone is clean implies they were dirty.

People with lived experience sharing — having input on services

Cross agency consents

Human library to learn about each other and different experiences

Providing coop opportunities

More trauma support

Cross agency strategic plans

Engage community volunteers — this is an untapped resource — needs to be coordinated

Working transportation service into care models.

Calling people homeless people has a negative connotation

Supportive environments after return from treatment

Fort night — bring a senior and build connections with kids.

Change old homes that are well suited to community living — e.g. nunneries, nursing homes that are empty would be well suited to transitional housing

Provide secure and safe access to substances

More social education — like the CPAN game — surviving low income

Earlier intervention for trauma

Make resources available.

Less criteria for eligibility of some programs that are restrictive

Ensure not projecting what “we” think is needed for individuals

Neighborhood and community based care and supports. Improved transportation

Take the good parts of the programs and initiatives like health links (the things that worked) and build on those positive outcomes (vs reinvent)

Education and interaction at the schools— need more staff and assessments

Basic income

Advertising community meetings on social media to try and control the conversation and educate people

Immediate access to help.

Integrated housing within communities. Close to parks, schools, grocery stores

Listening, community outreach

Schools vary in services/ approach

Community throughout the journey.

Improving resource efficiency through better collaboration

Faith based organizations — they can help1

One client, one chart

Simplified language for services

More youth-based activities that are during the time that they are active (evening and night)

Bring services together — much like a family health team to provide wrap around care.

Many people are scared to call 911. They are not aware of Good Samaritan act. Need to ensure that people have the right messages at right time to make informed decisions

Affordable rent

In-house support for interpersonal relationships that are strained within families

Planned transportation due to the size of Renfrew County

Community based programs that are diverse. Not just sports

Provincial cohesion of programs

Transportation initiatives

More lived experience say

Assessments not being done equally continuing cycle of need/ not getting services they need (e.g. child and youth)

Ability to access programs in other jurisdictions. More accessibility.

Providing more life skills, more community gardens, vegetable gardens

Support workers embedded in homes of families with complex challenges with relationships between those living in the home

Lots of amazing services, but people do not know what they are eligible for and then door is closed on them. Need to change this. So many silos with great intentions. Pull together care to help

Safety measures within housing

Not one size fits all approach

Talk with teachers and talk with them for their ideas on what we can do

Community based support structure — reach out for needs to a network that can connect care and provisions

Leveraging virtual care to access psychiatry services in absence of lack of in-person psychiatrist.

Also alleviates technology barriers.

Safer supply increases

How to get help to cover rental costs — in shelter system

Collaborate — Avoid duplication of service

Government funding

Provide transportation for everyone

Remove stigma and educate

Funding and policy change

How we get unpaid providers to show up- community connection to support- social capital not just formal services

What steps can we take to ensure that our vision of inclusive communities that support mental health, addiction recovery and homelessness become a reality?

Responses:

Continue with the present path forward;

Increased funding

Establish an increase in housing; or repurposing housing

Money

One point of contact for clients

Advocacy

Champions

Collaboration

Quick identification and action

Humanize

Political will; coordination;

PDAs which comes from government money

Alignment

Anti-stigma

Funding

More Human Resources — capacity issues

Agencies should look for efficiency re: funding.

Public education

Change system level policy barriers

Breaking down siloes.

Make it cohesive and accessible

Communication opportunities between services.

Sustainable funding

Immediate action and investment

Community champions

Education (destigmatization in early years and elementary)

Lead governance structure

Incorporate policies anti racism, training embedded into orientation for staff

Take down the barriers

Relationship building

Increase staffing

Full implementation of the 86 recommendations of the femicide investigation

Coordinating Body

Coordination — unify our services to provide a broader scope of care

Public speaking

Collaboration

Funding

One system, fewer silos

Unified voice from community agencies to the elected

Rural investments mental health and addiction

Bringing action to the forefront; less planning; start first and tweak as one goes forward; then plan evaluate

HHR in rural communities

Need a community of friendship beyond traditional services— neighbourhoods

Process to identify and support burnout

Lobbying province and federal gov't for resources

Changes to criminal code and other legislation so policy supports work we are trying to achieve

Engaging and educating the public.

Awareness and stories to the general public

Bilingual services

Incentivizing anti-stigma campaigns.

Change language that's more inclusive and accepting

Staffing for mental health and addictions workers. Need increased staffing

More community engagement, all seasons, equal opportunities for all

Better representation of diverse community

Concept of making communities safe places to connect

Communication (clear);

Community anti-stigma

Access to free shared spaces in the community for consultation with patient and families.

Government funding for homeless shelter in Renfrew County

Regular town meetings

Pathways different for difference organizations — but together could have shared vision of goals & commitment to create a safe positive space

Connected communities — sense of belonging

Education campaigns

Further the conversation with the public

Transitional housing

More staff

Shepherds of Good Hope in Renfrew County

More community business' donating bringing opportunities for community members to come together

Engage local communities and care providers to develop a strategic plan to give guidance and a focal point for all

Open engagement and open discussion needs to continue to happen. Willingness

A system to measure indicators ...so we know trends and how strategies impact....identifying success

County wide wifi access

Long term housing that's available for the continuum of care

Educating public

We have to start leveraging each other.

Don't duplicate — steal shamelessly

Events of collaboration

Balance negative social media with positive language and stories

Need to get out of silos.

Multi-layered approach to housing

Engaging community to be a supportive community

Staffing need

Mentorship with PWLE

Education

Break down stigma.

One system (portal) that we are all connected to talk to each other.

Affordable housing for everyone

Strong public education strategy

Give family a voice

Educate the communities

Shepherds of Good Hope in Renfrew County

Collaborative approaches. "All or nothing" wrap around approaches.

Involve family in supports

Help to organize neighbours helping one another— not a job just organized helping

More funding

Regular meeting to discuss our shared vision

Sustainable funding

Get the public on board

Ask "How can I help you"

Continue with the gatherings on an annual basis.

Education about the continuum of care for all service providers. And community. Proper assessment and system navigation. Guidance tools

Creating a centralized resource to get direction/access to services.

More volunteering and helping in neighbourhood so people feel connected

Access to mental health supports and specialists within the County

Child care — needs for families

Think small but series of small

Connect services and networking opportunities. Demonstrate what has happened over a year. Annual evaluation.

Better utilization of AI...intuitive to help service providers collaborate and share information

Evaluate

Strategic Plan

Farm communities have a tradition of services. And hearing — build on that

Improved communication — break down silos

Have more conversations!!!!

Streamline service access — coordinated access

Cultural awareness and sensitivity inclusion in training, education, programming.

Implement SHIP to assist in coordinated care plans and communicate with each other

More community outreach teams

Access to reliable transportation

Education starting at a young age about what addiction and mental health looks like

Flexible work schedules

mobile clinics of mental health and addictions specialists go to smaller communities on a regular basis

Nothing for us without us — involve lived experience partners

Support workers ready to accompany people in accessing treatment

Inclusion of living experience in progress and programming.

Decrease duplication of services by having system oversight

Youth homelessness and addressing upstream

Community outreach teams to determine needs. People will share what they need and we can develop resources based on needs.

Community engagement with education opportunities and integration between community members

More supports for LGBTQ+ communities

Hospital that accepts mental health clients

Shared care plan;

Outreach activities connected to informal community places (e.g. churches)

Collaboration with indigenous partners

Creation of service based hubs that provide a variety of care Make these accessible

Dignity among those accessing services

Listen to PWLLE

“Fifty, Fit and Feisty” group — social collaboration and integration concept.

Refugees support

People with lived experience providing support within housing communities/ services

Services offered in different languages to support individuals

Collaboration. Maintain network. We can do this well in rural areas so we need to lean into it.

To figure out the clients/patients do not have to relive their story (as it is painful minimally or traumatic)

People connected to network of volunteer services

Services in our community

Predictive data/AI in measuring data and evaluating outcomes

Educating community

Anti-stigma

Designing welcoming transitional housing communities

Effective data gathering and data sharing

All organizations to communicate on online portal

Continued Ontario Health Teams supported days of networking.

Work together and not in silos

Innovative transportation strategy

Free trauma supports

Address fear in seeking support

Treat individuals as equals

Centralized communication for collaboration. Regular, intentional meetings of key stakeholders

Community engagement and empowerment — communities can solve this own solution with support

Community groups that support and socialize.

Bringing stories that are lived to the forefront to gather the attention of the public and start to want to make a difference

Everyone looks at their own policies to ensure they are patient centred and patients first.

Not one answer— needs to be patient led

Paediatric supports

Given the rural-ness of the county, we need to be mobile — bring the care to the person

Prevention. Can deal with in the moment things. Free trauma counselling in-person is needed. Immediate access to.

Ministry funding

In-person services.

Build more housing that helps people feel a sense of community and prioritize the access to this for those with the deepest/most acute need

Address HHR needs, lack of appropriately trained staff, education and appropriate supports for them

Hold elected officials accountable (provincial, federal)

Skills development.

Bring services to where they're needed

Roadmap for service navigation

Education in schools early on

Ticket system- automated to connect many types of care for people reaching out— pullkey words to inform planning

Drug strategy and using it (buy in from everywhere). Communicate with all parties.

More trained counsellors in schools

Continue de-stigmatization work

A platform to easily access all Renfrew County services and what they offer/ contact information.

Provide politicians with real life examples of program options to aid in successful program opportunities

Be more Responsive by using technology

Accessible, affordable solutions, care, supports and housing

Care for the caregiver

Commitment to reach out to a new partner to discover new services.

Housing — safe housing

Community!! Encouraging human connections in children — getting off social media.

Landlord registry. Landlords have to provide and maintain safe and appropriate housing

Increase access to technology for those experiencing mental health, addiction, or housing attachment adversities

211 promotion

Affordable housing

Double ODSP and ODP

Increase diversity within our service sector

Focused care for individuals that have "burned bridges" more intensive supports

Community conversations

Appendix 3: Summary of World Café — Key Findings

Question 1:

Share stories or moments when individuals experiencing homelessness, mental health issues or addictions felt seen, valued and supported by their communities.

1. Direct Support and Interaction:

- Daily interactions at community hubs like "The Grind" and through Mobile Outreach programs.
- Volunteers and professionals providing companionship and support at homeless shelters.
- Paramedics and EMS teams taking time to listen to and converse with individuals without judgment.
- Healthlink Coordinators and community teams assisting with accessing recovery clinics and medical care.
- Support during interactions with probation officers, paramedics, and through EMS & MH tours.

2. Community-Based Initiatives:

- Programs like the Mesa Program and initiatives by the Ottawa Valley Health Team.
- Establishing warming centers and crisis beds for temporary housing.
- Rural communities making efforts to address hidden issues.
- Collaborative efforts with Carefor, CMH, and other agencies to provide comprehensive care.
- Outreach efforts, including paramedics on foot conducting surveys.

3. Personalized Care and Advocacy:

- Providing mental health assessments in non-traditional settings like individuals' living rooms.
- Building trust and rapport through repeated interactions and consistent support.
- Meeting clients where they are and taking a person-first approach.
- Supporting clients' goals and empowering them through active listening and validation.
- Making efforts to connect individuals with practical support and resources.

4. Community Engagement and Education:

- Public figures, such as the Prime Minister, taking time to meet with vulnerable individuals.
- Initiatives like the "Out Loud Library" creating safe spaces for sharing stories.
- Broad community engagement through events like the Coldest Night of the Year and public education campaigns.
- Media involvement, such as the Eganville Leader series, highlighting lived experiences.

5. Collaboration and Resource Provision:

- Collaborations between home care, paramedics, and other service providers to ensure continuous and comprehensive care.
- Warm hand-offs between agencies to ensure seamless support.
- Programs addressing immediate needs and providing resources without delay.
- Ensuring housing stability as a foundation for overall well-being.

These elements collectively emphasize the importance of direct support, personalized care, community engagement, and collaborative efforts in addressing the complex needs of individuals facing homelessness, mental health issues, and addictions.

Question 2:

What does the Future Look Like? Imagine a future where everyone in the community has access to comprehensive support that embraces diversity, equity and inclusion in addressing mental health, addiction and homelessness.

1. Expansion and Accessibility of Services:

- Youth wellness hubs expanded for adults.
- Wraparound support systems.
- Reduction in wait times for services.
- Rapid access to comprehensive care.
- Mobile health care units and 24/7 service accessibility.

2. Community Infrastructure and Resources:

- Establishing a homeless shelter and transitional housing in Renfrew County.
- Ensuring everyone has adequate housing and access to food.
- Creation of navigation centers for efficient placement.
- Community hubs offering primary care and integrated services.

3. Collaboration and Coordination:

- Enhanced collaboration between various services and organizations.
- Coordinated access and care, reducing the need for multiple story-telling's.
- Streamlined service navigation and integrated care systems.

4. Inclusive and Equitable Care:

- Emphasis on diversity, equity, and inclusion.
- Barrier-free access to services.
- Culturally competent care.
- Equal distribution of resources across geographic areas.
- Services based on client needs rather than availability.

5. Prevention and Early Intervention:

- Shift from reactive to preventive measures.
- Early identification and intervention, starting from schools.
- Child care programs and other supports for at-risk children
- Public education campaigns to reduce stigma and promote understanding.
- Harm reduction and prevention programs.

6. Holistic and Person-Centered Approaches:

- Holistic care considering the full person (mental, physical, and social health).
- Self-directed care led by client choice.
- Inclusion of pets in care plans.
- Access to healthy meals, cooking classes, and addressing food insecurities.

7. Supportive Community and Empowerment:

- Empowerment through active listening and client-led goal setting.
- Peer support roles and involvement of people with lived experiences.
- Community involvement in service provision and support systems.
- Safe, inclusive, and non-judgmental communication.

8. Legislation and Policy Changes:

- Amendments to the Mental Health Act to better serve individuals.
- Decriminalization of mental health and addiction issues.
- Basic income initiatives to lift people out of poverty.

9. Comprehensive Education and Training:

- Education on addiction, mental health, and harm reduction for all.
- Baseline education in mental health and social issues for everyone.
- Training for service providers to use diverse tools and responses.

10. Resource Allocation and Funding:

- Sufficient funding for services and reducing the need for emergency help.
- Increased access to psychiatric services and covered rehabilitation facilities.
- Investment in health services and continuous education.

These elements collectively paint a picture of a future where mental health, addiction, and homelessness are addressed through comprehensive, inclusive, and equitable support systems, emphasizing prevention, collaboration, and holistic care.

Question 3:

What innovative strategies and interventions can we design to better support individuals experiencing homelessness, mental health challenges and addiction?

1. Service Accessibility and Integration:

- **24/7 Access:** Centralized, around-the-clock services including shelters, rest, and recovery sites.
- **One-Stop Shops:** Facilities that provide detox, rehab, transitional housing, and other services under one roof.
- **Mobile Services:** Mobile health units with counsellors, primary care, and specialized services to reach individuals where they are.
- **Virtual Care:** Tele-psychiatry and virtual assessments to provide care without geographic barriers.

2. Housing Solutions:

- **Supportive Housing:** Integration of mental and physical health services with addiction services in housing solutions.
- **Transitional and Tiny Homes:** Community-based housing solutions with professional services on-site.
- **Repurposing Buildings:** Using vacant buildings for housing and avoiding isolation.

3. Collaboration and Coordination:

- **Networking:** Enhanced collaboration between social programs, hospitals, and service providers.
- **Coordinated Care:** Centralized data and streamlined processes for easy access and continuity of care.
- **Community Hubs:** Interconnected services within community hubs for comprehensive support.

4. Prevention and Early Intervention:

- **Education:** Increased education for children and the community about mental health and addiction.
- **Early Intervention:** Programs focusing on early detection and intervention, particularly in schools.
- **Harm Reduction:** Safe injection sites, overdose prevention sites, and safe consumption services.

5. Holistic and Person-Centered Care:

- **Wrap-Around Services:** Comprehensive support addressing all aspects of a person's needs (mental, physical, social).
- **Individual Needs Assessments:** Personalized assessments to ensure appropriate and effective support.
- **Culturally Appropriate Services:** Ensuring services are inclusive and respectful of cultural differences.

6. Community Involvement and Peer Support:

- **Lived Experience:** Engaging individuals with lived experience in strategy development and service provision.
- **Mentorship:** Peer mentorship programs to provide ongoing support and guidance.
- **Community Education:** Open forums, community information sessions, and social messaging campaigns to reduce stigma.

7. Innovative Use of Technology:

- **AI and Tech Solutions:** Community kiosks, AI tools for connecting people to resources, and dashboards for tracking service success.
- **Centralized Platforms:** Platforms for sharing information and coordinating care among providers.
- **Technology Accessibility:** Ensuring technology is available and usable for everyone in need.

8. Policy and Funding Changes:

- **Adequate Funding:** Ensuring sufficient funding to pay providers properly and support comprehensive services.
- **Policy Changes:** Advocating for changes in legislation to improve service delivery and support for individuals.
- **Basic Income and Living Wages:** Initiatives to provide financial stability and reduce economic barriers.

