



**City of Hamilton  
BOARD OF HEALTH  
AGENDA**

**Meeting #:** 22-008  
**Date:** August 10, 2022  
**Time:** 9:30 a.m.  
**Location:** Council Chambers (BOH)  
Hamilton City Hall  
71 Main Street West

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

---

**1. CEREMONIAL ACTIVITIES**

**2. APPROVAL OF AGENDA**

(Added Items, if applicable, will be noted with \*)

**3. DECLARATIONS OF INTEREST**

**4. APPROVAL OF MINUTES OF PREVIOUS MEETING**

4.1. July 6, 2022

**5. COMMUNICATIONS**

5.1. Correspondence from Carmen McGregor, Chair, Boards of Health Section, Association of Local public Health Agencies (ALPHA) respecting Key Strategic Initiatives

Recommendation: Be received

5.2. Correspondence from the Timiskaming Health Unit respecting Decriminalization of Personal Possession of Illicit Drugs

Recommendation: Be received

**6. DELEGATION REQUESTS**

**7. CONSENT ITEMS**

7.1. Decriminalization of Personal Possession of Illicit Drugs (BOH22016) (City Wide)

**8. STAFF PRESENTATIONS**

8.1. Overview of COVID-19 Activity in the City of Hamilton 11 Mar 2020 to Present

**9. PUBLIC HEARINGS / DELEGATIONS**

**10. DISCUSSION ITEMS**

10.1. Physician Recruitment and Retention Steering Committee Report 22-002 - August 5, 2022

10.2. Healthy Babies Healthy Children Program Budget 2022-2023 (BOH22015) (City Wide)

**11. MOTIONS**

**12. NOTICES OF MOTION**

**13. GENERAL INFORMATION / OTHER BUSINESS**

**14. PRIVATE AND CONFIDENTIAL**

**15. ADJOURNMENT**



## BOARD OF HEALTH MINUTES 22-007

9:30 a.m.

**Wednesday, July 6, 2022**

Council Chambers, City Hall, 2<sup>nd</sup> Floor  
71 Main Street West, Hamilton, Ontario

---

**Present:** Mayor F. Eisenberger  
Councillors J. Farr, N. Nann, S. Merulla, R. Powers, T. Jackson, E. Pauls, J.P. Danko, B. Clark, M. Pearson, B. Johnson, A. VanderBeek and J. Partridge

**Absent with Regrets:** Councillors M. Wilson, L. Ferguson and T. Whitehead – Personal

---

### THE FOLLOWING ITEMS WERE REFERRED TO COUNCIL FOR CONSIDERATION:

#### 1. **Communications (Items 5.1 to 5.5)**

##### **(Merulla/Jackson)**

That the following Communications be approved, as presented:

- (a) Correspondence from the Toronto Board of Health, respecting a COVID-19 Response (Item 5.1)

Recommendation: That Item 9, respecting the Expansion of the Collection of Sociodemographic Data be endorsed, and the remainder of the correspondence be received as presented.

- (b) Correspondence from the Sudbury District Health Unit, respecting the Healthy Babies Healthy Children Program Funding (Item 5.2)

Recommendation: Be endorsed.

- (c) Correspondence from the Grey Bruce Health Unit, respecting Support for the South West Tobacco Control Area Network (Item 5.3)

Recommendation: Be received.

- (d) Correspondence from Anita Dubeau, Board Chair for the Simcoe Muskoka District Health Unit respecting their 2020/2021 Annual Report (Item 5.4)

Recommendation: Be received.

- (e) Correspondence from R. Cooper, respecting Natural Science (referred from the General Issues Committee, June 15, 2022) (Item 5.5)

Recommendation: Be received.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

**2. Board of Health Governance Follow-Up (BOH21006(b)) (City Wide) (Item 7.1)**

**(Jackson/Danko)**

- (a) That Report BOH21006(b), respecting a Board of Health Governance Follow-up, be received; and

**(b) *That the Board of Health communicate with the province on the feasibility of including members of the public on the Board of Health, with a report back to the Board.***

**Result: Main Motion, as Amended, CARRIED by a vote of 12 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers

YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
YES	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
ABSENT	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

**3. Scarsin COVID-19 Forecasting Technology Procurement (BOH22013) (City Wide) (Item 10.1)**

**(Jackson/Pearson)**

- (a) That the Board of Health approve the single source procurement, pursuant to Procurement Policy #11 – Non-competitive Procurements, for:
- (i) Scarsin Decision Support Software platform services;
  - (ii) Decision Support Software;
  - (iii) Software maintenance and support until February 16, 2023, with the option to extend for up to 24 months which option may be exercised incrementally or otherwise; and,
  - (iv) That the Medical Officer of Health be authorized to negotiate, enter into and execute a contract or amendment(s) to the City’s existing agreement and any ancillary documents required to give effect thereto with Scarsin Corporation, in a form satisfactory to the City Solicitor;
- (b) That the Board of Health authorize the Medical Officer of Health to execute an amendment(s) to our Collaboration Agreement with St. Joseph’s Healthcare Hamilton, Hamilton Health Sciences Corporation and the Greater Hamilton Health Network to outline the continued cost sharing, use and sharing of the Scarsin Decision Support Software COVID-19 forecasting intelligence; and
- (c) That Appendix “A” to Report BOH22013 respecting Scarsin COVID-19 Forecasting Technology Procurement, remain confidential.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr

YES	-	Ward 3	Councillor Nrinder Nann
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Russ Powers
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
ABSENT	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
ABSENT	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

**4. 2022 Public Health Services Organizational Risk Management Plan (BOH22014) (City Wide) (Item 10.2)**

**(Powers/Nann)**

That the Board of Health approve Appendix "A" to Report BOH22014, the 2022 Public Health Services Organizational Risk Management Action Plan.

**Result: Motion CARRIED by a vote of 10 to 0, as follows:**

YES	-	Mayor Fred Eisenberger	
ABSENT	-	Ward 1	Councillor Maureen Wilson
YES	-	Ward 2	Councillor Jason Farr
YES	-	Ward 3	Councillor Nrinder Nann
ABSENT	-	Ward 4	Councillor Sam Merulla
YES	-	Ward 5	Councillor Russ Powers
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
ABSENT	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
ABSENT	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
ABSENT	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

**FOR INFORMATION:**

**(a) CEREMONIAL ACTIVITIES (Item 1)**

There were no ceremonial activities.

**(b) CHANGES TO THE AGENDA (Item 2)**

The Committee Clerk advised the Board of the following changes to the agenda:

**13. GENERAL INFORMATION/OTHER BUSINESS**

13.1(b) Items Requiring New Due Date:

2016-A : Hamilton Airshed Modelling System (BOH18016)  
(City Wide) (April 16, 2018, Item 7.1) (moved from 13.1a)  
Due Date: TBD

**(Pearson/VanderBeek)**

That the agenda for the July 6, 2022 Board of Health be approved, as amended.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

**(c) DECLARATIONS OF INTEREST (Item 3)**

None

**(d) APPROVAL OF MINUTES OF PREVIOUS MEETING (Item 4)**

**(i) June 13, 2022 (Item 4.1)**

**(Jackson/Partridge)**

That the Minutes of June 13, 2022 be approved, as presented.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

**(e) DELEGATION REQUEST (Item 6)**

- (i) Robert Cooper, respecting Support for Correspondence referred from the General Issues Committee (June 15, 2022) regarding Natural Science (for today's meeting) (Item 6.1)**

**(Powers/Farr)**

That the delegation request from Robert Cooper, respecting Support for Correspondence referred from the General Issues Committee (June 15, 2022) regarding Natural Science be approved, for today's meeting.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead



YES - Ward 15 Councillor Judy Partridge

**(g) CONSENT ITEMS (Item 7)**

**(i) Board of Health Governance Follow-Up (BOH21006(b)) (City Wide)  
(Item 7.1)**

**(Jackson/Danko)**

That Report BOH21006(b), respecting a Board of Health Governance Follow-up, be received.

**(Clark/Partridge)**

That Report BOH21006(b), respecting the Board of Health Governance Follow-Up, **be amended** by adding a sub-section (b), to read as follows:

**(b) That the Board of Health communicate with the province on the feasibility of including members of the public on the Board of Health, with a report back to the Board.**

**Result: Amendment CARRIED by a vote of 9 to 3, as follows:**

NO	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
NO	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
NO	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

For further disposition of this matter, refer to Item 2.

**(h) DELEGATION (Item 9)**

**(i) Robert Cooper, respecting Support for Correspondence referred from the General Issues Committee (June 15, 2022) regarding Natural Science (Added Item 9.1)**

Robert Cooper addressed the Board respecting Natural Science.

**(Partridge/VanderBeek)**

That the Delegation from Robert Cooper, respecting Support for Correspondence referred from the General Issues Committee (June 15, 2022) regarding Natural Science, be received.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
ABSENT	-	Ward 3 Councillor Nrinder Nann
YES	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
YES	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

For further disposition of this matter, refer to Item 1(e).

**(i) GENERAL INFORMATION / OTHER BUSINESS (Item 13)**

**(i) Outstanding Business List for the Board of Health (Item 13.1)**

**(Johnson/Partridge)**

That the following amendments to the Outstanding Business List be approved:

**(a) Items to be Removed (Item 13.1(a))**

2015-A: Review of the City of Hamilton's Pest Control By-law (November 16, 2015, Item 9.1)

Note: Item is now on the Planning Committee Outstanding Business List

2019-H: Hamilton Millennial Survey Study – Employment Precarity (April 15, 2019, Item 8.1)

Addressed at Emergency & Community Services Committee, 22-004, City of Hamilton Youth Strategy (CES15056(d)) (City Wide) (Item 8.2)

2021-F: Ottawa and Toronto Board of Health Governance Models  
(September 20, 2021, Item 11.1)

Addressed in Item 7.1 of this Agenda

2022-A: Public Beach Signage (BOH22004) (City Wide) (March 21, 2022,  
Item 7.1)

Addressed at Board of Health, June 13, 2022, in Item 7.1, Green Millen  
Trail Waterfront Assessment (BOH22004(a)) (City Wide)

**(b) New Due Date Required (Item 13.1(b)):**

2016-A : Hamilton Airshed Modelling System (BOH18016) (City Wide)  
(April 16, 2018, Item 7.1)

**Result: Motion CARRIED by a vote of 10 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla
YES	-	Ward 5 Councillor Russ Powers
YES	-	Ward 6 Councillor Tom Jackson
YES	-	Ward 7 Councillor Esther Pauls
ABSENT	-	Ward 8 Councillor J. P. Danko
YES	-	Ward 9 Councillor Brad Clark
ABSENT	-	Ward 10 Councillor Maria Pearson
YES	-	Ward 11 Councillor Brenda Johnson
ABSENT	-	Ward 12 Councillor Lloyd Ferguson
YES	-	Ward 13 Councillor Arlene VanderBeek
ABSENT	-	Ward 14 Councillor Terry Whitehead
YES	-	Ward 15 Councillor Judy Partridge

**(j) ADJOURNMENT (Item 15)**

**(Powers/Farr)**

That, there being no further business, the Board of Health be adjourned at 11:21  
a.m.

**Result: Motion CARRIED by a vote of 11 to 0, as follows:**

YES	-	Mayor Fred Eisenberger
ABSENT	-	Ward 1 Councillor Maureen Wilson
YES	-	Ward 2 Councillor Jason Farr
YES	-	Ward 3 Councillor Nrinder Nann
ABSENT	-	Ward 4 Councillor Sam Merulla

YES	-	Ward 5	Councillor Russ Powers
YES	-	Ward 6	Councillor Tom Jackson
YES	-	Ward 7	Councillor Esther Pauls
ABSENT	-	Ward 8	Councillor J. P. Danko
YES	-	Ward 9	Councillor Brad Clark
YES	-	Ward 10	Councillor Maria Pearson
YES	-	Ward 11	Councillor Brenda Johnson
ABSENT	-	Ward 12	Councillor Lloyd Ferguson
YES	-	Ward 13	Councillor Arlene VanderBeek
ABSENT	-	Ward 14	Councillor Terry Whitehead
YES	-	Ward 15	Councillor Judy Partridge

Respectfully submitted,

Mayor Eisenberger,  
Chair, Board of Health

Loren Kolar  
Legislative Coordinator  
Office of the City Clerk

# 5.1

**From:** [allhealthunits](#) on behalf of [Loretta Ryan](#)  
**To:** "All Health Units"  
**Subject:** [allhealthunits] Message from the BOH Chair  
**Date:** Wednesday, July 6, 2022 1:03:35 PM  
**Attachments:** [image001.jpg](#)

---

**PLEASE ROUTE TO:**  
**All Board of Health Members**

Dear Members,

As the 2022-2023 Chair for the Boards of Health Section of the Association of Local public Health Agencies (alPHA), I would like to introduce myself. I am Carmen McGregor, a second term Municipal Councillor with Chatham-Kent and a member of the Board of the Chatham-Kent Public Health Unit. I have represented the South Western Region PHUs at the alPHA Board since 2015 and I am a Past-President of alPHA. If interested, my bio can be found on the [alPHA website](#).

I would also like to share with you that our alPHA Board of Directors and Executive will continue to work on behalf of members on the key strategic initiatives to contribute to public health policy and to effectively liaise with our partners and stakeholders. Through alPHA's strong, unified public health leadership voice, the 2022-2023 alPHA Board will advocate to remind Ontario's decision makers of local public health's enduring value.

Should you wish to contact me I can be reached through Loretta Ryan, our Executive Director, at [Loretta@alphaweb.org](mailto:Loretta@alphaweb.org). I look forward to representing you over the next year.

Sincerely,

Carmen McGregor  
Chair  
Boards of Health Section

---

Loretta Ryan, CAE, RPP  
Executive Director  
**Association of Local Public Health Agencies (alPHA)**  
480 University Avenue, Suite 300  
Toronto, ON M5G 1V2  
Tel: 416-595-0006 ext. 222  
Cell: 647-325-9594  
[loretta@alphaweb.org](mailto:loretta@alphaweb.org)  
[www.alphaweb.org](http://www.alphaweb.org)





**Head Office:**

247 Whitewood Avenue, Unit 43  
PO Box 1090  
New Liskeard, ON P0J 1P0  
Tel.: 705-647-4305 Fax: 705-647-5779

**Branch Offices:**

Englehart Tel.: 705-544-2221 Fax: 705-544-8698  
Kirkland Lake Tel.: 705-567-9355 Fax: 705-567-5476

[www.timiskaminghu.com](http://www.timiskaminghu.com)

July 15, 2022

Hon. Jean-Yves Duclos  
Minister of Health  
House of Commons  
Ottawa, ON K1A 0A6

Dear Minister Duclos:

**Re: Decriminalization of Personal Possession of Illicit Drugs**

---

On June 8, 2022, at a regular meeting of the Board for the Timiskaming Health Unit, the Board considered a staff report related to addressing substance use related harms.

Motion (#25R-2022) was passed which included the following:

**That the Timiskaming Board of Health support the call on the federal government to decriminalize the possession of all illicit drugs for personal use as an evidence-informed approach that acknowledges that substance use is a health issue and not one of morality, will power or criminal justice and, further that the federal government support the immediate scale up of prevention, harm reduction, and treatment services...**

The Timiskaming Health Unit fully supports the above recommendation, and thanks you for your consideration.

Sincerely,

Carman Kidd, Board of Health Chair

C: Hon. Carolyn Bennett, Minister of Mental Health and Addictions / Associate Minister of Health  
Hon. Anthony Rota, Member of Parliament Nipissing-Timiskaming  
Hon. Charlie Angus, Member of Parliament Timmins-James Bay  
Jeff McGuire, Executive Director, Ontario Association of Chiefs of Police  
Aviva Rotenberg, Executive Director, Canadian Association of Chiefs of Police  
Loretta Ryan, Executive Director, Association of Local Public Health Agencies



# INFORMATION REPORT

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	August 10, 2022
<b>SUBJECT/REPORT NO:</b>	Decriminalization of Personal Possession of Illicit Drugs (BOH22016) (City Wide) <b>(Outstanding Business List Item)</b>
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Melissa Biksa (905) 546-2424 Ext. 6709
<b>SUBMITTED BY:</b>	Michelle Baird Director, Epidemiology, Wellness and Communicable Disease Control Division Public Health Services
<b>SIGNATURE:</b>	

## COUNCIL DIRECTION

This report is in response to three separate directions approved by Council in 2020 and 2022:

- On September 21, 2020; “That the Correspondence from Chatham-Kent Public Health Unit respecting the Decriminalization of Personal Possession of Illicit Drugs be received and referred to staff for a 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”;
- On March 21, 2022; “That the Medical Officer of Health be directed to review and prepare a report for the Board of Health on the Canadian Drug Coalition Policy respecting the Decriminalization of Simple Possession of Drugs and consider local treatment centre use and success metrics”; and,
- On April 4, 2022; “That the Correspondence from Anita Dubeau, Board of Health Chair, Simcoe Muskoka District Health Unit, respecting a Response to the Opioid Crisis in Simcoe Muskoka and Ontario-wide, be endorsed and referred to staff for a review and a report back to the Board of Health”.

---

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.

## **INFORMATION**

Problematic substance use continues to be an area of significant public health concern in Canada. Locally, Hamilton continues to experience annual increases in substance use as demonstrated by related emergency department visits, hospital admissions, poisonings and deaths. In 2019, there were 189 deaths attributed to illegal substances (opioids, cocaine, and methamphetamine). Emergency department visits for overdoses have increased for these three illegal substances between 2012-2021. Notably, the most significant increase has been that opioid overdoses have increased by 494% during this time period. Males, aged 25-44 years old, continue to be predominately impacted, and the gap is widening. For example, in 2021 men aged 25-44 years old accounted for 46% of the overdoses compared to 24% in 2012. As the trend continues to increase year over year, there have been calls to all levels of government to support initiatives to decrease the harms associated with substance use.

