



City of Hamilton
BOARD OF HEALTH ADDENDUM

Meeting #: 21-007
Date: July 7, 2021
Time: 9:30 a.m.
Location: Due to the COVID-19 and the Closure of City Hall (CC)

All electronic meetings can be viewed at:

City's Website:
<https://www.hamilton.ca/council-committee/council-committee-meetings/meetings-and-agendas>

City's YouTube Channel:
<https://www.youtube.com/user/InsideCityofHamilton> or Cable 14

Loren Kolar, Legislative Coordinator (905) 546-2424 ext. 2604

10. DISCUSSION ITEMS

- *10.1. Infection Prevention and Control Measures for High-Rise Apartment Buildings and High-Rise Condominiums with 12 or More Stores (BOH21007) (City Wide)
- *10.2. Physician Recruitment and Retention Steering Committee Report 21-001- June 29, 2021

13. GENERAL INFORMATION / OTHER BUSINESS

- *13.1. Amendments to the Outstanding Business List
 - *13.1.a. Items with Revised Due Dates
 - *13.1.a.a. 2015-A: Review of the City of Hamilton's Pest Control By-law (November 16, 2015, (Item 9.1))

Due Date: April 2021
Revised Due Date: Work Suspended due to COVID 19

*13.1.a.b. 2019-H: Hamilton Millennial Survey Study – Employment Precarity (April 15, 2019 19-004 (Item 8.1))

Due Date: March 2021

Revised Due Date: November 2021

*13.1.a.c. 2020-G: Implementation of a By-Law to Regulate the Smoking of Non-Tobacco Combustible Substances in Public Places and Work Places (February 21, 2020 BOH 20-002 (Added Item 11.1))

Due Date: May 2021

Revised Due Date: Work Suspended due to COVID 19

*13.1.a.d. 2020-I: Consumption and Treatment Services and Wesley Day Centre (Referred to the Board of Health from the Emergency and Community Services Committee on June 19, 2020)

Due Date: Feb 2021

Revised Due Date: Work Suspended due to COVID 19

*13.1.a.e. 2020-J: Review of the decriminalization of personal possession of illicit drugs as part of the public health framework, with a report back to the Board of Health (Board of Health, Sept 21,2020)

Due Date: May 2021

Revised Due Date: October 2021

*13.1.b. Item to be Removed

*13.1.b.a. 2020-H: Hamilton Drug Strategy Year End Report (BOH20006) (City Wide) (February 21, 2020, BOH 20-002 (Item 7.1))

Completed with Report BOH210002, February 2021.

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	July 7, 2021
SUBJECT/REPORT NO:	Infection Prevention and Control Measures for High-Rise Apartment Buildings and High-Rise Condominiums with 12 or More Storeys (BOH21007) (City Wide) (Outstanding Business List Item)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Dr. Ninh Tran (905) 546-2424 Ext. 7113 Latchman Nandu (905) 546-2424 Ext. 5813 Robin Dozet (905) 546-2424 Ext. 7460 Heather Harvey (905) 546-2424 Ext. 3635
SUBMITTED BY:	Dr. Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services
SIGNATURE:	

RECOMMENDATION

- (a) That the Board of Health endorse the Medical Officer of Health issuing a Letter of Instructions under the *Reopening Ontario (A Flexible Response to COVID-19) Act, 2020*, S.O. 2020, c. 17 ("the *Reopening Ontario Act*") to all persons responsible for High-rise Apartment Buildings and High-rise Condominium Buildings, as defined in the letter, requiring them to take infection prevention & control measures to protect residents, employees, and visitors of these residential buildings from contracting and/or spreading COVID-19; and,
- (b) That the matter respecting Report BOH21007, Infection Prevention and Control Measures for High-Rise Apartment Buildings and High-Rise Condominiums with 12 or More Storeys, be identified as complete and removed from the Board of Health Outstanding Business List (Item 2021-C).

EXECUTIVE SUMMARY

This report addresses the motion from the Board of Health at its June 14, 2021 meeting:

"That staff be directed to report back to the Board of Health on the implementation of the following COVID-19 related requirements regarding Multiple Residential Apartment Buildings – Highrise 1 and 2 Buildings:

- Proper PPE given to building staff while working in the building;
- Signage in common areas encouraging social distancing and handwashing;
- Placement of hand sanitizer in common areas;
- Disinfection of high contact surfaces twice a day;
- Posting a cleaning schedule;
- Regular updates to tenants on COVID-19 measures; and,
- Provide free PPE in common areas."