9. Transportation Solutions:

- **Access to Services:** Providing transportation to ensure individuals can reach services and services can reach individuals.
- **Mobile Units:** Service buses and mobile units equipped with necessary technology and resources.

10. Community-Based Programs and Support Structures:

- **Integrated Community Care:** Neighborhood-based care and support networks.
- **Intergenerational Programs:** Building connections across generations for mutual support.
- **Public Education and Awareness:** Continuous education and interaction with the community to build understanding and reduce stigma.

These elements highlight a comprehensive approach to addressing homelessness, mental health challenges, and addiction through integrated, accessible, and person-centered strategies supported by strong community involvement and innovative technology.

Question 4:

What steps can we take to ensure that our vision of inclusive communities that support mental health, addiction recovery and homelessness become a reality.

1. Funding and Resource Allocation:

- **Increased Funding:** Securing sustainable funding for services and infrastructure.
- **Efficient Use of Resources:** Agencies should maximize efficiency regarding funding and resources.
- **Human Resources:** Addressing capacity issues by increasing staffing levels for mental health and addiction services.

2. Housing Solutions:

- **Affordable Housing:** Increasing the availability of affordable housing and repurposing existing buildings.
- **Transitional and Long-Term Housing:** Providing housing solutions that support continuity of care.
- **Safe and Inclusive Housing:** Ensuring housing options are safe and welcoming.

3. Service Integration and Accessibility:

- **One Point of Contact:** Simplifying access to services through a single contact point.
- **Coordinated Care:** Unifying services to provide comprehensive and cohesive care.
- **Mobile and In-Person Services:** Bringing services to where they are needed, especially in rural areas.

4. Community and Public Engagement:

- **Public Education:** Campaigns to educate the public about mental health, addiction, and homelessness.
- **Community Champions:** Engaging local leaders and community champions to advocate for change.
- **Community Outreach:** Regular town meetings and community conversations to gather input and foster engagement.

5. Collaboration and Partnerships:

- **Cross-Agency Collaboration:** Breaking down silos and fostering collaboration between different service providers.
- **Engaging Diverse Stakeholders:** Involving indigenous partners, LGBTQ+ communities, and people with lived experience in planning and implementation.
- **Unified Voice:** Community agencies presenting a unified voice to elected officials and policymakers.

6. Policy and Advocacy:

- **Policy Change:** Advocating for changes to the criminal code and other legislation to support inclusive community goals.
- **Governance and Oversight:** Establishing a lead governance structure and coordinating body for oversight and strategic planning.
- **Lobbying for Resources:** Engaging in lobbying efforts at the provincial and federal levels for additional resources.

7. Anti-Stigma and Public Awareness:

- **Anti-Stigma Campaigns:** Education campaigns to reduce stigma associated with mental health, addiction, and homelessness.
- **Language and Communication:** Using inclusive and accepting language to promote dignity and respect.
- **Public Stories and Awareness:** Sharing lived experiences and success stories to change public perception and garner support.

8. Data and Technology:

- **Centralized Platforms:** Creating a centralized resource or online portal for accessing services and information.
- **Predictive Data and AI:** Using technology to measure outcomes, track success, and coordinate care.
- **Technology Access:** Ensuring access to technology for those experiencing adversities.

9. Education and Early Intervention:

- **Early Education:** Incorporating mental health and addiction education in schools from an early age.
- **Training for Professionals:** Providing ongoing training and professional development for service providers.

10. Community Building and Support:

- **Neighborhood Engagement:** Encouraging human connections and support within neighborhoods.
- **Volunteer Networks:** Leveraging community volunteers to support individuals and families.
- **Inclusive Spaces:** Creating free, shared community spaces for consultation and support.

11. Specialized Services:

- **Cultural Sensitivity:** Incorporating cultural awareness and sensitivity into training and programming.
- **Support for Caregivers:** Providing care and support for those who support individuals with mental health and addiction issues.
- **Trauma Support:** Offering free trauma counseling and immediate access to support.

By addressing these key points, communities can create a supportive, inclusive environment that effectively addresses mental health, addiction recovery, and homelessness.

Appendix 4: List of Participating Agencies

Addiction Treatment Services

Robbie Dean Counselling Centre

Algonquin college

Shepards of Good Hope

Algonquin of Pikwakanagan First Nation

The Dementia Society of Ottawa and Renfrew County

Built for Zero Canada

The Grind Pembroke

Canadian Alliance to End Homelessness

Town of Petawawa

Carefor

Township of Greater Madawaska

CBC Radio Canada

United Way Eastern Ontario

Child Poverty Action Network

Upper Ottawa Valley OPP Detachment Operations

City of Ottawa

Victim Services of Renfrew County

City of Pembroke

West Champlain Family Health Team

Columbus House

Whitewater Region

Community Mental Health at Pembroke Regional Hospital

Groves Park Lodge

Hastings County

Head, Clara and Maria

Health Care Connect Ontario

Home and Community Care Support Services

Laurentian Hills

Loyalist College

Mackay Manor

Ministry of the Solicitor General

Ontario Disability Support Program

Ottawa Valley Ontario Health Team

Parents Lifeline of Eastern Ontario (PLEO)

Pathways

Pembroke and Area Community Taskforce (PACT)

Pembroke Fire Department

Pembroke Regional Hospital Foundation

Pembroke Regional Hospital

Petawawa Centennial Family Health Centre

Renfrew and Area Connection Centre

Renfrew County and District Health Unit

Renfrew County Catholic District School Board

Renfrew County Community Poverty Action Network

Renfrew Hospital

Renfrew Central Ambulance Communications Centre

Richmond Medical Clinic


PARAMEDIC


EXIT
mesa

Lanark County Paramedic Service
84 Lorne Street
Smiths Falls, Ontario
K7A 5J7

Telephone: (613) 205-1021
Facsimile: (613) 205-1016
Email: tmellema@lcps.care

Michael Nolan, Chief
County of Renfrew Paramedic Service
450 O'Brien Rd
Renfrew, On
K7V 3Z2

June 28, 2024

Dear Chief Nolan,

I am writing to express my gratitude for the unwavering support you and your team provided following the recent passing of our colleague, David Nitschmann. Your kindness and solidarity have been a tremendous source of comfort during this difficult time.

Your willingness to step in and provide staffing support not only helped us maintain our level of service but also provided much-needed relief and reassurance for our team members as they navigated their grief. Your assistance has reinforced the strong bonds within our professional community and highlighted the spirit of cooperation that defines our work.

Please extend our heartfelt thanks to everyone at the County of Renfrew Paramedic Service for their empathy and generosity.

Thank you once again for your kindness and for being there for us when we needed it most.

With sincere appreciation,

Travis Mellema
Chief

Emergency Services
Department

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

9 INTERNATIONAL DRIVE
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4 S.2 Delegation By-law

MEMORANDUM

TO: Craig Kelley, CMO, Dipl.M.A., Dipl.M.M., Ec.D., CAO/Deputy Clerk
Gwen Dombroski, Dipl.M.A., Dipl.M.M., Manager of Legislative Services/Clerk

CC: Rhonda Chaput, Administrative Assistant III

FROM: Michael Nolan, Director, Emergency Services Department

DATE: August 14, 2024

SUBJECT: **2024-25 Funding for RCVTAC**

BACKGROUND

There is strong evidence that virtual care can improve patient and caregiver experience by facilitating more convenient, timely, and equitable access to care. In addition, virtual care programs can be designed to improve other Quintuple Aim objectives, including improved patient and provider experience, efficiency, population health outcomes and advancing health equity. In most cases, virtual care is most effective when it complements in-person care in the context of established provider-patient relationships. The Renfrew County Virtual Triage and Assessment Centre (RC VTAC) has been supporting residents of Renfrew County through an innovative, community-based, hybrid model of in-person and virtual care. The program focuses on respiratory care and other primary-care issues.

FINANCIAL IMPLICATIONS

Service	2024/25 Allocated Funding
Renfrew County Virtual Triage and Assessment Centre (VTAC) - Program Operations	$3,200,000.00
Renfrew County VTAC - Physician Compensation for Administrative Services	$1,755,000.00
Total Funding	$4,955,000.00

At the direction of the Ministry and aligned with a funding letter issued from the Ministry to OH, OH is providing funding to The County of Renfrew for this project.
*Funding for Administrative Services based on 52 weeks (April 1, 2024 - March 31, 2025) x 250 hours/week x $135/hour)

RECOMMENDATION

THAT the Agreement between the County of Renfrew and the Ministry of Health for funding to support the Renfrew County Virtual Triage and Assessment Centre for the term April 1, 2024, and ending on March 31, 2025, ("Fiscal Year") be signed and, along with an electronic copy of the *Renfrew County VTAC Program Contact Profile,* be returned to HealthSystem.Agreements@ontariohealth.ca, no later than August 8, 2024.

APPROVAL

Recommended by:

Michael Nolan, Director of Emergency Services

Approved by:

Gwen Dombroski, Dipl.M.A., Dipl.M.M.
Manager of Legislative Services/Clerk

Approved by:

Craig Kelley, CMO, Dipl.M.A., Dipl.M.M., Ec.D.,
CAO/Deputy Clerk

COUNTY OF RENFREW

BY-LAW NUMBER 116-24 D

A BY-LAW TO EXECUTE AN AGREEMENT BETWEEN THE CORPORATION OF THE COUNTY OF RENFREW AND ONTARIO HEALTH FOR FUNDING SUPPORT FOR THE RENFREW COUNTY VIRTUAL TRIAGE AND ASSESSMENT CENTRE (RCVTAC).

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

AND WHEREAS the County of Renfrew deems it desirable to enter into an agreement with Ontario Health for funding support and physician compensation for Renfrew County Virtual Triage and Assessment Centre for the term of April 1, 2024, to March 31, 2025.

AND WHEREAS the Warden and Chief Administrative Officer, under the Delegated Authority By-law 98-24 (Section 5 – Agreements, Subsection 5.2), have reviewed and approved the renewal of the Ontario Health funding to support the Renfrew County Virtual Triage and Assessment Centre.

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

1 THAT 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 31st day of July 2024.

READ a second time this 31st day of July 2024.

READ a third time and finally passed this 31st day of July 2024.

PETER EMON, WARDEN

GWEN DOMBROSKI, CLERK

Ontario Health

July 25, 2024

Mr. Craig Kelley
Chief Administrative Officer
Corporation of the County of Renfrew
9 International Drive
Pembroke, ON K8A 6W5

RE: 2024/25 VIRTUAL CARE PROGRAMS – VIRTUAL TRIAGE & ASSESSMENT CENTRE AGREEMENT

Dear Craig:

We are pleased to provide you with the 2024/25 Virtual Care Programs – Virtual Triage & Assessment Centre Agreement (the "**Agreement**") for your organization.

There is strong evidence that virtual care can improve patient and caregiver experience by facilitating more convenient, timely, and equitable access to care. In addition, virtual care programs can be designed to improve other Quintuple Aim objectives, including improved patient and provider experience, efficiency, population health outcomes and advancing health equity. In most cases, virtual care is most effective when it complements in-person care in the context of established provider-patient relationships.

The Renfrew County Virtual Triage and Assessment Centre (VTAC) has been supporting residents of Renfrew County through an innovative, community-based, hybrid model of in-person and virtual care. The program focuses on respiratory care and other primary-care issues.

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 2 weeks upon receipt of this letter.**

- Please return an electronic copy of the *Renfrew County VTAC Program Contact Profile* (as a Microsoft Excel Worksheet) to HealthSystem.Agreements@ontariohealth.ca **within 2 weeks upon receipt of this letter.**

- If you have any questions about the Agreement, please contact Wei Cao, Manager, Performance and Accountability, Ontario Health at (437) 703-3267 or email Wei.Cao@ontariohealth.ca.

- If you have any questions about the Virtual Triage & Assessment Centre funding, please contact the Virtual Care Team at virtualurgentcare@ontariohealth.ca.

We would like to take this opportunity to thank you for your leadership, support, and commitment in advancing access for patients to virtual care support through your participation in the Agreement.

Sincerely,

Elham Roushani
Chief Financial Officer
Ontario Health

Scott Ovenden
Chief Regional Officer, Toronto and East
Ontario Health

cc: Mr. Michael Spinks, Regional Digital Lead East

Encl.

Ontario Health

2024/25 VIRTUAL CARE PROGRAMS – VIRTUAL TRIAGE & ASSESSMENT CENTRE AGREEMENT

THIS AGREEMENT is effective as of the 1st day of April, 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**") for the fiscal year commencing on April 1, 2024, and ending on March 31, 2025 ("**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. Continued support for residents of Renfrew County through an innovative, community-based, hybrid model of in-person and virtual care. The program focuses on respiratory care and other primary-care issues.

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":	Partner Health Service Provider 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 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: Performance Requirements that must be completed by the end of the Fiscal Year and 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 one or more local hospitals or other health facilities (each a "**Partner Health Service Provider**") as a subcontractor to ensure adequate access to the Program within the Recipient's region. 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 Partner Health Service Provider 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. OH, in its sole discretion, determines whether Funds are spent or unspent. In determining whether Funds have been spent, OH may consider: (i) expense reports submitted by the Recipient; (ii) whether the Recipient has successfully completed the Performance Requirements set out in Schedule "B" for one or more OH programs; (iii) whether the Recipient has successfully completed the Allocated Volumes set out in Schedule "A"; and/or (iv) any other information.

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. The Recipient agrees to participate with OH in the development and monitoring of performance and quality indicators and in the interpretation and data analysis relating

to such indicators. The Recipient consents to public reporting of the performance and quality indicators and the corresponding data comparisons with other hospitals and health care facilities, as applicable, provided that such reports are first provided to the Recipient for review and comment.

4.2.4. 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. 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, 2025 (the "**Term**").

8.2 Notwithstanding Subsection 8.1, in the event that OH pays funds to the Recipient in respect of the Program for the next fiscal year ("**Subsequent Fiscal Year**"): (a) the terms of this Agreement shall continue to apply to such funds with the necessary modifications until a new funding agreement is entered into between the Parties for the Subsequent Fiscal Year ("**Subsequent Agreement**"); and (b) OH is not obligated to provide such funds in the same amounts as set out in Schedule "A". Upon execution of the Subsequent Agreement, such funds shall be deemed to have been provided pursuant to, and shall be governed by, the provisions of the Subsequent 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 **2024/25 VIRTUAL CARE PROGRAMS – VIRTUAL TRIAGE & ASSESSMENT CENTRE AGREEMENT** has been executed by the Parties hereto.

ONTARIO HEALTH

By: Elham Roushani
Name: Elham Roushani
Title: Chief Financial Officer,
Ontario Health
Date: July 25, 2024

By:
Name: Scott Ovenden
Title: Regional Officer, Toronto and East
Ontario Health
Date: July 25, 2024

CORPORATION OF THE COUNTY OF RENFREW

By:
Name: Craig Kelley
Title: CAO / Deputy Clerk
Date: July 31, 2024

I have the authority to bind the organization.

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

Virtual Triage and Assessment Centre Programs

Service	2024/25 Allocated Funding
Renfrew County Virtual Triage and Assessment Centre (VTAC) - Program Operations	$3,200,000.00
Renfrew County VTAC - Physician Compsensation for Administrative Services*	$1,755,000.00
Total	**$4,955,000.00**

At the direction of the Ministry and aligned with a funding letter issued from the Ministry to OH, OH is providing funding to The County of Renfrew for this project.
*Funding for Administrative Services based on 52 weeks (April 1, 2024 - March 31, 2025) x 250 hours/week x $135/hour)

C. Allocated Volumes
1. Renfrew County VTAC

As per Schedule "B", A percentage of the total funding noted in the above table is associated with the achievement of the number of VTAC 2.0 Encounters between April 1, 2024-March 31, 2025. Partial completion of this target will result in partial payment of funds, as described in Schedule "B".

Project	VTAC 2.0 Encounters (April 1, 2024-March 31, 2025)
Renfrew County VTAC - VTAC 2.0 Encounters	67,000

2. Renfrew County VTAC - Physician Compensation for Administrative Services

At the direction of the Ministry and aligned with a funding letter issued from the Ministry to OH, OH is providing funding to The County of Renfrew for this project.

Project	Estimated Hours per Week (April 1, 2024-March 31, 2025)
Renfrew County VTAC - Physician Hours for Administrative Services	250

D. Settlement Criteria
1. Renfrew County VTAC

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.

2. Refrew County VTAC - Physician Compensation for Administative Services

Following the end of the Fiscal Year, actual hours completed by the Recipient (as detailed in the template and which must be submitted to the Ministry and OH as outlined in Schedule "C") will be reviewed by OH. Actual hours completed will be compared to the estimated hours noted above. Should the Recipient's actual hours be less than the estimated hours, the Recipient will return the related funding to OH in accordance with the year-end settlement process.

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

Renfrew County Virtual Triage and Assessment Centre (VTAC)

I. Goals and Funding Purpose

There is strong evidence that virtual care can improve patient and caregiver experience by facilitating more convenient, timely, and equitable access to care. In addition, virtual care programs can be designed to improve other Quintuple Aim objectives, including improved patient and provider experience, efficiency, population health outcomes and advancing health equity. In most cases, virtual care is most effective when it complements in-person care in the context of established provider-patient relationships.