### **Decriminalization**

One strategy of controlling the use of illegal substances in Canada is through criminalization. From a health policy approach, criminalization of these substances has shown to compound health and social harms for people who use substances<sup>1,2,3</sup>. Decriminalization refers to the removal of criminal penalties for personal possession of illegal substances. With decriminalization of personal possession, the production and distribution of substances remains illegal. Evidence demonstrates that decreasing criminal penalties for illegal substance use, along with referrals to health, social service and harm reduction supports, reduces health and social harms. It also helps to address health inequities of marginalized populations and decreases financial burdens on health and criminal justice systems.<sup>4</sup>

Portugal has been a leader in decriminalization since they decriminalized personal possession in 2001. Portugal reported that adopting a decriminalization approach led to

---

<sup>1</sup> Health Canada Expert Task Force on Substance Use. (2021). Report #2 Recommendations on the Federal Government's Drug Policy as Articulated in a Draft Canadian Drugs and Substances Strategy (CDSS). Retrieved from <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html>

<sup>2</sup> Organization of American States. (2014). The OAS Drug Report: 16 Months of Debates and Consensus. Retrieved from: <https://www.oas.org/docs/publications/layoutpubgagdrogas-eng-29-9.pdf>

<sup>3</sup> United Nations and World Health Organization. (2017). Joint United Nations statement on ending discrimination in health care settings. Retrieved from: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings>

<sup>4</sup> Health Canada Expert Task Force on Substance Use. (2021a, May 6). *Report #1: Recommendations on alternatives to criminal penalties for simple possession of control substances*. <https://www.canada.ca/content/dam/hc-sc/documents/corporate/about-health-canada/public-engagement/external-advisory-bodies/reports/report-1-2021/report-1-HC-expert-task-force-on-substance-use-final-en.pdf>



**SUBJECT: Decriminalization of Personal Possession of Illicit Drugs (BOH22016)  
(City Wide) - Page 3 of 4**

---

reductions in morbidity and mortality, prevalence of drug use, stigma, and increases in individuals accessing treatment.<sup>5</sup> Other countries who have pursued decriminalization include Czech Republic, Switzerland, the Netherlands, Norway, Germany, Australia, and Uruguay.<sup>6</sup>

In Canada, there has been significant advocacy for decriminalization, and subsequently some movement towards this approach. Health Canada has granted British Columbia a three year exemption, beginning in January 2023, under subsection 56(1) of the *Controlled Drugs and Substance Use Act* to remove criminal penalties for people who possess a small amount of certain illegal substances for personal use. Toronto has also submitted the same request, and it is still pending response.

While decriminalization has shown to be an effective evidence-based approach, it is only one component of a comprehensive population health approach to problematic substance use. The Canadian Drug Coalition, an advocacy-based coalition of civil service organizations and people with lived experiences of substance use, has advocated for comprehensive drug policy reform in Canada. This reform would include decriminalization and the redistribution of resources from the enforcement of drug laws to services that promote health and human rights. This includes access to harm reduction services, safe supply, treatment and other social programs including housing and income protection to address the social determinants of health.

In addition to this coalition, numerous other agencies are advocating for immediate action in an integrated comprehensive approach, including decriminalization and increased access to health and social supports. Some of the organizations advocating include: the Ontario Big City Mayors, Ontario Association of Police Chiefs, Registered Nurses of Ontario and the Canadian Centre on Substance Use and Addiction. Recently, the Association of Local Public Health Agencies (alPHA) passed a comprehensive resolution outlining nine areas for action that includes decriminalization and increased access to health and social supports, while also outlining the strong role local public health has in the coordination of interventions to reduce harms associated with substance use. Amongst the general public, a 2021 Angus Reid poll found 60% of Ontarians to be strongly or moderately in favour of decriminalizing all illegal drugs.<sup>7</sup> Locally, 75% of the Hamilton Drug Strategy participant respondents, when surveyed in 2018, supported the decriminalization and legal regulation of substances.

---

<sup>5</sup> Hughes C.E., & Stevens A. (2010). What can we learn from the Portuguese decriminalization of illicit drugs? *British Journal of Criminology*, 50, 999–1022.

<sup>6</sup> Heidt J. Alternatives to the Criminalization of Simple Possession of Illicit Drugs Review and Analysis of the Literature. (2021). *International Centre for Criminal Law Reform*. Retrieved from [https://icclr.org/wp-content/uploads/2021/12/Heidt\\_Alternatives-to-criminalization-of-simple-possession.pdf?x56541&x96127](https://icclr.org/wp-content/uploads/2021/12/Heidt_Alternatives-to-criminalization-of-simple-possession.pdf?x56541&x96127)

<sup>7</sup> Angus Reid Institute. (2021). Canada's other epidemic: As overdose deaths escalate, majority favour decriminalization of drugs. Retrieved from [https://angusreid.org/wp-content/uploads/2021/03/2021.02.24\\_Opioid\\_Dependence.pdf](https://angusreid.org/wp-content/uploads/2021/03/2021.02.24_Opioid_Dependence.pdf)

### **Moving Forward**

The above evidence highlights that decriminalization can be one approach to address the harms associated with substance use, but that to manage the significant public health burden, a comprehensive approach is required. This will require further coordinated action at all levels of government. At a federal level, actions and investments could include: further expansion of decriminalization of personal possession of drugs; regulation of illegal substances; increased funding and capacity building for treatment, harm reduction services and supports for people experiencing homelessness. Provincial supports could entail additional investment for consumption and treatment sites and safer opioid supply programs; expanding access to treatment for opioid use disorder including opioid agonist therapy; investments in social services including housing, substance use prevention and addressing structural stigma.

At the municipal level, in Hamilton, the Board of Health endorsed recommendations in April 2022 that supported an integrated comprehensive approach to substance use, including decriminalization. As Public Health Services programs and services restart, the Hamilton Drug Strategy has been engaged in a conversation with the Greater Hamilton Health Network about how to coordinate and ensure best use of resources to meet the needs of the community. A comprehensive approach and coordinated action will continue to be required to reduce the harms associated with substance use. This includes coordinating services via an integrated care pathway; addressing stigma; enhancing and advocating for access to treatment; implementation of prevention initiatives; and responding to emerging evidence. Local public health can support the planning, implementation and coordination of local interventions including harm reduction, mental health promotion and substance use prevention initiatives.

### **APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.



Hamilton

# Infectious Diseases Update

Board of Health  
August 10, 2022

1. COVID-19 Situation Report and Scarsin Forecast
  - Overall Status
  - Situation Report
  - Scarsin Forecast
2. COVID-19 Vaccine Update
3. Monkeypox Update
  - Situation Report
  - Vaccination Update

# COVID-19 SITUATION REPORT & SCARSIN FORECAST

Ruth Sanderson, Epidemiologist

# COVID-19 Overall Status

## COVID-19 Transmission Status in Hamilton

Data updated as of Wednesday, August 3, 2022

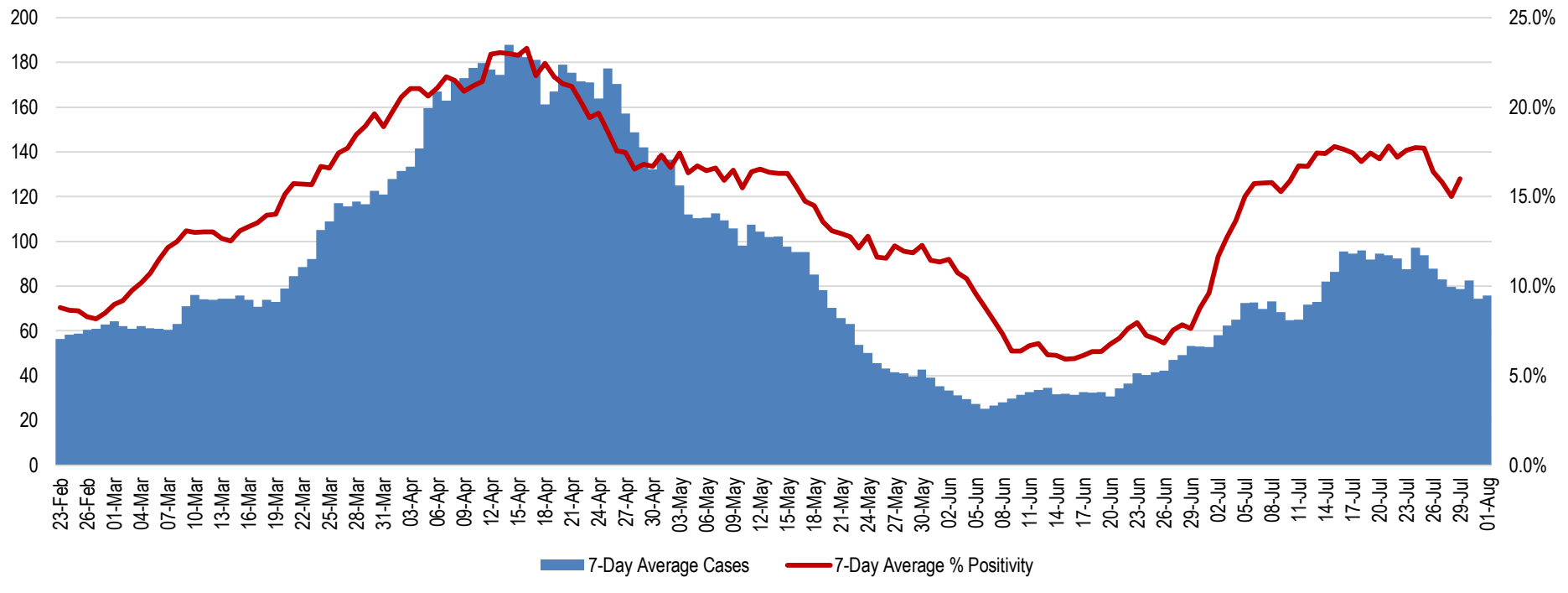
### Overall Assessment

Transmission Status High & Stable



# COVID-19 Transmission Status in Hamilton

COVID-19 Reported Cases and Percent Positivity, City of Hamilton, February 23 - August 3, 2022

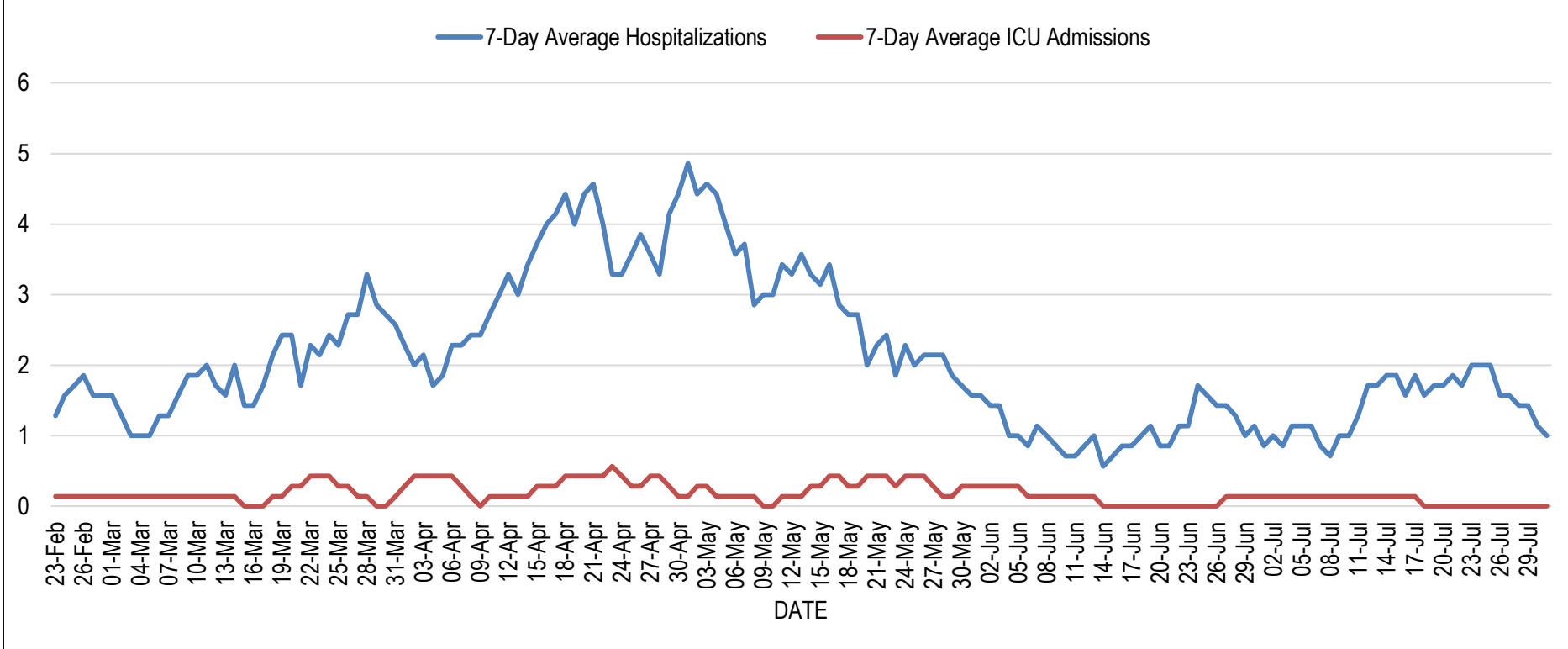


## Key Messages

- Hamilton is in the 7<sup>th</sup> wave of COVID-19. COVID-19 transmission is high and stable overall.
- The number of active outbreaks, wastewater signal, new COVID-19 hospitalizations and Intensive Care Unit admissions have all stabilized over the past two weeks.
- The number of reported cases and test positivity have decreased slightly over the past two weeks.

# COVID-19 Severity Indicator Status in Hamilton

COVID-19 Hospitalizations and Intensive Care Unit (ICU) Admissions reported to Public Health Services, City of Hamilton, February 23 - August 3, 2022



## Key Messages

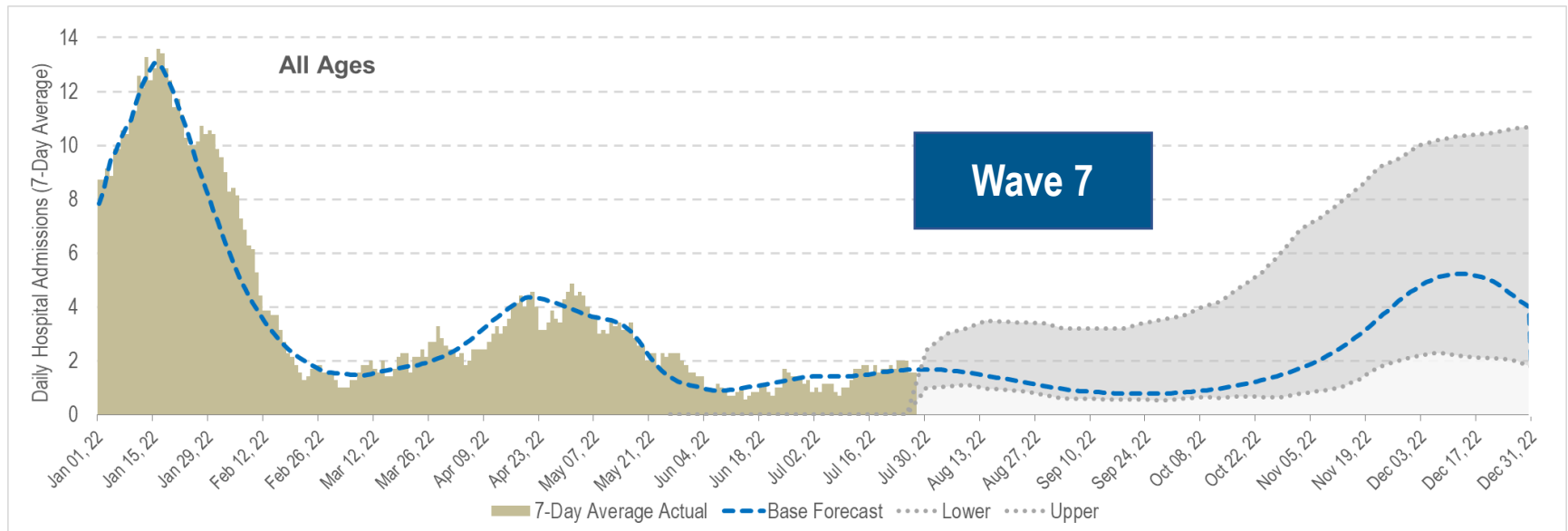
- The number of new COVID-19 hospitalizations has seen some increases since the beginning of July 2022 but has stabilized most recently.
- COVID-19 Intensive Care Unit admissions remain low and stable.



# Hamilton's COVID-19 Scarsin Forecast Key Messages

- The forecast shows that Hamilton's 7<sup>th</sup> COVID-19 wave has started and is predicted to greatly increase into the fall of 2022
- In the near-term, new hospital admissions of Hamiltonians are predicted to level off, followed by an increase in the fall with a peak in the fall or early winter of 2022 as Hamiltonians move indoors and more infectious sub-variants such as BA.5 continue to circulate
- The timing and size of the 7<sup>th</sup> wave will become clearer in the coming weeks
  - The current forecast accounts for vaccination uptake due to expanded 4<sup>th</sup> dose eligibility for those 18 years and older and vaccine availability for young children aged six months to under five years.
  - The current forecast does not account for potential changes due to newer vaccines adapted for Omicron sub-variants or increased use of personal protective measures such as masking

# COVID-19 Scarsin Forecast Hospital Admissions among Hamiltonians



Data Source: Scarsin Decision Support System retrieved Aug 2, 2022

## Key Messages:

- Wave 7 is predicted to increase in the fall 2022, as Hamiltonians move indoors, and more infectious sub-variants continue to circulate.
- There are different ways the wave may progress. The broad range of possibilities is shown using the upper and lower boundaries (the grey areas above and below the blue trend line).
- 323 new hospital admissions of Hamiltonians due to COVID-19 are predicted from August 10 to December 31, 2022
- Admissions by age group are predicted to be about: 29% in those 0-59, 29% in those 60-79 and 42% in those 80yrs+.