After reviewing available options, the Medical Officer of Health will issue a Letter of Instruction (LOI) requiring all persons responsible for High-rise Apartment Buildings and High-rise Condominium Buildings, with 12 or more storeys in the City of Hamilton to adhere to certain COVID-19 safety requirements to reduce the spread of COVID-19, including preparing a COVID-19 safety plan.

A COVID-19 safety plan is a detailed outline for how building owners will protect against COVID-19 transmission in their building to ensure residents, employees, and visitors are safe. The safety plan must describe the measures and procedures which have been implemented, or will be implemented, in the High-rise Apartment Building or High-rise Condominium Building to reduce the transmission risk of COVID-19 in the building. Persons responsible for these types of residential buildings must also designate an employee in a managerial role, to be responsible for implementing, updating, and monitoring compliance with the safety plan as well as ensuring it is posted in a conspicuous place in the building.

In addition to the preparation and implementation of the safety plan, persons responsible for the residential building will be required to implement the following infection prevention and control (IPAC) measures:

- promoting physical distancing in building common areas;
- promoting the use of masks or face coverings in building common areas;
- providing appropriate personal protective equipment (PPE) for employees;
- cleaning and disinfecting high touch surfaces and shared objects;
- providing hand hygiene stations;
- ensuring the heating, ventilation, and air conditioning (HVAC) system is functioning and maintained as per manufacturer's instructions; and

OUR Vision: To be the best place to raise a child and age successfully.

OUR Mission: To provide high quality cost conscious public services that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Culture: Collective Ownership, Steadfast Integrity, Courageous Change, Sensational Service, Engaged Empowered Employees.

- keeping residents informed of COVID-19 public health measures.

Complaints can be called into the City's Call Centre and will be triaged to the COVID-19 Enforcement team to investigate. Enforcement by the COVID-19 team will be reactive and complaint based.

Alternatives for Consideration – Not Applicable

FINANCIAL – STAFFING – LEGAL IMPLICATIONS

Financial: Not Applicable.

Staffing: Not Applicable.

Legal: Not Applicable.

HISTORICAL BACKGROUND

In Q2 of 2021, Hamilton Public Health Services declared three COVID-19 outbreaks at three different High-rise Apartment Buildings, which resulted in 225 cases, five hospitalizations and one death among residents, and four cases among staff members. In collaboration with other community partners, Hamilton Public Health Services responded to these outbreaks by conducting case and contact management investigations for all cases who tested positive, working with property management to determine factors that contributed to the spread of the virus within the apartment buildings and ensuring IPAC measures were in place, conducting mass testing, and providing both vaccination for those living and working in the buildings through both fixed site and mobile clinics.

On June 14, 2021 the Board of Health passed a motion directing staff to report back on implementing COVID-19 related requirements in Multiple Residential Apartment Buildings – Highrise 1 and 2 buildings.

POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS

No policy implication have been identified.

RELEVANT CONSULTATION

Staff from the following areas were consulted to inform this report:

- Planning & Economic Development;
 - Municipal Licensing & By-Law Services: June 17, 2021;

- Community Planning & GIS: June 21, 2021;
- Building Division: June 21, 2021.
- Hamilton Fire Department Fire Prevention Division: June 22, 2021; and,
- Legal Services: June 2021.

ANALYSIS AND RATIONALE FOR RECOMMENDATION

Building owners and residents have an essential role in preventing the transmission of COVID-19 infections and keeping our communities safe. While there is a decreasing trend in overall COVID-19 cases, continued adherence to public health measures where we live, work, and play is prudent to preventing transmission of the COVID-19 virus and its variants.

COVID-19 is primarily spread by close contact to people who are infected with COVID-19 through exposure to respiratory droplets carrying infectious virus. As such, household members and close contacts of infected individuals continue to be at greatest risk of infection due to their direct contact with the COVID-19 virus. While the risk is low, it is also possible for transmission to occur indirectly through contact with contaminated surfaces or objects.¹

Concerns around the indirect transmission of the COVID-19 virus and its variants in High-rise Apartment Buildings and High-rise Condominium Buildings are high. Literature on COVID-19 outbreaks in multiple unit dwellings indicates transmission in buildings can occur through both close contact exposure to individuals inside and outside the residential unit and through indirect or environmental routes of transmission.² While transmission via close contact between members of the same household remains the most common means through which COVID-19 is spread,² individual adherence to public health measures can mitigate the risk of COVID-19 transmission during casual encounters.

The potential for direct and indirect transmission highlights the importance of implementing IPAC measures across the hierarchy of controls in High-rise Apartment Buildings and High-rise Condominium Buildings including eliminating potential exposures, adjusting residential spaces and processes, and managing potential exposures that cannot be eliminated.