The Renfrew County Virtual Triage and Assessment Centre (VTAC) has been supporting residents of Renfrew County through an innovative, community-based, hybrid model of in-person and virtual care. The program focuses on respiratory care and other primary-care issues.

II. Program Expectations

The Recipient hereby acknowledges and agrees that they will undertake activities to support the planning, implementation, adoption and evaluation of the project as outlined in the agreed upon project proposal and below in Section III. Performance Deliverables. In addition, the Recipient shall:

1. Engage on a regular schedule (at least every four (4) weeks) with OH Regions and/or OH on project progress, milestones, issues and mitigation strategies.

2. Complete reporting and progress reports (including reporting of physician hours for administrative services completed) as per the Reporting Requirements defined in Schedule "C".
3. Ensure that resources are available (such as Information Technology (IT)/Decision Support/Project Management (PM)) for the collection of data, as required to support the evaluation, as applicable.
4. Participate in planning activities for OH East Region Episodic Access to Virtual Care Program, Ontario Health Team (OHT) and/or other governance groups as determined by OH.
5. If required by OH, report on specific metrics or workflows, as requested by the OH, related to individual projects.
6. Ensure that physician hours completed for administrative services are reported to OH via the monthly status reports.
    a. Activities eligible for administrative services funding include coordinating paramedic follow ups (in-home assessments etc., when required), assisting patients in navigating existing local healthcare services as well as regional services, and coordinating with the Integrated Virtual Care (IVC) program which provides attachment for previously unattached patients.
7. Ensure that Fee For Service (FFS) activities (i.e. direct patient care - patient assessments) are billed through the Ontario Health Insurance Plan (OHIP) claims payment system in accordance with the rates and requirements listed in the Schedule of Benefits for Physician services (OHIP - Schedule of Benefits and Fees - Health Care Professionals - MOH (gov.on.ca)

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	Demonstrate ongoing delivery of virtual care strategies and program activities as per the agreed upon project proposal.	Submission of monthly status reports and quarterly budget reports as outlined in Schedule "C".	30% (monthly and quarterly submissions for the period of time that the project is active in 2024/25 are required; funding will be prorated accordingly if status reports are not submitted)

#	Performance Deliverable	Compliance Threshold	Funding At Risk (%)
2	Achieve the VTAC Encounter Target specified in Schedule "A".	Achievement of the VTAC Encounter Target specified in Schedule "A". The VTAC Encounter Target will be assessed as per the data collected in the monthly data submission file.	25% (based on volumes achieved proportionate to the overall target)
3	Participate in Provincial Outcome Reporting, which includes submission of the Unique Patient ID/Health Card Number Mapping Report Submissions, as outlined in a separate data sharing agreement (DSA), titled 'Collection of Virtual Care Data Under the Master Data Sharing Agreement'. The above submissions will provide Outcome Results (ED and Primary Care Visits & Inpatient Admissions) and demographic information (Age, Gender and Postal Code).	Submission of quarterly provincial outcome reports as per Schedule "C" and separate DSA, 'Collection of Virtual Care Data Under the Master Data Sharing Agreement'.	10% (Quarterly submissions for the period of time that the project is active in 2024/25 are required; funding will be prorated accordingly if reports are not submitted)
4	Complete and provide a Project Close Out Report, which will include, but will not be limited to, the following items: • lessons learned • sustainability plans • project evaluation data	Submission of the Project Close Out Report by April 30, 2025, as outlined in Schedule "C".	15%
5	Collect and submit Patient and Provider Survey information.	Submission of Patient and Provider Survey information as outlined in Schedule "C".	20% (submission twice per year; funding will be prorated accordingly if information is not submitted)

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

Purpose:

- Reported indicators will be consolidated by OH and used to support ongoing program implementation, progress, and improvement.
- Reported indicators will be made available to the Regions and Ontario Health Teams (OHTs).

1) Contact Profile Reporting

a. Designate an Overall Contract Management Lead for this Agreement, who will serve as primary contacts with OH on program quality improvement efforts. The attached template "*Renfrew County VTAC Program Contact Profile*" must be completed and submitted to OH within 2 weeks upon receipt of this Agreement.

b. Designate a Reporting Lead to serve as a single point of contact with OH on reporting issues. The attached template "*Renfrew County VTAC Program Contact Profile*" must be completed and submitted to OH within 2 weeks upon receipt of this Agreement.

2) Renfrew County Virtual Triage and Assessment Centre Program Reporting

a. Status Reports

The Recipient will submit monthly status reports, including activity reporting, to OH at virtualurgentcare@ontariohealth.ca by the 10th business day following the end of each month (e.g., 10th business day of November for October activity). The Recipient must use Renfrew County VTAC monthly reporting templates created and distributed by OH and include all applicable performance indicators in each submission. Monthly activity indicators will be reported to OH at the aggregate level for each OHT patient population served by the program.

The Recipient will submit quarterly budget reports to OH at virtualurgentcare@ontariohealth.ca by the 10th business day following the end of each quarter (e.g., 10th business day of October for Q2 activity). The Recipient must use quarterly budget templates created and distributed by OH.

The Recipient will submit monthly Ministry reports, including physician visits and physician hours related to administrative services, to the Ministry at providerservicesbranch@ontario.ca by the 10th business day following the end of each month (e.g., 10th business day of November for October activity). The Recipient must use the monthly Ministry reporting templates created and distributed by Ministry and include all applicable performance indicators in each submission.

Reporting should reflect activity from service launch or enhancement initiation up until March 31, 2025. OH Regional Digital Health Lead(s) should be copied on all email submissions.

Note: The data to be submitted to OH must not include PHI/PI. If there are challenges with the provision of this data (e.g., timing, availability, organizational policy constraints, etc.), the Recipient must engage with OH to identify an alternate approach to successfully complete the reporting requirements and performance deliverables outlined in Schedule "B". This alternate approach must be mutually agreed upon by the Recipient and OH in writing.

b. Provincial Outcome Reporting

The Recipient will submit data for quarterly provincial outcome reporting as described in a separate DSA, titled 'Letter Agreement for the Collection of Virtual Care Data Under the Master Data Sharing Agreement'. The Recipient will use the OH Managed File Transfer (MFT) process to securely report the information which will include PI/PHI.

Note: Outcome Results (e.g. ED Visits & Inpatient Admissions) and Demographic information (e.g. Age, Gender, and Postal Code), will be used to report on anonymous outcome results for programs and to gain a greater understanding of the patients that are being supported in the Nurse Practitioner led episodic access to virtual care programs.

c. Project Close Out Report

The Recipient will submit a Project Close Out Report to virtualurgentcare@ontariohealth.ca by April 30, 2025. A copy of this report should also be sent to the OH Region. The template to be used and transmission method for the submission will be communicated by OH at a later date. The submission will include the following elements:

- a description of the change management approaches taken, highlighting the engagement of patients, clinicians, and other key healthcare groups throughout the project lifecycle
- a description of communications activities completed
- details on lessons learned throughout the course of the project (such as, what worked well, challenges, and adaptive changes that were made), which considers all aspects of the project lifecycle (such as planning, implementation, adoption, and optimization)
- details on the sustainability plans for program operations past the funding period
- project evaluation data

Note: While various parties may submit information on behalf of Recipient, the Recipient is at all times responsible for the activities contemplated by the Agreement.

d. OH Patient and Provider Survey Results

The Recipient will submit patient and provider results twice a year, which will include information regarding project experience and outcomes, via email to virtualurgentcare@ontariohealth.ca, by November 30, 2024, and April 30, 2025. This bi-annual report should also be sent to the OH Regional Digital Health Leads.

The Recipient must use the template created by OH, which will be distributed at a later date. The submission must not include PHI/PI.

Note: While various parties may submit information on behalf of Recipient, the Recipient is at all times responsible for the activities contemplated by the Agreement.

3) Additional Reporting

a. Additional Reporting

Recipients may be required to submit additional information to OH, as requested by the OH Regions, related to individual projects.

SCHEDULE "D"

PARTNER HEALTH SERVICE PROVIDER REQUIREMENTS

A. Background

To implement and operate Virtual Triage and Assessment Centre projects approved for funding, the Recipient may engage with partner organizations (each a "**Partner Health Service Provider**").

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 Partner Health Service Provider, as applicable, will be determined directly by the Recipient and the Partner Health Service Provider and outlined in agreements between the Recipient and the Partner Health Service Provider.

3. The Recipient is responsible for ensuring that deliverables performed by the Partner Health Service Provider 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 Partner Health Service Provider must be reported in accordance with Schedule "C" of this Agreement. It is the responsibility of the Recipient and Partner Health Service Provider to work together on reporting, via virtualurgentcare@ontariohealth.ca, as needed.

2. The Recipient should work with the Partner Health Service Provider 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 Partner Health Service Provider, as applicable, may be requested by OH.

Ontario Health

2024/25 Virtual Care Programs - Virtual Triage & Assessment Centre Agreement
Contact Profile

Name of Recipient	Corporation of the County of Renfrew

Organization	Organization Contact: Name	Organization Contact: Phone	Organization Contact: Email	OH Contact: Name	OH Contact: Email
Overall Contract Management Lead				Wei Cao	Wei.Cao@ontariohealth.ca
Data Reporting Lead				Virtual Triage & Assessment Centre Team	virtualurgentcare@ontariohealth.ca

Note: If any contact information changes during the year, please update this form and resubmit it by email to healthsystem.agreements@ontariohealth.ca

Association of Municipalities of Ontario (AMO)
155 University Ave., Suite 800
Toronto, Ontario M5H 3B7
Telephone: 416.971.9856
Toll-free in Ontario: 1.877.426.6527
Fax: 416.971.6191

Ontario Medical Association
150 Bloor St. West, Suite 900
Toronto, ON M5S 3C1
Canada

TF: 1.800.268.7215
T: 416.599.2580
F: 416.533.9309
E: info@oma.org

oma.org

Dear Heads of Council and Clerks:

Communities across Ontario have been facing critical health-care challenges, including long waitlists for primary care, shortages of doctors and other health care workers; and emergency room closures. These cracks in Ontario's health care system are impacting economic development, health, and well-being at the local level.

In response, the Ontario Medical Association (OMA) and the Association of Municipalities of Ontario (AMO) are working collaboratively to advocate for a better healthcare system for Ontario's residents and communities.

We have jointly developed the attached draft council resolution (Appendix A), urging the provincial government to recognize the physician shortage in your municipality and the rest of Ontario. By adopting this resolution, your municipality can play a crucial role in highlighting the urgent need for more healthcare resources and support.

AMO is excited to welcome everyone to Ottawa for our annual conference from August 18-21, 2024. We are pleased to inform you that the OMA will be participating at this year's conference . Along with sponsoring the Rural Caucus Lunch on August 20, the OMA has reserved meeting room at the Fairmont Château Laurier for both August 20 and 21 to meet directly with municipal leaders. During these meetings, we would like to hear what you are seeing on the ground and discuss opportunities to work closer with you. We believe that collaboration between Ontario's doctors and all 444 municipalities is essential in addressing the health-care needs of your community.

To set up a meeting with the OMA, please reach out to Tarun.Saroya@OMA.org (senior advisor for government relations and advocacy) to book a 15-30 minute time slot at your earliest convenience.

We look forward to your positive response and to working together towards a healthier future for all Ontarians.

Yours sincerely,

Kimberly Moran
CEO, Ontario Medical Association

Colin Best
President
Association of Municipalities of Ontario

Appendix A:

WHEREAS the state of health care in Ontario is in crisis, with 2.3 million Ontarians lacking access to a family doctor, emergency room closures across the province, patients being de-rostered and 40% of family doctors considering retirement over the next five years; and

WHEREAS it has becoming increasingly challenging to attract and retain an adequate healthcare workforce throughout the health sector across Ontario; and

WHEREAS the Northern Ontario School of Medicine University says communities in northern Ontario are short more than 350 physicians, including more than 200 family doctors; and half of the physicians working in northern Ontario expected to retire in the next five years; and (Northern Ontario only)

WHERAS Ontario municipal governments play an integral role in the health care system through responsibilities in public health, long-term care, paramedicine, and other investments.

WHEREAS the percentage of family physicians practicing comprehensive family medicine has declined from 77 in 2008 to 65 percent in 2022; and

WHEREAS per capita health-care spending in Ontario is the lowest of all provinces in Canada, and

WHEREAS a robust workforce developed through a provincial, sector-wide health human resources strategy would significantly improve access to health services across the province;

- NOW THEREFORE BE IT RESOLVED THAT the Council of (the name of municipality) urge the Province of Ontario to recognize the physician shortage in (name of municipality) and Ontario, to fund health care appropriately and ensure every Ontarian has access to physician care.

COUNTY OF RENFREW

LONG-TERM CARE REPORT

TO: Health Committee

FROM: Mike Blackmore, Director of Long-Term Care

DATE: August 14, 2024

SUBJECT: Department Report

INFORMATION

1. **Treasurer's Report**

   Attached is a copy of the Treasurer's Reports for each of Bonnechere Manor and Miramichi Lodge as of June 30, 2024.

2. **Long-Term Care Resident Statistics**

Bonnechere Manor Statistics	May 2024	June 2024	July 2024
Population at end of Month	177	178	176
# of Female Residents	103	102	103
# of Male Residents	74	76	73
Vacant Beds at End of Month	3	2	4
YTD Occupancy Rate: LTC	97.26%	98.96%	98.66%
Resident Deaths	7	4	6
Resident Discharges	0	0	0
Resident Admissions	11	5	4

Miramichi Lodge Statistics	May 2024	June 2024	July 2024
Population at end of Month	165	165	164
# of Female Residents	103	100	101
# of Male Residents	62	65	63
Vacant Beds at End of Month	0 LTC / 1 Respite	0 LTC / 1 Respite	2 LTC / 0 Respite
YTD Occupancy Rate: LTC Respite	97.90% 61.84%	98.15% 64.01%	98.37% 62.44%
Resident Deaths	2	3	3
Resident Discharges	0 LTC / 4 Respite	0 LTC / 4 Respite	0 LTC / 3 Respite
Resident Admissions	3 LTC / 5 Respite	3 LTC / 4 Respite	1 LTC / 4 Respite

Home & Community Care Support Services Champlain Client Waitlist Information

Renfrew County Long-Term Care Homes (LTCHs)	Patients waiting for 1st choice from Community/Hospital	Patients waiting for 1st choice to transfer from another LTCH	Totals
Bonnechere Manor	114	39	153
Caressant Care Cobden	52	19	71
Deep River & District Hospital – The Four Seasons Lodge	16	4	20
Grove (The) Nursing Home	148	35	183
Groves Park Lodge	46	16	62
Marianhill Inc.	73	18	91
Miramichi Lodge	283	60	343
North Renfrew LTC Services	58	22	80
Valley Manor Inc.	46	11	57
Totals	**836**	**224**	**1060**

3. **Ontario Health at Home**

As of June 28, 2024, 14 Home and Community Care Support Services organizations became a single provincial organization continuing to support the coordination of home care services across the province, and support Ontario Health Teams as they take on the responsibility for home care under the new name 'Ontario Health at Home'. The new provincial website is ontariohealthathome.ca.

4. **Ministry Adopting a New InterRAI Long-Term Care Home Assessment Instrument**

The Ministry has advised that long-term care homes will be adopting a new mandatory standard for quarterly resident assessments, advised by the Canadian Institute for Health Information (CIHI). The current RAI-MDS 2.0 Assessment Instrument and Continuing Care Reporting System (CCRS) must be replaced by the new interRAI Long-Term Care Facilities (LTCF) Assessment Instrument and Integrated interRAI Reporting System (IRRS) in Ontario Long-Term Care homes (LTCHs) by April 1, 2026.

As a participant in the Ministry of Long-Term Care working group examining continued use of the RAI-MDS 2.0 assessment tool, the interRAI Long-Term Care Facilities (LTCF) assessment tool was considered an improvement over the current RAI-MDS 2.0 in terms of efficiencies and a more person-centred care focus. The transition to the new assessment tool will require training for staff already completing and submitting the existing version. The transition will occur in the 2025-26 fiscal year (April 1, 2025 to March 31, 2026).

5. **Algonquin College Personal Support Worker Program**

Staff have confirmed with Algonquin College Pembroke Campus that the upcoming year includes a slight expansion in the Personal Support Worker (PSW) program intake from 44 to 48 spaces for each of the fall and winter sessions, as well as a potential for a third intake of PSW students for the spring 2025 semester. The PSW curriculum will be expanded to include medication administration.

There are also plans for a new pathway for current PSWs to expedite completion of the Registered Practical Nurse (RPN) program, with applicants receiving advance credit for PSW certification. Likewise, the bridge from RPN to Bachelor of Science in Nursing (BScN) has been condensed as well.

Class sizes for RPN and Registered Nurse remain the same. The RPN program is currently at capacity with several applicants wait listed. Full details to follow with a soon to be launched marketing plan.