# COVID-19 VACCINE UPDATE

Jordan Walker, Acting Director – Epidemiology,  
Wellness, and Communicable Disease Control

# COVID-19 Vaccine Program Updates

- Vaccine Coverage as of August 2, 2022
  - 3<sup>rd</sup> dose coverage among 12yrs+ population: 55.7%
  - 4<sup>th</sup> dose coverage among 18yrs+ population: 14.9%
- 6 month to under 5 years: 97 doses administered July 28-August 1, 2022
- Vaccine capacity increased in response to 4<sup>th</sup> dose eligibility expansion, and vaccine approval for 6 months to under 5 year-old population through participating primary care, pharmacies and public health clinics
- Public Health leading the planning and coordination of a fall 2022 booster campaign with support from local health care partners for administration of COVID-19 vaccine
- Return to routine school immunization

# MONKEYPOX UPDATE

Jordan Walker, Acting Director – Epidemiology,  
Wellness, and Communicable Disease Control

# Monkeypox Situation Update



Total of **10 cases** in the City of Hamilton:

- 6 cases active
- 4 cases resolved
- 0 case fatalities

---

**100%** male

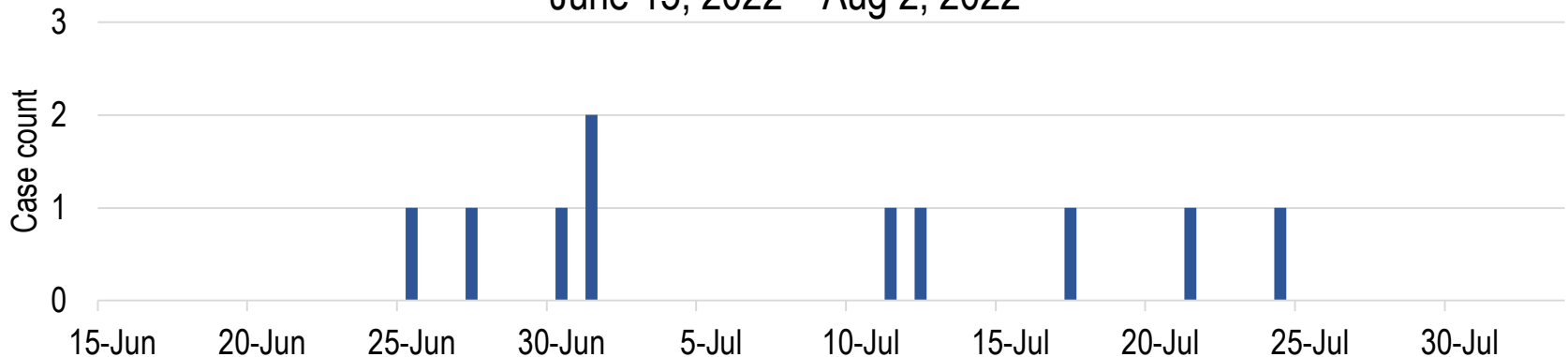


Average age: **36** years

Most common **risk factors** reported: Multiple sex contacts in the last 6 months, sex with the same sex, new sex contact in the last 2 months, and anonymous sex

---

Number of monkeypox cases by episode date in the City of Hamilton,  
June 15, 2022 – Aug 2, 2022



# Monkeypox Vaccination Update

- Monkeypox vaccination is being used for Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).
- Hamilton Public Health Services continues to operate a weekly PrEP clinic on Thursdays at Lime Ridge Mall for eligible populations.
- Clinics are promoted through community service providers and through internal Public Health Services teams working with eligible populations.
- As of August 3, 2022:
  - 11 PEP doses have been provided to high and intermediate-risk close contacts
  - 199 PrEP doses have been provided to persons identified as being at increased risk of exposure

# Key Messages

- The 7<sup>th</sup> wave of COVID-19 is underway, and Hamiltonians are recommended to take protective measures to reduce serious health consequences from COVID-19 infections:
  - Get vaccinated with all recommended doses and stay up-to-date with your vaccines
  - Wear a mask when indoors and/or when unable to distance
  - Stay home if you have COVID-19 symptoms
  - Speak to your healthcare provider, know in advance if you're eligible for treatment and where to access
- Monkeypox risk to the general public in Hamilton remains very low
  - Public Health Services website has information on Pre-Exposure Prophylaxis (PrEP) eligibility and booking for the weekly PrEP clinics
- At the September 2022 meeting, the plan provided will be in a combined COVID-19 and respiratory season update





Hamilton

QUESTIONS?



## Hamilton

### **PHYSICIAN RECRUITMENT AND RETENTION STEERING COMMITTEE REPORT 22-002**

**Friday, August 5, 2022**

**10:00 a.m.**

**City Hall**

**71 Main Street West, Hamilton**

---

**Present:** M. Nash (Chair)  
Mayor Eisenberger (ex officio)  
Councillor A. VanderBeek, and Dr. S. Kinzie

**Absent  
with Regrets:** Councillors S. Merulla and T. Whitehead and Dr. J. Profetto -  
Personal  
Dr. B. Singh – Business

---

#### **THE PHYSICIAN RECRUITMENT AND RETENTION STEERING COMMITTEE PRESENTS REPORT 22-002 AND RESPECTFULLY RECOMMENDS:**

- 1. Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 (Item 1)**
  - (a) Proposal to Transfer Program into the Greater Hamilton Health Network & Formalize Existing Funding Relationships (Item 4.1)**
    - (i) That Physician Recruitment and Retention Program (Hamilton Physicians), with the support of the Greater Hamilton Health Network, attached as Appendix A to Physician Recruitment and Retention Steering Committee Report 22-002, be transferred to the Greater Hamilton Health Network (GHHN), as an independent department therein, reporting to the Executive Director of the GHHN, on a date mutually agreed upon and no later than February 28, 2023, attached to Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 as Appendix B to Physician Recruitment and Retention Steering Committee Report 22-002;

- (ii) That from the date of the transfer, Physician Recruitment and Retention Program (Hamilton Physicians) staff will become employees of the Greater Hamilton Health Network (GHHN):
  - 1. with the same terms and conditions of employment;
  - 2. from which time they will adhere to GHHN policies; and
  - 3. may have the opportunity to become permanent employees of the GHHN;
- (iii) That the Key Performance Indicators (KPI) of the Physician Recruitment and Retention Program (Hamilton Physicians) will remain unchanged upon the initial transfer of the Program to the Greater Hamilton Health Network (GHHN) and any future changes will require approval of the Executive Council of the GHHN and that the GHHN provide an annual report to the Board of Health on the KPIs;
- (iv) That the following be transferred to the Greater Hamilton Health Network (GHHN):
  - 1. All existing property purchased by Hamilton Physicians, including all office furniture, equipment and supplies;
  - 2. Administration for payroll and expenses;
  - 3. The balance of the City of Hamilton's current contribution to the Physician Recruitment and Retention Program (Hamilton Physicians) operating budget of \$75,000;
  - 4. Payments from existing funding partnership arrangements;
  - 5. All Physician Recruitment and Retention Program (Hamilton Physicians) surplus funds (as of May 31, 2022, this amount is \$515,116.05), net any outstanding liabilities; and
  - 6. The Hamilton Physicians brand, which will be maintained by the Greater Hamilton Health Network (GHHN);
- (v) That the Greater Hamilton Health Network will commit all budgeted future Physician Recruitment and Retention Program (Hamilton Physicians) funding payments to physician recruitment and retention efforts;
- (vi) That the Greater Hamilton Health Network (GHHN) will pursue formal funding arrangements with the Physician Recruitment and

Retention Program (Hamilton Physicians) current partners and with other stakeholders, including the other municipalities within its mandate;

- (vii) That an ad-hoc working group, be established, as follows:
  - 1. The ad-hoc working group shall consist of one representative from each of the Physician Recruitment and Retention Program stakeholders
  - 2. The ad-hoc working group shall report to the Working Group of the Physician Recruitment and Retention Steering Committee;
  - 3. The ad hoc working group shall investigate the details of the program transfer from the Hamilton Physicians partnership to the Greater Hamilton Health Network (GHHN) including, but not limited to, those considerations set out in subsections (a) through (f);
  - 4. The ad hoc working group shall be disbanded on the successful and final transfer of the Physician Recruitment and Retention Program to the GHHN;
  - 5. The Working Group of the Physician Recruitment and Retention Steering Committee shall develop and approve the terms of reference for the ad hoc working group;
- (viii) That the Physician Recruitment and Retention Steering Committee:
  - 1. be established for the 2022-2026 Term of Council; and
  - 2. be disbanded upon the transfer of the Physician Recruitment and Retention Program to the Greater Hamilton Health Network; and
- (ix) That the Executive Director of the Greater Hamilton Health Network, or their designate, be invited to attend the next meeting of the Recruitment and Retention Steering Committee.

**(b) Program Updates (Items 7.1 (a)-(d) and 7.2 (a)-(d))**

That the following program updates for 2021 and 2022, attached to Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 as Appendix C to Physician Recruitment and Retention Steering Committee Report 22-002, be received:

- (i) 2021 Program Updates
  - 1. 2021 Budget to Actual Comparison
  - 2. Cashflow Statement
  - 3. KPI Summary
  - 4. Physician Retirements and Departures, Recruited Physicians, and Active Physicians by Community
  
- (ii) 2022 Program Updates
  - 1. Cashflow Statement
  - 2. KPI Summary
  - 3. Physician Retirements and Departures, Recruited Physicians, and Active Physicians by Community
  - 4. Planned Recruitment Events 2022

**(c) Proposed Budget (Item 7.2 (e))**

That the 2022 Proposed Budget for the Physician Recruitment and Retention Program, attached as Appendix D to Physician Recruitment and Retention Steering Committee Report 22-002, be approved.

**FOR INFORMATION:**

**(a) APPROVAL OF AGENDA (Item 2)**

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

The agenda for the August 5, 2022 meeting of the Physician Recruitment and Retention Steering Committee was 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) February 11, 2022 (Item 4.1)**

The Minutes of the February 11, 2022 meeting of the Physician Recruitment and Retention Steering Committee were approved, as presented.

**(d) COMMUNICATIONS (Item 5)**

The following Communications Items, be received and referred as recommended:

- (i) Dr. Jason Profetto, Resignation from Physician Recruitment and Retention Steering Committee

Recommendation: To be received and referred to Clerk's staff for appropriate action.

- (ii) Melissa McCallum, Greater Hamilton Health Network, respecting support for proposal to transfer the Physician Recruitment and Retention Program (Hamilton Physicians) to the Greater Hamilton Health Network

Recommendation: to be received and referred to the consideration of Item 10.1, respecting Item 1 of Working Group to Physician Recruitment and Retention Steering Committee Report 22-001.

**(e) CONSENT ITEMS (Item 5)**

The Committee Clerk advised that all six sets of Minutes of the Working Group of the Physician Recruitment and Retention Steering Committee erroneously referred to the "Committee Clerk" under the Approval of the Agenda; the Minutes will be revised accordingly.

The following Minutes of the Working Group of the Physician Recruitment and Retention Steering Committee, were received, as amended:

- (i) January 12, 2021 (Item 7.1(a))
- (ii) September 14, 2021 (Item 7.1(b))
- (iii) October 14, 2021 (Item 7.1(c))
- (iv) October 29, 2021 (Item 7.1(d))
- (v) November 23, 2021 (Item 7.1(e))
- (vi) December 14, 2021 (Item 7.1(f))

(f) DISCUSSION ITEMS (Item 10)

(i) Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 (Item 1)

- (a) Item 1 of the Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001, was amended to read as follows:
- (a) That Physician Recruitment and Retention Program (Hamilton Physicians), **with the support of the Greater Hamilton Health Network, attached as Appendix A to Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001**, be transferred to the Greater Hamilton Health Network (GHHN), as an independent department therein, reporting to the Executive Director of the GHHN, on a date mutually agreed upon and no later than February 28, 2023, attached to Working Group of the Physician Recruitment and Retention Steering Committee Report 22-001 as Appendix **A B**;
  - (b) That from the date of the transfer, Physician Recruitment and Retention Program (Hamilton Physicians) staff will become employees of the Greater Hamilton Health Network (GHHN):
    - (i) with the same terms and conditions of employment;
    - (ii) from which time they will adhere to GHHN policies; and
    - (iii) may have the opportunity to become permanent employees of the GHHN;
  - (c) That the Key Performance Indicators (KPI) of the Physician Recruitment and Retention Program (Hamilton Physicians) will remain unchanged upon the initial transfer of the Program to the Greater Hamilton Health Network (GHHN) and any future changes will require approval of the Executive Council of the GHHN **and that the GHHN provide an annual report to the Board of Health on the KPIs**;
  - (d) That the following be transferred to the Greater Hamilton Health Network (GHHN):
    - (i) All existing property purchased by Hamilton Physicians, including all office furniture, equipment and supplies;

- (ii) Administration for payroll and expenses;
  - (iii) The balance of the City of Hamilton's current contribution to the Physician Recruitment and Retention Program (Hamilton Physicians) operating budget of \$75,000;
  - (iv) Payments from existing funding partnership arrangements;
  - (v) All Physician Recruitment and Retention Program (Hamilton Physicians) surplus funds (as of May 31, 2022, this amount is \$515,116.05), net any outstanding liabilities; and
  - (vi) The Hamilton Physicians brand, which will be maintained by the Greater Hamilton Health Network (GHHN);
- (e) That the Greater Hamilton Health Network will commit all budgeted future Physician Recruitment and Retention Program (Hamilton Physicians) funding payments to physician recruitment and retention efforts;
- (f) That the Greater Hamilton Health Network (GHHN) will pursue formal funding arrangements with the Physician Recruitment and Retention Program (Hamilton Physicians) current partners and with other stakeholders, including the other municipalities within its mandate;
- (g) That an ad-hoc working group, be established, as follows:
- (i) The ad-hoc working group shall consist of one representative from each of the Physician Recruitment and Retention Program stakeholders
  - (ii) The ad-hoc working group shall report to the Working Group of the Physician Recruitment and Retention Steering Committee;
  - (iii) The ad hoc working group shall investigate the details of the program transfer from the Hamilton Physicians partnership to the Greater Hamilton Health Network (GHHN) including, but not limited to, those considerations set out in subsections (a) through (f);
  - (iv) ***The ad hoc working group shall be disbanded on the successful and final transfer of the Physician Recruitment and Retention Program to the GHHN;***
  - (v) ***The Working Group of the Physician Recruitment and Retention Steering Committee shall develop and approve the terms of reference for the ad hoc working group;***



- (h) That the Physician Recruitment and Retention Steering Committee:
  - (i) be established for the 2022-2026 Term of Council; and
  - (ii) be disbanded upon the transfer of the Physician Recruitment and Retention **Steering Committee Program** to the Greater Hamilton Health Network; and
- (i) That the Executive Director of the Greater Hamilton Health Network, or their designate, be invited to attend the next meeting of the Recruitment and Retention Steering Committee.
- (b) Appendices B (Item 2) and C (Item 3) to the Working Group of the Recruitment and Retention Steering Committee Report 22-001, were renamed Appendices C and D respectively.

For disposition of this matter, please refer to Item 1.

**(g) PRIVATE AND CONFIDENTIAL (Item 14)**

**(i) Closed Minutes of the Working Group of the Physician and Retention Steering Committee – January 12, 2021 (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.

The Closed Session Minutes of the January 12, 2021 Working Group of the Physician Recruitment and Retention Steering Committee, were received and remain confidential.

**(h) ADJOURNMENT (Item 15)**

There being no further business, the Physician Recruitment and Retention Steering Committee meeting was adjourned at 10:29 a.m.

Respectfully Submitted,

Marie Nash, Chair  
Physician Recruitment and

Retention Steering Committee

Tamara Bates  
Legislative Coordinator  
Office of the City Clerk



*Building community  
health together.*

**July 12, 2022**

**Dear Members of the Physician Recruitment and Retention Steering Committee,**

I am pleased to submit this letter to express the Greater Hamilton Health Network's (GHHN) support of the proposal to transfer the City of Hamilton's Physician Recruitment and Retention Program (Hamilton Physicians) into our organization.

The GHHN strives to transform healthcare in Hamilton through partnerships with patients, care partners, and local healthcare organizations, and both the GHHN and Hamilton Physicians share a vision of improving access to care for all patients in the Hamilton area. It is our firm belief that this shared vision will allow both organizations to work together harmoniously to improve healthcare delivery in Hamilton.

With many of Hamilton Physicians' current funding partners represented on the GHHN's Executive Council, the proposed program transfer will maintain accountability to these stakeholders. We are also confident that the knowledge and resource sharing associated with this transfer will benefit both organizations and will represent a more efficient use of funds.

We acknowledge the importance of physician recruitment in Hamilton, and we are happy to support this work on a long-term basis. As we understand the complexity involved in such a transfer, we will be happy to work together moving forward to determine next steps and to help answer any questions or concerns that you may have.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa McCallum".