¹ Centre for Disease Control and Prevention. (2021). Science Brief: SARS-CoV-2 and Surface (Fomite) Transmission for Indoor Community Environments. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/surface-transmission.html>

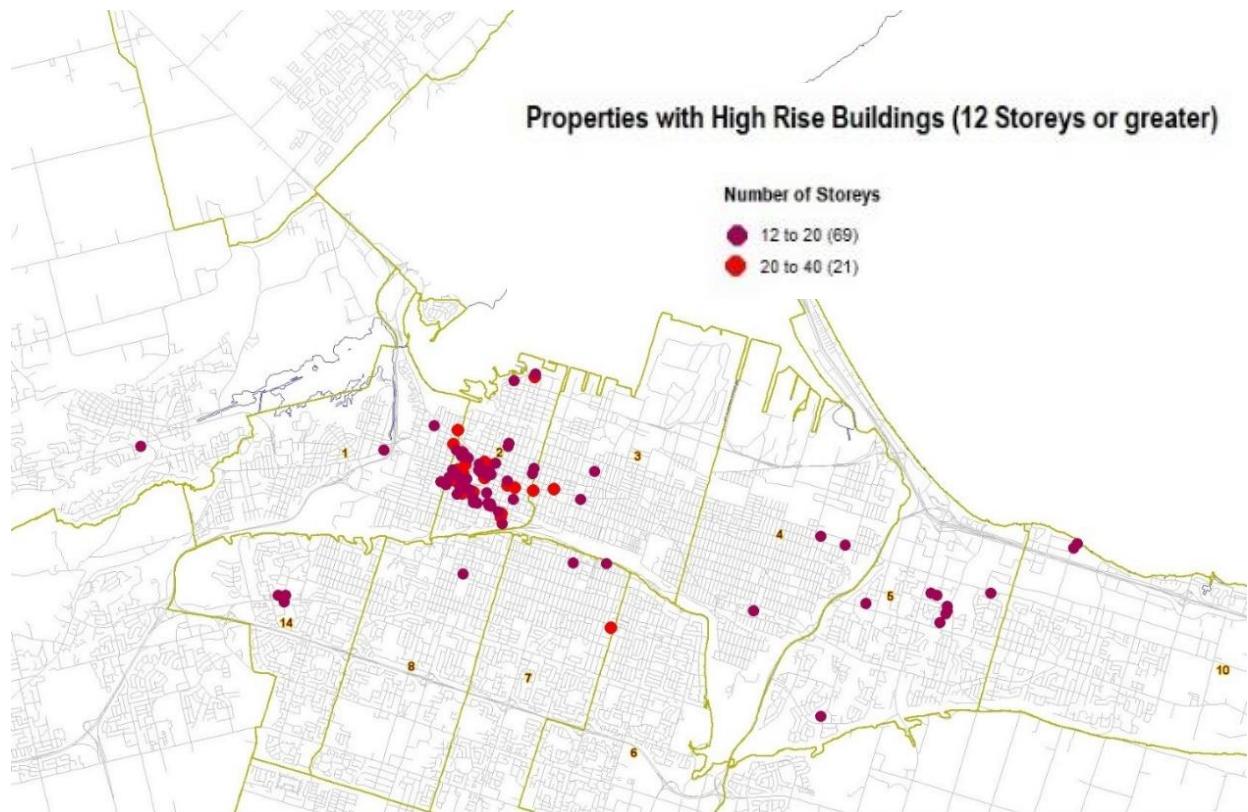
² Eykelbosh, A. (2021). Contextualizing the risks of indirect COVID-19 transmission in multi-unit residential buildings. National Collaborating Centre for Environmental Health. Retrieved from <https://ncceh.ca/documents/evidence-review/contextualizing-risks-indirect-covid-19-transmission-multi-unit>

Eliminating potential exposures through individual adherence to physical distancing is the most important way to reduce exposure to COVID-19. Encouraging physical distancing through restricting the number of people in an elevator, using floor markings to manage traffic flow, and displaying signs for how to physically distance are effective measures to reduce exposures in common areas. Adjusting building spaces and processes by promoting hand hygiene and cleaning and disinfecting high touch surfaces further reduce the already low risk of transmissibility through surfaces. Potential exposures can be further managed by wearing masks consistently and correctly.¹

Additionally, both residents and buildings owners should comply with the local face covering bylaw and restrictions outlined in the *Reopening Ontario Act (ROA)* (e.g. limitations regarding indoor gatherings and closing of common amenities such as pools). The LOI supplements the *Reopening Ontario Act* and is consistent with the application of IPAC measures across other sectors.