6. **June Delegation – Pembroke Regional Hospital President and Chief Executive Officer**

At the request of Committee, the United Kingdom study regarding life expectancy and anticipated pressures to the health care system as referenced by Pembroke Regional Hospital President and Chief Executive Officer, Sabine Mersmann, will be shared once made available to the public.

7. **Service Accountability Agreements (SAA) Local Obligations: Health Equity Plan**

Attached is the County of Renfrew Long-Term Care Homes Health Equity, Inclusion, Diversity and Anti-Racism (EIDA-R) Plan that was submitted June 30, 2024 to Ontario Health, as a requirement of the Service Accountability Agreement with Ontario Health.

The Homes were required to develop and/or demonstrate advancement of an equity plan that aligns with Ontario Health equity, inclusion, diversity and anti-racism framework, and existing provincial priorities, such as French language, health services plan, Accessibility for Ontarians with Disabilities Act, the provincial Black Health Plan, High Priority Communities Strategy, etc.

Our inaugural EIDA-R Plan was drafted using the Ottawa Valley Ontario Health Team EIDA-R framework, demonstrating continued capacity-building through knowledge transfer, education and training about health equity. For 2023/2024, the requirement was that 100% of the executive level staff completed relevant equity, inclusion, diversity, and anti-racism education with a plan to expand the education across the Homes in 2024/2025.

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

The Bonnechere Manor and Miramichi Lodge Quality Improvement and Safety Plan Progress Reports are attached. Committee will recall during the Committee and Council meetings of March 2024, the annual Quality Improvement Plans (QIP) for Bonnechere Manor and Miramichi Lodge were endorsed for submission to Ontario Health. The 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. Priority indicators defined by Ontario Health were utilized for the County of Renfrew Homes' QIP submission.

9. **Renfrew County and District Health Unit Inspection Report – Miramichi Lodge**

On July 25, 2024, the Public Health Inspector with the Renfrew County and District Health Unit, Agnes Atkinson, conducted a compliance inspection of the main kitchen. There was one infraction noted at the time of the inspection regarding compliance of testing sanitizer concentration for surface and equipment cleaning. Corrective training was provided at the time of inspection and will be repeated at an upcoming department meeting. The report is attached as information.

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

Ministry of Long-Term Care (MLTC) Inspector Marko Punzalan conducted a critical incident system inspection at Bonnechere Manor on May 7, 8, 9, 10, 13, and 14, 2024. The following inspection protocols were used during this inspection: Infection Prevention and Control, Prevention of Abuse and Neglect, Responsive Behaviours, and Falls Prevention and Management. Two written notifications were issued. The full report is available through the Ministry of Long-Term Care Public Reporting website: Licensee Inspection Report.

MLTC Inspectors Karen Buness and Ashley Martin conducted a critical incident system inspection at Bonnechere Manor on June 18 and 19, 2024. The following inspection protocols were used during this inspection: Infection Prevention and Control, and Falls Prevention and Management. There were no findings of non-compliance. The full report is available through the Ministry of Long-Term Care Public Reporting website: Licensee Inspection Report.

11. **Ministry of Long-Term Care Inspection Report – Miramichi Lodge**

Ministry of Long-Term Care (MLTC) Inspectors Shevon Thompson, Margaret Beamish, Ashley Martin and Maryse Lapensee conducted a critical incident system, complaint and follow-up inspection at Miramichi Lodge on March 4, 5, 6, 7, 8, 11, 12, 13, 14, and 15, 2024. The original report was provided April 11, 2024 and after challenging the findings, the MLTC provided an amended report dated June 3, 2024. The following inspection protocols were used during this inspection: Skin and Wound Prevention and Management, Resident Care and Support Services, Medication Management, Infection Prevention and Control, Prevention of Abuse and Neglect, Responsive Behaviours, Reporting and Complaints, Falls Prevention and Management, and Admission, Absences and Discharge. Four written notifications (WN), one Notice of Administrative Monetary Penalty (AMP) related to WN, and one Compliance Order were issued. The full report is available through the Ministry of Long-Term Care Public Reporting website: Licensee Inspection Report.

12. **Butterfly Approach Project – Miramichi Lodge**

Committee will recall that Miramichi Lodge Resident Home Area (RHA) 1A was awarded "Outstanding" Butterfly Accreditation status from Meaningful Care Matter earlier this year. We are pleased to showcase this RHA by presenting a video and providing tours after the meeting.

13. **Management Team – Miramichi Lodge**

I am pleased to advise that Allison Lepack was the successful applicant for the Resident Care Coordinator position at Miramichi Lodge. Allison commenced employment at the Lodge on June 24, 2024 and brings with her a wealth of acute and long-term care management experience.

RESOLUTIONS

14. Reallocation of Capital Budget – Bonnechere Manor

Recommendation: THAT the Health Committee recommends that County Council approve the surplus capital funds from the boiler replacement project and the solar inverter project, to be reallocated to support the replacement of concrete patio areas in the greenhouse courtyard and the Senior/Adult Day Program courtyards, and repairs to the front entrance interlocking brick patio and walkway, at a cost of $81,773.58, inclusive of applicable taxes.

Background

Through the 2024 Budget process for Bonnechere Manor, Health Committee and County Council approved $225,000 for the replacement of the domestic hot water boilers, which was completed for a total cost of $166,000, saving $59,000. The replacement of the solar inverters was budgeted through the 2024 Capital Budget at $25,000, which were replaced under warranty, just sixty days before warranty expired. Total Capital Budget savings is $84,000, which staff is requesting to have reallocated to the replacement of concrete in the greenhouse courtyard and the Senior/Adult Day Program courtyard and repairs to the front entrance interlocking brick patio and walkway, at a total cost of $81,773.58, inclusive of applicable taxes.

15. Long-Term Care Capital Budget Items

Recommendation: THAT the Health Committee recommends that County Council approve the list of unbudgeted Capital purchases funded through the 2023/24 One-Time Increase to Long-Term Care Home Funding Agreement in the amount of $2,543 per bed, ($457,740 for Bonnechere Manor and $422,138 for Miramichi Lodge) and the surplus from the previous year.

Background

As reported in April, Ontario Health, through Ontario Health East, advised the Corporation of the County of Renfrew, that Bonnechere Manor and Miramichi Lodge will receive one-time funding in the amount of $2,543 per bed, ($457,740 for Bonnechere Manor and $422,138 for Miramichi Lodge) in the fiscal year 2023-24 to relieve financial pressures and address key priorities. The Warden and Clerk signed the 2023/24 One-Time Increase to Long-Term Care Home Funding Agreement per By-law 68-24**.** This funding may be applied against eligible expenditures in the Other Accommodation Level of Care funding envelope or eligible expenditures in other Level of Care funding envelopes in accordance with the Guidelines for Eligible Expenditures for Long-Term Care Homes. Unused funding may be retained by the licensee. Below is a list of unbudgeted capital items for Committee's approval:

Bonnechere Manor

Item	Estimated Cost
Other minor equipment (fridge/freezer, mixer, toaster)	$38,000
Steam table for HM2	$60,000
Steamer for main kitchen	$50,000
Minor renovations/furnishings at nursing stations	$10,000
Lockers (men's change room)	$6,000
Small piece laundry folder	$100,000
Nursing equipment (Stair evacuation chairs)	$7,000
Upgrade base phone system	$40,000
Resident exercise therapy equipment including interactive projection for sensory system	$7,100
Total	**$318,100**

Miramichi Lodge

Item	Estimated Cost
Changing to LED lights	$200,000
Resident security (X-mark)	$100,000
Nurse Call – common area	$22,000
Minor building renovations (doorway)	$15,000
Other Minor Equipment (Auto Scrubber, Food Processors)	$24,000
Nursing equipment (Ultrasound, Air Therapy)	$8,700
Total	**$369,700**

COUNTY OF RENFREW
TREASURER'S REPORT - BONNECHERE MANOR
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
CLIENT PROGRAMS & SERVICES	**498,860.72**	**540,040.00**	**(41,179.28)**	**1,080,073.00**
Salaries	377,264.75	410,798.00	(33,533.25)	821,589.00
Salary Allocations	15,761.98	32,741.00	(16,979.02)	65,487.00
Employee Benefits	96,306.39	82,953.00	13,353.39	165,907.00
Computers Operation and Maintenance	0.00	810.00	(810.00)	1,620.00
Depreciation	761.16	1,146.00	(384.84)	2,290.00
Equipment - Replacements	115.86	750.00	(634.14)	1,500.00
Equipment Operation/Maint.	0.00	336.00	(336.00)	670.00
Hobby Crafts	0.00	252.00	(252.00)	500.00
Office Supplies / Other	40.27	0.00	40.27	0.00
Purchased Services	1,440.00	2,790.00	(1,350.00)	5,580.00
Recoveries	(3,018.00)	0.00	(3,018.00)	0.00
Recreation & Entertainment	7,394.51	4,110.00	3,284.51	8,220.00
Special Events	3,554.96	4,500.00	(945.04)	9,000.00
Staff Education	0.00	0.00	0.00	0.00
Surplus Adjustment - Depreciation	(761.16)	(1,146.00)	384.84	(2,290.00)
NURSING SERVICES	**6,276,807.07**	**6,819,251.00**	**(542,443.93)**	**13,634,484.00**
Salaries - Admin	250,053.51	305,876.00	(55,822.49)	611,749.00
Benefits - Admin	80,376.19	83,500.00	(3,123.81)	167,004.00
Salaries - Direct	2,998,346.06	4,821,758.00	(1,823,411.94)	9,643,514.00
Benefits - Direct	700,027.26	964,158.00	(264,130.74)	1,928,320.00
Clinical Decision Support	6,135.13	0.00	6,135.13	0.00
Computer Operation & Maintenance	0.00	16,752.00	(16,752.00)	33,500.00
Integrated Technology Soultions	4,070.40	0.00	4,070.40	0.00
Depreciation	26,630.86	24,354.00	2,276.86	48,709.00
Equipment- Replacement	1,629.77	3,852.00	(2,222.23)	7,700.00
Equipment-Repairs & Maintenance	551.53	1,674.00	(1,122.47)	3,350.00
Fall Prevention	0.00	0.00	0.00	0.00
Fall Prevention - Provincial Subsidy	0.00	0.00	0.00	0.00
Furniture Replacements	0.00	0.00	0.00	0.00
High Intensity Needs	50,121.64	60,000.00	(9,878.36)	120,000.00
High Intensity Needs - Prov Subsidy	(22,638.00)	(57,000.00)	34,362.00	(114,000.00)
High Intensity Needs-Non Claims Based	13,185.73	21,084.00	(7,898.27)	42,163.00
Incontinent Supplies - (Funded at $1.20 per diem)	61,843.99	60,498.00	1,345.99	121,000.00
IPAC Expenses	12,595.68	22,523.00	(9,927.32)	45,048.00
IPAC Lead	20,361.00	39,117.00	(18,756.00)	78,232.00
IPAC minor capital	0.00	0.00	0.00	0.00
Lab Fees	4,905.00	4,002.00	903.00	8,000.00
Lab Fees - Provincial Subsidy	(2,165.00)	(2,000.00)	(165.00)	(8,000.00)
Medical Director - Funded (0.30 / day)	9,774.00	9,858.00	(84.00)	19,710.00
Medical Supplies & Medication	48,751.64	42,276.00	6,475.64	84,550.00
Medication Safety Technology	0.00	0.00	0.00	0.00
Resident Health and Well Being	0.00	0.00	0.00	0.00
Memberships	0.00	0.00	0.00	0.00
Miscellaneous	4,800.77	600.00	4,200.77	1,200.00
Nurse Practitioner Expenses	79,863.38	86,138.00	(6,274.62)	172,276.00
Nurse Practitioner Prov Subsidy	(65,928.00)	(65,928.00)	0.00	(131,856.00)
Phys-On-Call - Funded Expenses ($100 / bed)	9,504.00	9,600.00	(96.00)	19,200.00
Phys-On-Call - Prov Subsidy ($100 / bed)	(9,645.00)	(9,600.00)	(45.00)	(19,200.00)
Phys-On-Call - Un-Funded Expenses	0.00	0.00	0.00	0.00
Purchased Services	1,806,889.34	149,898.00	1,656,991.34	299,800.00
Purchased Services - Accommodation	197,203.67	201,300.00	(4,096.33)	402,600.00
PSW return of Service	0.00	0.00	0.00	0.00
RAI / MDS - Expenses	29,644.49	49,315.00	(19,670.51)	98,624.00
RAI / MDS - Prov Subsidy	0.00	0.00	0.00	0.00
Recoveries - Other	(13,451.11)	0.00	(13,451.11)	0.00
Staff Education	0.00	0.00	0.00	0.00
Surplus Adjustment - Depreciation	(26,630.86)	(24,354.00)	(2,276.86)	(48,709.00)

COUNTY OF RENFREW
TREASURER'S REPORT - BONNECHERE MANOR
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
RAW FOOD	**418,014.57**	**407,034.00**	**10,980.57**	**814,071.00**
Bread	13,681.18	11,502.00	2,179.18	23,000.00
Dairy	55,218.71	53,502.00	1,716.71	107,000.00
Groceries & Vegetables	242,305.99	240,642.00	1,663.99	481,287.00
Meat	100,975.73	95,790.00	5,185.73	191,584.00
Nutrition Supplements	14,017.83	8,502.00	5,515.83	17,000.00
Raw Food Recoveries	(8,184.87)	(2,904.00)	(5,280.87)	(5,800.00)
FOOD SERVICES	**882,666.21**	**873,392.00**	**9,274.21**	**1,746,792.00**
Salaries	715,914.90	714,904.00	1,010.90	1,429,814.00
Salary Allocations	(32,743.49)	(32,741.00)	(2.49)	(65,487.00)
Employee Benefits	184,694.19	172,582.00	12,112.19	345,164.00
Computers - Operation & Maintenance	889.60	2,538.00	(1,648.40)	5,080.00
Depreciation	8,326.32	8,304.00	22.32	16,610.00
Dietary Supplies	29,013.64	37,086.00	(8,072.36)	74,180.00
Equipment - Operation/Maint.	4,577.55	3,402.00	1,175.55	6,800.00
Equipment - Replacements	0.00	1,998.00	(1,998.00)	4,000.00
Other Expenses	687.86	876.00	(188.14)	1,750.00
Purchased Services	249.34	300.00	(50.66)	600.00
Recoveries	(22,556.17)	(31,303.00)	8,746.83	(62,609.00)
Replacement - Dishes/Cutlery	3,277.10	4,998.00	(1,720.90)	10,000.00
Surplus Adjustment - Depreciation	(8,326.32)	(8,304.00)	(22.32)	(16,610.00)
Vending – Net Proceeds	(1,338.31)	(1,248.00)	(90.31)	(2,500.00)
HOUSEKEEPING SERVICES	**494,867.47**	**508,352.00**	**(13,484.53)**	**1,016,702.00**
Salaries	380,017.46	387,998.00	(7,980.54)	775,994.00
Employee Benefits	82,776.87	85,962.00	(3,185.13)	171,921.00
Depreciation	179.64	642.00	(462.36)	1,286.00
Equipment - Operation/Maint.	2,407.71	1,248.00	1,159.71	2,500.00
Equipment - Replacements	126.54	1,152.00	(1,025.46)	2,300.00
Housekeeping Supplies	34,301.90	36,846.00	(2,544.10)	73,700.00
Recoveries	(4,763.01)	(4,854.00)	90.99	(9,713.00)
Surplus Adjustment - Depreciation	(179.64)	(642.00)	462.36	(1,286.00)
LAUNDRY AND LINEN SERVICES	**231,893.06**	**233,533.00**	**(1,639.94)**	**467,079.00**
Salaries	165,525.33	161,123.00	4,402.33	322,250.00
Employee Benefits	44,457.45	45,968.00	(1,510.55)	91,939.00
Depreciation	3,902.20	3,522.00	380.20	7,044.00
Equipment Operation/Maint.	3,272.16	5,400.00	(2,127.84)	10,800.00
Laundry Supplies	13,809.97	12,498.00	1,311.97	25,000.00
Recoveries	(1,848.27)	(1,884.00)	35.73	(3,770.00)
Replacements	6,676.42	10,428.00	(3,751.58)	20,860.00
Surplus Adjustment - Depreciation	(3,902.20)	(3,522.00)	(380.20)	(7,044.00)