Melissa McCallum  
Executive Director  
Greater Hamilton Health Network

**City of Hamilton's Physician Recruitment & Retention Program  
(Hamilton Physicians)**

Proposal to Transfer Program into the Greater Hamilton Health Network &  
Formalize Existing Funding Relationships

## Table of Contents

Executive Summary.....	4
Program Background .....	4
City of Hamilton’s Physician Recruitment & Retention (PR&R) Steering Committee .....	4
Working Group of the PR&R Steering Committee.....	5
The Physician Recruitment & Retention Program (Hamilton Physicians) .....	5
<i>Key Performance Indicators</i> .....	6
<i>Results</i> .....	6
<i>Financial Overview</i> .....	8
Background: Greater Hamilton Health Network (GHHN) .....	9
<i>Overview</i> .....	9
<i>Representation</i> .....	9
Issues with Current PR & R Structure .....	10
Issue 1: Obscure Accountability/Operational Oversight .....	10
Issue 2: Operational Inefficiency.....	10
<i>Payroll/Expenses</i> .....	11
<i>Duplication in Reporting</i> .....	11
<i>Maintaining Informal Partnerships</i> .....	11
Issue 3: Instability of Program .....	11
Issue 4: Limited Flexibility to Adapt to Evolving Healthcare Needs.....	12
Recommendation.....	12
Recommended Approach/Structure.....	12
<i>Operational Oversight/Structure</i> .....	13
<i>Funding/Budget/Property</i> .....	13
Staffing/Contracts .....	13
Office Space/Facilities .....	14
Branding/Website .....	14
Rationale .....	14

Eliminates Obscurity in Accountability and Operational Oversight.....	14
Addresses Operational Inefficiencies.....	15
Provides Stability for Long-Term Planning.....	15
Increased Responsiveness .....	15
Additional Benefits.....	15
Increased Exposure and Recognition within the Broader Medical Community.....	16
Improved Community Integration & Population Health Approach.....	16
Potential for Growth to Address Evolving Needs of Local Populations.....	16
New and Innovative Model of Healthcare Recruitment.....	17
Potential Challenges/Limitations.....	17
Broader Regional Scope .....	17
Time/Resources Required to Complete Transfer .....	18
Alternate Options.....	18
Alternate Option 1: Transfer Hamilton Physicians into an Internal Department within the City of Hamilton .....	18
Alternate Option 2: Altering the current reporting structure and approval process within the current PR&R program .....	19

## Executive Summary

The City of Hamilton's Physician Recruitment and Retention (PR&R) program currently operates as an external organization (Hamilton Physicians) reporting to Hamilton City Council through the Board of Health and the Physician Recruitment and Retention Steering Committee. Hamilton Physicians is a partnership between the City of Hamilton, the Hamilton Chamber of Commerce and The Hamilton Academy of Medicine and is funded through the City of Hamilton and informal partnerships with several community healthcare stakeholders. Operational oversight for the program is carried out by the Working Group of the Physician Recruitment and Retention Steering Committee.

The current organizational structure of the City of Hamilton's PR&R program has limitations and inefficiencies which hinder its ability to best respond to the evolving healthcare needs in the community. In recognition of these issues, and with the retirement announcement of the long-time Director of Physician Recruitment at Hamilton Physicians, the Working Group of the Physician Recruitment and Retention Steering Committee started exploring potential solutions in late 2019. Since that time, the need to amend the structure of primary healthcare recruitment in the City has become increasingly apparent.

To best address the limitations associated with the City of Hamilton's current PR&R program, it is recommended that the current PR&R Program (Hamilton Physicians) be transferred to a new Healthcare Recruitment department within the Greater Hamilton Health Network. In addition to the program transfer, this report also recommends maintained funding from current program sponsors and the formalization of these existing funding arrangements.

Evidence suggests that this approach would best address current program limitations with minimal implications while offering a number of ancillary benefits which will be outlined in this report.

## Program Background

### Physician Recruitment and Retention (PR&R) Steering Committee

The PR&R Steering Committee was formed in 2002 to address the critical shortage of family physicians in the City of Hamilton. The first Physician Recruitment Specialist was hired November 23, 2004 to develop and implement the strategic plan.

The Steering Committee provides the overall direction for physician recruitment and retention in the Hamilton and receives updates from its Working Group. The PR&R Steering Committee reviews the PR&R Program's performance, budget, funding, contracts, economic climate, Ministry and Ontario Medical Association (OMA) policies, and local factors influencing physician recruitment.

The PR & R Steering Committee is comprised of the following eight members:

- A representative from The Hamilton Academy of Medicine (preferably a family physician)
- A representative from the Hamilton Chamber of Commerce
- Three City of Hamilton Councillors
- The Mayor of the City of Hamilton
- A representative from the Department of Family Medicine at McMaster University
- A new physician practicing in Hamilton within five years of their graduation from residency

One member of the Steering Committee is chosen to be Chair and one Vice-Chair. The PR&R Steering Committee approves minutes, budgets and reports. Decisions of the PR&R Steering Committee are reported to Council for ratification, through the Board of Health.

### Working Group of the PR&R Steering Committee

The Working Group was formed to provide the operational support and oversight for the program. The Working Group provides updates, reports and recommendations to the PR&R Steering Committee on matters pertaining to physician recruitment in Hamilton.

Four members of the PR&R Steering Committee are chosen to sit on the Working Group of the Committee and include:

- One City of Hamilton Councillor
- One representative from the Hamilton Academy of Medicine
- One representative from the Hamilton Chamber of Commerce
- One representative from the Department of Family Medicine at McMaster University.

The Working Group advises the Physician Recruitment Program staff and reviews budgets and reports for recommendation to the Steering Committee for approval.

### The Physician Recruitment & Retention Program (Hamilton Physicians)

Hamilton Physicians was formed in 2004 as the operational arm of the PR&R Steering Committee. The program has historically focused heavily on family practice recruitment and retention and reports directly to the Working Group of the PR&R Steering Committee for operational oversight (budgets, key performance indicators (KPI), funding, and expenses). The program has historically operated with one to two staff. Human Resources support for the Program is administered by the Hamilton Chamber of Commerce.

The program supports family medicine recruitment and retention through a variety of methods including:

- Attending at recruitment conferences/events
- Presenting to both Residents and local Physicians
- Maintaining a database of available clinic space in the City (obtained through meetings with property developers/clinic managers)
- Advertising available practice opportunities and clinic spaces and connecting candidates with applicable parties



- Supporting succession planning for retiring physicians
- Providing guidance to new and retiring physicians to help navigate the recruitment process
- Working with external partners to increase Family Health Organization (FHO) availability throughout the City
- Maintaining a network of various healthcare/community partners to support general healthcare recruitment needs in the community
- Providing support and advice to active family physicians in Hamilton to address issues that may arise in their practices (to support retention)

### *Key Performance Indicators*

The performance of Hamilton Physicians is currently assessed based on a number of Key Performance Indicators Including:

- Number of family physicians recruited within Hamilton per year
  - Permanent and temporary (locum) physician recruitment
- Number of active family physicians in Hamilton
  - Expressed as both total physicians and separated by community (within Hamilton):
    - Ancaster
    - Dundas
    - Flamborough (including Waterdown & Carlisle)
    - Glanbrook (including Mount Hope & Binbrook)
    - Hamilton (Mountain)
    - Hamilton (Lower)
    - Stoney Creek
- Number of new physician contacts
- Number of physicians retained (typically through locum support)
- Average age of active family physicians in Hamilton

### *Results*

#### *Number of Family Physicians Recruited*

Since 2004, Hamilton Physicians has supported the recruitment of 412 family physicians to Hamilton:

- 268 permanent family physicians
- 144 locum (temporary) family physicians

In 2021 alone (December 1, 2020 – November 30, 2021), Hamilton Physicians supported the recruitment of 48 physicians (28 permanent physicians and 20 locum).

### *Number of Active Family Physicians*

The total number of active family physicians (including permanent and long-term locum physicians) in Hamilton has increased from 345 in 2005 (the first year that this data was collected) to 364 in 2021 for a total increase of 19 active family physicians. It is important to note that this increase represents additional physician capacity only and does not reflect the success of Hamilton Physicians in replacing existing capacity (for retiring physicians etc.).

The changes in the number of active family physicians per community between June 2009 (the first year that this data was collected) and November 2021 is represented below:

- Ancaster: Increase of five physicians (15 in 2009 vs 20 in 2021)
- Dundas: No change (22 in both 2009 & 2021)
- Flamborough (Waterdown & Carlisle): Increase of six physicians (18 in 2009 vs 24 in 2021)
- Glanbrook (Mount Hope & Binbrook): Decrease of one physician (two in 2009 vs one in 2021)
- Hamilton (Mountain & Lower): Decrease of three physicians (231 in 2009 vs 228 in 2021)
- Stoney Creek: Increase of 18 physicians (26 in 2009 vs 44 in 2021)

It should be noted that the areas of Dundas and Hamilton (primarily lower Hamilton) in which physician coverage remained unchanged or decreased represent the only areas in Hamilton where physician coverage was considered adequate by provincial standards based on census population data. This indicates that physician distribution throughout Hamilton has improved in high needs areas during this period.

### *Number of New Physician Contacts*

Between the year 2005 (the first year that this data was collected) and 2021 Hamilton Physicians has networked with 1406 physicians/residents and averages 82 new contacts per year. In 2021 Hamilton Physicians made 53 new physician contacts which falls below the average due to a reduced availability of in-person recruitment events due to COVID-19.

### *Physician Retention*

Physician retention is calculated based on the number of temporary (locum) physicians that have been recruited to support an existing family practice for coverage related to vacations, parental leaves, long-term practice support, medical leaves and so on.

Between the year 2005 (the first year that this data was collected) and 2021 Hamilton Physician has supported the retention of 179 local family physicians and on average the program supports the retention of ten physicians per year. In 2021 Hamilton Physicians helped to retain 17 family physicians through sourcing both short-term and long-term locum support.

### *Average Age of Active Family Physicians in Hamilton*

Understanding the average age of active family physicians is of vital importance when planning for future physician capacity. A younger physician population decreases the risks of sudden drastic decreases in capacity (due to retirements, medical leaves, and adjustments in work/life balance).

Since 2007 (the first year that this data was collected) the average age of active family physicians in Hamilton has fallen from 52.3 in 2007 to 49.3 in 2021. During this same period the number of active family physicians below the age of 50 in Hamilton has increased from 136 in 2007 to 187 in 2021.

This figure demonstrates Hamilton Physician's success in sourcing younger candidates to take over practices from retiring physicians.

### *Financial Overview*

#### *Current Program Operating Budget*

The working arm of the Physician Recruitment and Retention Steering Committee (Hamilton Physicians) has an annual budget of \$180,000 (plus an additional \$20,000 - \$30,000 per year in total In-Kind Contributions) comprised of contributions from the following sponsors:

#### *Funding*

- The City of Hamilton - \$75,000
- McMaster University - \$25,000
- Department of Family Medicine – McMaster University - \$15,000
- Hamilton Health Sciences - \$20,000
- St. Joseph's Healthcare Hamilton - \$20,000
- The Hamilton Family Health Team - \$25,000

#### *In-Kind Contributions*

- Department of Family Medicine – McMaster University – Office space (valued at ~\$5,000/year)
- The Hamilton Chamber of Commerce – Payroll Services (valued at ~\$15,000 - \$25,000/year)

#### *Office Space/Facilities*

- The PR&R Program (Hamilton Physicians) is currently housed at the David Braley Health Sciences Centre which is owned and operated by McMaster University.
- This office space comes at no cost to the program, as the space is provided as an in-kind contribution from McMaster University's Department of Family Medicine
- The program recently received an extension of the current co-location agreement that continues to provide office space for Hamilton Physicians at the David Braley Health Sciences Centre until December 31, 2022.

### *Available Funds*

- Due to yearly fluctuations in program expenditures, as of November 30, 2021 (the end of FY 2020-2021) the Hamilton Physicians program holds a surplus of \$443,706.76 which is held in an account with the City of Hamilton.

## Background: Greater Hamilton Health Network (GHHN)

### *Overview*

The Greater Hamilton Health Network (GHHN) is one of 42 Ontario Health Teams (OHTs) across the province, with a purpose of transforming healthcare in partnership with patients, families, care partners, primary care, local organizations and the community.

The GHHN is working to co-design a patient-centred health system grounded in engagement, health equity and the local needs of the communities that they serve.

The GHHN currently serves the populations of Hamilton, Haldimand, Niagara North West.

### *Representation*

The GHHN is a collaboration of local patients, families, care partners, and health and human service partners. The GHHN includes representation from more than 30 organizations, reflecting primary care, home care, hospitals, community agencies, long-term care, mental health, Indigenous health, post-secondary education, and the City of Hamilton (Healthy and Safe Communities Department, Public Health, and Paramedic Services).

The GHHN's Executive Council currently includes representation from all of Hamilton Physicians' current sponsors (with the exception of the Hamilton Chamber of Commerce) including:

- One representative from St. Joseph's Healthcare Hamilton
  - President at St. Joseph's Healthcare Hamilton
- One representative from Hamilton Health Sciences
  - President and CEO of Hamilton Health Sciences
- Two representatives from the Hamilton Family Health Team
  - Executive Director of Hamilton Family Health Team
  - Lead Physician of Hamilton Family Health Team
- Two representatives from McMaster University
  - Professor and Chair of the Department of Family Medicine at McMaster University
  - Professor and former Chair of the Department of Family Medicine at McMaster University
- Two representatives from the City of Hamilton
  - General Manager of the Healthy and Safe Communities Department

- Medical Officer of Health

In addition to this representation the GHHN's Executive Council also includes two patient representatives as well as a representative from Thrive Group (an organization representing a large group of Long-Term Care organizations throughout the Hamilton area).

## Issues with Current Physician Recruitment and Retention Structure

The PR&R program in Hamilton has remained relatively unchanged since its inception and the structure of the program requires revision in order to best meet the evolving needs of the residents of Hamilton. In recent years several challenges stemming from the PR&R program's organizational structure have surfaced which have highlighted the need for a program review. The primary issues with the existing PR&R structure today include unclear accountability/operational oversight, operational inefficiency, program instability, and limited flexibility to adapt to the changing needs in the community

### Unclear Accountability/Operational Oversight

Hamilton Physicians currently operates as a siloed organization which reports directly to the Physician Recruitment and Retention Steering Committee. As the operational arm of the Physician Recruitment and Retention Steering Committee, Hamilton Physicians adheres to the City of Hamilton's Human Resources policies and funds for the program are held by the City.

Despite this fact, payroll for Hamilton Physicians staff is currently administered by the Hamilton Chamber of Commerce (which is reimbursed by the City of Hamilton) and office space/IT support is currently provided by McMaster University's Department of Family Medicine.

These arrangements create a lack of clarity regarding which specific operational policies staff at Hamilton Physicians must adhere to, which resources to access, and who to contact for support.

Further complicating matters is the fact that funding for the program is provided informally by a variety of different healthcare and community partners with unique needs; several of whom lack any representation on the PR&R Steering Committee or Working Group. While the interests of these partners are often compatible, this arrangement does pose a challenge in determining which needs to prioritize in the event of a conflict.

### Operational Inefficiency

The existing structure of the PR&R Program in Hamilton creates duplication of work in number of areas including:

### *Payroll/Expenses*

Funds for Hamilton Physicians are held by the City of Hamilton, but payroll is administered through the Hamilton Chamber of Commerce. This creates unnecessary paperwork and delays in expense reimbursement each month as all program expenses must be first approved by the City of Hamilton and forwarded to the Hamilton Chamber of Commerce for processing.

### *Duplication in Reporting*

As each member sitting on the Working Group is also a member of the Steering Committee the same information must be presented twice to members before receiving approval. The Physician Recruitment and Retention Steering Committee reports to Council, through the Board of Health, which requires a long lead time for any necessary approvals for the Program. Given the nature of the PR&R Program many of the members on both the Working Group and Steering Committee are practicing physicians, City councillors, or other stakeholders with busy agendas and the current arrangement does not constitute the most efficient use of their time.

As each member of the Working Group and Steering Committee maintains a busy schedule and must balance their commitment to the PR&R Program with the needs of their individual organizations, this reporting structure has historically resulted in significant meeting delays and cancellations which limit the PR&R program's ability to respond to program and community needs in a timely manner.

### *Maintaining Informal Partnerships*

With a lack of formal funding arrangements/partnerships in place, staff at Hamilton Physicians (and often the Chair or Vice-Chair of the Steering Committee) must reach out to program sponsors on an annual basis to confirm ongoing support. Once funding is confirmed invoices must be sent out by the City of Hamilton to each stakeholder, and follow-up is often required to ensure that funds are received.

For office space Hamilton Physicians must also reach out to McMaster's Department of Family Medicine on an annual basis to confirm ongoing support. Once confirmed an agreement must be signed by the Chair or Vice-Chair of the Working Group and returned to McMaster's Department of Family Medicine.

These informal partnerships require consistent oversight, while alternative options may be able to provide equal accountability with fewer administrative requirements.

### *Instability of Program*

In communities throughout Canada, it is widely recognized that a systematic effort is required to recruit and retain healthcare providers. Even in communities with adequate physician coverage, recruitment

and retention initiatives remain in place to offset physician turnover and to recruit other vital healthcare providers. Despite this fact the City of Hamilton's Physician Recruitment and Retention Program lacks the stability and security that formalized funding arrangements afford.

Since the retirement of the last Director and during the search for a new Director and the subsequent program review, Hamilton Physicians staff have typically operated on short-term contracts of 6 months to 2 years in length which fail to ensure employment beyond the contracted terms. In the current economic climate this instability and uncertainty will create challenges for sourcing qualified candidates for future positions and may result in retention difficulties as staff may seek greater stability elsewhere.

The lack of formal partnerships means that the PR&R Program priorities and activities may change at any time due to funding limitations, rather than the needs of the residents of Hamilton.

### *Limited Flexibility to Adapt to Evolving Healthcare Needs*

With healthcare needs in the community constantly evolving, the current organizational structure does not allow the program to respond to these needs in a timely manner.