It is staff's understanding that "Multiple Residential Apartment Buildings – Highrise 1 and 2", as outlined in the motion, was meant to apply to High-rise Apartment Buildings with 12 or more storeys and High-rise Condominium Buildings with 12 or more storeys, but would exclude hotels, motels, hospitals, retirement homes and long-term care facilities. Currently, there are approximately 90 High-rise Apartment Buildings and High-rise Condominium Buildings with 12 or more storeys in the City of Hamilton that would meet the definitions above. The greatest concentration of these buildings are in Ward 2 (See Diagram 1 on Page 6).

Diagram 1: Distribution of High-rise Apartment Buildings and High-rise Condominium Buildings with 12 or more Storeys in Hamilton



While the risk of COVID-19 transmission is not unique to High-rise Apartment and High-rise Condominium Buildings, the LOI would require owners of these buildings to develop and implement a COVID-19 safety plan to address IPAC measures known to reduce the risk of COVID-19 transmission, including additional measures not in the original motion, such as promoting physical distancing and ensuring the heating, ventilation, and air conditioning (HVAC) system is functioning as intended and maintained as per manufacturer's instructions

Adherence to public health measures are vital to stopping the spread of COVID-19 in our community; however, these measures are second to addressing the systemic risk factors for COVID-19 such as racism, low-income, inadequate housing, unsafe working environments, and unpaid sick leave.

ALTERNATIVES FOR CONSIDERATION

Not Applicable.

ALIGNMENT TO THE 2016 – 2025 STRATEGIC PLAN

Healthy and Safe Communities

Hamilton is a safe and supportive City where people are active, healthy, and have a high quality of life.

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report BOH21007

Letter of Instruction: High-Risk Apartment Buildings and High-Risk Condominium Buildings in the City of Hamilton

[OFFICE OF THE MEDICAL OFFICER OF HEALTH LETTERHEAD]

For posting to web, notification via media release and provision at time of inspection

Issued July _____, 2021

TO: All Persons responsible for High-rise Apartment Buildings and High-rise Condominium Buildings in the City of Hamilton, Effective: 12:01 AM on _____, 2021

RE: Instructions on Requirements to Reduce the Spread of COVID-19

I would like to acknowledge and thank you for your efforts being made to protect the health and safety of residents, employees, and visitors. As our community continues to respond to COVID-19 and sees an overall decreasing trend of COVID-19 cases, we must keep following public health measures and getting vaccinated at our earliest opportunity. To effectively prevent the spread of COVID-19 and its variants — even with decreasing case counts — we must continue to follow public health measures.

I am issuing these Instructions to all Persons responsible for High-rise Apartment Buildings and High-rise Condominium Buildings, as defined below, requiring them to take the additional measures set out herein to protect residents, employees, and visitors of these residential buildings from contracting and/or spreading COVID-19.

These Instructions are being provided pursuant to *the Reopening Ontario (A Flexible Response to COVID-19) Act*, 2020, S.O. 2020, c. 17 ("the *Reopening Ontario Act*") and its regulations, as amended.

To the extent that anything in these Instructions conflicts with other applicable Provincial legislation or directives, those Provincial requirements prevail. Where conflicts do not exist, these Instructions are additional to any applicable Provincial requirements.

Effective 12:01 a.m., July _____, 2021, I am instructing all Persons responsible for a High-rise Apartment Building or a High-rise Condominium Building in the City of Hamilton to implement the following COVID-19 prevention measures:

1. Create a COVID-19 Safety Plan which:
 - (a) describes the measures and procedures which have been implemented or will be implemented to reduce the transmission risk of COVID-19 in resident common areas in the building, in compliance with the *Reopening Ontario Act* and these Instructions;
 - (b) is in writing and made available to any person for review on request; and,

(c) is prepared, implemented, and made available no later than five (5) days after the requirement first applies, which means by July ____ 2021.