COUNTY OF RENFREW
TREASURER'S REPORT - BONNECHERE MANOR
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
BUILDINGS AND PROPERTY MAINTENANCE	**653,004.44**	**722,943.00**	**(69,938.56)**	**1,469,692.00**
Salaries	166,195.83	176,450.00	(10,254.17)	352,903.00
Employee Benefits	44,707.91	46,403.00	(1,695.09)	92,801.00
Computers - Operation & Maintenance	0.00	1,398.00	(1,398.00)	2,800.00
Depreciation	318,127.80	300,966.00	17,161.80	601,931.00
Capital Below Thereshold	0.00	0.00	0.00	0.00
Comprehensive minor capital	104,708.94	102,498.00	2,210.94	204,992.00
One Time Operating	5,520.46	0.00	5,520.46	0.00
Equipment - Operation/Maint.	493.09	0.00	493.09	0.00
Equipment - Replacements	12,316.57	21,300.00	(8,983.43)	42,600.00
Furniture - Replacements	106.75	11,850.00	(11,743.25)	23,700.00
Natural Gas	50,658.92	52,000.00	(1,341.08)	111,000.00
Hydro	67,266.36	59,000.00	8,266.36	195,300.00
Insurance	87,182.82	87,222.00	(39.18)	87,222.00
Cell/Pager	0.00	0.00	0.00	0.00
Purchased Services	107,040.78	105,540.00	1,500.78	211,075.00
Resident - Telephone System	16,227.21	16,002.00	225.21	32,000.00
Resident - Telephone System Recovery	(36,296.97)	(30,210.00)	(6,086.97)	(60,416.00)
Recoveries	(13,847.73)	(13,872.00)	24.27	(27,745.00)
IPAC Minor Capital	0.00	0.00	0.00	0.00
Repairs/Maint./Bldgs./Grounds	25,498.79	33,882.00	(8,383.21)	67,760.00
Surplus Adjustment - Depreciation	(318,127.80)	(300,966.00)	(17,161.80)	(601,931.00)
Travel	111.79	0.00	111.79	0.00
Water / Wastewater	15,112.92	53,480.00	(38,367.08)	133,700.00
GENERAL AND ADMINISTRATIVE	**624,625.38**	**669,515.00**	**(44,889.62)**	**1,206,131.00**
Salaries	231,949.47	234,560.00	(2,610.53)	469,121.00
Salary Allocations	(14,021.93)	(14,021.00)	(0.93)	(28,044.00)
Employee Benefits	76,277.40	74,054.00	2,223.40	148,108.00
Accreditation	4,878.47	6,000.00	(1,121.53)	6,000.00
Admin Charges	64,038.00	64,038.00	0.00	128,081.00
Advertising/Awards Dinner	1,737.43	4,362.00	(2,624.57)	10,000.00
Audit	15,798.24	13,046.00	2,752.24	13,046.00
Computer/Internet Expenses	28,521.01	36,276.00	(7,754.99)	72,550.00
Conventions	1,420.83	0.00	1,420.83	0.00
Depreciation	6,166.44	5,850.00	316.44	11,695.00
Equipment - Operation/Maint.	6,543.04	6,630.00	(86.96)	13,260.00
Equipment - Replacements	0.00	0.00	0.00	0.00
Gain / Loss from the Sale of an Asset	0.00	0.00	0.00	0.00
Health & Safety Program	0.00	0.00	0.00	0.00
HR Charges	55,884.00	55,884.00	0.00	111,773.00
Insurance	56,281.68	95,122.00	(38,840.32)	95,122.00
IT Charges	37,098.00	37,098.00	0.00	74,195.00
Legal & Labour Contract Costs	12,193.33	10,002.00	2,191.33	20,000.00
Memberships	15,160.61	9,252.00	5,908.61	18,500.00
Postage / Courier	2,071.27	1,962.00	109.27	3,920.00
Printing & Stationery	7,233.23	9,402.00	(2,168.77)	18,800.00
Purchased Services	3,023.50	1,722.00	1,301.50	3,440.00
Purchased Services - Internal	15,279.21	22,068.00	(6,788.79)	44,140.00
Recoveries - Internal	(14,695.77)	(21,486.00)	6,790.23	(42,973.00)
Recoveries	(7,806.65)	0.00	(7,806.65)	(40,000.00)
Staff Training	12,169.10	11,946.00	223.10	23,892.00
Surplus Adjustment - Depreciation	(6,166.44)	(5,850.00)	(316.44)	(11,695.00)
Surplus Adjustment - Transfer to Reserves	0.00	0.00	0.00	0.00
Telephone	8,145.64	6,396.00	1,749.64	12,800.00
Travel	4,761.27	5,202.00	(440.73)	10,400.00
Uniform Allowance	685.00	0.00	685.00	20,000.00
ADULT DAY PROGRAM	**(183,359.75)**	**0.00**	**(183,359.75)**	**0.00**
Salaries	66,435.08	0.00	66,435.08	0.00
Employee Benefits	17,844.62	0.00	17,844.62	0.00
Salary Allocations	31,003.44	0.00	31,003.44	0.00
Staff Training	42.94	0.00	42.94	0.00
Bad Debt	0.00	0.00	0.00	0.00
Office Supplies	314.26	0.00	314.26	0.00
Meals	12,049.10	0.00	12,049.10	0.00
Other Operating	2.86	0.00	2.86	0.00
Transportation	48,176.00	0.00	48,176.00	0.00
Purchased Client Services	295.30	0.00	295.30	0.00
Building Occupancy	20,459.01	0.00	20,459.01	0.00
Service Supplies	12,631.81	0.00	12,631.81	0.00
One Time Expenses	0.00	0.00	0.00	0.00
Central Agency Charges	6,864.00	0.00	6,864.00	0.00
Provincial Subsidy - Operating	(366,736.83)	0.00	(366,736.83)	0.00
Provincial Subsidy - Other	(2,891.34)	0.00	(2,891.34)	0.00
Provincial Subsidy - One Time	0.00	0.00	0.00	0.00
Client revenue	(29,850.00)	0.00	(29,850.00)	0.00
Depreciation	2,895.30	0.00	2,895.30	0.00
Surplus Adjustment - Depreciation	(2,895.30)	0.00	(2,895.30)	0.00

COUNTY OF RENFREW
TREASURER'S REPORT - BONNECHERE MANOR
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
BONNECHERE MANOR TOTALS	**9,897,379.17**	**10,774,060.00**	**(876,680.83)**	**21,435,024.00**

COUNTY OF RENFREW
TREASURER'S REPORT - BONNECHERE MANOR
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
RESIDENT DAYS	***32,125.00***	***32,580.00***	***(455.00)***	***65,700.00***
NON-SUBSIDIZABLE EXPENSE	**0.00**	**0.00**	**0.00**	**0.00**
Temporary Loan and Interest- Solar Project	0.00	0.00	0.00	0.00
Surplus Adjustment - Transfer to Reserve	0.00	0.00	0.00	0.00
SURPLUS ADJUSTMENT	**279,014.38**	**490,002.00**	**(210,987.62)**	**980,000.00**
Surplus Adjustment - Capital Purchases	279,014.38	490,002.00	(210,987.62)	980,000.00
TOTAL EXPENDITURE	**10,176,393.55**	**11,264,062.00**	**(1,087,668.45)**	**22,415,024.00**

COUNTY OF RENFREW
TREASURER'S REPORT - BONNECHERE MANOR
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
MUNICIPAL SUBSIDY	**1,162,344.00**	**1,162,344.00**	**0.00**	**2,324,694.00**
City of Pembroke	383,574.00	383,574.00	0.00	767,150.00
County of Renfrew	778,770.00	778,770.00	0.00	1,557,544.00
RESIDENTS REVENUE	**2,269,731.94**	**2,257,584.00**	**12,147.94**	**4,515,172.00**
Bad Debts	0.00	0.00	0.00	0.00
Basic Accommodation	1,949,902.52	1,924,854.00	25,048.52	3,849,703.00
Preferred Accommodation	270,623.62	332,730.00	(62,106.38)	665,469.00
Preferred Accommodation - HIN Claims	49,205.80	0.00	49,205.80	0.00
Respite Care	0.00	0.00	0.00	0.00
OTHER REVENUE	**375,682.22**	**189,000.00**	**186,682.22**	**410,000.00**
Donations	0.00	0.00	0.00	0.00
Donations In Kind	0.00	0.00	0.00	0.00
Interest Income	347,284.33	150,000.00	197,284.33	300,000.00
Other Revenue - FIT	28,397.89	39,000.00	(10,602.11)	110,000.00
GRANTS & SUBSIDIES	**8,241,593.70**	**7,017,407.00**	**1,224,186.70**	**14,185,158.00**
Prov Revenue - 4hrs care per day - Allied Health Professional	168,835.00	162,301.00	6,534.00	323,487.00
Prov Revenue - 4hrs care per day - Nursing Staff Suppliment	1,657,458.00	1,482,492.00	174,966.00	3,100,344.00
Prov Revenue - Clinical Decision Support	10,000.00	0.00	10,000.00	0.00
Prov Revenue - Operating - Global LOC Subsidy	252,981.00	253,676.00	(695.00)	510,959.00
Prov Revenue - Operating - HIN NPC	22,621.00	22,129.00	492.00	44,140.00
Prov Revenue - Operating - Nursing & Personal Care	3,530,962.00	3,421,541.00	109,421.00	6,837,095.00
Prov Revenue - Operating - Other Accomodation	114,824.00	(5,363.00)	120,187.00	(19,411.00)
Prov Revenue - Operating - Pay Equity	11,430.00	11,430.00	0.00	22,860.00
Prov Revenue - Operating - Program & Support Services	419,106.00	416,336.00	2,770.00	834,557.00
Prov Revenue - Operating - RAI/MDS	50,201.00	49,216.00	985.00	98,161.00
Prov Revenue - Operating - Raw Food	415,089.00	398,670.00	16,419.00	795,172.00
Prov Revenue - Operating - RN	53,004.00	53,004.00	0.00	106,008.00
Prov Revenue - Operating - Structural Compliance	0.00	0.00	0.00	0.00
Prov Revenue - Operating -Accreditation	12,879.00	12,222.00	657.00	24,376.00
Prov Revenue - Operating -RHWB	7,899.00	7,923.00	(24.00)	15,949.00
Prov Revenue - PSW Return of Service	2,695.25	0.00	2,695.25	0.00
Prov Revenue - PSW Wage Enhancement	568,216.83	425,904.00	142,312.83	886,305.00
Prov Revenue - One Time Operating	457,700.00	0.00	457,700.00	0.00
Prov Revenue - IPAC Lead	40,722.00	40,722.00	0.00	81,444.00
Prov Revenue - Equalization	95,784.00	95,787.00	(3.00)	191,052.00
Prov Revenue - IPAC	97,197.60	22,524.00	74,673.60	45,048.00
Prov Revenue - Medication Safety Training	48,061.71	0.00	48,061.71	0.00
Prov Revenue - PSW / Behavioural Support Subsidy	29,364.00	29,364.00	0.00	58,728.00
Prov Revenue -Comp Minor Capital	169,082.64	102,496.00	66,586.64	204,992.00
Prov Revenue - Support Professional Growtrh	5,480.67	15,033.00	(9,552.33)	23,892.00
SURPLUS ADJUSTMENT	**0.00**	**0.00**	**0.00**	**980,000.00**
Surplus Adjustment - TRF from Reserves	0.00	0.00	0.00	980,000.00
GRAND TOTAL REVENUES	**12,049,351.86**	**10,626,335.00**	**1,423,016.86**	**22,415,024.00**
Municipal Surplus / (Deficit)	**1,872,958.31**	**(637,727.00)**	**2,510,685.31**	**0.00**
less: Depreciation - BM	**(366,989.72)**	**(344,784.00)**	**(22,205.72)**	**(689,565.00)**
add: Transfer to Reserve	**0.00**	**0.00**	**0.00**	**0.00**
less: Transfer from Reserve	**0.00**	**0.00**	**0.00**	**(980,000.00)**
add: Capital Purchases	**279,014.38**	**490,002.00**	**(210,987.62)**	**980,000.00**
Accounting Surplus / (Deficit)	**1,784,982.97**	**(492,509.00)**	**2,277,491.97**	**(689,565.00)**

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
CLIENT PROGRAMS & SERVICES	**398,737.48**	**461,149.00**	**(62,411.52)**	**922,304.00**
Salaries	265,562.61	311,552.00	(45,989.39)	623,104.00
Salary Allocations	35,785.49	35,784.00	1.49	71,571.00
Employee Benefits	62,503.51	72,611.00	(10,107.49)	145,222.00
Computer Operation and Maint	418.89	822.00	(403.11)	1,645.00
Depreciation	1,896.24	1,890.00	6.24	3,782.00
Equipment - Replacements	2,228.85	1,536.00	692.85	3,075.00
Equipment Operation/Maint.	386.82	1,230.00	(843.18)	2,460.00
Hobby Crafts	4,139.69	2,562.00	1,577.69	5,125.00
Purchased Services-Physio	25,159.80	28,554.00	(3,394.20)	57,102.00
Recoveries	0.00	0.00	0.00	0.00
Recreation & Entertainment	752.14	5,250.00	(4,497.86)	10,500.00
Special Events	1,799.68	1,248.00	551.68	2,500.00
Surplus Adjustment - Depreciation	(1,896.24)	(1,890.00)	(6.24)	(3,782.00)
NURSING SERVICES	**5,774,992.54**	**6,211,157.00**	**(436,164.46)**	**12,436,484.00**
Salaries - Administration	257,767.81	293,658.00	(35,890.19)	587,319.00
Salaries - Direct	4,359,706.94	4,699,832.00	(340,125.06)	9,399,669.00
Salary Allocations	0.00	0.00	0.00	0.00
Employee Benefits - Administration	70,509.72	81,978.00	(11,468.28)	163,958.00
Employee Benefits - Direct	855,578.61	803,342.00	52,236.61	1,606,685.00
Clinical Decision Support	3,032.45	0.00	3,032.45	0.00
Computer Operation and Maint	1,624.65	11,328.00	(9,703.35)	22,652.00
Depreciation	31,495.26	27,822.00	3,673.26	55,638.00
Equipment - Repairs & Maintenance	221.77	2,502.00	(2,280.23)	5,000.00
Equipment - Replacments	0.00	6,498.00	(6,498.00)	13,000.00
Fall Prevention	0.00	0.00	0.00	0.00
Fall Prevention - Prov Subsidy	0.00	0.00	0.00	0.00
High Intensity Needs	36,651.23	15,000.00	21,651.23	30,000.00
High Intensity Needs - Non Claims Based	17,416.35	19,440.00	(2,023.65)	38,884.00
High Intensity Needs - Prov Subsidy	(25,899.00)	(14,250.00)	(11,649.00)	(28,500.00)
Incontinent Supplies - (Funded at $1.20 per diem)	69,983.35	67,500.00	2,483.35	135,000.00
IPAC	4,120.00	20,774.00	(16,654.00)	41,544.00
IPAC LEAD	22,151.00	52,046.00	(29,895.00)	104,095.00
IPAC MINOR CAPITAL	0.00	0.00	0.00	0.00
Lab Fees	3,720.00	3,252.00	468.00	6,500.00
Lab Fees - Prov Subsidy	0.00	(1,625.00)	1,625.00	(6,500.00)
Medical Director - (0.30 / day)	4,544.25	4,557.00	(12.75)	18,227.00
Medical Nursing Supplies	69,260.88	52,752.00	16,508.88	105,500.00
Medication Safety Technology	8,415.65	0.00	8,415.65	0.00
Memberships	0.00	0.00	0.00	0.00
Nurse Practitioner BM Support	0.00	0.00	0.00	0.00
Nurse Practitioner Expenses	90,968.73	96,497.00	(5,528.27)	193,003.00
Nurse Practitioner Provincial Subsidy	(61,422.00)	(61,422.00)	0.00	(122,844.00)
Prov Subsidy - Local Priorities	(47,100.00)	0.00	(47,100.00)	0.00
Prov Subsidy - Equipment and Training	(10,000.00)	0.00	(10,000.00)	0.00
Phys-On-Call - Funded Exp ($100 / bed)	4,382.82	4,150.00	232.82	16,600.00
Phys-On-Call - Prov Subsidy ($100 / bed)	(8,898.84)	(8,298.00)	(600.84)	(16,600.00)
Resident Health and Well Being	0.00	0.00	0.00	0.00
PSW Return of Service	35,000.00	0.00	35,000.00	0.00
RAI / MDS Expenses	22,816.00	61,646.00	(38,830.00)	123,292.00
RAI / MDS Prov Subsidy	0.00	0.00	0.00	0.00
Recoveries	(7,163.01)	0.00	(7,163.01)	0.00
Recoveries - Wages	(2,396.82)	0.00	(2,396.82)	0.00
Surplus Adjustment - Depreciation	(31,495.26)	(27,822.00)	(3,673.26)	(55,638.00)