The current operational structure of the PR&R Program requires several layers of approval for revisions to program operations and staff contract renewal. Quorum is required at all meetings of both the PR & R Working Group and Steering Committee. As the members sitting on both groups are busy physicians/stakeholders within the community scheduling meetings and obtaining quorum poses a significant challenge, and meetings are often delayed or deferred (sometimes for several months) for this reason.

## Recommendation

In response to the various issues outlined above a transition of the City of Hamilton's PR&R Program (Hamilton Physicians) into the Greater Hamilton Health Network (GHHN) and the disbanding of the Physician Recruitment and Retention Steering Committee is recommended. The recommended approach includes the transfer of operational oversight of the PR&R Program and the management of all PR&R funds to the GHHN. With the transfer of the program into the GHHN the formalization of existing funding arrangements is also recommended.

### Recommended Approach/Structure

The recommended approach to transfer of the City of Hamilton's PR & R Program (Hamilton Physicians) into the GHHN and formalize existing funding arrangements is outlined below.

### *Operational Oversight/Structure*

It is recommended that Hamilton Physicians transfer into the GHHN as an independent department reporting directly to the Executive Director of the GHHN (and by extension the Executive Council of the GHHN). This approach would involve disbanding the current PR&R Steering Committee, and accountability for PR & R in the Hamilton area would transfer to the Executive Council of the GHHN.

From the date of the transfer onward, PR & R Program staff would move to the GHHN and so would then adhere to GHHN policies (HR, IT, Privacy etc.) and would receive IT and HR support directly from the GHHN.

Key Performance Indicators would remain unchanged upon the initial transfer and any future changes would require approval from the Executive Council of the GHHN.

### *Funding/Budget/Property*

It is recommended that all existing funds and property accrued/purchased by Hamilton Physicians be transferred to the care of the GHHN and that payroll and reimbursement for expenses for PR&R staff to be administered by the GHHN from the date of the Program's transfer onward.

Under this scenario the PR&R will maintain existing funding partnerships, but future invoices will be issued by the GHHN instead of the City of Hamilton. The formalization of existing funding arrangements/partnerships is also recommended. Funding partners will be asked to commit to long term funding arrangements with the GHHN, which would account for healthcare recruitment operating costs.

The transfer of the balance of the PR&R Program's current surplus funds (\$443,706.76 as of November 30, 2021) as well as all future PR&R funding contributions to the GHHN will be conditional upon a formal commitment from the GHHN that these funds will be earmarked for healthcare recruitment and retention initiatives only. As all current sponsors of the PR&R Program (with the exception of the Hamilton Chamber of Commerce) are represented on the GHHN's Executive Council (including 2 representatives for the City of Hamilton), recruitment reports/KPI will be presented to the GHHN's Executive Council on a regular basis to ensure ongoing accountability.

The current operating budget of \$180,000 would also transfer to the GHHN and future adjustments to this budget would be negotiated with the GHHN and PR&R funding partners.

### *Staffing/Contracts*

The transfer of existing contracts for Hamilton Physicians staff to the GHHN with the same rates and entitlements (and with consideration to annual inflationary adjustments) is recommended. Future contracts, the hiring of new staff, and contract renewals would be negotiated within the GHHN.



In consideration of the existing funds to be transferred to the GHHN, a longer contract term of a minimum of 3 years for Hamilton Physicians staff is also recommended, which may be transferred to a permanent position in the event that funding partnerships are formalized.

### Office Space/Facilities

As the current co-location agreement with McMaster University expires on December 31, 2022, no changes to this arrangement are recommended at this time.

Future arrangements related to office space for PR&R staff would be negotiated within the GHHN.

As Hamilton Physicians has purchased office supplies and computer hardware, this property would be transferred to the GHHN and earmarked for use within the newly formed department.

Hamilton Physicians also has current annual arrangements for website and email hosting which may remain in place or transfer to current GHHN providers.

### Branding/Website

As the “Hamilton Physicians” brand is well known throughout the healthcare community and with respect to funds that have already been allocated to promoting this brand, the recommended approach would be to maintain existing branding and combine the Hamilton Physicians website with the GHHN’s website.

## Rationale

Transferring operational oversight of Hamilton Physicians to the GHHN and formalizing existing funding arrangements will address the aforementioned issues while providing a number of additional benefits to the Program (and by extension the residents of Hamilton).

### Eliminates Obscurity in Accountability and Operational Oversight

This option would clarify operational oversight and allow for more linear accountability and reporting relationships for PR&R staff. Operating as a separate department within the GHHN will provide the program with the flexibility to respond to healthcare recruitment staffing challenges in a timely manner and the proposal to issue longer contracts would provide PR&R staff with the stability to pursue long-term objectives. With all current PR&R funders represented on the GHHN Executive Council (with the exception of the Hamilton Chamber of Commerce), this option enhances program accountability. As payroll, HR, and IT support would all be handled through the GHHN the existing obscurity in which policies PR&R staff must adhere to is eliminated.

## Addresses Operational Inefficiencies

With the transfer of payroll/HR/IT administration to the GHHN the current operational inefficiencies tied to having these services offered externally are eliminated. The establishment of a linear reporting relationship between the newly formed GHHN healthcare recruitment department and the Executive Director of the GHHN (and by extension the Executive Council of the GHHN) eliminates duplication in reporting and allows for a more efficient use of resources while maintaining accountability to program stakeholders.

Formalizing funding arrangements/partnerships would also decrease the time and resources dedicated to administrative tasks associated with annual funding renewals. These resources could then be redirected towards program operations and fulfilling established objectives.

## Provides Stability for Long-Term Planning

The establishment of a department focused on healthcare recruitment within the GHHN and the proposed formalization of funding partnerships provides the stability and structure required to set long-term objectives and track progress on these objectives. Longer contracts for program staff will help to ensure that program objectives continue to reflect the interests of the community and of each funding partners on a long-term basis.

## Increased Responsiveness

The linear accountability associated with the proposed transfer of the PR&R Program to the GHHN would reduce delays in decision-making which would allow the Program to respond to shifting healthcare recruitment needs in the community in a timely manner. Through direct reporting to the Executive Director of the GHHN (who meets regularly with the Executive Council of the GHHN), accountability is maintained while the need for several layers of approval and duplication in reporting is significantly reduced.

## Additional Benefits

In addition to addressing the issues associated with the current PR&R Program structure, the proposal to transfer the Program into a new department within the GHHN provides a number of additional potential benefits.

## Increased Exposure and Recognition within the Broader Medical Community

As the operational arm of the Physician Recruitment & Retention Steering Committee, Hamilton Physicians currently operates as a siloed program with a relatively small annual budget. While the Hamilton Physicians brand is now widely recognized within the City of Hamilton, there is reduced awareness of the Program in the broader healthcare community. In contrast, as the Ontario Health Team for the Greater Hamilton Region, the GHHN is widely recognized throughout the province. A new healthcare recruitment department within the GHHN would be positioned to benefit from the GHHN's widespread recognition and exposure throughout the broader healthcare community.

## Improved Community Integration & Population Health Approach

The recommended merger of the PR&R Program into the GHHN would enable efficient data sharing between both parties. The GHHN is currently well connected with the local healthcare community and receives data/feedback from a wide variety of community stakeholders through various sub-committees as well as the GHHN Executive Council. Seamless access to this information will facilitate a well-informed healthcare recruitment strategy which would benefit all residents of Hamilton.

With improved data and feedback from a wider variety of community stakeholders, healthcare recruitment can be targeted to better meet the needs of each of Hamilton's communities and populations of highest need in the region.

## Potential for Growth to Address Evolving Needs of Local Populations

Throughout the province there is a dire need for both physicians and other healthcare providers. While the City of Hamilton's current PR&R Program limits recruitment efforts to family physicians, the transfer of the program to the GHHN will support potential growth into other areas of healthcare recruitment in the future if necessary.

While the recruitment and retention of family physicians will remain a cornerstone of the program, growth into other areas of healthcare recruitment (which may necessitate the need for additional staff and resources) would be easier to achieve within the GHHN than under the current Program structure. Any expansion into other areas of healthcare recruitment would be determined/approved by the Executive Council at the GHHN which includes representation from current PR&R funding partners. With IT, HR, and payroll support provided internally through the GHHN, program growth would not rely as heavily on increased support from a variety of external stakeholders. This proposal would pose fewer barriers to growth, as approval from the Executive Council of the GHHN would be less complex compared to the existing structure of the PR&R Program.

Overall, growth into other areas of healthcare recruitment through a targeted and data-driven approach would increase the access to services for residents of Hamilton and improve the quality of care in the community.

## New and Innovative Model of Healthcare Recruitment

The creation of a new healthcare recruitment department within an Ontario Health Team (such as the GHHN) is an innovative and unique approach that has the potential to become a benchmark of healthcare recruitment in the province.

Despite the growing need for healthcare recruitment throughout Ontario, the structure and funding of recruitment initiatives differs across every region and community. With the adoption of OHTs across the province, the City of Hamilton has the opportunity to become the first community to formally adopt healthcare recruitment into the OHT and become recognized as an innovator in the field.

## Potential Challenges/Limitations

Despite the overwhelmingly positive outcomes associated with the recommendation to transfer Hamilton Physicians into the GHHN, potential challenges may arise. These issues may be mitigated through proper consultation and coordination while completing the program transfer.

## Broader Regional Scope

The Greater Hamilton Health Network (GHHN) currently serves the populations of Hamilton, Haldimand, and Niagara North West. By transferring the City of Hamilton's PR&R Program to the GHHN, the resulting healthcare recruitment department would potentially be responsible for providing healthcare recruitment services to a broader regional population which in theory may dilute the resources dedicated to recruitment in Hamilton.

This issue is minimized when consideration is given to the fact that many patient populations from these regional areas that fall outside of the City of Hamilton's current PR&R jurisdiction currently travel to Hamilton to receive healthcare. This means that recruitment support to surrounding regions could benefit patients and physicians within Hamilton through reduced waitlist for primary care physicians and reduced hospital visits for patients without a primary care physician.

This potential issue may also be addressed through additional funding arrangements with the surrounding regions to ensure funding amongst stakeholders remains fair and equitable. In the event that recruitment services are set to expand to regions outside of the City of Hamilton's boundaries, additional comparable/equitable funding arrangements from each of the regions would be required.

## Time/Resources Required to Complete Transfer

In the short-term, the tasks associated with transfer of the City of Hamilton's PR&R Program into a new healthcare recruitment department within the GHHN significantly increase program workload. This transfer requires consultation and approval from current PR&R stakeholders as well as GHHN leadership, and the administrative tasks associated with the transfer may cause a temporary increase in workload. Many of these conversations have already begun as part of the preparation of this proposal.

Any potential short-term increase in the resources required to complete this transfer is offset by future long-term improvements in efficiency.

## Alternate Options

While the recommended approach of transferring the City of Hamilton's PR&R Program to the GHHN would best address each of the aforementioned issues associated with the current Program organization/structure, alternative options may be explored if necessary.

### Alternate Option 1: Transfer Hamilton Physicians into an Internal Department within the City of Hamilton

While evidence suggests that the recommended option of transferring the City of Hamilton's PR&R Program into the GHHN would provide the greatest benefit to the community with minimal drawbacks, the option of transferring the program into a department within the City of Hamilton and creating a permanent staff position within the department to accommodate current Hamilton Physicians staff may also help to address several of the current issues/limitations associated with the Program.

Based on the type of work completed by staff at Hamilton Physicians and an assessment of similar positions in other jurisdictions throughout Ontario, the recommended departments within the City which could adopt the program are:

1. Healthy and Safe Communities (Public Health)
2. Planning and Economic Development

Transferring the City of Hamilton's PR&R program into a City department provides a many of the same benefits to the recommended option of transferring the program into the GHHN, with a few notable exceptions.

The transfer of the Program into a department within the City of Hamilton would increase the costs to the City of Hamilton for managing program operations, as all HR, Payroll, and IT support currently provided by external stakeholders would transfer to the City of Hamilton. Also of note is the fact that the field of physician recruitment is unique from other municipal departments in terms of expense

requirements. Staff at Hamilton Physicians must regularly book and attend conferences/recruitment events at local, provincial, national, and international venues and these events as well as applicable travel and accommodations costs are currently reimbursed through the Program's annual budget. As recruitment is also heavily reliant on a strong network within the healthcare community, Hamilton Physicians staff often incur costs associated with meeting stakeholders to build and maintain these relationships (dining costs, tours of the City of Hamilton, coffee meetings etc.). Given the importance of these resources, it is crucial that the transfer of Hamilton Physicians into a department within the City of Hamilton provides the flexibility required to carry out these tasks.

Absorbing the PR&R Program into a City of Hamilton department would not address the structural impediments identified as among the limitations of the current Program. The existing challenges would instead be maintained or made more pronounced given the departmental reporting structures and requirements.

### Alternate Option 2: Altering the current reporting structure and approval process within the current PR&R Program

Amending the current structure and reporting relationships of the PR&R Program to allow for increased responsiveness and enhanced operational efficiency remains a third option which has the potential to address several of the program's current issues and limitations. This option would require significant changes to or disbanding of the current PR&R Steering Committee and the establishment of more linear reporting relationships. While this has the potential to address the issue of the PR&R Program's current limited flexibility to adapt to evolving healthcare needs there is the potential that several existing program limitations will remain unaffected including:

- Unclear Accountability/Oversight
  - if IT, HR, and Payroll support continue to be provided by separate stakeholders)
- Operational inefficiencies
  - if IT, HR, and Payroll support continue to be provided by separate stakeholders)
- Instability of Program
  - If funding partnerships are not formalized

The potential costs/benefits associated with this option are highly dependant on the specific amendments that are implemented which are not yet determined.

**Appendix C to Physician Recruitment and Retention  
Steering Committee Report 22-002  
2(a)(i)**

**PHYSICIAN RECRUITMENT & RETENTION PROGRAM  
YEAR 18 (2021) BUDGET TO ACTUALS COMPARISON (Final)  
For the Period of December 1, 2020 to November 30, 2021**

Updated - January 19, 2022

Includes Actuals up to November 30, 2021.

	<b>Year 18 BUDGET</b>	<b>Year 18 ACTUALS</b>	<b>Year 18 VARIANCE (under)/over</b>
	<b>Dec 1/20 to Nov 30/21</b>	<b>Dec 1/20 to Nov 30/21</b>	<b>Dec 1/20 to Nov 30/21</b>
<b>Balance Carried Forward</b>	\$ 372,208.38	\$ 372,208.38	\$ 372,208.38
<b><u>Revenue</u></b>			
City of Hamilton	\$ 75,000.00	\$ 75,000.00	\$ -
McMaster University	\$ 25,000.00	\$ 25,000.00	\$ -
St. Joseph's Healthcare	\$ 20,000.00	\$ 20,000.00	\$ -
Hamilton Health Sciences	\$ 20,000.00	\$ 20,000.00	\$ -
Dept of Family Medicine	\$ 15,000.00	\$ 15,000.00	\$ -
Hamilton Family Health Team	\$ 25,000.00	\$ 50,000.00	\$ 25,000.00
	\$ 180,000.00	\$ 205,000.00	\$ 25,000.00
<b><u>Operating Expenses</u></b>			
Wages & Benefits	\$ 157,300.00	\$ 122,532.08	\$ (34,767.92)
Office Expenses	\$ 8,000.00	\$ 9,289.50	\$ 1,289.50
Printing / Communications	\$ 300.00	\$ 80.48	\$ (219.52)
Travel Expenses	\$ 3,500.00	\$ 473.32	\$ (3,026.68)
Promotional Items	\$ 900.00	\$ 590.19	\$ (309.81)
Events /Meals/Functions	\$ 1,500.00	\$ 70.89	\$ (1,429.11)
Community Visit Program	\$ -	\$ -	\$ -
Medical Conferences & Job Fairs	\$ 7,000.00	\$ 465.16	\$ (6,534.84)
Advertising / Public Relations	\$ 1,500.00	\$ -	\$ (1,500.00)
	\$ 180,000.00	\$ 133,501.62	\$ (46,498.38)
<b>Net - Funding Surplus (Shortfall)</b>	\$ 372,208.38	\$ 443,706.76	\$ 71,498.38

**In-kind contributions**

McMaster University Dept. of Family Medicine	\$ 7,875.00
Hamilton Chamber of Commerce	\$ 25,000.00
<b>Total In-kind Contribution</b>	\$ <b>32,875.00</b>

**Note**

Expenses & revenues based on information received as of the date of update.