2. Designate an employee in a managerial role to be responsible for:
 - (a) the preparation and implementation of a COVID-19 safety plan (as described above);
 - (b) monitoring compliance with that COVID-19 safety plan;
 - (c) the implementation and compliance with all required and recommended occupational health and safety and infection prevention and control measures; and,
 - (d) ensuring that the COVID-19 safety plan is reviewed and updated regularly and any additional relevant advice, recommendations, and instructions of public health officials is promptly incorporated into the plan.
3. Post the safety plan in a conspicuous place in the residential building where it is most likely to come to the attention of residents, employees, or visitors.
4. Actively screen all employees in compliance with any advice, recommendations and instructions issued by the Office of the Chief Medical Officer of Health.
5. Ensure physical distancing in common areas of the building by establishing capacity limits for common areas such as laundry rooms and elevators to allow for physical distancing of at least 2 metres.
6. Ensure individuals wear a mask or face covering in common areas of residential buildings pursuant to the *Reopening Ontario Act* and City of Hamilton By-law 20-155, as amended. Clearly visible signs shall be posted at all entrances to common areas that contain the following wording:

All persons entering or remaining in this area shall wear a face covering which covers the nose, mouth, and chin as required under City of Hamilton By-law No. 20-155 (unless exempt). Please also respect the rights of those persons who are exempt from the requirement to wear a face covering in accordance with this By-law.
7. Immediately ensure that employees and contractors working at the building are made aware of the face covering requirements and are provided education on how to wear a face covering properly.
8. Ensure employees wear appropriate personal protective equipment pursuant to the *Reopening Ontario Act*, which states that a person shall wear appropriate personal protective equipment that provides protection of the person's eyes, nose and mouth if, in the course of providing services, the person,

- a) is required to come within two metres of another person who is not wearing a mask or face covering; and
 - b) is not separated by plexiglass or some other impermeable barrier from a person described above.
9. Ensure cleaning and disinfecting of commonly touched surfaces and objects by:
- a) immediately implementing and complying with a cleaning schedule for the cleaning & disinfection of shared items and high touched surfaces in common areas twice daily and when surfaces are visibly dirty to maintain sanitary conditions;
 - b) immediately posting a cleaning schedule in a conspicuous place in the building that outlines the cleaning frequency of commonly touched surfaces in all areas accessible to the public, including washrooms, doorknobs, accessible/elevator buttons, pay machines, access keypads, intercoms, phone systems, handrails, touch screen surfaces, package storage areas, light switches, garbage rooms buttons, laundry machine dials etc; and
 - c) cleaning areas using cleaners and disinfectants with a drug identification number (D.I.N.), ensuring manufacturer instructions for use are followed.
10. Immediately provide access to hand hygiene stations or alcohol-based hand sanitizer in all common area rooms that remain open such as building entrances and laundry areas; and in staff work and rest areas within the Workplace.
11. Keep residents informed of COVID-19 public health measures by providing regular updates by immediately posting information from [Hamilton Public Health Services](#) in a conspicuous location in the residential building where it is most likely to come to the attention of residents, employees, and visitors. Include signage on physical distancing, capacity limits, wearing a face mask or face covering, handwashing, and information on COVID-19 vaccines.
12. Ensure heating, ventilation, and air conditioning (HVAC) system (including duct and filter system) is functioning as intended and is maintained as per manufacturer's instructions.

DEFINITIONS

For the purpose of these Instructions:

“High-rise Apartment Building” means a multiple dwelling unit with 12 or more storeys and does not include a hotel, motel, hospital, retirement home, or long-term care facility;

"High-rise Condominium Building" means a multiple dwelling unit established pursuant to the *Condominium Act*, 1998, S.O. 1998, c. 19, which has 12 storeys or more and does not include a hotel, motel, hospital, retirement home, or long-term care facility;

"Persons responsible" shall include, but is not limited to, a superintendent, a corporation, a board of directors of a corporation, a management services provider, a property manager or any other legal entity that has care and control over the residential building.

ENFORCEMENT:

While the City of Hamilton will commence with an educational and supportive approach, the *Reopening Ontario Act* provides individuals who do not comply with the requirements of a continued section 7.0.2 order, are guilty of an offence and may be liable to a fine of \$750 up to a maximum of \$100,000 and for a term of imprisonment of not more than one year, while corporations may be liable to a fine of up to \$10,000,000, for each day or part of each day on which the offence occurs or continues.

Enforcement of these Instructions may be conducted by municipal by-law officers and public health enforcement personnel.

These Instructions shall be posted on the City of Hamilton public website: www.hamilton.ca/coronavirus.

Inquiries about these Instructions should be directed to:

- Municipal Law Enforcement: 905-546-2782
- Infection Prevention and Control Measures: Public Health Services COVID hotline 905-974-9848, Option 1

[Hamilton Public Health Services posts information](#) regarding how to protect yourself and others from COVID-19 on its website that can assist local businesses and organizations in operating safely.

Should you require additional COVID-19 related health information, please contact Hamilton Public Health Services by telephone at: 905-974-9848 Option 1 (COVID hotline) or by email at: phscovid19@hamilton.ca.