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
RAW FOOD	**354,456.78**	**366,660.00**	**(12,203.22)**	**733,324.00**
Dairy	36,855.89	42,702.00	(5,846.11)	85,400.00
Groceries and Vegatables	192,833.73	201,570.00	(8,736.27)	403,144.00
Meat	111,590.34	111,642.00	(51.66)	223,280.00
Nutrition Supplements	15,834.86	13,998.00	1,836.86	28,000.00
Recoveries	(2,658.04)	(3,252.00)	593.96	(6,500.00)
FOOD SERVICES	**786,584.97**	**787,274.00**	**(689.03)**	**1,574,534.00**
Salaries	642,365.51	636,597.00	5,768.51	1,273,197.00
Salary Allocations	(35,785.49)	(35,784.00)	(1.49)	(71,571.00)
Employee Benefits	137,142.91	136,402.00	740.91	272,799.00
Café M	(2,776.48)	(798.00)	(1,978.48)	(1,600.00)
Computer Operation and Maint	5,372.91	2,802.00	2,570.91	5,600.00
Depreciation	8,495.04	8,550.00	(54.96)	17,096.00
Dietary Supplies	9,179.73	11,502.00	(2,322.27)	23,000.00
Equipment - Operation and Replacement	1,503.86	5,652.00	(4,148.14)	11,300.00
Food Wrap & Disposable Items	4,208.55	5,898.00	(1,689.45)	11,800.00
Purchased Services - BM Staff Support	26,128.35	21,853.00	4,275.35	43,709.00
Recoveries	(646.00)	0.00	(646.00)	0.00
Replacement - Dishes/Cutlery	2,988.87	5,148.00	(2,159.13)	10,300.00
Surplus Adjustment - Depreciation	(8,495.04)	(8,550.00)	54.96	(17,096.00)
Vending - Net Proceeds	(3,097.75)	(1,998.00)	(1,099.75)	(4,000.00)
HOUSEKEEPING SERVICES	**529,310.64**	**474,483.00**	**54,827.64**	**948,955.00**
Salaries	414,140.70	369,395.00	44,745.70	738,788.00
Employee Benefits	78,121.78	67,132.00	10,989.78	134,267.00
Depreciation	1,797.20	1,794.00	3.20	3,586.00
Equipment - Operation/Maint.	0.00	876.00	(876.00)	1,750.00
Equipment - Replacements	0.00	2,502.00	(2,502.00)	5,000.00
Furniture - Replacements	0.00	0.00	0.00	0.00
Housekeeping Supplies	37,048.16	33,954.00	3,094.16	67,900.00
Other	0.00	624.00	(624.00)	1,250.00
Recoveries	0.00	0.00	0.00	0.00
Surplus Adjustment - Depreciation	(1,797.20)	(1,794.00)	(3.20)	(3,586.00)
LAUNDRY AND LINEN SERVICES	**184,802.49**	**149,113.00**	**35,689.49**	**298,222.00**
Salaries	138,653.66	108,913.00	29,740.66	217,822.00
Employee Benefits	26,660.80	18,948.00	7,712.80	37,900.00
Depreciation	4,006.38	3,996.00	10.38	7,990.00
Education	0.00	0.00	0.00	0.00
Equipment - Replacements	0.00	1,002.00	(1,002.00)	2,000.00
Equipment Operation/Maint.	285.96	1,248.00	(962.04)	2,500.00
Laundry Supplies	8,941.23	10,002.00	(1,060.77)	20,000.00
Recoveries	0.00	0.00	0.00	0.00
Replacements	10,260.84	9,000.00	1,260.84	18,000.00
Surplus Adjustment - Depreciation	(4,006.38)	(3,996.00)	(10.38)	(7,990.00)

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
BUILDINGS AND PROPERTY MAINTENANCE	**625,748.20**	**721,854.00**	**(96,105.80)**	**1,465,021.00**
Salaries	152,147.12	139,074.00	13,073.12	278,148.00
Employee Benefits	31,719.99	38,934.00	(7,214.01)	77,864.00
Comprehensive minor capital	27,992.18	51,144.00	(23,151.82)	102,292.00
Computer Operation and Maint	3,500.52	2,100.00	1,400.52	4,200.00
Depreciation	411,412.14	406,218.00	5,194.14	812,441.00
Equipment - Operation/Maint.	0.00	0.00	0.00	0.00
Equipment - Replacements	36,263.40	70,248.00	(33,984.60)	140,500.00
Furniture - Replacements	18,588.00	19,998.00	(1,410.00)	40,000.00
Hydro	65,873.95	49,000.00	16,873.95	200,000.00
Insurance	109,445.55	107,708.00	1,737.55	107,708.00
IPAC minor capital	0.00	0.00	0.00	0.00
Natural Gas	50,452.64	39,000.00	11,452.64	75,000.00
Purchased Services	95,100.20	159,012.00	(63,911.80)	318,029.00
Recoveries	(19,694.99)	(2,502.00)	(17,192.99)	(5,000.00)
Repairs/Maint./Bldgs./Grounds	59,113.63	49,992.00	9,121.63	99,980.00
Replacements/Capital	0.00	0.00	0.00	0.00
Resident - Cable System	12,028.86	12,498.00	(469.14)	25,000.00
Resident - Cable/Phone Recoveries	(33,816.10)	(29,352.00)	(4,464.10)	(58,700.00)
Surplus Adjustment - Depreciation	(411,412.14)	(406,218.00)	(5,194.14)	(812,441.00)
Water / Wastewater	17,033.25	15,000.00	2,033.25	60,000.00
GENERAL AND ADMINISTRATIVE	**697,850.16**	**758,431.00**	**(60,580.84)**	**1,405,723.00**
Salaries	219,745.37	226,642.00	(6,896.63)	453,288.00
Salary Allocations	0.00	0.00	0.00	0.00
Employee Benefits	77,874.04	76,460.00	1,414.04	152,923.00
Accreditation	4,878.48	0.00	4,878.48	6,000.00
Admin Charges	63,948.00	63,948.00	0.00	127,891.00
Advertising/Awards	5,672.13	1,200.00	4,472.13	5,000.00
Audit	8,273.09	13,045.00	(4,771.91)	13,045.00
Computer Operation and Maint	63,889.97	112,866.00	(48,976.03)	225,730.00
Conventions	971.25	0.00	971.25	0.00
Depreciation	15,017.10	14,976.00	41.10	29,955.00
Equipment - Maintenance	4,179.39	5,658.00	(1,478.61)	11,318.00
Health & Safety Program	3,767.13	0.00	3,767.13	0.00
HR Charges	55,260.00	55,260.00	0.00	110,518.00
Insurance	73,335.89	88,188.00	(14,852.11)	88,188.00
Insurance Claim Costs	0.00	0.00	0.00	0.00
IT Charges	37,092.00	37,098.00	(6.00)	74,195.00
Legal & Labour Contract Costs	8,459.97	30,000.00	(21,540.03)	60,000.00
Loss (gain) of disposal of assets	0.00	0.00	0.00	0.00
Memberships / Subscriptions	15,918.26	8,640.00	7,278.26	17,275.00
Postage	2,807.14	3,498.00	(690.86)	7,000.00
Printing & Stationery	13,037.73	9,348.00	3,689.73	18,700.00
Purchased Services	12,979.19	2,220.00	10,759.19	4,437.00
Purchased Services - Internal	(22,069.97)	21,486.00	(43,555.97)	42,973.00
Recoveries - Internal	14,875.29	(22,068.00)	36,943.29	(44,140.00)
Recoveries - Other	(487.73)	0.00	(487.73)	(35,000.00)
Recruiting	0.00	0.00	0.00	0.00
Staff Training	11,329.65	11,016.00	313.65	22,032.00
Minor Capital	9,987.39	0.00	9,987.39	0.00
Surplus Adjustment - Depreciation	(15,017.10)	(14,976.00)	(41.10)	(29,955.00)
Surplus Adjustment - Disposal of Assets	0.00	0.00	0.00	0.00
Telephone	9,026.32	11,424.00	(2,397.68)	22,850.00
Travel	2,860.18	2,502.00	358.18	5,000.00
Uniform Allowance	240.00	0.00	240.00	16,500.00
MIRAMICHI LODGE TOTALS	**9,352,483.26**	**9,930,121.00**	**(577,637.74)**	**19,784,567.00**

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
RESIDENT DAYS	**29,296.00**	**30,046.00**	**(1,182.00)**	**60,590.00**
NON-SUBSIDIZABLE EXPENSE	**313,404.85**	**313,405.00**	**(0.15)**	**626,819.00**
Debenture Payment - Interest Only	17,001.61	17,002.00	(0.39)	25,631.00
Surplus Adjustment - Debenture Principal	296,403.24	296,403.00	0.24	601,188.00
Surplus Adjustment - Transfer to Reserves	0.00	0.00	0.00	0.00
Transfer to Bonnechere Manor	0.00	0.00	0.00	0.00
SURPLUS ADJUSTMENT	**411,773.49**	**372,852.00**	**38,921.49**	**745,700.00**
Surplus Adjustment - Capital Purchases	411,773.49	372,852.00	38,921.49	745,700.00
GRAND TOTAL EXPENDITURE	**10,077,661.60**	**10,616,378.00**	**(538,716.40)**	**21,157,086.00**

COUNTY OF RENFREW
TREASURER'S REPORT - MIRAMICHI LODGE
JUNE 2024

	YTD ACTUAL	YTD BUDGET	over / (under) VARIANCE	FULL YEAR BUDGET
MUNICIPAL SUBSIDY	**972,984.00**	**972,984.00**	**0.00**	**1,945,973.00**
City of Pembroke -30.63%	321,084.00	321,084.00	0.00	642,171.00
County of Renfrew - 69.37%	651,900.00	651,900.00	0.00	1,303,802.00
RESIDENTS REVENUE	**2,127,130.66**	**2,116,242.00**	**10,888.66**	**4,232,480.00**
Bad Debt (Expense) / Recovery	0.00	0.00	0.00	0.00
Basic Accommodation	1,725,122.73	1,725,156.00	(33.27)	3,450,316.00
Bed retention	0.00	0.00	0.00	0.00
Estate Recoveries - Municipal	0.00	0.00	0.00	0.00
Estate Recoveries - Provincial	0.00	0.00	0.00	0.00
Preferred Accommodation	378,828.69	382,740.00	(3,911.31)	765,477.00
Preferred Accommodation - HIN Claims	13,328.00	0.00	13,328.00	0.00
Preferred Accommodation - Prov COVID Reimbursement	0.00	0.00	0.00	0.00
Respite Care	9,851.24	8,346.00	1,505.24	16,687.00
OTHER REVENUE	**159,224.44**	**117,498.00**	**41,726.44**	**235,000.00**
Donations	0.00	0.00	0.00	0.00
Donations In Kind	0.00	0.00	0.00	0.00
Interest Income	159,224.44	117,498.00	41,726.44	235,000.00
GRANTS & SUBSIDIES	**7,354,939.15**	**6,899,347.00**	**455,592.15**	**13,997,933.00**
Prov Revenue - 4hrs care - Nursing Staff Suppliment	1,528,543.00	1,430,587.00	97,956.00	3,049,401.00
Prov Revenue - 4hrs care - Staff Supp Allied Health	155,702.00	149,675.00	6,027.00	298,326.00
Prov Revenue - Clinical Decision Making	10,000.00	0.00	10,000.00	0.00
Prov Revenue - COVID - Incremental costs	0.00	0.00	0.00	0.00
Prov Revenue - COVID - Lost Rev Advance	0.00	0.00	0.00	0.00
Prov Revenue - COVID - PSW Wage Enhancement	431,769.27	398,742.00	33,027.27	835,259.00
Prov Revenue - RHWB	7,287.00	7,308.00	(21.00)	14,713.00
Prov Revenue - Debenture Subsidy	315,266.00	314,600.00	666.00	626,819.00
Prov Revenue - ICIP	0.00	0.00	0.00	0.00
Prov Revenue - Medication Safety	44,922.15	0.00	44,922.15	0.00
Prov Revenue - Operating Subsidy - Accreditation	11,876.00	11,270.00	606.00	22,480.00
Prov Revenue - Operating Subsidy - Equalization	87,724.00	87,727.00	(3.00)	174,977.00
Prov Revenue - Operating Subsidy - Global LOC	233,303.00	233,945.00	(642.00)	471,217.00
Prov Revenue - Operating Subsidy - HIN NPC	20,863.00	20,409.00	454.00	40,707.00
Prov Revenue - Operating Subsidy - Nursing & Personal Care	2,736,507.00	3,193,494.00	(456,987.00)	6,385,236.00
Prov Revenue - Operating Subsidy - Other Accomodation	214,336.00	41,782.00	172,554.00	65,380.00
Prov Revenue - Operating Subsidy - Pay Equity	11,280.00	11,280.00	0.00	22,560.00
Prov Revenue - Operating Subsidy - Program & Support Services	386,506.00	383,954.00	2,552.00	769,647.00
Prov Revenue - Operating Subsidy - PSW / Behavioural Support	22,020.00	22,020.00	0.00	44,040.00
Prov Revenue - Operating Subsidy - PSW return of service	35,000.00	0.00	35,000.00	0.00
Prov Revenue - Operating Subsidy - RAI/MDS	46,294.00	45,385.00	909.00	90,526.00
Prov Revenue - Operating Subsidy - Raw Food	382,803.00	367,662.00	15,141.00	733,325.00
Prov Revenue - Operating Subsidy - RN	53,004.00	53,004.00	0.00	106,008.00
Prov Revenue - One Time Operating	422,100.00	0.00	422,100.00	0.00
Prov Revenue - Support Prof Growth	2,892.18	13,863.00	(10,970.82)	22,032.00
Prov Revenue - Comp Minor Capital	76,961.69	51,146.00	25,815.69	102,292.00
Prov Revenue - IPAC Lead	40,722.00	40,722.00	0.00	81,444.00
Provincial Revenue - IPAC	77,257.86	20,772.00	56,485.86	41,544.00
SURPLUS ADJUSTMENT	**0.00**	**0.00**	**0.00**	**745,700.00**
Surplus Adjustment - Trf from Reserves	0.00	0.00	0.00	745,700.00
GRAND TOTAL REVENUES	**10,614,278.25**	**10,106,071.00**	**508,207.25**	**21,157,086.00**
Municipal Surplus / (Deficit)	**536,616.65**	**(510,307.00)**	**1,046,923.65**	**0.00**
less: Depreciation	**(474,119.36)**	**(465,246.00)**	**(8,873.36)**	**(930,488.00)**
add: Transfer to Reserves	**0.00**	**0.00**	**0.00**	**0.00**
less: Transfer from Reserves	**0.00**	**0.00**	**0.00**	**(745,700.00)**
less: Disposal of Assets	**0.00**	**0.00**	**0.00**	**0.00**
add: Capital Purchases	**411,773.49**	**372,852.00**	**38,921.49**	**745,700.00**
add: Debenture Principal	**296,403.24**	**296,403.00**	**0.24**	**601,188.00**
ADJ Surplus / (Deficit)	**770,674.02**	**(306,298.00)**	**1,076,972.02**	**(329,300.00)**

COUNTY OF RENFREW LONG-TERM CARE HOMES

BONNECHERE MANOR
470 Albert Street,
Renfrew, ON K7V 4L5

MIRAMICHI LODGE
725 Pembroke Street West,
Pembroke, ON K8A 8S6

County of Renfrew Long-Term Care Homes Equity, Diversity, Inclusion and Anti-Racism 2024 – 2027 Work Plan

On behalf of the County of Renfrew Long-Term Care Homes (COR LTCHs), we are pleased to present the three-year work plan. The plan is intended to support a collective response to strengthen our services and programs, ensure access and quality care for all, and address inequities and systemic barriers.

As a member of the OVOHT, the COR LTCHs adapt the OVOHT's EDIA-R Goals and Objectives

VISION: As a member of the OVOHT, the COR LTCHs embrace diversity in our communities and are committed to collaborate and continuous learning. As a health service provider, we work together to create and embrace equitable, anti-racist, and culturally safe health care services where everyone is recognized, welcomed, and thrives.

GOALS:

1. Foster a workplace culture where inclusivity and diversity are integral values and enhance employer accountability to promote and sustain an inclusive environment.

2. Ensure care delivery and services are responsive to and inclusive of the diverse needs of each unique community we serve.

3. Establish a deep understanding of and effectively community with the unique communities, fostering trust and engagement.