**PHYSICIAN RECRUITMENT & RETENTION PROGRAM  
LTD CASH FLOW STATEMENT  
For the Period December 1, 2020 to November 30, 2021**

Run Date: 14Dec2021

	Jun/04 - Nov/20 (actuals)	Dec-20 (actuals)	Jan-21 (actuals)	Feb-21 (actuals)	Mar-21 (actuals)	Apr-21 (actuals)	May-21 (actuals)	Jun-21 (actuals)	Jul-21 (actuals)	Aug-21 (actuals)	Sep-21 (actuals)	Oct-21 (actuals)	Nov-21 (actuals)	Total
<b>BEGINNING BALANCE</b>	-	\$ 372,208	\$ 359,124	\$ 347,674	\$ 334,355	\$ 371,498	\$ 358,699	\$ 358,919	\$ 449,188	\$ 462,581	\$ 475,620	\$ 456,911	\$ 444,573	372,208
<b>REVENUE</b>														
City of Hamilton	990,800.00	0.00	0.00	0.00	0.00	0.00	0.00	75,000.00	0.00	0.00	0.00	0.00	0.00	75,000.00
McMaster University - Cust# 102644	341,668.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Department of Family Medicine - Cust# 107777	137,749.00	0.00	0.00	0.00	0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	0.00	7,500.00	15,000.00
Hamilton Health Sciences - Cust # 111058	418,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00	0.00	0.00	0.00	20,000.00
St. Joseph's Hospital - Cust# 101131/104587	397,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00	0.00	0.00	0.00	0.00	20,000.00
St.Peters Hospital	30,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hamilton Community Foundation	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hamilton Family Health Team - Cust# 114291	150,000.00	0.00	0.00	0.00	50,000.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	50,000.00
Human Resource Development Canada	90,669.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hamilton Physicians - Dec/15 overpayment	10,349.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consulting	400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL REVENUES</b>	<b>2,571,635.02</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>50,000.00</b>	<b>0.00</b>	<b>7,500.00</b>	<b>100,000.00</b>	<b>20,000.00</b>	<b>20,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>7,500.00</b>	<b>205,000.00</b>
<b>OPERATING EXPENSES</b>														
Wages & Benefits	1,494,335.02	6,318.61	6,470.67	6,470.67	6,470.67	6,457.71	6,457.71	9,386.01	6,457.71	6,457.71	17,863.88	12,016.23	8,211.19	99,038.77
Support Staff	409,315.50	0.00	4,695.73	6,265.86	6,265.86	6,265.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	23,493.31
Office Expenses	89,057.57	6,667.73	228.27	582.42	112.05	71.23	790.28	314.65	84.66	180.45	85.78	71.23	100.74	9,289.50
Printing & Communications	29,781.02	0.00	39.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.72	22.52	0.00	80.48
Travel Costs	47,776.08	27.02	15.85	0.00	9.01	4.50	31.52	30.61	64.49	52.41	150.79	32.42	54.72	473.32
Promotional Packages	22,673.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	590.19	0.00	0.00	590.19
Events, Functions & Meals	14,060.84	70.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70.89
Community Visit Program	1,109.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical Conferences & Job Fairs	67,774.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	270.16	0.00	195.00	0.00	465.16
Advertising/Public Relations	23,543.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL OPERATING EXPENSES</b>	<b>2,199,426.64</b>	<b>13,084.25</b>	<b>11,449.76</b>	<b>13,318.95</b>	<b>12,857.58</b>	<b>12,799.30</b>	<b>7,279.51</b>	<b>9,731.27</b>	<b>6,606.86</b>	<b>6,960.73</b>	<b>18,709.36</b>	<b>12,337.40</b>	<b>8,366.65</b>	<b>133,501.62</b>
		ok to GL												
<b>ENDING BALANCE</b>	<b>372,208.38</b>	<b>359,124.13</b>	<b>347,674.37</b>	<b>334,355.42</b>	<b>371,497.84</b>	<b>358,698.54</b>	<b>358,919.03</b>	<b>449,187.76</b>	<b>462,580.90</b>	<b>475,620.17</b>	<b>456,910.81</b>	<b>444,573.40</b>	<b>443,706.76</b>	<b>443,706.76</b>

\*NOTE: Physician Recruitment & Retention Program holds \$10,000 as a float provided by the City of Hamilton (Acct: 11515-000100)

-452,074.85  
(8,368.09)

GL balance at 14Dec21 -452,074.85  
Total: -452,074.85





## KEY PERFORMANCE INDICATORS

YEAR TO YEAR

to November 30, 2021

FAMILY PHYSICIANS						
Year	New Contacts	New Recruits	New Recruits Perm vs. Locum		Retained	Total Family Physicians
2005 - Year 2	37	17	Perm -	12	1	345
			Locum -	5		
2006 - Year 3	42	17	Perm -	13	5	341
			Locum -	4		
2007 - Year 4	79	19	Perm -	11	3	340
			Locum -	8		
2008 - Year 5	110	20	Perm -	12	1	331
			Locum -	8		
2009 - Year 6	97	18	Perm -	8	1	332
			Locum -	10		
2010 - Year 7	100	19	Perm -	12	1	345
			Locum -	7		
2011 - Year 8	141	26	Perm -	19	7	349
			Locum -	7		
2012 - Year 9	93	29	Perm -	22	7	365
			Locum -	7		
2013 - Year 10	82	24	Perm -	19	1	367
			Locum -	5		
2014 - Year 11	98	20	Perm -	15	17	352
			Locum -	5		
2015 - Year 12	122	24	Perm -	13	10	351
			Locum -	11		
2016 - Year 13	68	20	Perm -	14	24	346
			Locum -	6		
2017 - Year 14	46	27	Perm -	20	18	351
			Locum -	7		
2018 - Year 15	114	25	Perm -	17	25	348
			Locum -	8		
2019 - Year 16	88	31	Perm -	20	30	351
			Locum -	11		
2020 - Year 17	36	27	Perm -	12	11	357
			Locum -	15		
2021 - Year 18	54	49	Perm -	28	17	364
			Locum -	20		
<b>GRAND TOTAL</b>	<b>1407</b>	<b>412</b>			<b>179</b>	

Total Permanent Family Physicians Recruited = 267

Total Locum Family Physicians Recruited = 144



## MOVEMENT OF PHYSICIANS IN 2021 (Year 18)

expected to November 30, 2021

updated Apr 22, 2021

Not Confirmed
FHT Practice

Full Name	End Date	Reason for leaving	Notes	Number of Patients	Perm	Age	Deactivated?
Alfred Durojaye	December 1, 2020	Moved	Was a long-term locum for Dr. Awad - moved to AB	N/A		47	Y
Ratka Timarac	January 1, 2021	Retired	Parkdale Medical Centre - FFS - Replaced by Dr. Vishvaraj Rathod	N/A	x	74	Y
Tamara Packer	March 1, 2021	Retired	FHG - Patients taken over by HCHC FHO	1,150	x	60	Y
Zubaidah Al-Quzweeni	March 1, 2021	Moved	Fletcher Medical Clinic - Taken over by Dr. Marwan Matti	N/A	x	51	Y
Janice Young	March 1, 2021	Moved	Was at McMaster Student Health - Moved to Guelph	N/A	x	62	Y
Amanda Maione	March 1, 2021	Moved	Various locums	N/A		33	Y
Richard Packer	April 1, 2021	Retired	FHG - Patients taken over by Dr. Danielle West	1,200	x	63	Y
Beverly Elder	April 1, 2021	Retired	FHO (Innovations but not part of FHT) - Taken over by Dr. Devon Alton - transition to FHT practice	700	x	62	Y
Dr. Patrick Galange	April 1, 2021	Other	Left to study Public Health at U of T (was PT locum @ Dr. Lone's previous practice)	500	x	33	Y
Mehboob Damji	April 1, 2021	Retired	FHO/FHT - Taken over by Dr. Balal Lone	1,251	x	62	Y
Tom Jaskot	April 30, 2021	Retired	FHO/FHT (Intramed) - Dr. Margaret Krol taking over patients	1,276	x	79	Y
Sheliah Lamb	June 1, 2021	Retired	FHO/FHT - Dr. Puthuparampil taking over July 1, 2021 (covering as locum in June)	1,396	x	69	Y
Brittany Julian	July 1, 2021	Moved	FHO/FHT - Taken over by Dr. Brendan Singh	1,545	x	34	Y
Stephanie Wu	July 1, 2021	Moved	Locke Street Medical Clinic - Taken over by Dr. Ninh Tran	FFS	x	32	Y
Ruth Morris	September 1, 2021	Retired	FHO/FHT (Escarpment) - Dr. Diana Dregoesc taking over	1469	x	64	Y
Les Solomon	September 1, 2021	Retired	Innovations FHO Solo practice - Take over by Dr. Leslie Hutchings (moving to Harvard Square)	2,250	x	73	Y
Barb Nathanson	September 30, 2021	Retired	Dr. David Raphael taking over Oct 1, 2021	1,990	x	70	Y
<b>Total # of Departures:</b>		<b>17</b>	<b>Total (known) # of Rostered Patients Associated with Departures:</b>	<b>14,727</b>			

HFHT  
 Not Finalized

MCMT  
 CHC

Permanent													
First Name	Last Name	Start date	FT/PT	Practice Name/Details	Practice Address	Location	Practice Type	FHT	IMG	University	Residency	Newly Activated	
Abeer	Abu-Almaali	1-Dec-20	FT	Hamilton Care Medical Centre	969 Upper Ottawa St, Suite 11	Hamilton Mountain	Group	N	Y	International	International	y	
Pasqual	Candia	1-Dec-20	PT	Compass Community Health (CHC)	438 Hughson St. N	Hamilton	CHC	N	Y	International	McMaster	y	
Rita	Ghobrial	1-Dec-20	FT	Centre de Santé Communautaire (Hamilton/Niagara CHC)	1320 Barton St. E	Hamilton	CHC	N	Y	International	International	y	
Saina	Imiaz	1-Dec-20	FT	Compass Community Health (CHC)	438 Hughson St. N	Hamilton	CHC	N	Y	International	International	y	
Christine	Vu	1-Jan-21	FT	Ancaster FHO	326 Wilson St E	Ancaster	Group	Y	Y	International	McMaster	y	
Benjamin	Reitzel	1-Jan-21	PT	MCJ	340 York Blvd, Suite 200	Hamilton	Solo	N	N	Northern Ontario	Dalhousie	y	
Avman	Soliman	1-Jan-21	FT	Daniel's Medical	1394 Upper Gage Ave. Unit 7	Hamilton Mountain	Solo	N	Y	International	International	y	
Vishwara Singh	Rathod	1-Jan-21	FT	Parkdale Medical Centre (Dr. Timarac)	132 Parkdale Ave S	Hamilton	Solo	N	Y	International	International	y	
Victor	Ohonbamu	1-Jan-21	FT	Wellington Medical Clinic	90 Wellington St N	Hamilton	Solo	N	Y	International	International	y	
Saied	Tadros	1-Jan-21	FT	MarCare Clinic	1481 Main St. W	Hamilton	Solo	N	Y	International	International	y	
Omemine	Atse	15-Jan-21	FT	Nadia's Medical Clinic	625 Greenhill Ave	Hamilton	Solo	N	Y	International	International	y	
Marwan	Matti	1-Feb-21	FT	Fletcher Medical Clinic	1962 Rymal Rd E	Hamilton Mountain	Solo	N	Y	International	International	y	
Danielle	West	1-Mar-21	FT	Hamilton Community Health Centre	414 Victoria Ave N	Hamilton	Group	Y	N	McMaster	McMaster	n	
Ameer	Al Shammas	1-Apr-21	FT	Main East Medical Clinic (Dr. Awad)	685 Main St. E	Hamilton	Solo	N	Y	International	International	y	
Balal	Lone	1-Apr-21	FT	Stoney Creek & Mountain PCN (Dr. Damji)	60 Centennial Pkwy S	Stoney Creek	Solo	Y	N	McMaster	McMaster	n	
Devon	Alfon	1-Apr-21	FT	Dr. Beverly Elden	1 Young Street	Hamilton	Solo	Y	N	U of T	McMaster	n	
Gelschew	Mazonga	1-Jun-21	FT	Ottawa-Sherman FHO	1039 Upper James Street	Hamilton Mountain	Solo	N	Y	International	Queens	y	
Ninh	Tran	1-Jul-21	PT	Locke Street Medical Clinic	206 Locke Street South	Hamilton	Solo	N	Y	Queens	McMaster	y	
Mimitha	Puthupampal	1-Jul-21	FT	Harvard Health Group (Dr. Lamb)	801 Mohawk Road W Suite 202	Hamilton Mountain	Group	Y	N	Memorial University	McMaster	y	
Brendan	Singh	1-Jul-21	FT	Dr. Brittany Julian	631 Queenston Rd., Suite 205	Hamilton	Solo	Y	N	McMaster	McMaster	y	
Omotunde	Shittu	1-Aug-21	FT	Locke Street Medical Clinic	206 Locke Street South	Hamilton	Solo	N	Y	International	International	y	
Diana	Dregeosc	1-Sep-21	FT	Limeridge Medical Centre (Dr. Morris)	849 Upper Wentworth St. Suite 203	Hamilton Mountain	Group	Y	Y	International	International	n	
Leslie	Hutchings	1-Sep-21	FT	Dr. Leslie Solomon	801 Mohawk Rd W	Hamilton Mountain	Group	Y	N	McMaster	McMaster	y	
Rebecca	Stallwood	8-Sep-21	PT	Compass Community Health (CHC)	438 Hughson St. N	Hamilton	CHC	N	N	U of Ottawa	U of Ottawa	y	
David	Rashael	1-Oct-21	FT	Harvard Health Group (Dr. Nathanson)	801 Mohawk Road W Suite 203	Hamilton Mountain	Group	Y	N	U of T	U of T	n	
Theresa	Kozminski	1-Oct-21	FT	East Waterdown Medical Centre	419 Dundas Street East, Units 11 & 12	Waterdown	Group	N	N	U of T	U of Ottawa	y	
Ravi	Khemraj	1-Nov-21	FT	Southmount FHO (New Spot)	35 Upper Centennial Parkway	Stoney Creek	Group	N	Y	International	International	y	
Tiffany	Chow	1-Nov-21	FT	Southmount FHO (New Spot)	35 Upper Centennial Parkway	Stoney Creek	Group	N	N	U of T	McMaster	y	

Total Permanent Physicians Recruited	
Part-Time	4
Full-Time	24
<b>Total</b>	<b>28</b>

Locums (for Retention)													
First Name	Last Name	Start date	End Date	PT/FT	Practice Name/Details	Practice Address	Location	Group/ Solo	FHT	IMG	Details	Days/Wk (for PT)	Activated
Natasha	McNamara	5-Dec-20	11-May-21	PT	Rosedale Medical Group (Dr. Alia Rana)	280 Queenston Rd.	Hamilton	Group	Y	Y	Covered Thursdays	1	N
Dulitha	Jayasekera	7-Dec-20	31-Dec-20	PT	Limeridge Medical Centre (Dr. Morris)	849 Upper Wentworth St. Suite 203	Hamilton Mountain	Group	Y	Y	Medical Leave Coverage	2	N
Jagpreet	Bal	18-Dec-20	31-Dec-20	PT	Dundurn Medical Centre	50 Dundurn St S	Hamilton	Group	N	Y	Walk-in coverage	2.5	N
Dulitha	Jayasekera	11-Jan-21	Ongoing	PT	Dr. Neil James Family Practice (Dr. James)	35 Hall St	Dundas	Solo	N	Y	Covering Mondays ongoing		N
Betty	He	1-Feb-21	Aug 31 2021	FT	Carlisle Medical Centre (Dr. Thomson)	1493 Centre Road	Carlisle	Group	Y	N	Parental Leave Coverage		N
Cornelia	Mielke	1-Feb-21	Ongoing	PT	Carlisle Medical Centre (Dr. McCarrel)	1493 Centre Road	Carlisle	Group	Y	N	1 day/week ongoing	1	N
Tiffany	Chow	15-May-21	1-Dec-21	PT	Southmount Health Care Centre (Dr. Martin)	35 Upper Centennial Parkway	Stoney Creek	Group	N	N	Parental Leave Coverage	2	N
Laura	Duncan	28-Jun-21	2-Sep-21	PT	Crown Point Family Health Centre	67 Kenilworth Ave N.	Hamilton	Group	Y	N	Various Dates in Summer - Vacation Support		N
Divyansh	Jagan	15-Jul-21	13-May-22	PT	Spivechurch Family Health Centre (Dr. Wilson)	1173 Upper Ottawa St	Hamilton Mountain	Group	Y	N	Parental Leave Coverage		N
Romessa	Khalid	12-Jul-21	6-Aug-21	FT	Westmount Community Health Centre (Dr. Mercante)	723 Rymal Rd W, Suite 800	Hamilton Mountain	Group	Y	N	Vacation Coverage		N
Amir	Nasen	15-Jul-21	TBD	PT	Dr. Rick Black Family Practice (Dr. Black)	770 Mohawk Rd W	Hamilton Mountain	Solo	Y	N	Long-term Locum Support	1	N
Daniel	Stevens	16-Jul-21	Ongoing	PT	Rosedale Medical Group (Dr. Ryan McLeod)	280 Queenston Rd.	Hamilton	Group	Y	Y	1 day/week ongoing	1	N
Kristin	Boekstein	1-Aug-21	31-Aug-22	PT	Harvard Health Group (Dr. Canning)	801 Mohawk Rd W, Suite 202	Hamilton Mountain	Group	Y	N	Parental Leave Coverage	3	N
Sanjay	Sarin	1-Jul-21	31-Aug-21	PT	Crown Point Family Health Centre	67 Kenilworth Ave N.	Hamilton	Group	Y	Y	Various Dates in Summer - Vacation Support		N
Karlene	Hop	1-Jul-21	31-Mar-22	PT	Hamilton Urban Care Community Health Centre	71 Resaca Street	Hamilton	CHC	N	N	NBSP	3	N
Paul	Khaper	1-Sep-21	TBD	FT	Ancaster Medical Centre	1015 Golf Links Rd	Ancaster	Solo	N	Y	Covering while obtaining supervision then seeking FHO		N
Valerie	Cui	6-Sep-21	8-Oct-21	FT	Stoney Creek & Mountain FHO (Dr. De Benedetti)	15 Mountain Ave S, Suite 212	Stoney Creek	Solo	Y	N	4.5 days/week (coverage for family medical leave support)		N
Daniel	Stevens	7-Sep-21	TBD	FT	Rosedale Medical Group (Dr. Alia Rana)	280 Queenston Rd.	Hamilton	Group	Y	Y	Medical Leave Coverage	4	N
Meagan	Wang	13-Sep-21	TBD	PT	Stoney Creek & Mountain FHO (Dr. Lacroterria)	723 Rymal Rd W, Suite 800	Hamilton Mountain	Group	Y	N	Long-term Locum Support	3	N

Total Locum Physicians Recruited	
Part-Time	15
Full-Time	5
<b>Total</b>	<b>20</b>