SIGNED THIS x DAY OF JULY, 2021

Dr Ninh Tran MD, FRCPC

Associate Medical Officer of Health

City of Hamilton Public Health Services

110 King Street West, 2nd Floor, Hamilton, ON L8P 4S6 Fax: 905-546-4078

www.hamilton.ca

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Hamilton

PHYSICIAN RECRUITMENT AND RETENTION STEERING COMMITTEE REPORT 21-001

Tuesday, June 29, 2021

3:30 p.m.

City Hall

71 Main Street West, Hamilton

Present: K. Loomis (Vice-Chair)
Councillor A. VanderBeek, Councillor S. Merulla, Dr. S. Kinzie,
Dr. J. Profetto

**Absent
with Regrets:** Councillor T. Whitehead (Chair) – Leave of Absence

THE PHYSICIAN RECRUITMENT AND RETENTION STEERING COMMITTEE PRESENTS REPORT 21-001 AND RESPECTFULLY RECOMMENDS:

1. Appointment of Vice-Chair (Item 1)

- (a) That Keanin Loomis be appointed as Vice-Chair of the Physician Recruitment and Retention Steering Committee for the balance of the 2018-2022 term of Council.

2. Appointment of a new physician practicing in Hamilton within five years of their graduation from residency (Item 7.2)

That Dr. Brendan Singh be appointed to the Physician Recruitment and Retention Steering Committee as the new physician practicing in Hamilton within five years of their graduation from residency.

3. Key Performance Indicators and Physicians by Community Report (Item 10.1)

That the Key Performance Indicators and Physicians by Community Report, be received.

4. Budget and Cash Flow Reports (Item 10.2)

- (a) That the Year 17 (2020) Budget for December 1, 2019 to November 30, 2020, be received; and,
- (b) That the Cash Flow Statement for December 1, 2019 to November 30, 2020, be received;

5. Revisions to the Physician Recruitment and Retention Steering Committee Terms of Reference (Item 10.3)

That the revisions to the Physician Recruitment and Retention Steering Committee Terms of Reference, attached as Appendix A, be approved.

6. Working Group of the Physician Recruitment and Retention Steering Committee - Appointment (Item 10.3)

That Councillor Arlene VanderBeek be appointed to the Working Group of the Physician Recruitment and Retention Steering Committee for the balance of the 2018-2022 term.

7. Physician Recruitment and Retention Program Review (Item 10.4)

- (a) That a full review of the Physician Recruitment and Retention Program be carried out by the Working Group of the Physician Recruitment and Retention Steering Committee; and
- (b) That the Working Group of the Physician Recruitment and Retention Steering Committee report back to the Physician Recruitment and Retention Steering Committee on the results of the Program Review.

8. Proposed Contract Revisions – Physician Recruitment Coordinator and Practice Advisor (Item 14.2)

- (a) That the Terms and Conditions of Employment for the Physician Recruitment Coordinator and Practice Advisor, be approved, subject to review by the City of Hamilton Human Resources staff.
- (b) That the Terms and Conditions of Employment for the Physician Recruitment Coordinator and Practice Advisor contract remain confidential.

FOR INFORMATION:

(a) APPROVAL OF AGENDA (Item 2)

The Committee Clerk advised that there were no changes to the agenda:

That the agenda for the June 29, 2021 meeting of the Physician Recruitment and Retention Steering Committee be approved, as presented.

(b) DECLARATIONS OF INTEREST (Item 3)

There were no declarations of interest.

(c) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)

(i) September 11, 2019 (Item 4.1)

That the Minutes of the September 11, 2019 meeting of the Physician Recruitment and Retention Steering Committee be approved, as presented.

(d) COMMUNICATIONS (Item 5)

That the following Correspondence Items, be received:

(a) Resignation of Members (Item 5.1)

- (i) Dr. Dennis DiValentino
- (ii) Dr. Brittany Julian

(b) Appointment of New Member – Dr. Jason Profetto (Item 5.2)

(c) Physician Recruitment and Retention Program Staff Resignation (Item 5.3)

(e) CONSENT ITEMS (Item 7)

(i) Working Group of the Physician Recruitment and Retention Steering Committee Minutes (Item 7.1)

That the following Minutes of the Working Group of the Physician Recruitment and Retention Steering Committee, be received:

- (a) May 23, 2018
- (b) April 23, 2019
- (c) October 7, 2019
- (d) November 12, 2019
- (e) February 25, 2020

(f) PRIVATE AND CONFIDENTIAL (Item 14)

(i) Working Group of the Physician Recruitment and Retention Steering Committee – Closed Session Minutes (Item 14.1)

The Physician Recruitment and Retention Steering Committee determined that it was not necessary to move into Closed Session for Item 14.1.