County of Renfrew Long-Term Care Homes (COR LTCHs) Equity, Diversity, Inclusion & Anti-Racism 2024-2027 Work Plan

Goal 1. Foster a workplace culture where inclusivity and diversity are integral values and enhance employer accountability to promote and sustain an inclusive environment			
Objective	COR LTCHs Activity		
	Year 1- 2024/25	Year 2 -2025/26	Year 3 - 2026/27
Develop, implement, and distribute resources and training opportunities to raise awareness about the importance of inclusivity and diversity.	**Cultural Competency & Safety:** Access Ottawa Valley Ontario Health Team (OVOHT) Shared Member Platform for access to resources and materials, education, training and policy.		
	Cultural Competency & Safety: Promote/ host workshops and learning opportunities		
Implement recruitment and retention strategies to attract and retain diverse workforce, including inclusive hiring practices and mentorship.		**Provider Diversity and Inclusion:** Conduct scan of mentorship programs available across OVOHT partners and identify emerging practices and innovation	
Review and update policies and procedures to ensure they are inclusive and equitable.		**Policy:** Promote and make available improved policies that support diverse hiring and retention practices	
Establish diversity and inclusion metrics and benchmarks to track over time.		**Accountability:** Review measures and targets, monitor metrics and build recommendations based on findings	

Dimensions of Diversity Francophone, Indigenous, 2SLGBTQIA+, Gender, Age, Low income, Newcomers to Canada, Faith-based

Goal 2. Ensure care delivery and services are responsive to and inclusive of the diverse needs of each unique community we serve.			
Objective	COR LTCHs Activity		
	Year 1-2024/25	Year 2-2025/26	Year 3 -2026/27
Deliver culturally competent care and services reflect diverse backgrounds, languages, and beliefs.	**Language Access:** Support implementation of strategies for French Language Services		
	Equitable Access: Develop and distribute culturally relevant and linguistically appropriate materials and resources to help residents navigate and access local services and programs		
Ensure Bonnechere Manor and Miramichi Lodge environments are welcoming, inclusive, and accessible to diverse communities.	**Equitable Access:** Conduct scan of current intake and demographic data collected	**Equitable Access:** Conduct alignment of intake and demographic client/patient data, where applicable	
Enhance access and quality of Indigenous healthcare and services ensuring culturally appropriate care.	**Indigenous Health:** Support implementation of IPHCC Ne'iikaaniganaa Toolkit for management and front line staff		

Dimensions of Diversity Francophone, Indigenous, 2SLGBTQIA+, Gender, Age, Low income, Newcomers to Canada, Faith-based

Goal 3. Establish a deep understanding of and effectively communicate with the unique communities, fostering trust and engagement.			
Objective	COR LTCHs Activity		
	Year 1 - 2024/25	Year 2 - 2025/26	Year 3- 2026/27
Implement resident-centred, inclusive communications strategies to ensure health information is conveyed in an accessible and easily understood manner.	**Partnership and Engagement:** Develop and distribute content for social media, content, and resources for members relevant to diverse audiences, including calendar of significant observances		
	Accountability: Recognize and celebrate diversity and inclusion achievements, highlighting stories, events, and contributions		
	Continuous Quality Improvement: Expand resident satisfaction and experience surveys		

Dimensions of Diversity Francophone, Indigenous, 2SLGBTQIA+, Gender, Age, Low income, Newcomers to Canada, Faith-based

2024/2025 Bonnechere Manor Quality Improvement Plan – PROGRESS REPORT

X indicates attendance

	Meeting Dates:				
Attendance	April 24/24	July 24/24	Oct 23/24	Jan 22/25	
Trisha Michaelis, Director of Care (DOC) – Chair	X				
Dean Quade, Administrator	X				
Josie De Jesus-Shaw, Nurse Practitioner (NP)	X				
Sonia Mick, Interim RAI Coordinator					
Chantel Bulmer, Registered Practical Nurse (RPN), Behaviour Support Ontario (BSO)					
Erin Wilson, Client Programs Supervisor	X				
Dave Norton, Environmental Services Supervisor	X				
TBD, Family Member					
Kim Malleau, Pharmacist					
Melissa Verch, Dietitian	X				
TBD, Personal Support Worker (PSW)					
Dr. Andrea Di Paolo, Medical Director (MD)					
Michelle Christie, Resident Care Coordinator (RCC)					
Quin Leury, RCC					
Abhiraj Radhakrishnan, Physiotherapist (PT) (Ad Hoc)					
Lindsay Shepherd, Assistant Food Services Supervisor (Ad Hoc)					
Megan Ferneyhough, Administrative Assistant II (AA-II)					
Joanne O'Gorman, Resident	X				
Kelsie Rodden, Social Worker (SW)					
Mike Blackmore, Director of Long-Term Care (DLTC)					

Measure / Indicator	**QIP %**	**Target**	**4th Quarter 2021/22**	**1st Quarter 2023/24** Reported Oct 2023 Q2 2022/23- Q1 2023/24	**2nd Quarter 2023/24** Reported Jan 2024 Q3 2022/23- Q2 2023/24	**3rd Quarter 2023/24** Reported Apr 2024 Q4 2022/23- Q3 2023/24	**4th Quarter 2023/24** Reported Aug 2024 Q1 2022/23- Q4 2023/24	**Target Justifications**
INDICATOR #1								

Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.			3.8	4.5	NR	6.1	_____	
Change Ideas # 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 care plan 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 the Nurse Practitioner for review with the Nursing staff.			
Progress Report April 24, 2024: Many of the conditions that the hospitals deem avoidable are many of the reasons that residents are transferred to hospital as we reviewed in Professional Advisory Committee (PAC). With Project Amplify, the hospital tracking is now completed in Point Click Care (PCC). Director of Care (DOC) has been auditing to ensure that the staff are completing. Staff are still missing the Quick ADT entry for some hospital transfers, will provide direct education when noted that it is missed.								
Progress Report July 24, 2024:								
Progress Report October 23, 2024:								
Progress Report January 22, 2025:								
Change Ideas # 2 Enhance palliative care supports within the Long Term Care Home.								
Methods		**Process Measures**			**Target for Process Measure**			**Comments**
1. Continue working with the Ontario CLRI (Centres for Learning, Research, and Innovation in LTC) team at Bruyere on the Collaborative		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.			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. Three live sessions will take place with 2 more opportunities to attend a			

Palliative Care Project initiated in January.	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.	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.	

Progress Report April 24, 2024: Collaborative project ongoing. Education provided to over 100 staff members regarding a Palliative Approach to care, presented by Simone Howard. Palliative Care Team created and first meeting completed with Simone in attendance. Training regarding Consent and Capacity, presented by the Prevention of Error Based Transfers (PoET) team provided to all registered staff. Recently met with Collaborative Project regarding the potential adoption of tools that focus on early identification of end of life care. Policy has been reviewed and will be amended in conjunction with recommendations by Leslie Hirst. Upcoming meeting relating to policy creation schedule for April 29th. Pending meeting in works to receive presentation of RESPECT Tool.

Progress Report July 24, 2024:

Progress Report October 23, 2024:

Progress Report January 22, 2025:

Measure / Indicator	QIP %	Target	4th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	1st Quarter Ends Jun 30/24 Avg from July 1/23-Jun 30/24	2nd Quarter Ends Sep 30/24 Avg from Oct 1/23-Sept 30/24	3rd Quarter Ends Dec 31/24 Avg from Jan 1/23-Dec 31/24	4th Quarter Ends Mar 31/25 Avg from Apr 1/24-Mar 31/25	Target Justifications
INDICATOR #2								
Percentage of staff (executive-level, management or all) who have completed relevant equity, diversity, inclusion, and anti-racism education.		100.00						Will begin with education for managers and supervisors in 2024.
Change Ideas # 1 Staff will receive education relevant to equity, diversity, inclusion, and anti-racism training.								

Methods	Process Measures	Target for Process Measure	Comments
1. In-person and through surge learning.	1. Monitored through surge learning	1. 100% of managers and supervisors to be completed in 2024.	
Progress Report April 24, 2024: To start later in the year			
Progress Report July 24, 2024:			
Progress Report October 23, 2024:			
Progress Report January 22, 2025:			
Change Ideas # 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**
1. Based on RNAO Best Practice Guidelines.	1. Education will be presented to staff on program, both in-person and through online surge learning platform.	1. 100 % of staff will complete the training.	
Progress Report April 24, 2024: To start later in the year			
Progress Report July 24, 2024:			
Progress Report October 23, 2024:			
Progress Report January 22, 2025:			

Measure / Indicator	QIP %	Target	4th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	1st Quarter Ends Jun 30/24 Avg from July 1/23-Jun 30/24	2nd Quarter Ends Sep 30/24 Avg from Oct 1/23-Sept 30/24	3rd Quarter Ends Dec 31/24 Avg from Jan 1/23-Dec 31/24	4th Quarter Ends Mar 31/25 Avg from Apr 1/24-Mar 31/25	Target Justifications
INDICATOR #3								
Falls: This indicator measures the percentage of long-term care (LTC) home	17.51	16.50	N/A yet Q3 18.8 CIHI					Meet provincial average or better

residents who fell during the 30 days preceding their resident assessment. The indicator is calculated as a rolling four quarter average. This indicator was jointly developed by interRAI and the Canadian Institute for Health Information (CIHI).			Q3 16.2 internal					

Change Ideas # 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 Powers of Attorneys (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	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.	

tailor sessions to meet needs of the families as well as the home.			
Progress Report April 24, 2024: Education is set for Apr 29 and May 1st, PPT is drafted and schedule for in-services will be sent out April 26th. Will also be sent out via email and placed on surge learning for all staff.			
Progress Report July 24, 2024:			
Progress Report October 23, 2024:			
Progress Report January 22, 2025:			
Change Ideas # 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.	
Progress Report April 24, 2024: We have fallen behind on these meetings, last one in February. We will have another April 26th, 2024.			
Progress Report July 24, 2024:			
Progress Report October 23, 2024:			
Progress Report January 22, 2025:			

Measure / Indicator	**QIP %**	**Target**	**4th Quarter** Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	**1st Quarter** Ends Jun 30/24 Avg from July 1/23-Jun 30/24	**2nd Quarter** Ends Sep 30/24 Avg from Oct 1/23-Sept 30/24	**3rd Quarter** Ends Dec 31/24 Avg from Jan 1/23-Dec 31/24	**4th Quarter** Ends Mar 31/25 Avg from Apr 1/24-Mar 31/25	**Target Justifications**
INDICATOR #4								
Percentage of LTC residents without	22.94	21.20	N/A yet Q3 20.1 CIHI					Meet provincial average or better

psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment			Q3 21.4 internal					

Change Ideas # 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, Geriatric Mental Health (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.	

Progress Report April 24, 2024: BSO and NP continue to work together to decrease numbers. BSO RPN has provided email reminders to MDS coding staff to help to improve accurate documentation.

Progress Report July 24, 2024:

Progress Report October 23, 2024:

Progress Report January 22, 2025:

Measure / Indicator	QIP %	Target	4th Quarter Ends Mar 31/24 Avg from Apr 1/23-Mar 31/24	1st Quarter Ends Jun 30/24 Avg from July 1/23-Jun 30/24	2nd Quarter Ends Sep 30/24 Avg from Oct 1/23-Sept 30/24	3rd Quarter Ends Dec 31/24 Avg from Jan 1/23-Dec 31/24	4th Quarter Ends Mar Ends Mar 31/25 Avg from Apr 1/24-Mar 31/25	Target Justifications
INDICATOR # 5								
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3	5.10	2.40	N/A yet WorsenedQ 3 2.4 CIHI Q3 3.6 internal New Wound					Meet provincial average

or 4			Q3-2.7 CIHI 3.9 internal					

Change Ideas # 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.	

Progress Report April 24, 2024: Upcoming training schedule with Medline and Prevail. Prevail will be in April 30th to provide education to all nursing staff regarding proper usage of incontinence products and skin care. Medline representative will be attending facility in May/June to provide education to all nursing staff regrading skin and wound care. Sessions will be tailored for PSWs and Registered staff.

Progress Report July 24, 2024:

Progress Report October 23, 2024:

Progress Report January 22, 2025:

Measure / Indicator **Calendar year (not fiscal)**	**QIP**	**Target**	**4th Quarter** Oct, Nov, December 2023	**1st Quarter** Jan, Feb, Mar 2024	**2nd Quarter** Apr, May, June 2024	**3rd Quarter** July, Aug, Sept 2024	**4th Quarter** Oct, Nov, Dec 2024	**Target Justifications**	
INDICATOR # 8									
Critical Incidents: Resident Abuse / Neglect Report	n/a	Zero	RESIDENT: RESIDENT –	RESIDENT: RESIDENT-2	RESIDENT: RESIDENT –	RESIDENT: RESIDENT – STAFF: RESIDENT – VISITOR: RESIDENT –	RESIDENT: RESIDENT –		

			STAFF: RESIDENT – VISITOR: RESIDENT –	STAFF: RESIDENT - 1 VISITOR: RESIDENT	STAFF: RESIDENT – VISITOR: RESIDENT –		STAFF: RESIDENT – VISITOR: RESIDENT –		
Progress Report April 24, 2024: 2 Resident to Resident reports of Verbal Abuse, 1 Staff to resident verbal abuse, Appropriate interventions initiated and ongoing risk mitigation strategies in place.									
Progress Report July 24, 2024:									
Progress Report October 23, 2024:									
Progress Report January 22, 2025:									

Measure / Indicator **Calendar year (not fiscal)**	**QIP**	**Target**	**4th Quarter** Oct, Nov, December 2023	**1st Quarter** Jan, Feb, Mar 2024	**2nd Quarter** Apr, May, June 2024	**3rd Quarter** July, Aug, Sept 2024	**4th Quarter** Oct, Nov, Dec 2024	**Target Justifications**
INDICATOR # 9								
Resident/Family Complaint Summary Report	n/a		4	1				
Progress Report April 24, 2024: 1 Family complaint received this quarter. Complaint was in regards to fluid intake and missed opportunity to offer nourishment when family was present visiting and had brought in snacks for resident. Investigation initiated, dietitian and NP referrals sent, fluid intake adequate.								
Progress Report July 24, 2024:								
Progress Report October 23, 2024:								
Progress Report January 22, 2025:								

2023/2024 Miramichi Lodge Quality Improvement Plan – PROGRESS REPORT

DL = Designated Lead / X indicates attendance

Attendance	Dec 13, 2023	January 31, 2024	**April 17, 2024**	July 2024	October 2024
Nancy Lemire, DOC, Chair (DL)	X	X	X		
Mike Blackmore, DLTC	X	X			
Amber Regier, Nurse Practitioner	X	X	X		
Trisha Levair, RN	X	X	X		
Sarah Dagenais ,Client Programs Supervisor		X	X		
Robert Lamothe, PSW			X		
Kim Malleau, Pharmacist	X	X	X		
Dr. Lane, Medical Director			X		
Valerie Pincivero, RCC	X	X	X		
Tammy Morrisey, PT	X		X		
Darhl Burger, ESS	X	X	X		
Micheline Fraser, IPAC Lead	X	X	X		
Shelley Bulmer, Dietitian		X	X		
Betty Ross, Resident	X	X	X		
Penny Vaillancourt, Family Member	X		X		

Measure / Indicator	**QIP % actual**	**Target**	**4th Quarter** Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	**1st Quarter** Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	**2nd Quarter** Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	**3rd Quarter** Ends Dec 31/23 Avg. from Jan 1/23 – Dec 31/23	**4th Quarter** Ends Mar 31/24 Avg. from Jan 1/24 – Mar 31/24	**Target Justifications**
INDICATOR # 1								
Number of ED visits for modified list of ambulatory care–sensitive conditions* per 100 long-term care residents.	8.9	18.10	n/a	4.5	4.2	n/a	10.2	Falls with injury increased in 2024.
Change Ideas # 1	Reduce the number of potentially avoidable ED visits through early nursing assessment and reporting to NP/MD for in-house treatment where possible.							
Methods		**Process Measures**		**Target for Process Measure**			**Comments**	

1. RN/RPN to report resident change in condition in a timely manner to NP/MD. 2. Nurse Practitioner (NP) will provide assessment of acute changes and treat in a timely manner. 3. NP will complete all new admission physicals and develop baseline. 4. Goals of care will be established within first six weeks of admission and noted in resident's plan of care.	Residents who are transferred to ER should have supporting documentation that is evident of the nursing process and supporting appropriate assessments.	NP will provide education to RN/RPN group to enhance nursing assessment & documentation skills. NP treats residents in house as much as able.	Collaborative efforts between physician / NP and registered staff in support of potentiating registered staff scope of practice has long been supported.
Progress Report January 31, 2024: Quarter 3 data was unavailable.			
Progress Report April 17, 2024: Several transfers to hospital with injury this quarter; residents required diagnostics and surgical intervention.			
Progress Report			
Progress Report			
Progress Report			

Measure / Indicator	**QIP % actual**	**Target 2024/25**	**4th Quarter** Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	**1st Quarter** Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	**2nd Quarter** Ends Sep 30/23 Avg. from Oct 1/23 – Sept 30/23	**3rd Quarter** Ends Dec 31/23 Avg. from Jan 1/23 – Dec 31/23	**4th Quarter** Ends Mar 31/23 Avg. from Jan1 – Mar 31/24	**Target Justifications**
INDICATOR # 2								
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident Assessment	25.71 (CIHI)	12.0	16.2 (PCC)	22.2 (PCC)	10.7 (PCC)	4.3 (PCC)	N/A	Miramichi Lodge has adjusted indicator data collection based on definitions in FLTCA; internal stats are most accurate.

Change Ideas # 1	Optimization of medication through targeted de-prescribing using a planned and supervised process of dose reduction or stopping of medication that might have adverse side effects, or no longer be of benefit to individual residents on a case by case basis.		
Methods	**Process Measures**	**Target for Process Measure**	**Comments**
Miramichi Lodge's de-prescribing initiatives are well underway for 2023/2024 through focused three month medication reviews completed by NP/MD.	Quarterly Drug Utilization reports provided quarterly by Pharmacy provider and reviewed at Professional Advisory Committee.	Goal is to reduce overall antipsychotic usage to 19% or lower.	New admissions tend to have higher rate of both antipsychotic use and overall # of medications as a result of efforts to manage care in the community.