Total Physicians Recruited	
Full-Time	29
Part-Time	19
<b>Total:</b>	<b>48</b>



<b>Number of Permanent Physicians by Community</b>				
as of November 30, 2021				
<b>Community</b>	<b>Census 2016 Population</b>	<b>MOH doc:pop</b>	<b>Actual # of Permanent Physicians in Community</b>	<b>Shortage</b>
Ancaster	40,560	29	20	9
Dundas	24,285	18	22	-4
Flamborough (Waterdown & Carlisle)	42,655	31	24	7
Glanbrook (Mount Hope & Binbrook)	29,860	22	1	21
Hamilton	330,090	239	229	10
<i>Lower</i>	176,815	128	145	-17
<i>Upper</i>	153,275	111	84	27
Stoney Creek	69,470	50	44	6
<b>Total</b>	<b>536,920</b>	<b>389</b>	<b>340</b>	<b>49</b>

Prepared by Brad van den Heuvel  
November 30, 2021

**PHYSICIAN RECRUITMENT & RETENTION PROGRAM  
LTD CASH FLOW STATEMENT  
For the Period December 1, 2021 to November 30, 2022**

Run Date: 06Jun2022

	Jun/04 - Nov/21 (actuals)	Dec-21 (actuals)	Jan-22 (actuals)	Feb-22 (actuals)	Mar-22 (actuals)	Apr-22 (actuals)	May-22 (actuals)	Jun-22 (actuals)	Jul-22 (actuals)	Aug-22 (actuals)	Sep-22 (actuals)	Oct-22 (actuals)	Nov-22 (actuals)	Total
<b>BEGINNING BALANCE</b>	-	\$ 443,707	\$ 435,255	\$ 425,596	\$ 441,192	\$ 464,582	\$ 450,085	\$ 515,116	\$ 515,116	\$ 515,116	\$ 515,116	\$ 515,116	\$ 515,116	443,707
<b>REVENUE</b>														
City of Hamilton	1,065,800.00	0.00	0.00	0.00	0.00	0.00	75,000.00	0.00	0.00	0.00	0.00	0.00	0.00	75,000.00
McMaster University - Cust# 102644	366,668.00	0.00	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Department of Family Medicine - Cust# 107777	152,749.00	0.00	0.00	0.00	7,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500.00
Hamilton Health Sciences - Cust # 111058	438,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
St. Joseph's Hospital - Cust# 101131/104587	417,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
St.Peters Hospital	30,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hamilton Community Foundation	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hamilton Family Health Team - Cust# 114291	200,000.00	0.00	0.00	25,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25,000.00
Human Resource Development Canada	90,669.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Hamilton Physicians - Dec/15 overpayment	10,349.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consulting	400.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL REVENUES</b>	<b>2,776,635.02</b>	<b>0.00</b>	<b>0.00</b>	<b>25,000.00</b>	<b>32,500.00</b>	<b>0.00</b>	<b>75,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>132,500.00</b>
<b>OPERATING EXPENSES</b>														
Wages & Benefits	1,593,373.79	8,211.19	8,916.47	8,916.47	8,916.47	13,074.15	8,909.25	0.00	0.00	0.00	0.00	0.00	0.00	56,944.00
Support Staff	432,808.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Office Expenses	98,347.07	84.66	521.31	444.82	71.23	549.49	977.41	0.00	0.00	0.00	0.00	0.00	0.00	2,648.94
Printing & Communications	29,861.50	101.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	101.74
Travel Costs	48,249.40	54.03	21.61	42.41	119.51	75.11	81.95	0.00	0.00	0.00	0.00	0.00	0.00	394.63
Promotional Packages	23,263.83	0.00	0.00	0.00	0.00	686.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	686.88
Events, Functions & Meals	14,131.73	0.00	0.00	0.00	2.61	111.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	114.53
Community Visit Program	1,109.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical Conferences & Job Fairs	68,239.48	0.00	200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	200.00
Advertising/Public Relations	23,543.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL OPERATING EXPENSES</b>	<b>2,332,928.26</b>	<b>8,451.63</b>	<b>9,659.40</b>	<b>9,403.71</b>	<b>9,109.81</b>	<b>14,497.56</b>	<b>9,968.61</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>61,090.71</b>
		ok to GL												
<b>ENDING BALANCE</b>	<b>443,706.76</b>	<b>435,255.13</b>	<b>425,595.74</b>	<b>441,192.03</b>	<b>464,582.21</b>	<b>450,084.66</b>	<b>515,116.05</b>	<b>515,116.05</b>	<b>515,116.05</b>	<b>515,116.05</b>	<b>515,116.05</b>	<b>515,116.05</b>	<b>515,116.05</b>	<b>515,116.05</b>

\*NOTE: Physician Recruitment & Retention Program holds \$10,000 as a float provided by the City of Hamilton (Acct: 11515-000100)

-525,086.13  
(9,970.08)

GL balance at 06Jun22 -525,086.13  
Total: -525,086.13



### KEY PERFORMANCE INDICATORS

YEAR TO YEAR  
to Aug 19, 2022

FAMILY PHYSICIANS						
Year	New Contacts	New Recruits	New Recruits Perm vs. Locum		Retained	Total Family Physicians
2005 - Year 2	37	17	Perm -	12	1	345
			Locum -	5		
2006 - Year 3	42	17	Perm -	13	5	341
			Locum -	4		
2007 - Year 4	79	19	Perm -	11	3	340
			Locum -	8		
2008 - Year 5	110	20	Perm -	12	1	331
			Locum -	8		
2009 - Year 6	97	18	Perm -	8	1	332
			Locum -	10		
2010 - Year 7	100	19	Perm -	12	1	345
			Locum -	7		
2011 - Year 8	141	26	Perm -	19	7	349
			Locum -	7		
2012 - Year 9	93	29	Perm -	22	7	365
			Locum -	7		
2013 - Year 10	82	24	Perm -	19	1	367
			Locum -	5		
2014 - Year 11	98	20	Perm -	15	17	352
			Locum -	5		
2015 - Year 12	122	24	Perm -	13	10	351
			Locum -	11		
2016 - Year 13	68	20	Perm -	14	24	346
			Locum -	6		
2017 - Year 14	46	27	Perm -	20	18	351
			Locum -	7		
2018 - Year 15	114	25	Perm -	17	25	348
			Locum -	8		
2019 - Year 16	88	31	Perm -	20	30	351
			Locum -	11		
2020 - Year 17	36	27	Perm -	12	11	357
			Locum -	15		
2021 - Year 18	54	49	Perm -	28	17	364
			Locum -	20		
2022 - Year 19 (YTD as of June 30, 2022)	37	46	Perm -	23	17	364
			Locum -	23		
<b>GRAND TOTAL</b>	<b>1444</b>	<b>458</b>			<b>196</b>	

Total Permanent Family Physicians Recruited = 290

Total Locum Family Physicians Recruited = 167



**MOVEMENT OF PHYSICIANS IN 2022 (Year 19)**  
 expected to November 30, 2022  
 updated Jan 2022

Not Confirmed	MFP
HFHT Practice	Student Wellness

Full Name	End Date	Reason for leaving	Location	Notes	Number of Patients	Perm	Age	Deactivated?
Jacqueline Moreno	March 31, 2019	Changed Specialty	Hamilton	Switched to Hospitalist work at St. Joe's in 2019 (previously recorded but not de-activated)	1,200	x	37	y
Angela Jones	August 1, 2020	Moved	Waterdown	Left August 2020 (Replaced by Dr. Ryan Cross) - not previously noted	1,000	x	59	y
Dr. Elena Schroeder	September 24, 2021	CPSO License Expired	Stoney Creek	As per CPSO - licence expired September 24, 2021 - previously locum for Dr. Jason Profetto	N/A		34	y
Gregory McGill	January 1, 2022	Other	Hamilton	Former Contract Physician @ MFP	N/A		32	y
Yifei Zhu	January 1, 2022	Other	Hamilton	Part-time locum @ MFP (no longer counted)	N/A		31	y
Matthew Cooke	January 1, 2022	Other	Hamilton (Mountain)	Part-time locum @ Stonechurch (no longer counted)	N/A		31	y
Rachel Loewith	January 1, 2022	Other	Hamilton (Mountain)	Part-time locum @ Stonechurch (no longer counted)	N/A		39	y
Kathy Walker	January 1, 2022	Retired	Hamilton (Mountain)	Retired from Stonechurch	N/A	x	65	y
Ainsley Moore	January 1, 2022	Other	Hamilton (Mountain)	Formerly Stonechurch - CPSO now lists primary practice as Mississauga	N/A	x	59	y
Rimpy Cheema	January 1, 2022	Moved	Hamilton	Formerly Student Wellness Centre Locum Physician - left for practice in Burlington	N/A		33	y
Mohamed Awad	January 1, 2022	Other	Hamilton	Ottawa-Sherman FHO	N/A	x	52	y
Mengchen Xi	January 1, 2022	Moved	Dundas	Was counted as active based on long-term locum in Dundas - switched to occasional locum	N/A		30	y
Helen Boutin	January 1, 2022	Retired	Ancaster	Ancaster FHO - Taken over by Dr. Bianca Naeeni	1,200	x	60	y
Richard Black	January 1, 2022	Retired	Hamilton (Mountain)	Intramud FHO - Taken over by Dr. Amir Naeeni	2,152	x	68	y
Violet Greiner	February 1, 2022	Retired	Waterdown	Previously a FHG Practice (w Dr Cross - transitioning to FHO Feb 1, 2022) - Dr. Elizabeth Liao taking over	1000	x	72	y
Finola Foley	March 1, 2022	Retired	Hamilton	Formerly Student Wellness Centre Physician - retired	N/A	x	57	y
Lauren Cameron	March 31, 2022	Retired	Hamilton	Core FHO - Taken over by Dr. Arielle Schneider	979	x	64	y
Michael Pray	April 30, 2022	Retired	Hamilton	Core FHO - Taken over by Dr. Mohamad Alshurafa	1600	x	68	y
Andy DeRubels	May 4, 2022	Retired	Hamilton	Locke Street Medical Clinic (CCM)	N/A	x	72	y
Omotunde Shittu	May 31, 2022	Moved	Hamilton	Locke Street Medical Clinic (CCM)	N/A	x	45	y
Rafid Mahdi	May 1, 2022	Moved	Stoney Creek	FHG - Moved practice to Grimsby (turned into FHO)	N/A	x	48	y
Mohamad May	May 1, 2022	Moved	Stoney Creek	FHG - Moved practice to Grimsby (turned into FHO)	N/A	x	48	y
Ewa Gwardjan	July 1, 2022	Retired	Hamilton	Solo FHO practice w Intramud (patients transferred to FHO Colleague Dr. Kien Trinh)	1,155	x	64	y
Tarek Moustafa	July 15, 2022	Moved	Stoney Creek	Southmount FHG (patients taken by other physicians in Southmount)	700	x	62	y

To November 30, 2022:



Retired	8	100%
Total	8	100%

HFHT	MFHT	Student Wellness Centre
Not Finalized	CHC	Shelter Health Network

Permanent												
First Name	Last Name	Start date	FT/ PT	Practice Name/Details	Practice Address	Location	Group/ Solo	FHT	IMG	University	Residency	Newly Activated
Thomas	Johnson	1-Jan-22	FT	The Med Collective	675 Rymal Rd E	Hamilton (Mountain)	Solo	N	N	McMaster	Not Listed	y
Iris	Alaeva	1-Jan-22	PT	Chafford- 500 Medical Center	3055 Homestead Drive	Mount Hope (Glentworth)	Solo	N	Y	International	International	y
David	Lam	1-Jan-22	FT	Dr. David Lam Family Practice	1051 Garner Road West	Ancaster	Solo	N	Y	International	International	y
Grace	Franchetto	1-Jan-22	FT	Dermatology Centre	102-862 Concession St	Hamilton (Mountain)	Solo	N	N	McMaster	McMaster	y
Stephan	Wills	1-Jan-22	FT	Ottawa-Sherman FHO	700 Main St. E	Hamilton	Group	Y	Y	International	NDSM	y
Ady	Awad	1-Jan-22	FT	Wilson FHO	130 Wilson St.	Hamilton	Group	N	Y	International	International	y
Keve	Shah	1-Jan-22	FT	Stonewarch Family Health Centre	1475 Upper Ottawa Street	Hamilton (Mountain)	Group	Y	N	McMaster	McMaster	y
Blanca	Naeeni	1-Jan-22	FT	Professional Arts Building (Dr. Helena Boutin)	323 Wilson St. E. Suite 205	Ancaster	Group	N	N	U of Ottawa	Western	y
Amir	Yousif	1-Jan-22	FT	Innovations FHO (Dr. Rick Black)	776 Mohawk Road W	Hamilton (Mountain)	Solo	N	Y	U of Ottawa	McMaster	y
Stella	Ouandipe	3-Jan-22	FT	UCM Medical Clinic	724 Mohawk Road E	Hamilton (Mountain)	Solo	N	Y	International	International	y
Elizabeth	Liao	1-Feb-22	FT	Waterdown Family Medicine Clinic FHO (Dr. Greiner)	95 Hamilton St. N. Unit 1	Waterdown	Group	N	N	U of T	McMaster	y
Reza	Yashini	1-Feb-22	FT	Wadvana FHO	1050 Upper Gage Ave. Unit 3	Hamilton (Mountain)	Group	N	Y	International	Queens	y
Neelima	Boj	1-Feb-22	FT	Wintersburg FHO	710 Gage St	Ancaster	Group	N	N	U of T	McMaster	y
Stefan	Kegel	7-Feb-22	FT	Infrared FHO	737 Golf Links Rd. Unit 6A	Ancaster	Group	Y	N	U of T	McMaster	y
Dina	Al Abdulwahid	1-Mar-22	FT	Fletcher FHG (New Physician)	1962 Rymal Rd E	Hamilton (Mountain)	Group	N	Y	International	International	y
Arielle	Schneider	1-Apr-22	FT	Southwest Family Health (Dr. Lauren Gannon)	209 James St. South	Hamilton	Group	Y	N	U of Saskatchewan	McMaster	n
Bhupinder (Paul)	Khaper	1-Apr-22	FT	Wadvana FHO	1015 Golf Links Rd. Unit 2	Ancaster	Group	N	Y	International	International	y
Shaarifa	Raza	1-Apr-22	FT	Wintersburg FHO	206-325 Wintersburg Dr	Stoney Creek	Group	N	Y	International	International	y
Mohamed	Abdurafa	1-May-22	FT	Core FHO (Dr. Merv Pijal)	646 James St N, Suite 102	Hamilton	Group	Y	Y	International	International	y
Issam	Obeid	1-May-22	FT	Parkside Dundas FHO (new FHO)	145 Hamilton St. N. Unit E2	Waterdown	Group	N	Y	International	International	y
Joyti	Bhardwaj	1-May-22	FT	Parkside Dundas FHO (new FHO)	145 Hamilton St. N. Unit E2	Waterdown	Group	N	Y	International	International	y
Kunal	Jaocowani	1-Jul-22	FT	Parkside Dundas FHO (new FHO)	288 Dundas St E	Waterdown	Solo	N	Y	International	U of T	y
Dylan	Demarco	25-Jul-22	FT	Southmount FHO (new spot)	35 Upper Centennial Parkway	Stoney Creek	Group	N	N	U of T	U of T	y

Total Permanent Physicians Recruited	
Part-Time	2
Full-Time	21
<b>Total</b>	<b>23</b>