That the following Working Group of the Physician Recruitment and Retention Steering Committee Closed Session Minutes, be received:

- (a) October 7, 2019
- (b) November 12, 2019
- (c) February 25, 2020

(ii) That the Physician Recruitment and Retention Steering Committee move into Closed Session respecting Item 14.2, pursuant to Section 9.1, Sub-sections (b) and (d) of the City's Procedural By-law 21-021 and Section 239(2), Sub-sections (b) and (d) of the Ontario Municipal Act, 2001, as amended, as the subject matter pertains to personal matters about an identifiable individual, including City or a local board employees and labour relations or employee negotiations.

(iii) Proposed Contract Revisions – Physician Recruitment Coordinator and Practice Advisor

For further disposition of this matter, please refer to Item 8.

(g) ADJOURNMENT (Item 15)

That there being no further business, the Physician Recruitment and Retention Steering Committee meeting be adjourned at 4:57 p.m.

Respectfully Submitted,

Keanin Loomis, Vice-Chair
Physician Recruitment and
Retention Steering Committee

Tamara Bates
Legislative Coordinator
Office of the City Clerk

Appendix A
to Physician Recruitment and Retention
Steering Committee Report 21-001



Terms of Reference
(Updated ~~December 19, 2018~~, 2021)

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Official Name:

Physician Recruitment & Retention Steering Committee

Purpose:

The Physician Recruitment & Retention Steering Committee was formed in 2002 to address the critical shortage of family physicians in the City of Hamilton. The economic well-being of the city is intricately linked with the health of its people and this committee recognizes that family physicians are one of the cornerstones of the health care system. The first Physician Recruitment Specialist was hired November 23, 2004 to develop and implement the strategic plan.

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The Physician Recruitment & Retention Steering Committee reports through the Board of Health.

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Members/Composition:

1. A representative from the Hamilton Academy of Medicine (preferably a family physician)
2. A representative from the Hamilton Chamber of Commerce
3. ~~4.~~ ~~Two~~ ~~Three~~ City of Hamilton Councillors
- ~~5~~4. A representative from the Department of Family Medicine, McMaster University
- ~~6~~5. A new physician practicing in Hamilton within five years of their graduation from residency.

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~~*One member of the Steering Committee is chosen to be Chair and one Vice-Chair. These two individuals should sit on the Working Group.*~~

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A Chair and Vice-Chair of the Physician Recruitment & Retention Steering Committee shall be elected for the Term of Council (4 years) or until such time as a successor is appointed.

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The Chair and Vice-Chair of the Physician Recruitment and Retention Steering Committee may be members of the Working Group of the Physician Recruitment and Retention Steering Committee.

Appendix A to Physician Recruitment and Retention Steering Committee Report 21-001

Term of Membership:

~~The City of Hamilton Councillors will be appointed for the term of Council.~~

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~~The representatives from the Hamilton Academy of Medicine; the Hamilton Chamber of Commerce; the Department of Medicine, McMaster University; and the new physician practicing in Hamilton within five years of their graduation from residency will be appointed for a minimum of two years, for a maximum of four years, with the Minimum of two years with~~ members preferably retiring from the ~~group~~ Physician Recruitment & Retention Steering Committee on a rotating basis to ensure continuity and to capture experience.

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Formation Details:

To be updated annually.

To be accessible, to review and to provide support and guidance to the ~~Director,~~ Physician Recruitment ~~Specialist~~ on issues including performance, budget, funding, conferences/events, contracts, economic climate, Ministry and OMA policies, and local factors influencing and challenging physician recruitment.

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Deliverables:

To put forward reports and make recommendations to the Board of Health.

Resources and Budget:

In ~~2017~~2021, revenue is ~~\$190,000~~\$180,000 with an annual expense budget of ~~\$190,000~~\$180,000.

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Governance:

Quorum is 4 out of ~~6~~7 members. ~~Voting for acceptance of minutes, budgets, reports,~~

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~~Communications~~Support:

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Meetings are held in-person at City Hall ~~at the Call of the Chair, and the City Clerk's Division will provide legislative support and be responsible for the administrative costs of operating the Committee meetings, and organized by the current Legislative Coordinator. Meetings are organized at least one month in advance with materials for the meeting distributed two weeks prior.~~

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Relationship with Working Group

**Appendix A
to Physician Recruitment and Retention
Steering Committee Report 21-001**

The *Physician Recruitment & Retention* Steering Committee is responsible for providing the overall direction for *the* Physician Recruitment & Retention *Program*.