Progress Report January 31, 2024: Interventions include Butterfly approach on 1A, Goals of Care meetings, de-prescribing; medical students project.
Progress Report April 17, 2024: Stats for Jan-March 2024 not available yet.
Progress Report
Progress Report
Progress Report

Measure / Indicator	QIP %	Target	4th Quarter Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	1st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4th Quarter Ends Mar 31/24 Avg. from Jan 1/24 – Mar 31/24	Target Justifications
INDICATOR # 3								
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4.	2.2 new (CIHI) 3.1 worsened (CIHI)	1.9 (prov. Avg.) 2.3 (prov. Avg.)	6.8 (PCC) 6.4 (PCC)	10.6 (PCC) 8.1 (PCC)	7.1 (PCC) 2.7 (PCC)	5.7 (PCC) 1.9 (PCC)	5.6 (PCC) 3.3 (PCC)	

Change Ideas # 1 A reduction in Worsening pressure ulcers will be evidenced quarterly			
Methods	Process Measures	Target for Process Measure	Comments
Review and revise current skin and wound care program. Focus on prevention strategies and treatments according to BPGs. Plan education refresher for RNs/RPNs/PSWs with respect to their roles in preventing skin breakdown.	Registered staff will assess wounds at stage 1 and 2 and provide appropriate treatment. NP will be utilized for Stage 3 and 4 wounds with regular interdisciplinary review and Resident High Risk Rounds.	90% of Registered staff will complete education on the wound and skin care program 100% of new residents will have admission physicals completed by NP 100% of Residents with Stage 3 or 4 wound will be assessed and followed by NP.	ML is partnering with RNAO to incorporate clinical support tools within Point Click Care. Will further assist with monitoring and f/u of wounds.
Progress Report Jan. 31/24: Several admissions in 2024 who had advanced wounds at admission.			
Progress Report April 17, 2024: Embarking on new Skin & Wound program in Point Click Care as per RNAO BPG this Spring; improved wound tracking and monitoring.			
Progress Report			
Progress Report			
Progress Report			

Measure / Indicator	QIP %	Target	4th Quarter Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	1st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4th Quarter Ends Mar 31/24 Avg. from Jan1/24 1-Mar 31/24	Target Justifications
INDICATOR # 4								
Percentage of Residents who fell the 30 days preceding their assessment.	12.8 (CIHI)	16.5 (prov. Avg.)	16.8 (PCC)	19.7 (PCC)	18.2 (PCC)	19.6 (PCC)	17.8 (PCC)	
Change Ideas # 1 Within an environment where the dignity of risk is respected the goal will remain to maintain level below the provincial average.								
Methods		Process Measures			Target for Process Measure		Comments	
Resident Care Coordinator leader for falls risk reduction to reinforce timely completion of falls /injury risk assessment with front line staff. To ensure that frequent falls/injury are analyzed by the care team at High Risk Rounds for mitigation strategies.		Percentage of frequent faller / falls with injury assessments reviewed at high risk rounds.			100% of frequent faller / high risk for injury assessments to proceed to High Risk Rounds for interdisciplinary team review.		Currently reviewing all falls at High Risk Rounds.	
Progress Report January 31, 2024: FT Physiotherapist coming onboard in 2024. Falls Prevention/Management program being reviewed and updated this year with focus on trends and injury prevention while dignity of risk is respected. Each Resident has very specific fall interventions and strategies which continue to be reviewed at High Risk Rounds biweekly, and Resident Care Conferences and goals of care meetings, and as required.								
Progress Report April 17, 2024: Falls Program reviewed and updated April 2024. Partnering with RNAO to incorporate clinical support tools in PCC 2024/25.								
Progress Report								
Progress Report								
Progress Report								

Measure / Indicator	QIP %	Target	4th Quarter Ends Mar 31/23 Avg. from Apr 1/22-Mar 31/23	1st Quarter Ends June 30/23 Avg. from Jul 1/22 – Jun 30/23	2nd Quarter Ends Sep 30/23 Avg. from Oct 1/22 – Sept 30/23	3rd Quarter Ends Dec 31/23 Avg. from Jan 1/22 – Dec 31/23	4th Quarter Ends Mar 31/24 Avg. from Jan1/24 – Mar 31/24	Target Justifications
INDICATOR # 5								
Percentage of residents who were physically restrained every day	0.6 (CIHI)	0 (Prov avg = 2.3)	0 (PCC)	0 (PCC)	0 (PCC)	0.7 (PCC)	0 (PCC)	

during the 7 days preceding their resident assessment.								

Change Ideas # 1 Ensuring all staff in Home are knowledgeable of least restraint policy and adhere to same.			
Methods	Process Measures	Target for Process Measure	Comments
Reinforcement / education to staff that use of physical restraints is meant as a last resort and that all reasonable alternatives must first be attempted.	Percentage of Staff having received least restraint /restraint as a last resort training.	100% of staff educated on least restraint / restraint as a last alternative.	Discuss least restraint policy at High Risk Resident Rounds in attempt to find alternative solutions.

Progress Report January 31, 2024: One (1) Resident using physical restraint in last quarter.

Progress Report April 17, 2024: Zero physical restraints used this quarter.

Progress Report:

Progress Report:

Progress Report:

Measure / Indicator	QIP N/A	Target	4th Quarter Ends Mar 31/23	1st Quarter Ends Jun 30/23	2nd Quarter Ends Sep 30/23	3rd Quarter Ends Dec 31/23	4th Quarter Ends Mar 31/24	Target Justifications
INDICATOR # 6								
Percentage of residents responding positively to: "What number would you use to rate how well the staff listen to you?"	Avg. 8/10	10/10	n/a	n/a	n/a	n/a	9/10	Resident/Family Satisfaction survey recently completed with 36.7% response rate; 61 surveys completed.

Change Ideas # 1 – Maintained positive response to an average 9/10 two years running.			
Methods	Process Measures	Target for Process Measure	Comments
Promote staff engagement via Butterfly Model of care engagement philosophy (Trial 1A)	Percentage of staff completed Butterfly model of care training (1A)	90% 1A staff	
Reinforce Resident Rights awareness among staff.	Percentage of staff completed mandatory Resident Bill of Rights Training	100% staff	
Encourage resident engagement at regular Resident Council meetings.	Active open feedback from residents.	Majority of residents engaged during Resident Council meetings	

Progress Report January 31/24: Measures to promote communication remain ongoing.

Progress Report April 17/24: Measures to promote communication remain ongoing**.**

Progress Report

Progress Report								
Progress Report								
Measure / Indicator	QIP N/A	Target	4th Quarter Ends Mar 31/23	1st Quarter Ends Jun 30/23	2nd Quarter Ends Sep 30/23	3rd Quarter Ends Dec 31/23	4th Quarter Ends Mar 31/24	Target Justifications
INDICATOR # 7								
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	Avg. 9/10	10/10	n/a	n/a	n/a	n/a	9/10	Resident/Family Satisfaction survey recently completed with 36.7% response rate; 61 surveys completed.

Change Ideas # 1 Demonstrate an increase in positive response to 10/10.			
Methods	Process Measures	Target for Process Measure	Comments
Continue education / staff awareness re whistle blower protection / obligation to protect / no tolerance for retaliation.	Percentage of staff completed mandatory Whistle Blower Protection	100% staff	
Overview with Resident Council Whistle Blower protection obligations	Ensure Resident Handbook is provided to all new admissions outlining whistleblower protection as well as Home's contact for appropriate staff to speak with.	All new admissions will be empowered to bring concerns forward as required.	

Progress Report Jan. 31/24: Measures to promote open communication remain ongoing.
Progress Report April 17/24: Measures to promote open communication remain ongoing.
Progress Report:
Progress Report:
Progress Report:

Measure / Indicator	QIP N/A	Target	4th Quarter Oct, Nov, Dec/23	1st Quarter Jan, Feb, Mar 2024	2ndQuarter Apr, May, Jun 2024	3rdQuarter Jul, Aug, Sep 2024	4th Quarter Oct, Nov, Dec 2024	Target Justifications
INDICATOR # 8								
Critical Incidents: Alleged Resident Abuse / Neglect Report	N/A	ZERO cases of Abuse	RESIDENT: RESIDENT 0 STAFF: RESIDENT 1	RESIDENT: RESIDENT 1 STAFF: RESIDENT 2	RESIDENT: RESIDENT STAFF: RESIDENT	RESIDENT:RESIDENT STAFF:RESIDENT VISITOR:RESIDENT	RESIDENT:RESIDENT STAFF to RESIDENT:	

			VISITOR: RESIDENT 0	VISITOR: RESIDENT 1	VISITOR:RESIDENT		VISITOR to RESIDENT:	
Change Ideas # 1 Strive for Zero instances of resident abuse.								
Methods			Process Measures			Target for Process Measure		Comments
Educate / reinforce with all staff definitions of abuse/abuse prevention and reporting requirements.			Percentage of staff completed mandatory Abuse prevention training			100% Staff		
Progress Report January 31, 2024: Annual stats reviewed.								
Progress Report April 17, 2024: Quarterly stats reviewed**.**								
Progress Report								
Progress Report								
Progress Report								
Measure / Indicator	QIP	Target	4th Quarter Oct, Nov, Dec/23	1st Quarter Jan, Feb, Mar 2024	2ndQuarter Apr, May, Jun 2024	3rdQuarter Jul, Aug, Sep 2024	4th Quarter Oct, Nov, Dec 2024	Target Justifications
INDICATOR # 9								
Resident / Family Complaint Summary Report	n/a	0	0	0				
Change Ideas # 1 Home will respond to concerns in a proactive manner in a supportive and timely manner.								
Methods			Process Measures			Target for Process Measure		Comments
Promote open communications with Resident and Family Councils as a measure to address any concerns as they may arise.			Number of delegation appearances per year to resident and family council.					
Family education offered to help support loved ones in understanding resident diagnosis and care needs.			Home's staff will be responsive to feedback from Family Council and through care conferences and look for ways to support our families through education. Residents and families are provided with contact info for Home's personnel should questions/concerns arise.			Concerns will be addressed in a timely manner with resolution.		
Progress Report January 31/24: Measures to promote ongoing communication remain ongoing**.**								
Progress Report April 17/24: Measures to promote ongoing communication remain ongoing.								
Progress Reports								
Progress Reports								

Renfrew County and District Health Unit

141 Lake, Street Pembroke ON K8A 5L8

FOOD SAFETY INSPECTION REPORT

Facility Inspected:
Miramichi Lodge - Main Kitchen

Primary owner: Mike Blackmore

Site Address: 725 Pembroke St. W.
Pembroke ON K8A 8S6

Site Phone: (613) 735-0175
Site Fax: (613) 735-8061

Inspection #: 598-15984
Inspection Date: 25-Jul-2024
Inspected By: Agnes Atkinson
Facility Type: Long Term Care Facility
Inspection Type: Required
Inspection Reasons: Compliance Inspection

Violations: 1

Opening Comments and Observations:
Routine inspection completed with Food Services Manager Sherri Hendry and Student Public Health Inspector Tevaughn Graham. All observations in following report are from time of inspection.

Long Term Care Facility

FOOD HANDLING

1.	Potentially hazardous foods are distributed, maintained, stored, transported, displayed, sold and offered for sale in which the internal temperature is at 4°C (40°F) or lower All coolers in 4 kitchens were measured and ranged between 0-3C	YES
2.	Foods intended to be in a frozen state are distributed, maintained, stored, transported, displayed, sold or offered for sale in a frozen state until sold or prepared for use All food frozen in freezers	YES
3.	Potentially hazardous foods are distributed, maintained, stored, transported, displayed, sold and offered for sale in which the internal temperature is at 60°C (140°F) or higher Hot holding Gravy IT: 73C Cooked chicken thighs IT: 89C Observed thawing turkeys being spiced before going back into fridge: 1C	YES
4.	Equipment used for refrigeration or hot holding of potentially hazardous foods contains accurate and easily readable indicating thermometers	YES
5.	Food is processed in a manner that makes the food safe to eat	YES
6.	All food shall be protected from contamination and adulteration	YES
7.	Food in a food premise that is liable under law to inspection must be obtained from a source that is subject to inspection	YES
8.	Racks, shelves or pallets used for food storage must be designed to protect the food from contamination and must be readily cleanable	YES
9.	Food handlers in the food premise practice good personal hygiene	YES
10.	Food handlers in the food premise wash their hands as often as necessary to prevent the contamination of food or food areas	YES
11.	At least one certified food handler or supervisor is on the premise at all times during normal operation Cliff Coulas expires 2029	YES

OPERATION AND MAINTENANCE

12.	The food premise is operated and maintained such that it is not a health hazard, adversely affecting the sanitary operation or the wholesomeness of food	YES

13.	Every food premise shall be operated and maintained such that no room is used for sleeping purposes	YES
14.	Floor or floor coverings are tight, smooth and non-absorbent and kept clean and in good repair	YES
15.	Walls and ceilings of rooms and passageways are readily cleanable, maintained in a sanitary condition, and kept in good repair	YES
16.	General maintenance and sanitation is satisfactory where food is processed, prepared, packaged, served, transported, manufactured, handled, sold, or offered for sale.	YES
17.	Every food premise shall be provided with hot and cold potable running water under pressure	N/O
18.	Adequate number of handwashing stations, situated for convenient access by food handlers with required supplies **Ensure that paper towel is refilled immediately once emptied.**	YES
19.	Handwashing stations used only for the washing of employee hands	YES
20.	Single-service containers and single-service articles are kept in such a manner and place as to prevent contamination of containers or articles	YES
21.	Equipment, utensils and multi-service articles are of sound and tight construction, in good repair, can be readily cleaned and sanitized, and suitable for their intended purpose Observed condensation on door of walk-in freezer. **Manager knows of issue and discussed more frequent cleaning to prevent mould-like build-up on door.**	YES
22.	Equipment and utensils that come into direct contact with food are corrosion-resistant, non-toxic and free from cracks, crevices and open seams	YES
23.	Vending machine that automatically mixes water to create a product is provided with potable water supply under pressure	N/A
24.	Furniture, equipment and appliances in any room or place where food is prepared, processed, packaged, served, transported, manufactured, handled, displayed, sold or offered for sale is constructed and arranged to maintain it in a clean and sanitary condition	YES
25.	Table covers, napkins or serviettes used in the service of food are clean and in good repair	YES
26.	Proper levels of illumination required are maintained in the food premise during all hours of operation	YES
27.	Ventilation system is maintained to ensure the elimination of odours, fumes, vapours, smoke and excessive heat	YES
28.	Garbage and wastes, including liquid wastes, are collected and removed from the food premise as often as is necessary to maintain the premise in a sanitary condition	YES
29.	Food premise is protected against the entry of pests and kept free of conditions that lead to the harbouring or breeding of pests Orkin monthly or as needed	YES
30.	Every room in the food premise is kept free from live birds or animals	YES

CLEANING AND SANITIZING

31.	Equipment for either manual or mechanical dishwashing is available on site	YES
32.	Multi-service articles shall be cleaned and sanitized after each use	YES
33.	Utensils other than multi-service articles shall be cleaned and sanitized as often as necessary to maintain them in a clean and sanitary condition	YES
34.	Mechanical dishwashers are maintained to provide clean wash water at the proper temperature, and a sanitizing rinse Main kitchen dishwasher not in service 3rd floor serving kitchen: wash: 160F, rinse: 183F 2nd floor serving kitchen: wash: 160F, rinse: 183F 1st floor serving kitchen: wash: 156F, rinse: 185F	YES

35. Manual dishwashing provides clean wash water, proper rinse, and sanitizing solution — YES
    3 compartment sink 400 ppm quat in 3rd sink
36. Sanitize test kit is readily available for verifying concentration of other sanitizing agents approved for use by Health Canada/CFIA — YES
37. Food contact surfaces washed, rinsed, and sanitized as often as necessary to maintain surfaces in a sanitary condition — CDI — **NO**
    1. kitchen spray bottles 400 ppm quat
    2. 3rd floor kitchen: 400 ppm quat
    3. 2nd floor kitchen: 1 bottle 200 ppm quat, 1 bottle 0ppm
    4. 1st floor kitchen: no sanitizer observed in kitchen

    3. All bottles of sanitizer once made must be testing to ensure sanitizer concentration is in compliance. Especially important in cases of suspect or confirmed outbreaks (suspect outbreak in 2A)
    4. All kitchen must have sanitizer in them at all times so that sanitizing procedures of before and after food service is completed.
    In both cases bottles were changed and 400 ppm sanitizer was observed.
    This sanitizer infraction has been observed previously, ensure that closer attention to how bottles are filled and tested is done. If observed again enforcement actions will be considered.
    - *Ensure surfaces of equipment and facilities are cleaned and sanitized as often as necessary to maintain such surfaces in a sanitary conditions.*
38. Cloths and towels used for cleaning, drying or polishing utensils or cleaning food contact surfaces are in good repair, clean and used for no other purpose — YES
39. Toxic and poisonous substances are kept separate from food, in containers bearing a label and used in a manner that does not contaminate food — YES

SANITARY FACILITIES

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

Contacts Present During Inspection
Sherri Hendry

Action(s) Taken
Actions Taken: Report Reviewed - Action Required, Food Handler Education on Site

Closing Comments:
Please review the report to ensure that infractions observed are corrected and maintain that way going forward. Reviewed report with Manager at time of inspection and will email it.

I have read and understood this report:

Sherri Hendry

Agnes Atkinson