Locums (for Retention)													
First Name	Last Name	Start date	End Date	PT/FT	Practice Name/Details	Practice Address	Location	Group/ Solo	FHT	IMG	Details	Days/Wk (for PT)	Activated
Daniel	Stevens	1-Jan-22	TBD	FT	Rosedale Medical Group	280 Queenston Road	Hamilton	Group	Y	Y	Full-time locum since Sept 2021 (ROS)	4	y
Shermeen	Chan	1-Jan-22	30-Apr-22	PT	McMaster Student Wellness Centre	1280 Main Street West	Hamilton	Group	N	N		2	n
Megan	Collison	1-Jan-22	30-Apr-22	PT	McMaster Student Wellness Centre	1280 Main Street West	Hamilton	Group	N	Y		2	n
Grace	Peng	7-Feb-22	4-Mar-22	FT	Dr. Indrajit Singh (FHG)	45 Kenilworth Avenue North	Hamilton	Solo	N	Y		FT	n
Sanjay	Sarin	1-Mar-22	Ongoing	PT	Crown Point Family Health Centre (Dr. Emily Ow)	67 Kenilworth Ave N (lower level)	Hamilton	Group	Y	Y	1 day/week long-term	1	n
Hasan	Syed	1-Mar-22	30-Apr-22	PT	Core Care Family Health Team (Dr. Mullens)	576 Main St. E	Hamilton	Group	Y	N	2 days/week for 2 weeks	3	n
Katrina	Kent	1-Mar-22	31-May-22	PT	McMaster Student Wellness Centre	1280 Main Street West	Hamilton	Group	N	N	3 days/week for March - May	3	n
Mohamed	Alshurafa	15-Mar-22	30-Apr-22	PT	MCI Medical Clinics Inc	340 York Blvd	Hamilton	Solo	N	Y	2 days/week from mid March to April 30	2	n
Katrina	Kent	15-Mar-22	26-Mar-22	PT	Dundas Family Medical FHO (Dr. Lenore Zou)	133 King St. West, Unit 204	Dundas	Solo	Y	N	2 days/week for 2 weeks	2	n
Alice	Wiang	10-Mar-22	Ongoing	PT	Innovations FHO (Dr. Bonnie Loweth)	277 Wilson St E	Ancaster	Group	Y	N	1 day/week long-term (may increase)	1	n
Tristan	Colterjohn	6-Apr-22	31-May-22	PT	Locke Street Medical Clinic	206 Locke Street South	Hamilton	Solo	N	N	3 days/week for April & May	3	n
Kevin	Chuang	11-May-22	6-Jun-22	PT	HCHC (Dr. Shanta Varma)	414 Victoria Ave N. Unit M1	Hamilton	Group	Y	N	3 days/week	3	n
Carrie	Osborne	7-Jun-22	31-Aug-22	PT	Shelter Health Network	Victoria St	Hamilton	Group	N	N	Covering 7 days scattered over summer	3	n
Kevin	Cheung	7-Jul-22	31-Aug-22	PT	King West Medical Associates (Dr. Shane Guckian)	505 King St. West	Hamilton	Group	Y	N		4	n
Kaala	Gusenbauer	18-Jul-22	30-Sep-22	PT	First Physicians of Dundas (Dr. Mandy Tam)	109 King St. West	Dundas	Group	Y	N	4 Half-days/week of coverage	3	n
Ocean	Nenadov	18-Jul-22	18-Sep-22	FT	HCHC (Drs. Greenspoon, West and Mannethu)	414 Victoria Ave N. Unit M1	Hamilton	Group	Y	N	FT = 4 days/week	FT	n
Valerie	Cui	18-Jul-22	23-Jul-22	FT	Stoney Creek & Mountain FHO (Dr. Malika Sherman)	88 Centennial Hwy S	Stoney Creek	Solo	Y	N	FT = 4 days/week	FT	n
Matthew	Kerstake	1-Aug-22	31-Oct-22	PT	Carlisle Medical Centre (Dr. Ashley Thomson)	1493 Centre Rd	Carlisle	Group	Y	N	3 days per week	3	n
Devon	Gergovich	2-Aug-22	31-Aug-22	PT	Infrared FHO (Dr. Gordon Clark)	1447 Upper Ottawa Street	Hamilton (Mountain)	Solo	Y	Y	FT = 3.5 days/week	FT	n
Kevin	Cheung	15-Aug-22	31-Oct-22	PT	King West Medical Associates (Dr. Vania Gavranic)	505 King St W	Hamilton	Group	Y	N	3 days/week	3	n
Valerie	Cui	2-Aug-22	12-Aug-22	FT	Escarpment Health (Dr. Jango Trunorth)	565 Sanatorium Road	Hamilton (Mountain)	Group	Y	N	FT = 4 days/week	FT	n
Valerie	Cui	15-Aug-22	26-Aug-22	FT	Escarpment Health (Dr. Diana Dregosic)	565 Sanatorium Road	Hamilton (Mountain)	Group	Y	N	FT = 4 days/week	FT	n
Justin	Huang	6-Sep-22	28-Oct-22	PT	Core Care Family Health Team (Dr. Brenda Coppo)	576 Main St E	Hamilton	Group	Y	N	3 days/week	3	n

Total Locum Physicians Recruited	
Part-Time	16
Full-Time	7
<b>Total</b>	<b>23</b>

Total Physicians Recruited	
Full-Time	29
Part-Time	16
<b>Total</b>	<b>46</b>





<b>Number of Active Family Physicians by Community</b>				
as of June 30, 2022				
<b>Community</b>	<b>Census 2021 Population</b>	<b>MOH doc:pop</b>	<b>Actual # of Active Physicians in Community</b>	<b>Shortage</b>
Ancaster	43,485	32	24	8
Dundas	24,155	18	22	-4
Flamborough (Waterdown & Carlisle)	46,865	34	25	9
Glanbrook (Mount Hope & Binbrook)	35,075	25	2	23
Hamilton	343,205	249	244	5
<i>Lower</i>	186,920	135	151	-16
<i>Upper</i>	156,285	113	93	20
Stoney Creek	76,570	55	47	8
<b>Total</b>	<b>569,355</b>	<b>413</b>	<b>364</b>	<b>49</b>

Prepared by Brad van den Heuvel  
June 30, 2022

Please note -  
Requirements were  
adjusted to reflect updated  
Census data as of 2021  
(previous reports were  
based off of 2016 Census  
Data) & to include all  
active physicians (including  
long-term locums)



<b>Recruitment Event</b>
McMaster University Block 7 Presentation (Virtual)
CASPR Conference (Virtual)
Kitchener Waterloo FM Recruitment Fair
FMRQ Career Day
Western Family Medicine Retreat (Virtual)
Family Medicine Forum (FMF)
<b>Total Budgeted Costs for F</b>

Signup Website	Status	Budgeted Event Cost
Invitational	Registered	\$ -
	Registered	\$ 450.00
Email (Usually in late August)	Not Registered	\$ 400.00
<a href="https://fmrq.qc.ca/en/health-wellness-and-services/career-day">https://fmrq.qc.ca/en/health-wellness-and-services/career-day</a>	Registered	\$ 2,000.00
<a href="mailto:fmrwresidentretreat@gmail.com">fmrwresidentretreat@gmail.com</a>	Registered	\$ 200.00
<a href="https://fmf.cfpc.ca/future-events/">https://fmf.cfpc.ca/future-events/</a>	Not Registered	\$ 6,300.00
<b>Recruitment Events/Conferences for 2022</b>		<b>\$ 9,350.00</b>

Budgeted Travel/Accommodation Cost	Budgeted Total Cost
\$ 50.00	\$ 50.00
\$ -	\$ 450.00
\$ 350.00	\$ 750.00
\$ 1,500.00	\$ 3,500.00
\$ -	\$ 200.00
\$ 1,800.00	\$ 8,100.00
<b>\$ 3,700.00</b>	<b>\$ 13,050.00</b>

PHYSICIAN RECRUITMENT & RETENTION PROGRAM  
YEAR 19 (2022) BUDGET  
For the Period December 1, 2021 to November 30, 2022

Updated - January 20, 2022

	Year 18 - BUDGET	Year 19- BUDGET	Increase/Decrease
	Dec 1, 2020 - Nov 30, 2021	Dec 1, 2021 - Nov 30, 2022	Dec 1, 2021 - Nov 30, 2022
<b>Balance Carried Forward</b>	<b>\$ 443,706.76</b>	<b>\$ 443,706.76</b>	<b>\$ 443,706.76</b>
<b><u>Revenue</u></b>			
City of Hamilton	\$ 75,000.00	\$ 75,000.00	\$ -
McMaster University	\$ 25,000.00	\$ 25,000.00	\$ -
St. Joseph's Healthcare	\$ 20,000.00	\$ 20,000.00	\$ -
Hamilton Health Sciences	\$ 20,000.00	\$ 20,000.00	\$ -
Dept of Family Medicine	\$ 15,000.00	\$ 15,000.00	\$ -
Hamilton Family Health Team	\$ 25,000.00	\$ 25,000.00	\$ -
<b>Total Revenue</b>	<b>\$ 180,000.00</b>	<b>\$ 180,000.00</b>	<b>\$ -</b>
<b><u>Operating Expenses</u></b>			
Wages & Benefits	\$ 157,300.00	\$ 115,820.25	\$ (41,479.75)
Office Expenses	\$ 8,000.00	\$ 5,000.00	\$ (3,000.00)
Printing / Communications	\$ 300.00	\$ 500.00	\$ 200.00
Travel Expenses	\$ 3,500.00	\$ 5,000.00	\$ 1,500.00
Promotional Items	\$ 900.00	\$ 5,000.00	\$ 4,100.00
Events /Meals/Functions	\$ 1,500.00	\$ 500.00	\$ (1,000.00)
Community Visit Program	\$ -	\$ -	\$ -
Medical Conferences & Job Fairs	\$ 7,000.00	\$ 9,350.00	\$ 2,350.00
Advertising / Public Relations	\$ 1,500.00	\$ 1,500.00	\$ -
<b>Total Budgeted Expenditures</b>	<b>\$ 180,000.00</b>	<b>\$ 142,670.25</b>	<b>\$ (37,329.75)</b>
<b>Net - Funding Surplus (Shortfall)</b>	<b>\$ 443,706.76</b>	<b>\$ 481,036.51</b>	<b>\$ 37,329.75</b>
- Based on Year 18 Final Figures			

**In-kind contributions**

McMaster University Dept. of Family Medicine	\$ 7,875.00
Hamilton Chamber of Commerce	\$ 25,000.00
<b>Total In-kind Contribution</b>	<b>\$ 32,875.00</b>

**Note**

Expenses & revenues based on information received as of the date of update.



**CITY OF HAMILTON**  
**PUBLIC HEALTH SERVICES**  
**Healthy Families Division**

<b>TO:</b>	Mayor and Members Board of Health
<b>COMMITTEE DATE:</b>	August 10, 2022
<b>SUBJECT/REPORT NO:</b>	Healthy Babies Healthy Children Program Budget 2022-2023 (BOH22015) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Bonnie King (905) 546-2424 Ext. 1587
<b>SUBMITTED BY:</b>	Jennifer Vickers-Manzin, CNO Director, Healthy Families Division Public Health Services
<b>SIGNATURE:</b>	

**RECOMMENDATION**

- a) That the 2022-2023 Healthy Babies, Healthy Children program budget, funded primarily by the Ministry of Children, Community and Social Services be approved; and,
- b) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize, report on and execute all Service agreements and contracts, in a form satisfactory to the City Solicitor, required to give effect to the 2022-2023 Healthy Babies, Healthy Children program budget; and,
- c) That the Medical Officer of Health or delegate be authorized and directed to receive, utilize, and report on the grant received from the Hamilton Community Foundation for the Nurse Family Partnership program for 2022.

**EXECUTIVE SUMMARY**

The Healthy Babies, Healthy Children (HBHC) program is a long standing, evidence-based, provincial program that provides vital support to vulnerable families with young children at risk for poor developmental outcomes. The program goal is to improve the well-being and long-term health and development of expectant parents, infants, young children and families through prevention, early identification, and home visiting interventions. The provision of the HBHC program is mandatory for all boards of health, who are responsible to provide all components of the program.

---

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.



Pregnancy, bringing a new baby home and parenting young children can be more challenging when risks such as poverty, unstable housing, intimate partner violence, mental health and addiction are present. The impact of these risks on families and young children has been significantly magnified due to COVID-19.

HBHC has been 100% funded by the Ministry of Children, Community and Social Services (MCCSS) since 1997. However, due to capped funding since 2015, program funding has been enhanced through a variety of sources including the Hamilton Community Foundation (e.g. Nurse-Family Partnership program), Ministry of Health (e.g. 70/30 funding), and City of Hamilton levy. While some efficiencies have been achieved through use of virtual visits in addition to in-home visits, it is anticipated the impacts of COVID-19 will exacerbate program pressures as the need for early intervention supports for families has increased. This will impact the number of families that will be referred to the program resulting in longer wait times for service and prioritization of services to the highest risk families.

The City of Hamilton, Board of Health recently endorsed a letter sent from the Medical Officer of Health (Sudbury and District Health Unit) to MCCSS requesting “the Ministry of Children, Community and Social Services (MCCSS) to review base-funding needs for the Healthy Babies Healthy Children Program to ensure this essential program is sufficiently resourced to meet the current and growing needs of children and a healthy start in life.” Hamilton has made a similar request to MCCSS.

### **Alternatives for Consideration – Not Applicable**

### **FINANCIAL – STAFFING – LEGAL IMPLICATIONS**

Financial: HBHC is intended to be 100% funded by the Province. However, it has not received any increase to funding since 2015 resulting in reduced capacity to service high risk families due to annual fixed cost increases to salaries, benefits, and operating costs. HBHC is supported with funding from other sources who recognize, and value the positive and longstanding impact home visiting has on expectant parents and families with infants and young children in the community.

---

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.

**SUBJECT: Healthy Babies Healthy Children Program Budget 2022-2023  
(BOH22015) (City Wide) - Page 3 of 6**

<b>MCCSS Funding</b>	<b>2022/2023 Budget</b>	<b>2021/2022 Budget</b>	<b>Comments</b>
HBHC Public Health Services	\$2,940,293 28.9 FTE	\$2,940,293 28.9 FTE	A pressure of approximately \$182,000 (Salaries & benefits) will be mitigated through delayed posting of temp vacancies rather than a decrease to program FTE.
Wesley Family Home Visitors Contract	\$593,620 10 FTE	\$593,620 11.0 FTE	1.0 FTE decreased through attrition by Wesley to stay within cap
<b>TOTAL</b>	<b>\$3,533,913</b>	<b>\$3,533,913<sup>1</sup></b>	

<sup>1.</sup> While HBHC routinely mitigates annual budget pressures through delayed recruitment of vacancies and is fully spent, 2021/2022 was an anomaly with an approximate favourable variance of \$210,000 due to continued staff deployment to COVID-19 and recruitment challenges. These funds will be recovered by MCCSS.

<b>Other Approved Funding</b>	<b>2022 Budget</b>	<b>2021 Budget</b>	<b>Comments</b>
City of Hamilton, salaries & benefits	\$163,830	\$157,259	1.5 FTE Public Health Nurse - HBHC
City of Hamilton, Cost Allocations/ contributions	\$339,785	\$332,754	Costs not allowable
City of Hamilton, Family Home Visiting program (Wesley)	\$36,000	\$36,000	(BOH11004) Family Home Visiting costs above provincial cap
70/30 Cost Shared programs	\$114,678.32	\$112,038	1.0 Public Health Nurse - Nurse Family Partnership
Hamilton Community Foundation Grant	\$30,784	\$39,000	Nurse Family Partnership operational costs (BOH07035(k))

**Staffing:** HBHC is provided primarily by public health nurses to deliver the Nurse Family Partnership (NFP) program and to deliver HBHC blended home visiting services in partnership with Family Home Visitors that are

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.

employed by Wesley. Wesley has informed Public Health Services that a 1.0 FTE reduction through attrition will be implemented stay within the budget cap. While some efficiencies have been achieved through use of virtual visits in addition to in-home visits it is anticipated this reduction will impact the number of families that will be serviced through the program as well as wait times for service. The program will identify service impacts of the FTE reduction through 2022.

**Legal:** Public Health Services is mandated to provide all components of the HBHC Program. A contract is signed between the Province and the City of Hamilton Public Health Services, including budget approvals and program targets.

## **HISTORICAL BACKGROUND**

HBHC is a prevention, early identification and early intervention program that is continually refined based on need and emerging evidence of effective interventions.

Pregnancy, bringing a new baby home and parenting young children can be more challenging when risks such as poverty, unstable housing, intimate partner violence, mental health and addiction are present. The impact of these risks on families and young children has been significantly magnified due to the COVID-19. Throughout the pandemic, HBHC has continued to offer evidence-based interventions to support healthy pregnancies and birth outcomes, build parental confidence, strengthen positive parenting, and enhance the connections between parents and their children to promote infant and early years mental health. HBHC has continued to build on parents' strengths and facilitate connections with community supports that are essential in achieving health and well-being.

The goal of HBHC is to help parents create an environment that leads to healthy babies, healthy children and later, to healthy adults through:

- 1. Universal and Targeted Screening:**

HBHC screening is offered in variety of community settings to families during pregnancy, postpartum and during the early years to identify vulnerable families, infants, and young children at risk for poor development. Identifying families with risk is particularly important during pregnancy, as the period between conception and birth provides the foundation of a child's well-being. In 2021, of 5,457 families screened for developmental risk, 3,481 (64%) had identified risk factors and were referred to Public Health for follow up: and,

- 2. Long Term Home Visiting:**

Families identified at risk are offered an initial assessment visit to confirm risk

---

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.

and offer the best supports to meet the needs of families. Families who would benefit from home visiting support are referred to the most appropriate intervention including:

- **HBHC Blended home visiting program:**  
Public Health Nurses and Family Home Visitors work collaboratively with families to achieve the priority goals of Healthy Attachment, Positive Parenting and Optimal Growth and Development. Social determinants of health impacting families are identified, and families are connected to supports/services in the community; and,
- **Nurse Family Partnership program:**  
A research-proven Public Health Nurse home visitation program for young, pregnant, first time mothers with socio-economic risk factors. The Public Health Nurse supports parents during pregnancy, birth and through the first two years of their child's life through partnership to improve their parenting skills and create a healthy environment where their child's growth and development is nurtured.

HBHC has continued to build strong community partnerships throughout COVID-19, extending the reach to pregnant individuals at risk by encouraging and facilitating health professionals and community service providers to offer HBHC screening to the individuals with whom they have contact. While the majority of visits were conducted by phone and virtual means in 2021, face to face home visiting resumed in late 2021, and is once again the predominant intervention strategy with use of virtual visiting in some circumstances.

Despite the challenges of the pandemic, HBHC continued to support community planning efforts regarding infant and early years mental health promotion including the development of a community pathway for families with identified concerns regarding the social and emotional development of their young children (from birth to school entry). Beginning in September, the HBHC program will become the first point of entry for families to receive support, screening and assessment, intervention and referral when they have concerns regarding their infant and/or young child's social and emotional development (mental health).

## **POLICY IMPLICATIONS AND LEGISLATED REQUIREMENTS**

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (OPHS) are published by the Ministry of Health under the authority of Section 7 of the *Health Protection and Promotion Act (HPPA)* to specify the mandatory health programs and services provided by boards of health. HBHC is a mandatory

---

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.

program under the Healthy Growth and Development Standard and the HBHC program protocol provides the minimum expectations for service delivery.

### **RELEVANT CONSULTATION**

Finance and Administration has been consulted regarding the preparation of the budget.

### **ANALYSIS AND RATIONALE FOR RECOMMENDATION**

HBHC has not received increased funding from MCCSS again this year and pressures due to annual salary and benefit increases will be offset through gapping temporary vacancies.

### **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.

#### **Our People and Performance**

Hamiltonians have a high level of trust and confidence in their City government.

### **APPENDICES AND SCHEDULES ATTACHED**

Not Applicable.