The *Physician Recruitment & Retention Steering Committee* are updated by the Working Group *of the Physician Recruitment & Retention Steering Committee*.

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**Appendix A
to Physician Recruitment and Retention
Steering Committee Report 21-001**

*Terms of Reference
(Updated _____, 2021)*

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Official Name:

***Working Group of the Physician Recruitment
& Retention Steering Committee***

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PurposeMandate:

The Working Group *of the Physician Recruitment & Retention Steering Committee* was formed to provide the operational support for the *Physician Recruitment & Retention programProgram*.

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Members/Composition:

From theThe Working Group of the Physician Recruitment & Retention Steering Committee shall be comprised of, four voting members of the Physician Recruitment & Retention Steering Committee, as follows;are chosen, to include: one City councillor and representatives from the Hamilton Academy of Medicine, the Hamilton Chamber of Commerce and the Department of Family Medicine, McMaster University. Typically the chair and vice chairs of the Steering committee are selected to sit on the Working Group and also chair/vice chair the Working Group.

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- 1. the representative from the Hamilton Academy of Medicine;*
- 2. the representative from the Hamilton Chamber of Commerce;*
- 3. one City of Hamilton Councillor; and*
- 4. the representative from the Department of Family Medicine, McMaster University.*

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Term of Membership:

Minimum of two years. Preferably members retire from the group on a rotating basis to ensure continuity and to capture experience.

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The City of Hamilton Councillor will be appointed for the term of Council.

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The representatives from the Hamilton Academy of Medicine; the Hamilton Chamber of Commerce and the Department of Family Medicine, McMaster University, will be appointed for a minimum term of two years with the members preferably retiring from the Working Group of the Physician Recruitment & Retention Steering Committee on a rotating basis to ensure continuity and to capture experience.

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Formation Details:

Appendix A to Physician Recruitment and Retention Steering Committee Report 21-001

To be updated twice annually at a time convenient for the members.

To be accessible, to review and to provide support and guidance to the *Director*, Physician Recruitment *Specialist* on issues including performance, budget, funding, conferences/events, contracts, economic climate, Ministry and OMA policies, and local factors influencing physician recruitment.

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To provide the operational details for implementation of the Physician Recruitment & Retention Steering Committee.

To propose motions to be brought forward to the Steering Committee for discussion and then to the Board of Health.

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Deliverables:

To put forward updates, reports and recommendations to the *Physician Recruitment & Retention* Steering Committee on matters pertaining to physician recruitment.

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Resources and Budget:

In ~~2016~~2021, revenue was ~~\$190,000~~\$180,000 with an annual expense budget of ~~\$190,000~~\$180,000. The Director, Physician Recruitment & Retention is given permission for all expenses under \$5,000.

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Expenses over ~~that amount~~\$5,000 are to be discussed and approved at a Working Group *of the Physician Recruitment & Retention Steering Committee* meeting.

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Governance:

Quorum is 3 ~~out of the~~ 4 members. ~~Voting is held for acceptance of minutes, budgets and reports.~~

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*Communications*Support:

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Meetings *of the Working Group of the Physician Recruitment & Retention Steering Committee will be* ~~are~~ held in-person *at the call of the Chair, with staff of the Physician Recruitment and Retention Office providing legislative support, and organized by the PR&R office typically via email.*

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~~If meetings are to be held at City Hall, the~~ City Councillors staff are responsible for ~~organizing-booking the meeting room when the meetings are held at City Hall.~~

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~~Meetings are organized at least one month in advance. Special meetings of the Working Group of the Physician Recruitment & Retention Steering Committee will be called should~~ ~~Should~~ a situation arise ~~requiring that requires the Working Group's~~

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Appendix A to Physician Recruitment and Retention Steering Committee Report 21-001

~~more immediate attention; information or requests are made via phone conversations, conference calls and/or emails; such meetings may be held via tele-conference, video conference or other means with a quorum present. As much as possible, issues are brought to the attention of the Working Group at an in-person meeting.~~

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Relationship with Physician Recruitment & Retention Steering Committee

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The Working Group of the Physician Recruitment & Retention Steering Committee brings forward information on an as required basis or on an annual basis-a yearly basis unless needed more often.

~~Prepared by Jane Walker August 18, 2017. Amended September 12, 2017 by the PR&R Steering Committee~~

~~Further amended by Council on December 19, 2018 re Councillor membership~~